FROM PUBLIC HEALTH IN LONDON….. TO COMMUNITY HEALTH IN INDIA – EXPLORING A NEW PARADIGM

We trained at the London School of Hygiene & Tropical Medicine at different times and at different points in our careers. But, here, we share briefly the broad directions of our work in India.

From 1974 to 1983 we worked in the Department of Community Medicine at St. John’s Medical College. Bangalore, attempting greater community orientation of medical education by:

- developing rural field practice areas as training centers for undergraduates;
- experimenting with health cooperatives to develop community self-reliance in health care;
- training village-based health workers;
- conducting small epidemiological projects with interns;
- organizing community orientation programmes for doctors and nurses; and
- being involved in a three-month course for community health workers.

St. John’s and the London School also collaborated to develop the Ross Institute of Occupational Health. Its focus was on research and continuing education for medical personnel in plantations, in collaboration with the United Planters Association of South India. An extensive occupational health study of plantation workers was conducted. Ravi was the overseas lecturer of the Ross Institute at St. John’s, coordinating its work.

During this period we also developed links with the voluntary health and development sector. With the desire to be more available to those involved in community health and community development in rural and urban slum areas, we moved beyond the Medical College to initiate a “study-reflection – action” experiment in 1984. The Community Health Cell (CHC) was a resource group for the growing number of NGOs in need of information and support in planning, training and evaluation. The autonomy of this base provided us the opportunity and flexibility to organise training, networking and ultimately research initiative using methodologies not yet fully accepted by orthodox public health. Some of the initiatives indicative of such a shift were:

* a process of group discussion and reflection on medical education by the Medico Friends Circle (MFC), a national network of doctors, health workers and others interested in health care and training strategies relevant to the poor and marginalized in the country;
* support to a community-based socio-epidemiological MFC investigation of the Bhopal disaster. Research findings were communicated to disaster victims in the local language, and to health professionals, NGOs and policy makers;
* bringing together community health trainers from the voluntary sector to respond to the National Education Policy for Health Sciences;
* a review of Primary Health Care Systems development in India and plans for an evaluation study of the National TB Control Programme;
* use of the Policy Delphi method of research to forecast major health issues and problems resulting from the emerging social, economic and political trends in the country, providing a framework for the future role of the voluntary health sector. It was undertaken as part of an evaluation study of a large network of 2,500 voluntary health institutions;
* an interactive study on strategies for greater community orientation and social relevance of medical education. It identified innovative experiments and obstacles to change, and collected feedback on the undergraduate medical curriculum from young doctors who had experience in peripheral rural health institutions.

After a decade of health action and activism, networking and policy research we are back at the London School for renewal, reflection and consolidation. Thelma has begun work on a doctoral programme in the School’s Health Policy Unit studying the Indian National TB Control Programme as a tracer policy. Ravi is linked to the School’s Tropical Health Epidemiology Unit and is writing up the CHC’s experience into a monograph. The monograph will highlight the need for a paradigm shift in health care training and research, emphasizing a move from a reductionist ‘biomedical model’ of public health with top-down provision of drug-technology packages to a ‘community health model’. Opportunities to reflect, share and develop these ideas further in a spirit of South-North dialogue at the School are challenging and enjoyable.

We have been inspired in our work by many. In 1973 Professor Denis Burkitt at a guest lecture for the DTPH group, encouraged listeners to move from ‘floor mopping’ to ‘turning off taps’, and build from ‘intracellular research’ towards ‘balloonist research’ in efforts to tackle public health problems. In 1993 Professor Geoffrey Rose, the School’s Professor of Epidemiology, wrote: ‘the primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart’. The plea for the paradigm shift, from our experiences in one part of the world, results from interaction with communities and health workers at the grassroots, with a network of peers in India committed to equity and relevance in health care and policy, and also from the thinking and example of the greats in the School.

Dr. Ravi Narayan
(DTPH) and DIH 1974)

Dr. Thelma Narayan
(MSc Epidemiology 1987)