

Profile

Rani and Abhay Bang—pioneers of health care in rural India

When Rani and Abhay Bang decided to revolutionise the health care of India's poorest, they did not make life easy for themselves. Having both just completed a masters in public health in the USA at Johns Hopkins University, the husband and wife duo could have gone to practise medicine anywhere in the world. They chose Gadchiroli, one of the poorest and most rural parts of the Indian state of Maharashtra to set up a non-profit organisation called SEARCH (Society For Education, Action and Research In Community Health) in 1985. What they did next would fly in the face of convention—they decided "the only way to practise medicine was to offer demand-driven health care by asking the people what they wanted", recalls Rani.

At the time, infant mortality was top of local concerns. The Bangs then created something that was unprecedented at the time: a home-based package of neonatal care that would be delivered by trained and equipped village women. Watching the system that spans 39 villages with 42 000 people in action today, it's hard to imagine that its effectiveness was ever in doubt. The women diagnose pneumonia (they use a nifty Bang-designed abacus system to count breaths), resuscitate babies who struggle to breathe after birth, and administer vitamin K injections.

Now, community health approaches are given credence. But back then, when the Bangs first presented their findings in *The Lancet*, much of the scepticism focused on the fact that women with a low level of education were administering neonatal care. Since the Bangs began childhood pneumonia management in 1988 and then the home-based neonatal programme in 1995, the infant mortality rate dropped from a staggering 121 per 1000 livebirths in 1988 to 30 per 1000 in 2003. While the statistics speak for themselves, there is still some criticism about the ethics of their community-based approach. The Bangs' response to criticism is that there is really very little alternative: "There are simply too few hospitals or clinics accessible to local people. The community health workers are meticulously trained and go through regular checks to ensure that their actions are exactly by the book. If they are even slightly in doubt, they consult one of the doctors who work with the programme. The case fatality is equal to or lower than in small and medium size hospitals", says Abhay.

A lack of transport or inability to pay for treatment are not the only barriers to health care; for the tribal population that makes up 36% of the local population in Gadchiroli, cultural factors matter enormously. "For one thing, the tribal people felt, doctors and nurses in white coats looked like ghosts wearing shrouds—how could people who looked like they were on the brink of death heal anyone?" explains Rani. Once again, the Bangs wanted to provide what people wanted and

so they set up their own hospital for tribal people, the design of which is a world away from western hospitals. Rather than a big building with a disorientating warren of endless corridors, the Bangs have built a collection of huts resembling a tribal village. The feel of the place is utterly removed from the clinical, alienating spaces that hospitals can be—although it caters to fewer patients than most hospitals do.

The couple's drive to deliver health care that truly serves people is extraordinarily deep-rooted. For Abhay, "it goes back to my childhood growing up in Mahatma Gandhi's ashram, with its core value of serving people". When he was about 13 years old he and his brother decided that, together, they would improve the dire state of living in India's villages. Abhay would solve the health crisis and his brother would fix agriculture. "Remarkably, we both kept our tryst with destiny", he says. Although Rani had a very different urban upbringing in a wealthy family, the same values ran in her blood too, and the two married after they met at medical school and went on to set up a small clinic in Wardha, Maharashtra. Their idealism wasn't able to see them through their inexperience, however. "We repeatedly blundered", recalls Abhay, but those years did allow them to learn about the mindset of impoverished Indian villagers.

In that vein, they still hold annual summits called the "People's Health Assembly", in which they solicit the views of local people as to what their pressing concerns are. Crucially, they don't just ask about immediate health concerns, realising that for most people, poor health intersects with many social issues. Soon after they started SEARCH, for example, village women told them the overwhelming problem they faced was their husbands' high alcohol consumption. After becoming convinced that it would be best for the district of Gadchiroli, the Bangs put their support behind the women and successfully lobbied the local government to enforce alcohol prohibition.

In the past few years, the Bangs' work has gained long overdue recognition by the Indian Government and elsewhere—*TIME* magazine has honoured them as "Global Heroes of Health". Last year, WHO and UNICEF endorsed their approach to treating newborn babies at home. The clutch of interventions is being rolled out across India, and policy makers from Bangladesh, Nepal, and many African countries have visited Gadchiroli to study the pioneering work of the two doctors in newborn care. Bit by bit, it seems, says Abhay "we are closer to our youthful dream of a health-care revolution that would be *Arogya-Swaraj*—people's health in people's empowered hands".

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