India’s Union health budget 2012–13: More funds, especially for women and child development

The Indian healthcare industry is witnessing growth at a rapid pace, with its growth rate being far higher than the overall growth rate of the economy. The allocation to health in the Union budget, 2012–13 was hence of prime concern to all stakeholders. In this year’s budget, the Finance Minister increased the outlay for health from the previous year’s fiscal allocation of ₹304 560 million to ₹348 888 million, a significant rise of 13.24%. ‘This is just a cosmetic change. The rise in absolute number only takes care of price rise and inflation. Our demand is at least 2.5% of GDP,’ says Dr Santosh K. Mandal, Honorary Secretary, Your Health.

The budget’s most notable hike (of 58%) has been that for the integrated Women and Child Development Scheme, in a bid to tackle malnutrition and deteriorating maternity and child care services. The allocation for the National Rural Health Mission (NRHM) is ₹208 220 million, around 15% more than the ₹181 150 million allocated for it in 2011–12 (clubbed together with the ASHA scheme). The launch of the National Urban Health Mission (NUHM) has also been announced. The NUHM will look after primary healthcare needs in urban areas. Mandal adds that through these measures, ‘The Finance Minister has tried his best to address the issues of malnutrition, non-availability of hygienic drinking water and healthcare of vulnerable sections of the society.’

The budget has also initiated a move to levy an excise duty on certain categories of tobacco products, probably to keep up with the WHO Framework Convention on Tobacco Control, under which India is legally obliged to take steps to reduce the demand as well as supply of tobacco products.

‘The move of increasing the allocation by 10% for the Department of Health Research is extremely praiseworthy, along with the move of hiking the investment in the polio eradication programme,’ according to Dr Nandita Hazra, an independent medical researcher from Kolkata. The allocation for the polio eradication programme has risen from ₹5 100 million to ₹7 900 million, while that for health research has gone up from ₹6 000 million to ₹6 600 million. The Department of AIDS Control has been allocated ₹17 000 million, the same as that in the previous budget.

Another notable hike has been in the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), the total plan outlay for which rose to ₹9 900 million—an increase of 10% from the ₹9 000 million allocated the previous year. It is to be noted that the budget makes no mention of any new medical colleges/institutes or hospitals for the current financial year.

SOUMYADEEP BHAUMIK, Kolkata, West Bengal

Domestic violence service in Mumbai wins international award

Dilaasa, a Mumbai hospital-based crisis centre and emergency shelter, received recognition for its work in the promotion of health and tackling domestic violence at the annual National Conference on Health and Domestic Violence, hosted by Futures without Violence in San Francisco, California in March 2012. Dilaasa’s activities include training healthcare professionals to enhance screening and the treatment of patients suffering from domestic violence, at the K.B. Bhambha Hospital.

The meeting featured over 400 speakers, including the renowned actress and playwright, Anna Deavere Smith, of New York University, who delivered a powerful address. It brought together international leaders working in the field of domestic violence to discuss interventions across sectors ranging from clinical and social work to educational and policy change. The most notable feature of the meeting was the participants’ recognition of international agents of change, recognized by the ‘16 Days of Activism Honourees’ for their achievements.

Among those who attended the meeting was Dr Sujata Warrier, the Director of the New York City Program of the New York State Office for the Prevention of Domestic Violence, who serves as one of the Physician Educators at Dilaasa.

Dilaasa was established with three guiding goals in mind: to build capacity and leadership within the Bombay Municipal Corporation and K.B. Bhambha Hospital; to promote health education and the prevention of violence as a public health issue in Mumbai; and to enhance advocacy efforts to improve the safety of the victims of violence. ‘The Dilaasa programme has now expanded to include dedicated, secure hospital beds for women fleeing from violence and offers counselling and all the other referral resources that women need,’ said Dr Warrier.

Interestingly, the development of this programme has allowed for a richer understanding of the complexities of and barriers to screening for domestic violence. ‘Our more recent focus has been on the topic of sexual assault, which is difficult for people to talk about,’ commented Dr Warrier. ‘Through this process, what they are beginning to learn is about the levels of sexual assault women have faced as medical students themselves; that has been a very surprising discovery for them.’

Even though those working for the programme are faced with several challenges, they continue to be extremely enthusiastic and optimistic. In Dr Warrier’s words, ‘The most profound thing is the level of commitment and the openness about the struggles and challenges that providers have had.’

PAMELA VERMA LIJAO, Vancouver, Canada

Indian-made antimalarial drug launched on World Malaria Day 2012

India celebrated the theme of World Malaria Day 2012, ‘Sustain Gains, Save Lives: Invest in Malaria’, by showcasing how its investment in malaria research has borne fruit, leading to the discovery of a new indigenous antimalarial drug, syriatam (a fixed-dose combination of arterolane maleate and piperaquine phosphate). The drug has been developed through the collaborative efforts of Ranbaxy, the Department of Science and Technology, National Institute of Malaria Research, and medical colleges of...
Odisha, Jharkhand and Karnataka. Synriam has been launched for the treatment of adults with uncomplicated *Plasmodium falciparum*. The advantage of this drug over other drugs is the fact that it can be ‘chemically synthesized’. This unique property makes it possible to produce it in large amounts when necessary. According to the press release of Ranbaxy, synriam provides relief from most symptoms of malaria and has a cure rate of about 95%. The dosage schedule is comparatively simple (1 tablet daily for 3 days) and will hopefully ensure better compliance. The drug was launched in New Delhi on World Malaria Day (25 April 2012). The price is reportedly around ₹130 for a course of three tablets. Trials are under way to determine whether the drug is safe and effective for children.

Malaria affects more than 216 million people around the world annually and causes an estimated 665 000 deaths globally. India accounts for over 200 000 of these. Over the past decades, the war against malaria has seen numerous ups and downs. There have been considerable investments in this field. Two of the many global programmes which have been designed to control malaria and are worthy of mention are the Roll Back Malaria Partnership and the Global Fund to fight AIDS, Tuberculosis and Malaria. Sustained efforts over the years have led to measurable success in malaria control activities, with mortality due to malaria being reduced by almost one-third in Africa over the past decade.

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**Snake-bite deaths in West Bengal**

The Union Health and Family Welfare Minister, Mr Ghulam Nabi Azad, informed the Lok Sabha in April 2012 that there had been a total of 1440 deaths due to snake-bites in India in 2011. He added that as many as 380 of these cases were from West Bengal, 296 from Odisha and 258 from Andhra Pradesh. Dr Dayal Bandhu Majumdar, Resource Person for Snakebite Training, Institute of Health and Family Welfare, Government of West Bengal says, ‘In a nationwide study by Mohapatra *et al.*, it is stated that there are 45 900 snake-bite deaths every year all over the country. The differences between these figures indicate that there is gross under-reporting of snake-bite deaths throughout the nation.’ The study by Mohapatra *et al.*, published in *PLOS Neglected Tropical Diseases* in April 2011 (2011;5:e1018), was based on verbal autopsies or field reports and covered 1.1 million homes throughout the nation. The study mentions that the highest number of deaths occurred in the states of Uttar Pradesh, Andhra Pradesh and Bihar. Professor V.V. Pillay, Chief, Poison Control Centre, Amrita Institute of Medical Sciences and Research, Kerala, who has also been one of the members of the National Snakebite Treatment Protocol Group 2007, comments, ‘Most of the snake-bite victims go to traditional or faith healers on account of lack of awareness. These victims never turn up at hospitals and hence, a lot of data is lost. The reported figures are from major hospitals in India.’

Majumdar adds, ‘West Bengal is the only state which has designed treatment protocol posters for snake-bite to create awareness about management of snake-bites. We are also in the final stages of drafting a training module on management of snake-bite cases for medical officers.’ The snake-bite protocol posters, which are in different languages, and the necessary funds are being dispatched for display to all the Block Primary Health Centres (BPHCs), rural hospitals, subdivisional hospitals, district hospitals and medical colleges of West Bengal. In an email, Professor David A. Warrell, Oxford University and WHO consultant on snake-bites, has described the West Bengal government’s protocol posters as ‘an excellent educational aid’. In Pillay’s opinion, ‘Snake-bite is one of the biggest public health problems in India and the government should consider mandatory notification of snake-bites in addition to increase awareness in the community.’

In an email, Romulus Whitaker, a herpetologist in Chennai, has expressed the hope that the protocol posters ‘will improve the situation in West Bengal’. He also hopes that ‘other states will follow suit as the biggest contributor to mortality from snake-bite is delay and not knowing what to do—both from the lay perspective as well as the medical perspective’.  

SOUMYADEEP BHAUMIK, Kolkata, West Bengal

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**Doctors going to the USA in pursuit of medical education must sign bond for return**

The Union Government announced on 23 April 2012 that from now on, doctors going to the USA for higher medical studies will be required to sign a bond with the government, promising to return to India after completing their studies. The USA insists that all aspiring medical students enrolling with an institute in the country should obtain a no-objection certificate from their government. In view of the intense competition for the few postgraduate medical seats in India, several doctors choose to appear for the United States Medical Licensure Examination so as to do their postgraduation in the USA. Close to 3000 doctors went abroad to study in the past 3 years and did not return to the country. This measure has been taken to prevent brain drain and disallow doctors to leave the country on the pretext of pursuing higher studies and eventually settle down abroad. If the student does not fulfil the bond obligation, the government can write to the US authorities, requesting them to deny the student permission to practise medicine there. If the provision for the return bond is implemented successfully, we may have a chance to make use of the services of doctors who have returned to serve the country after benefiting from the heavily subsidized medical education in India.

ALLADI MOHAN, Tirupati, Andhra Pradesh