

THE HEALTH BUDGET- A DAMP SQUIB

Health and education are purportedly the key priorities of the Union Budget this year. The plaudits and bouquets have been pouring in about the High Level Expert Group of the Planning Commission's utopian proposal to provide Universal Health Care through the creation of an Integrated National Health Care System. Margaret Chan, Director General of the WHO was effusive in her praise of the proposals to deliver Universal Health Care in India declaring it a "historic time" for India. But Finance Minister Pranab Mukherjee announced only an incremental increase of Rs 2700 crore in the allocation of the National Rural Health Mission. He also has touched on the planned launch of a National Urban Health Mission and improvements to some government medical colleges for better tertiary medical care. There is also a 10% increase in plan outlay for the alternative systems of medicine including Ayurveda, Yoga, Unani, Siddhi and Homeopathy and a 10% increase in the plan outlay for the Department of Health Research. The committee had asked for an increase in health spending from 1 to 6% of the GDP and 15% of tax revenues. (21 March 2012 *The Hindu*, 28 March 2012 *The Hindu*, 16 March 2012 www.moneycontrol.com, Reddy KS, et al *Towards achievement of universal health care in India by 2020: a call to action Lancet 2011; 377: 760-68*).

SAYING NO TO NESTLE

The Centre has asked the State Governments to prohibit all health and educational institutes from availing any offers from baby food companies. Strict action may be taken against the organizers of such programs as well those attending these functions, according to a directive issued to the State governments by the Ministry of Women and Child Development, asking them to take immediate steps to ensure that the practice of breastfeeding is protected in the interest of the healthy growth of the children. According to Section 9 (2) of the Infant Milk Substitute, Feeding Bottles and Infants Foods (Regulation of production, supply and distribution) Act, 1992 "no producer, supplier or distributor shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational courses, contest, fellowship, research work or sponsorship. Recent reports of these guidelines being flouted by various baby food manufacturers including Nestle by organizing

workshops and seminars have roused the ire of the government. An order could also be issued to authorize Class-1 officer of each State to monitor the compliance of IMS Act in each district where a complaint in writing may be made to the court (18 March 2012, *The Hindu*).

CANCER DEATHS IN INDIA

A recent paper by Jha, et al. from the Centre for Global Health Research, University of Toronto published in the *Lancet* gives a panoramic view of the causes of cancer deaths in India. 5,56,400 people died of cancer in India in 2010. Seventy one percent were between 30 -69 years of age. Cancer accounted for 8% of total male deaths and 12% of total female deaths. In men the commonest cancers were oral (23%), stomach (12.6%) and lung (11.4%). In women it was cervical cancer (17%) followed by breast cancer (10.2%). Tobacco related cancers accounted for 42% of men with cancer and 18.3% of women with cancer. There were significant differences in cancer deaths between states. States with a higher Muslim population like Kashmir and Assam had much lower cervical cancer incidence probably related to lower HPV transmission due to circumcision. Increasing deaths due to breast cancer may be related to early menarche and late pregnancies. Tobacco control may yet be the best cancer vaccine and Jha recommends huge tax hikes on tobacco which have yielded good results in other countries like France, Mexico and Philippines. (29 March 2012, *The Hindu*; *The Lancet Early Online Publication 28 March 2012*).

ARTEMESIN RESISTANT MALARIA

Western Cambodia has long reported falciparum resistant to artemesinin. Now a new paper in the *Lancet* documents that this scourge is fast spreading to the Western border of Thailand. Researchers analyzed 6 hourly parasite counts in patients with hyperparasitemic (>4% parasitized RBC's) falciparum malaria over the last 10 years. They found that parasite clearance half lives in patients given oral artesunate containing regimens increased from 2.6 hours in 2001 to 3.7 hours in 2010. The proportion of slow clearing infections (half-life > 6.2 hours) increased from 0.6% in 2001 to 20% in 2010. At this rate it is predicted that resistance rates in Thailand will reach rates of Cambodia in 2-6 years. These are alarm bells for India and we need to sit up and take action (*The Lancet Early Online Publication 5 April 2012*).

Gouri Rao Passi
gouripassi@hotmail.com