

- Emphasis on Post Abortion IUCD (PAIUCD) services which helps in decreasing maternal morbidities by averting unwanted pregnancies.
- Emphasis on Minilap Tubectomy due to logistical simplicity with low failure rates.
- Increasing male participation and promotion of Non Scalpel Vasectomy through celebration of Vasectomy fortnight each year (07-14 November).
- Appointing dedicated RMNCH+A counsellors at high case load facilities.
- Scheme for ASHAs to ensure spacing in births: Under the scheme, services of ASHAs are being utilized for counselling newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.
- Operating the 'National Family Planning Indemnity Scheme' (NFPIS) under which clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.

#### **Measures to raise public health expenditure**

2337. SHRIMATI VANDANA CHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per National Health Account estimates for India 2014-15, total health expenditure for India as percentage of GDP is around 3.89 per cent out of which public health expenditure is 1.13 per cent;

(b) if so, year-wise, State-wise, figures for health expenditure and public health expenditure as percentage of GDP since 2014;

(c) whether Government has an action plan to address disparity in public and private health expenditure, if so, the details thereof, if not, the reasons therefor; and

(d) whether Government has an action plan to increase public health expenditure upto 2.5 per cent till 2025, if so, the details thereof, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes.

(b) The latest available National Health Accounts (NHA), that provides healthcare expenditure for India and select States, is for the year 2014-15. A statement showing state-wise total health expenditure and Government health expenditure as percentage of Gross State Domestic Product (GSDP) is given in the Statement (*See below*).

(c) and (d) Government has increased the total public health expenditure (Centre and States) from ₹ 1.49 lakh crore in 2014-15 to ₹ 2.25 lakh crore in 2017-18 (BE) according to Economic Survey 2017-18. Further, the National Health Policy, 2017 envisages raising Government health spending to 2.5% of GDP by 2025 in a time bound manner. It also envisages increasing State sector health spending to more than 8% of their budget by 2020.

**Statement**

*Details of Health Expenditure and Percentage to GSDP*

Sl. No.	States	Total Health Expenditure (% GSDP)	Government Health Expenditure (% GSDP)
1.	Assam	3.3	1.0
2.	Andhra Pradesh	4.3	0.7
3.	Bihar	6.0	1.0
4.	Chhattisgarh	3.6	1.0
5.	Gujarat	2.1	0.7
6.	Haryana	2.2	0.5
7.	Himachal Pradesh	3.0	1.4
8.	Jammu and Kashmir	4.1	1.4
9.	Jharkhand	3.1	0.8
10.	Karnataka	3.0	0.7
11.	Kerala	4.5	0.8
12.	Madhya Pradesh	3.9	1.0
13.	Maharashtra	3.0	0.5
14.	Odisha	4.9	1.0
15.	Punjab	4.1	0.7
16.	Rajasthan	3.5	1.1
17.	Tamil Nadu	2.8	0.7
18.	Uttar Pradesh	6.2	1.2
19.	Uttarakhand	2.6	0.9
20.	Telangana	2.3	0.5