

### 3. AN APPROACH TO THE 11<sup>TH</sup> FIVE YEAR

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The Planning Commission's approach to the 11<sup>th</sup> Plan focuses on steps towards faster and more inclusive growth. In the 10<sup>th</sup> Plan period the average growth rate was targeted at 8%, but is likely to be about 7%. The 11<sup>th</sup> Plan provides an opportunity to restructure policies to achieve a new vision of growth, that would be more broad based and inclusive, bringing about a faster reduction of poverty and helping bridge the divides. A major effort would be needed to provide access to basic facilities such as health. While moving towards broad based and inclusive growth, it is important to ensure that the marginalized groups like the primitive tribes, adolescent girls, children in the age-group 0 – 3 and others who are vulnerable are not left behind.

The most important challenge perhaps is how to provide essential public services such as health and education to large parts of population who are denied these services at present. The other challenges identified in the "Approach Paper" are regaining agricultural dynamism, increasing manufacturing competitiveness, developing human resource, protecting the environment, improving rehabilitation and resettlement practices and improving governance.

In addition to addressing these challenges, the 11<sup>th</sup> Plan proposals should seek to bridge the divides as an over-arching priority. These divides are between the rich and the poor, between those who have access to essential services and those who do not, between urban and rural population, and the divide created by gender discrimination. The transition towards faster and more inclusive growth calls for significant and new initiatives in many sectors.

In the current knowledge era, the country's development depends crucially on innovative solutions provided by Science and Technology. Capabilities in S&T therefore are justly reckoned as reliable benchmark for establishing the status of the development of a nation.

The 11<sup>th</sup> Five Year Plan approach to S&T emphasizes on:

- a) Substantially stepping up support to basic research and setting up a National Level mechanism for evolving policies and providing direction to basic research.

- b) Enlarging the pool of scientific manpower and strengthening the S&T infrastructure. Focused efforts will be required to identify and nurture bright young students to take up higher studies for pursuing scientific research as a career. A concomitant requirement for this would be restructuring and revamping the universities and improving the service conditions of the scientists.
- c) Implementing selected National Flagship Programmes which have direct bearing on the technological competitiveness of the country in mission mode so that India achieves a leadership position in some high technology areas.
- d) Establishing globally competitive research facilities and centers of excellence. Kindling innovative spirit so that scientists translate R&D leads into scalable technologies which yield wealth generating products and processes. Attention will be paid for evolving new models of public-private partnerships.
- e) Identifying ways and means for catalyzing Industry-academia collaborations for development, application and flow of technologies from lab to the market place and for the industry to invest more in strengthening national S&T infrastructure.
- f) Promoting strong linkages with other countries in the area of Science and Technology including participation in mega international science initiatives.
- g) Evolving an empowered National Science and Technology Commission responsible for all matters relating to S&T (Administrative, Financial, Scientific) including scientific audit and performance measurement of scientists and scientific institutions.

The 10<sup>th</sup> Plan aimed at providing essential primary health care, particularly to the underprivileged and underserved segments of our population. It also sought to devolve responsibilities and funds for health care to Panchayati Raj Institutions. However, progress towards these objectives has been slow and the 10<sup>th</sup> Plan targets on MMR and IMR have been missed. Rural health care in most states is marked by absenteeism of doctors/health providers, low levels of skills, shortage of medicines, inadequate supervision/monitoring, and callous attitudes. There are neither rewards for service providers nor punishments to defaulters. As a result, health outcomes in India are adverse compared to bordering countries as well as countries of South East Asia.

The health care delivery system needs oversight/stewardship at all levels. It requires both strong policies and institutions. However, given our socio-cultural and economic diversity, interventions have to be evidence based and area specific.

Past shortcomings notwithstanding, India can reach the Millennium Development Goals for IMR and MMR by the end of the 11<sup>th</sup> Plan. However,

this will require action on many fronts enabling pregnant women to have institutional deliveries and receive nutritional supplements; connecting PHCs and CHCs by all weather roads so that they can be reached quickly in emergencies; expanding access to clean drinking water; and improving sanitation.

To improve the primary health care system, the 11<sup>th</sup> Plan will initially lay emphasis on integrated district health plan and later on block specific health plans. Those plans will ensure involvement of all health related sectors and emphasise partnership with NGOs.

The Plan will take care of the special needs of people living with AIDS, in particular given the feminine face of HIV, the women. This will be given highest priority.

In order to energize health systems for improving health outcomes, innovative financing mechanisms are critical. Fees for health services delivered will encourage accountability. A system of private-public partnerships could be experimented with. Contracting out of well specified projects such as immunization can help accountability. Realizing the uncertain nature of private health insurance, community based insurance holds promise for future. If compiled with social mobilization it could improve the quality of health care and expand the health care interventions as per the requirements.

The 7-year National Rural Health Mission, which will span the duration of the 11<sup>th</sup> Plan, would address infirmities and problems across rural primary health care. Clubbed with provision of clean drinking water and increased coverage of rural sanitation programme these initiatives are likely to have a direct impact on health of the nation. ♦