

# SERUM TIMES

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SERUM MEDICAL BULLETIN

## From the desk of the Editor-in-Chief

Dear Readers and Doctors,

Hope you all are well. We are passing through a time when there is no immediate threat of pandemic disease. Covid 19 is not a continuing danger as of now. The number of casualties due to Covid is almost negligible in the country and the world. China perhaps has controlled Covid deaths, to a large extent and normal life is returning there. In India, people have been looking for economic stability.



In this February issue of ST, we will generally consider the allocation of funds for the health sector in the Union Budget. To mention some of the main areas which have got importance in the Budget proposals, one can see that the overall healthcare allotment for FY 24 has been raised to Rs. 89,155 crores. For the last FY that ended on March 31, 2023, the allocation was Rs. 79,145 crores, about a 13% hike compared to last year's. Out of Rs. 89,155 crores, Rs. 86,175 crores have been allotted for the Department of Health and Family Welfare while the rest is Rs. 2,980 crores for the Department of Health Research. In addition 157 new nursing colleges will be established in co-location with the existing medical colleges established in 2014.

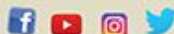
Moreover, selective ICMR labs will be made available for research purposes for both public and private medical colleges for encouraging collaborative research and innovation. Furthermore, the allocation for AYUSH has been increased to Rs. 3,647.50 crores from 2,845.75 crores in the Budget 2022-23, that is about a 28% enhancement. Special emphasis has been given to eliminating sickle cell anaemia (SCA) by 2047. The disease has been a genetic condition and is widespread among the tribal population and other vulnerable populations of India. The next story will take up an elaborate discussion on the issue.

Wish you happy and healthful days to you

Thank you!

Sanjib Acharya

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## Total allocation in health enhanced but less for capital expenditure

In the Budget for FY 24 healthcare allocation has been 2.1% of the GDP of India. The government's target is to increase it to 2.5% in the next FY 25. From 2014, 157 medical colleges were established in three phases in selected 39 districts under the central government scheme. In those colleges, the proposed nursing colleges will be set up. This is a very fruitful step. In India, there have been very high shortages of trained nurses, and the supply of it is less than that of doctors, according to experts. But there has been a shortage of teachers to be appointed in those colleges. It is reported that nursing unions and doctors are vocal about the poor infrastructure in the already existing nursing colleges. That should have been addressed earlier.

Special attention to sickle cell anaemia is a welcome step. Earlier there had been steps for this but were not strictly continued. The government has targeted to allocate 2.5% of GDP to the health sector by 2025. It may be difficult to raise allocation to such a level in the next year. Government should have been enhanced more in this Budget.

One of the notable features of health allocation has been the reduction of capital expenditure for the sector by about Rs. 332 crores to Rs. 5,300.34 compared to that of FY 23. Moreover, the allocation for PM Ayushman Bharat Infrastructure Mission was reduced to 645.8 crores from the last budgeted allocation of 978 crores. This has been a flagship programme of the NDA government. It has also been



BUDGET 2023		
Health Allocation (₹ Cr)		
86,606	77,351	88,956
FY23 BE	FY23 RE	FY24 BE



seen from the budget proposal that the utilization of the funds for this Mission has been low. The revised estimate of this account has been Rs. 281.6 crores. This means spending on strengthening health and wellness centers, setting up critical care blocks and creating surveillance units, etc. is lower.

There has been a notable decline in the allocation of funds in the Budget in PM Swastha Suraksha Yojna. The allocation fell from Rs. 10,000 crores in FY 23 to 3,365 crores in FY 24. Also, the allocation fell in PM Garib Kalyan's package from Rs. 226 crores to Rs. 0.01 crore.

At the same time, the allocation has been raised in National Digital Health Mission from Rs. 200 crores to Rs. 341 crores. India is a prominent producer of generic medicine in the world. But the Government should have taken serious steps to promote for innovation in drugs. Another important has been the eradication of TB. Serious steps need to be taken in this matter as soon as possible.

## Diabetes is neither urban centric nor rich men centric

There has been a common notion that rich men in urban areas are comparatively more suffering from diabetes. But the actual findings are not that. In an interview for the Hindu (20th January) two experts, KS Reddy, and Dr. Emilija Zabillute shared many interesting facts. In NFH-5 data indicate that 10.6% of women in the poorest households were either on medication to control diabetes or have a random blood glucose level higher than 140mg/dl. The corresponding figure for the richest 20% of households is 17%.

### Why has this been so?

It is thought that diabetes is related, mainly, to surplus food. But that is not true. It is not a man's disease either. Global data shows that both men and women are about equally suffering from it. In general diabetes, cardiovascular diseases, and some other chronic diseases start first in the higher socioeconomic group and then progressively reverse. In fact, poor sections become a more dominant victim over a period of time when the epidemics mature into an advanced stage. In addition, diet is changing. Poor persons may do more physically intensive work and eat more traditional diets it is not that their diets are also changing as well. So, there are other reasons in addition to physical work and diets. Mental stress levels and sleep levels also contribute to body inflammation which is the basis of diabetes and cardiovascular diseases. Poor gets less fibre as they are growingly consuming fewer fruits and vegetables and more polished grain now. They also eat unhealthy oil. So, considering obesity or overweight one may go for body mass index. Actually, the problem is more with total body fat or adiposity.



Experts think that if fat is deposited more around the abdominal organs it is called visceral adiposity which is more associated with inflammation and insulin resistance and diabetes.

Moreover, the poor are unable to get timely treatment for diseases. Both availability of food and timely treatment depend on social economic factors and it is not the awareness of the persons. In most of their cases poor are aware of diabetes but treatment is delayed or neglected mostly to financial reasons. Education level matters a lot.

According to Reddy, it mattered a lot 100 years ago when the richer and more educated sections would have more diabetes. But over 20-25 years it is clear that there has been a clear reversal of the social gradient. Now not income level it is education more important to control diabetes and cardiovascular diseases. The number of incidences is about equal in rural and urban areas. Women are similarly affected by this disease than men because the lack of resources is an obstacle for a different type of cooking of food for female patients in a family.

## CSR Activity of SERUM throughout January, 2023



Jan 1: 24th Foundation Day of SERUM Analysis was celebrated at Jibanpur  
Jan 11: Suchetana Stall inauguration at Literature & Little Magazine Fair  
Jan 12: 160th birthday celebration of Swami Vivekananda



Jan 23: 126th birth anniversary of Netaji Subhas Chandra Bose was celebrated at Serum Auditorium  
Jan 26: Celebration of Saraswati Puja and Republic Day at SERUM Auditorium  
Annual General Meeting, 2022 - 23



Jan 1: North 24Pgs held at Jibanpur Vanaprastha Village  
Jan 7: Malda HQ was held at Hotel Continental, Malda  
Jan 8: North Bihar was held at Hotel Galaxy 16  
Jan 14: North East was held at Welcome Palace, Agartala

Jan 29: Inauguration of SERUM Collection Centre at Prasadpur, Bamun Para of HWJNG zone & Munsirhat of HWBPK zone



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