Free Health Service

†1344. DR. BHUSHAN LAL JANGDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) by when Government would be able to provide free health service to all citizens of India;

(b) whether it is a fact that in Chhattisgarh generic medicines are being provided, so that, the poor people may get access to affordable and proper treatment; and

(c) an initiative for affordable treatment, had been made at AIIMS, Raipur, whether the same has been actively implemented all over the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The Twelfth Plan seeks to strengthen initiatives taken in the Eleventh Plan to expand the reach of health care and work towards the long term objective of establishing a system of Universal Health Coverage (UHC) in the country for providing assured access to a defined essential range of medicines and treatment entirely free for a large percentage of the population. Several ongoing initiatives like Reproductive and Child Health, Control of Communicable and Non-communicable Diseases, have the features of universal coverage through public health facilities for target population. The steps towards achieving UHC are an incremental process which is linked to the availability of adequate financial resources. This is a process which is envisaged to unfold over two or three Plan period.

(b) As reported by Government of Chhattisgarh, the State Government has started distribution of free generic medicine with effect from 15th August, 2013 to all citizens of Chhattisgarh.

(c) In order to correct regional imbalances in availability and affordability of tertiary healthcare services and to augment facilities for quality medical education in the country, the Government has launched the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Setting up of AIIMS Raipur, apart from AIIMS Bhopal, Bhubaneswar, Jodhpur, Patna and Rishikesh, has been taken up under Phase-I of PMSSY.

Implementation of health schemes

1345. SHRI BHUPENDER YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

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†Original notice of the question was received in Hindi.

(a) the problems faced in implementation of various health schemes which are causing uneven Infant Mortality Rates (IMR) over different States while Kerala, Tamil Nadu and West Bengal have already achieved Millennium Development Goal (MDG) aims, States such as Uttar Pradesh and Rajasthan lag behind them significantly;

(b) the measures being undertaken to remedy the deficient enforcement in the States lagging behind;

(c) the details thereof; and

(d) the status of enforcement of, and achievement in, related MDGs and the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Various reason for problems faced in implementation of Health schemes in certain states and uneven progress in infant mortality rate are as below:

1) Different States started with different levels of infant mortality at the start of NRHM in the year 2005. For example Uttar Pradesh had an IMR of 73 per thousand live births in 2005 compared to 37 per thousand live births in Tamil Nadu.

2) The States like Uttar Pradesh and Rajasthan also suffered from deficiencies like wider gap in infrastructure and availability of skilled human resources. On the other hand States like Tamil Nadu, Kerala did not face such shortages in skilled human resource.

3) Public Health is a state subject and investment by States in health and its social determinants varies across the States.

(b) and (c) To remedy the deficient enforcement in these States, a systematic approach has been undertaken.

1) States with weak health indices are given more weightage during fund allocation.

2) In all States 25% lowest performing districts have been identified as high priority districts based on a composite health index including tribal and LWE affected districts. These districts would receive higher per capita funding, relaxed norms for HR and infrastructure, enhanced monitoring and focussed supportive supervision.

3) States are now incentivised for better performance and achieving efficiency in utilization of allocated funds under NRHM.

4) States are bound by certain conditionalities when fund allocations are approved annually and these are monitored closely for compliance.

(d) India's target is to reduce under five child mortality to less than 30 per 1000 live births by 2015. As per the latest available estimates from the Sample Registration System (SRS) released by the office of Registrar General of India (RGI), the IMR was 42 per 1000 live births in 2012. India has been achieving a consistent decline of 3 points per year during the period 2008-2011 and a further decline of 2 points in 2012.

Technological sophistication for manufacturing sector

1346. SHRI HUSAIN DALWAI: Will the Minister of HEAVY INDUSTRIES AND PUBLIC ENTERPRISES be pleased to state:

(a) whether country's manufacturing sector needs to acquire dynamism and technological sophistication to become one of the leading manufacturers;

(b) if so, the details thereof; and

(c) the steps taken by Government in this regard?

THE MINISTER OF HEAVY INDUSTRIES AND PUBLIC ENTERPRISES (SHRI PRAFUL PATEL): (a) Yes, Sir.

(b) India has been traditionally importing technology as the country lacks global level of competitiveness in product designing and manufacturing. Technology development and product upgradation are critical in attaining global level of competitiveness. Availability of high level technologies has been a constraint on the growth of the Indian manufacturing sector.

(c) The Government has brought out National Manufacturing Policy with a view to increase domestic value addition and technological depth in manufacturing with appropriate policy support to enhance global competitiveness of Indian manufacturing. Measures like financial and institutional mechanisms for technology acquisition and development have been detailed in the Manufacturing Policy. The Policy provides for government procurement to be used as a policy instrument for strengthening manufacturing industry and development of technological competence by putting emphasis on local value addition. A Manufacturing Plan has been prepared in support of technology and depth in manufacturing in the Twelfth Five Year Plan. The Government has encouraged technological sophistication by providing free access to import of technology and allowing 100% Foreign Direct Investment.