

State/UT	Number of High Focus Districts
Orissa	18
Chhattisgarh	16
Jammu and Kashmir	6
Uttarakhand	4
Himachal Pradesh	3
Assam	14
Meghalaya	5
Manipur	4
Tripura	2
Arunachal Pradesh	3
Karnataka	7
Andhra Pradesh	6
West Bengal	6
Gujarat	6
Punjab	4
Maharashtra	3
Haryana	1
Lakshadweep	1
Andaman and Nicobar	1

Universal Health Coverage

3494. SHRI N. K. SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether it is a fact that the Planning Commission had set up a High Level Expert Group on Universal Health Coverage for the Twelfth Five Year Plan;
- (b) if so, the details of recommendations made by the Expert Group;
- (c) the details of recommendations adopted by Government and for those not accepted, the reasons therefor; and

(d) the steps proposed by Government in the Union Budget 2012-13, for provision of Universal Health Coverage?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) Yes.

(b) to (d) The recommendations of the High Level Expert Group (HLEG) on Universal Health Coverage encompass the area of health financing, health services norms, human resources for health, community participation and citizen engagement, access to medicines, vaccines and technology and management and institutional reforms. The recommendations of the HLEG, *inter-alia*, includes :

- (i) Increase public expenditure on health to at least 2.5 percent of GDP by the end of the 12th Plan and to at least 3% of GDP by 2022.
- (ii) Ensure availability of free essential medicines by increasing public spending on drug procurement.
- (iii) Purchase of all health care services under the Universal Health Coverage (UHC) system should be undertaken either directly by the Central and State governments through their Departments of Health or by quasi-governmental autonomous agencies established for the purpose.
- (iv) All government funded insurance schemes should, over time, be integrated with the UHC system. All health insurance cards should, in due course, be replaced by National Health Entitlement Cards. The technical and other capacities developed by the Ministry of Labour for the RSBY should be leveraged as the core of UHC operations – and transferred to the Ministry of Health and Family Welfare.
- (v) Develop a National Health Package that offers, as part of the entitlement of every citizen, essential health services at different levels of the health care delivery system.
- (vi) Reorient health care provision to focus significantly on primary health care.
- (vii) Strengthen District Hospitals.
- (viii) Ensure adequate numbers of trained health care providers and technical health care workers at different levels by (a) giving primacy to the provision of primary health care (b) increasing Human Resources for Health (HRH) density to achieve WHO norms of at least 23 health workers (doctors, nurses, and midwives).
- (ix) Establish District Health Knowledge Institutes (DHKIs).

- (x) Establish the National Council for Human Resources in Health (NCHRH).
- (xi) Transform existing Village Health Committees (or Health and Sanitation Committees) into participatory Health Councils.
- (xii) Ensure the rational use of drugs.
- (xiii) Set up national and state drug supply logistics corporations.
- (xiv) Empower the Ministry of Health and Family Welfare to strengthen the drug regulatory system.
- (xv) Introduce All India and state level Public Health Service Cadres and a specialized state level Health Systems Management Cadre in order to give greater attention to public health and also strengthen the management of the UHC system.
- (xvi) Establishment of National Health Regulatory and Development Authority (NHRDA).
- (xvii) National Drug Regulatory and Development Authority (NDRDA): The main aim of NDRDA should be to regulate pharmaceuticals and medical devices and provide patients access to safe and cost effective products.

The recommendations of the High Level Expert Group (HLEG) are considered by Planning Commission, for formulating the 12th Five Year Plan which has to be approved by the National Development Council (NDC).

Medical facilities in Bihar

†3495. SHRI UPENDRA KUSHWAHA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether it is a fact that the number of hospitals and hospital beds in proportion to its population in Bihar is quite less as compared to those in the country and other major states;
- (b) if so, the details thereof; and
- (c) the measures being taken to improve medical facilities in Bihar?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) to (c) The details of the information regarding the availability of average population served per Government hospital and average population served per Government hospital bed in Bihar and India on the basis of the provisional data compiled by the Central Bureau of Health Intelligence under this Ministry, are given below :

† Original notice of the question was received in Hindi.