

## Health

10.45 The expenditure on health comprises 5.2 percent of GDP with public health investment at 0.9 percent. Improvement in the health status of the population is a major thrust area under the social development programmes being undertaken in the country. This is sought to be achieved through improvement in the access to and utilization of health services in the country with special focus on under served and under privileged segments of the population. India has built up a vast health infrastructure and manpower at primary, secondary and tertiary care in government, voluntary and private sectors. Technological advances and improvement in access to health care technologies have resulted in a substantial improvement in health indices of the population and a steep decline in mortality (Box 10.6). However, the extent of access to and utilization of health care has varied substantially between States, districts and different segments of society.

10.46 During the nineties, the country has entered an era of dual disease burden. While communicable diseases have become more difficult to combat due to insecticide resistance among vectors, resistance to antibiotics in many bacteria and emergence of new diseases such as HIV, increasing longevity and the changes in life style have resulted in the increasing prevalence of non-communicable diseases.

10.47 The Department of Health has formulated the National Health Policy (NHP) 2002 which was approved by the Cabinet in 2002. The National Health Policy-2002 aims at achieving an acceptable standard of good health amongst the general population of the country and has set the goals for the next two decades (Box 10.7).

10.48 Areas of attention in the Tenth Plan include the reorganization and restructuring of existing health care infrastructure at primary,

### Box 10.7 : NHP2002 — Goals to be achieved

	Year
Eradicate Polio and Yaws	2005
Eliminate Leprosy	2005
Eliminate Kala Azar	2010
Eliminate Lymphatic Filariasis	2015
Achieve Zero level growth of HIV/AIDS	2007
Reduce Mortality on account of TB, malaria and other vector and water-borne diseases by 50 per cent	2010
Reduce prevalence of blindness to 0.5 per cent	2010
Reduce IMR to 30/1000 and MMR to 100/100,000 live births	2010
Increase utilization of public health facilities from the current level of <20 per cent to >75 per cent.	2010
Establish an integrated system of surveillance, national health accounts and health statistics.	2005

Source : National Health Policy 2002.

### Box 10.6 : Time trends (1951-2000) in health care

	1951	1981	2000
SC/PHC/CHC	725	57,363	1,63,181(99-RHS)
Dispensaries and Hospitals (all)	9209	23,555	43,322 (95-96-CBHI)
Beds (Pvt. And Public)	117,198	569,495	8,70,161 (95-96-CBHI)
Nursing Personnel	18,054	1,43,887	7,37,000 (99-INC)
Doctors (Modern System)	61,800	2,68,700	5,03,900 (98-99-MCI)
Malaria (Cases in million)	75	2.7	2.2
Leprosy (Cases/ 10,000 population)	38.1	57.3	3.74
Small Pox (No. of cases)	>44,887	Eradicated	
Guineaworm (no. of cases)		>39,792	Eradicated
Polio (no. of cases)		29709	265

Source : National Health Policy 2002.

secondary and tertiary levels so that they have the capacity to render health care services to the population residing in well defined geographical areas and have appropriate referral linkages with each other. Appropriate delegation of powers to Panchayati Raj Institutions to ensure local accountability of public health care providers, horizontal integration of all aspects of the current vertical disease control programmes, including supplies monitoring, IEC, training and administrative arrangements, development of appropriate two-way referral system utilizing information technology, exploring alternative systems of health care financing, and defining the role of various stakeholders – Government, private and voluntary sectors- are the other focus areas.

10.49 The Plan outlay for the Central Health Sector Schemes during 2002-03 is Rs.1550 crore which is an increase of 6.9 percent over the outlay of Rs.1450 crore made available in 2001-02. About 55 percent of the Central Plan outlay is spent on Centrally Sponsored Disease Control Programmes for the control of Malaria, Tuberculosis, Leprosy, AIDS, Blindness, etc. A brief description of the incidence of major diseases in the country and the efforts made to control them is given below :

#### *Malaria*

10.50 This is a major public health problem with 2.03 million cases being reported during 2001 as against the same number of cases reported in 2000. 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 percent Central funding is being provided for disease control. Full funding is also provided to 100 tribal districts covering 1045 PHCs in eight states where a five year Enhanced Malaria Control Project with assistance from World Bank is in operation. The goal is to bring about a 50 percent reduction in mortality due to malaria by 2010 according to NHP-2002.

#### *Kala-Azar*

10.51 This disease is endemic in West Bengal, Jharkhand and Bihar, with high morbidity and mortality. However, there has not been a significant decline in number of reported cases and deaths during the Ninth

Plan due to inadequate insecticide spraying operations and poor outreach of diagnostic services. There is a shift in focus from control of Kala Azar to its elimination. NHP 2002 envisages its elimination by 2010.

#### *Tuberculosis (TB)*

10.52 Phase-I of the Revised National TB 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 515 million in 248 districts. In 2001, this was the largest public health programme for TB in the World. Phase-II (2003-04) of this programme has been approved with World Bank assistance. Negotiations are underway with Global Fund for AIDS, TB and Malaria (GFATM) for release of funds for implementing this programme in Uttaranchal, Jharkhand and Chhatisgarh States to cover about 56 million population. NHP 2002 envisages a 50 percent reduction in mortality due to TB by 2010.

#### *Leprosy*

10.53 The prevalence rate for the country as a whole has declined from 24 per 10,000 population in 1992 to 3.36 per 10,000 population in September 2002. The second phase of the World Bank assisted National Leprosy Eradication programme 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. In order to achieve integration of leprosy with general health care in 27 States as also in the high endemic States, the guidelines for information systems for leprosy have been simplified. The Tenth Plan goal is to eliminate leprosy as a public health problem by bringing the prevalence rate to less than 1 per 10,000.

#### *Blindness*

10.54 Out 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 cataract cases is expected to increase in the coming years. India is committed to reduce the burden of avoidable blindness by the year 2020 by adopting strategies advocated in "Vision 2020: The Right to Sight Initiative" launched in October, 2001. The prevalence of blindness has come down from 1.49

percent in the eighties to 1.1 percent in 2001-02 based on a recent survey done in 15 districts of the country. Cataract and refractive errors presently constitute over 82 percent of the blindness in the country, as against 91 percent earlier. Prominent emerging causes of blindness are diabetic retinopathy and glaucoma. The World Bank assisted Cataract Blindness Control Project was successfully completed in June, 2002. As against its target of 11 million cataract operations, 15.3 million operations were conducted. Construction of eye operation theatres/eye wards in districts, 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 eye care services, were some activities undertaken in the programme. The programme has resulted in an increase in the volume of cataract surgeries i.e. 37.25 lakh surgeries were conducted in 2001-02 with a target of 40 lakh surgeries for 2002-03. During the Tenth Plan attempts will be made to clear the backlog of blindness due to cataract, by performing 4.5 million cataract operations per year.

#### HIV/AIDS

10.55 AIDS is not only a serious health problem but also a major development issue on account of its potential impact on

productivity and economic growth within the country. A nation-wide HIV sentinel surveillance conducted by National AIDS Control Organisation in all States/UTs has indicated that HIV infection is prevalent in all States/UTs. In mid 2001 the total number of HIV infections in the country was 3.97 million. Six States have emerged as high prevalence States where HIV prevalence rate is recorded to be 1 percent and above 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.1425 crore, being funded by World Bank, DFID and USAID. The focus of this programme is to reduce HIV transmission among the poor and marginalised high risk groups by targetted interventions, STD Control and condom promotion; reduce the spread of HIV among the general population by reducing blood-borne transmission; promotion of IEC, voluntary testing and counselling; developing capacity for community based low cost care for people living with HIV/AIDs; strengthening implementation capacity at the National, State and Panchayat level; and forging inter-sectoral linkages between public, private and voluntary sectors. The goal of NHP-2002 and the Tenth Plan is to achieve a zero level of growth for HIV/AIDS by the year 2007.

**Box 10.8 : Selected health indicators**

Sl.No.	Parameter	1951	1981	1991	Current level
1.	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	25.8 (2000)
2.	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	8.5 (2000)
3.	Total Fertility Rate (Per woman)	6.0	4.5	3.6	3.2 (1999)
4.	Maternal Mortality Rate (Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	407 (1998)
5.	Infant Mortality Rate (Per 1000 live births)	146 (1951-61)	110	80	68 (2000)
6.	Child (0-4 years) Mortality Rate per 1000 children	57.3 (1972)	41.2	26.5	20.4 (1999)
7.	Couple Protection Rate (%)	10.4 (1971)	22.8	44.1	48.2 (1998-99) NFHS
8.	Life Expectancy at Birth: Male	37.2	54.1	59.7	62.3
	Female	36.2	54.7	60.9 (1991-95)	65.3 (1996-2001)

Source : Office of Registrar General, India.

NFHS : National Family Health Survey.

NA : Not Available.