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Recommended Citation

Ahmed, K. (2004). Demystifying health care. *BMJ*, 329(7475), 1127.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_surg_surg/462

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Article in *BMJ (online)* · November 2004

DOI: 10.1136/bmj.329.7475.1127 · Source: PubMed

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Demystifying health care

A pioneer of cheap drugs and low cost health care in Bangladesh, **Zafrullah Chowdhury** also helped to set up the People's Health Movement. **Khabor Ahmad** looks at what drives his radicalism

Perhaps this is not the best time to talk to 62 year old Zafrullah Chowdhury about his innovative approaches to human development in one of the world's most populous poor countries. He and his colleagues at Gonoshasthaya Kendra (People's Health Centre), a non-governmental organisation he founded in Bangladesh in 1972, are busy coping with the flooding that has put half of Bangladesh under water and resulted in more than 700 deaths. Some 30 million people have become homeless, and an estimated 1.5 million people, mostly children, are at risk of malnutrition.

"There is near starvation in the areas I just visited," warns Chowdhury, whose organisation is providing health care and food to the affected communities.

As a tireless campaigner for primary health care, Chowdhury greatly influenced the World Health Organization in drawing up the Alma Ata Declaration in 1978, which called for "Health For All by the Year 2000." But more than 20 years later, frustrated by the world's "abject failure" to achieve the stated targets, he, his colleagues at the People's Health Centre, and friends together convened a People's Health Assembly in Savar, Bangladesh, in December 2000, to discuss the causes of failure and decide what steps to take.

About 1500 health activists from 92 countries attended, and out of the meeting came the People's Health Movement. Its main aims are:

- To rediscover primary health care—with a strong focus on the social, economic, political, and cultural determinants of health;
- To counter international public health policies that originate with corporations and which are profit driven, and to ensure, instead, that policies have a "health for all" perspective; and
- To strengthen the voices of the community, including the marginalised groups in health decision making at all levels.

Although the movement is less than four years old, its representatives have been regularly invited to key national and international meetings and public hearings.

Not only did the People's Health Assembly give birth to the People's Health Movement, it also produced the document *The People's Charter for Health*, which has been translated into about 40 languages. It calls for demystification of health care and health technologies, including medicines.



Zafrullah Chowdhury was inspired by his mother, who lived through the 1943 Bengal famine

"At GK [the People's Health Centre], we have tried to demystify medical care by making paramedics rather than doctors the backbone of health care," Chowdhury said.

The centre's paramedics, mostly women and many of them with no schooling, are considered the best in Bangladesh and are hired by almost every healthcare organisation in the country. They not only provide preventive and basic curative health care but also perform family planning procedures and other surgical operations.

He remembers the time that gynaecologists from Harvard and Johns Hopkins Universities in the United States came to see

how the centre's paramedics performed surgery. "They were stunned. They said, 'They must be doctors, but they look so young.' I replied, 'They are paramedics. But your problem is that you have mystified health care, and we are trying to undo that.'"

During the past 32 years, the People's Health Centre has trained thousand of paramedics. Chowdhury says he realised the need for paramedics during Bangladesh's liberation war against Pakistan in 1971.

As the number of wounded surged, one of his major worries was the lack of trained nurses. To overcome this problem, he and his colleagues trained illiterate village women in administering emergency aid to the wounded at a makeshift hospital that Chowdhury had established near the Bangladeshi town of Comilla. Immediately after Bangladesh's independence, he realised that development of the country would be impossible without women's participation. The centre soon enrolled poor village women with no education into its paramedics training programme.

But producing skilled paramedics was only part of the solution. Chowdhury soon realised that medicines sold in his country were too expensive for poor people to afford. So in 1981, he established Gono Pharmaceuticals to produce low cost essential drugs. Despite immense opposition from transnational pharmaceutical companies, it proved to be a success. Prices fell substantially, and the centre's paramedics, equipped with Gono Pharmaceuticals' medicines, now provide health care to about one million rural people in 11 districts of the country. Infant mortality in the areas where they work is less than half of the national average for Bangladesh.

But Chowdhury's promotion of cheap drugs caused him serious difficulties. Soon after he and a group of experts, in 1982, formulated Bangladesh's National Drug Policy (which became a blueprint for countries looking for ways in which to control their



Chowdhury's organisation is helping the victims of floods in Bangladesh, which have left 30 million people homeless

drug markets), there were attempts on his life as well as on that of his daughter, allegedly perpetrated by the multinational companies. Arsonists also set light to Gono Pharmaceuticals, though the company has survived.

Sadly, Chowdhury has also faced strong opposition from his own peer group. Doctors have always been at the forefront of the movement against him. But he did not abandon his mission.

He says his 86 year old mother has been a tremendous source of motivation and support to him because it is she who advised him to become a doctor rather than a banker. "She saw the 1943 Bengal famine that killed more than four million people. So she always wants me to help others."

Ravi Narayan, India's leading public health activist, who is the coordinator of the People's Health Movement, argues that the movement and the Charter for Health are as relevant to Europe and the United States as they have been for Asia, Africa, or Latin America because all countries are being affected by corporate led globalisation and economic policies of liberalisation and privatisation. All countries are also experiencing an increase in disparities in health care, the cost of medical care, and the number of people dropping out of the insurance support.

"So in every country, citizens groups, consumer campaigns, and civil society have to take 'Health For All' very seriously," he concludes. □

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