CHAPTER - I
INTRODUCTION

1. Health: An Individual and Social Need

In the broad spectrum of human needs, sound health is perhaps the most illuminating one. Good health condition is regarded as a very important index of social development attained by a people. On the contrary, ill health kills all the positive elements of human life. An unhealthy person can seldom emancipate himself from the grip of pessimism and therefore, scarcely have a positive attitude towards life. It is held by a number of great minds that the philosophy of Nietzsche was largely a product of his strong vivacity and invalidness\(^1\) — his disabled vivacity led him to discover "will to power" which gave a philosophical and ideological support to Nazism and the resultant cruelties and World War II.

Psychologists are of the opinion that good health conduces the man to take positive attitude towards life, ensures cooperation and enhances the sense of benevolence. K. J. Arrow\(^2\) in his "The Limits of Organisation" goes a long way to argue how a positive attitude towards life, cooperation and the sense of benevolence work as an economic resource. One would agree, therefore, that good health condition of the people is conducive to obtain the vintage of happiness.
and thereupon, the economic development of a country. Further, good health conditions are conducive to greater productivity of the working force. It is no wonder, therefore, if the modern art of public or state management attaches a great importance to develop health facilities in the country.

But the phenomenon of the interest taken by social scientists and public policy makers in the issues of public health and medical care are recent in origin. Earlier it was left to the medical professionals who, in fact, took advantages of the situation and did not think wide in the national interest. Therefore, the social planners now believe that the government has the responsibility to foster health of the citizen—in fact, the public health has become a public good. Enough evidence has been found to prove that ill health is economically wasteful and the State must take it up in a very sincere sphere of public policy. The World Health Organisation (WHO) has very categorically pointed out that ill health invariably makes people hopeless, dejected, lethargic and disrespectful to law and moral codes of conduct. It is imperative for the State, therefore, to strive for the better public health.
2. Definition of Health

More popularly, health is defined in negative terms: the absence of physical and mental disorder and diseases. WHO has given a positive definition, "It is a state of complete physical, mental and social well-being and not merely absence of diseases." In one of the leading works on medical science in the ancient India a healthy person is defined (of course in the standard medical terminology of ancient India) thus: A 'Swastha' (healthy) person is in the state of 'malakriya' and a balance among three Doshas, three Agnis and Seven Dhatus, and his Mana, Indriyas and Atma are calm or Prasanna. We note that this definition is indeed a positive definition.

The Dag Hammerskjoeld Seminar held in Uppsala in 1977 on "Another Development in Health" made a significant contribution to the definition of health from a different perspective. It feels that there is a need for redefinition of the health concept, taking into account the social, economic and cultural determinants of health status of a population. Health is a human condition that cannot be achieved through development of medical services alone. Health is the responsibility of the individual, the community and the government as a whole. It is, therefore, ultimately a political question. In certain countries significant changes in health
conditions will be possible only through fundamental social and economic changes. Hence, health does not mean merely absence of diseases but a complete adjustment of the individual to external environments—physical and social. It is a positive state of well-being of an individual having harmonious development of physical and mental capacities.

The above definitions of health are indeed very good and ideal, but they are teleological in nature. When we are to use them operationally the difficulties are enormous. Hence, the challenge lies not in arriving at an appropriate definition but perhaps in the measurement of the levels of health in the context of a particular definition and in the critical analysis of an understanding of the implications in terms of planning, implementation of health programmes and their evaluation. Whenever we try to be operational, we have to fall back on the negative and physical definition of health; number of people suffering from diseases, number of people suffering from disorder, number of people dying from diseases etc. become the important measures of health condition. That is why the negative definition of health still remains popular among planners and executives.

3. **Economic Arguments in Support of Public Health Programmes**

Health is now considered as an item of investment. This is one of the ramification of disillusionment from the
old paradigm of economic growth in which health was viewed as an item of consumption. Currently, a growing realisation is being manifested that there exists a cause and effect relationship between health and development. Better health is conducive to increase the number of potential hours of work and production. Factors like mortality, morbidity and disability are liable for reducing the potentiality of working force. Sickness not only brings about sufferings but also an economic loss. The sick man cannot work and therefore, loses his wages. Illness frequently disables a man permanently or for a long time. He becomes unemployable, and the result may be that a whole family drops down on the social scale. Sickness deprives the society of the productive labour power. In every country thousands of people die of diseases that could have been cured or prevented. Every such case is a capital loss for the nation. Evidences from empirical studies make the point clear that ill-health reduces the potentiality of workers. The United States National Health Survey (1965) revealed that approximately 5.5% working days were lost in 1964 for health reasons in the U.S.A. The Bhore Committee (1946) estimated the annual loss to India between Rs. 147 crores and 187 crores due to malaria in the pre-independence period. An attempt to work out the loss of productivity due to general morbidity without
considering the nature of the disease was made by P.R. Panchamukhi. He used the NSS data for estimating the incidence of mortality, its prevalence and duration. The estimated numbers of days of incapacity due to morbidity in 1957-58 were of the order of 160.3 lakhs (urban) and 823.5 lakhs (rural). The loss of output, on the basis of these estimates, was Rs. 1225.3 lakhs and for the year 1958-59 this increased to Rs. 1576.1 lakhs. Such facts stirred up great involvement of Indian planners to expand health services. The objectives of expanding health services were mainly to enhance efficiency and productivity.

Apart from the efficiency and productivity considerations, health has its relations with economic development as well. Denison and Schultz considered education as an important factor of development while Muskin, and Fuchs have highlighted the need of good health conditions for economic development. Empirical researches conducted by some eminent economists like Denison, Kendrick, and Abramovitz have proved the fact that growth of labour and capital alone cannot explain overall economic growth.

Health development as such is being looked upon as an effective strategy for development planning. It works as a part of the efforts to improve the quality of life of all
people. In this context WHO has expressed its view in its paper entitled "Health and New International Economic Order" that indicators of good health are also indicators of development — a healthy development. The UNICEF and ILO have also reinforced the concept of health as a prominent factor for all development activities to be planned and organised by the community. It may be relevant to maintain the UNICEF programme known as WHENEERS formed by "Water for drinking and household use; Health care, preventive, promotive as well as curative; Education; Nutrition, Economic activities for Women; Environmental sanitation; Recreation facilities and Shelter for healthy living."

4. An Outline of the Present Study

Recognising the role of public health in strengthening the human capital, enhancing the efficiency of the productive system, fostering economic development and promoting the well-being of the people, the government of Assam took initiatives to develop medical infrastructure in the State since the very beginning of the planning era in India. Beginning with the First Five Year Plan gradually and successively a number of hospitals and dispensaries were set up and medical personnel were recruited to strengthen the medical infrastructure. Paramedical facilities were developed and steps were taken to eradicate epidemics. On these programmes vast amount of physical and financial resources were spent.
Now, after three decades of conscious public efforts in promoting the health conditions in Assam, a natural query that might be made is: have the public efforts been successful in meeting the objectives they started with? Or have we been frittering away the scarce resources for no good of the people? Thus, we want to evaluate the public programmes for health in the State of Assam.

In the succeeding Chapter - II, we provide the geographical, social and economic frame in which health problems in Assam emerge and the public programmes for promoting the health conditions have been taken up. We hold that this frame is a necessity for understanding the relevance of the steps taken by the government and limitations faced by them.

In Chapter III, we have described how, since the launching of the First Five Year Plan, the Government of Assam has been allocating resources to develop the health facilities in the State and what have been the recorded impacts of the same. Our approach to description has been keenly concerned with the objective of evaluation of the achievements in the plan periods.

In Chapter IV, our main concern has been to discuss the theoretical foundations on which the choice of the criteria for evaluation of public programmes on health may
be made. We have elaborately discussed why and how we have selected the criteria for evaluation.

In Chapter V, we have analysed the trends in development of different components of the medical infrastructure like hospitals, dispensaries, various health personnel and the area and the population served by them. This exercise provides us with a synoptic view of the pressure on the medical infrastructure.

We have made an attempt to evaluate the public health programmes in Chapter VI. First, we have constructed a composite general index of the level of development of health facilities in Assam. We have evaluated the equity aspect of spatial distribution of health facilities. We have analysed the trends in the indoor and outdoor patients served by the medical system and evaluated the efficiency of the system in catering to the needs of the patients. We have also assessed the effectiveness of health facilities in lowering down birth rates, death rates, and infant mortality rates in the State.

Finally we have summarised the findings of the exercise on evaluation and suggested some policy guidelines for the future in Chapter VII. We envisage that health programmes ushered on the lines of these suggestions will be conducive to attaining the ambitious objectives of the health policies and planning.
REFERENCES


(7) Charak Samhita. It defines a healthy person:

"Samadōshah Samāgnischa
Samadhātu malakriyah
Prasannātmendriya manah
Swastha ityabhidheeyatē."


(12) Government of India (1946): Report of the Health Survey and Development Committee (Bhore Committee) Vol. II.


