

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

**LOK SABHA
UNSTARRED QUESTION NO. 1956
TO BE ANSWERED ON 06.12.2024**

SHORTAGE OF HEALTHCARE INFRASTRUCTURE

1956. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) whether there is a significant variation in doctor-population ratios across the country, State/districts-wise particularly Haryana, if so, the details thereof and the reasons therefor;
- (b) the manner in which the Government is likely to address the shortage of doctors in States district hospitals and reduce the gap between sanctioned and available doctors;
- (c) the steps taken/proposed to be taken by the Government to fill the 28.7% vacant doctor posts in Haryana and other States, State-wise;
- (d) whether the Government is reconsidering the outsourcing/contractual engagement policies, if so, the details thereof;
- (e) whether the Government is considering to develop a long-term strategy to address healthcare staffing issues;
- (f) the details of the implementation of Indian Public Health Standards (IPHS) norms in the country;
- (g) the manner in which the Government is likely to allocate resources to address healthcare infrastructure shortcomings and ensure equal access to healthcare services across States in the country; and
- (h) whether the Government is planning to increase funding for National Health Mission (NHM) programmes and if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (e) : As per information provided by National Medical Commission (NMC), there are 13,86,145 allopathic doctors registered with the State Medical Councils (SMCs) and the National Medical Commission (NMC) as on November, 2024. Assuming 80% availability of registered allopathic doctors and 6.14 lakh AYUSH doctors, the doctor-population ratio in the country is 1:811, which is better than World Health Organization (WHO) standard of 1:1000.

The State/UT wise list of Doctors registered with State Medical Councils / The Erstwhile Medical Council Of India/ National Medical Commission is at **Annexure-I**.

All the administrative and personnel matters related to health human resource lies with the respective State/UT Governments. Under National Health Mission, Ministry (NHM) of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Under NHM, following types of guidelines for encouraging doctors to practice in rural and remote areas of the country to minimize the gap between supply and demand for doctors:

- Hard area allowance to specialist 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.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(f): The Indian Public Health Standards (IPHS) are essential benchmarks that ensure the delivery of minimum essential services through public healthcare facilities. Developed in 2007 and revised in 2012 and 2022, these standards align with recent public health initiatives and are fundamental to our healthcare system. Ministry of Health and Family Welfare has launched an open-source toolkit (ODK) and a dashboard under Indian Public Health Standards on 28th June 2024 that will aid the national, state and district health facilities in quickly monitoring compliance with respect to Indian Public Health Standards and enable action accordingly. The dashboard provides comprehensive data on various health facilities' assessment and compliance status are available at website of National Health Mission (NHM) at the Uniform Resource Locator (URL) as under:

<https://www.iphs.mohfw.gov.in>

(g): Government of India has launched several schemes to address healthcare infrastructure shortcomings and ensure equal access to healthcare services across States in addition to National Health Mission:

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** envisages increased investments in public health and other health reforms to provide

better access to health in rural areas by i) Strengthening of Health and Wellness Centres in villages and cities for early detection of diseases; ii) Addition of new critical care-related beds at district level hospitals; iii) Support for Block Public Health Units (BPHU) in 11 high focus States; and iv) Integrated district public health laboratories in all districts.

- **The Fifteenth Finance Commission (FC-XV)** has recommended grants through local governments for specific components of the health sector and spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level.
- **The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The Scheme has two components, namely, (i) setting up of all India Institute of Medical Sciences (AIIMS); and (ii) Upgradation of existing Government Medical Collages/ Institution (GMCI)s. So far setting up of 22 new AIIMS (Establishment of One new AIIMS, Raipur in Chhattisgarh) and 75 projects of upgradation of GMCI)s have been approved under the Scheme in various phases. The setting up of AIIMS contains Medical College, Nursing College, Hospital, Trauma Centre, Emergency, Blood Bank, ICU, Diagnostic & Pathology, Research etc. Upgradation of GMCI)s under PMSSY broadly involves construction of Super Specialty Block (SSB) and/ or Trauma Centre/ or other facilities and/ or procurement of medical equipment.
- Under Centrally Sponsored Scheme (CSS), ‘**Establishment of new medical colleges attached with existing district/referral hospitals**’, with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others.

(h): Under, National Health Mission, the financial allocation FY 2024-2025 is Rs.36,000 Cr. and the details of central release for the FY 2021-22 to FY 2023-24 is as under:

(Rs. In Cr.)

Sl. No.	Financial Year	Central Release
1.	2021-22	28,033.63
2.	2022-23	31,195.82
3.	2023-24	33,356.75

Note: The above releases relate to Central Government Grant & do not include State share contribution.

Annexure-I

Annexure referred to in reply to Parts (a) to (e) of Lok Sabha Unstarred Question No. 1956 for 06.12.2024

STATE/ UT-WISE LIST OF DOCTORS POSSESSING RECOGNISED MEDICAL QUALIFICATIONS AND REGISTERED WITH STATE MEDICAL COUNCILS / THE ERSTWHILE MEDICAL COUNCIL OF INDIA/ NATIONAL MEDICAL COMMISSION AS ON NOVEMBER, 2024

SR No.	Name of State Medical Council	Total number of allopathic doctors
1.	Andhra Pradesh Medical Council	105805
2.	Arunachal Pradesh Medical Council	1660
3.	Assam Medical Council	25980
4.	Bihar Medical Council	48200
5.	Chhattisgarh Medical Council	10962
6.	Delhi Medical Council	31481
7.	Goa Medical Council	4720
8.	Gujarat Medical Council	79169
9.	Haryana Medical Council	15714
10.	Himachal Pradesh Medical Council	7296
11.	Jammu & Kashmir Medical Council	18720
12.	Jharkhand Medical Council	8544
13.	Karnataka Medical Council	141155
14.	Madhya Pradesh Medical Council	49730
15.	Maharashtra Medical Council	209540
16.	Erstwhile Medical Council of India	52672
17.	Mizoram Medical Council	156
18.	Nagaland Medical Council	166
19.	Odisha Council of Medical Registration	29792
20.	Punjab Medical Council	53446
21.	Rajasthan Medical Council	49049
22.	Sikkim Medical Council	1880
23.	Tamil Nadu Medical Council	149399
24.	Kerala Medical Council	73070
25.	Uttar Pradesh Medical Council	99737
26.	Uttarakhand Medical Council	10249
27.	West Bengal Medical Council	78759
28.	Tripura Medical Council	2683
29.	Telangana Medical Council	26411
	Grand Total	1386145

Source: The National Medical Commission

Note:- Erstwhile MCI had stopped the registration since 2015.