

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

**LOK SABHA
UNSTARRED QUESTION NO.2768
TO BE ANSWERED ON 12TH March, 2021**

PM ATMA NIRBHAR SWASTH BHARAT YOJANA

**2768. SHRI RAJA AMARESHWARA NAIK:
SHRIMATI JASKAUR MEENA:
SHRI KAUSHALENDRA KUMAR:
SHRI NIHAL CHAND:
SHRI KRIPANATH MALLAH:
SHRI RAJIV RANJAN SINGH ALIAS LALAN SINGH:
KUMARI SHOBHA KARANDLAJE:
SHRIMATI SARMISTHA SETHI:
DR. KALANIDHI VEERASWAMY:
DR. JAYANTA KUMAR ROY:
SHRI BHOLA SINGH:
DR. SUKANTA MAJUMDAR:
SHRIMATI SANGEETA KUMARI SINGH DEO:
SHRI NISITH PRAMANIK:
SHRI RAJVEER SINGH (RAJU BAAIYA):
SHRI VINOD KUMAR SONKAR:**

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

- (a) the time frame and the manner in which the Government has proposed to implement the new centrally sponsored scheme 'PM Atma Nirbhar Swasth Bharat Yojana';
- (b) the salient features and objectives of the said Yojana;
- (c) the targets set to implement the main interventions proposed under the said Yojana along with budget earmarked for the same;
- (d) the manner in which the implementation of the said scheme will boost health infrastructure in the country along with the number of States and districts likely to be covered under it initially ;
- (e) the necessary steps proposed to develop capacities of primary, secondary and tertiary health care systems and to strengthen the existing national institutions; and
- (f) the steps being taken by the Government to spend the 2.5 per cent of GDP on health?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) to (e): In the Budget speech of FY 21-22, '**Prime Minister Atmanirbhar Swasth Bharat Yojana**' (PMASBY) **scheme has been announced** on 1st February, 2021, with an outlay of about Rs.64,180 Cr over six years (till FY 25-26). This will be in addition to the National Health Mission.

The main interventions under the scheme to be achieved by FY 25-26 are:

- i. Support for 17,788 rural Health and Wellness Centres in 10 High Focus States
- ii. Establishing 11,024 urban Health and Wellness Centres in all the States.
- iii. Setting up of Integrated Public Health Labs in all districts and 3382 Block Public Health Units in 11 High Focus states;
- iv. Establishing Critical Care Hospital Blocks in 602 districts and 12 Central Institutions;
- v. Strengthening of the National Centre for Disease Control (NCDC), its 5 regional branches and 20 metropolitan health surveillance units;
- vi. Expansion of the Integrated Health Information Portal to all States/UTs to connect all public health labs;
- vii. Operationalisation of 17 new Public Health Units and strengthening of 33 existing Public Health Units at Points of Entry, that is at 32 Airports, 11 Seaports and 7 land crossings;
- viii. Setting up of 15 Health Emergency Operation Centres and 2 mobile hospitals; and
- ix. Setting up of a national institution for One Health, a Regional Research Platform for WHO South East Asia Region, 9 Bio-Safety Level III laboratories and 4 regional National Institutes for Virology.

The measures under the scheme focus on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters. The PMASBY targets to build an IT enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in Metropolitan areas & strengthening health units at the Points of Entry, for effectively detecting, investigating, preventing and combating Public Health Emergencies and Disease Outbreaks. Increased investments are also targeted to support research on COVID-19 and other infectious diseases, including biomedical research to generate evidence to inform short-term and medium-term response to COVID-19 like pandemics and to develop core capacity to deliver the One Health Approach to prevent, detect, and respond to infectious disease outbreaks in animals and humans.

(f): National Health Policy (NHP), 2017 envisages raising public health expenditure from the existing 1.15% to 2.5% of GDP by 2025 in a time bound manner.