

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

**LOK SABHA
UNSTARRED QUESTION NO. 1221
TO BE ANSWERED ON 9TH FEBRUARY, 2018**

GDP ON HEALTH

**1221. SHRI PREM DAS RAI:
SHRI DEEPENDER SINGH HOODA:**

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

- (a) the percentage of Gross Domestic Product (GDP) spent on health during each of the last three years along with percentage of GDP allocated to healthcare of women and children in the country at present;
- (b) the steps taken with regard to raising public health expenditure to 2.5 per cent of the GDP as promised under the National Health Policy (NHP), 2017 and 2015;
- (c) the steps being taken at present to upgrade existing sub-centers and reorienting Primary Health Centers (PHCs) into Health and Wellness Centers to provide comprehensive healthcare;
- (d) the disease-specific policies stated in the NHP and the measures taken to achieve them; and
- (e) the steps proposed to be taken to ensure at least 2.5 per cent of GDP is spent on health?

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

(a): As per Economic Survey 2016-17 Volume 2 brought out by Ministry of Finance, expenditure by Government (Central and State Governments combined) on health as percentage of Gross Domestic Product (GDP) for last three years is as under:

(i) 2014-15	- 1.2%
(ii) 2015-16	- 1.4% (RE)
(iii) 2016-17	- 1.5 % (BE)

As per expenditure profile (Statement 12 & 13) of Budget Document 2018-19, the fund allocated for women (gender budget) and welfare of children under Department of Health and Family Welfare for 2018-19 (BE) is Rs. 22,267.21 Crore and Rs. 3086.51 Crore respectively.

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(b): The Budget outlay (Gross) for Ministry of Health and Family Welfare during 2018-19 (BE) is an increase of approximately 11.5% in comparison to the financial year 2017-18 (BE). Apart from increasing the budgetary outlay on health sector by the Government of India, the following initiatives has also been taken to increase State expenditure on health sector which inter-alia include :

- Á Keeping in view of the recommendations of 14th Finance Commission, with effect from Financial Year 2015-16, the Centre-State funding ratio has been increased from 75:25 to 60:40. (except NE & Hill States)
- Á As per the MoU signed with the States under NHM, the States are directed to increase their State health budget by at least 10% each year.

(c): Based on the State specific proposals, Ministry of Health and Family Welfare has made financial provisions for 28 States and 4 UTs to upgrade existing Sub Centres (SCs) and Primary Health Centres (PHCs) under the National Health Mission Programme Implementation Plans in financial year 2017-18.

(d): The National Health Policy,2017 states following targets for reduction in incidence and prevalence of certain disease conditions:

- HIV/AIDS: Achieve global target of 2020 (also termed as target of 90:90:90)
- Eliminate Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017
- Eliminate Tuberculosis by 2025: Achieving

and maintaining a cure rate of >85% in new sputum positive patients and reduce incidence of new cases.

- Reduce prevalence of blindness to 0.25/ 1000 by 2025 and disease burden by one third from current levels.
- Reduce premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 25% by 2025.

In order to achieve the targets, the following measures have been taken so far:

- **HIV/AIDS:** National Strategic Plan on HIV/AIDS and Sexually Transmitted Infections (STI), 2017-24 has been approved and released for implementation. Further, a 'Mission Sampark' has been launched to re-enrol those people living with HIV (PLHIV) who left treatment after starting Anti Retro Viral Treatment (ART).
- **Leprosy:** A three-pronged strategy has been adopted for early detection of leprosy cases in the community:
 - Leprosy Case Detection Campaign (LCDC) for high endemic districts.
 - Focused Leprosy Campaign for hot spots.

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- Specific plan for Case Detection in Hard to reach areas.
 - ò **Kala Azar:** A national strategy for elimination of Kala-azar has been developed in line with WHO Regional Strategic Framework for elimination of Kala-azar from the South-East Asia Region (2011-2015) and includes a multipronged approach to achieve the cited target. The focus of the strategy is on early diagnosis & complete case management, integrated vector management and vector surveillance, monitoring, surveillance and evaluation, strengthening capacity of human resource in health, advocacy, communication and social mobilization and inter-sectoral convergence .
 - ò **Lymphatic Filariasis:** National Task Force (NTF) constituted by the Government of India developed a strategy for Elimination for Lymphatic Filariasis (ELF) in India.
 - ò Major components/functions/tasks towards implementation strategy include: Disease burden estimation, Mapping and stratification, Advocacy, Social mobilization, Implementation of MDA, Implementation of disability prevention and management, Monitoring and Evaluation, Background surveillance to prevent resurgence and Certification
 - ò **Tuberculosis:** The Revised National Tuberculosis Control Program has now added an element of nutritional support for TB patients. This is expected to improve compliance to the treatment as well as reduce drop-out rates.
 - ò **Blindness:** Many steps have been taken under National Programme for Control of Blindness and Visual Impairment (NPCB&VI) for reduction in the prevalence of blindness and to achieve the elimination of avoidable blindness:
 - ò **Premature mortality due to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases:** A National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is implemented under the National Health Mission. To better integrate the preventive care for NCDs and early diagnosis, a Population based Screening (PBS) for Diabetes, Hypertension and Common Cancers viz. Oral, Breast and Cervical Cancer has also been launched. To improve range of NCD services at sub-district level, and enable a better continuum of care for NCD patients Health and Wellness Centres have been planned under the Comprehensive Primary Health Care initiative.
- (e): The National Health Policy, 2017 envisages that the resource allocation to States will be linked with State development indicators, absorptive capacity and financial indicators. The States would be incentivised for incremental State resources for public health expenditure. General taxation will remain the predominant means for financing care.

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