

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

UNSTARRED QUESTION NO:876

ANSWERED ON:24.07.2015

Healthcare Expenditure

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

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

(a) whether the public expenditure on healthcare in the country is low as compared to other developing and developed countries, if so, the details thereof indicating expenditure on healthcare in terms of GDP for different developing and developed countries;

(b) whether the expenditure on healthcare is declining over the last three years in the country, if so, the details thereof and the reasons therefor indicating the funds earmarked, allocated and spent on healthcare during each of the last three years and the current year;

(c) whether the Government proposes to increase the expenditure on healthcare, if so, the details thereof indicating the policies formulated to ensure effective utilisation of funds for the purpose and if not, the reasons therefor;

(d) whether the Government has taken note of a recent survey which has pointed out that the people are spending far beyond their means to avail healthcare services following which families are being pushed into the debt trap, if so, the details thereof and the reaction of the Government thereto; and

(e) the remedial steps taken/being taken by the Government in this regard?

Answer

(a): A statement showing Public expenditure on health as percentage of GDP in India vis-à-vis select developed/developing countries for 2012, is annexed.

(b): No, as per the Economic Survey, 2014-15, the expenditure by Government (Central and State Governments combined) on health during last three years are as under :

Year Rupees in crore
2012-13 1,23,264
2013-14(RE) 1,46,211
2014-15(BE) 1,54,567

(c): The Twelfth Five Year Plan has targeted to increase the public spending on core health for Centre and States together, to 1.87 per cent of GDP by the end of the Twelfth Plan.

(d): As per the latest survey on Health and Morbidity known as "Social Consumption on Health", conducted during 71st Round (January-June 2014)" by the National Sample Survey Organization (NSSO), Ministry of Statistics and Programme Implementation, the average medical expenditure per hospitalized treatment per ailing person of all quintile class of Usual Monthly Per-capita Consumer Expenditure (UMPCE) during last 365 days stood at Rs. 14,935 and Rs. 24,436 for rural and urban households respectively, while the average medical expenditure per non-hospitalized treatment stood at Rs.509 and Rs. 639 for rural and urban households respectively. About 68 percent of rural households and 75 percent of urban households in all quintile class of UMPCE reported household income/savings as the source of finance for meeting hospitalization expenditure. The data on family being pushed into the debt trap due to hospital expenses far beyond their means, is not available at national level, from official sources.

(e): The steps taken by the Government to provide accessible, affordable and accountable health care facilities to all sections of the people inter-alia include:

• Initiatives under the National Health Mission (NHM) with a view to provide accessible affordable, accountable, effective and quality healthcare services especially to the poor and vulnerable sections of the population. Primary health care in India is provided free of cost in the public health facilities through a nationwide network of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs).

• Free care is provided for family welfare services.

• Janani Shishu Suraksha Karyakaram (JSSK) envisages free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home, for all pregnant women delivering in public health institutions.

â€¢ National Urban Health Mission (NUHM) with focus on primary health care needs of urban population particularly slum dwellers and other marginalized groups.

â€¢ Mainstreaming of Indian System of Medicine and Homeopathy.

â€¢ 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.

â€¢ Making available quality generic medicines at affordable prices to all, under 'Jan Aushadhi Scheme', in collaboration with the State Governments.

â€¢ Rashtriya Swasthya Bima Yojana (RSBY) which provides for smart card based cashless health insurance including maternity benefit on family floater basis to Below Poverty Line (BPL) families (a unit of five) in the unorganized sector.

The Government have also taken several steps in the direction of preventive health care, which inter-alia include Universal Immunization of children against 7 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, Filaria, 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.