

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

STARRED QUESTION NO:136
ANSWERED ON:10.12.2003
GAP IN HEALTH CARE FACILITIES
RADHA MOHAN SINGH

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

- (a) whether the huge gap between rural and urban areas in terms of health care facilities still persists and a huge per cent of the total population are deprived of adequate health care facilities;
- (b) if so, the reasons therefor; and
- (c) the steps taken by the Government to narrow the aforesaid gap?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE AND PARLIAMENTARY AFFAIRS (SMT. SUSHMA SWARAJ)

(a)to(c): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 136 FOR 10.12.2003

(a)&(b): No Sir. While in urban areas, health facilities are provided through sub-divisional and district hospitals/tertiary level hospitals/medical colleges and institutions, a comprehensive network of rural health infrastructure has also been set up. A progressive improvement in various health indicators over five decades of planned economic development have helped to substantially narrow down the gap across the rural urban divide. A near doubling in the life expectancy over the same period is indicative of improvement in health care facilities for the citizenry at large.

(c) The main objective of the National Health Policy -2002 is to achieve an acceptable standard of good health amongst the general population of the country by establishing new infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. The Policy envisages increasing allocation for the primary health sector from around 48% to 55% of the total public health investment. The Policy also envisages increasing the total health expenditure from 5.2% of GDP, as at present, to 6% of GDP by 2010, with the public health expenditure increasing from the present level of about 0.9% to 2% of GDP during the same time period.

Various steps have been taken by the Government to reduce the rural-urban gap in terms of health care facilities as also for ensuring adequate health care to the total population.

Central Government extends assistance to various States, which are primarily responsible for the provision of preventive, promotive and curative health care services, for the implementation of Centrally Sponsored Health Programmes for control of major diseases like Malaria, TB, Blindness, Leprosy and AIDS. The implementation of the disease control programmes in all the States has brought about a general improvement in various health indicators in the country.

A vast network of rural infrastructure has already been established in the country. Further, to provide quality health care services to the people, especially the rural poor and the under-served, health infrastructure is being upgraded under the State Health System Projects, which are being implemented in select States with World Bank assistance. Assistance is also provided under Prime Minister Gramodaya Yojana for improving the functional status of rural primary health care institutions. Pradhan Mantri Swasthya Suraksha Yojana has been launched for setting up institutions on the pattern of AIIMS in certain under-served States and upgrading existing institutions in certain remaining under-served States/Regions to meet the demand for super speciality health services. A community based universal health insurance scheme has been introduced, in which the Government would contribute Rs.100 per year per family towards the annual premium, so as to ensure the affordability of the scheme to families living below the poverty line.

To improve the availability of doctors in rural areas, some State Governments have already made rural service compulsory before admission to P.G. courses or at the time of initial appointment.