

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
STARRED QUESTION NO.219
TO BE ANSWERED ON THE 6TH DECEMBER, 2016
BRINGING THE RURAL AREAS UNDER HEALTH CARE PURVIEW**

***219. SHRI SURENDRA SINGH NAGAR:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the private sector is actively engaged in secondary and tertiary health care sectors in urban areas;

(b) whether there is a need to focus on primary health care and bring rural areas under the health care purview which have remained under-served;

(c) whether shortage and lack of trained medical practitioners and support staff is an issue that needs to be addressed urgently; and

(d) if so, the reaction of Government thereto?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (d): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA
STARRED QUESTION NO. 219* FOR 6TH DECEMBER, 2016**

(a): As per findings from National Sample Survey Organisation (NSSO) 71st Round, in urban areas, around 79% of out-patient care is provided by the private sector, while 21% is provided by public sector. Out of the 79% OPD care, 50% is provided at the level of a private doctor or clinic (primary level) and 29% is provided by a private hospital (secondary or tertiary). For inpatient care, 32% patients use public facilities, while 68% use private facilities in urban areas.

(b): The primary health care is imperative because primary care yields better health and development outcomes at much lower cost. The health outcomes of rural areas such as Infant Mortality Rate (IMR), Under Five Mortality Rate (U5MR), Total Fertility Rate (TFR) etc. are relatively poor as compared to urban areas and there is thus continued need to focus on healthcare needs of rural areas.

(c) & (d): As per Rural Health Statistics (RHS) 2015, there is a shortage of medical practitioners and support staff in public health facilities in rural areas. Public Health being a State subject, the primary responsibility to provide health care services to the poor and vulnerable population including urban and rural areas, arrangements of trained medical and paramedical staff, etc. lies in the domain of respective State/UT Governments. However, under the National Health Mission (NHM), technical and financial support is provided for strengthening of healthcare systems in States/UTs including support for engagement of human health resources on contractual basis, trainings, hard area and performance linked allowances, etc. based on the proposals submitted by the States/UTs in their Programme Implementation Plans (PIPs). The Government has taken the following steps to further augment the availability of doctors and nursing personnel in the country:

- i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry.
- ii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- iii) Enhancement of age limit for appointment/extension/re-employment of faculty in Medical Colleges.
- iv) Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- v) Centrally sponsored schemes for medical education to augment the availability of doctors, specialists and nurses:
 - a) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
 - b) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved areas of the country.
 - c) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.