

1	2	3	4	5	6	7	8
2.	Chandigarh	-	-	1	12	-	-
3.	Jammu and Kashmir	2	24.00	-	-	-	-
4.	Kerala	1	12.00	1	12	1	15.15
5.	Tamil Nadu	12	169.20	27	323.8	34	285.6
TOTAL		15	205.2	29	347.8	36	313.65

#### Central loan to be paid by Punjab

\*320. SARDAR SUKHDEV SINGH DHINDSA: Will the Minister of FINANCE be pleased to state:

(a) the total central loan yet to be paid by the Punjab State Government as on date including interest;

(b) whether State Government of Punjab has time and again requested the Union Government to waive off the loans taken due to different reasons; and

(c) if so, the details thereof?

THE MINISTER OF FINANCE (SHRIMATI NIRMALA SITHARAMAN): (a) As gleaned from audited State Finance Accounts of Punjab for the year 2017-18, the total central loan yet to be paid by the Punjab State Government as on 31st March 2018 is ₹ 4018.23 crore.

(b) and (c) No. There is no request pending with the Ministry of Finance for waiving off the Central Loan yet to be paid. However, the State Government of Punjab requested this Ministry to waive off the special term loan (STL) of ₹ 5799.92 crore given during 1984-85 to 1993-94 for combating insurgency and militancy. Out of this, the State Government of Punjab had repaid ₹ 771.24 crore and the balance amount of ₹ 5028.68 crore was waived off by the Government of India over a period of time.

#### Strengthening primary healthcare system

\*321. SHRI SANJAY SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that maximising the efficiency of primary healthcare centres will result in a significant saving in funds;

(b) if so, the steps proposed to be taken to strengthen the primary healthcare in India;

(c) whether there are any studies to gauge the efficiency of the primary healthcare centres in India; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN):

(a) Evidence from across the world shows that the countries that have strong primary health care systems have lower costs of care and lower inequalities and hence, maximising the efficiency and effectiveness of primary healthcare centres will result in better health outcomes. A Report and Recommendation of National Consultation on “Strengthening Primary Health Care in Rural India” held from 26- 29 April, 2018, New Delhi emphasised that increasing the utilization of Primary Health Centres and maintaining the primacy of primary health care would help in reducing expenditure by reducing unnecessary referrals.

(b) “Public Health and Hospital” being a State subject, the primary responsibility to strengthen the primary healthcare in the States/UTs lies with respective State Governments. However, under National Health Mission (NHM), financial and technical support is provided to States/UTs for strengthening their healthcare services with a focus on primary health care based on the proposals received from them.

The National Health Policy, 2017 envisages as its goal the attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery. The Policy envisages raising the public health expenditure to 2.5% of GDP in a time bound manner by 2025, of which, two third is envisaged to be allocated for the primary healthcare.

In alignment with the goals under NHP 2017, the Government announced the ambitious and holistic Ayushman Bharat programme with its twin pillars of Health and Wellness Centres and the Pradhan Mantri Jan Arogya Yojana (PMJAY). The Ayushman Bharat-Health and Wellness Centres (AB-HWCs) envisage provision of comprehensive primary care that includes preventive healthcare and health promotion at the community

level with continuum of care approach for all. Services at AB-HWCs are free and universal to all individuals residing in the service area. The target is to transform the 1,50,000 Sub-Health Centres and Primary Health Centres into AB-HWCs by December, 2022.

The AB-HWCs seek to provide an expanded range of services to include care for Non Communicable Diseases (NCDs) including universal screening and management of 30 plus population for common NCDs, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma as well as Health promotion and wellness activities like Yoga apart from services already being provided for Maternal and Child Health including immunization, and communicable diseases.

The Sub-centre level AB-HWCs are to have Community Health Officers. All the AB-HWCs are expected to have the telemedicine facility, provision of essential drugs and diagnostics free of cost, robust IT backbone to facilitate continuum of care, and performance linked payment systems.

Under Free Drugs & Diagnostics Service Initiatives of NHM, financial support is provided to States / UTs for provision of free essential medicines & diagnostics in public health facilities based on the requirements posed by them in their Programme Implementation Plans (PIPs).

(c) and (d) In a pilot study on Universal Health Coverage (UHC) in three blocks of Tamil Nadu by Centre for Technology and Policy, Department of Humanities and Social Studies, Indian Institute of Technology (IIT) Madras in 2018, the study concluded that the UHC pilot has brought about a 'significant change' in improving access to primary care at sub centre level; a dramatic fall in the overall dependence on private providers, particularly those seeking care from private hospitals; a substantial fall in the out of pocket expenditure among those seeking outpatient care from both public and private provider; and significant decline in per capita public expenditure per Out Patient visit when primary care is provided at sub health centre level, thus, resulting in enormous savings for the government expenditure, when patients move away from PHC/CHC/DH to sub health centres.

#### **Working group to review core investment companies**

\*322 . SHRI R. VAITHILINGAM: Will the Minister of FINANCE be pleased to state: