

## Health

10.30 Considerable progress has been achieved in the area of health since independence (Table 10.6). But the situation is far from satisfactory. The National Health Policy (NHP), 2002 sets out the basic objective of achieving an acceptable standard of good health amongst the general population of the country. It lays emphasis on providing increased access to decentralized public health system, enhancing public health investment, and convergence of public programmes. The NCMP has also placed emphasis on raising public health investment with focus on primary health care and increased investment in programmes to control communicable diseases. It envisages an increase in public spending on health to

2-3 per cent of GDP by increased contributions from the Central and State Governments. Towards this end the Government has launched a National Rural Health Mission (NRHM) (Box 10.5).

10.31 An Integrated Disease Surveillance Programme to strengthen surveillance of communicable diseases and of risk factors for non-communicable diseases was launched by the Government in November 2004. Plan outlay for the Central Health Sector Schemes in 2005-06 is Rs.2908 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.

**Table 10.6 : Trends (1951-2004) in health care**

	1951	1981	2004	(Period/Source)
SC/PHC/CHC*	725	57,353	1,68,986	Sept.2004-RHS**
Dispensaries and Hospitals (all)	9,209	23,555	38,031	Jan.1, 2002-CBHI***
Beds (Private & Public)	1,17,198	5,69,495	9,14,543	Jan.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	1.84	(2004)
Leprosy (Cases/10,000 population)	38.1	57.3	1.17	(Sept. 2005)
Polio (no. of cases)	29,709	225	57	(Dec. 2005)
* 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				

### *National Vector Borne Disease Control Programme (NVBDCP)*

10.32 The main objective of NVBDCP, initiated in 2003-04 through convergence of three programmes on Malaria, Kala-azar and Filaria, and inclusion of Japanese Encephalitis and Dengue, is prevention and efficient control of vector borne diseases. In tandem with goals set under the NHP 2002, the mission of NVBDCP is integrated and accelerated action towards reducing mortality on account of malaria, dengue, Japanese encephalitis by a half and elimination of Kala-azar by 2010, and elimination of Lymphatic Filariasis by 2015.

10.33 The annual overall incidence of malaria has been brought down to less than 2 million cases over the last decade. Due to concerted implementation of strategies there has been a decline of 4.8 per cent in the reported cases in the current year as compared to the corresponding period of the previous year. 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 comprising 20 per cent of population that is mainly in tribal, hilly, difficult and inaccessible areas. 100 hardcore malaria districts in 8 States have been identified as high risk for enhanced support to 1045 tribal PHCs in these districts to intensify malaria control. In the effort towards elimination of filaria, the single dose mass drug administration initiated in 13 districts in 1997 was expanded in 2005 to 243 districts covering over 500 million population.

### *Tuberculosis*

10.34 The Revised National T.B. Control Programme (RNTCP), using Directly Observed Treatment Shortcourse (DOTS) strategy, is being implemented in the country in a phased manner since 1997, with assistance from World Bank, Danish International Development Agency (DANIDA), Department for International Development (DFID), United States Agency for International Development (USAID), Global Drugs Facility (GDF) and Global Funds for Aids, T.B and Malaria (GFATM). By November 2005, 1065

million (95 per cent) of the country's population in 607 districts/reporting units were covered under the programme, and the entire country is expected to be fully covered shortly. Till date, the RNTCP has placed more than 49 lakh patients on DOTS treatment, thus saving about 8.8 lakhs additional lives.

### *Leprosy*

10.35 The prevalence rate of leprosy per 10,000 has fallen significantly from an estimated 57.3 in 1981 to only 1.17 in September 2005. The goal of elimination of leprosy (prevalence rate of less than 1/10,000) has been achieved by 25 States; and another six States are very near the goal. The National Leprosy Eradication Programme, after the completion of World Bank support in December 2004, is continuing with Government of India support.

### *HIV/AIDS*

10.36 HIV estimate in India for 2004 indicates 5.134 million cases and a prevalence rate of 0.9 per cent among the adult population. India has the second largest population of HIV-infected people, next to South Africa. Although the level of HIV infection appears to have stabilised in some States, such as Andhra Pradesh, Maharashtra and Tamil Nadu, it is still increasing amongst the high risk population in several other States. As a result, HIV prevalence continues to rise. Until November, 2005, 1,16,905 AIDS cases had been reported and the cumulative number of deaths reported due to AIDS till November, 2005 was 8,286. Unsafe sex is responsible for 86 per cent of the reported HIV/AIDS infections in India. These figures are a cause of concern 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.

10.37 In order to pay greater attention towards HIV/AIDS, there is a National Council on AIDS headed by the Prime Minister. National AIDS Control Policy, 2002 aims at prevention of further spread of HIV, reducing impact of HIV on health of people and socio

economic development and achieve zero rate of growth of new infections by the year 2007. Anti-retroviral treatment (ART) was started from April 1, 2004 from eight government hospitals. Currently, 52 government hospitals are providing free ART services to 23,784 patients in 18 states. 48 additional centres have been identified for starting free ART services. Extensive condom promotion is being undertaken to control the problem of unsafe sex.

#### *Control of non-communicable diseases (NCDs)*

10.38 Non-communicable diseases (NCDs) cover a wide range of heterogeneous conditions affecting different organs and system in different age and socio-economic groups. Over the last two decades, morbidity and mortality due to cardiovascular diseases, mental disorders, cancers and trauma have been rising with increase in the number of senior citizens with high prevalence of these NCDs. Prevalence of NCDs in younger people is also on the rise with life-style changes, obesity and stress, and exposure to environmental risk factors and use of tobacco. Heart disease has become one of the leading causes of death in both urban and rural population. Similarly, there is a rising trend in prevalence of diabetes. Trauma and accidents are increasing gradually with rapid urbanisation and change in the lifestyle. It is estimated that more than one death is due to trauma every minute, or more than 1,800 deaths every day.

10.39 The National Mental Health Programme in the Tenth Plan is a new initiative with an outlay of Rs. 130 crore to enhance the coverage of the District Mental Health Programme from the existing 27 districts to 100 districts in the country. 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. 27 hospitals in 17 States were granted assistance in the first two years of the 10<sup>th</sup> Plan.

#### *Blindness*

10.40 Of the total estimated 45 million blind persons in the world, 7 million are in India. Due to the large population base and increased life expectancy, the number of cases is expected to increase in the coming years. While cataract continues to be the major cause of blindness, other emerging causes include diabetic retinopathy and glaucoma. The National Programme for Control of Blindness has resulted in an increase in cataract surgery from 15 lakh in 1992-93 to 45 lakh in 2004-05. The outcome after cataract surgery has improved mainly due to the large number of implantations. The target cataract operations in 2002-07 is 211 lakh.

#### *Cancer*

10.41 It is estimated that there are nearly 2–2.5 million cancer cases at any given point of time. There are 7-9 lakh new cases of cancer and approximately 4 lakh deaths occur annually due to cancer. The National Cancer Control Programme has augmented the number of Regional Cancer Centres from 12 in 1995 to 22 at present. Since 50 per cent of cancer is related to tobacco, a comprehensive legislation for discouraging the use of tobacco was notified in 2003.

#### *Integrated Disease Surveillance Project*

10.42 Under Integrated Disease Surveillance Project, launched as a new scheme in November 2004 and to be implemented through States and District Surveillance units, activities were initiated in 19 States during 2005-06. District and peripheral laboratories are being strengthened in 206 districts. IT networks connecting all districts and training of district surveillance teams, medical officers, laboratory personnel and health workers is being carried out. The project has an outlay of Rs.88 crore for 2005-06.

#### *Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)*

10.43 India has a rich heritage of traditional medicinal knowledge. If harnessed properly, Indian systems of medicine and Homoeopathy

can play an important role in the prevention and management of non-communicable diseases and life-style related disorders. There is a vast infrastructure of Ayurveda, Unani, Siddha and Homoeopathy in the country with approximately 6.9 lakh qualified practitioners of these systems, 1355 hospitals and 22,671 AYUSH dispensaries all over the country. However, this infrastructure is not evenly spread. Mainstreaming of AYUSH in the Health Care delivery network in the country is

envisaged in the NRHM with focus on improvement and upgradation of standards of education, standardization of drugs and quality control, sustainable collection and cultivation of medicinal plants. The Department of AYUSH, Ministry of Health and Family Welfare has taken a number of measures to popularize the systems through information, education and communication activities, both domestically and internationally. The Tenth Plan allocation for the Department of AYUSH is Rs.775 crore.