

**Convocation Address by Shri P. Chidambaram, Commerce Minister at the 34th Annual Conference
of the National Academy of Medical Sciences on 18 March, 1995**

It is a pleasure and an undeserved honour to be invited to be the Chief Guest and to deliver the Convocation Address at the 24th Annual Meeting of the National Academy of Medical Sciences. When I recall that the first convocation address was delivered by Dr. S. Radhakrishnan on 08.12.1963, I feel even more humble to stand today in his place. I owe this distinction to Prof. J.S. Bajaj, whose affection I have enjoyed for some years now.

The NAMS combines academic excellence as its resource and social relevance as its goal. Is there an abridgeable chasm between the two? Academic excellence takes one to lofty heights, to institutions of higher learning, to the practice of the super-specialties, to the making of national policy and, often, to far off lands. Social relevance will bring one down to the earth, to rediscover the virtues of selfless public service, to share the trials and tribulations of the poor in a country and to walk the dusty roads to the villages carrying a message of hope to those who live in despair.

Our human resources may appear infinite, but they are severely limited by the physical and financial resources available to us. I gather that we have one doctor for 3,700 people and one nurse for 4,670 people. May be it is a little more or a little less. We have or we believe we have primary health centers dotting the landscape of our country. But do we have a doctor in each centre? Do we have medicines at every centre? Above all do the people have faith that the system of primary health centers, referral facilities and government –owned and government run hospitals at taluk and district levels gives them basic medical services which is their fundamental and human right?

You belong to the noblest of all professions – the healing of the sick. You are the wisest among the wise. Therefore, it is to you that I, a representative of the people venture to address these questions.

It has been estimated that no more than 30% of our people have access to modern medical care based on the system of allopathy. My thoughts, today, therefore, will reflect the aspirations of the other 70%. Two out of three Indians live in our villages, one of the 600,000 which has been the home for them for centuries and which will remain their home through, perhaps, the 21st century as well.

If social relevance is your goal – as it must be our national goal – we must turn to the task of addressing the needs of the people living in our villages.

Three areas demand immediate attention. First, research and development which is of social relevance. We must look at the conditions of our villages before we begin work in our laboratories. No one can seriously believe that our people are happy at the way they live. Many villages do not have drinking water. Many do not have lavatories or a sewage system. Drinking water sources have either dried up or are hopelessly polluted, *oorani* – once the pride of every villages in Tamil Nadu – is now a discarded relic. The village tank is moss covered and mosquito infested. It is these water resources which are used by our people for bathing, for washing, for their cattle and often for drinking. How can they be immune from disease? We must first restore to our people the authority and the capacity to make their villages habitable and livable. No one – not even the poorest of the poor – likes to live in squalor. He does, because he has no choice. A choice will be available to him only if the village community has the power and the money. That was the philosophy behind the amendments to the Constitution which assure to the people the constitutional right to a third tier of government. That right remains a distance dream in many states including the State of Tamil Nadu.

Second, what shall we do research on? The WHO lists only 250 drugs which are enough to treat every kind of disease and sickness. Indian industry produces over 2,000 drugs and formulations. 85% of them have been pronounced to be totally useless. Is this the way to spend our meager resources? It has been estimated that it requires over \$ 200 million to discover a new molecule.

Government and industry in India spend a fraction of that amount on research. We need to reorganize the system of production of drugs and pharmaceuticals. In my view they should be produced under the strictest conditions of cleanliness and adhering to the highest standards of therapeutic efficacy and quality. Is it not, I dare to ask, is it not enough to have say 10 or 20 manufacturers who will produce drugs under these strict conditions. I think so. That is one sure way to banish the dark side of the Indian drug industry which flourishes in secret backyards and side alleys and prospers on making and marketing spurious drugs. You must summon the courage to advocate a thorough shake-out of the drug industry.

And finally, on the management of our health delivery system. Everywhere, we have too much government and too little governance. The health delivery system is no exception. At every level there is the dead-weight of rules and regulations, of authority and control. Who is the sufferer? The patient and sometimes even the doctor. We cannot pass the buck or throw the blame on the British, because even the British have abandoned these outmoded ways of administering the health care system.

In my view, the management of the health care system must be returned to the people. I verily believe that the PHCs should be handed over forthwith to the panchayats and municipalities; taluk and district hospitals to non-government organizations, a Mother Teresa, a Ramakrishna Missions or even a socially conscious PSU like SAIL will bring enormous improvement in the working of the health care system. Specialty and super specialty hospitals must be given to the fraternity of doctors. Why do we need the intrusive and bureaucratic presence of the government? If it is only to provide funds, let us change our laws – and if necessary the Constitution – to make funds for health care a mandatory charge on the Consolidated Fund of India. We have set for ourselves a budget of 6% of GDP to be spent on education by the end of the current Eighth Plan period. Likewise, we must set a target for health care and these funds must be transferred to the community.

These are some of the thoughts that I wish to share with you today. It is a solemn and auspicious occasion, the day on which you admit a select and distinguished number as fellows of the Academy and also recognize a few promising medical science scholars as members.