

Health

10.31 NCMP envisages raising public spending on health to at least 2-3 per cent of GDP with focus on primary health care. It also lays emphasis on stepping up public investments for control of communicable diseases and providing leadership for control of AIDS effort. Special attention will be paid to poorer sections in the matter of health care. Keeping these objectives in view, outlays of schemes for control of communicable diseases and the AIDS Control Programme were enhanced during the year by about Rs. 280 crore. The basic objective of achieving an acceptable standard of good health amongst the general population of the country as set out in the National Health Policy (NHP) 2002 and reiterated in the CMP continues to be the focus. Improvement in the general levels of health through larger allocations and more effective implementation of communicable and non-communicable disease programmes, changes in pattern of assistance and implementation, and greater focus on tertiary health care have received special emphasis. Table 10.7 shows the extent of the large health care infrastructure created in the country so far.

10.32 The State Health System Development projects are under implementation in the States of Karnataka, West Bengal, Punjab,

Orissa, Maharashtra, Uttar Pradesh and Uttaranchal with World Bank assistance. The focus of this programme is on strengthening the health care delivery system at secondary level and integrating it with the primary health care delivery system for improving health care services.

10.33 The Plan outlay for the Central Health Sector Schemes during 2004-05 is pegged at Rs. 2208 crore. About 55 per cent of the Plan outlay continues to be spent on Centrally Sponsored Disease Control Programme for major communicable and non-communicable diseases like malaria, tuberculosis (T.B.), leprosy, AIDS, blindness, cancer and mental disorders.

10.34 In pursuance of the concept of convergence, a National Vector Borne Disease Control Programme (NVBDPC) has been started from 2003-04 through convergence of three ongoing programmes (Malaria, Kala-azar and Filaria) and inclusion of Japanese Encephalitis and Dengue. The main objective of the programme is prevention and efficient control of vector borne diseases and pursuance of the goals set under the NHP 2002.

10.35 It has been possible to bring down the annual overall malaria incidence in the last decade to below 2 million cases. However, there has been an increase of 14 per cent in

Table 10.7 : Time trends (1951-2003) in health care

	1951	1981	2003	(Period/Source)
SC/PHC/CHC*	725	57,363	1,63,196	(March 2002-RHS**)
Dispensaries and Hospitals (all)	9,209	23,555	38,031	(January 1, 2002-CBHI***)
Beds (Private and Public)	1,17,198	5,69,495	9,14,543	(January 1, 2002-CBHI)
Nursing Personnel	18,054	1,43,887	8,36,000	(2004)
Doctors (Modern System)	61,800	2,68,700	6,25,131	(2004, MCI@)
Malaria (Cases in million)	75	2.7	0.91	(September 2004)
Leprosy (Cases/ 10,000 population)	38.1	57.3	2.4	(March 2004)
Polio (no. of cases)	29,709	225	214	(December 31, 2003)
* SC/PHC/CHC : Sub Centres/Primary Health Centres/Community Health Centres. ** RHS : Rural Health Statistics. *** CBHI: Central Bureau of Health Intelligence. @ MCI : Medical Council of India. Source : Planning Commission, Ministry of Health and Family Welfare.				

the reported cases during the current year as compared to last year due to outbreaks occurring in parts of Karnataka and Gujarat. About 95 per cent of the population of the country is in the malaria endemic areas and 80 per cent of malaria burden is confined in areas consisting 20 per cent of population i.e. mainly in tribal, hilly, difficult and inaccessible areas. In view of this, the North Eastern States have been identified for enhanced support. 1045 tribal PHCs in 100 hardcore malaria districts in the 8 States of A.P., Chhatisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa and Rajasthan have been identified as high risk, to intensify malaria control through enhanced central support and support with World Bank assistance. 19 urban areas have also been identified for this support.

10.36 In the effort towards elimination of filaria, the single dose mass drug administration initiated on a pilot basis in 13 districts in 2001 is proposed to be expanded to cover 201 endemic districts during 2004-05. Against the targeted population of 184 million, reports received till date indicate that 133 million persons have been administered the dose constituting 72 per cent coverage. Enhanced support is also to be provided to the endemic States of Bihar, Jharkhand, West Bengal and Uttar Pradesh in the strategy towards elimination of Kala-azar. Efforts have been directed to provide technical support and strengthen capabilities of States through training to tackle dengue and Japanese encephalitis.

Tuberculosis

10.37 Tuberculosis (T.B.) remains a serious public health problem claiming about 4.17 lakh deaths every year in the country. The Revised National T.B. Control Programme (RNTCP) is being implemented since 1997 with assistance from World Bank, DANIDA, DFID, USAID, GDF and GFATM. The programme covers a population of 922 million and has placed more than 25 lakh patients on treatment, averting more than 6 lakh deaths. Overall performance of RNTCP has been excellent with cure/ treatment completion rate consistently above 85 per cent and death rate reduced to less

than 5 per cent. RNTCP will cover the entire country by 2005.

Leprosy

10.38 The prevalence rate of leprosy has fallen significantly during the last two decades. The goal of elimination of leprosy has been achieved by 19 States. It is proposed to achieve elimination of leprosy at the national level by December 2005. The National Leprosy Eradication Programme will continue with central support.

HIV/AIDS

10.39 Mounting HIV positive cases continue to cause serious concern in the country which calls for strengthening of the national AIDS control efforts. An estimated 5.1 million men, women and children were living with HIV/AIDS in the country by the end of 2003 with an adult (15-49 years) prevalence rate of 0.9 per cent. These figures are causes of increasing concerns as persons infected with HIV will progress to AIDS, resulting in a steep increase in number of AIDS patients in the country with consequent medical, economic and social implications.

10.40 A disturbing aspect of the present HIV infection in India is its emergence among the general population. The States of Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu were earlier categorized as high prevalence States. In view of the size of population, extent of migration and weak health infrastructure, 14 low prevalence States namely Bihar, U.P., Madhya Pradesh, Jharkhand, Chhatisgarh, Rajasthan, Punjab, West Bengal, Orissa, Uttranchal, Delhi, Assam, Kerala, Arunachal Pradesh have been re-categorized as highly vulnerable States. In order to pay greater attention to the campaign against AIDS, the government has constituted a national council on AIDS headed by the Prime Minister. Anti-retro viral treatment (ART) has started treating HIV affected patients through public health programmes. For the promotion of community home based care, 51 community care centers are being supported by NACO. ART roll out was lunched

from 1.4.2004 covering six high prevalence States and NCT Delhi for giving the ART through 8 government hospitals. Total of 1213 AIDS cases were put on ART at these centers. 96.1 per cent of the patients are adhering to the treatment. Additional hospitals have been identified for starting ART. The first human clinical trial in the country of a vaccine to prevent HIV/AIDS began in February 2005 at the National Aids Research Institute in Pune.

Control of Non-communicable Diseases (NCDs)

10.41 The focus of the health sector programmes so far has been largely on control of communicable diseases. Some programmes for non-communicable diseases such as blindness, iodine deficiency, and cancer are also under implementation. However, prevalence of non-communicable diseases like cardiovascular diseases, mental disorder, cancer and trauma due to various factors has been rising.

10.42 One of the new initiatives relates to the launching of a National Mental Health Programme during the 10th Plan with an outlay of Rs.130 crores enhancing the coverage of the District Mental Health Programme. Also on the anvil is strengthening and modernization of Government mental health institutes and psychiatric wings of medical colleges and undertaking of IEC activities and research and training.

10.43 For reducing death due to trauma and for providing medical assistance within the golden hour, financial assistance is being provided to Government hospitals located on the national highways for upgradation and strengthening of emergency facilities.

10.44 During the Tenth Plan, efforts are being made to improve preventive, curative and rehabilitative services for non-communicable diseases throughout the country at all levels of care. The National Programme for Control of Blindness, National Cancer Control Programme, National Mental Health Programme and Iodine Deficiency Disorders (IDD) Control Programmes will continue to be implemented during the Tenth

Plan.

Integrated Disease Surveillance Project

10.45 Integrated Disease Surveillance Project has been launched as a new scheme in November 2004. The project would be implemented through State and District Surveillance units. Activities have been initiated in 9 States to be covered under Phase-I. During the year 2005-06, it is proposed to upgrade District and Peripheral laboratories, set up IT network connecting all districts and States of Phase I and II, and train District Surveillance Teams, Medical Officers, Laboratory personnel and Health workers. The proposed outlay of Rs. 88 crores for 2005-06 is earmarked for the the above initiatives as also towards recurring assistance for personnel, training, Information Education and Communication and operation costs.

Ayurveda, Yoga, Unani, Siddha, Homeopathy (AYUSH)

10.46 AYUSH, which includes Ayurveda, Siddha, Unani, Homoeopathy, Yoga and Naturopathy, can play an important role in the prevention and management of certain non-communicable diseases and life style related disorders. A vast infrastructure has been created under AYUSH, which includes 3100 hospitals, 66,366 beds and 20,811 dispensaries. Efforts to mainstream the AYUSH system are continuing with focus on improvement and upgradation of standards of education, standardization of drugs and quality control, ensuring sustained availability of raw materials, i.e. medicinal plants, metals, minerals and materials of animal origin. Other areas of emphasis are Research and Development, participation of AYUSH in the National Health Delivery System, National Health and Family Welfare Programmes and Information, Education and Communication (IEC) including building awareness about efficacy of the system domestically and internationally. The Tenth Plan allocation for AYUSH is Rs. 775 crores. The budgetary allocation for the year 2004-05 is Rs. 181.00 crores under plan and Rs. 52.73 crores under non-plan.