The Government has recently announced its intention of reviewing the National Health Policy enunciated in 1982. This policy document was significant in many ways. It was the first time in post independent history that the country outlined its hopes and aspirations in health and health care with some clarity and in some detail. It was also the first time that a policy document was self-critical and acknowledged some of the failures and shortcomings of our health care delivery system and policy.

However, for a group like CMAI and its membership, the document was particularly relevant, since it recognized the active partnership of voluntary agencies in the challenging tasks ahead-towards the goals of Health For All.

Voluntary agencies including mission hospitals, had played a role in health care in pre-independence times but, in the first three decades after independence the linkage between them and the government health service could probably best be described as ‘peaceful co-existence’. Each worked within its own framework and there was occasional dialogue, some communication, sometimes even local competition but very little active collaboration.

The policy statement of 1982 perceived a rather different scenario. The 19 page document was interspersed with references to voluntary agencies/NGO’s and suggested various ways in which this collaboration between the two sectors could take place.

**National Health Policy, 1982**

There are a large number of private, voluntary organizations active in the health field all over the country. Their services and support would require to be utilized and intermeshed with governmental efforts, in an integrated manner….

With a view to reducing governmental expenditure and fully utilizing untapped resources, many planned programmes may be devised, related to the local requirements and potentials, to encourage the establishment of practice by private medical professionals, increased investment by non-governmental agencies in establishing curative centres and by offering organized logistical, financial and technical support to voluntary agencies active in the health field…

Organized effort would require to be made to fully utilize and assist in the enlargement of the services being provided by private voluntary organizations active in the health field. In this context, planning, encouragement and support would also require to be afforded to fresh voluntary efforts, specially those which seek to serve the needs of the rural areas and also the urban slums….
Having been used to over three decades of non-interest and non-interference by the Government, these new policy statements were not heralded by much fanfare by the voluntary or ‘mission’ sector. However, a decade has passed since the policy was outlined.

A time has come to examine whether this has been ‘populist rhetoric’, ‘pious resolution’ or ‘realistic partnership’ at the local, regional and national level.

This is the right time to look at this proposition seriously and to access whether it has been an opportunity or a threat.

Some issues and questions that come to my mind, which the CMAI membership and the CMJI readership could reflect on, are:

- How successful has the voluntary (including ‘mission’) sector been in receiving organized, logistic and financial support from the Government to invest in curative and health field services as promised in the 1982 policy document?
- If the NGO – Government collaboration has not been a successful experience, has this been due to:
  - the lack of attempt by this sector to tap the tax payers money for its effort, since it has continued to have access to a steady infusion of ‘foreign donations’ to meet its requirements;
  - any bias or prejudice on the part of the authorities who suspect the ‘voluntary sector’ of hidden motives, or consider it no longer as ‘voluntary’ as it claims to be?
- If the NGO – Government collaboration has been successful
  - has this success been at local or regional or national level
  - has this success been at the cost of ‘values’ being sacrificed to take the demands of ‘corruption’ and ‘leakages’ that are in the system?
  - has this success led to a reduction in the reliance on ‘foreign infusions’ since the Government has become an ‘alternate’ and ‘dependable’ source?
- Does the ‘voluntary sector’ see the increasing realization, in the policy documents, of the need for Government- voluntary agency collaboration, as a threat to their autonomy, style of functioning, independence, or belief systems?

Or do they see it as an opportunity, a welcome, supportive partnership, an encouragement, and a recognition of their efforts?

We invite you to help us document your experience of NGO-Government collaboration in the following areas:

1. How much financial assistance has your institution received from the Government (State and Central) since 1982? For what projects? In retrospect, has this assistance been beneficial or not?
2. Do you receive regular information about Government schemes? Have you used government schemes?
3. Do you get drugs or other supplies from the Government? If so, what?
4. Have Government personnel participated in your training programmes?
5. Have you experience of the Government delegating either a geographical area or a particular activity to your NGO? What has been your experience?
Some broader issues have also emerged in the debates that have been recently stimulated.

- Is the Government consciously trying to blur the difference between the voluntary sector or the mission sector (non profit sector) with the private sector (profit sector) by using the term NGO for both collectively, rather than separately use the more meaningful term ‘voluntary agencies’?

- Has the Government purposely focused on voluntary agencies only as ‘alternative service providers’ rather than as alternative trainers, alternative issues raisers, alternative policy generators- all of which roles the voluntary sector is beginning to play?

- Is the motivation for increasing partnership with voluntary agencies truly a recognition - in planning circles- of their potential or contribution or is it at the behest or compulsion of the bilateral or multilateral international aid agencies who see them as more amenable to their game plans?

In the 1980’s this policy led at least to the Government ‘s recognition of NGOs as alternative service providers and the NGOs recognizing the Government as an alternative funder. Can collaboration in the Health For All Strategy in the 1990s mean more than this?

As we enter the last 100 months for achieving Health For All by 2000AD, a time has come for the ‘mission sector’ to seriously reflect on the options and be actively involved in the emerging debates and dialogue on the evolving partnership between the Government and the voluntary sector. Are we gearing up for the task?

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