



CONVENTION RESOLUTIONS

Based on the two-day deliberations during the first PHRN National Convention, we call on the government to strengthen the NRHM and improve on its designs to achieve the objectives of providing free, non discriminatory, universal access to comprehensive and quality health services to all. Listed below are the resolutions passed at the end of the convention;

- On many of the core architectural corrections envisaged under NRHM, not enough progress has been made – especially in increasing the scope of civil society, communities and Panchayati Raj institutions in planning, implementation and monitoring at every level.
- A road map should be prepared to honour the legal commitments for devolution of power to PRIs in health and its determinants.
- There is a need to reinforce the importance of social determinants that have implications for health status and equity. For this there should be greater inter-sectoral coordination between health & related sectors towards improving health. Urban health, food security, safe water, health planning for disability and mental health are public health issues that need urgent attention.
- Central to the corrections needed, there is a need to abolish user fees as well as through a concerted effort to decrease and phase out all out of pocket expenditure in the public hospital.
- Government has to develop adequate qualified health human resources at different levels by creating enough publicly financed professional and technical educational institutions to produce such human resources in health as are needed.
- Every state should put in place a human resource policy for retention of skilled human resources in the public health system and to generate human resources who are more oriented to public service for under-serviced areas and communities.
- There is need for recognition and role-clarity of non-doctor health professionals. There should be better representation of the nursing cadre in the directorate and role in decision making process and senior management. Nursing councils need to be strengthened. Similarly, all other non-doctor health professionals should have more roles in decision making process and senior management. There should be better avenues of skill up gradation of non-doctor health professionals as well as for lateral entry and promotion to senior posts.
- Due importance should be given to developing different cadres of community health workers with skills for the provision of primary health care. Consensus of understanding should be built on this, respecting traditional professional concerns and views but also respecting the need for universal health care.



- There is a need to further develop the ASHA programme to make her effective as a vehicle for empowerment of the people to achieve their health rights and as a community level health care provider equipped with necessary skills and medicines. For this the necessary support and training should be ensured and the ASHA's rights need to be taken into account
- The interpretation of the ASHA, while naming her as an "activist" has tended to treat her as the lowest rung of the health services system while paradoxically disregarding her rights as a worker. There is a need to retain the concept of the ASHA as an activist to make her effective as a change agent for the empowerment of people to achieve their health rights. At the same time her own empowerment and in effect, her rights as a worker need to be supported at various levels to enable her to help people. She should be equipped with proper knowledge and skills through continuous training and supportive supervision to create awareness about health and nutrition practices and services, people's rights and entitlements. She should be provided with opportunities to acquire more technical skills to grow to a different level of function in the health system/society
- There is need to recognise women not only as mothers but as individuals with rights and entitlements and with differing needs as per age and their social environment. Therefore there is need for programmes to address women's health beyond the narrow focus of maternal health, which should include issues of violence, gender discrimination, adolescents, single women, aged, mental health and nutrition.
- Programmes for safe deliveries need to address and ensure the whole range of interventions-quality ANC/PNC, safe home deliveries, Dai trainings, referral transport, ability of facilities to handle deliveries and complications, neonatal care, nutrition of women, maternity entitlements and JSY. The ultimate aim must be to ensure quality of care and safety for pregnant women regardless of their place of delivery, parity, class or age.
- Intense efforts are required to mobilise communities for social transformation in favour of health. Processes allowing community ownership and decentralisation of the public health systems have remained weak and needs urgent strengthening with more efforts by all agencies concerned.
- Decentralised Health Planning should be a genuine process allowing flexibility and specificity depending on the health needs of the district. Decentralised health plans should be given due respect and supported by appropriate allocation of resources. There is a need to substitute annual plans with a perspective plan for a longer period say 3-5 years with annual adjustments. This would help the sub-district/district/state to make a more elaborate and comprehensive plan and it could provide the sub-district/district/state more time to act upon the plan.



- Community monitoring has proved to be an important mechanism to demand accountability. This should be made mandatory in all states and extended to include health insurance programmes like RSBY, public-private partnership, implementation of regulation related to private sector as well. There should also be a grievance redressal system which is responsive and time bound, and which can look at public and private providers.
- All Public Health Facilities should be assessed on yearly basis for meeting established norms. Facilities should be graded/ accredited after third party audit of minimum assured services, infrastructure, equipments, human resources and hospital processes at the facility. In particular, lab services need to be strengthened. Adequate safeguards for quality of care need to be formulated and strictly followed.
- There should be universal access to and national self reliance for essential medicines and medical technologies , including a progressive patents policy and drug price control on all essential drugs
- The Right to Health Bill draft which was circulated for consultations should be taken forward, finalised with proper consultations and introduced by the winter session of parliament.
- PHRN Commitments – All these issues will be taken up by PHRN through its research, capacity building and network. This would include:
 - Frame critical analysis about the rapid changes happening in the health sector
 - Facilitate public opinion on the issues of health as a basic fundamental right
 - Engage in dialogue with policy planners and government functionaries for ensuring health to all
 - Build campaigns on critical health policy issues as mentioned above
 - Mobilise community for people’s monitoring of health systems
 - Explore and promote the use of local cultural methods as an additional communication tool for community level campaigns on health issues.
 - Continue and accelerate its efforts in terms of education/training of core public health staff towards public health and health action analysis and planning.
 - Continue the facilitation of decentralised health planning as well as monitor the programmatic outcomes of DHAPs.