

(d) the number of persons who are unable to afford treatment of severe diseases due to their weak financial conditions and the schemes being run for such people and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) As per National Health Accounts Estimates for India 2014-15, the total health expenditure per capita is estimated to be ₹ 3826.

(b): As per National Health Accounts Estimates for India 2014-15, the current health expenditure attributed to Government Hospitals and Private Hospitals is estimated to be ₹ 64,685 crores (14.3%) and ₹ 1,16,943 crores (25.9%) respectively.

(c) The per capita expenditure on healthcare by Government (Centre and States) for 2017-18(BE) at current prices is estimated to be ₹ 1797.

(d): "Public Health and Hospitals" being a State subject, the primary responsibility for providing affordable health services lies with respective State/UT Governments. Technical and financial support under the National Health Mission (NHM) is being provided to States/UTs for strengthening their health system for provision of universally accessible, affordable and quality healthcare. Support is also provided under Rashtriya Swasthya Bima Yojana, (RSBY) to provide for inpatient care upto ₹ 30,000 per annum per family to all BPL population and 11 other defined categories of unorganized workers. Government of India is also implementing Senior Citizen Health Insurance Scheme (SCHIS) for Senior Citizens of age 60 years and above, with effect from 01.04.2016, as a top up scheme of Rashtriya Swasthya Bima Yojana (RSBY).

Under the Rashtriya Arogya Nidhi (RAN), financial support is provided to patients living below poverty line and to those suffering from major life threatening diseases, to receive medical treatment at any of the super specialty Government Hospitals/Institutes.

#### **Tele Medicine treatment model**

457. SHRI PRASANNA ACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has accepted Tele Medicine as an approved form of treatment;

(b) if so, whether Government has formulated any model for Tele Medicine;

(c) if so, the name of such model and the States which have accepted it and the mechanism to monitor the functioning of the States in this regard;

(d) whether State Government of Odisha has its own model of Tele Medicine or it has taken up any Model approved by Government; and

(e) the extent of implementation of Tele Medicine scheme in Odisha and the pattern of funding by Government?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) Health being a State subject, primary responsibility to provide healthcare services to citizens lies with State/UT governments and each State define its own Telemedicine model based on their State requirements. Under National Health Mission (NHM), financial support is being provided to States/UTs to strengthen and implement their Telemedicine Projects based on the requirements posed by them in Programme Implementation Plan (PIP).

(d) and (e) The Odisha Government funded Telemedicine Network follows the typical Doctor – to – Doctor model of teleconsultation and Doctor – to – Patients model of tele – follow up. A state – wide telemedicine network has been established by the Governments of Odisha which connects all 30 districts of Odisha to 3 Government Medical college Hospitals and to State Institute of Health and Family Welfare, Bhubaneswar. Recently the telemedicine centres have also been established in Regional Cancer Centre and Paediatric Institute both located at Cuttack. These two specialty-end telemedicine nodes are also connected to all districts.

During the year 2017-2018 an e-ICU network has been established linking the district-level ICUs to Central ICUs of Government Medical College Hospitals.

Currently the expenses for all such telemedicine activities are being met from fund provision made by Odisha Government under State plan.

#### **Measures to reduce IMR**

458. SHRIMATI SASIKALA PUSHPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is still struggling to reduce the Infant Mortality Rate (IMR) in the country;

(b) if so, details thereof; and

(c) the steps proposed to be taken by Government in order to reduce Infant Mortality Rate (IMR) in the next five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY) (a) to (c) Infant Mortality Rate (IMR) has declined from 58 per 1000 live births in 2005 to 34 per 1000 live births in 2016 with annual decline of 4.7% in India in comparison to world-wide annual decline of 3.3% during same period (45 per 1000 live births in 2005 to 31 per 1000 live birth in 2016). Further, IMR has declined from 37 per 1000 live births in 2015 to 34 per 1000 live births in 2016 thus marking a decline of 8.1%.

Under National Health Mission, the following interventions are being implemented to reduce Infant Mortality Rate all across the country:—

(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK)