

from the Ministry of Health and Family Welfare regularly conduct field visits to the high focus districts.

Rising costs on meeting healthcare needs

1148. SHRI ISHWAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that due to high cost of medicines and healthcare services, a large percentage of the population in the country is being pushed below poverty line;

(b) if so, the details thereof;

(c) whether WHO has also cautioned Government about such situation; and

(d) if so, the steps taken by Government to check the people of this country being pushed below poverty line due to out of pocket spending of their income on medicines?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) According to NSSO 60th round, in 2004 6.2% of total households fell below poverty line as a result of health care expenditure.

(c) Yes.

(d) The main approach to social protection of the population from rising costs of health care is a robust public sector provision of care. Public sector can provide free care in a number of priority areas and highly subsidized care in all other areas. For strengthening public sector, one major effort was the launch of National Rural Health Mission in 2005. The Government has been providing free services under Reproductive and Child Health Programme, Family Planning and National Disease Control Programmes. Further, under NRHM, several initiatives such as Janani Suraksha Yojana (JSY), Janani-Shishu Suraksha Karyakram (JSSK) and Emergency Response Services (108 ambulances), and patient transport services have been introduced. Also, Mobile Medical Units (MMU) are in place in many States to provide healthcare services in un-served and under-served areas.

The second major approach to social protection is in price control of drugs/essential medicines. Government has brought out a list of 348 essential medicines to control out of pocket expenses on drugs which comprises nearly 3/4th of out of pocket expenses. The States have also been supported with financial assistance

under annual State Programme Implementation Plans (PIPs) for free distribution of essential drugs under NRHM.

A third approach to social protection is publicly financed health insurance scheme such as Rashtriya Swasthya Bima Yojana (RSBY), which provides basic health care facilities to the poor and to marginal workers in the unorganized sector.

Increase in geographical spread of dengue

†1149. DR. YOGENDRA P. TRIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether spread of dengue is maximum this year in comparison to the previous years;
- (b) if so, the reasons therefor and the steps being taken by hospitals and doctors to control it;
- (c) whether the number of people suffering from dengue and occurrence of deaths due to dengue are maximum in Maharashtra in comparison to other States;
- (d) if not, the names of States where it has spread maximum; and
- (e) the number of dengue patients, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) Yes. The Dengue cases reported in 2012 (upto 26th November) number 37070 in comparison to 18860 cases in 2011. The number of reported Dengue cases during the last three years and the current year are as below:—

Year	2009	2010	2011	2012 (till 26th Nov.)
Cases	15535	28292	18860	37070

(b) There is no single reason attributable to higher numbers of dengue cases. Dengue is an outbreak prone disease governed by various man-made and environmental factors as under:—

- (i) Unprecedented human population growth;
- (ii) Unplanned and rapid urbanization;

†Original notice of the question was received in Hindi.