

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

**LOK SABHA
UNSTARRED QUESTION NO. 3036
TO BE ANSWERED ON THE 06th AUGUST, 2021**

STRENGTHENING OF PRIMARY HEALTHCARE SERVICES

**3036. SHRI RAHUL KASWAN:
SHRI SUNIL KUMAR PINTU:**

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

- a) whether the Government proposes to take any steps to strengthen the Primary Healthcare Services network in the country and if so, the details thereof;
- b) whether the Government plans to implement the Universal Health Insurance scheme;
- c) if so, the details thereof and the date from which it is likely to be implemented; and
- d) the steps taken by the Government to address the problem of exorbitant expenses being paid at the time of admission in hospitals particularly in metro cities?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d):

“Public Health and Hospitals” being a State subject, the primary responsibility of strengthening public healthcare system, including for strengthening the provision of primary healthcare services in public healthcare system and regulation of hospitals including those in metro cities, lies with the respective State Governments. However, the Ministry of Health and Family

Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare delivery at public healthcare facilities.

Support under National Health Mission (NHM) is provided to States/ UTs to supplement the efforts of the State/UT governments, for setting up of new facilities as per norms and upgradation of existing facilities for bridging the infrastructure and human resource gaps, based on the requirements posted by them in their Programme Implementation Plans (PIPs) and within their overall resource envelope. Under NHM, States are supported for several interventions towards strengthening the primary healthcare services in the country and the same is given in the **Annexure**.

Ayushman Bharat, a flagship scheme of Government of India, is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This scheme aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are –

- (i) Health and Wellness Centres (HWCs)
- (ii) Pradhan Mantri Jan Arogya Yojana (PM-JAY)

As part of Ayushman Bharat, the Government is supporting the States for transformation of Sub Health Centres and Primary Health Centres into 1.5 lakh Health and Wellness Centres across the country by December, 2022 for provision of Comprehensive Primary Health Care (CPHC) that includes preventive healthcare and health promotion at the community level with continuum of care approach. Under this programme, CPHC services of an expanded range of services, that are universal and free to users, with a focus on wellness, are provided, closer to the community. As on 4th August 2021, 77,673 HWCs are operational across the country. Delhi is not implementing the scheme. As reported by the States/UTs in the HWC Portal, cumulatively, these HWCs reported a total of 56.86 Cr footfalls and a cumulative 32.99 Cr Screenings for common Non Communicable Diseases (NCDs). A total of 76.39 lakh wellness Sessions have been reported from these functional HWCs.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 Crores poor and vulnerable families (approximately 50 crore beneficiaries) as per Socio Economic Caste Census (SECC) and at reducing out-of-pocket expenditure on healthcare services. 33 States and UTs are currently implementing the scheme except West Bengal, Odisha and Delhi. The implementing States/UTs have expanded the beneficiary base to cover 13.44 Crore families. As on date, more than 1.98 Cr. hospital admissions worth Rs.24,683 Cr have been authorized under the scheme.

Annexure

Support to the States/UTs under NHM is provided for provision of a host of free services related to maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc.

Other major initiatives supported under NHM include Janani Shishu Suraksha Karyakram (JSSK) (under which free drugs, free diagnostics, free blood and diet, free transport from home to institution, between facilities in case of a referral and drop back home is provided), Rashtriya Bal Swasthya Karyakram (RBSK) (which provides newborn and child health screening and early interventions services free of cost for birth defects, diseases, deficiencies and developmental delays to improve the quality of survival) in all public health facilities including in rural areas.

Janani Suraksha Yojana (JSY), a safe motherhood intervention with the objective to reduce maternal and neonatal mortality by promoting institutional delivery among pregnant women especially with weak socio-economic status, i.e. women from SC/ST/BPL households and presently, under implementation in all States/UTs with a special focus on Low Performing States and provides Cash incentives for women with the special focus for BPL/SC/ST women for institutional delivery (in government/ private accredited health facilities) and for BPL women who prefer for home delivery.

Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

To ensure availability of essential drugs and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission (NHM). Under this, financial support is provided to States / UTs for provision of free essential medicines in public health facilities based on the requirements posted by them in their Programme Implementation Plans (PIPs) and within their overall resource envelope.

Further, Ministry has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities. The number of drugs under EML at various levels of Public Healthcare facilities is as below:-

- i. Sub Health Centre Health & wellness centre (SHC-HWCs)– 105
- ii. Primary Health Centre Health & wellness centre (PHC-HWCs)- 172
- iii. Community Health Centres (CHCs)- 455
- iv. District Hospital (DHs)- 544

However, States have the flexibility to add more medicines and Essential Drugs List (EDL) of States vary from State to State.

The Free Diagnostics Service Initiative, launched in 2015, enables access and use of high-quality diagnostic services, including Hub and Spoke Model and Public Private Partnerships. The number of diagnostic tests in public healthcare facilities has been increased and the number of tests at different public healthcare facilities, for which, support is provided to the States under Free Diagnostic Services Initiative is as follows: 134 tests at DHs, 111 tests at the SDHs, 97 at CHCs, 63 tests at PHC level AB-HWCs and 14 tests at SHC level AB-HWCs; Tele-radiology and CT scan services are also provided free of cost.

The PM-National Dialysis Program was launched to support dialysis services at district hospitals to provide hemodialysis, with free services for BPL patients. Recently guidelines for Peritoneal Dialysis have been launched.

States are supported under NHM to provide the assistance for emergency transport of patients through National Ambulance Services (NAS) and also transport assistance under JSSK. States are also supported to provide dietary support to people visiting public healthcare facilities.