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

LOK SABHA
UNSTARRED QUESTION NO. 2289
TO BE ANSWERED ON 31.07.2026

SHORTAGE OF MEDICAL EQUIPMENTS

2289. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

(a) whether the Government has assessed the reasons why Government hospitals continue to face severe shortages of doctors, specialists, nurses, paramedical staff, essential medicines, diagnostic facilities and critical medical equipment despite increased public expenditure and multiple health sector initiatives, if so, the details thereof;
(b) the details of sanctioned and vacant posts of healthcare personnel, availability of essential medicines, ICU beds, diagnostic facilities and critical equipment in Government hospitals in the country during the last five years, State-wise;
(c) whether the Government has evaluated the impact of these shortages on patient care, treatment delays, referral rates, maternal and infant mortality and out-of-pocket healthcare expenditure if so, the details and the findings thereof; and
(d) the specific policy measures, budgetary allocations, accountability mechanisms and timebound roadmap proposed to fill up vacancies, modernise public hospitals and ensure equitable access to affordable, quality healthcare across the country?

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

(a) to (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacant posts lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. States/ UTs to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps.

The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

The details of doctors, specialists, physicians, nurses and paramedical staff in Government hospitals and health centres across the country and their vacancies State/UT-wise can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

This Ministry supports 'Free Diagnostics Service Initiative' programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community, which in turn reduces the Out-of-Pocket Expenditure (OOPE). Diagnostics services are provided free of cost at all levels of public health facilities (14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 test at Sub District Hospitals and 134 tests at District Hospitals).

Under NHM, following types of incentives and honorarium are provided for encouraging doctors, specialists, nurses and paramedical staff to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area, including rural and tribal areas, are given allowances 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.

Monitoring under the National Health Mission (NHM) and PM-ABHIM is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs, regular assessment of performance through the Output–Outcome Monitoring Framework (OOMF). In addition, annual Common Review Missions (CRMs) provide independent, on-ground assessments of programme implementation, health system strengthening, and progress on key indicators, enabling identification of gaps, course correction, and strengthening of accountability at State and District levels.

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