

to torturers, and are even victims themselves. For this reason, international medical associations must extend support to their colleagues who cannot speak up against the government.

The report dwells extensively on documented violations outside western Europe and the US, but records the growing erosion of civil rights in the UK — repressive legislation, maltreatment of IRA prisoners, conditions in prisons and mental health facilities, etc. And in an early chapter it explains the relatively slack follow-up of medical atrocities in the name of research after the second world war. A senate sub-committee explained that "...the value to the US of Japanese biological warfare data is of such importance to national security as to far outweigh the value accruing from war crime prosecution..."

The wealth of information here would have gained focus if other human rights violations referred to here had also been discussed.

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**FACTS AND FIGURES**

**Health and Welfare: Comparative Indices**

THIS set of tables compares data on key components of socio-economic development for India and selected developing countries. Among the developing countries India is assigned a low HDI rank of 135 in an array of 173 countries in descending order of the human development index, as defined and computed by the United Nations Development Programme.

Adult literacy rates in India and Sri Lanka and China show the poor progress made in India on this count. As we see in Table 1, in 1992, the adult literacy in India was 49.8 per cent, while that for Sri Lanka was 89.1 per cent and China 80 per cent. For Kerala it was 89.79 per cent. Literacy rates, particularly amongst the women appear to play vital role in reducing the birth rates. Kerala's high female literacy rates occurs with low crude birth rates (18 per cent) as compared with rest of the selected developing countries.

MMR or maternal mortality rate which measures the numbers of deaths among women due to pregnancy-related causes per 100,000 births, was as high as 550 as compared with China and Sri Lanka where it was 130 and 180 respectively. The lower maternal mortality rates in China and Sri Lanka is perhaps linked to large proportion of births attended by health staff which were 94 and 87 respectively; vis a vis India which was only 33 per cent.

India has achieved a life expectancy 59.7 which is much lower than that of other comparable countries. Human development index which is a composite of life expectancy at birth, literacy rate and income (\$ PPP/capita- purchasing power parity per capita) Kerala 0.775 retains its top position on these composite indices followed by Sri Lanka and China.

The remarkable improvement on health status in China, Sri Lanka are attributable in part to government policies that emphasised the financing of cost-effective clinical services. An important factor in India lagging behind other countries in social development has been the level of governmental expenditures for health and education sectors as compared with that in other countries.

There is a significant relationship between the HDI and GNP per capita. For countries such as China, Sri Lanka the HDI Rank is far better than their income rank (i.e. GNP rank). The highest positive difference between HDI and GNP ranks is for China (+49), and Sri Lanka (38) shows that these countries have made more judicious use of their income to improve the capabilities of their people, as compare to India (R) which is fairly significant.

TABLE 1: HUMAN DEVELOPMENT INDEX: KEY COMPONENTS

	India	Sri Lanka	China	Pakistan	Kerala
Life expectancy at birth (92)	59.7	71.2	70.5	58.3	70.76
Adult literacy (per cent) (92)	49.8	89.1	80.0	36.4	89.76
Female literacy (per cent) (92)	35.0	85.0	68.0	22.0	86.13
HDI (92)	0.382	0.665	0.644	0.393	0.775*
Total fertility rate (92)	4.0	2.5	2.4	6.3	2.0
Crude birth rate (92)	30.0	6.0	7.0	11.0	6.1
Maternal mortality rate (88)	550	180	130	600	NA
Births attended by health staff (85)	33	87	94	24	NA
Infant mortality rate (92)	89	24	27	99	17
Contraceptive prevalence rate (per cent)	43	62	83	12	NA
HDI rank (92)	135	90	94	132	—

TABLE 2: HEALTH PROFILE

	India	Sri Lanka	China	Pakistan	Kerala
Population per doctor (90)	2440	7140	730	2940	
Population per nurse (90)	2220	1400	1460	1720	
Nurse/doctor (90)	1.1	5.1	0.5	1.7	
Education as per cent of total government expenditure (91)	1.6	4.8	NA	1.0	
Defence as per cent of total government expenditure (91)	17.0	9.4	NA	27.9	

TABLE 3: INCOME; POVERTY LEVEL OF SELECTED COUNTRIES

	India	Sri Lanka	Pakistan	China
Real GDP/capita (\$PPP)	1150	2650	1970	2946
People in absolute poverty (92)				
Rural	270.0	6.3	24.3	105.0
Urban				
In millions, Total	350.0	7.0	35.0	105.0
Population (91) (In millions)	866.50	17.20	115.80	1149.50
GNP per capita (91) US \$	330	500	400	370
GNP per capita minus HDI rank*	12	38	8	49
GNP/capita rank	147	128	140	143
HDI rank	135	90	132	94

\* HDI rank in better than the GNP per capita rank

[All data are from *World Development Report*, 1993 and *Asian Development Report*, 1994.]

Some definitions:

GNP: Total domestic and foreign value added claimed by residents. It comprises GDP plus net factor income from abroad which is the income of residents from abroad.

GDP: Total output of goods and services for final use produced by residents and non-residents, regardless of the allocations to domestic and foreign claims.

PPP per capita: Purchasing power parity per capita is the no of units of a country's currency required to buy the same amount of goods and services in the domestic market as one dollar would in the US.

—Sandeep Khanvilkar

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