

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

**LOK SABHA  
STARRED QUESTION NO. 491  
TO BE ANSWERED ON THE 7<sup>TH</sup> APRIL, 2017  
HEALTHCARE INFRASTRUCTURE**

**\*491. SHRI RABINDRA KUMAR JENA:**

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

- (a) whether the Government is aware of a recent KPMG report which states that while 68 per cent of the population lives in villages, about 75 per cent of dispensaries, 60 per cent of hospitals and 80 per cent of doctors are in urban areas;
- (b) if so, the details thereof and the reaction of the Government thereto; and
- (c) the steps taken by the Government to bridge this rural-urban divide?

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

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

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 491\* FOR 7<sup>TH</sup> APRIL, 2017**

(a) to (c) The Government is aware of the KPMG report. It states that currently, 60 per cent hospitals, 75 per cent dispensaries and 80 per cent doctors are located in urban areas servicing only 28 per cent of the country's population. It further states that the NCD burden is growing; the health care infrastructure is inadequate and there is a need for more trained human resources. The health care infrastructure and density of physicians in the country is the lowest among BRICS Nations.

Public Health being a State subject, the primary responsibility of providing adequate healthcare facilities and HR such as doctors/specialists, in both rural as well as urban areas, is that of the States/UTs. However, under NRHM (now subsumed in NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including for setting up new/upgrading existing public health facilities, insourcing or engagement of human resources on contractual basis, drugs and equipment, diagnostics, ambulances, Mobile Medical Units etc. for provision of equitable, affordable healthcare particularly in rural areas based on requirements posed by the States in their Programme Implementation Plans within their overall resource envelope.

To improve availability of HR in rural areas, the Government has adopted two pronged strategy:

- A. To improve overall availability of doctors and specialists in the country.
  - B. To encourage and incentivize doctors and specialists to serve in rural areas.
- A. To improve overall availability of doctors and specialists, the Government has taken following steps: -
- 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 Anesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Prof. from 1:1 to 1:2 if the Associate Prof. is a unit head. This would result in increase in number of specialists in the country.

- II. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- III. Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- IV. Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.
- V. Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- VI. Strengthening/up gradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- VII. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
- VIII. Strengthening/ up gradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.
- IX. Strengthening of districts hospitals to run DNB/CPS courses.

B. To encourage and incentivize doctors to serve in rural and remote areas, the following steps have been taken:

- I. Support is provided to States/UTs for hard area allowance to doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas. Performance based incentives are also provided under the NHM.
- II. 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas; and
- III. Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

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