

**11<sup>th</sup> ASIAN CONGRESS OF AGRICULTURAL MEDICINE AND  
RURAL HEALTH AURANGABAD, INDIA  
22<sup>nd</sup> - 24<sup>th</sup> FEBRUARY, 2008**

**ORGANIZED BY**

**Association of Agricultural Medicine and Rural Health in India**

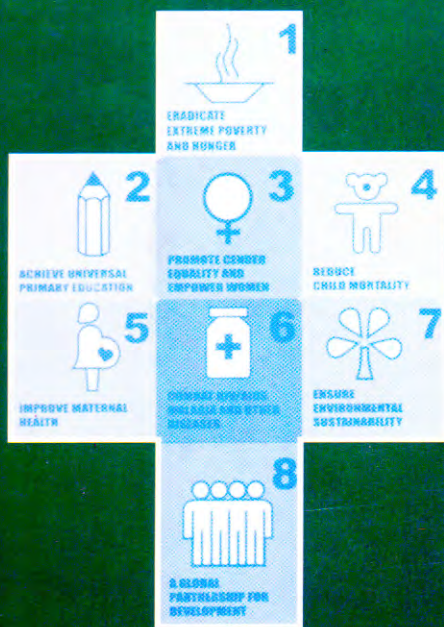
**Pravara Medical Trust**

Loni - 413 736, Tal. Rahata, Dist. Ahmednagar. (M.S.), India

**CONFERENCE THEME**

**“ Integrated Approach for**

**Achieving Millennium Development Goals in Asia”**



**AURANGABAD DECLARATION**

**11<sup>th</sup> ASIAN CONGRESS OF AGRICULTURAL MEDICINE AND RURAL HEALTH**

**AURANGABAD**

**22<sup>nd</sup> - 24<sup>th</sup> FEBRUARY 2008**

**THEME**

**“Integrated Approach For Achieving Millennium Development Goals In Asia”**

**ORGANIZED BY**



**PRAVARA MEDICAL TRUST, LONI AND**



**ASSOCIATION OF AGRICULTURAL MEDICINE AND  
RURAL HEALTH IN INDIA (AAMRHI)**



**IN COLLABORATION WITH**

**International Association of Agricultural Medicine & Rural Health (IAAMRH)**

**CO-PARTNER**



**Pravara Institute of Medical Sciences - Deemed University, Loni & Dr. Babasaheb  
Ambedkar Marathwada University, Aurangabad**

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**AURANGABAD DECLARATION ON INTEGRATED APPROACH TO CHIEVE  
MILLENIUM DEVELOPMENT GOALS IN ASIA.**

We, the participants of the 11<sup>th</sup> Asian Congress of Agricultural Medicine & Rural Health held at Aurangabad, India from 22<sup>nd</sup> to 24<sup>th</sup> February 2008 collectively adopt the following declaration:

Reaffirming that Health is inseparable from development and integrated approach is necessary to achieve Millennium Development Goals at the Global level in general and Asia in particular. These MDGs are

1. Eradicate Extreme Poverty and Hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

We recognise that the gap of achieving the MDGs between the urban and rural is widening due to the non-availability of resources at all levels in the rural areas.

We recognise that all the MDGs', Targets and Indicators are directly and indirectly related to health. The vicious cycle of poverty, illiteracy and socio-cultural factors lead to ill-health which further aggravates poverty.

We reaffirm our commitment to the "HEALTHY VILLAGES" movement adopted in 2006 at the International Congress of Rural Health in Lodi, Italy.

We recognize the progress made on various MDGs across the world as reported by United Nations in its latest report. We appreciate the success stories in few regions with the hope of replication, whereas the harsh reality of unachievable MDGs in Sub-Saharan Africa & parts of Asia has posed a great challenge for all.

We recognise the regional disparities within Asia which calls for immediate attention to achieve the inclusive sustainable growth in terms of equity and equality.

We recognise that the Asian population is mainly rural and half of the world's poorest of the poor live in Asia. They lack basic amenities such as potable drinking water, sanitation facilities, housing, education, access to affordable health care, infrastructure and gainful employment opportunities.

We recognise that more than 70% of the population continue to live on Agriculture with meagre land holdings. Poor productivity due to financial constraints, globalisation and internal unbalanced policies, agriculture has become unviable, leading to unplanned urbanisation. The farmers' suicide is also a matter of grave concern due to financial and social pressures. The agrarian communities have become most vulnerable. We also recognise that farming is the second most hazardous occupation after mining.

We recognize that unacceptably high Maternal mortality, Infant mortality, low birth weight, communicable diseases, burden of infections such as HIV/AIDS, Tuberculosis and Malaria are the challenges of Rural communities.

We believe that political commitment and changes in policy by the governments, strongly supported by financial aid within the country and by International donor agencies will be necessary to help the underdeveloped & developing countries in Asia to achieve the MDGs.

We recognise that Poverty alleviation has become crucial for Human Development.

We reaffirm the UN charter on the rights of the child. Children are the most vulnerable members of the society. We pledge to act upon the principle of **'Girl Child First'**. We call upon the governments to provide free education and social security to all the girls, so that they can be actively involved in the development process.

Empowerment of women and Gender equality through Socio-economic means is important in attaining MDG-3. Likewise development of self-help groups, micro-financing programmes, cooperative banks and integrating these through the multi-sectoral approach including health, agriculture, socio-political structure and organising women are important in achieving the MDG-3.

The issue of violence against women needs to be addressed through advocacy, mass awareness and creating social pressure groups. The governments should look into amending all existing policies to make them gender sensitive and also ensure their effective implementation.

Female foeticide is increasing at an alarming rate in many Asian countries. The male and female ratio is rapidly declining and our societies are at a great risk of Societal breakdown. Gender equality and education of men and youth should be taken up at the schools and colleges as part of curriculum.

Infant mortality and Maternal Mortality are alarming social indicators which need socio-cultural solutions since these are preventable. Early and sanguineous marriages, malnutrition and un-accessible and unaffordable health services should become the main concerns of the Policy makers. Maternal Health is the most important

development indicator of any society and her health is of prime importance for building a healthy nation. Training of youth in Sexual and Reproductive Health Rights has become a necessity.

We recognise the need for Safe Home deliveries, within their psychosocial and cultural environment, through scientific training of Traditional Birth Attendants and strengthening of midwife training programmes. Early registration of Anti-natal cases and institutional deliveries of high-risk obstetrical cases coupled with supplementary nutrition programmes should be of priority for preventing maternal morbidity and mortality. We recognise the importance of trained human resources in health care delivery systems. It is important to recognise the status and role of nurses and paramedics who should become the backbone of primary health care. There should be cooperation between Universities, Health Care Providers and Health Mangers.

Convinced that the mother and child health services are complementary and supplementary, hence recommended safe practices should be viewed in the context of each other. While we realise the importance of exclusive breastfeeding, we recommend that the practice should be viewed in the context of nutritional status of the mother.

We recognise that productivity and poverty are interrelated and interdependent. Improvement of agricultural productivity will depend on quality of inputs and other supportive factors such as financing, marketing and infrastructure. We realise the importance of the emerging fields of information technology and biotechnology for empowering the farming community thereby accelerating the process of rural development.

The Primary Health Care approach should become an extension of

the community. This can be achieved by setting up of the Community Health Committees to organize and manage the primary health care services and centers. This will ensure social accountability and transparency.

We further recognise that 50% of Asians lack access to safe drinking water, which is a denial of a basic human right by the respective governments. To ensure adequate and safe drinking water through piped water supply, we call up on the governments to pay serious attention toward improvement of potable drinking water through partnering with local communities with adequate public financing. Need based, appropriate and viable technologies should be adopted with optimal community participation.

Majority of the rural communities in Asia lack proper sanitary facilities leading to environmental pollution resulting in multitude of serious health problems. Sanitation has always received lowest priority in national budgets which needs to be corrected. Morbidity and mortality are directly proportional to the good sanitation practices and safe drinking water.

Asia accounts for two thirds of the communicable as well as non-communicable disease burden, mainly the infectious diseases such as malaria, tuberculosis, HIV/AIDS, cancers, diabetes, and occupational diseases. Since most of the diseases are preventable or avoidable, respective countries should take adequate measures to amend policy and upgrade infrastructure.

We all share the principle of 'Think Globally and Act Locally'.

We the delegates commit ourselves to disseminating this declaration to all the stakeholders including the governments and follow the declaration in letter and spirit in our professional and personal lives.

For Further details, please contact  
**Shri.Rajendra E. Vikhe Patil**  
Congress President

**11<sup>th</sup> asian Congress Of Agricultural Medicine And Rural Health**  
Aurangabad, India

**C/o. Pravara Medical Trust**

Loni - 413 736, Tal. Rahata, Dist. Ahmednagar. (M.S.), India

Ph.No. :-0091-2422-273600/273486

Fax No. :- 0091-2422-273413,273442

