

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

UNSTARRED QUESTION NO:2169

ANSWERED ON:05.12.2014

EXPENDITURE IN HEALTHCARE

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

- (a) the per capita annual expenditure incurred under CGHS and NHGM in the country along with their funding pattern;
- (b) whether the expenditure on health sector as percentage of Gross Domestic Product (GDP) is very low in comparison to other developing/developed countries and if so, the details thereof during each of the last three years and the current year along with the reasons therefor;
- (c) the steps taken/being taken by the Government to increase the allocation of funds for health sector;
- (d) whether India is amongst one of the highest Out of Pocket expenses (OoP) incurring country in the world on Healthcare;
- (e) if so, the details thereof and the steps taken/being taken by the Government to reduce these expenses; and
- (f) the schemes/awareness programmes being implemented by the Government for strong and affordable healthcare delivery system particularly in preventive healthcare along with the funds allocated and utilized therefor during each of the last three years and the current year, State/UT-wise?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

- (a): The per capita annual expenditure under CGHS is Rs. 4707/- in 2014-15 based on budget estimates, which is fully funded by the Consolidated Fund of India. The Ministry of Health and Family Welfare does not have any scheme/programme in the name of NHGM.
- (b): A statement showing total expenditure on health as percentage of Gross Domestic Product (GDP) in respect of some select developing /developed countries during 2009, 2010 and 2011, is given at Annexure-I. The reason of low public expenditure on health in India is inter-alia due to constraint in resource availability keeping in view competing demands on the resources of the government.
- (c): As per the 12th Five Year Plan document, total public funding by the Centre and States, plan and non- plan, on core health is envisaged to increase to 1.87 per cent of GDP by the end of the Twelfth Plan. Viewed in the perspective of the broader health sector, the total Government expenditure as a proportion of GDP is envisaged to increase to 3.04 per cent by the end of the Twelfth Plan. The allocation of 12th Five Year Plan for Ministry of Health and Family Welfare has substantially increased to Rs. 30018 crore from 11th Five Year Plan allocation Rs. 140135 crore.
- (d): A statement showing details of Out of Pocket (OoP) expenses on healthcare in India as compared to selected countries is given at Annexure-II.
- (e) & (f): The initiatives taken by Government of India for providing affordable and accessible health care and for reducing Out of Pocket expenses in healthcare in the country 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.
  - # National Urban Health Mission (NUHM) with focus on primary health care needs of urban population particularly slum dwellers and other marginalized groups.
  - # Providing free medicines under the various national health programmes like Anti-Malaria and Anti-TB Programmes.
  - # Mainstreaming of Indian System of Medicine and Homeopathy.

# 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.

# Making available quality generic medicines at affordable prices to all, under 'Jan Aushadhi Campaign', in collaboration with the State Governments.

# Rashtriya Swasthya Bima Yojana (RSBY) which provides for smart card based cashless health insurance including maternity benefit cover of up to Rs. 30,000/- per annum 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, Filariasis, 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.

A Statement showing allocation, release and utilization of major Centrally Sponsored Programmes under National Health Mission during 2011-12, 2012-13, 2013- 14 and current year 2014-15 is at Annexure-III. A statement showing State/UT wise allocation, release and utilization under National Health Mission during last three years and current year is at Annexure-IV.