

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

**LOK SABHA  
UNSTARRED QUESTION NO. 714  
TO BE ANSWERED ON THE 26<sup>TH</sup> JULY, 2024**

**“MEASURES FOR COVID-19 LIKE PANDEMIC”**

**714. SHRI RAM SHIROMANI VERMA**

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

- (a) whether the Government has formulated any concrete scheme to deal with pandemic like Covid-19 and ensure sufficient resources in all the hospitals of the country during such pandemics;
- (b) if so, the details thereof;
- (c) whether the Government has formulated any concrete strategy of check the arbitrariness and recovery of excessive fees by the private hospitals during such a pandemic; and
- (d) if so, the details thereof ?

**ANSWER**

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

(a) & (b) The Government of India has taken several initiatives through ‘Whole of Government’ approach during the COVID-19 Pandemic to ensure effective management and availability of sufficient health care infrastructure to meet the increased demand during the pandemic. Following are the details of key schemes launched and implemented by this Ministry to deal with pandemic like COVID-19 and ensure sufficient resources in public health facilities across the country during such pandemics:

To strengthen the Public Health Infrastructure and to effectively manage and respond towards any future pandemics and outbreaks, **Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** was launched on 25<sup>th</sup> October, 2021 with an outlay of **Rs.64,180 Cr** to be implemented over five years from 2021-22 to 2025-26, to fill critical gaps in health infrastructure, surveillance and health research - spanning both the urban and rural areas. The Scheme is a Centrally Sponsored Scheme with some Central Sector components.

The measures under the scheme focus on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters.

Under CSS components, support is provided to States/UTs for construction of Ayushman Arogya Mandir (AAM) in rural and Urban Areas, establishment/strengthening of Block Public Health Units, Integrated District Public Health Labs in all districts and Critical Care Hospital Blocks. Central Sector Components majorly support interventions focusing on enhancing capacities for Surveillance and Health Emergency Response, Research, Pandemic Preparedness and One Health approach to prevent, detect, and respond to infectious disease outbreaks in animals and humans.

The **India COVID-19 Emergency Response and Health System Preparedness Package (ECRP-I)** for Rs.15,000 Crore was approved by Cabinet on 22<sup>nd</sup> April 2020 to prevent, detect and respond to the threat posed by COVID-19. Further, an amount of Rs. 8473.73 Crore has been released to States & UTs.

ECRP is a Central Sector Scheme launched in 2020 for providing support to Primary, Secondary and Tertiary health care facilities. This scheme is aimed at building a resilient health system to support preparedness and prevention functions for the management of the COVID-19 pandemic and any such future outbreaks in India.

Further, to provide support to Central hospitals agencies and to States/UTs Governments to augment their existing response to the second wave and the evolving COVID-19 pandemic, the **ECRP, Phase-II** was approved by the cabinet on 08<sup>th</sup> July 2021 with the financial outlay of Rs.23,123 Crore. The ECRP-II has the Central Sector (CS) and Centrally Sponsored Schemes (CSS) components. An amount of Rs. 12740.22 Crore has been released to States & UTs under CSS component.

The scheme aimed to accelerate health system preparedness for immediate responsiveness for early prevention, detection, and management of COVID-19, with the focus on health infrastructure development including for paediatric care and with measurable outcomes.

(c) and (d) As per constitutional provisions, “Health” is a State subject. It is the responsibility of the respective State/UT Governments to take cognizance of cases of excessive amount being charged by private hospitals while giving treatment and take action to prevent and control such practices.

The Government of India, however, has enacted The Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified Clinical Establishments (Central Government) Rules, 2012 thereunder to provide for registration and regulation of Government (except those of Armed Forces) as well as private hospitals belonging to recognized systems of medicine (i.e. Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha and Unani System of medicines, or any other system of medicine as may be recognised by the Central Government). The States / UTs which have adopted the CE Act are primarily responsible for regulating their hospitals including private hospitals as per provisions of the Act and Rules thereunder to ensure provision

of affordable and quality healthcare to patients. As per the CE Act, 2010, the private hospitals are required to fulfil the conditions of minimum standards of facilities and services, minimum requirement of personnel, maintenance of records and reports and other conditions including ensuring compliance to Standard Treatment Guidelines issued by the Central / State Government and display of rates charged by them at a conspicuous place. This Act is empowered to take actions including imposing penalties in respect of violation of its provisions through a registering authority at District level under the chairmanship of District Collector / District Magistrate.

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