

Through the lens of Universality: Perceptions on Dignity, Trust and Exclusion in the era of Health Sector Reforms

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The idea of universality in health services enunciated in the Alma Ata Declaration of the World Health Organization (WHO) (1978) carried within it the idea of health as a right and for all. The WHO (1999) now speaks of a 'new universalism', which talks of rationing, benefit packages and a coverage for all *not* of everything.

This paper uses this idea of universality as a fulcrum/lens to understand transitions in health services systems due to health sector reforms by highlighting people's perceptions on the experience of universal and dual health systems. Macro economic and political shifts and ideas impact structure and processes at a large policy level, however at the same time, they are *experienced* by people at the ground level. What is the experience of a breakdown in the idea of a universal health service by the poorest sections of the population? In the Indian context one sees a clear shift in the neglect and weakening of commitment to a universal public health system, leading to a growth in the private sector and a dual system. The final shift is an abandonment of even the rhetoric of universality and a legitimate acceptance of this dualism with the Structural Adjustment Program and reforms. This has been described as the 'institutionalization of dualism' (Patnaik 1999) where there is one curtailed public system offering only essential services for the poor and another expensive, high technology private health sector for the rich.

In a socially stratified and unequal social context how is this dualism perceived and experienced? The paper presents data from in depth interviews through a critical social anthropological inquiry with women from the Dalit communities in Raichur District of South India. The data highlights how a universal health structure is perceived as embodying dignity and a dual one fosters indignity and a feeling of a lower 'humanhood'. Linking this idea of universality with dignity through the perceptions of women marginalized by caste, gender and class gives important insights to trace pathways of decline in access and responsiveness of health institutions in the era of privatization. To bring a sick family member home because of an inability to pay for treatment that does exist is the epitome of feeling a lesser human being. The experience of a crumbling universality and growing dualism reinforces existing structures of inequality and creates a gap in fulfillment of health needs.

The paper discusses as a comparative to data from India, the historical experiences of universality in health services in Britain and in Sri Lanka and reviews literature on people's perceptions of health institutions in these countries. A commitment to a universal health service demonstrated over seventy years through systematic investment and support in Sri Lanka has created a feeling of Trust in these public institutions (Russell, 2005). For a comparative understanding of the impact of health sector reforms and an increasing role of the market in health provisioning, one finds using the vantage point of universality as an analytical tool very useful in understanding people's perceptions. The paper argues for a resistance to a complete dissolution of the idea of universality in health in contexts of inequality.