THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) In NFHS-1, the eligibility criterion was ever-married women of age 13-49 years. This was changed to ever-married women of age 15-49 years in NFHS-2. In NFHS-3, the eligibility criterion was expanded by including never-married women aged 15-49 years. Further, men of age 15-54 years were also included in NFHS-3.

(b) No, the sampling design has been the same over NFHS-1, NFHS-2 and NFHS-3.

(c) There has been no fixed time-frame for conducting different rounds of NFHS. The findings of different rounds of NFHS are comparable.

(e) In NFHS-1, ever married women of age 13 and 14 years were included in view of low age at marriage among women. But the percentage of ever married women of age 13 and 14 years was observed to be negligible. Therefore, eligibility criterion for women has been taken as age 15-49 years in all subsequent rounds of NFHS.

Impact of rising cost of healthcare expenditure

2661. SHRI AJAY SANCHETI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per a study conducted by three public health experts of the Public Health Foundation of India (PHFI), Government insurance is forcing the poor to spend more on hospitalisation as compared to unprotected by the insurance scheme, if so, the details thereof;

(b) whether health expenditure is pushing millions of families below the poverty line every year; and

(c) the steps taken by Government to protect the poor from financial impoverishment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per the study "Publicly-Financed Health Insurance Schemes in India: How effective are they in providing Financial Risk Protection? (2014)" conducted by PHFI, it is reported that there had been a steep increase in the inpatient health expenditure (Hospitalisation expenditure) as percentage of total household expenditure from approximately 1.6% in 2004-05 to 2.11% in 2011-12. The study had also indicated that during the year 2011-12 the out of pocket expenditure as a percentage of overall household spending of the poorest quintile was 4.99% as against the 7.89% out of pocket spending of the richest quintile during 2011-12.

The Government funded health insurance programmes aims at improving health outcomes among the poor, and to enhance access and make available essential health care services and thereby reduce households' Out-of-Pocket (OOP) spending on health care. Most of the Government funded health insurance programmes provide for covering hospitalisation expenses.

(b) As per the study "Moving to Universal Coverage? Trends in the Burden of Out-Of-Podket Payments for Health Care across Social Groups in India, 1999-2000 to 2011-12" by Anup Karan, Sakthivel Selvaraj, Ajay Mahal (2014), during 2012 approximately 76% of the households in the poorest quintile reported having an out of pocket payment for healthcare, paying on an average of ₹76 per person per month. This resulted in 10.8% of these households facing catastrophic health expenditures. The percentage of households in the poorest quintile facing catastrophic health expenditures in 2000 was 8.19%. The percentage of households in the richest quintile facing catastrophic health expenditures in 2000 was 21.9% and in 2012 was 27%.

(c) The Government aims at progressive expansion of public health care, by giving primacy to primary health care approach integrated with strengthening and upgradation of the secondary and tertiary health facilities. To reduce Out of Pocket Expenditure (OOPE) in public health facilities, several initiatives such as Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), expansion of Universal Immunisation Programme, free emergency referral services, NHM-Free Drugs Service Initiative and the NHM-Free Diagnostic Service Initiative have been rolled out.

Action against pharma companies for supply of spurious drugs

2662. SHRIMATI SAROJINI HEMBRAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many pharmaceutical companies or drug supplying agencies have been banned or blacklisted or penalised by Government during the last two years in our country for manufacturing, supplying and selling fake/duplicate/very inferior quality of drugs;

(b) the stringent action taken by Government against such agencies/ companies who are playing with the valuable lives of lakhs and crores of people of our Nation; and

(c) whether Government has formulated any strict action plan or guidelines to check supply of such medicines in the market, if so, the details thereof and if not, the reasons therefor?