

1	2	3	4	5	6	7	8
23.	Meghalaya	43.04	32.70	44.76	51.27	79.77	36.76
24.	Mizoram	32.67	56.22	37.44	54.26	49.88	37.20
25.	Nagaland	44.75	43.45	56.23	57.65	73.87	44.18
26.	Orissa	387.16	295.07	388.05	334.05	470.19	373.19
27.	Puducherry	4.71	7.14	5.12	7.29	12.04	7.06
28.	Punjab	107.84	111.64	183.03	909.16	359.57	156.37
29.	Rajasthan	360.90	537.65	798.15	909.16	748.95	702.68
30.	Sikkim	34.27	13.39	19.88	50.62	25.80	28.52
31.	Tamil Nadu	546.56	392.74	501.60	534.42	639.14	547.44
32.	Tripura	79.04	38.28	77.58	68.73	111.74	37.40
33.	Uttar Pradesh	1258.77	956.47	1474.91	1546.06	1965.82	1497.63
34.	Uttarakhand	89.20	72.74	98.44	132.48	130.87	67.92
35.	West Bengal	525.23	335.33	539.79	563.75	741.21	493.38
	Other	73.28	12.47	30.18	0.00	42.26	25.11
GRAND TOTAL :		8582.15	7022.54	9658.62	10564.55	11512.81	8182.50

**Public sector investment in healthcare sector**

3484. SHRIMATI SHOBHANA BHARTIA:

SHRI N.K. SINGH:

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

(a) whether Government has recently advocated an increase in public sector investment in the health sector due to the inability of the majority of people to afford private healthcare;

(b) if so, the details thereof;

(c) whether most hilly and rural areas, as well as North Eastern States are equipped with negligible public health services; and

(d) if so, the steps Government proposes to take to boost public sector healthcare in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) The Eleventh Five Year Plan (2007-2012) aims at raising public health spending to at least 2% of the Gross Domestic Product (GDP). In this direction, the public expenditure on health sector, which *inter-alia* includes investment expenditure, increased substantially over the past few years. During the first four years (2007-08 to 2010-11)

of the Eleventh Five Year Plan, the Plan allocation to health sector has increased to Rs. 72731 crore as against an actual expenditure of Rs. 36079 crore in the Tenth Five Year Plan (2002-03 to 2006-07).

(c) and (d) With a view of provide accessible, affordable, accountable, and effective and quality health care services, specially to the poor and vulnerable sections of the population, the Government had launched National Rural Health Mission (NRHM) in the year 2005. While the Mission covers the entire country; it has identified 18 States with weak public health indicators or weak health infrastructure for special attention. These include all hilly and North Eastern States amongst others. In addition, the Government has taken several steps to boost public sector healthcare in the country which inter-alia include:—

- Creation of adequate health facilities, strengthening/up-gradation of health care infrastructure, human resource development etc.
- Implementation of programmes for control of communicable and non-communicable diseases.
- Mainstreaming of Indian System of Medicine and Homeopathy.
- Making available specialized health care services through strengthening of hospitals.

#### **Vaccines at discounted prices for doctors**

3485. SHRI B.K. HARIPRASAD:

PROF. ANIL KUMAR SAHANI:

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

(a) whether a study report has revealed that many vaccine producers are offering vaccines at hugely reduced prices to doctors who in turn charge the full MRP price from the patients;

(b) whether according to the report, the percentage of profit margin ranges from 30 to 69 per cent while in rupee terms the discount over MRP per vaccine dose ranges between Rs. 85.00 to Rs. 620.00;

(c) whether many vaccines require a minimum of three doses and hence the doctors' profit margin could be as high as Rs. 1800.00 per child vaccinated; and

(d) if so, the details thereof and Government reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (d) A study of Dr. Rakesh Lodha of the Department of Paediatrics, AIIMS and Dr. Anurag Bhargav of Jan Swasthya Sahyog in Chhattisgarh, published in a recent issue of the Indian Journal of Medical Ethics, reveals the huge difference in the price of vaccines offered to doctors. The percentage margin between the price of doctors and MRP