Advocacy for appropriate health policy and effective governance of the health system

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Abstract: Health policies supported by sustained advocacy efforts need to continually grow and develop to respond to the increasing pressures of macro-economic policies of globalization, liberalization and privatization. VHAI, the largest network of voluntary agencies in the health sector is playing a critical role at both macro and micro levels. Its health advocacy efforts emerge from the grassroots with an understanding of their health and development problems as well as the strategies adopted to address them. The process, of strengthening an upward mobilization of information, towards formulation of an effective health policy, is backed by serious macro research on various policy dimensions of health, done by the Independent Commission on Health and Development in India (ICDHI), set up in 1995 by VHAI. These key policy documents are both reflective and prescriptive and are presented to the highest state authorities along with a discussion at various levels with varies groups. One of the recent successes was at getting the giant tobacco companies withdraw from Cricket sponsorship with an association in the formulation of a comprehensive Bill by the Union Government to prevent this in future. Various well-researched policy documents have been put together by the organisation based on its micro and macro level work and persistent advocacy. Appropriate public health and development policies with their effective implementation are the cornerstones to realize the fundamental values of Alma-Ata. The health care system needs to be removed from the current bio-medical model and closer to a socio-political and spiritual model where health care again becomes an organic part of community care as it once was in the traditional societies. (Promotion & Education, 2007, (2); pp 88-89)

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Over decades, the State has played a significant role in the health sector. With the growing process of globalization and the influence of New Economic Policy, there is tremendous pressure to replace this arrangement and put the social sector in the market place. There can be little doubt that the greatest economic force now sweeping through the health care system worldwide is that of the market. Health is a vital human good and Medicare plays a key role in promoting it. Totally commercializing it, even for the sake of choice and efficiency, runs a potent risk of submitting it to the market-forces. The integrity of medicine itself is at stake. Thankfully for the poor in most developing countries the State still remains the principal health care provider. We need to appreciate the importance of advocacy for people-centered health from this backdrop.

Health policies need to grow, develop and be continually creative to meet the changing needs of the situation. This underscores the importance of sustained advocacy on health policy, to ensure that it is people-oriented and relevant. Viable options for health systems must be technically feasible, consistent with public sector capacity, and capable of commanding sufficient social and political support to be sustainable. This is particularly true for the developing world, where a large section of the population does not have well-defined and strong enough platform to air their frustration against inadequate social policies.

VHAI, the largest network of voluntary agencies in the health sector in a massive, complex and heterogeneous country like India, plays significant role in this area. A large section of the population of India is totally dependant on the Government health sector since they do not have the financial means to buy services from the market. Several studies conducted show that when the public health infrastructures do not work, the health expenditure becomes one of the major contributors for indebtedness of the poor.

In India, the state health policy is outdated. The critical services and facilities are getting frayed due to growing population, non-optimal use of existing facilities and increasing pressure of global financial institutions for dilution of the role of Public Care and to abandon holistic, people-centered community health care and to replace it with a selective “magic bullet” oriented health care. The situation is further complicated by the fact that the large private sector usually does not provide quality services at a reasonable cost. Outreach of the voluntary sector is limited due to the absence of more enabling atmosphere. We, therefore, felt that it is important to work towards a new Health Policy to respond to the current situation adequately.

Plans and policy options should be guided by an ambitious vision of what should be accomplished, but they must also be informed by the realities of the present. Despite the rhetorical vision of a health system with a universal, vertically integrated, publicly provided system, India has not provided funds to make that vision a reality. Raising additional government finance has its own complexities. Any policy that proposes a significant expansion in the low level of publicly mobilized resources devoted to health needs to provide an explicit proposal for how the additional costs will be financed.

These realities are not immutable. They can be changed through institutional reforms and strong political commitment, but one cannot simply assume that they will disappear. Ultimately changing the shape of the health system depends on political decisions made at national, state and local levels. An explicit approach to policy formulation and implementation must ensure that the health system is improving the health of all in an equitable, accountable and affordable manner. For developing an appropriate and sustainable health care system, the health policy must promote Government, Public and Private Partnerships; an inter-sectoral coordination along with the Decentralisation of the health system, tempered with effective supervision.

Our advocacy effort begins at the grassroots by not only trying to understand people’s health and development problems, but to work with them to learn how to develop the alternative approach. This experience-based learning gives us very essential credibility to talk about important health issues with conviction. The knowledge about exciting innovations to address critical issues of health care being taken up in large metropolitan towns or institutions of developed countries reaches all corners of the world within days, but similar effort at the remote rural areas of the developing countries still remains a challenge.
countries hardly attracts anybody’s attention. We feel that the process of strengthening upward mobilization of information is an important factor towards appropriate direction of an effective health policy. Experience of our grassroots effort is backed by serious macro research on various policy dimensions of health, involving respected professionals, academics, policy makers and activists. While preparing documents to influence the health policy, we not only rely on primary and secondary data, but they are usually backed-up by focused group discussions with stakeholders and public hearings of beneficiaries and round-table with concerned professional groups.

We keep the major political parties, key officials and the media fully informed about the endeavour and often they are invited to participate in some of these events. The documents finalized through this participatory process are not just critique of health policies, but are prescriptive. We clearly outline viable solutions to the major public health problems and document examples of successful micro experiences. This elaborate and rigorous process provides the alternative policy documents legitimacy and the desired credibility. Preparation of key policy document is cornerstone of a successful advocacy effort. We ensure that the policy document is formally presented to the highest possible authority of the land. Our policy document for an alternative health policy was presented to the Prime Minister and the President in an elaborate function widely covered by the media. This was followed by discussion with elected representatives of various political parties and Parliamentary Standing Committee on Health. These high profile events create an overall empathetic atmosphere for policy change.

Often the groups working on policy matters loose their steam by sheer demand of preparing the policy document. It is important to ensure that sufficient finance and human resources are available for advocacy related work. Persistent and dogged follow-up is key “mantra” in advocacy.

During our recent successful work for a comprehensive bill to debar tobacco companies from sponsoring sports, we received tremendous support from Cricketers and Cricket Control Boards of other countries and the sporting public. This was backed by our Public Interest Litigation against the Indian Cricket Control Board in the High Court. Eventually the giant tobacco company withdrew from the sports sponsorship due to our dogged advocacy and the successful Public Interest Litigation. The Government is now drafting a comprehensive Bill to prevent this in the future. We are playing an active role in the finalization of the content of this Bill.

Similarly, the revised Health Policy is in the final stage of redrafting with substantial input from the report produced by us. We are also Members of the Steering Committee for drafting the New Health Policy.

We should remember that adoption of an appropriate public policy by the Government is not an end by itself because the major task of effective implementation of the policy is an equally important issue. Advocacy groups have to play dynamic role of monitoring the implementation of the public policy closely, particularly in the initial years. Our grassroots level projects play a very important role of providing us feedback on the effectiveness of the implementation process at the grassroots. The feedback is regularly conveyed to the authorities to enable them to fine-tune the mechanism of implementation.

The importance of urgent and sustained global advocacy for restoration of fundamental values of Alma-Ata, people-centered, holistic and sustainable health care cannot be overstressed. The challenge to health in the new millennium will be to recognize that in no country in the world the private sector has been the answer to the health problems of the population. Even in the United States, forty seven percent of the population is without health insurance coverage. Secondly, there is an imperative need to acknowledge that health improvement is less than the outcome of medical technology than of living standards. Health improvements based on narrow technical interventions are bound to be chimerical. Thirdly, the macro-economic policies of globalization, liberalization and privatization, which are increasingly exploited by low-income countries and communities around the globe, have had profoundly deleterious effects. Finally, it is simply not true that we do not have resources to pay for health for all. It is estimated that the cost of providing basic health care to the world’s population will amount to 25 billion dollars. This is about what Western Europe spends on cosmetics, and a fraction of the 400 billion dollars that the world spends on armaments annually.

We obviously need a new paradigm of health care far removed from the current bio-medical model and closer to a socio-political and spiritual model. Currently, health care has become a commodity that can be bought and sold in the market; it is no longer an organic part of community care as it once was in traditional society. The ‘germ theory’ needs to be replaced by a model where the human being is regarded as central and helped to regenerate a sense of well-being and fitness in his or her life situation. Interestingly, most of the traditional systems approach to health are from this holistic perspective.

**References**


