

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

**LOK SABHA
UNSTARRED QUESTION NO.1056
TO BE ANSWERED ON 4TH DECEMBER, 2015**

HEALTH SECTOR

**1056. SHRI SHRIRANG APPA BARNE:
SHRI DHARMENDRA YADAV:
SHRI ADHALRAO PATIL SHIVAJIRAO:
SHRI ANANDRAO ADSUL:**

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

- (a) whether it is a fact that India's health sector needs sufficient attention and the Government has failed to make health a priority;
- (b) if so, whether the Government has failed to make new policies, ideas, any significant public commitment and financial commitment to health sector across the country;
- (c) if so, whether there is a lack of investment in the public health system and growth of an unregulated private sector;
- (d) if so, the reaction of the Government thereto; and
- (e) the corrective steps taken by the Government to meet the country's need in health sector?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) & (b): The focus of the Government is to provide accessible, affordable and accountable healthcare facilities to all sections of the country. Accordingly, Government of India also provides financial assistance to State/UT Governments for supplementing their efforts in this direction as the health is a State subject. The public expenditure on healthcare provisioning has increased from Rs.88,054 crore in 2009-10 to Rs. 1,54,567 crore in 2014-15 (BE) as per Economic Survey 2014-15.

The Government of India has formulated the draft of National Health Policy 2015 in the light of the changes that have taken place in the country's health sector scenario since the formulation of the National Health Policy 2002.

(c) & (d): The public expenditure on health as percentage of GDP stands at 1.2 percent for 2014-15 (BE) as per Economic Survey 2014-15. The Twelfth Five Year Plan envisages increasing total public health funding on core health to 1.87 percent of GDP by the end of the Plan period.

The primary responsibility to regulate the private health care sector rests with the State/UT Governments. The Central Government has enacted the Clinical Establishment

(Registration and Regulation) Act, 2010, to provide a legislative framework for the registration and regulation of clinical establishments in the country and also seeks to improve the quality of health services through the National Council for Standards by prescribing minimum standards of facilities and services which may be provided. The Clinical Establishments Act has, however, been adopted only by the States of Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh, Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Uttarakhand and all Union Territories except Delhi.

Further, the Medical Council of India (MCI) grants recognition of medical qualifications, gives accreditation to medical colleges, grants registration to medical practitioners, and monitors medical practice in India, through the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. Complaints against medical practitioners with regard to professional misconduct fall within the ambit of the Medical Council of India or the concerned State Medical Council, as the case may be.

(e): In order to meet the country's needs in health sector, the Government has taken several steps which inter-alia include:

- Initiatives under the National Health Mission (NHM) for providing free of cost health care in the public health facilities through a nationwide network of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs) in both rural and urban areas. Various programs such as National AYUSH Mission, Rashtriya Kishor Swasthya Karyakram, Rashtriya Bal Swasthya Karyakram, National Deworming day, Weekly Iron Folic Acid supplementation program, Menstrual Hygiene Program, Mission Indradhanush, Kayakalp Abhiyan, Free Drugs and Diagnostic Initiative, Free care for family welfare services, Janani Shishu Suraksha Karyakram (JSSK), free medicines under the various national health programmes like Anti-Malaria and Anti-TB Programmes seek to strengthen various health components.
- Making available tertiary health care services in the public sector through strengthening of hospitals, establishment of AIIMS institutions in the States and up-gradation of existing Government medical colleges across the country.
- Making available quality generic medicines at affordable prices to all, under 'Jan Aushadhi Scheme', in collaboration with the State Governments.
- Rashtriya Swasthya Bima Yojana (RSBY) which provides for smart card based cashless health insurance including maternity benefit on family floater basis

The Government have also taken several steps in the direction of preventive health care, which inter-alia include Universal Immunization of children against seven diseases; Pulse Polio Immunization; Family Planning services; Maternal and Reproductive Health Services; Child Health services that include both home based and facility based New born Care; Adolescent Reproductive and Sexual Health (ARSH) services; Investigation/ screening and treatment for Malaria; Kala-azar, Filariasis, Dengue; Japanese Encephalitis and Chikungunya; Detection and treatment for Tuberculosis including MDR-TB; Detection and treatment for Leprosy; Detection, treatment and counseling for HIV/AIDS; Cataract surgery for Blindness control.

Further, under Rashtriya Bal Swasthya Karyakram (RBSK) support is being provided to States/UTs for child health screening and early intervention services through early detection and

early management of common health conditions classified into 4 Ds i.e. Defects at birth, Diseases, Deficiencies, Development delays including disability. A comprehensive National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) for activities including health promotion, early detection and treatment of Cancer, Diabetes, Cardiovascular diseases and Stroke, has also been initiated.