

1	2	3	4	5	6	7
Manipur	55.1	7.4	34.2	13.5	44.9	100
Mizoram	58.7	25.1	24.3	9.2	41.3	100
Tripura	64.5	16.0	36.8	11.7	35.5	100
Meghalaya	47.0	26.7	15.4	4.9	53.0	100
Assam	48.2	6.5	34.9	6.8	51.8	100
Gujarat	25.1	5.9	17.4	1.8	74.9	100
Maharashtra	26.6	2.2	22.8	1.6	73.4	100
Goa	9.7	3.2	5.5	1.0	90.3	100
Andhra Pradesh	20.0	12.8	5.7	1.4	80.0	100
Telangana	17.8	7.7	9.5	0.6	82.2	100
Karnataka	22.8	6.5	14.0	2.3	77.2	100
Kerala	12.7	7.3	3.4	2.0	87.3	100
Tamil Nadu	20.0	9.5	9.5	1.0	80.0	100
Puducherry	11.2	6.4	4.0	0.8	88.8	100

*Note:* The GATS-2 was not conducted in 4 Union Territories viz. Andaman and Nicobar Islands, Lakshadweep, Daman and Diu and Dadra and Nagar Haveli.

### **Regulatory mechanism for controlling healthcare cost and quality**

2972. DR. L. HANUMANTHAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that access and quality of healthcare have reduced whereas cost of care has increased in India; and

(b) whether Government will set up any regulatory mechanism to monitor the cost and quality of India's health system, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Addressing the access to healthcare services has been a priority for the Government. As per Rural Health Statistics (RHS)-2018, number of Sub Centres, Primary Health Centres and Community

Health Centres has been increased since 2005. Details thereof are given in the Statement (See below).

Similarly, a continuous effort is being made for integrating quality as a dimension in healthcare services and a uniform measurement system has been created with the launch of National Quality Assurance Programme (NQAP) in 2013. Under NQAP, Quality Standards have been laid down for all level of public health facilities. As per available information, average quality score of DHs had improved from 62.1% in February, 2017 to 67.3% in November, 2017 and at present, in December, 2018, total Quality score is 69% based on average of 500+ certified district hospitals across 27 States and UTs.

As per article published in the medical journal "The Lancet" based on the Global Burden Disease (GBD) study 2016, India improved its score from 24.7 in 1990 to 41.2 in 2016 in terms of Healthcare Access and Quality (HAQ).

(b) Health is a State subject. The Government of India has, however, enacted the Clinical Establishments (Registration and Regulation) Act, 2010 and notified Clinical Establishment (Central Government) Rules, 2012 for registration and regulation of the Clinical Establishments (both Government and private) with a view to prescribe the minimum standards of facilities and services provided by them. In accordance with the aforesaid Rules, the States/Union Territories where the said Act is in force, the clinical establishments are *inter alia* required to follow Standard Treatment Guidelines (STG) issued by the Central/State Governments, display the rates charged for each type of services provided and facilities available, at a conspicuous place and charge rate for each type of procedure and service within the range of rates determined from time to time in consultation with the State Governments. The National Council for Clinical Establishments has approved a standard list of medical procedures and standard template for costing of medical procedures and shared the same with the States and Union Territories for appropriate action by them.

Also under National Health Mission, institutional framework has been set up at National (Central Quality Supervisory Committee), State (State Quality Assurance Committee), District (District Quality Assurance Committee) and Facility level (District Quality Team) with the roles and responsibilities defined at each level. The broad responsibility of all committees is to oversee the quality assurance activities across the regions in accordance with the National and State's guidelines to ensure regular and accurate reporting of the various key quality indicators.

Under National Quality Assurance Programme, the performance of each level of facility is envisaged to be monitored through reporting of Key Performance Indicators

(KPI). Facilities are incentivised on attainment of the NQAS certified status and maintaining it in subsequent years.

***Statement****Number of SCs, PHCs and CHCs functioning*

Sl. No.	State/UT	2005			2018		
		Sub Centres	PHCs	CHCs	Sub Centres	PHCs	CHCs
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	12522	1570	164	7458	1147	193
2.	Arunachal Pradesh	379	85	31	312	143	63
3.	Assam	5109	610	100	4644	946	172
4.	Bihar	10337	1648	101	9949	1899	150
5.	Chhattisgarh	3818	517	116	5200	793	169
6.	Goa	172	19	5	214	25	4
7.	Gujarat	7274	1070	272	9153	1474	363
8.	Haryana	2433	408	72	2589	368	113
9.	Himachal Pradesh	2068	439	66	2084	576	91
10.	Jammu and Kashmir	1879	334	70	2967	637	84
11.	Jharkhand	4462	561	47	3848	298	171
12.	Karnataka	8143	1681	254	9443	2359	206
13.	Kerala	5094	911	106	5380	849	227
14.	Madhya Pradesh	8874	1192	229	11192	1171	309
15.	Maharashtra	10453	1780	382	10638	1823	361
16.	Manipur	420	72	16	429	91	23
17.	Meghalaya	401	101	24	443	108	28
18.	Mizoram	366	57	9	370	57	9
19.	Nagaland	394	87	21	396	126	21
20.	Odisha	5927	1282	231	6688	1288	377
21.	Punjab	2858	484	116	2950	432	151

1	2	3	4	5	6	7	8
22.	Rajasthan	10512	1713	326	14405	2078	588
23.	Sikkim	147	24	4	147	24	2
24.	Tamil Nadu	8682	1380	35	8712	1421	385
25.	Telangana	-	-	-	4744	643	91
26.	Tripura	539	73	10	1020	108	22
27.	Uttarakhand	1576	225	44	1847	257	67
28.	Uttar Pradesh	20521	3660	386	20521	3621	822
29.	West Bengal	10356	1173	95	10357	913	348
30.	Andaman and Nicobar Islands	107	20	4	123	22	4
31.	Chandigarh	13	0	1	17	0	0
32.	Dadra and Nagar Haveli	38	6	1	71	9	2
33.	Daman and Diu	21	3	1	26	4	2
34.	Delhi	41	8	0	12	5	0
35.	Lakshadweep	14	4	3	14	4	3
36.	Puducherry	76	39	4	54	24	3
TOTAL (ALL INDIA)		146026	23236	3346	158417	25743	5624

*Note:* Telangana came to existence in 2014 after bifurcation of Andhra Pradesh.

### **Regularising services of contractual employees of AIIMS, Bhopal**

†2973. SHRI RAJMANI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of employees working at All India Institute of Medical Science, Bhopal on outsourcing and contract basis since 2013;

(b) the rules under which the provident fund deduction is being made in respect of outsourced employees and the names of companies which were involved in this process till date;

(c) whether a parliamentary group had given directions to regularise the services of these employees while making a tour to AIIMS Bhopal; and

†Original notice of the question was received in Hindi.