

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 3635
TO BE ANSWERED ON 24TH MARCH, 2026**

STRENGTHENING PUBLIC HEALTHCARE

3635 DR. M. DHANAPAL:

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

- (a) whether Government has assessed Budget 2026–27 allocations to determine if they are adequate in view of rising out-of-pocket health expenditure and regional disparities in access to healthcare services;
- (b) the details of outcome-based evaluations used by Government to assess improvements in healthcare availability, workforce capacity and affordability; and
- (c) the measures proposed to be taken by Government to strengthen public healthcare delivery, including implementation of initiatives to add 100,000 Allied Health Professionals over the next five years?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a): The Union Budget 2026–27 has increased the allocation for the Department of Health & Family Welfare (DoHFW) to ₹1,01,709.21 crore in BE 2026-27, marking a 9.45% rise over RE 2025-26. The allocation under BE 2026-27 is 175% increase in comparison to BE allocation of FY 2014-15.

The Government of India has successfully implemented various initiatives to reduce healthcare costs, leading to a substantial decline in Out-of-Pocket Expenditure (OOPE) as a percentage of Total Health Expenditure (THE). There has been a significant increase in Government Health Expenditure (GHE) as percentage of THE, which has increased from 29.0% in 2014-15 to 48.0% in 2021-22. Concurrent to this increase in GHE, the share of OOPE in THE has declined from 62.6% to 39.4% during the same period. This declining share of OOPE is indicative of increasing access to health services.

The Government is committed to provide good quality health care services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity, including those in rural areas leading to reduction in regional disparities in access to healthcare services. Towards this, various schemes such as National Health Mission, Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission, Pradhan Mantri Swasthya Suraksha Yojana, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, among others are being implemented through DoHFW.

(b): The Output–Outcome Monitoring Framework is a tool which systematically reviews and monitors key health indicators and tracks progress against defined targets for taking corrective actions and enable improvements.

Common Review Missions (CRM) for the National Health Mission (NHM) are also conducted annually to assess and monitor the progress and implementation status under the scheme. The key strategies and priority areas of CRM is to analyze challenges with respect to strengthening health systems, identify trends in progress of key indicators, evaluate the readiness of the state to undertake implementation of new initiatives, and review the progress and coordination mechanisms with various partners. The details of various reports of CRM are available in public domain at <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=795&lid=195>.

(c): In order to strengthen public healthcare delivery, various measures are undertaken by Government of India. Under the NHM, the Government has taken many steps towards universal health coverage by supporting the State Governments in providing accessible and affordable healthcare to people. A total of 1.85 lakh AAMs have been established to deliver the expanded range of comprehensive primary healthcare services that includes preventive, promotive, curative, palliative and rehabilitative services.

Further, under Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), focus is on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to more than 12 crore families constituting the economically vulnerable bottom 40% of India's population. States/UTs implementing AB-PMJAY have further expanded the beneficiary base, at their own cost. Additionally, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status under AB-PMJAY with Vay Vandana Card.

Besides, quality generic medicines are made available at affordable prices to all under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in collaboration with the State Governments. Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacy stores have been set up in some hospitals/institutions.

Further, the Government of India announced in budget 2026-27 to upgrade the existing institutions for Allied Health Professionals (AHPs) and also to establish new AHP institutions in private and Government sectors covering 10 selected disciplines, including optometry, radiology, anesthesia, OT technology, applied psychology and behavioral health, and add 100,000 AHPs over the next 5 years. The key strategy for achieving the aforementioned Budget announcement are upgradation of existing allied health institution, addressing faculty shortages, standardization of curricula, increasing awareness, imparting training, stake-holders consultation etc.
