

## Health

10.52 Increased access to quality health care services has been one of the thrust areas of the social development programmes being undertaken in the country. Technological advances and the extension in the infrastructure network have resulted in a decline in mortality (Box 10.7). But the burden of disease continues to be important. While communicable diseases continue to be the leading cause of morbidity and mortality with increase in life expectancy, the epidemiological transition is underway resulting in an increase in non-communicable diseases. Though a substantial infrastructure for providing primary health care has been created in Rural and Urban areas, the issues of inequitable distribution of existing institutions and manpower, poor functioning due to mismatch between personnel and infrastructure, requirement of skill upgradation of personnel and lack of an appropriate referral system were areas emphasised during the Ninth Five Year Plan. Strengthening of Secondary Health Care infrastructure i.e. District hospitals to cater to referrals from Community Health Centres/First Referral Units and provision of adequate diagnostics, consumables, and drugs etc. are other priority areas.

10.53 During the last four years the Central and State Governments have taken several initiatives such as strengthening/appropriately relocating Primary Health Centres (PHCs), use of Mobile Health Clinics, improving the logistics of supply of drugs and consumables, and handing over of PHCs to NGOs. Seven States have initiated projects for setting up First Referral Units (FRUs) /District Hospitals with World Bank assistance and simultaneously introduced an element of charging User Charges from persons above the poverty line. Even at the Tertiary Health Care Centres, there is a rapidly growing demand for complex diagnostic and therapeutic modalities along with a general lack of skilled manpower, equipment and consumables. The Ninth Plan has outlined steps such as provision of funds for capacity building, levy of user charges on people above the poverty line and exploring alternative modalities to meet the growing cost of care.

10.54 The Plan outlay for the Central Health Sector Schemes during 2001-02 is Rs. 1,450 crore which is an increase of 11.5 per cent over the outlay of Rs. 1,300 crore made available in 2000-01. About 54 per cent of the Central Plan outlay is spent on Centrally Sponsored disease control programmes for the control of Malaria, Tuberculosis, Leprosy, AIDS, blindness etc. Substantial external assistance has also been mobilised from various bilateral and multilateral agencies for the disease control programmes. Concerted initiatives in the health sector have recorded some notable successes over time in the form of eradication of small pox, Guinea Worm Disease from the country. A brief description of the incidence of major diseases in the country and the efforts made to control them is as below:-

### *Malaria*

10.55 This continues to be a major public health problem with 1.91 million (Prov.) cases being reported during 2000 as against 6.47 million cases reported in 1976. The cases reported upto October 2001 are 14.6 per cent less than those reported in the corresponding period last year. The National Anti Malaria Programme (NAMP) is being implemented all over the country on a 50: 50 sharing basis, barring North Eastern States where 100 per cent Central funding is being provided for disease control. Full funding is also provided to 100 tribal districts in 8 States where a five year enhanced malaria control project with assistance from World Bank is in operation.

### *Kala-Azar*

10.56 This disease is endemic in West Bengal and Bihar, with high morbidity and mortality. However, there has been a decline in cases and deaths in recent years despite poor outreach of diagnostic services.

### *Tuberculosis*

10.57 TB is a major health problem in India. Nearly one third of global TB incidence is in India alone. Phase I of the Revised National T.B Control Programme (1997-2002) is being implemented with an outlay of Rs. 749 crore with World Bank funding. Against a targetted coverage

of 271 million population in 102 districts, the coverage has already reached 440 million in 200 districts, In 2001, this would be the largest public health programme for TB in the world. Phase II of this Programme has been approved with World Bank assistance and includes a no cost extension of two years (2003-04), and expanding coverage to 700 million population. This coverage will go up to 800 million with DFID/DANIDA assistance by the year 2004.

### ***Leprosy***

10.58 Leprosy is now at an incidence of one per 10,000 population in 13 States. However, its endemicity continues to be very high in Bihar, Jharkhand, Uttar Pradesh, Orissa, West Bengal, Madhya Pradesh and Chhattisgarh. The First Phase of the World Bank Supported National Leprosy Eradication Programme (NLEP) has been completed in September 2000, curing 4.4 million patients in this period. The prevalence rate for the country as a whole came down from 24 per 10,000 population in 1992 to 3.7 per 10,000 population in 2000. The Second Phase of this Programme with World Bank assistance has been approved for 2000-03 with a provision of Rs. 250 crore with the objective of elimination of leprosy for the country as a whole, integration of leprosy with general health care in 27 states as also in the high endemic States.

### ***Blindness***

10.59 India launched a National Programme for Control of Blindness (NBCP) in 1976. 7 million out of a total estimated 45 million blind persons in the world are in India itself. Cataract and refractive errors constitute 75 per cent of the blindness in the country. Prominent emerging causes of blindness are diabetic retinopathy and glaucoma. A World Bank aided project for

containing cataract blindness in 7 States is being implemented from 1994-2002. Construction of eye theatre / eye wards in District hospitals, supply of Ophthalmic equipment, Intra-Ocular Lens (IOL) implantation in District Hospitals, training of surgeons in IOL surgery, and assistance to NGOs for setting up of eye care facilities were activities undertaken in the programme. This programme has resulted in an increase in the volume of cataract surgeries i.e. 37 lakh surgeries were conducted in 2000-01 with a target of 40 lakh for 2001-02. As per the Mid Term Appraisal of the Ninth Plan there is a need to document sequelae of IOL/Extra Capsular Cataract Extraction (ECCE) in tertiary, secondary, district and below district levels and provide for closer coordination between Government, voluntary and private sector eye care providers.

### ***HIV/AIDS***

10.60 AIDS has emerged as one of the most serious public health concerns in the country. A nationwide Sentinel Surveillance is being undertaken since 1998 to estimate the total disease burden of HIV infection. The working estimates of HIV infection indicates an increase from 3.51 million in 1998 to 3.80 million in 2000. Six States have emerged as high prevalence States i.e. Karnataka, Tamil Nadu, Andhra Pradesh, Maharashtra, Manipur and Nagaland. The National AIDS Control Programme (NACP) Phase II is presently in progress (1999-2004) with an estimated outlay of Rs. 1,425 crore, being funded by World Bank, DFID and US AID. The main aims of this programme include, a shift from raising awareness to change in behaviour, decentralising service delivery, protect human rights by encouraging voluntary counselling and testing, minimising stigma and discrimination, etc.