Special article

Health plans in India

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The war against our old enemies, poverty, unemployment, disease and ignorance continues. In the weeks ahead, we will review our existing policies and programmes to ensure that our basic objectives of growth with justice are realised within the stipulated timetable.

RAJIV GANDHI
Prime Minister of India

Our Seventh Five-Year Plan has commenced. We have cast the health component of the plan in consonance with our national health policy which is committed to Health for All goal. We have to pursue these ambitious but indispensable objectives in an extremely unfavourable and fast deteriorating international climate characterised by political tensions and conflicts. The global military expenditure is expected to reach very soon the astronomical figure of one trillion dollars. The recent recovery in the economics of some developed countries has remained weak and tenuous. Most of the developing countries are continuing to grapple with their problems of excessively high external debt payments liabilities, paucity of resources, low levels of commodity prices and rising protectionism. In this situation, social services, including health services, have been the first casualty. The policy packages prescribed by international financial institutions contain elements which show scant sensitivity to the importance of the social sectors in the development process.

In these circumstances, our greatest concern today in the health field is how to preserve and realise our commonly cherished goal of Health For All by the turn of the century. Given the resources constraint, we have to pay increasing attention to measures for the optimum utilisation of the available resources. First and foremost, we must adopt an integrated approach towards the development and provision of health services. This should include coordination between the health and related sectors as well as between various programmes and activities in the health sector itself.

Utilisation of traditional systems of medicine on a wider scale can also provide health care services to a large segment of
our population with minimum cost. In India, some of these systems namely, Ayurveda, Unani and Siddha, enjoy considerable respect and acceptability. There is a network of more than 600 hospitals, 15,000 dispensaries and nearly 250 colleges providing health care facilities and imparting instruction and training in these systems of medicine. We are trying to further encourage and strengthen them. In a recently held WHO consultation in New Delhi, various aspects of the role of the practitioners in these systems in the national health network were discussed and several useful suggestions made.

The International Conference on population held in Mexico last year emphasised the continuing importance and urgency of effective population control policies and measures and endorsed a plan of action to be implemented at national and international levels. I need hardly emphasise that uncontrolled population growth can negate all the achievements of development, compound our problem of combating poverty and lead to political and social tensions.

The family planning programme in India aims at total human resources development by improving the quality of life of our people in all aspects. It is seen as a key to every individual's and every family's betterment. The role and status of women in this context cannot be over-emphasised. As our former Prime Minister Shrimati Indira Gandhi put it: “It is also part of the right of the women to be in full health and to use their gifts to bring up healthier, better looked-after children, to have more attractive homes, to develop their personality and find deeper fulfilment in their lives”.

A review of the performance of the family welfare programme shows an encouraging trend. During the last 15 years, we have invested 2,350 crore rupees in the programme. Birth rates during 1970 to 1983 have declined from 37 to 33 per thousand. Even this birth rate is unacceptably high especially in the states of Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh (38 per 1000 and more). 40 per cent of our population lives in these four States. Action must be taken to see that these birth rates decline rapidly.

The total number of acceptors of family planning methods reached a level of 16 million during 1984-85, an increase of one million over the previous year. 40 million couples are presently practising family planning. During the next plan, this number must increase to 60 million. This is a stupendous task. We must, therefore, accelerate family planning activities.

One of the effective steps we took to promote the programme was the 10-week intensive campaign which was launched on the 20th March, 1985. Separate targets were fixed for this period and the performance was monitored through weekly reviews. The results were remarkable. In what was generally considered a lean period from the point of view of the family planning campaign, the actual performance registered an all time high. Here is a lesson for us. Given the will to carry forward the programme, we can indeed achieve remarkable results.

Another need of the hour is the increase in adoption of the spacing methods. Two-thirds of India's population consists of people who are below the age of 40. To bring the young couples under the protection of family welfare as also to encourage, guide and prepare the