

## **Address at the Inaugural Session**

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Honorable Justice Shyamal Kumar Sen, the Governor of West Bengal; Honorable Mr. Shanmugam Ji, the Minister of Health and Family Welfare, Government of India; Mr. Javed Chowdhury, Secretary, Ministry of Health and Family Welfare; Dr. Uton Rafei, the Regional Director; Dr. Indira Chakravarti; Distinguished Participants, Ladies, and Gentlemen:

It is a great pleasure to be here at the Regional Conference on Public Health in South-East Asia in the Twenty-first century. I am glad that this meeting is being held in Calcutta, the home of some of our well-known medical institutions, like the All India Institute of Hygiene and Public Health, which is helping WHO organize the conference. We all know the Declaration of 1978, which established the social goal of Health For All, by the year 2000, based on primary health care as a key approach, chiefly emphasizing the prevention and promotion of health care. Since then, many milestones have been achieved, in terms of immunization, maternal and child care, environmental sanitation, nutrition, clean water supply, control of diarrhea diseases, vector control programs, and others. The infant mortality rate in India has decreased to 73 from 144 in 1960. Life expectancy from birth has increased from 49 in 1970 to 62 in 1996. The crude death rate and birth rate, as well as the child mortality rate, have also decreased considerably. Furthermore, we are soon to obtain the Guinea worm eradication certification. However, the 33% statistic of low birth weight babies is still very high.

Major efforts, with increasing success, are being made to control leprosy, malaria, and tuberculosis. However, drug resistance is emerging as a major problem, as well as HIV/AIDS. A former Director General of WHO, Dr. Halfdan Mahler once remarked, "The whole world benefits from tuberculosis research, the whole world, except India." I am happy to say that, today, India is benefiting from the research. In the past year, our national tuberculosis program helped protect more than 130 million people.

At the present stage of implementation, this program saves more than 2,000 lives and detects more than 25,000 new tuberculosis infections every month. By the year 2000, we will expand to reach more people than was planned for the year 2002. With the continued dedication of the state and district governments, more than 400 million people will be reached, which is more than 1.5 times the planned program expansion. Phased and systematic expansion is essential for success, because, as we know, a poorly implemented tuberculosis program is worse than no program at all. We are also presently in the process of providing relief to the victims of the cyclone in Orissa.

On the other hand, non-communicable and non-infectious diseases, like cancer, smoking, accidents, mental disorders, and geriatric problems need serious attention in the coming months.

Keeping these developments in mind, a priority should be to initiate a communicable disease surveillance system. The use of modern means of communication, strong laboratory support, and mutual consultations, whenever required, will help in early detection. It is critical that we look at the examples of other countries in our region, where disease outbreaks have led to huge losses in life and money.

Lastly, I must state that, although we (from the health sector) are responsible for maintaining and promoting health of the people, the support of other sectors, like science and technology, agriculture, railways, food and civil supplies, HRD, environment, urban development, education, and information technology is absolutely essential. Therefore, a pressing need exists for inter-agency coordination and professional cooperation for a shared agenda concerning health promotion and disease prevention. In conclusion, I wish great success to this conference and shall keenly look forward to the recommendations of the Calcutta Declaration.