Economic costs attributable to tobacco use

1841.SHRI T. RATHINAVEL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the total economic costs attributable to tobacco use in India during 2011 for persons aged 35-60 years amount to ₹1,04,500 crores as per a report by the Public Health Foundation of India, if so, the details thereof; and

(b) whether it is also a fact that as per the said report the number of women tobacco users has increased to 20 per cent in recent years and if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA) : (a) Yes, as per the findings of the study titled "Economic Burden of Tobacco Related Diseases in India" (2014) which was commissioned by Ministry of Health and Family Welfare and conducted by Public Health Foundation of India, the total economic costs attributable to tobacco use from all diseases in India in the year 2011 for persons aged 35-69 amounted to ₹ 1,04,500 crores.

(b) There are no such comparative data available. However, as per the Global Adult Tobacco Survey-India (GATS, 2010) conducted by Ministry of Health and Family Welfare, in the age group of 15 years and above, 20.3 per cent of the females consume tobacco in some form or other.

Cut in spending on healthcare

1842.SHRI RAVI PRAKASH VERMA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has decided to cut spending on healthcare, if so, the reasons therefor;

(b) whether the public health spending in India is well below the WHO recommendation, if so, what is the WHO recommendation thereof;

(c) whether India's spending on healthcare is among the lowest as compared to China and Brazil, if so, the details thereof; and

(d) whether deep cuts in health spending by Government will lead to continued inadequate health services and delays in achieving universal access to healthcare and if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA) : (a) The Central Government's Budgetary allocation for the

Health Sector for the year 2015-16 is ₹ 32068.17 crores as against ₹ 31965.00 crores in 2014-15 (RE). Additionally, as per the recommendations of the XIVth Finance Commission, the tax devolution to States, of 42 per cent of Union's net tax receipts, will allow States greater autonomy in financing and designing of schemes as per their needs.

(b) The WHO has never formally adopted/recommended a target size for the health sector as a share of GDP.

(c) As per World Health Statistics 2014 published by World Health Organization (WHO), General Government expenditure on health as percentage of Gross Domestic Product (GDP) in 2011 for India is 1.19 as compared to China 2.85%, Brazil 4.07%.

(d) Health being a State subject, the Central Government supplements the efforts of the State Governments through financial assistance. The Central allocation of funds for health sector is based *inter-alia* on the availability of resources and competing claims on these resources. An increase growth rate of the economy generates increased resources for funding the health sector.

Appointment of AYUSH doctors in rural areas

†1843. SHRI MOTILAL VORA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is contemplating on the appointment of AYUSH doctors in villages in view of the scarcity of allopathy doctors in the country;

(b) whether it is also a fact that most AYUSH doctors deployed in the rural areas are also conducting allopathy treatment to the patients;

(c) whether Government will also provide training in allopathy to the AYUSH doctors to make them more useful; and

(d) if so, by when the decision will be taken and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA) : (a) Public health being a State subject, appointment of doctors at the primary level is the domain of State Governments. However, under the National Health Mission (NHM), support is available to States/UTs to strengthen their healthcare systems based on requirement posed by States/UTs in their Programme Implementation Plans (PIPs). This could include co-locating AYUSH doctors in public health facilities and posting of suitably trained AYUSH doctors at sub-health centres provided the States so propose in their PIPs.

†Original notice of the question was received in Hindi.