

**Dear Parliamentarian,**

**INDIA  
IS UNWELL,  
SHE NEEDS  
YOUR  
HEALING  
TOUCH!**



**Voluntary Health Association of India**

Tong Swasthya Bhawan, 40 Institutional Area  
Behind Qutab Hotel, New Delhi 110 016



*Dear Parliamentarian,*

*Welcome to Delhi. Our sincere felicitations for your success as a member of the eleventh Lok Sabha.*

*At this critical juncture in the Indian history, you have taken up a major role in shaping the destiny of the nation. The teeming millions are looking up to you with hope and expectations. People have reposed faith in you that you will work for their welfare.*

*The health situation in the country, among other things, is far from satisfactory at this point of time. There are many areas warranting your urgent interventions. We have put together some of these major concerns for your immediate action.*

*We are glad to offer you our assistance to bring them on top of the national agenda.*

*Kindly indicate a convenient time when we can meet you and discuss a plan of action on areas of common interest.*

*With best wishes,*

*Yours sincerely,*

*Alok Mukhopadhyay  
Executive Director*

*New Delhi  
June 1996*

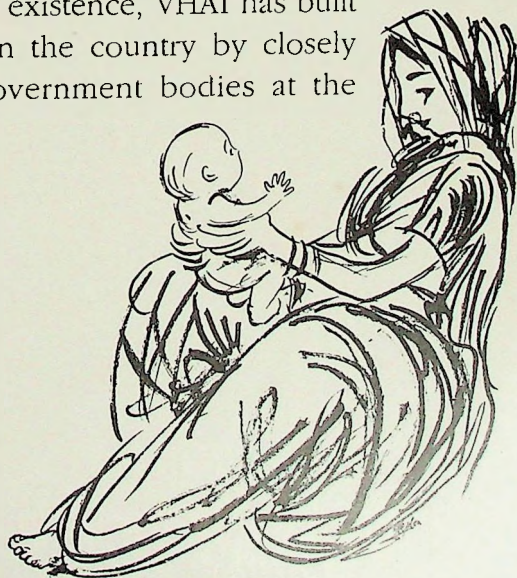
**MAKING HEALTH A REALITY FOR THE PEOPLE OF INDIA**

Tong Swasthya Bhawan, 40 Institutional Area, South of IIT, New Delhi-110 016 INDIA  
Phones : 668071, 668072, 665018, 6965871, 6962953 Fax : 011-6853708 Grams : VOLHEALTH, N.D. 16

# VOLUNTARY HEALTH ASSOCIATION OF INDIA (VHAI)

Voluntary Health Association of India (VHAI) is a national federation of more than 3500 health and development organisations and activists groups. VHAI works for a preventive, promotive and sustainable health care system which is based on social justice and the basic needs of the millions.

VHAI operates through the State Voluntary Health Associations and their member institutions in the pursuit its goal of “**making health a reality for all the people of India**”. VHAI conducts training programmes, advocacy, policy research, communications, publications and information dissemination as well as running health and development projects in the most needy and remote areas of the country. In the course of the past 25 years of its existence, VHAI has built up a people's health movement in the country by closely networking with voluntary and government bodies at the national and international levels.



# CONSUMER PROTECTION

The country is witnessing the emergence of a consumer movement in India. With the liberalisation of the economy, consumer options have increased. But on the whole, the play of market forces have not necessarily improved plight of the common consumer. Availability of goods and services at affordable prices and of reasonable quality for everybody is a dream yet to be realised.

The Consumer Protection Act 1986 did bring about revolutionary changes in the field of consumer protection. But it also left lot of areas unattended. Of the 435 District Consumer Disputes Redressal Fora in the country, almost one third are non functional due to lack of infrastructure. More than 45% of the over seven lakh cases filed in the consumer courts have not been decided within the stipulated time frame of 90 days or 150 days.

Only an informed consumer can protect himself/herself against exploitation and thereby enjoy the benefits of developments.

1. Full time consumer courts should be set up in all districts.
2. Public Distribution System should include more items of mass consumption and should be strictly monitored.
3. Free medical services given in the Government hospitals should be brought under CPA.

Can tobacco cause an epidemic? Yes. **This man-made disaster kills 8 to 10 lakh people and maims several more in India every year** and 3 million the world over, i.e. one death every 10 minutes. Half the victims die in the prime of their lives. At the current rate of increase within 30-40 years one smoker will be killed every three seconds.

Financial gain for the tobacco industry is the only rationale behind the tobacco business, and the real losers are the millions of smokers.

In the developed countries tobacco use has come down by 10 per cent since 1970 but has gone up by 67% in developing countries during the same period. It is on the rise in India because of the clever promotion tactics of tobacco companies. Can a poor country like India afford to allow such a hazardous industry to flourish at the cost of human lives?

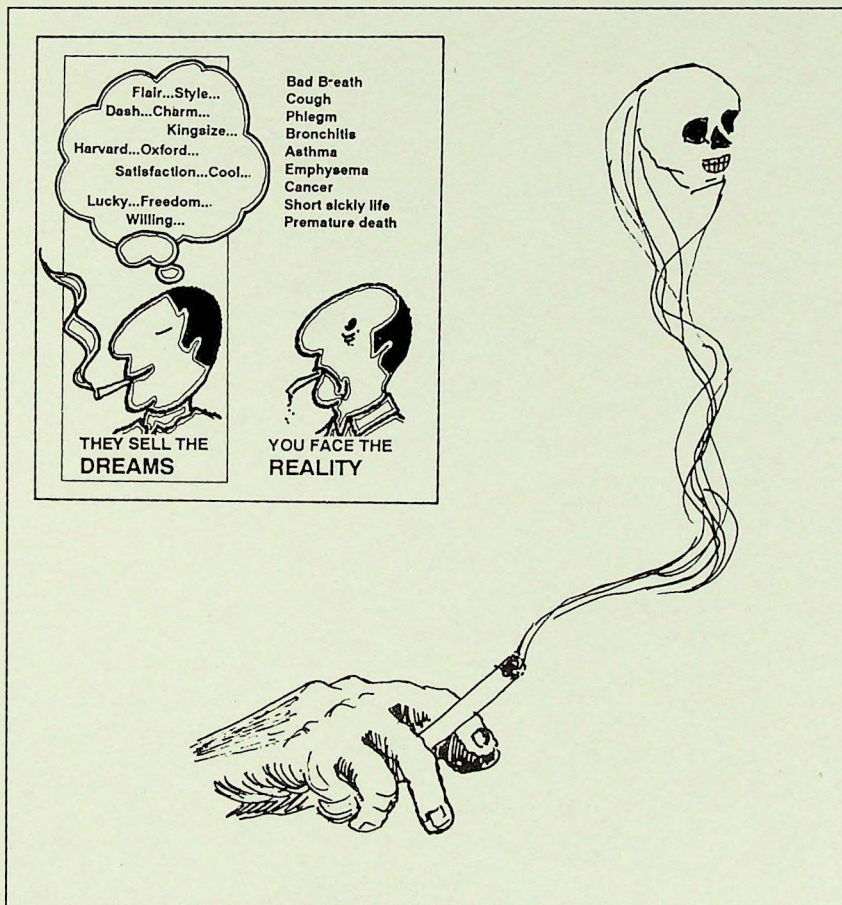
**Tobacco in all forms, is a drug which is addictive in nature and causes cardio-vascular diseases and lung cancer.** The expenditure on health problems created by tobacco is much more than the earning from tobacco business. The net loss from tobacco induced health problems is estimated to be about 200 million dollars globally per annum, an amount sufficient to take care of the health expenditures of all developing countries.

Should we not join the health activists and national and international agencies like WHO in fighting against the public and private menace of tobacco? Let us provide for our children a risk free world to grow with.

At the policy level **following things need to be addressed urgently:**

- 1. Comprehensive law needs to be enacted by the**

- Parliament** to effectively ban smoking in public places.
2. **Stop sports/culture and arts sponsorships by tobacco companies.**
  3. **At least double the present tax rate of 70% on tobacco products.** Withdraw all subsidies on tobacco and help farmers to shift cultivation to other crops.
  4. **Government should stop investing in tobacco business.**



# DRUGS (MEDICINES)

India has made great strides in the pharmaceutical sphere. It is capable of producing 70% of bulk drugs and 100% of formulations it requires. The 20,000 drug manufacturing units produced drugs worth Rs 8220 crores in 1994.

Availability of essential and life saving drugs are very important to health. Despite the phenomenal growth of the drug industry, about 300 million Indians have no access to essential drugs or health services. There are shortages of medicines for the diseases of the poor. **10 million people, half the TB patients in the world, are Indians of whom more than 50,000 die every year for want of treatments.** Similar is the case with Malaria, Leprosy, Water-Borne Diseases and others.

It is estimated that more than one lakh drug preparations are in the Indian market! WHO and India's Haathi Committee in 1975 suggested a list of drugs less than 300 for India! Thus **India has a classical problem of plenty — drug at least.**

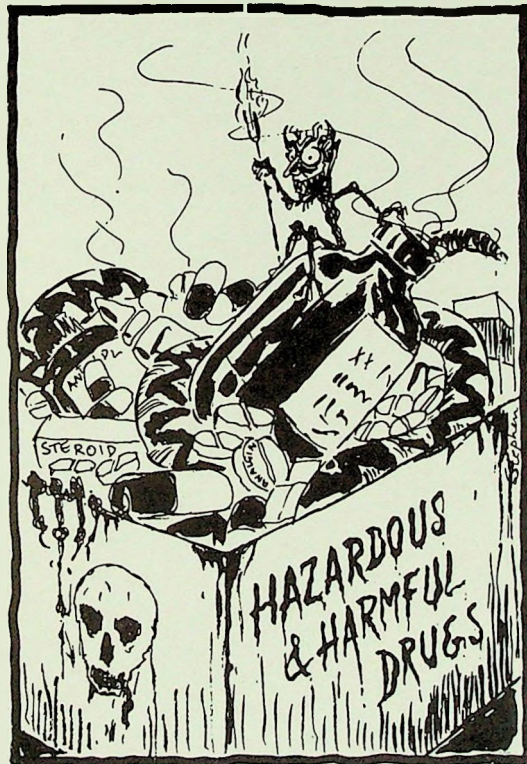
Drugs have to be necessarily related to the health needs of the people. Should we allow the drug industry to go on producing drugs, many of which are unwanted, not scientifically combined, useless and even hazardous?

There is **an urgent need to bring about discipline in the drug field** in the interest of the health consumer.

1. The Drug Policy of India needs to be reviewed and a National Drug Authority to be formed.
2. A list of essential drugs should be brought out which should be followed by the public and private sector at the central

and state levels.

3. Withdraw all banned, hazardous, irrational and useless drugs from the market, and ban unsafe and drugs of doubtful therapeutic value.
4. Increase the number of drug inspectors and drug testing mechanism drastically, so as to ensure quality drugs.
5. Set up drug price control bodies with experts from government and other sectors.
6. Stop the unethical drug promotion techniques adopted by drug companies and provide for unbiased drug information for the people.



# DISABILITY

Disability is a very severely misunderstood issue in India. So the problems of the disabled are not in the top agenda of the nation. The clouds of misinformation, disinformation, wrong notions have resulted in social, economic and physical discrimination against the disabled.

**The total number of people in India affected by disabilities like physical handicap, hearing impairment, visual handicap, mental retardation and others is estimated to be 10 per cent of the population, i.e., around 90-95 million!** The mid term evaluation of the 8th Five Year Plan found that at least 10 million disabled children do not have access even to primary education. This is just one indicator of the status of the disabled in India.

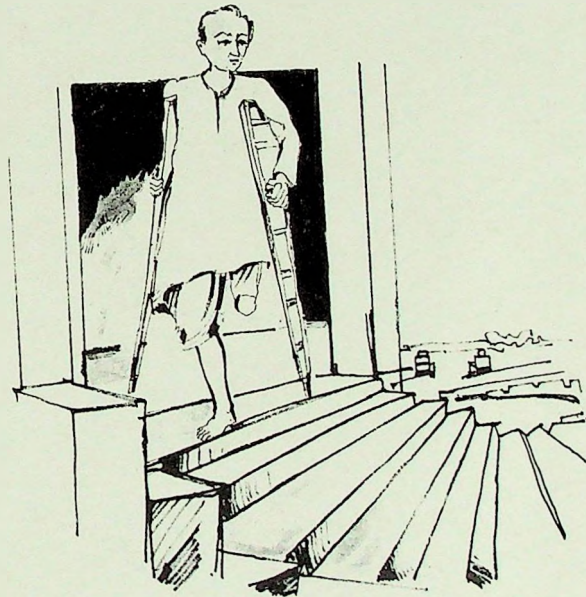
The plight of the disabled in rural areas is a matter of concern. There are very few government and NGO institutions for the disabled in the hinterlands. The disabled had been consigned to the fringes of existence. The situation today is not so dismal as changes have started taking place, though at a snail's pace.

With the "The Persons With Disabilities (Equal Opportunities, Protection Of Rights And Full Participation) Act, 1995" coming into force from 7th February 1996, the Indian Parliament has endorsed the rights of the disabled people to equal opportunities and entitlements with independence and dignity like other Indian citizens. This new law demonstrates the philosophical shift from charity and welfare to civil rights and the human rights of persons with disabilities. It has opened up the doors

for them to enjoy the fruits of development not out of charity, pity or sympathy but as their basic rights.

**Attention needs to be paid to the following:**

1. The centre and state governments should make special budget allocations for the disabled and take up immediate implementation of the provisions of the Disabilities Act 1995.
2. Include a group of competent people with disabilities in the National Planning Commission.
3. Formulate a National Policy on Disability and Rehabilitation.
4. Strict implementation of the various concessions and facilities provided to the disabled people by different ministries/departments in travel, postal services, custom/excise duty, conveyance/educational allowances, income tax, posting and bank loans.



WHO has estimated that India now has 2-3 million people infected with HIV — the virus that causes AIDS. WHO estimates that more than 18.5 million people including 1.5 million children, have been infected with HIV so far. The disease is spreading fastest in South and South-east Asia. By 2000 AD, the total number of people with AIDS will be 30-40 million, 90 per cent of them will be in developing countries, which will include 15 million women. For every person with AIDS, countless more people are affected by its impact.

HIV is a sexually transmitted disease, most commonly transmitted through unprotected penetrative sexual activity, contaminated needles, un-screened blood and from mother to infant. HIV infection is high among prostitutes and intravenous drug users. It strikes mostly young adults and middle aged — the women and men who are in the reproductive age and are supposed to raise the young and support the old.

**There is no cure for AIDS. Prevention is the only way to control the disease which calls for lifestyle changes especially in sexual habits.** When a person gets infected there is no immediate reaction. This person becomes a full blown case of AIDS only in 7-10 years time, but infects others all the time. Death occurs in 1-3 years from a mixture of infections.

Immediate measures need to be initiated to arrest the spread

of this dreaded disease which is developing into a pandemic:

1. Education on AIDS must be taken up on a war footing. Condoms distribution should be taken up through several outlets including family planning centres.
2. NGO involvement in the National AIDS Control Programme should be promoted in a big way as this has not really taken off.
3. Stop supplying of untested blood from blood banks in the country, as about 65% of blood supplies are untested for AIDS.
4. AIDS clinics should necessarily take care of other related Sexually Transmitted Diseases (STDs) as well.

# MALARIA

**Malaria** — a major public health problem which was fairly controlled two decades back **has come back in an epidemic form in recent years.** The malaria deaths in Rajasthan and Assam recently, and the number of deaths increasing every year in other parts of the country, show the alarming situation of the public system in India.

Women and children are the main victims of this disease. **Pregnant women are specially vulnerable to malaria.** Orissa and the North-east are endemic areas. There is a crying need to study the focality or locality in its varied local forms. **The epidemiological, entomological, ecological, socio-economic and technical aspects should be seen in detail.** A local decentralised malaria programme has to be evolved to make it a success.

**Urgent steps** should be taken to:

- Diagnose, identify and treat the patients promptly and adequately as near their houses as possible.
- To control the vector and breeding places.
- To involve the private and voluntary sector in the National Malaria Eradication Programme (NMEP).
- Adequate availability of finances to meet the various

needs of the programme like drugs, microscopes, outreach programmes, etc.

- Proper centre-state understanding in the implementation of the programme.

**If these steps are taken immediately involving the community, the menace of malaria could be erased from the country.**

# TUBERCULOSIS

TB is rightly known as a **disease of poverty**. The rural and urban poor are mainly the ones afflicted by this disease. Crowded living in urban slums, malnutrition, stress, lack of resources, alcoholism and drug abuse helps rapid proliferation.

**Five lakh people die of TB in India and 10 million people catch TB every year of which 2.5 million are infectious.** TB kills 3 million people around the world annually, of which 95 per cent are in the developing countries. 80 per cent of the people whom TB strikes are in the most productive years of their life (age 15 - 59). Of these at least **26 per cent are avoidable adult deaths.**

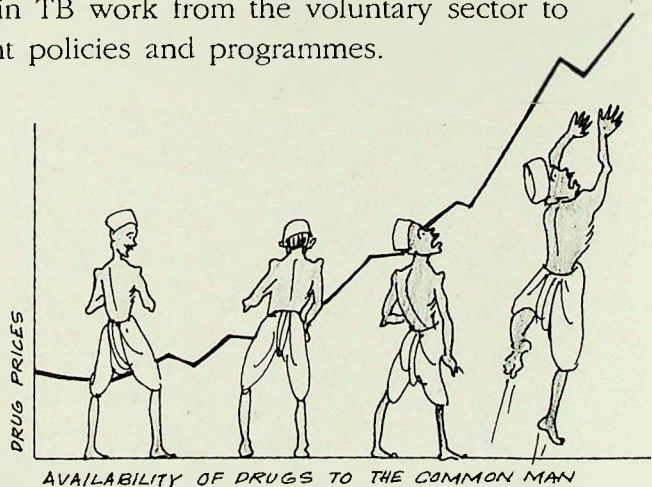
The National TB Control Programme (NTCP) has been in operation since 1962 with a well-laid out plan and infrastructure. But this **programme failed to deliver** the goods due to the following reasons:

- ☞ Lack of diagnostic facilities and technicians.
- ☞ Shortage of essential anti-TB drugs.
- ☞ Rise in the cost of anti-TB drugs.
- ☞ Lack of other basic health care services.

The tragedy of TB is avoidable. The following measures

need to be taken up seriously:

1. Treat TB as the foremost public health problem.
2. Increase budget allocations for TB care and stop neglect of TB because of over emphasis on family planning and AIDS.
3. Encourage more NGO participation in the preventive, promotive and curative TB care by supporting projects.
4. Involve Panchayati Raj institutions in health care including TB care.
5. Set up an expert committee consisting of specialists and people involved in TB work from the voluntary sector to review the current policies and programmes.



# WOMEN, HEALTH AND DEVELOPMENT

What is the status of women in our country? Has their condition improved over the years? These questions could be debated for ever. But the startling statistics on women, in front of our eyes speak for themselves.

There are substantial variations in the status of women among the different regions in the country.

<i>Sex ratio (per 1000 males)</i>	1036 (Kerala)	865 (Haryana)
<i>Maternal mortality</i>	460 (all India average)	700 (Orissa)
<i>Female literacy (%)</i>	86.17 (Kerala)	20.44 (Rajasthan)

Throughout history women have always been a neglected lot. Women's health and development needs remain unmet even today. **Basic health is a luxury, which she is denied.**

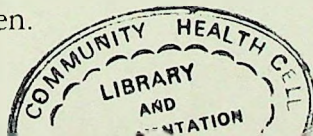
Good health is not possible without meeting the basic needs for food, water, wages and human rights. The main problems are the denial of these basic needs to women, combined with



exploitation, discrimination and increasing physical and mental violence against them. **Gender equality is a human right** which has to be incorporated in all the aspects of a woman's life.

**For empowering women, the following immediate measures have to be taken:**

- To identify and effectively deal with the customs, practices, attitudes, misinterpretation of religion, laws and policies that make life more difficult for women.
- To provide better policies for ensuring basic amenities like better public distribution system, access to potable water, etc.
- To ensure minimum wages and safety at work place.
- To have a comprehensive primary health care system incorporating reproductive health, and to take care of *all* the health problems and not just child care and contraceptives alone.
- To implement legal protection measures against physical and mental violence to women.



All these changes should be initiated at all levels by linking together individuals, groups and organisations, so that the benefits reach every woman in the country who needs the most.

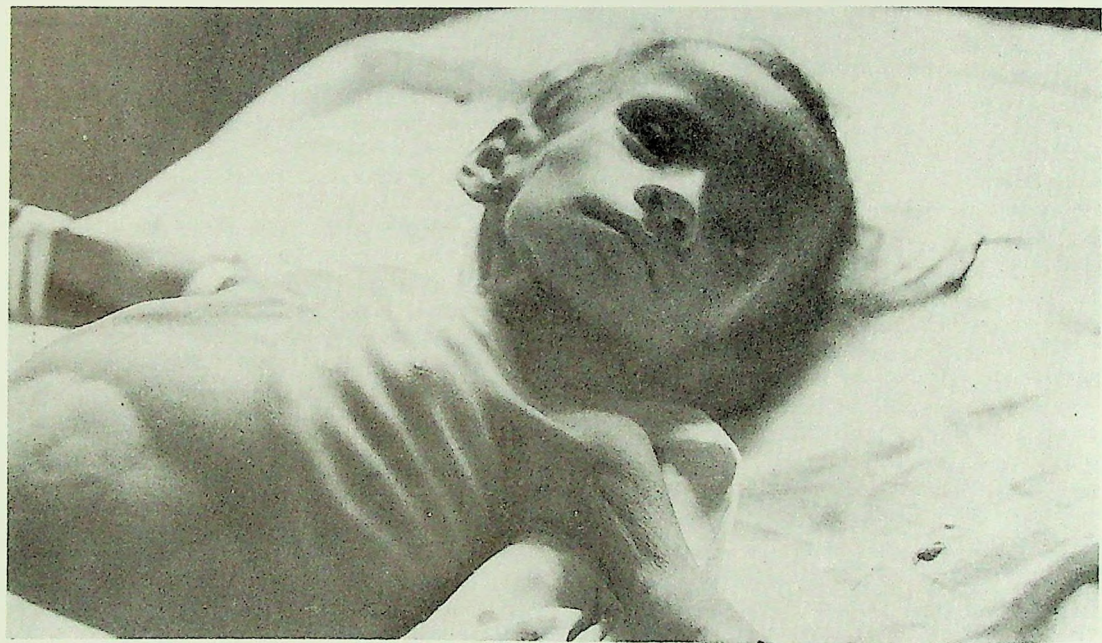
**If these are achieved, we can see a new dawn — a healthier India.**

# HEALTH SITUATION IN INDIA

**Health of a nation can be best judged by the health status of its people.**

Today, even after almost 50 years of its independence, India's health status remains a cause of grave concern. No doubt, India has made considerable progress in certain areas of health care during this period which is reflected in some of the health indicators. Life expectancy has almost doubled from 31 at the time of independence to 61 years at present. Overall mortality, measured in terms of Crude Death Rates (CDR), which was as high as 27 per 1000 persons, has declined to 9.2 per 1000 persons. Infant Mortality Rate (IMR) at 146 per 1000 live births in 1947 has halved to 73 per 1000 live births today.

But these progresses have not been evenly distributed so as to make any substantial improvement in the overall health



scenario. Broad aggregates mask large regional disparities within India, both in health status as well as access to health services (i.e. outreach, efficiency and equity in the public health care system). There are states like Kerala and Maharashtra having an IMR of 16 and 54 per thousand respectively as against 98 and 103 for Madhya Pradesh and Orissa. Generally the so called 'BIMARU' states consisting of Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh have the worst health indices.

**India continues to be one of the many developing countries which face a high level of mortality and morbidity especially among infants, children, women and the elderly.** There is also a relatively high incidence of infectious or communicable diseases which are normally associated with low levels of sanitation, public hygiene and poor quality of drinking water. **Diseases like Malaria, TB, water-borne disease are coming back with a vengeance and the health problems due to modernization like heart**

**diseases, accidents, traumas, sexually transmitted diseases etc. are on the rise.**

There is a tremendous need to reach out effective health services to vulnerable people living in pockets of darkness. **About 80% of health care facilities are concentrated in cities.** This makes patients from distance to flock to the cities which complicates the situation in cities. In order to reverse this process, government needs to work closely with the private and voluntary sectors. The private sector is flourishing. Its potential should be tapped for the National Health Programmes and family planning. At the same time, commercialisation of medical services, promotion of irrational drugs and the spiralling cost of health care must be curbed effectively.

**The population policy followed so far has not yielded the desired results. Family planning programme needs to be necessarily integrated with general health services and related social factors.**

To make India reach the goal of Health for All by 2000 AD, the following **priority areas** need to be addressed to, effectively:

1. **The rural health infrastructure and health services should be made accountable to village panchayats/zilla parishads.**
2. **Enhance the outlay for health from the current level of about 1.5 per cent to at least 5 per cent of GNP** and drastically cut down expenditure on non-priority which is at present about 80% of the allocations.
3. **Experiment with employing doctors from the Indian System of Medicine in primary health centres** after their proper orientation. Make two years' rural health service compulsory for MBBS doctors seeking higher education.
4. **Use the services of about five lakh traditional health functionaries** in the country in community health work.

5. **Health planning needs to be decentralised.** Every district in the country should have a district plan as well as a sub-plan for vulnerable areas.
6. **Referral services to be systematically improved** so as to prevent migration of patients to urban areas for treatment.
7. **Private sector (nursing homes) should be regulated** with mandatory registration and standardisation of services and rates.
8. **Involve charitable and voluntary bodies in tertiary care** on a joint programme with the government.
9. **The health impact should be properly addressed** before starting any development projects.

*"Health is not everything but everything else is nothing without health."*

# *We value your feedback!*

Dear Parliamentarian,

1. Are you interested in knowing more about the following issues?

Please tick mark and send this card back to us. ☒

— Women, Health  
and Development ☐

— Tuberculosis ☐

— Malaria ☐

— AIDS ☐

— Disability ☐

— Drugs (Medicine) ☐

— Tobacco ☐

— Consumer issues ☐

— Any other issue (*please specify*)

\_\_\_\_\_  
\_\_\_\_\_

2. Do you like to receive some more materials on any of the above issues?

Yes ☐ No ☐

3. Would you like to meet us to discuss further on the issues you are concerned or any other matter you wish to share with us.

Yes ☐ No ☐

4. Would you like this health information pack to be translated into regional languages?

Yes ☐ No ☐

If yes, what language? Hindi/Bengali/Telugu/Urdu/Marathi/Any other  
(*please specify*) \_\_\_\_\_

5. Would you like to evaluate this information pack for us? \_\_\_\_\_

\_\_\_\_\_

Name and address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Dvn. No. )

Thank you very much.

*Please post this card as early as possible to*

Public Information and Advocacy (PIA)

Voluntary Health Association of India (VHAI)

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New Delhi 110 016

*You have got the  
mandate.*

*Now the people  
await your  
response.*



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