

Universal health coverage

4278. SHRI D. BANDYOPADHYAY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has set up a High Level Expert Group on the Universal Health Coverage under the Chairmanship of Dr. Srinath Reddy;
- (b) if so, its main recommendations;
- (c) the steps taken by Government to ensure universal health coverage to realize the principle enunciated by the Bhore Committee in 1946 that no body should be denied access to health services for his inability to pay; and
- (d) the per centage of the Gross Domestic Product is spent on health in India and how does it compare with that in Sri Lanka, China and Thailand?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY) : (a) and (b) Yes. The High Level Expert Group (HLEG) on Universal Health Coverage (UHC) has proposed that every citizen of the country should be entitled to essential primary, secondary and tertiary health care services that will be guaranteed by the Central Government. In order to fulfill this vision, the HLEG in its report, has made specific recommendations in the following six critical areas :

- (i) Health Financing and Financial Protection;
- (ii) Health Service Norms;
- (iii) Human Resources for Health;
- (iv) Community Participation and Citizen Engagement;
- (v) Access to Medicines, Vaccines and Technology;
- (vi) Management and Institutional Reform.

The full report of the HLEG may be seen at:

http://planningcommission.nic.in/reports/genrep/rep_uhc0812.pdf

(c) Health being a State subject, its implementation primarily rests with the State Governments. However, under the National Rural Health Mission (NRHM), the States have been financially and technically supported by the Government through their State Programme Implementation Plans (PIPs) to strengthen the healthcare service system to facilitate universal health coverage through the following means:

1. (i) Janani Suraksha Yojana (JSY), a safe motherhood intervention which aims reduction in maternal and infant mortality by improving the coverage

of institutional delivery among pregnant women by providing cash assistance, (ii) Janani Shishu Suraksha Karyakram (JSSK), a new initiative launched on 1st June 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth;

2. Improved access to healthcare at household level through the female health activist (ASHA);
3. Strengthening sub-centre through better human resource development, clear quality standards, better community support and an untied fund to enable local planning and action and more Multi Purpose Workers (MPWs);
4. Access to good hospital care through assured availability of doctors, drugs and quality services at PHC/ CHC level and assured referral transport system to reach these facilities;
5. Strengthening existing (PHCs) to function as 24x7 PHCs through better staffing and human resource development policy, clear quality standards, better community support and an untied fund to enable the local management committee to achieve these standards;
6. Provision of services as per Indian Public Health Standards (IPHS) through CHCs for improved curative care to a normative standard;
7. Operationalization of First Referral Units to provide emergency obstetric care including cesarean sections;
8. Formulation of transparent policies for deployment and career development of human resource for health;
9. Promotion of public private partnerships for achieving public health goal;
10. Mainstreaming AYUSH - revitalizing local health traditions;
11. Health Day at Anganwadi level on a fixed day/month for provision of immunization, ante/post natal check ups and services related to mother and child health care, including nutrition;
12. Improve access to universal immunization through induction of Auto Disabled Syringes, alternate vaccine delivery and improved mobilization services under the programme;

13. Improved outreach services to medically underserved remote areas through mobile medical units;
14. Grants to Rogi Kalyan Samities so that patients who do not have capacity to pay are not denied access to health;
15. Assistance is being provided under NRHM for State PIPs to provide free drugs of EDL from Public health facilities.

(d) According to the World Health Statistics 2011 published by World Health Organization (WHO), the total expenditure on health as a percentage of Gross Domestic Product (GDP) in 2008 is 4.2% for India as compared to Sri Lanka 4.1%, China 4.3% and Thailand 4.1%.

Vitamin a deficiency in children

4279. SHRI H.K. DUA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of children suffering from Vitamin A deficiency in the country;
- (b) the number of children who lose eye sight every year, due to aforementioned reason; and
- (c) the steps Government is taking to tackle this serious problem?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY) : (a) There is no national level data available for the number of children suffering from Vitamin A deficiency.

As per the report of the survey carried out in 8 states by National Nutrition Monitoring Bureau (in 2006), the overall prevalence of Bitots Spots (an objective sign of Vitamin A deficiency) among 1-5 years children is about 0.8 percent and ranges from nil in the state of Kerala to 1.4 percent in MP.

(b) There are no estimates available on the number of children who lose eyesight on account of Vitamin A deficiency.

(c) Under the National Rural Health Mission, the following health interventions are being implemented to tackle this problem:

- Specific Micronutrient Supplementation Programme to prevent and combat micronutrient deficiencies of vitamin A. Vitamin A supplementation is provided to all children in the age group 6 to 60 months as part of routine immunization. Funds are provided under NRHM for procurement of Vitamin A solution and administration.