**SLUG: OBITUARY**

**TITLE: Dr Smarajit Jana (1951-2021): An obituary**

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In the passing away of Dr Smarajit Jana on May 8, after a brief battle with Covid-19, India and the world have lost one of its most resourceful and compassionate development workers and a medical professional withthe highest standards of ethics in both research and practice.

Born in rural West Bengal bordering Orissa, Dr. Jana came to Kolkata to study in the early seventies and joined the Calcutta National Medical College and Hospitals. From his early student life he was drawn towards work on population health and continued to nurture his understanding of the subject through his postgraduate training in public health.

Starting as a physician in the ESI (Employees State Insurance Scheme) hospital he later became a teacher of occupational health and then epidemiology at the All India Institute of Hygiene and Public Health. In 1992, he was asked to carry out the first population-based survey of HIV among sex workers in Sonagachi, Kolkata by the World Health Organization (WHO) and India’s National AIDS control programme.

Among his many pioneering innovations as part of the survey, Dr Jana first developed a norm for individual and group consent for testing and involved the community in designing the study itself and its implementation. This approach was in stark contrast to the prevalent top-down practice of making HIV tests mandatory for high risk populations, and using coercive methods, which was unethical.

Under Dr Jana’s guidance the survey work led to the setting up of the Durbar Mahila Samanwaya Committee (DMSC), one of the most unique collectives of sex workers anywhere in the world, and a unique experiment in community involvement in health interventions.

Dr Jana’s key insight involved the need for recognising sex work as a normal occupation without any social or cultural prejudice, a very bold stand to take in the early nineties. He identified low self-esteem as a major obstacle to sex workers fighting for their rights and began convincing them that they were not any different from other professional groups in society.

Dr Jana also realised that providing medical advice alone was meaningless for marginalised communities like sex workers. If they were to prioritise health, they would need help to solve a host of other pressing problems, including stigma, low social status, violence by state authorities and criminal gangs, and concern about the future well-being of their children. Dr Jana opposed efforts by state agencies to separate the children of the sex workers from their mothers, but he also helped sex workers establish creches and boarding schools for their young and older children to provide a choice of environment other than the occupational place of their mothers.

Through the DMSC, the sex workers of Sonagachi successfully tackled their various social, economic and cultural handicaps. Apart from fighting against discrimination and asserting the dignity of their working rights , the organisation established vocational and educational institutions, a clinic, and even a cooperative bank for the benefit of its over 60,000 members in West Bengal.

Given autonomy and respect, and despite a severe shortage of resources, DMSC members themselves became the most ardent campaigners for HIV prevention, using peer education methods to spread the message. The resulting health benefits, coupled with a reduction in violence, were tremendous with HIV rates among Kolkata’s sex workers remaining low compared to other cities which saw soaring HIV infections. While HIV seroprevalence rates among sex workers ranged around 50% and above in other cities in the country, Calcutta’s HIV rates never went up to more than 10%[[1]](#endnote-1).(1) After the launch of the DMSC initiative, condom use also rose in Calcutta, from 3% in 1992 to 90% in 1999, compared with continued lower rates of condom use among sex workers in other cities in India[[2]](#endnote-2).(1)

In the early 2000s, the Sonagachi Model, as it came to be known around the globe, was also replicated in neighbouring Bangladesh and has been credited for the very low HIV infection rates among sex workers in the country till today. Dr Jana not only helped set up the first peer education project in Bangladesh through CARE International, he later worked there to scale it up nationally. Worldwide, the model inspired the practice of providing a package of services for creating an enabling environment for marginalised communities as part of HIV prevention and treatment programmes. The package included child care, literacy programmes, self-help and advocacy with local power structures. First adopted by the Government of India, it later became a global best practice adopted by the Bill and Melinda Gates Foundation and UNAIDS as well as all major donor programmes.

Dr Jana also contributed to institutionalising essential yet difficult concepts in the governance of local, national and global health systems. For example, he initiated a self-regulatory board of the sex workers to determine the age of girls entering the profession and encouraged the sex worker community to take on the role of combating trafficking. This not only reduced trafficking in the area, it also curbed the power of the police to criminalise sex workers and reduced extortion.

Dr Jana’s keen ability to "hear the grass growing” and understand the pulse of the people came from a lifelong involvement with various social causes, from his student days. As part of West Bengal’s vibrant student movement in the early seventies he was involved in opposing the Emergency imposed across India in June 1975.

Dr Jana’s dedication to the lives of ordinary people was reflected in his social and health work even as a student among those affected by famine, flood, cyclone, and in the slum areas of Kolkata. He was part of the Medico Friend Circle ─ an organisation of healthcare providers and activists across India set up in the mid-70s. His activism continued in the 80s through his involvement with the Bhopal gas disaster relief work, the junior doctors’ movement in West Bengal, and the mining workers’ movement for healthcare in Chhattisgarh.

A lesser-known facet of Dr Jana was that he was a prolific writer and author of many small, popular and easy to read handbooks in Bengali, meant to demystify medicine and medical concepts. This was in keeping with his strong belief that ordinary citizens, if made aware, could become masters of their own destiny in matters of health as well as life in general. The two journals -- *Drug Disease Doctor* for rational use of medicine and the *Socialist Health Review*, published by the DMSC, are testimony to this.

A visionary, leader, teacher, and friend, Dr Smarajit Jana’s impact on the many lives he touched is immeasurable and his legacy of work will remain an inspiration for future generations of public health leaders.

END

1. Basu I, Jana S, Rotheram-Borus MJ, et al. HIV prevention among sex workers in India. *J Acquir Immune Defic Syndr*. 2004;36(3):845-852. doi:10.1097/00126334-200407010-00012 [↑](#endnote-ref-1)
2. Ibid

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   Acknowledgment : Debashis Mandal, UK, Mrityunjoy Neogi and Samaita Jana, UPenn, USA [↑](#endnote-ref-2)