

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

**LOK SABHA
UNSTARRED QUESTION NO.4526
TO BE ANSWERED ON 19TH JULY, 2019**

HEALTH INDEX 2019

**4526. SHRIMATI APARAJITA SARANGI:
SHRI ASADUDDIN OWAISI:
SHRI SYED IMTIAZ JALEEL:
SHRI VENKATESH NETHA BORLAKUNTA:**

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

- (a) whether a report prepared by NITI Aayog in collaboration with his Ministry has come up with Health Index taking into account 23 health indicators and keeping 2015-16 as base year and 2017-18 as reference year, if so, the details thereof;
- (b) the details of States which have performed well, lagging behind and have shown improvement in health conditions from 2014 to 2018;
- (c) the reasons for some States lagging behind in said Health Index report;
- (d) whether a road map has been suggested to improve health conditions in these States by providing them more funds; and
- (e) if so, the steps taken or being taken by his Ministry in consultation with States in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): Yes. A report titled as “Healthy States, Progressive India-Report on the ranks of States and UTs” have been released by NITI Aayog along with Ministry of Health and Family Welfare, containing the overall performance and incremental improvement in the States and UTs for the period 2015-16 (Base year) to 2017-18 (Reference year) i.e. a two year period.

The details are available at:

https://niti.gov.in/writereaddata/files/document_publication/NITI-WB%20Health%20Index%20Report%20%28Web%20Ver%29_11-06-19.pdf

(c): The common reasons of underperformance of states inter alia include improper reporting, limited infrastructure, administrative issues, delay in funding etc.

The deterioration between Base Year and Reference Year was primarily due to the performance related to total fertility rate, low birth weight, Sex Ratio at Birth, TB treatment success rate, quality accreditation of public health facilities, and time-taken for NHM fund transfer, average tenure of key positions at state and district level and level of birth registration accounted for the deterioration, deterioration in NMR, U5MR, Stability of tenure of key administrative positions at district level, functionality of FRUs and NHM fund transfer, worsening of the full immunization rate, reduction in level of birth registration, 1st trimester ANC's, IDSP reporting of L-form, e-pay slip for all staff, functional 24x7 PHCs and quality accreditation of public health facilities.

(d): Health Index serves as an annual systematic tool to facilitate in evaluation of performance of different states in formulation of the schemes and programmes. The Health Index report inter alia highlights the measures for better health performance, strengthening the data collection system, identifying barriers and motivate actions using data, promote positive competition and learning among the States & UTs. This report facilitates improvement in overall health outcomes.

(e): The steps taken or being taken by his Ministry in consultation with States in this regard are as follows:

1. Health being a state subject, addressed by the respective states depending on their performance.
2. National Health Mission is undertaking many initiatives to address the state specific issue through the following components:
 - Reproductive Maternal Newborn Child and Adolescent Health(RMNCH+A) Strategy is built on “Continuum of care” concept and includes Adolescent Health as Rashtriya Kishor Swasthya Karyakrama (RKSK), Maternal Health, Child Health, Family Planning, Immunization under its broad Umbrella.
 - Health System Strengthening through adoption of Indian Public Health Standards (IPHS), standardizing quality by involvement of Rogi Kalyan Samiti (RSK) and untied funds, bridging gaps in skills by various training packages and standard treatment protocols. This is achieved by Mobile Medical Units (MMUs), Patient Transport Service, Free Drugs Service Initiative, Free Diagnostics Service Initiative, Biomedical Equipment Maintenance and Management Programme, Blood services, etc.
 - Infrastructure maintenance by coordination with States Health and Family Welfare Society.
 - Quality Improvement programs through National Quality Assurance Programme, Kayakalp, MeraAspataal, etc.
 - Ayushman Bharat Scheme through Comprehensive Primary Health Care, in which all Sub-centres, Primary Health Centres (PHCs) and Urban PHCs (UPHCs) are being strengthen to Health and Wellness centres for the delivery of twelve primary care packages as well as through Pradhan Mantri Jan Arogya Yojana (PMJAY), which offers benefit cover of Rs. 500,000 per family per year to cover medical and hospitalization expenses for almost all secondary and most of the tertiary care procedures.
 - Funding support under National Health Mission to the states for Aspirational Districts based on their proposal.
 - Non-Communicable Disease Control Programme.
 - Communicable Disease Control Programme.
 - Tribal Health.