

Community Involvement in Health - People's Health Tribunals in India

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The People's Health Movement-India (*Jan Swasthya Abhiyan*) launched a national 'Right to Health Care campaign' on 6th September 2003, marking the twenty-fifth anniversary of the historic Alma Ata 'Health for All' conference. During the current phase in this campaign, organisations associated with PHM-India have been organising 'People's Health Tribunals' (*Jan Sunwais*) in various parts of the country, with participatory collection and use of a range of information related to health services as an integral part of the process. The process of 'People's Health Tribunals' in the Indian state of Maharashtra is briefly described here.

The first step was taken by designing a questionnaire to document cases where individuals had been denied essential health care from the public health system, resulting in serious consequences. This was accompanied by designing checklists to survey the infrastructure, humanpower, services, supplies, patient's rights and community accountability related to various levels of health facilities, from village level health services to public hospitals. This was followed by dissemination of the checklists and orientation sessions for PHM-Maharashtra activists in various regions of the state, to enable them to collect the information in a standard manner.

As a result of the documentation and surveys carried out in various regions of the state from December 03 to July 04, 63 cases of denial of health care were documented. This was accompanied by people's surveys of health facilities in 62 blocks from 18 districts across the state, with 144 Primary Health Centres (PHCs) and 19 Rural hospitals being surveyed. Cases of denial of health care that were documented included avoidable deaths due to untreated snake bite, denial of delivery care forcing women to deliver in the open outside health centers, operating without adequate anaesthesia in sterilization camps resulting in extreme anguish to the operated women, discrimination against persons with HIV and failure of the public health system to promptly respond to outbreaks. Analysis of these 63 cases revealed that in 29% of the cases, the denial was severe enough to cause the death of the patient, and the commonest situations (30% cases) where denial took place were various conditions related to women's health. The main findings of the health facilities survey showed that in 55% of the PHCs, there was only one medical officer, less than one-fifth (18%) PHCs had an ambulance in regular working condition, almost one third (29%) of the PHCs lacked the life saving anti-snake venom and over 40 % of the PHCs were not providing essential lab investigations. Similar major gaps were found in Rural Hospitals, with only one-fifth of the hospitals having pediatricians, only one-third of the hospitals providing abortion care and just 10% of the hospitals regularly doing Caesarean operations.

This information on health care denial was analysed to produce regional reports, which formed the basis for organising five successive '*Jan Sunwais*' (People's health tribunals) in various regions of the state between January and July 2004. Each of these Tribunals was attended by several hundreds to over a thousand people, including the local health movement organisers, district or regional health officials and an independent panel of health and social sector experts. Individuals who had suffered serious denial of health care narrated their often heart-wrenching testimonies, followed by presentation of the people's report on structural denial of health care, along with a series of recommendations on strengthening the public health system and making it accountable. This was followed by a response from the health officials, who were asked to comment on the cases of denial and specific steps that would be taken to redress structural issues. Finally, the panelists gave their assessment and recommendations, and subsequently these tribunals were reported in the media, leading to widespread raising of awareness of health rights.

These Tribunals, and similar processes in other states of Western India, culminated in the Western India Public hearing on Right to Health Care, facilitated by the National Human Rights Commission (NHRC) and PHM-India, on 29th July 04. During this pioneering public hearing attended by over 200 delegates from the region, selected testimonies of denial of health care documented from each state were presented, along with state reports on the status of public health services based on the previous people's surveys. This hearing included critical dialogues between the health movement representatives and state health authorities, while the NHRC panelists took a serious view of widespread denial of health care as a major human rights violation. An outcome of this process in Maharashtra has been that the Health department has ordered a joint investigation of all cases of denial of health care, and has promised to initiate regular participatory monitoring of public health services in 20 districts across the state, involving local PHM representatives.

Similar public hearings are now being organised by NHRC and PHM-India in all the regions of the country, preceded by documentation of cases of denial of health care and participatory surveys on status of health facilities. This unique process to establish health rights, based on people's initiatives to collect health information, will culminate in a National Public Hearing on Right to Health Care in December 04. Here information collected from across the country would be presented to national health authorities and the National Human Rights Commission, to stimulate action towards concretely establishing and operationalising Health Care as a Human Right.