

(b) While health is a State subject, the Central Government supplements the efforts of the State Governments for improving healthcare.

Government of India has launched National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) which is implemented for interventions up to District level under the National Health Mission. NPCDCS has a focus on awareness generation for behaviour and life-style changes, screening and early diagnosis of persons with high level of risk factors and their referral to higher facilities for appropriate management.

Facilities including those for testing and treatment for Diabetes are provided in various Government Institutions. In addition, under NPCDCS, diagnosis and treatment facilities are provided through different levels of healthcare including NCD Clinics located in District Hospitals and Community Health Centres (CHCs).

As per National Pharmaceutical Pricing Authority three Insulin Injections in the strength of 40IU/ml viz., Insulin Injection (Soluble), Intermediate Acting (Lente/NPH Insulin) and Premix insulin 30:70 Injection are included in the Schedule-I of the Drugs Price Control Order (DPCO), 2013 and are under price control. These insulin injections were also under price control under DPCO, 1995 and the ceiling price fixed under the provision of DPCO, 1995 continue to be in force as per the provisions of DPCO, 2013.

Uniform trauma registry

1395. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that standard procedure, the provisions/rules that make the use of Medico Legal Case (MLC) forms mandatory for hospitals in the country who treat injured persons, prevents by stander or passer-by from coming forward to help an injured person;

(b) if so, the reaction of Government thereto;

(c) whether it is also a fact that India does not have a trauma registry, which serves as a repository of data on the incidence, diagnosis, and treatment of acute trauma victims brought to hospitals; and

(d) if so, the steps taken by Government for establishing uniform trauma registry across all States/UTs?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT

PRAKASH NADDA): (a) and (b) Hon'ble Supreme Court vide its order dated 29.10.2014 in case of W.P. No. 235 of 2012 has directed Ministry of Road Transport & Highways and Ministry of Law and Justice to issue the requisite guidelines for protection of Good Samaritans *i.e.* person helping the injured in road accidents in consultation with each other. Accordingly, the Ministry of Road Transport and Highways is seized with the matter.

(c) and (d) National Injury Surveillance Centre has been set up recently at PGIMER, Dr. RML Hospital, New Delhi under Scheme of Capacity Building for developing trauma care facilities in Government hospitals on National Highways. This Injury Surveillance Centre meant for recording data on various parameters of injury/trauma has started functioning.

Expenditure on healthcare services

†1396. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a new health policy is being implemented by Government with a provision of free primary health service and if so, the details thereof;

(b) whether Government expenditure on the health services in the country is very low in comparison to gross domestic product and Government is contemplating to increase this expenditure in the coming years; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA) : (a) The draft National Health Policy 2015 envisages health-care service being built on the bedrock of high quality comprehensive primary health-care services that are universally accessible, that are free and provided as close to where people live and work, as is feasible.

(b) and (c) As per Economic Survey 2014-15, the expenditure by Government (Central and State Government combined) on health as percentage of Gross Domestic Product (GDP) for 2014-15 (BE) is 1.2 per cent. As per Twelfth Five Year Plan document, total public funding by the Centre and States, plan and non-plan, on core health is envisaged to increase to 1.87 per cent of GDP by the end of the Twelfth Plan. When viewed in the perspective of the broader health sector, the total Government expenditure as a proportion of GDP is envisaged to increase to 2.5 per cent by the end of the Twelfth Plan.