
UNIT 12 PLANNING OF CONTEMPORARY DEVELOPMENT ISSUES IN EDUCATION AND HEALTH

Structure

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12.0 OBJECTIVES

After studying this unit, you should be able to:

- Explain the contemporary development issues in education and health facing the countries of South Asia;
- Describe the areas of development planning in education; and
- Discuss the areas for development planning in health in the countries of South Asia.

12.1 INTRODUCTION

The South Asian countries took upon the structural adjustment programme from 1998-1999 onwards. In this context, we will be looking into the four vital sectors of these economies– education, health, agriculture and industry, especially in relation to the various issues facing these sectors and planning for their growth and development. This unit deals with planning of the contemporary issues in education and health and the next unit will deal with planning for the contemporary issues in agriculture and industry. We will be dealing with the pattern and the direction of development in these sectors of four countries of South Asia viz. – Bangladesh India, Pakistan, and Sri Lanka.

Planning for the contemporary development issues in education and health will help these countries to determine the rate of growth and the direction of development in these sectors. These countries have to address the aspects of equity, accessibility, accountability, and participation when planning for the growth and development in education and health.

12.2 ISSUES IN EDUCATION PLANNING AND DEVELOPMENT

The human resources development in a country is based on sound education and training system. The development of education, both quantitatively and qualitatively, is vital for the social and economic development of a country. Rather education is the bases of human development. The successful formulation and implementation of a policy depends on the human capital base of the society.

With globalisation and liberalisation the need for educated and skilled manpower has increased. Therefore it is necessary to provide for the educational development, which will also cater to the social and economic development of the society. The South Asian countries namely Bangladesh, India, Nepal, Pakistan, and Sri Lanka have not achieved total literacy. The Human Development Report has stated the adult literacy rate in the year 2000 as 52%(men) and 47.8%(women) in Bangladesh, 68.4% and 45.4% in India, 59.6% and 24% in Nepal, 57.5% and 27.9% in Pakistan and 94.4% and 89% in Sri Lanka. The expenditure on education is low. The public expenditure on education in these countries varied between 2.2- 3.4 percent of their GNP (Human Development Report – 2002).

The education systems of the South Asian countries are divided into primary, secondary and higher levels. The primary education lasts five to six years; the secondary education level varies from five to six years and the tertiary level ranges from three to four years. The governments of the South Asian countries have to ensure that a minimum level of education is available to all and education should lead to improvement of skills and employment ability of the workforce. This will improve their social and economic conditions. These countries should therefore frame education policy, with the following features:

- The policy must be in the interest of the people;
- It should liberalise the learning process that provides in a full expression of the people's interest; and
- It should provide an organisational framework to create a confident and concerned citizenry.

The social and economic policies of these countries can be successful only with investments in human capital. The efforts in education should have a human face and all necessary steps have to be taken to reach out to those who are underprivileged and poor. There is a need to plan for the educational development. Planning should address to the contemporary issues pertaining to development of education in these countries.

Elementary and Primary Education

The returns to investment in human capital are not high, as these countries did not accord serious attention to the quality of education. Educational planning and economic planning are not well integrated. This has led to mismatches between education and the needs of the labour market.

The South Asian countries have failed to universalise the elementary education. This is for the reason that no serious attention has been paid to the proper implementation of free and compulsory education to all. India has taken fifty years of its being republic to come out with an education bill which seeks to make free and compulsory education to children aged between six and fourteen a fundamental right. The per capita expenditure on education in these countries, in 1995, as quoted by the Human Development Report, was between US\$ 6 in Bangladesh and Nepal; US\$ 12 in India and Pakistan and US\$ 22 in Sri Lanka. A sizeable number of students do not receive free primary education. They have to pay tuition fee, examination fee and other fees even in government schools. Likewise, the financial and material incentives are available to only a small fraction of the students. The Report states the current expenditure per pupil in

primary education as 6% per capita of GNP in Bangladesh, 7% in Sri Lanka, 11% in Nepal and 12% in India. The priority in education budget for primary education is 52% in Bangladesh, 46% in India, 48% in Pakistan, 49% in Nepal, and 82% in Sri Lanka.

Economic factors have led to non-enrolment and dropouts in elementary education. Child labour is very rampant as the children from the poor families, rural sections are sent to work and earn. The educational system does not have the capacity to retain the children and less than two-third of the children reach the fifth grade. Dropout rate is high among girl students. Fewer girls are enrolled in school between the ages of 11-14. This is due to the basic reason that the girls have to pursue economic activities or work at home. This is supplemented with the costs of primary education, which also accounts for high rates of non-enrolment and dropout. There is a rapid expansion of population in these countries, which renders the universalisation of primary education difficult. Countries like India have crossed the one billion mark in population.

The educational infrastructure is in an impoverished state. Many government schools lack minimum facilities to impart good quality education. Many schools are run in open space and with lack of adequate facilities, such as, qualified teachers, blackboards, furniture, playground, libraries and books. Some of the schools are single teacher schools. Different regions in these countries have variations pertaining to enrolment, dropout, incentives and household expenditure. There is lack of modern library facilities.

Non-formal education is drawing attention now. Initially, the adult education programmes received low priority and minimal budget. Non-formal education should be started for those who are not able to avail formal schooling. Still adult literacy remains neglected. The adult literacy rate is around 49%, on an average for these countries. Adult education has to proceed on lines different from the curriculum of formal schools.

Secondary and Higher Education

The South Asian countries have greater variations pertaining especially to gender, caste and poor in access to secondary education. The education facilities have, no doubt, increased in quantitative terms, but there are sharp inequalities in the educational system. Secondary education is accorded 29% on an average, in the education budget. The enrolment ratios vary between the rural and urban population, men and women and between the backward and high castes. Also, there is inequality in educational development between the various regions in these countries.

There is negligible growth in the vocational and technical education. Vocational education is not imparted in schools and proper investment and financial allocation are lacking. There are no linkages between the vocational education and the higher education, the industrial and the agricultural sector. The economic returns to vocational education are less as compared to secondary education. The employment opportunities are lacking for vocational graduates. Thus, there is less demand for it.

Even higher education has grown in an erratic manner. There has been an expansion in the number of universities and colleges but they are opened without taking into account the genuine economic, social and educational considerations. This has resulted in mismatches between the need for manpower of the economy and the output in higher education, thus, leading to unemployment of the

educated. Manpower planning is ineffective, as there are no linkages between the requirements of the market and the output of the educational institutions.

Besides, there is under utilisation of the science and technology manpower. Also, the quality of scientific and technological education suffers. Most of the science and technology graduates seek opportunities abroad. In India, about 30% of these graduates migrate. This results in brain drain. Post-graduates and the doctorates in science and technology are very few. Most among them are occupied in teaching and research activities and in jobs of administrative nature. Only 40% of them are actually employed in professional research and development activities. There is dominance of arts and humanities to science and technological education.

Inadequate Investment in Education

There is inadequacy in the size and pattern of financing of the education system in these countries. The budgetary allocations are inadequate to cater to the quality and the number. The financial allocations should fulfil the requirements of universal elementary education including universal provision of resources, universal enrolment and universal retention. Similarly, the expenditure on buildings, libraries, equipment and furniture is very less. Many primary schools are run in open spaces. Even the universities are found functioning with inadequate basic infrastructure like buildings, furniture and equipment. Large amount of expenditure is incurred on salaries and a very small amount is spent for libraries, laboratories, and student/staff welfare. Investments have focused on quantitative expansion at the cost of quality improvement. Even the available resources are not used efficiently. The under investment in education, misallocation, and the under utilisation of resources, thus, account for serious imbalances in the development of education in these countries.

12.3 PLANNING OF DEVELOPMENT ISSUES IN EDUCATION

Issues in education can be addressed with proper planning. The following needs to be undertaken in this regard.

The delivery system has to be improved. The need is to decentralise, to give the responsibility for running the primary education to local communities and to make efficient use of local resources. The role of the local self-government in the delivery of education is immense. For example in India, the 73rd and 74th amendment have restored the power to local bodies to look after primary education, adult education, formal and non-formal education. All levels of government have to work in a coordinated manner to render the decentralised mechanism effective. This will also ensure equality in educational opportunities.

Balanced regional development in education can be made possible by bridging the gaps in terms of region, gender and caste. Inter-state differences have to be reduced. Uniform norms have to be ascertained in determining the proportion of the state's budget for education, which will help in reducing the rural-urban differentiation, gender differences and public-private school differentiation. Education should be accorded due priority in the budget. These countries should devote six percent of the GDP to education. Also, relative priorities within education should be taken into account in the budgetary allocation. For the

universalisation of elementary education, there should be sufficient allocation in the budget for the same. A system has to be developed to allocate the funds on the basis of an objective determination of norms. The system should be based on sound economic investment allocation criteria. Intra-sectoral allocation and inter-functional allocation should be given importance in resource allocation. The allocation of resources should be transparent. Equally important is to evolve an efficient method of utilisation of resources. Resources may also be generated from the non-governmental sources to supplement governmental efforts. There is also a need to devolve both funds and authority for running of primary schools to the village level local bodies such as the panchayats, in India.

Elementary education must be provided free to all with free textbooks, learning materials, uniforms, and mid-day meals. Scholarships should be provided to allow the weaker sections to reap the advantages of education. The South Asian countries have to work towards abolishing child labour for universalisation of education. This should pertain to the universal enrolment, universal retention and achievement of reasonable levels of learning. Compulsory education should also cover secondary education. Dropouts need to be restrained.

The educational process should be modified to incorporate alternate streams of education- vocational and technical education system and open and distance education system. Training institutes should be developed to provide qualitative training in vocational and technical fields. Vertical linkages should be established between the general, vocational and technical and higher education. This will help in increasing the demand for the same and boost the development of vocational education. Students in high schools should be made aware of various options, so that they are able to make choices. Similarly, the formal education system can be supplemented with non-formal educational experiments such as open schools, open universities, correspondence courses and multi-media components. This will also lessen the burden of the formal educational institutions and will open wide vistas to cater to a vast number of students. Private universities must be encouraged.

Incentives may be given to increase enrolment and reduce the number of dropouts. The 'Food for Work' programme in Bangladesh has been introduced keeping this in mind. Stipends, scholarships and other financial benefits, and mid-day meals can also be provided to encourage greater enrolment of the weaker sections. Need-based loans should be made available to attend institutions of higher learning. Schooling should not be denied to citizens on economic considerations. The government has to provide necessary funds to allow education for all children.

Women education is to be given priority, as the literacy rate among women is very low in these countries. Separate schools should be started for them. More women teachers should be hired. Likewise, to allow greater access, the schools should be established within a reasonable distance and basic amenities should be provided to the women in the educational institutions. The female literacy rate was an average of 36% in the South Asian countries with Sri Lanka having the highest female literacy rate of 87%.

Syllabi and curriculum should be revised with changing times. Inputs from the industry and from academia should be invited.

To allow the economic reforms to be successful, there is a need to have a large human capital of literate, skilled and educated work force. Higher education leads to the economic and technological development of a country. Equally important is the social and cultural development of the people, which gets better with

education. Hence, there is need for the South Asian countries to draw a long-term plan for education. It is necessary to draw an education policy, which will aim at quality, equity and efficiency and contribute to all the development sectors of these economies.

12.4 ISSUES IN HEALTH PLANNING AND DEVELOPMENT

U. N. Rafei in the WHO publication on the South Asian Region, namely, 'Partnerships: A New Health Vision' says that public health in the South Asian countries has been dominated by infectious diseases, particularly cholera, malaria, tuberculosis, measles, chicken pox, gastro-enteritis etc. The chronic and degenerative diseases such as cardiovascular diseases and cancer are also becoming the main causes of death and morbidity. Of late HIV has posed a serious threat to the public health problem. Thus these countries are bearing the double burden of both communicable and non-communicable diseases. In 1997, the public expenditure on health, as % of GDP, in these countries had been an average of 0.78.

The underlying factors contributing to the high prevalence of the diseases include poverty, malnutrition, ignorance, unsanitary conditions and lack of safe drinking water. Poverty is the underlying cause of most of the ill health in this Region. The South Asian countries contain half of the world's poor. It is the poor having meagre purchasing power, who bear the brunt. Population growth and rapid urbanisation with overcrowding, poor housing and environmental degradation have worsened the situation and have contributed to the emergence and re-emergence of infectious diseases in the Region. This Region figures among the most populous countries in the world. By the year 2010, another 400 million people will be added. Urbanisation has also increased sharply. Civic services particularly water supply and sanitation is not adequate to meet the escalating demands. The Human Development Report 2002, states that 83%, 31%, 61% and 53% of the population used adequate sanitation facilities in Sri Lanka, India, Pakistan and Bangladesh respectively. In the similar order, 83%, 88%, 88% and 97% of population used improved water sources and 95-100%, 0-49%, 50-79% and 50-79% population had access to essential drugs. Rapidly expanding industrial activity, power generation and increasing number of motor vehicles add to air, water and noise pollution. This has a negative impact on the health and the environment. The socio-economic and political changes as well as natural disasters like floods, drought and earthquakes have brought additional burdens on health.

The age distribution pattern of these countries for both the genders is also changing. There is a higher proportion of the elderly (<65 years), and this is expected to further increase with important implications on the provision of health care.

The infant mortality rate has declined in the last decade but in some countries it still remains high. The Human Development Report 2002, states that Sri Lanka had the lowest of 17 and Pakistan recorded the highest of 85. The births attended by trained health personnel in 1996 were 30.78%. The numbers of malnourished children under the age of five in 1997 per '000 live births were 110. There has been some success with children diseases like poliomyelitis and neonatal tetanus, guinea worm disease and kala-azar. There is protein-energy malnutrition in children, which is a very serious problem. More than half of the malnourished children of the world live in this Region.

Gender inequities have resulted in poor health conditions for women of this Region. Women have less access to available health facilities. The maternal mortality rates are highest in this Region. The maternal mortality rate per 100,000 live births in 1996 was 480. Only 39% of the women of the age group 15-49 used contraception. However it remains a matter of concern as forty percent of the maternal deaths are accounted in this Region.

This Region accounts for forty percent of the deaths due to infectious diseases. Respiratory infections, tuberculosis and diarrhoea diseases take a heavy toll of lives. Diarrhoea causes childhood deaths and it accounts about 25% in this Region. Most deaths can be prevented through simple interventions. Likewise, more than a million people die every year due to tuberculosis. Of particular concern is the emergence of drug-resistant strains of tuberculosis.

Malaria is endemic in these countries. The resistance of malaria parasites to previously successful drugs constitutes a major obstacle to the control of the disease. Chronic and degenerative conditions like cardiovascular diseases are on the rise and are the main cause of death and morbidity.

HIV/AIDS is also spreading rapidly. Infection rates are now rising in the general population in addition to those in the high-risk behaviour groups. It is estimated that nearly eight to ten million people in the Region are infected. The Region accounts for more than half the total number of cases of curable sexually transmitted diseases among adults' worldwide.

The basic reasons for these ills in the health sector are mainly due to poverty. Political commitment to health is not very strong in these countries. The public health services are unable to cater to the growing population and are incapacitated to absorb the trained medical and health personnel. The process of structural adjustment has affected health services. Health care is rapidly being privatised. This has led to the erosion of public service accountability. The many technologies invading the health care market, such as genetic technologies, microsurgery, etc., are expensive and inaccessible to the poor.

Population migrating to urban areas has resulted in unprecedented health crises in these countries. Slums have developed in big cities. The people here have inadequate access to health services, safe drinking water, sanitation and nutrition. Communicable diseases have become rampant as there is spread of diseases through air, food, water and vectors. Stresses of this life give rise to social and mental disturbances. More than 500 million people are living in urban areas in this Region.

All this has significant implications for the planning, financing and delivery of health services and for health promotion in these countries. Hence, planning for the development of health in the Region should focus particularly on proper availability, accessibility and delivery of health services.

12.5 PLANNING OF DEVELOPMENT ISSUES IN HEALTH

Proper planning and efforts are required by the countries of this Region to achieve health for all. There is need to intensify efforts to raise political commitment for health and to formulate and put to work policies to ensure health security and accountability. Ethical issues such as of equity, gender bias, which discriminates against women, resource allocations, which favour urban against

rural populations, and technologies serving a few at the expense of services benefiting the majority have to be addressed without delay. Of equal importance is the need to change the attitudes and instil motivation among the people to participate in health. Health is more than immunisations, medicines and the medical personnel. Rather it the environment which nurtures good health by providing food, shelter, learning, education, employment etc. Health must be consciously weaved into development and must become an important indicator of the same. WHO in its publication on the South Asian Region 'Partnerships: A New Health Vision' by U. N. Rafei has laid down the following steps that need to be addressed while planning for the development of health sector in the Region.

Advocacy

Health is to be made a fundamental right in these countries, as health is fundamental to the process of development. It addresses the issues of poverty and unemployment. Economic growth results with simultaneous growth in health and education. Such growth must be supported by policy, which invests in all people through health, education and basic services. Health has to be viewed not only in terms of epidemiological trends and forecasts but also in terms of providing well being and quality of life. Health indicators must be placed at par with other major indicators in assessing the impact of national development policies.

Advocacy for health will put it in the centre stage of development. There can be significant health gains not only by investing in the economic development but also in social development. The governments of these countries have to ensure health security to the people and strengthen the health systems by allocating sufficient resources. These states should take greater responsibility for primary health care through quality control and strong referral systems. There is also a need to strengthen the specific disease control programmes and surveillance systems, besides health promotion and disease prevention.

There must be greater support to research and developing database to underpin health initiatives and create the importance of health in the social development process. Advocacy through summits, dialogue, and presentation of data on the socio-economic implications on health is necessary.

Accessibility and health security

The most serious challenge in the health sector is of ensuring equity. There are greater disparities in people's access to good health. All should have equal access to good health care that is affordable. Health security implies that all human beings must be protected against preventable illness and injury. It also includes the right to live and work in a healthy and risk-free environment. Health security includes the right to food and above all, empowering the people to make the choices to live a healthy life. Thus, health sector should strive to provide both security and accessibility to health to all the people.

Involving the private sector and non-governmental organisations in providing resources for health sector development can help in removing this disparity. The governments must ensure a balance between the public and private sectors. The private sector's role must be clearly defined and the public health sector should be adequately financed. Regulatory mechanisms and standards must be enforced. It is important that health technologies are used selectively. They should be

examined in terms of costs, benefits and susceptibility to abuse. These steps will help in the development of low cost, appropriate technologies and products. There should be mix of human resources for both the public and private sectors. The gender and urban biases must be corrected. Health accountability requires the governments to formulate healthy public policy and inter-sectoral action for health. Setting up of legal practices, and auditing and evaluating quality of care and effectiveness of interventions is must.

How expeditiously and efficiently the governments are able to address the issues of stringent resources to provide equity and accessibility to health care will be their test of commitment to health for all.

Health for women

Investment in women's health is vital for the social and economic growth, and equity and human rights. The betterment of women's health will have multiple benefits and a positive impact on the productivity and health of families. Women's health should look into not just the reproductive health but also the entire life span. Health policy should provide for participatory approaches, which involve women in decision-making and implementation. Social and economic power to women will sustain and promote women's health. This will also lead to the enhancement of the social status of the women.

Management information system providing gender based data for planning; management and evaluation of policies and programmes should be established. Inter-sectoral groups should be set up and joint projects should be started to address women's health issues. Effective steps should be taken to empower the women with safe, effective and culturally acceptable technologies to protect them and their families from health risks, and economic decline.

Urban health

Greater awareness within government, municipalities, and communities is required of health implications of uncontrolled urbanisation. Health plans catering to safe life should be drawn along with different partners. Community and non-governmental organisations should be involved in generating civic consciousness among the people.

Likewise, appropriate and timely health services to meet the increasing demands of the urban population should be chalked out. Relocation of industrial units will help in reducing the environmental pollution.

People's participation

The communities have to be involved in the development of policies and plans and in the monitoring and evaluation of the health programmes. People's opinions have to be sought in plan formulation. The communities need to be informed and educated about health, health policies and their implications. They need to know their own health rights and responsibilities and appreciate the interdependence of every one in the society and also the ethical and moral values that is necessary for the development of health.

Use of Information and Communication Technology (ICT)

The South Asian countries have to make use of ICT to strengthen the health infrastructure. The working of the primary health centres, community health

centres, district hospitals can be improved and they can render better health facilities to the people. It will also improve the knowledge of the medicos and Para- medicos.

ICT will also help in generating a nation wide health database. The database can be helpful in knowing the epidemiological trends and forecasts. These countries can set up the telemedicine facilities and utilise the expertise not available locally to treat patients. Likewise, the technological revolution in medicine and most sophisticated equipments and machines can be made use of. Telemonitoring of diseases in times of epidemics or natural disasters will become possible. Likewise, Internet based training in most modern medical and health care can be made use of for the medical and health personnel.

Health research

Health information is subject to rapid changes and research will help in bringing these updates in the methods and techniques of medical world. The average shelf life of a health fact is currently five years. Hence, continuous and consistent research has to be pursued. The governments of these countries should earmark a good proportion of budget for this purpose. Adequate facilities should also be extended for the same. Technology can be used for facilitating research. These countries should strike partnerships with the international agencies like WHO for getting more funds for the purpose.

Developing partnerships

There is need to involve health economists and social scientists to provide vital inputs to the health planning and development. This will enable the health planners to take cognisance of demographic, social and political factors and their impact on health resources created by increasing demands. The health issues have to be viewed holistically, not only from the epidemiological angle but also in terms of the attitudes and cultures of the administrators, professionals and health workers. There has to be an inter-sectoral relation between health and various development sectors. The health horizons and boundaries should be stretched to foster and maintain inter-sectoral relationships so as to effectively address the issues in health. This will help in pursuing health as a social goal and as an individual's right.

The crucial role of the educational sector, in changing people's behaviour towards deadly diseases, like HIV/AIDS, is recognised worldwide. There will be great reduction in infant mortality if the women are educated. Stronger links should be established between health and education. Rather health studies should be integrated in the school syllabi.

Health is also a very important factor to empower women. Health must work in alliance with programmes that addresses other women development issues. It should also work proactively with the authorities in environment and urban sectors to control the respiratory diseases, especially common in children. Likewise, sharing the responsibility with water and sanitation departments will help monitor the provision of safe drinking water. This will lead to the prevention of diarrhoeal diseases. Agriculture, banks and financial institutions, communications, food, industry, media, roads and transport, rural development, corporate, academia, research and professional associations, women's group, community leaders, and international organisations are the important sectors that the health sector should seek to establish and work in partnership with. These countries can also work in partnership and collaboration with each other.

Intra-sectoral alliances are also important. Prevention and control of HIV taken along with maternal and child health and family planning, health programmes with schools, modern medicine along with traditional are such examples within the health sector that emphasise the importance of intra-sectoral partnerships. There is a need to foster this. Likewise, the links between the central, provincial, district and grassroots need particularly to be strengthened.

Health in the future will have to balance between haves and have-nots, abundance and want, and between access and deprivation. Empowerment of the whole health care system can only be achieved through the application of the principles of partnership, equity, and accountability. In all, the following steps have to be taken by the countries of South Asia to ensure good health:

- Health should be declared as a fundamental right to all citizens;
- People should be central to the health care and delivery. Health should move away from the centralised form to the community;
- Partnerships should be developed between governments, non-governmental organisations, media, international organisations, and the community;
- Linkages between promotive, preventive and curative health should be established;
- Inter-sectoral and intra-sectoral coordination should be promoted;
- Information and Communication Technology should be utilised in medical care and in spreading good health; and
- Finally, relationship between health and development should be established, keeping health in the centre stage of development.

12.6 ACTIVITY

- 1) What are the contemporary educational issues that your country faces?
- 2) How do you think the educational issues can be addressed?
- 3) Refer to a case study in connection with the health development at your place.

12.7 CONCLUSION

The South Asian countries are facing a number of issues in education and health sector. Universalisation of elementary education remains a failure and there are a number of dropouts in the schooling system. This is especially so in case of girl students. Even the non-formal education is lagging behind. There is lack of proper infrastructure. The vocational, scientific and technical education has to improve in quality and excellence. There is need to earmark adequate funds to register progress in education in these countries. Community's involvement in the education system should be enhanced through decentralised mechanisms. Likewise, the gaps in terms of region, caste and gender have to be bridged through proper planning. Free and compulsory education should be made available to all the children up to the high school level. Right to education should be made a fundamental right. Scholarship and reimbursement of fees for all the poor students has to be enforced, to enable the education to reach the disadvantaged. The educational process should be modified to incorporate alternate streams of education such as, vocational, technical, and open and

distance education systems. There is need to update the educational curriculum with the local needs and global trends.

In health sector, the major issue pertains to the ill health of the women and children. These countries are witnessing the incessant problems of population explosion, poverty, urbanisation, communicable diseases, chronic and degenerative diseases, conditions of insanitation and unhygienic, which pervade and hamper the growth and progress in health sector. These countries have to take relentless efforts in controlling population, which generates and perpetuates the health problems. Advocacy to health, provision of health security and accountability, accessibility to health care, improving women and children's health, improvising urban and rural health infrastructure, using ICT, promoting medical education, training and research; community participation and developing partnerships with related sectors, agencies and among themselves will enable these countries to achieve equity in health care.

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