

Shortage (in number) of doctors and health staff in public health centres in rural areas	2005 (as on 30th September)	2010 (as on 31st March)	2015 (as on 31st March)
Doctors at Primary Health Centres (PHCs)	1004	2433	3002
Specialists at Community Health Centres (CHCs)	6110	11361	17525
Nursing staffs at PHCs and CHCs	13352	13683	12953
Radiographers at CHCs	1176	2724	3406
Pharmacists at PHCs and CHCs	2858	7655	8321
Laboratory technicians at PHCs and CHCs	7226	14225	13691
Health workers (Female)/Auxiliary Nurse Midwife(ANM) at Sub-centres & PHCs	19311	15079	9326
Health workers (Male) at Sub-centres	64211	94337	98027

(c) and (d) Public health being a State subject, the primary responsibility to ensure availability of health human resources in public health facilities lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of health human resources on contractual basis based on the requirements posed by the States/UTs in their Programme Implementation Plans.

Support under NHM is provided for multi-skilling of doctors to overcome the shortage of specialists. Support is also provided to States by giving hard area allowance to health human resources for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas. Also, States are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of health human resources. As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts.

Affordable healthcare services

1791. KUMARI SELJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the average per capita expenditure incurred by Government on health during last two years;

(b) whether it is very low as compared to the developed countries of the world and if so, the details thereof; and

(c) whether the health services in India is becoming expensive day by day, if so, the details thereof and the steps taken or being taken by Government to provide affordable healthcare services to the people, especially the poor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Based on projection of population of India for 2011-2016 by the office of Registrar General of India, the per capita public health expenditure for 2014-15 (RE) and 2015-16 (BE) is approximately estimated at ₹ 1117 and ₹1202 respectively.

(b) Data on per capita Government expenditure on health (PPP Int. \$) in India and some select developed countries, as per the World Health Statistics, 2015 published by World Health Organization, are given in Statement (See below).

(c) As per the publication titled "Health in India - NSS 71st Round (January-June 2014) brought out by the National Sample Survey Office (NSSO), Ministry of Statistics and Programme Implementation, the average total medical expenditure per hospitalization case for all quintile class of Usual Monthly Per-capita Consumer Expenditure (UMPCE) stood at ₹ 14,935 and ₹ 24,436 for rural and urban households respectively, while the average total medical expenditure for non-hospitalized treatment per ailing person of all quintile class of UMPCE stood at ₹509 and ₹ 639 for rural and urban sector respectively.

In order to provide affordable health care services to the people, especially the poor, the Government has taken several steps which *inter alia* include:

- Initiatives under the National Health Mission (NHM) for providing free of cost health care in the public health facilities through a nationwide network of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs) in both rural and urban areas. Various programs such as National AYUSH Mission, Rashtriya Kishor Swasthya Karyakram, Rashtriya Bal Swasthya Karyakram, National Deworming day, Weekly Iron Folic Acid supplementation program, Menstrual Hygiene Programme, Mission Indradhanush, Kayakalp Abhiyan, Free Drugs and Diagnostic Initiative, Free care for family welfare services, Janani Shishu Suraksha Karyakaram (JSSK), free medicines under the various national health programmes like Anti-Malaria and Anti-TB Programmes seek to strengthen various health components.

- Making available tertiary health care services in the public sector through strengthening of hospitals, establishment of AIIMS institutions in the States and upgradation of existing Government medical colleges across the country.
- Making available quality generic medicines at affordable prices to all, under 'Jan Aushadhi Scheme', in collaboration with the State Governments.
- Rashtriya Swasthya Bima Yojana (RSBY) which provides for smart card based cashless health insurance including maternity benefit on family floater basis.

Statement

Data showing per capita Government expenditure on health (PPP Int. \$) in respect of India and some select developed countries

Sl. No.	Name of Country	Per capita Government expenditure on health (PPP Int. \$) 2012
1.	India	60
2.	Australia	2583
3.	Canada	3229
4.	Italy	2438
5.	Japan	2983
6.	Spain	2098
7.	United Kingdom	2716
8.	United States of America	4153

Source: World Health Statistics 2015.

Nationwide trauma registry

1792. KUMARI SELJA:

SHRI HUSAIN DALWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- whether there is an existing nationwide trauma registry to generate reliable data on the magnitude and patterns of injuries caused by road accidents;
- if so, the details thereof;