

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

**LOK SABHA
UNSTARRED QUESTION NO. 4815
TO BE ANSWERED ON 20.03.2026**

BUDGET ALLOCATION FOR THE HEALTH SECTOR

4815. SHRI ANAND BHADAURIA:

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

- (a) the details of the total Union budget allocation for the health sector during 2024-25, 2025-26 and 2026-27, year-wise;
- (b) the details of actual utilisation of the allocated budget for the health sector in comparison to the total Union budget estimates during 2024-25, 2025-26 and 2026-27 till date, year-wise;
- (c) the percentage of Gross Domestic Product (GDP) allocated to the health sector at the budget estimate stage and actually utilised during 2024-25, 2025-26 and 2026-27 till date, year-wise;
- (d) the details of budget allocation for health in G-8 and SAARC countries during the last three years, year-wise and country-wise;
- (e) whether the Government proposes to enhance the health budget of the country in view of the poor health services and infrastructure in rural areas;
- (f) if so, the details thereof; and
- (g) if not, the reasons therefor?

ANSWER

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

(a) to (c): The details of total budget allocation for health sector, actual utilisation for the health sector in comparison to the total union budget estimates and the percentage of Gross Domestic Product (GDP) allocated to the health sector at the budget estimate stage and actually utilised during last three years are given as under:

Ministry of Health & Family Welfare

(Rs. in crore)

Year	Total Union Budget Estimates*	Total GDP of India at current prices	BE Allocation (MoHFW)\$	Actual Expenditure (MoHFW)\$	% of BE Allocation w.r.t GDP	% of Actual Expenditure w.r.t GDP
2024-25	4820512.00	33068145^	90958.63	90684.10	0.28	0.27
2025-26	5065345.00	35713886^	99858.56	85492.76@	0.28	0.24
2026-27	5347315.00	39300393*	106530.42	0	0.27	0.00

* As per Budget at a glance, Document of Ministry of Finance.

URL: <https://www.indiabudget.gov.in/>

^ As per e-Sankhyiki Portal

\$ As per Statement of Budget Estimates

@ Actual Expenditure till 13.03.2026

GDP Estimates with Base Year 2011-12, Source: GDP from Ministry of Statistics and Programme Implementation (MoSPI),

URL i.e. <https://esankhyiki.mospi.gov.in/macroindicators?product=nas>

Total GDP for 2024-25 as per Final Revised Estimates (FRE), Total GDP for 2025-26 Second Advance Estimates (SRE).

(d): As per the latest available National Health Accounts (NHA) 2021-22 estimates and WHO's Global Health Expenditure Database, the Government Health Expenditure (GHE)/ Domestic General Government Health Expenditure (GGHED) as a share of GDP for India, G8 and SAARC countries for 2021 are provided below:

GHE/GGHED in USD Millions

Country Group/Countries	2019	2020	2021
G8			
Canada	1,33,964	1,59,200	1,82,049
France	2,26,834	2,45,130	2,74,412
Germany	3,52,064	3,89,022	4,40,151
Italy	1,27,441	1,38,335	1,50,740
Japan	4,71,410	4,94,175	5,25,161
Russian Federation	58,287	87,764	89,449
United Kingdom	2,26,882	2,74,518	3,18,096
United States of America	18,51,767	22,50,817	22,78,628
SAARC			
Afghanistan	94	239	108
Bangladesh	1,262	1,329	1,610
Bhutan	65	81	61
Maldives	337	340	309
Nepal	378	514	651
Pakistan	2,754	3,054	3,810
Sri Lanka	1,544	1,818	2,003
India	38,560	42,720	58,736

Notes: GGHED values for G8 and SAARC countries in USD Millions are taken from GHED. For India, GHE values are taken from NHA reports and converted to USD Millions using the exchange rate provided in GHED.

(e) to (g): As per National Health Accounts (NHA) estimates, the Government Health Expenditure (GHE) as a share of GDP has increased from 1.13% in 2014-15 to 1.84% in 2021-22. The share of GHE in Total Health Expenditure (THE) has increased from 29.0% in FY 2014-15 to 48.0% in FY 2021-22. Concurrent to this increase in GHE, the share of Out-of

-Pocket Expenditure (OOPE) in THE has declined from 62.6% to 39.4% during the same period. This declining share of OOPE is indicative of increasing access to health services.

Further, the Ministry of Health and Family Welfare (MoHFW) has taken numerous initiatives, aimed at enhancing and expanding healthcare services through Centrally Sponsored Schemes (CSS), Central Sector Schemes, etc. Some of the important programs/schemes of Central Government is NHM, PMJAY, PM-ABHIM, PMSSY, ABDM, National Free Drugs service initiative and Free diagnostic service initiative etc. In order to increase public spending on health, NHP-2017 recommends increasing State sector health spending to > 8% of their budget.

The scheme wise interventions of Department of Health & Family Welfare for enhancing health facilities in underserved rural & Tribal areas are enumerated as below:

1. The National Health Mission provides technical and financial support for improvement in the health Infrastructure, availability of adequate human resources to improve availability and accessibility to quality healthcare especially for the underserved and marginalized groups in rural and tribal areas. Under NHM, need-based intervention in terms of healthcare infrastructure and human resources have been done:

- **Health facility:** The population norms for setting up SHC, PHC and CHC in tribal and hilly areas has been relaxed from 5,000, 30,000, and 1,20,000 to 3000, 20,000 and 80,000 respectively.
- **ASHAs:** The States/ UTs have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in tribal/ hilly and difficult areas.
- **Mobile Medical Units (MMUs):** The provision of 2 MMUs per district in plain areas is relaxed to 4 MMUs per district in tribal/ hilly/ inaccessible/ remote and hard to reach areas. There is further relaxation of up to 10 MMUs per district in PVTG areas under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN). As per MMU portal, 763 MMUs under PM-JANMAN and 155 MMUs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) are operational across the country for providing basic health services in tribal areas till 31.12.2025.
- There is a provision of additional ANM in Multi-Purpose Centre (MPC) with basic drugs and diagnostics facilities under PM JANMAN.

2. More than 1.80 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs), including about 30,817 AAMs (as on 06.02.2026) in 178 tribal districts, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

3. 168 IPHL and 110 CCBs have been approved in the tribal districts under Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) which focus on developing capacities of health systems in responding effectively to the current and future pandemics/disasters.

4. The Centrally Sponsored Scheme (CSS) for '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 is being implemented. 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. Under the Scheme, all the envisaged 157 medical colleges have been approved including 38 colleges in tribal dominated districts across the country. The details of medical colleges approved in tribal areas are attached at **Annexure-I**. Further, the Government has recently approved Phase-III and extension of the CSSs for Strengthening and Upgradation of existing State/Central Government Medical Colleges, Standalone PG Institutes and Government Hospitals for creation of 5000 PG seats and 5023 MBBS seats respectively with an enhanced cost ceiling of Rs. 1.50 crore per seat. Guidelines for implementation of these schemes have been issued in November, 2025, wherein, States/UTs including Uttarakhand have been requested to send the Detailed Project Report with proper Gap Analysis. While sending the proposals, States/UTs have been requested to give priority to the institutes in underserved/rural areas and certain broad specialities. Under the above-mentioned schemes, an amount of Rs. 1524 cr. has been allotted in BE 2026-27 against the RE of Rs. 1475 cr. in 2025-26.

5. There are 4 SCI (State Cancer Institutes)/TCCC (Tertiary Care Cancer Centers) are functional under NP-NCD Tribal dominated Districts.

TRIBAL DISTRICTS UNDER CSS SCHEME

S.No.	State	Districts	Status
1	Arunachal Pradesh	Papum Pare	Functional
2	Assam	Kokrajhar	Functional
3	Bihar	Jamui	Not-Functional
4	Chhattisgarh	Surguja	Functional
5	Chhattisgarh	Kanker	Functional
6	Chhattisgarh	Korba	Functional
7	Chhattisgarh	Mahasamund	Functional
8	Chhattisgarh	Rajnandgaon	Functional
9	Gujarat	Narmada	Functional
10	Gujarat	Navsari	Functional
11	Gujarat	Panchmahal	Functional
12	Himachal Pradesh	Chamba	Functional
13	Ladakh	Leh	Not-Functional
14	Jammu & Kashmir	Rajouri	Functional
15	Jharkhand	Pashchimi- Singhbhum	Not-Functional
16	Jharkhand	Dumka	Functional
17	Jharkhand	Palamu	Functional
18	Jharkhand	Hazaribagh	Functional
19	Madhya Pradesh	Mandla	Not-Functional
20	Madhya Pradesh	Shahdol	Functional
21	Madhya Pradesh	Chhindwara	Functional
22	Madhya Pradesh	Singrauli	Functional
23	Madhya Pradesh	Ratlam	Functional
24	Madhya Pradesh	Khandwa (East Nimar)	Functional
25	Maharashtra	Nandurbar	Functional
26	Manipur	Churachandpur	Functional
27	Meghalaya	West Garo Hills	Not-Functional
28	Mizoram	Aizwal	Functional
29	Nagaland	Mon	Not-Functional
30	Nagaland	Kohima	Functional
31	Odisha	Mayurbhanj	Functional
32	Odisha	Koraput	Functional
33	Odisha	Kalahandi	Functional
34	Rajasthan	Banswara	Functional
35	Rajasthan	Dungarpur	Functional
36	Rajasthan	Sirohi	Functional
37	Rajasthan	Dausa	Functional
38	Sikkim	East District	Not-Functional
