

Expenditure on Public Healthcare

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As per Economic Survey 2016-17, the expenditure by Government (Central and State Governments combined) on health as percentage of Gross Domestic Product (GDP) for 2016-17 (BE) was 1.4 per cent.

A statement showing public expenditure on health as percentage of Gross Domestic Product in India vis-à-vis select developing countries for 2012 is given below:

Statement showing Public expenditure on health as percentage of Gross Domestic Product (GDP) in respect of some select developing countries.

S/No.	Name of Country	Public expenditure on health as percentage of GDP - 2012
1	Bangladesh	1.12
2	China	3.02
3	India	1.16
4	Indonesia	1.19
5	Kuwait	2.15
6	Malaysia	2.21
7	Oman	2.17
8	Pakistan	1.03
9	Peru	2.86
10	Sri Lanka	1.21
11	Thailand	3.58

Source: World Health Statistics 2015 published by World Health Organization

A statement showing allocation of funds to States/UTs under National Health Mission by Central Government for last three years is given below:

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year	Allocation of fund (RE) (Rs. in crore)	Release/Central Expenditure (Rs. in crore)
2013-14	18,100.00	18,215.44*
2014-15	17,627.82	18,037.99*
2015-16	18,295.00	18,282.40

Note: * Additional releases were made due to savings under different schemes of Department of Health and Family Welfare.

A statement indicating the ratio of Allopathic doctors, AYUSH doctors, Dental Surgeon and average population served by them, is given below:

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S/No.	Doctors registered in National Councils	Population served per doctor/dental surgeon
1.	Allopathic Doctors	1305.95
2.	AYUSH Doctors	1684.23
3.	Dental Surgeon	8018.48

Source: National Health Profile 2016, published by Central Bureau of Health Intelligence, Ministry of Health and Family Welfare

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The Government has taken a number of measures in order to increase the availability of doctors and to bridge the gap between the number of doctors and patient which includes:

- § Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- § Enhancement of maximum intake capacity at MBBS level from 150 to 250.
- § Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.
- § Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.
- § Strengthening/upgradation of State Government/Central Government Medical Colleges to increase MBBS seats.
- § Enhancement of age limit for appointment/extension/re-employment against posts of teachers/ dean/ principal/director in medical colleges from 65 to 70 years.

The 12th Plan has studied the Universal Health Coverage (UHC) models practiced/prevalent across countries, including the Sri Lanka model, wherein, the Sri Lanka model is tax financed and Government operated. Outpatient services are provided through public providers. Secondary and Tertiary care services are provided by both public and private providers. In-patient service payment is through Fee for Service for Public Hospital and Capitation for Private Hospitals.

The Minister of State (Health and Family Welfare), SmtAnupriya Patel stated this in a written reply in the Rajya Sabha here today.

MV/LK

