

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

UNSTARRED QUESTION NO:765

ANSWERED ON:12.11.2010

EQUITABLE HEALTH CARE SERVICES

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

- (a) whether India consistently performs below the South-East Asian Region (SEAR) despite comparatively having better density of doctors and nurses and per capita annual expenditure on health care in terms of purchasing power parity;
- (b) if so, the details thereof alongwith the reasons therefor;
- (c) whether there is a gross urban bias in Government expenditure on district hospitals and urban tertiary centres;
- (d) if so, the facts thereof indicating the expenditure made on rural health care services in comparison to urban health care during each of the last three years and the current year;
- (e) the steps taken/proposed by the Government for creating equitable and sustainable health care services in rural areas; and
- (f) the progress made in implementation of the proposed Bachelor of Rural Health Care (BRHC) for the creation of a dedicated cadre of rural health care workers?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) & (b): As per the reports brought out by the World Health Organization (WHO), the indicators of life expectancy at birth and infant mortality rate have been slightly poor for India as compared to the South East Asia Region as a whole. A Statement showing the comparative picture on total expenditure on health, availability of doctors and nurses along with the figures of life expectancy at birth and infant mortality rate is at Annexed. The likely reasons for poor status of health include nutrition levels, access to safe drinking water and sanitation, education levels, poverty, unhealthy lifestyle etc.

(c) & (d): Data on breakup of Government expenditure separately for rural and urban health care facilities including that of district hospitals and urban tertiary centres is not available. However, under the National Rural Health Mission (NRHM) resources are provided to the States / Union Territories to strengthen the Primary Health Care and the expenditure incurred during the last three years and the current year under the Mission is as under:

2007-08: Rs. 7010.07 Crores

2008-09: Rs. 10565.10 Crores

2009-10: Rs. 12424.19 Crores

2010-11: Rs. 1339.89 Crores (Upto 30-09-2010)

(e): The Government of India launched the National Rural Health Mission (NRHM) to support the States / Union Territories in strengthening of health systems, augmentation of human resources, improving referral transport, availability of drugs and equipments etc. so as to provide accessible, affordable and quality health care services to the rural population, especially to the poor and the vulnerable sections of the population.

(f): In order to tackle acute shortage of doctors in rural areas, the Government has been exploring various options including introduction of a three years Bachelor of Rural Health Care course with six months of internship. The proposal received from Medical Council of India(MCI) was examined and certain modifications have been carried out after expert consultations. This requires to be examined by MCI before according formal approval to notify the course.