

**39th Annual Meet of the Medico Friend Circle,
6th to 8th January, 2012, at Yatri Niwas, Sevagram, Wardha**
On
***'Exploring Roadmap for Health Care for All/ Universal Access to
Health Care in India'***

Dear all,

Greetings from Medico Friend Circle!

This is an open invitation for the forthcoming 39th Annual Meet of the Medico Friend Circle, from **6th to 8th January, 2012** at Yatri Niwas, Sevagram, Wardha. The theme of this meet is ***'Exploring Roadmap for Health Care for All/ Universal Access to Health Care in India'***

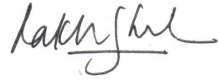
Keeping in mind the outstanding relevance of this overarching issue of 'Universal access to health care in India' yet lack of much in-depth work on the area till then, MFC had decided in its mid-annual meet in July 2009 to work systematically on the issue of over the next two-three years. The annual meet of MFC in January 2010 was devoted to discussing 'Mapping out the Current Situation of Health Care in India' to have clarity on the gaps and barriers to Universal Access to Health Care'. Following the well-attended meet in January 2010, we organized the next Annual Meet on the same issue during 7th to 9th January 2011 ***'Universal Access to Health Care in India- a realizable dream.'*** We felt that making a well articulated, realistic case and outline for a Universal Access Health Care System for India could well be a rallying point for progressive forces in the health sector and contribute to the People's Health Movement, to Jan Swasthya Abhiyan, of which the Medico Friend Circle is a part. About 130 participants deliberated during this three day meeting in Nagpur on various aspects of this theme. The background papers of this annual meet have been published in a special issue of the Medico Friend Circle Bulletin (January –March 2011). This issue is also available at MFC web site - mfcindia.org. The brief report of this meet, including a brief consensus has been published in the subsequent issue (April – June 2011) of the MFC Bulletin and is available at the MFC web site. During the forthcoming 39th Annual Meet of MFC on ***'Exploring Roadmap for Health Care for All/ Universal Access to Health Care in India'*** we plan to discuss concretely what steps would be needed to move towards the goal of ***'Health Care for All/ Universal Access to Health Care in India'***. The draft programme of this meet (***Annexure I***) would give a somewhat concrete idea about this meet.

In MFC meets, paper presentation is kept at the minimum and larger part of the time is reserved for discussion on issues which have been formulated. Background papers are circulated and paper writers are requested to chip in more in these discussions on the basis of their papers. We will have a 'landscape presentation' at the beginning of each of three major sessions in which an overview of various issues including the points made in the background papers will be made and the paper writer would be requested to chip in with additional comments based on the paper. The idea is – all the major issues under this theme should be part of the canvas of our discussion so that the discussion does not get bogged down to some specific points.

Generally MFC annual meet is for two days. But given the importance of this topic in the current scenario, it was felt that one additional day should be kept to give justice to the subject and also to hold the Annual General Body Meeting of MFC.

In all MFC meetings all participants including resource persons pay for their own travel and local hospitality expenses. We make very simple arrangements to cut down expenses and this reflects MFC's perspective/ethos. At Yatri Niwas, Sevagram, Wardha, the cost of lodging and boarding would be around Rs. 250 per day. The one page note (**Annexure II**) shares MFC's tradition of the method of organizing and conducting Annual Meets.

Looking forward to your confirmation of participation,



Dr. Rakhal Gaitonde, Co-convenor MFC (rakhal.gaitonde@gmail.com)

(Rakhal, Premdas, Deepa, Abhay Shukla, Anant Phadke, Ravi Duggal, R Srivatsan, Shyam Ashtekar, Dhruv Mankad, Sarojini, Renu Khanna, Ritu Priya, Sridhar, Chinu Srinivasan, Sunil Kaul)
(Organising Committee)

MFC Annual Meet, 6th - 8th January 2012, Yatri Niwas, Wardha
Exploring Roadmap for Health Care for All/UAHC
Draft Programme

Time	Topics	Anchor person/Facilitator/ Discussant	
Day 1: 6th Jan 2012, Friday			
9-30- 10.	Registration		
10 – 10.30	Introduction to MFC and MFC meet		
1030 - 11.30	Health System View for UAHC Landscape presentation, overview <i>(30 minute presentations, comment by one discussant for 10 minutes, 20 minutes discussion)</i>	Anchor person: Abhay Shukla Facilitator: Discussant:	
11-30 to 11-45 TEA			
11-45 - 12-45	Health System View for UAHC: Group discussion	Facilitators:	
12.45 - 13-45	HLEG report on UHC <i>(30 minute presentations, comment by one discussant for 10 minutes 20 minutes discussion)</i>	Facilitator: Discussant:	
13-45 to 14-45 LUNCH			
14-45 – 15-45	NRHM and UAHC <i>(30 minute presentations, comment by one discussant for 10 minutes 20minutes discussion)</i>	Anchor persons- Renu Khanna, Dhruv Mankad, Deepa Facilitator: Discussant:	
15-45 to 16 TEA			
16 - 17	NRHM and UAHC: Group discussion, (parallel sessions)	Facilitators:	
17- 18	Roadmap for Human resources for UHC <i>(30 minute presentations, comment by one discussant for 10 minutes 20minutes discussion)</i>	Anchor person- Shyam Ashtekar Facilitator: Discussant:	
18-19	Roadmap for Human resources for UHC: group discussion, (parallel sessions)	Facilitator: Discussant:	
21 to 22 Post- dinner	Critique of Current Medical practice : Anveshi Group's Presentation and discussion on it		
Day 2: 7th Jan 2012, Saturday			

Time	Topics	Anchor person/Facilitator/ Discussant	
9- 10	Roadmap for integrating Ayush in UHC (30 minute presentations, comment by one discussant for 10 minutes 20 minutes discussion)	Anchor person- Ritu Priya/Ravi Narayan Facilitator: Discussant:	
10-11	Roadmap for integrating Ayush in UHC Group discussion	Facilitator	
11-11.30 TEA			
11.30- 12.30	Roadmap for Governance and accountability (30 minute presentations, comment by one discussant for 10 minutes 20 minutes discussion)	Anchor person-Dhruv Mankad Facilitator: Discussant:	
12-30 – 13-30	Governance and accountability: Group discussion, (parallel sessions)	Facilitators:	
13-30 -14-30 LUNCH			
14-30 to 15.30	Critique of Medical practice and roadmap for Regulation of Private Medical sector for UHC (30 minute presentations, comment by one discussant for 10 minutes 20 minutes discussion)	Anchor person-Anant Phadke Facilitator: Discussant:	
15-30 - 16 TEA			
16- 17	Critique of Medical practice and roadmap for Regulation of Private Medical sector for UHC <i>Group Discussions (parallel sessions)</i>	Facilitators	
17-18	Roadmap for Financing of UHC (30 minute presentations, comment by one discussant for 10 minutes 20 minutes discussion)	Anchor person-Ravi Duggal Facilitator: Discussant:	
18- 19	Roadmap for Financing of UHC: group discussion	Facilitators:	
Day 3: 8th Jan 2012, Sunday			
9-10	Roadmap for Drugs and supplies (30 minute presentations, comment by one discussant for 10 minutes 20 minutes discussion)	Anchor person-Chinu Srinivasan Facilitator: Discussant:	
10 – 11.30	Summary/ consensus, grey areas	Facilitator:	
1130-12 TEA			
12 – 13	UAHC and Strategies for Political Advocacy	Facilitator	
13- 14	Lunch		
14-16	Annual GBM		

Explanation of the terms used:

- **Anchor person** would be the co-ordinator of this session. S/he would contact and follow up with 'resource persons', collect background papers, circulate draft of the issues that need discussion and prepare the Landscape Presentation'(see below)
- .As was done in the last annual meet (Nagpur 2011) it is proposed that a number of background papers are collected on the particular topic (background papers listed) and these are then put together in a '**Landscaping paper**' by lead facilitators of each session. Thus there is only one major presentation putting together the various issues brought forth by the various authors. There will of course be ample time for discussion where the authors and others can clarify and raise issues.
- The **resource persons** will provide back ground papers
- **Facilitator** for the session is one who will facilitate the discussion in the session.

Annexure II

'MFC Tradition' of organizing, conducting its Annual Meets

The main purpose of Medico-Friend Circle's Annual Meetings is to discuss important issues relevant to the chosen theme of the Meet; to share varying analyses, perspectives and experiences and to build a basic solidarity, 'friendship' amongst activists/ analysts from different backgrounds, regions.

In MFC Meets, we have maintained that discussions and sharing is more important than presentations. Hence, in many MFC Meets, we hardly have any presentations and after some preliminary introduction to the subject, we directly start discussion on the issues which have been formulated by a sub-group, during the preparatory work for the Annual Meet which begins from the Mid Annual Meet in July. Further, during these discussions, the objective is more to share analyses, perspectives and experiences relevant to the concrete issues, rather than to arrive at a definitive conclusion or consensus. On many aspects there may not be any consensus and the discussion may remain inconclusive. This is because within the pro-people concern in the broader sense, there are differences and it is important to share, clarify these differences rather than to come to any artificial consensus. A corollary of this view is that whosoever wants to share his/her perspective, analysis, experience or to raise an 'unpopular', 'unfashionable', 'embarrassing' question, should not feel inhibited to do so. The overall atmosphere should be conducive to this. One concrete implication of this tradition is that the discussion should not be dominated by 2-3 persons, but there should be space, encouragement for all participants to get actively involved.

Participants of MFC Meets have been active in their own way in their areas. In fact this has been the strength of MFC Meets that many participants are active at grass root level. But it is not the objective of the MFC Meet to reach a common plan of action. If this happens, that is a bonus; or if a smaller group comes together to take up a common action programme, that too is welcome (this has happened). But the primary objective of the MFC Meets have been to conduct brainstorming sessions in a 'pluralist' method of discussion, on practically relevant issues, in the light of both grass root level and national/international level reality.

In the post-dinner 'sharing sessions' which may extend up to late night, we look forward to listening to songs as well as the work and dilemmas, not necessarily in health work of MFC friends.

MFC Meets are many times quite rich intellectually and emotionally and hence people have been getting attracted to MFC Meets for the last 38 years, even when unlike many other gatherings, all the expenses are to be borne by participants themselves. There has been a danger that given differences in the backgrounds, levels, expectations and concerns of the participants, there could be problems in 'dialogue' that discussions may wander aimlessly and there can be even stalemates. But unlike in many other costly Seminars, Symposia, in MFC Meets, more often than not, there have been fairly intensive, absorbing, insightful discussions. It is hoped that this Annual Meet 2012 would also add to this rich tradition of this low cost 'open university' of the People's Health Movement in India
