

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:127
ANSWERED ON:14.07.2004
EXPENDITURE ON HEALTH CARE
Surendran Shri Chengara

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

- (a) whether India's health expenditure is very low as compared to average spending on health care;
- (b) if so, the details thereof;
- (c) whether the Government proposes to improve the general health care facilities in an effective way especially in rural areas; and
- (d) if so, the decision proposed to be taken by the Government to raise the public expenditure on health care sector?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 127 FOR 14TH JULY, 2004

(a)&(b): The expenditure on health in India, both per capita and also as a % of GDP, is lower than that of the developed countries but compares reasonably well with that of developing countries. A statement showing these details for a few select countries is annexed.

(c)&(d): Government has been taking various steps to improve the healthcare facilities, especially in rural areas. A vast network of rural health care infrastructure is already available in the country. National disease control programmes are being implemented to control major communicable and non-communicable diseases like Malaria, TB, Leprosy, AIDS, Blindness, Cancer and Mental Health, all over the country. Assistance is being provided to State Governments to strengthen primary health care infrastructure. State Health Systems Projects are presently being implemented with World Bank assistance in seven states to upgrade the health infrastructure and provide quality healthcare services to the people in rural areas. Funds are also being provided under the Pradhan Mantri Gramodaya Yojana for improving the functional status of rural primary health care institutions.

Government is committed to improving the healthcare facilities in the country. The main objective of National Health Policy, 2002, is to achieve an acceptable standard of good health amongst the general population of the country. Overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country. In order to improve primary health care, the policy envisages to increase sectoral outlays in the primary sector from around 48% at present to 55%. The National Common Minimum Programme of the Government envisages raising the public spending on health to atleast 2-3% of GDP over the next five years, with focus on primary healthcare. The steps proposed to be taken include redesigning of the Universal Health Insurance Scheme exclusively for BPL families as also enhancement in premium subsidy; introduction of new Group Health Insurance Scheme for members of Self Health Groups (SHGs) and other Credit Linked Groups (CLGs); and tax benefits for new hospitals with 100 beds or more to be set up in rural areas.

ANNEXURE

**ANNUAL PER CAPITA TOTAL EXPENDITURE ON HEALTH AND TOTAL EXPENDITURE ON HEALTH AS A % OF GDP IN 2001
IN SELECT DEVELOPED AND DEVELOPING COUNTRIES**

Country Annual per capita total Total expenditure on
 expenditure on health at health as % of GDP
 average exchange rate (in US\$)

U.S.A.	4887	13.9
Denmark	2545	8.4
Germany	2412	10.8
France	2109	9.6
Japan	2627	8.0
Canada	2163	9.5
Australia	1741	9.2
U.K.	1835	7.6
Malaysia	143	3.8

Thailand	69	3.7
China	49	5.5
Sri Lanka	30	3.6
India	24	5.1
Pakistan	16	3.9
Bangladesh	12	3.5
Indonesia	16	2.4
Nepal	12	5.2
Afghanistan	8	5.2

Source: The World Health Report, 2004 - "Changing History"