

Active government support for local health traditions in India

Interview with Darshan Shankar, January 2008

The National Government of India has allocated 12,5 million USD to support Indian local health traditions in the coming five years. COMPAS partner FRLHT played an important role in enlisting government support for local health workers.

What is the National Planning Commission?

Since India's independence, the National Planning Commission has been responsible for preparing 5-year policy plans for the Indian National Government. The National Planning Commission consists of about 200 people and is chaired by the Prime Minister. I was appointed honorary advisor on Indian Systems of Medicine in 2007.

Is traditional medicine legally recognised in India?

Traditional medicine has been legally recognised in India since 1974. Both modern and traditional medical professionals need to follow the same

basic training. Ayurveda is perhaps the most well-known form of traditional medicine. In practice however, only 3% of the national health budget is allocated to traditional medicine; 97% of the budget is allocated to modern health care. Moreover, local health traditions were not officially recognised in India until 2002, and have only received government budgetary support in 2008.

Local health traditions?

In India a distinction is made between traditional medicine, such as Ayurveda, and local health traditions. While health workers provide essential primary health care in poor and remote areas, they are not trained as medical doctors. They function as Community Health Workers. These community health workers provide services for about 40% of broken bones (traditional bonesetters), 60% of childbirths (traditional midwives) and about 80% of primary health care (herbalists). Therefore, the Foundation for the Revitalisation of Local Health Traditions (FRLHT) lobbies for official recognition of and political support for these community-based traditional health workers.

What was the government's attitude towards local health practices before 2007?

Although India is home to about one million community-based traditional health workers, the State and national government ignored the existence of these traditional health workers. Since 2002 the National Health Policy Document includes a clause, recognising the role of traditional community health workers in enhancing health security of rural communities. Until 2007, however, this policy remained idle.

Was 2007 a turning point?

For the first time in history, the Indian National Planning Commission appointed an advisor on Indian Systems of Medicine in 2007.

This appointment has facilitated the allocation of 12,5 million USD for the revitalisation and support of the village-based local health traditions in India. It is a small but important step in democratising healthcare and promoting medical pluralism.

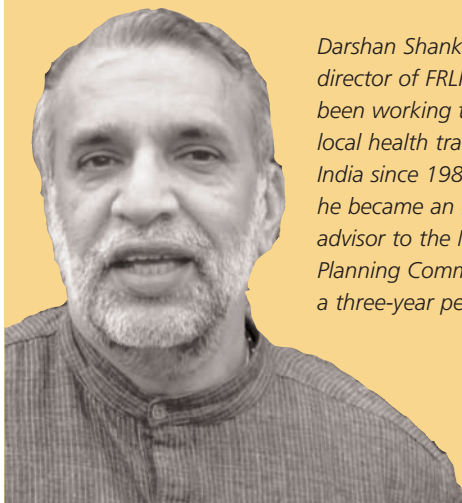
How will the allocated budget be spent?

NGOs in India have been invited to write a proposal for strengthening local health traditions in their own locality. This strengthening process will follow the FRLHT methodology: documenting traditional practices; short-listing and prioritising practices for strengthening together with the community; assessing local practices on their effectiveness; clinical trials; and promoting sound practices. The proposals will be assessed by a commission of government agents and non-government associated knowledgeable people.

What is the role of FRLHT?

The FRLHT methodology for supporting and assessing local health traditions is now promoted and used in programmes nationwide. FRLHT will focus on helping local NGOs to build their own capacity for strengthening and assessing local health traditions.

For more information: www.frlht.org, info@frlth.org



Darshan Shankar, director of FRLHT, has been working to support local health traditions in India since 1982. In 2007 he became an honorary advisor to the National Planning Commission for a three-year period.