

## Medical and Health Care

10.49 Recovery of user costs are an essential ingredient of economic reforms. Health sector reforms are inevitably a part of the economic reforms. Economic reforms and privatization of the health services in Eastern European countries had resulted in reduction in access to health services for the poor in these countries and this in turn had adverse effects on health indices of the population. There is a lesson to be learnt from this and efforts have been made to ensure that this does not happen in India.

10.50 States exhibit marked differences in the health indices, availability and access, as well as economic indices. The Ninth Plan (1997-02) suggested that all states may experiment and evolve appropriate mechanisms for cost recovery from people above poverty line for diagnostic and therapeutic services in secondary and tertiary care settings and see how these funds could be utilized locally to improve available facilities and quality of the healthcare provided.

10.51 North-East region had been a region with inadequate facilities for tertiary and super-specialty care and also in human resource development for health professionals. Focussed efforts have been made during the last two decades to rectify the situation. In addition to funds from the State Plan, funds made available through the Central Ministry of Health, Ministry of Home Affairs and North Eastern Council have been utilised for development and strengthening of tertiary and super speciality care Centres in the North East region.

10.52 National Health Programmes are implemented to control communicable and non-communicable diseases like Malaria, Tuberculosis, Leprosy, Blindness, AIDS, Cancer etc. Strengthening of disease surveillance and response systems has also been undertaken to prevent outbreak of infectious diseases.

10.53 Peak annual incidence of 6.47 million malaria cases in 1976, declined to about 2 million by 1985 and thereafter contained at

the level of 2-3 million in spite of increasing population burden and rapid urbanization. There has been a declining trend in incidence of malaria since 1997. The Enhanced Malaria Control Project (EMCP) launched in September, 1997 with World Bank assistance has gained momentum. Covering a population of 62.2 million in 100 districts, this project is supplementing the ongoing strategies under the National Programme by way of using a better-mix of interventions like synthetic pyrethroid and medicated mosquito nets, bio-larvicides etc.

10.54 World Bank supported National Leprosy Eradication Programme (NLEP) was successfully completed at the end of Sept. 2000 after six and half years. A review of the programme undertaken indicates that considerable progress has been achieved in reducing the prevalence of leprosy. Prevalence rate has reduced from 57 per 10000 in 1981 to 5.2/10,000 by March 2000 and a total of 8.9 million cases have been cured with Multi Drug Therapy. Nine States have achieved level of leprosy elimination and seven other States are very close to achieving elimination. It is proposed to implement the 2nd phase of the World Bank consolidation NLEP Project focussing on the 5 endemic states of Bihar, M.P., Orissa, U.P, and W.B. for another 3 year period in order to reach elimination level of 1 per 10,000 at the national level by end 2003.

10.55 Under the Revised National TB Control Programme (RNTCP), the cure rate has improved to 8 out of 10 patients from about 4 out of 10 in the earlier programme. By October 2000 the RNTCP had placed nearly 4,00,000 patients on RNTCP treatment saving more than 60,000 lives. More than 23,000 patients are being placed on treatment every month, saving more than 4000 lives per month and preventing more than 40,000 TB infections. In the last two years due to intensive effort this project has been rapidly expanded to increase the population covered from around 20 million to more than 300 million in 17 States. The coverage is expected to be 500 million by end of 2002.

10.56 To achieve the goal of reducing blindness rate from 1.4 per cent to 0.3 per cent, the programme of eye care is being expanded with a four pronged strategy. (a) Strengthening service delivery (b) Developing human resources for eye care (c) Promoting outreach activities and (d) Developing institutional capacity. Better performance has been achieved in Cataract Operations, which have gone up over the years. During 1999-00, 3.5 million cataract operations were performed (of which 46.5 per cent were IOL, ensuring superior vision), as compared to about 3.3 million in 1998-99. The target for the current year is 3.96 million.

10.57 HIV/AIDS is now sought to be projected as a socio economic issue and not merely as a public health issue. The 2nd phase of National AIDS Control Programme was launched in November, 1999 at an estimated cost of

Rs.1425 crore over the next 5 years. The key objectives of the programme are to reduce the spread of HIV infection and to enhance the capacity to respond to the menace of HIV/AIDS on a long-term basis.

10.58 A major concern has been to achieve zero incidence of polio by the end of the year 2001. During 2000-2001, India has deviated from the existing program of action in the Pulse Polio Program, in order to meet the challenge of continuing incidence of polio in pockets within the country. As the incidence of polio has sharply declined with many States reporting not a single case or only one or two cases of wild polio virus, the virus transmission is now active primarily in two States: UP and Bihar. An outlay of Rs.1300 crore for central sector health programmes has been provided during 2000-2001 (BE) as compared to an actual expenditure of Rs.950.35 crore during 1999-00.