

PRIME MINISTER SHRI CHARAN SINGH'S SPEECH AT
THE INAUGURAL MEETING OF THE 32ND SESSION OF THE
W. H. O. REGIONAL COMMITTEE FOR SOUTH EAST ASIA
ON 18-9-1979

Mr. Chairman, Dr. Gunaratna, distinguished participants in the 32nd session of South East Asia Regional Committee of the W.H.O. and friends:

On behalf of the government and the people of India, it is my privilege to welcome you to my country. You have taken the trouble to travel to New Delhi, from distant places in order to participate in this conference. It is a measure of the importance all of us attach to the health needs of the people. We, the people inhabiting the various lands are all limbs of one corporate body, if one limb of this body is weak, its bound to affect the other parts. It is gratifying to know that there is greater awareness of this fact today than at any other time in recent history. It's necessary that this awareness should grow and spread further. As I speak before you I am reminded of a statement of Mahatma Gandhi, the greatest man of our times who restored to us the gospel of truth and non violence in man's struggle for emancipation. Two weeks from now, on Oct 2 we will be celebrating the Mahatma's 110 birthday. With your permission I recall the statement I have referred to, I quote "I will give you a talisman, whenever you are in doubt, or when the self becomes too much with you apply the following test: recall the face of the poorest and the weakest man whom you may have seen and ask yourself if the step you contemplate is going to be of any use of him. Will he gain anything by it? Will it restore him to a control over his own life and destiny? In other words, "Will it lead to Swaraj or freedom of the hungry and the spiritually starving millions, then you will find your doubts and yourself melting away and----?" I believe, this statement is appropriate to the conference which we are holding today. Where does the poorest and the weakest man we saw last live or exist? We have seen him in all the countries presented here. We see him everyday, he lives in a village lane in a dilapidated hut and in shattered health unaware of what is happening around him. He has been enduring the pain of this existence for too long. He is conscious of this pain. He raises his subdued cry, people look at him and pass by, some halt and pause and also think. Is this what freedom means?

What is the crime this man has committed that he should have been reduced to such a situation? Is there no remedy for it? I request you to keep this man in mind as you discuss the various items on your agenda. He epitomises the mass of the people living in South-East Asia and other parts of the world whom we have to help urgently. What are the reasons for the pathetic conditions of this man? To my mind he is the victim of a conspiracy of circumstances, national as well as international. At the national level poverty with all its accompanying ills including bad health has been his inheritance. Unfortunately, poverty is measured more in terms of price index, per capita income GNP, purchasing power and all that than in terms of their principal ingredients of health, physical, mental and spiritual. We are more concerned about the national gains from the green and the industrial revolutions than about the health of the man who brings them about. The vast distance that separates the adequately developed areas from the villages, the slums in cosmopolitan towns and all other areas of neglect wherever these may be, relegates this man to a situation in which the development of his personality is well high impossible. At the international level the mosaic is hardly different. Whatever you and I may claim to have done during the last 30 years and more, the harsh fact that continues to stare us in the face is that the world is divided into the haves and the have-nots. There are vast islands of influence and endless deserts of poverty. Some do not know what to do with their money, others do not know how and where to earn it. More resources go into a single nuclear device than may be needed to establish a hundred thousand health care centres in the rural areas. The armament race continues unabated. I do not know whether those involved in it are aware of the fact that four fifth of the world's population have no access to any organised form of health care and that half a million women in Asia and Africa die every year while delivering babies. If you keep the poorest and the weakest man in mind in the course of your deliberations at this conference and take even a few practical decisions to lift him from the morass into which he has been sinking, you will be really taking a historical step forward.

I take this occasion to pay tribute to the World Health Organisation for the magnificent work that it has been doing to promote health as a vital investment in man's development. It is largely due to the efforts of the WHO that smallpox has been eradicated from the globe. The success we have been achieving in though gradually and combating other diseases has brought into sharp relief, the

very great importance of regional and international cooperation in health care programmes. Again it is due to the sustained efforts of the WHO that national planner and administrators have begun to recognise health as an input in the overall process of development. If the new international economic order is accepted as a state of international just redress of the peasant imbalances between developing and the affluent countries (sic). It is an imperative that apart from other things there should be greater collaboration and give and take amongst all the countries to liberate the man in the dilapidated hut from the tyranny of his present situation. He is to be made conscious of his basic health need, he has to be encouraged to participate in programmes designed to meet these needs, and those responsible for administering nations have to give greater and urgent recognition to the fact that economic development without simultaneous health development is an infructuous activity. In some countries in fact mortality is as high as 122 per one thousand live births. In some others it's fifteen. The maternal mortality rate per ten thousand live births ranges between 0.5 and 177. Can there be a more devastating commentary on the imbalances that prevail in our universe in the field of health? The new international economic order must take cognizance of these imbalances. This cognizance should find reflection in the regional and global strategies for health care. And these strategies must be implemented with greater speed and vigour through the joint efforts of the developed and developing countries. In this context, I welcome the ___ declaration in 1978, health for all by the year 2000 A.D. This is a very laudable goal. If this declaration is given the same importance as has been given to the philosophy of the nuclear deterrent in recent years and if it is implemented sincerely and urgently, generations to come will look back at it as the Health Magna Carta.

We are a signatory to the declaration and on our own we have taken several very important steps to organise health care services and bring them to the doorstep of every village in our country. I trust that some of you may have heard of our rural health scheme. We launched this scheme in 1977 and its objectives harmonise with the aspirations of the Alma Ata Declaration. The basic ingredient of our rural health scheme is to place people's health in people's hands. More than one lakh community health volunteers and two lakhs traditional birth attendants have been trained in the villages under this scheme. This band of our three lakhs workers are not government servants. They live in the villages in which they function. We are also simultaneously trying to

integrate all health and family welfare services in order that those health officials who until the other day were responsible for administering just one programme, for example, Malaria, should be able to give their attention to all the basic health care needs of the community. Consequently a new force of multi purpose health workers has now come into being. Nearly one lakh such workers have already been trained. Currently we are engaged in perhaps the largest ever training programme of health workers organised anywhere in the world. The larger significance of our rural health programme is that it seeks to reduce the enormous imbalances that mark the health scene in our country. Our health policy seeks to give importance to the indigenous system of medicine which have their roots in the villages but which had languished in the past because of the absence of adequate support from the government. We are also planning to modify the system of medical education in order to make it more responsive to our needs. In the expansion of our resources in man power development---- in enlarging our drug industry and strengthening our drug delivery systems in research and in general in the implementation of the Alma Ata declaration, we wish to establish greater collaboration with all the countries within and outside our region. We have always appreciated the help that we have been receiving from the WHO. From our side we are most keen to render whatever assistance we are capable of to all the countries within and outside our region. Our efforts should be to help each other and strengthen the WHO which must continue to play its pivotal role in the harmonious healthy development of man. There are areas in which greater technical collaboration is called for. I am sure that as a result of this conference the role of mutual collaboration will increase to the benefit of the common men. This collaboration should not however lead to the strengthening of the multinational monopolies in the drugs and pharmaceuticals. It's necessary that the countries of our region should be enabled to exploit their resources and establish their own drug industry. On our part we shall be most willing to help in this venture. I am thankful to Dr. Gunartana, Regional Director, for providing me the opportunity of being in your midst today. I wish you all success in your deliberation.

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