

Growth Prospects of Indian Economy - The Current Scenario

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Abstract— The word Economic growth refer to the positive change in the level of production of goods and services by a country over a certain period of time. When the inflation is checked and controlled, the realized growth is considered as real economic growth of a nation. Economic growth is usually brought about by technological innovation and positive external forces. Therefore Economic growth refers to the Persistent increase in per capita aggregate output and in the aggregate physical per worker at a non-diminishing rate in an economy. Economic growth is also characterized by structural transformation, such as the shift from agriculture to industry and services, urbanization, the shift from home work to employee status, an increasing role of formal education, an increased role for foreign trade, decreased reliance on natural resources with technological progress, and the growing importance of government.

The researcher has shown that during the current plan period among various sector Health sector plays an important role in development of the economy , its contribution towards social advantage is enormous and this sector needs still more concentration from the Government to meet the requirements of the increased population.

The researcher has referred various Governmental surveys and reports to support the article and for Health aspects regarding vaccines primary information have been taken.

Keywords— Five year plans(FYP), World Economic Situation and Prospects (WESP), 2013 report,, gross domestic product (GDP), petroleum oil lubricant (POL), Foreign Direct Investment (FDI) , Foreign Institutional Investors (FII), Contract research organizations ((CRO) Drug Price Control Order (DPCO, National Pharmaceutical Pricing Authority (NPPA), Millennium Development Goals (MDGs)semicolons

1. Introduction

Economic growth means that a positive change in the level of production of goods and services by a country over a certain period of time. Nominal growth is defined as economic growth including inflation, while real growth is nominal growth minus inflation. Economic growth is usually brought about by technological innovation and

positive external forces. Therefore Economic growth refers to the Persistent increase in per capita aggregate output and in the aggregate physical per worker at a non-diminishing rate in an economy. Facts related to economic growth are the observations of a constant rate of return to capital, a nearly constant ratio of physical capital to output, and nearly constant shares of labour and physical capital in national income.

Economic growth is also characterized by structural transformation, such as the shift from agriculture to industry and services, urbanization, the shift from home work to employee status, an increasing role of formal education, an increased role for foreign trade, decreased reliance on natural resources with technological progress, and the growing importance of government.

Five Year Plans are those which are a series of nationwide centralized economic development initiatives, originated in the Soviet union in 1928 and later adopted by many other countries with high degrees of centralized “economic planning, e.g. Nazi Germany, India, China, and socialist countries of Eastern Europe. In India Five Year Plans are introduced to achieve continuous and consistent economic growth from the year 1951 – 55 onwards

The Indian economy on the eve of the Twelfth Plan is characterised by strong macro fundamentals and good performance over the Eleventh Plan period, though clouded by some slowdown in growth in the current year with continuing concern about inflation and a sudden increase in uncertainty about the global economy. There are some weaknesses that need to be addressed and new challenges that need to be faced. There are external challenges also arising from the fact that the global economic environment is much less favourable than it was at the start of the Eleventh Plan.

2. Effects of Financial Crisis

As per The United Nation’s World Economic Situation and Prospects (WESP), 2013 report, four years after the eruption of the global financial crisis, the global economy is still struggling to recover. During 2012, growth of the world economy has weakened further. The global economy is expected to grow at 2.2 per cent in 2012, at 2.4 per cent in 2013 and 3.2 per cent in 2014.

The slowdown was reflected in all sectors of the economy but the industrial sector suffered the sharpest

declaration which decelerated to 2.9 per cent during 2011-12 from 8.2 per cent in 2010-11. The centre's finances for 2011-12 experienced considerable slippage as key deficit indicators turned out to be much higher than budgeted due to shortfall in tax revenues and overshooting of expenditure. The gross fiscal deficit (GFD)-GDP ratio moved up to 5.8 per cent in 2011-12 compared to the budgeted ratio of 4.6 per cent. The substantial increase in subsidies during 2011-12 on account of high crude oil prices further impacted the deficit of the Government.

According to the first advance estimates of national income for the year 2012-13 of the Central Statistics Office (CSO), the Indian economy is expected to grow at its slowest pace in a decade at a mere 5 per cent in 2012-13, on the back of dismal performance by the farm, manufacturing and services sectors, Whereas the growth in agriculture and allied activities are likely to lowered to 1.8 per cent in 2012-13, compared to 3.6 per cent in 2011-12 and manufacturing growth is also expected to drop to 1.9 per cent in this fiscal, from 2.7 per cent achieved during the last year.

Services sector, including finance, insurance, real estate and business services are likely to grow by 8.6 per cent during this fiscal, against 11.7 per cent in the last fiscal. Meanwhile, mining and quarrying is likely to be slightly better at 0.4 per cent, compared to a negative growth of 0.6 per cent a year ago. Growth in construction is also likely to be 5.9 per cent in 2012-13, against 5.6 per cent last year. Inflation remained elevated at over 9 per cent in the first eight months of 2011-12, before softening moderately in December and remained sticky in the range of 6.9-7.7 per cent.

2.1 Per Capita Income

The per capita income at current price during 2012-13 is estimated to be Rs. 68,747 as compared to Rs. 61,564 during 2011-12. India's per capita income, a gauge for measuring living standard, is estimated to have gone up by 11.7 per cent to Rs. 5729 per month in 2012-13.

2.2 Agriculture

The Eleventh five Year Plan (2007-12) witnessed an average annual growth of 3.6 per cent in the gross domestic product (GDP) from agriculture and allied sector against a target of 4.0 per cent

2.3 Industry

Industrial growth has remained subdued since July 2011 due to weak global demand, weak supply linkages, high import costs, and sluggish investment activities. During 2012-13 (April to November), industrial growth slowed to 1.0 per cent

2.4 External Sector

India's balance of payments which have deteriorated sharply in 2011-12, showed some improvement in the first half of 2012-13, the merchandise trade deficit in the first half of 2012-13 has remained at the same level compared to the first half of 2011-12 as fall in exports due to sluggish global demands almost equally matched by import contraction mainly reflecting slow down in domestic economic activity.

2.5 Exports

India's export performance continued to show the adverse impact of low growth and uncertainty in the advanced as well as major emerging markets and developing economies¹¹. Cumulative value of exports for the period April-December 2012 -13 was US \$ 214099.77 million (Rs 1166438.69) as against US \$ 226551.09 million (Rs 1066668.31 crore) registering a negative growth of 5.50 per cent in Dollar terms and growth of 9.35 per cent in Rupee terms over the same period last year-12.

2.6 Imports

Import growth has surged since September 2012, mainly due to a pick-up in the quantum of petroleum oil lubricant (POL). With the uptrend in the international price of gold in recent months, gold imports stayed at an elevated level in recent months. On the other hand, non-oil non-gold imports registered a decline, reflecting a slowdown in domestic economic activity¹³.

Cumulative value of imports for the period April-December, 2012-13 was US \$ 361271.88 million (Rs. 1967521.83 crore) as against US \$ 363867.81 million (Rs. 1714432.42 crore) registering a negative growth of 0.71 per cent in Dollar terms and growth of 14.76 per cent in Rupee terms over the same period last year.

2.7 Crude Oil and Non-oil Imports

Oil imports during April-December, 2012-13 were valued at US \$ 124520.8 million which was 12.18 per cent higher than the oil imports of US \$ 111002.9 million in the corresponding period last year. Non-oil imports during April - December, 2012-13 were valued at US \$ 236751.1 million which was 6.37 per cent lower than the level of such imports valued at US \$ 252864.9 million in April - December, 2011-12.

2.8 Trade Balance

With imports growth turning positive from September 2012 and export growth remaining subdued, concerns regarding a deteriorating trade deficit have been reinforced.

Table 1: Key Indicators of Economic growth and Performance of various sectors – Current scenario

Data categories and components	2006-2007 (%)	2010-2011 (%)	2011-2012 (%)	2012-2013 (%)
1.GDP and Related Indicators				
Growth rate (market price)	16.3	18.8	16.1	11.7
Growth rate (factor cost)	9.6	8.4	6.9	5
savings rate	34.6	32.3	30.8	Na
capital Formation (rate)	35.7	35.1	35	Na
2. Production				
Foodgrains	217.3	244.8	250.4	250.1
Index of industrial Production(growth)	12.9	8.2	3.6	0.7
Electricity generation(growth)	7.3	5.5	9.4	4.6
3.Prices				
Inflation (WPI)	6.6	9.6	9.1	7.6
Inflation CPI	6.7	10.4	8.4	10
4. External Sector				
Export Growth (US\$)	22.6	40.5	23.5	-4.9
Import Growth (US\$)	24.5	28.2	29.4	0
Current Account Balance (CAB)/GDP	-1	-2.7	-3.6	-4.6
Foreign Exchange Reserves	199.2	304.8	292.8	295.5
Average Exchange Rate	45.25	45.56	47.7	54.47
5.Money and Credit				
Broad Money (M3)(annual)	21.3	16	14.4	11.2
Scheduled Commercial Bank Credit (growth)	28.1	21.5	16.4	15.1
6.Fiscal Indicators (Centre)				
Gross Fiscal Deficit	3.3	4.8	4.6	5.1
Revenue Deficit	1.9	3.2	3.4	3.5
Primary Deficit	-0.2	1.8	1.6	1.9
Per capital Net National Income(Factor cost)	31206	53331	60972	68747

Source: CSO data compiled by Economic Survey 2012 – 13, Na – Data not available, WPI – Whole sale Price Index, CPI – Consumer Price Index

The trade deficit for April - December, 2012-13 was estimated at US \$ 147.2 billion which was 7.2% higher than the deficit of US \$ 137.3 billion during Apr-Dec 2011-12. Policy attempts so far has been to deftly balance the genuine interest of the gold business, as also the need of the savers to hedge against inflation, against the overwhelming need to dampen gold imports with a view to preserving current account and macro-financial stability.

2.9 Inflation

The inflation decelerated to 7.7 per cent in first half of (April-September) of 2012-13. WPI inflation was 8.07 per cent in September 2012, which was 8.01 per cent in August 2012. It has fallen to 7.32 per cent in October 2012, 7.24 per cent in November, 7.18 per cent December 2012 and stood at 6.62.

2.10 Exchange Rate

Slowdown in net capital inflows coupled with pressure in trade account balance strained the exchange rate leading to depreciation of Rupee from Rs. 52.7 (per USD) at end-September 2012 to Rs. 54.5 at end-November 2012. Pressure on Rupee continued in December and it closed at Rs. 54.8 at end-December 2012. As on January 23, 2013, the rupee showed lower depreciation over end-March 2012 compared to other major emerging market developing economies (EMDEs) like Brazil, South Africa and Argentina.

2.11 Foreign Direct Investment (FDI)

FDI have declined during 2012-13 for the period April to December of the current fiscal, the inflows have been \$16,946 million which were \$29, 277 million during April to December 2012.

2.12 Foreign Institutional Investors (FII)

During 2012-13 (upto January 23, 2013), FII's made net investments of Rs. 1,190 billion in the capital market compared with that of Rs. 520 billion during the corresponding period in the previous year²².

3. An Outlook on Health Sector

Health is defined as a state of complete physical, mental and social well being and just not the non existence of disease or ailment. Health is a primary human right and has been accorded due importance by the Constitution through Article 21. Though Article 21 stresses upon state governments to safeguard the health and nutritional well being of the people, the central government also plays an active role in the sector. Recognizing the critical role played by the Health Industry, the industry has been conferred with the infrastructure status under section 10(23G).

The Indian Health sector Medical care providers includes

- Physicians, specialist clinics, nursing homes, hospitals.
- Diagnostic service centers and pathology laboratories.
- Medical equipment manufacturers.
- Contract research organizations (CRO's), pharmaceutical manufacturers.
- Third party support service providers (catering, laundry).
- Conventionally health care in India has been based on voluntary work. Since ancient times traditional practitioners of health care have contributed to the medicinal needs of society.

- After independence the Government of India laid stress on Primary Health Care and India has put in sustained acute knowledge in the medicinal properties of plants and herbs were passed on from one generation to another to be used for treatment. The colonial rule and the dominance of the Britishers changed the scenario efforts to better the health care system across the country. The government initiative was not enough to meet the demands from a growing population be it in primary, secondary or tertiary health care. Alternate sources of finance were critical for the sustainability of the health sector.
- When the government on its own would not provide for health care, the government allowed the entry of private sector to reduce the gap between supply and demand for healthcare. The private hospitals are managed by corporate, non-profit or charitable organizations. The establishment of private sector has resulted in the emergence of opportunities in terms of medical equipment, information technology in health services, BPO, Telemedicine and medical tourism.

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Information technology is increasing being used in health services and some of them are,

- Barcode Medication Administration where technology is used to reduce medication dispensing errors improves patient safety in hospital settings.
- Chronic Disease Management where in technology is used to manage chronic illness like diabetes and heart failure.
- Tele health where in technology connects doctors and patients in different geographical locations.

3.1 Medical Tourism

Medical tourism is a relatively new concept, which is becoming popular globally. India has several advantages in favour of medical tourism like infrastructure, technology, cost effective medical care and hospitalization qualified and skilled doctors. Traditional Indian rejuvenation methods like yoga, ayurvedic massage find favour with people in western countries and corporate hospitals and wellness centres are cashing on these aspects.

Therefore we found out that the performance of health sector shows a developing trend and it has a promising growth because,

- Health sector is the world's 2nd largest business sector.
- Annual growth of India health sector is 13% which constitutes 6% GDP.
- Health care has 2 segments public and private.
- The annual growth rate of Pharmaceuticals in India is of 17.5% caters to 95% of country's needs.
- There are 230 public medical colleges and 106 private colleges are running in India covering 73% rural population and 80% of the urban population .
- Life saving vaccination medicines to develop lifelong immunity and to control virus attacks has been found recently covering more than 70-80% of the population.
- It is now more than a decade since world leaders adopted the Millennium Development Goals (MDGs) and their associated targets. In that time, substantial progress has been made in reducing child and maternal mortality, improving nutrition, reducing morbidity and mortality due to HIV infection, tuberculosis and malaria, and increasing access to improved drinking-water sources. These current trends provide a firm basis for the intensified collective actions and expansion of successful approaches now needed to overcome the challenges posed by multiple crises and large inequalities.
- Although progress in settings with the highest rates of mortality has been accelerated in recent years, large variations in health status persist both between and within countries.
- Childhood malnutrition is the underlying cause of an estimated 35% of all deaths among children under five years of age. The proportion of such children in developing countries who were underweight is estimated to have declined from 29% to 18% between 1990 and 2010.
- Although this rate of progress is close to the rate required to meet the relevant MDG target,4 improvements have been unevenly distributed between and within different regions.
- Globally, significant progress has been made in reducing mortality rates among children under five years old. Between 1990 and 2010, the under-five mortality rate declined by 35% – from an estimated 88 deaths per 1000 live births to 57. The global rate of decline has also accelerated in recent years – from 2.1% per annum during 1990–2010 to 2.6% during 2005–2010
- In 2010, global measles immunization coverage was 85% among children aged 12–23 months. More countries are achieving high levels of measles immunization coverage, with 65% of all countries either reaching or maintaining at least 90% coverage in 2010. Between 2000 and 2010, the estimated number of

measles deaths decreased by 74%, accounting for about one fifth of the overall reduction in child mortality.

- Almost 20% of deaths in children under the age of five—mostly those due to pneumonia and diarrhoeal diseases – are also preventable by vaccines. Efforts are therefore being made to expand interventions. For example, a rapidly increasing number of countries in the WHO African Region, the WHO Region of the Americas and the WHO Eastern Mediterranean Region have introduced pneumococcal conjugate vaccines in the past year with support from the GAVI Alliance. Despite a significant reduction in the number of maternal deaths – from an estimated 543 000 in 1990 to 287 000 in 2010 .
- To reduce the number of maternal deaths, women need access to good-quality reproductive-health care and effective interventions. In 2008, 63% of women aged 15–49 years who were married or in a consensual union were using some form of contraception, while 11% wanted to stop or postpone childbearing but were not using contraception. The proportion of women receiving antenatal care at least once during pregnancy was about 81% for the period 2005–2011, but for the recommended minimum of four visits or more the corresponding figure drops to around 55%.
- The proportion of births attended by skilled personnel crucial for reducing perinatal, neonatal and maternal deaths – is above 90% in three of the six WHO regions. However, increased coverage is needed in certain regions, such as Africa where the figure remains less than 50% About half the world's population is at risk of malaria, and an estimated 216 million cases in 2010 led to approximately 655 000 deaths – 86% of these in children under the age of five. In a total of eight countries and one territory in the WHO African Region there was a more than 50% reduction in either confirmed malaria cases or malaria admissions and deaths. In other WHO regions, the number of reported cases of confirmed malaria decreased by more than 50% in 35 of the 53 countries with ongoing transmission between 2000 and 2010, while downward trends of 25–50% were seen in four other countries. The estimated incidence of malaria fell globally by 1.8% per annum between 2000 and 2009 . The coverage of interventions such as the distribution of insecticide-treated nets and indoor residual spraying has greatly increased, and will need to be sustained in order to prevent the resurgence of disease and deaths caused by malaria.
- Globally, the annual number of new cases of tuberculosis has been slowly falling since 2006. In 2010, there were an estimated 8.8 million new cases – approximately 13% of which occurred in people living with HIV. In 2010, an estimated 1.1 million HIV-negative people died from tuberculosis, while an additional 0.35 million died from HIV - associated

Tuber culosis. Since 1990, mortality due to tuberculosis has fallen by just over one third – In 2009, the treatment-success rate reached 87% worldwide, representing the third successive year that the target of 85% (first set by the World Health Assembly in 1991) was exceeded. Although all six WHO regions are on course to achieve the relevant MDG target, multidrug-resistant tuberculosis continues to present significant problems. In 2010, an estimated total of 2.7 million people were newly infected with HIV – 15% less than the 3.1 million in Saharan Africa, a similar rate of decline has been observed over the past decade, but the number of cases in this region still accounts for 70% of all those who acquire HIV infection globally. At the end of 2010, there were an estimated 34 million people living with HIV – an increase on previous years. As access to antiretroviral therapy in low- and middle-income countries expands (16 times more people were treated in 2010 than in 2003), the population living with HIV will continue to climb as fewer

individuals die from AIDS-related causes

- Neglected tropical diseases are a group of 17 diseases endemic in 149 countries and which affect more than 1000 million people. With the exception of dengue and leishmaniasis, these diseases rarely cause outbreaks. Estimated tuberculosis mortality excludes tuberculosis deaths among HIV-positive people. Shaded areas represent margins of uncertainty.

4. Some notable Improvements

Vaccine suppliers like GSK, Novartis VHB, Serum Institutes are trying to set up manufacturing units inside the country but they are looking for the proper timely support from the Govt.

Prices came down upto 40% in comparison to highest prices prevailed prior to DPCO 2013

The prices of medicines under control have come down upto 40 per cent after the new pricing policy and the Drug Price Control Order (DPCO) were announced and the National Pharmaceutical Pricing Authority (NPPA) started revising the prices, according to the government statistics. As per the information gathered by the Ministry of Chemicals and Fertilisers, out of the total 404 formulations for which the revised prices were announced, as many as 112 formulations became cheaper by about 40 per cent or above. While the prices of 33 formulations came down by 35-40 per cent, 27 packs became cheaper by 30-35 per cent. However, the comparison has been made against the highest prices till then in the market, not the lowest priced brands in the market. The government also denied the allegations that the medicines became out of reach for the people after the introduction of the new prices.

Prices of 46 formulations were brought down by 10-15 per cent from the highest market price while 37 formulations became cheaper by 15-20 per cent. Likewise, prices of 57 formulations came down by 20-25 per cent and the retail prices of 41 formulations were cut down by 25-30 per cent, as per the statistics.

According to the new pricing policy, the ceiling of prices is fixed based on the simple average of the prices of all brands of that drug that have a market share of at least one per cent. The national list of essential medicines lists 348 bulk drugs, which are sold as 650 formulations. The NPPA has covered 404 formulations so far, including some formulations for which the data was not available and it could not revise the prices.

“As per para 13(2) of the DPCO, 2013, all the existing manufactures of scheduled formulations, selling the branded or generic or both the versions of scheduled formulations at a price lower than the ceiling price (plus local taxes as applicable) so fixed and notified by the Government shall maintain their existing maximum retail price. Therefore, the question of medicines getting out of the reach of the common man due to the present drug policy does not arise. Rather, prices of scheduled formulations has been brought down as compared to the highest price prevailed prior to the announcement of DPCO, 2013,” according to official sources. The government also clarified that no specific complaint that foreign medicine companies are selling medicines at exorbitant prices arbitrarily in violation of the Drug Policy, has been received yet.

EMPIRICAL STUDY SHOW THAT for the period April – 2013 to March – 2014, the movement of basic necessary vaccines show a tremendous records. For example in Chennai city the movement of vaccines per accounting year are;

- *Heb-A and Heb-B* doses have increased to 15,700 nos and 26,000 nos, of 0.5 ml.
- *Typhiod 0.5 ml* doses have increased to 9,900 nos,
- *Injectable Polio vaccine* (New concept) supply has increased to 9,985 nos
- *Chicken pox vaccine* supply has increased to 8,250 nos Latest
- *Pneumococcal conjugated vaccines* have been supplied up to 9,700.
- *Roto virus vaccine* control has increased to 10,704 nos.
- *Rabies - Anti-rabies vaccines* are used at a high rate especially in rural areas.

5. Rabies

Rabies is a disease transmitted from domestic and wild animals to human beings. This disease is transmitted through wounds or scratches. Rabies is the greatest and highly suffered problem at world level. It is prevalent in

Table 2: Performance of health and Education Sector during 2012-13

S. No	HEALTH AND EDUCATION INDICATORS	Tamil Nadu	All India
1	Population Related Census 2011(Provisional)		
	Percentage Decadal Growth of Population (2001-11)	15.6	17.64
	Sex-ratio (No. of Females per 1000 Males)	995	940
2	Growth Related at constant prices 2004-5		
	Growth 2005-6 to 2011-12	9.68	8.34
	Growth in Per Capita Income 2011-12	6.72	5.16
3	Poverty Headcount Ratio (per cent)		
	2009-10 (Rural)	21.2	33.8
	2009-10 (Urban)	12.8	20.9
	2009-10(Total)	17.1	29.8
4	Rural-Urban Disparity 2009-10		
	Per cent Share of Food (Rural)	54.7	57
	Per cent Share of Food (Urban)	45	44.4
5	Unemployment Rates 2009-10 (per 1000)		
	Rural	15	16
	Urban	32	34
6	Health Related		
	Male (Life expectancy at birth 2006-10)	67.1	64.6
	Female (Life expectancy at birth 2006-10)	70.9	67.7
	Infant Mortality Rates(per 1000 live births) 2011	22	44
	Birth Rate (per 1000) 2011	15.9	21.8
	Death Rate(per 1000) 2011	7.4	7.1
7	Education Related 2010-11		
	GER (6-13 years)	112	104.3
	Pupil-Teacher Ratio (Primary/ Jr.Basic School)	27	43
	Pupil-Teacher Ratio (Middle/Sr. Basic School)	32	33
8	Financial Inclusion (In per cent)		
	Growth Rate of Bank Branches (&)	31.3	28.8
	Households availing Banking Services in 2011	52.5	58.7

Source: Office of Registrar General Of India (RGI) , compiled by Economic Survey – 2012 – 13,
 GER – Gross Enrollment Ratio.

150 countries around the world. Every year nearly 60,000 deaths due to rabies problem are recorded. At Asia level it is recorded as 35,000 deaths and Africa level it is 25,000 deaths. 85% of rural areas in India are affected by rabies disease in which 40% affected population are children.

Rabivax(Serum Institute), Rabipur (Novartis), Verorub., Influenza Vaccines are introduced for life time immunity for children against rabies .Immuno Globulin type of vaccines are introduced specially to treat patients suffering due to very deep dog and other animal bites.

These vaccines will protect the patients from virus spreading on the bite portions.

In olden days we had a difficult procedure to be followed if dog bites occur . Patients were given more number of injections around their navals which is a painful process. Whereas the recent advancement in Medical science helps people to have two or three course of injections to protect themselves from animal bites .

World Health Organization Immunization profile of India depicts that all diseases have been destroyed with the help of life time 11 protection vaccines, like BCG, MMR, DTwP/DTaP, HepA,Hib, Flu, PCV13/7/10,Polio, Rotavirus, Varicella.

All these vaccines movement show that demand for

these vaccines are increasing day by day because of awareness of the public but sales have come down because of non-availability of products

6. Suggestions

- Our Government has made lot of policies and programmes, knowledge of which should be given to people properly.
- While giving informations regarding the supply of medicines and drugs it should come in the proper format..
- Spreading extensive education programmes will also help us to achieve full growth rate.
- Because of larger awareness among the people there is a great demand for vaccines like *Chicken pox vaccines*,
- *Penta vaccines* -Combination for curing 5 diseases - *tetanus, diphtheria, pertussis, Heb- B, Polio*.
- There is also high degree of insufficient supply of the Vaccines like Varilrix, VocavaxPentavax etc.,
- There should be encouragement by the government for setting up manufacturing unit. In India. Government can rebate excise duties, give sales tax holidays, reduction of interest rates and extension in repayment of loans, improving R&D facilities for manufacturing vaccination at nominal interest rates.

7. Conclusion

The health sector is made up of the people, institutions and resources, arranged together in accordance with established policies, whose primary purpose is to promote,

restore and maintain health. It includes government services, health insurance schemes, voluntary and private organizations in health, as well as the ministries and departments, hospitals and other health pharmaceutical industry and drug wholesale companies. In many developing countries, private not-for-profit health care providers constitute an important part of the health sector, sometimes owning up to half of a country's hospitals. Health sector reform is a process that seeks major changes in national health policies, programmes and practices through changes in health sector priorities, laws, regulations, organizational structure and financing arrangements, such as user fees. The central goals are most often to improve access, equity, quality, efficiency and/or sustainability.

Policy coherence is an effort to ensure that policies in non-health sectors contribute to health sector objectives and vice versa. This is particularly important for health, which has multiple determinants: from working environment, to access to water and sanitation, to the quality of education provision (for example, female education is directly related to improved health for children and families). There are also links between economic, trade and fiscal policies which all help determine household incomes, and thus ability to access care.

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