Ensures priority to ensure universal accessibility to and equity in health care, with particular attention to the rural population. Efforts are being made to develop a package of essential services based on the priority needs of clients, to be delivered from a static service point, rather than through door-to-door visits Prevention and control of locally endemic diseases. Dengue: We have a national guideline available to all practitioners since 2004. The government introduced a National Guideline for Treatment of Malaria in 1994, which was revised in 2004. Statistics from 2001 to 2005 show a marked increase in the proportion of *Plasmodium falciparum* cases every year. WHO declared that malaria could not be eradicated and subsequently a new strategy for malaria control was launched. The new strategy is being implemented gradually. It emphasizes disease control aspects and endorsements the four technical elements (early diagnosis, prompt treatment, recognition of treatment failures and management of severe and complicated cases in hospitals) and preparedness for control of malaria outbreaks/epidemics and introduction of insecticide-impregnated bednets: Kala-azar. At least 20 million people in more than 27 districts are at risk. The major constraint is similar to that faced in the control of malaria. Eighteen million people in 12 districts are considered to be at risk of filariasis. A revised strategy for the elimination of filariasis is being pilot-tested in one district.

This strategy involves administering a single dose of ivermectin with albendazole yearly for a period of three years to the total population in the district.

Though diarrhoeal diseases continue to be responsible for significant morbidity and mortality, the availability of oral rehydration solution (ORS) has increased through the formation of ORS depots in the community. Constraints include inappropriate use of anthelmintics and anti-Diarrhoeals, especially in the private sector and underutilization of health facilities.

**Renal Denervation Therapy (RDT) in Resistant Hypertension**

Resistant hypertension is defined as blood pressure that remains above therapeutic goal despite the use of three antihypertensive drugs including a diuretics in their maximum therapeutic doses. About one third of patients with arterial hypertension are treatment refractory. The hyperactivity of sympathetic nervous system in the occurrence of treatment resistant long standing hypertension has been established both in animal models and in clinical practice. A new catheter system using radiofrequency energy has been developed, allowing an endovascular approach to renal denervation and providing patients, with resistant hypertension, with a new therapeutic option that is minimally invasive and can be performed rapidly under local anesthesia. With this method the afferent and efferent sympathetic nervous system surrounding the renal artery are ablated precisely keeping the renal artery intact. To date this technique has been evaluated only in open label trials highly selected resistant hypertensive patients with suitable renal artery anatomy. RDT will significantly enrich the therapeutic armamentarium for hypertension treatment and control in future. RDT proves to have long lasting beneficial effects, patient would have a choice between interventional therapy and cure of hypertension and life long drug therapy with associated expense and potential side effects.