

## 2.1 HEALTH PLAN

2.1.1 Over the years there has been an overall improvement in the health situation of the country. Infant mortality rate (IMR), a sensitive indicator of health status as well as of overall socio-economic development has reduced significantly from 110 in 1981 to 66 in 2001. Reduction in IMR is reflected in corresponding increasing life expectancy at birth which has increased from 54 years in 1981 to 64.6 years 2000. Death rate has declined from 12.5 per 1000 population (1981) to 8.4 (2001). The substantial improvement is the result of many factors including improvement in public health, coupled with infectious diseases prevention and control as also application of modern technology.

2.1.2 Despite overall improvements in socio-economic status and creasing life expectancy, the continued emergence of infectious diseases continues to be an area of major concern in the Central Health Sector. With the decline in death rate, increase in life expectancy and changing life style, epidemiological transition is underway resulting in increase in non-communicable diseases like cardio vascular ailments, cancer, cataract induced blindness, diabetes, etc. the dual burden of non-communicable and communicable diseases is stretching the already meagre health resources. Increasing population with more than one-fourth living in abject poverty are further complicating the health scenario.

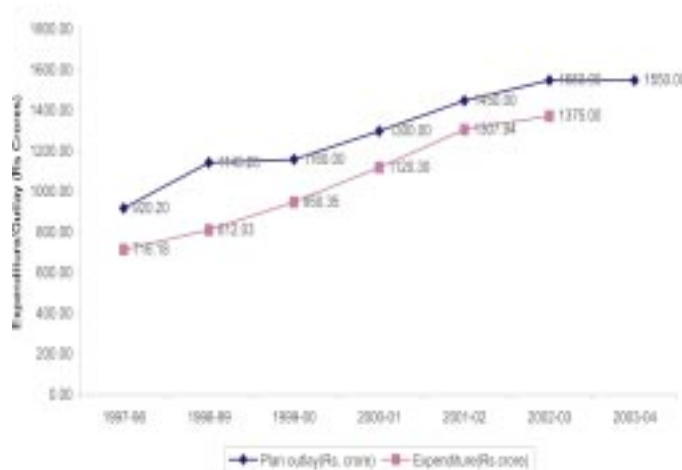
2.1.3 To tackle the menace of communicable and non-communicable disease, the Department of Health is continuing to implement National Health Programmes through out the country for Malaria, TB, Leprosy, Blindness, AIDS, Cancer, Mental Disorders, etc. Coverage of Disease Surveillance programme is also being extended to prevent out break of infectious diseases. Central Institutions and organisation engaged in health care, medical education and research are continuously being strengthened to tackle the emerging diseases.

2.1.4 Plan outlay of the Department of Health was increased from Rs. 5118 crore during IX Plan to Rs. 9253 crore during X Plan. Plan outlay of the Department for 2003-04 was, however, pegged at Rs.1550 crore i.e. same as

that of 2002-03 because of overall financial constraints and priorities given to identified thrust areas of X plan. Out of the annual plan outlay of Rs.1550 crore, which included an external component of Rs.571.50 crore, 58% was allocated for centrally sponsored programmes of which 42% was for communicable diseases, 12% for non communicable diseases and 4% for other centrally sponsored programmes. Of the balance 42% plan outlay for central sector schemes the spread across various activities was; institutes producing vaccines and providing support services in control of communicable diseases(3%), central hospitals and dispensaries(8%), medical education, training and research (26%) and other programmes (5%).

With the passage of time, the trend of plan expenditure vis-à-vis plan outlay has shown an improvement.

Trends in Plan Outlay and Expenditure, 1997-98- 2003-04



## 2.2 HEALTH POLICY

2.2.1 National Health Policy was launched in 2002. The basic objective of the policy is to achieve an acceptable standard of good health amongst the general population of the country. This covers all aspects of health care and contains policy prescriptions covering various issues including, inter alia, financial resources, equity, delivery of national public health programme, public health infrastructure, education of health care professionals, health research, roll of various stakeholder-NGOs, civil society, enforcement of quality standards for food & drugs, women's health etc. The policy has been widely circulated both at the center and states upto district level. Concerned

central departments, state governments and other organizations are being advised to implement the policy. Government continued with its commitment to provide essential primary health care, emergency life saving services, services under the National Disease Control Programmes totally free of cost to all individuals and essential health care service to people below poverty line based on their need and not on their ability to pay for the services.

## 2.3 HEALTH MINISTER'S DISCRETIONARY GRANT

23.1 Financial assistance to the poor and indigent patients is given from the Health Minister's Discretionary Grant to defray a part of the expenditure on hospitalization/ treatment in cases where free medical facilities are not available. During the year 2003-04, financial assistance totaling Rs. 54.00 lakh was given to 304 patients. A provision of Rs. 1.00 crore has been made during the financial year 2004-05.

## 2.4 RASHTRIYA AROGYA NIDHI

*(Earlier named as National Illness assistance Fund)*

2.4.1 Rashtriya Arogya Nidhi was set up under Ministry of Health & Family Welfare in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive

medical treatment in Government Hospitals. Under the scheme of Rashtriya Arogya Nidhi, grants-in-aid is also provided to State Governments for setting up state Illness Assistance Funds. Such funds have been set up by the Governments of Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Jharkhand, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamilnadu, Tripura, West Bengal, Uttaranchal, NCT of Delhi & Union Territory of Pondicherry. The grants-in-aid released to these funds have been furnished in the Annexure-VI. Other States/Union Territories have been requested to set up the Fund, as soon as possible.

To provide immediate financial assistance in emergent cases to the extent of Rs. 50,000/- per case to poor patients who are living below the poverty line undergoing treatment, the Medical Superintendents of Dr. RML Hospital, Safdarjung Hospital, Smt. Sucheta Kriplani Hospital, All India Instt. of Medical Sciences New Delhi, PGIMER Chandigarh, JIPMER Pondicherry, NIMHANS Bangalore, CNCI Kolkata, Sanjay Gandhi Post Graduate Instt. of Medical Sciences, Lucknow and CIP Ranchi have been provided a revolving fund of Rs. 10-20 lakhs. The revolving fund is replenished after its utilization.

## 2.5 BUDGET OUTLAY

2.5.1 The details of provisions under Revenue and Capital (plan and non-plan) for 2003-2004 in respect of Department of Health is as under:

### DETAILS OF PROVISIONS UNDER REVENUE AND CAPITAL (PLAN AND NON-PLAN) FOR 2003-04 IN RESPECT OF DEPARTMENT OF HEALTH

(Rupees In Thousand)

DEMAND NO.	PLAN		NON-PLAN		TOTAL
	CAPITAL	REVENUE	CAPITAL	REVENUE	
1.	2.	3.	4.	5.	6.
46-DEPARTMENT OF HEALTH 36-LOANS AND ADVANCES	0	15,06,30,00	3,17,05,00	10,50,63,00	28,73,98,00
TOGOVERNMENT SERVANTS	0	0	0	4,27,00	4,27,00
83 & 85 - WORKS BUDGET	43,70,00	0	0	0	43,70,00
TOTAL	43,70,00	15,06,30,00	3,17,05,00	10,54,90,00	29,21,95,00

	REVENUE	CAPITAL	TOTAL
PLAN	15,06,30,00	43,70,00	15,50,00,00
NON-PLAN	10,54,90,00	3,17,05,00	13,71,95,00
TOTAL	25,61,20,00	3,60,75,00	29,21,95,00