

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2094  
TO BE ANSWERED ON 29<sup>TH</sup> JULY, 2016**

**HEALTH STATUS OF RURAL POPULATION**

**2094. SHRI P. KUMAR:**

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

- (a) whether about 75 percent of health infrastructure, medical manpower and other health resources are concentrated in urban areas where only 27 percent of the population live;
- (b) if so, the details thereof along with the steps taken to address the problems of rural health both at macro and micro levels;
- (c) whether there is any proposal to revise National Health Policy to address prevailing inequalities and working towards promoting a long term perspective plan, mainly for rural health; and
- (d) if so, the details thereof and if not, the reasons therefor?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)**

- (a) &(b): As per the National Health Profile, 2015, the number of beds in rural hospitals is 183602 as against 492177 beds in urban hospitals.

Public Health being a State subject, the primary responsibility to provide accessible, affordable and quality healthcare to its citizens lies with the State Governments. To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities. The National Rural Health Mission (NRHM) has now been subsumed under the National Health Mission (NHM) as its Sub-Mission, along with National Urban Health Mission (NUHM) as the other Sub-Mission.

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Support under NHM is provided to State/UTs for setting up new facilities and for renovation/upgradation of existing facilities, health human resource on contractual basis, drugs, equipment, diagnostics, Ambulances, Mobile Medical Units etc based on the requirement posed by the States/UTs in their Programme Implementation Plans (PIPs)

The government has already taken steps towards provision of free services for maternal health, child health, adolescent health, family planning, universal immunization programme, and for major diseases such as TB, vector borne diseases such as Malaria, dengue and Kala Azar, leprosy etc. Other major initiatives for which states are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), implementation of National Health Mission Free Drugs Service Initiative and National Health Mission Free Diagnostics Service Initiative, Strengthening District Hospitals and implementation of National Quality Assurance Framework. To address health inequities, 184 High Priority Districts have been identified for enhanced fund allocation and focused attention.

In addition, to attract doctors and specialists in rural areas, monetary incentives such as enhanced remuneration, hard area allowances, government accommodation etc is being provided. The Central Government has also amended the Post Graduate Medical Education Regulations, 2000 to provide:

- (i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas and
  - (j) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
- (c) & (d): The Government has formulated the draft National Health Policy, 2015 which among others recommends setting up of medical colleges in rural areas in addition to realigning pedagogy and curricula to suit rural health needs.

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