

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA  
UNSTARRED QUESTION NO. 2053  
TO BE ANSWERED ON 18.03.2025**

**STRATEGIES TO ACHIEVE UNIVERSAL HEALTH COVERAGE IN THE COUNTRY**

**2053: SMT RENUKA CHOWDHURY:**

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

- (a) the current ratio of community health workers to population across the country;
- (b) the steps taken to improve the manpower count in health governance at the district and state levels and the guidelines/monitoring issued by the Union Government for the same; and
- (c) whether Government is considering a legislation to provide health entitlement for all citizens of the country, as proposed by several quarters, if so, the details thereof?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI PRATAPRAO JADHAV)**

(a): The details of community health workers in India are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under: <https://nhm.gov.in/index4.php?lang=1&level=0&linkid=457&lid=686>

(b): The primary responsibility of strengthening public healthcare system, including improving the manpower count in health governance lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors to practice in rural and underserved areas of the country:

- Hard area allowance to specialist doctors 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.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(c): The National Health Policy (NHP) formulated in 2017 envisages to provide universal access to good quality healthcare services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity. The policy envisages as its goal the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without anyone having to face financial hardship as a consequence. The Policy is centered on the key principles of Equity; Affordability; Universality; Patient Centeredness & Quality of care; accountability; Inclusive partnerships; Pluralism and decentralization. The NHP also envisages raising health expenditure by Government to 2.5% of GDP in a time bound manner i.e. 2025.

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 Cr beneficiaries corresponding to 12.37 Crore families constituting economically vulnerable bottom 40% of India’s population. Recently, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status under AB PM-JAY with Vay Vandana Card.

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