- (b) if so, the details thereof and the reasons therefor; and
- (c) the action being taken to provide adequate health and family welfare facilities in these areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) There is no evidence to suggest that health and welfare facilities are less in minority dominated areas in comparison to other areas.

- (b) Question does not arise in view of (a) above.
- (c) National Health Mission (NHM) aims to provide universal access to equitable, affordable and quality health care services. Funding support under NHM is provided to the States/UTs to strengthen their health systems including for creating infrastructure, enhancing human resource for health and strengthening logistics in order to reduce Maternal and Infant Mortality and control of Communicable and Non-Communicable Diseases.

Under National Rural Health Mission (NRHM) special focus has been on 18 High Focus States including 8 Empowered Action Group States.

Further, to ensure equitable health care and to bring about sharper improvements in health outcomes, at least 25% of all districts in each state have been identified as High Priority Districts (HPDs) based on a composite health index. These districts would receive higher per capita funding, enhanced monitoring, focused supportive supervision and have differential planning norms.

If any minority dominated district also has poor health indicators, it would also be included as an HPD and receive higher per capita funding and focused supportive supervision.

Healthcare as a fundamental right

2574. SHRI DEVENDER GOUD T.: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether after Right to Work and Right to Food, the time has come to make Healthcare a fundamental right given the poor state of public healthcare infrastructure in the country;
 - (b) whether any thought has been given to this by Government;

(d) what efforts the Ministry is making to make healthcare a fundamental right?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Any enforcement of health care as a Fundamental Right needs to be seeded in an enabling environment defined *inter-alia* by standard treatment protocols, adequate infrastructure, availability of drugs and standards for diagnostics, so as to provide affordable, accessible, quality health care services to the citizens of the country.

The Government seeks to address the inadequacies in health care infrastructure in the country through its various initiatives under the Twelfth Five Year Plan. To address critical gaps in human resource availability in public health delivery system, the Twelfth Five Year Plan road map focuses *inter-alia* on expansion of medical colleges, nursing colleges and paramedical institutions. The strategic interventions for augmenting human resources during the Twelfth Plan include establishment of new Government medical colleges in underserved areas, scheme to augment doctors and specialists and also provide specialized health care services by strengthening Government medical colleges and Central Government health institutions, establishment of Auxiliary Nurse Midwife and General Nurse Midwife schools in unserved and underserved areas, strengthening and upgradation of nursing institutions and strengthening the cadre of paramedics. The National Health Mission focuses on *inter-alia* improvement in health infrastructure, availability of adequate human resources to man health facilities, to improve availability and accessibility to quality health care especially for the underserved population and marginalized groups in rural areas.

In keeping with the roadmap provided in the Twelfth Five Year Plan strategy, Universal Health Coverage (UHC) pilots are planned by the States. The UHC pilots are a process for understanding the direction towards an enabling environment for the Right to Health Care. At present there is no Act on Right to Health Care under consideration of the Government.

Spending on healthcare sector

2575. SHRIMATI JHARNA DAS BAIDYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total percentage of GDP spent annually on healthcare in the country;