

# Demand for Grants 2023-24 Analysis

## Health and Family Welfare

The Covid-19 pandemic has acutely highlighted issues in the Indian public health system and the extent to which it can respond to public health crises. Where health refers to physical, mental, and social well-being, public health refers to the measures to maintain health at the scale of a society or state.<sup>1</sup> In India, states bear the responsibility for public health and sanitation, including hospitals and clinics. The Ministry of Health and Family Welfare broadly takes responsibility for formulating policy for public health. It provides administrative and financial support to states to operate public health facilities and infrastructure, and to deal with specific health issues, such as maternal health and nutrition. It also establishes and runs medical Institutes of National Importance such as AIIMS as well as establishments in union territories including Delhi.

The Ministry comprises (i) the Department of Health and Family Welfare, which is responsible for implementing public health schemes and regulating medical education, and (ii) the Department of Health Research which is responsible for conducting medical research.<sup>2</sup> The Department of Health and Family Welfare administers the National Health Mission, which receives the largest share of the Ministry’s budget and includes transfers of funds to states for specific purposes such as strengthening health infrastructure. Other transfers to states include funding for human resources, medical education, and the Covid-19 vaccination. Transfers to states also include transfers as per the recommendations of the 15<sup>th</sup> Finance Commission (more than one lakh crore rupees for improving primary health infrastructure).

One of the key issues with the health sector in India has been the low investment in primary healthcare. This has resulted in inadequate health infrastructure including human resources, and slow improvement in key health indicators. The lack of public healthcare infrastructure has led people to use private health services more, and that has increased the financial burden on citizens. This note examines the budget of the Ministry of Health and Family Welfare along with the key financing issues in the health sector in India.

### Overview of finances

In 2023-24, the Ministry of Health and Family Welfare has been allocated Rs 89,155 crore.<sup>3</sup> This is an increase of 13% over revised estimates for 2022-23. The **Department of Health and Family Welfare** has been allocated Rs 86,175 crore, which accounts for 97% of the Ministry’s expenditure. The **Department of Health Research** has been allocated Rs 2,980 crore.

### Budget Speech Highlights, 2023-24

The Finance Minister, Ms. Nirmala Sitharaman, made the following announcements in her budget speech:

- New nursing colleges will be established, co-located with 157 recently-established medical colleges.
- A Mission to eliminate sickle cell anaemia by 2047 will be launched in 2023-24, involving screening of seven crore people.
- Facilities in select ICMR Labs will be made available for research by public and private medical college faculty and the private sector.

**Table 1: Budget allocation for the Ministry of Health and Family Welfare (Rs crore)**

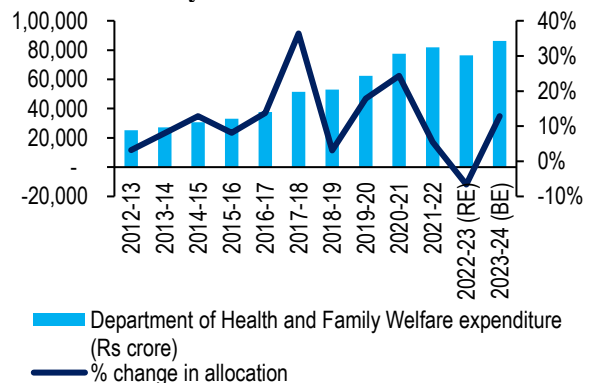
	2021-22 Actuals	2022- 23 RE	2023- 24 BE	% change 22-23 RE to 23-24 BE
<b>Health &amp; Family Welfare</b>	81,780	76,370	86,175	12.8%
<b>Health Research</b>	2,691	2,775	2,980	7.4%
<b>Total</b>	<b>84,470</b>	<b>79,145</b>	<b>89,155</b>	<b>12.6%</b>

Note: BE – Budget Estimate; RE – Revised Estimate.

Sources: Demand Numbers 46 and 47, Expenditure Budget 2022-23; PRS.

Between 2012-13 and 2023-24, allocation towards the Department of Health and Family Welfare has increased at an annual average rate of 12%. The allocation increased from Rs 25,133 crore in 2012-13 to Rs 86,175 crore in 2023-24 (see Figure 1).

**Figure 1: Trends in allocation to the Department of Health and Family Welfare over time**



Note: BE – Budget Estimate; RE – Revised Estimate; For 2023-24, the % change in allocation is 2023-24 BE over 2022-23 RE.

Sources: Union Budgets, 2006-07 to 2021-22; PRS.

In 2023-24, 33% of the Ministry’s budget has been allocated towards the National Health Mission (see Table 2). The next highest allocation, at 19%, is towards the regulatory and autonomous bodies, at Rs 17,323 crore. Allocation towards the insurance scheme, PMJAY, is estimated at Rs 7,200 crore, which is 12% more than the revised estimate for 2022-23.

Allocation towards PM ABHIM, which seeks to create primary health infrastructure, increased from Rs 1,885 crore in 2022-23 RE to Rs 4,200 crore in 2023-24 BE (an increase of 123%). PMSSY is a scheme for the establishment of new AIIMS and the upgrading of Government Medical Colleges across states. Allocation for PMSSY has is Rs 3,365 crore in 2023-24 BE. In addition, a head has been created for new AIIMS, under which Rs 6,835 crore has been allocated. Together, they amount to a total of Rs 10,200 crore. This is a 23% increase from revised estimates for 2022,23 (Rs 8,270 crore). Expenditure towards COVID-19-related measures under the Department of Health and Family Welfare has been reduced from Rs 16,445 crore in 2021-22 to Rs 497 crore in 2023-24 BE.

**Table 2: Main heads of expenditure (Rs Crore)**

	2021-22 Actuals	2022- 23 RE	2023- 24 BE	% change (22-23 RE to 23-24 BE)
National Health Mission (total)	27,448	28,974	29,085	0%
AIIMS, PGIMER, JIMPER, and other autonomous bodies	8,459	10,348	17,323	67%
PMJAY	3,116	6,412	7,200	12%
New AIIMS			6,835	
PM ABHIM	761	2,167	4,846	124%
PMSSY	9,270	8,270	3,365	-59%
CGHS	2,741	4,640	3,846	-17%
National AIDS and STD Control Programme	2,126	2,182	3,080	41%
ICMR	1,841	2,117	2,360	11%
Family Welfare Schemes	300	474	517	9%
COVID-19	16,445	228	497	118%
National Digital Health Mission	28	140	341	144%
Others	11,936	13,193	16,696	27%
<b>Total</b>	<b>84,470</b>	<b>79,145</b>	<b>89,155</b>	

Note: Expenditure on COVID includes allocation towards both phases of COVID-19 emergency response, vaccination of healthcare and frontline workers, insurance for healthcare workers, and procurement of COVID-19 testing kits; BE - Budget Estimate; RE - Revised Estimates; AIIMS – All India Institute of Medical Sciences (New Delhi); ICMR – Indian Council of Medical Research; CGHS – Central Government Health Scheme; PMJAY – Pradhan Mantri Jan Arogya Yojana; PMSSY – Pradhan Mantri Swasthya Suraksha Yojana; PM ABHIM – Pradhan Mantri Ayushman Bharat Health Infrastructure Mission.

Sources: Demand Number 46 and 47, Expenditure Budget 2023-24; PRS.

### Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN) and Health and Education Cess

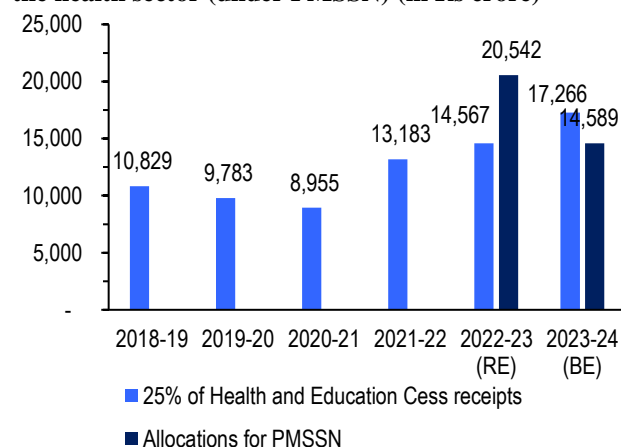
The 4% Health and Education Cess on income was introduced in 2018-19. In reports on years 2018-19 and 2019-20, the Comptroller and Auditor General (CAG) had observed that although the Cess had been created, the principles for allocating this amount towards the health sector had not been specified, and no dedicated fund had been created to receive monies for this purpose.<sup>4,5</sup> From 2021-22, collections under this cess that are earmarked for healthcare are credited to a dedicated non-lapsable fund, the Pradhan Mantri

### Swasthya Suraksha Nidhi (PMSSN).<sup>6</sup>

In 2023-24, Rs 14,589 crore will be transferred to the PMSSN (from the cess collections). This is 29% lower than the amount transferred in 2022-23 RE. However, collections under the cess are estimated to increase by 19% in the same period (to Rs 69,063 crore).<sup>7</sup> Funds from PMSSN will be spent on the National Health Mission and PMJAY.<sup>8</sup>

The Ministry of Finance had stated that 25% of the funds collected through this cess will be used for health schemes.<sup>9</sup> In 2023-24, the amount estimated to be transferred to the PMSSN is lower than 25% of the total receipts through the cess (by Rs 2,677 crore). However, as per the revised estimates for 2022-23, the amount transferred to PMSSN is higher than the 25% share of cess collections in that year.

**Figure 2: Health and Education Cess receipts (25% to be used for health schemes) and allocation towards the health sector (under PMSSN) (in Rs crore)**



Sources: Tax Revenue, Receipt Budget 2023-24; Demand Number 46, Expenditure Budget 2023-24; PRS.

### Issues to consider

#### Allocations fall short of health policy targets

Insufficient investment in public health infrastructure can have negative consequences on access to healthcare, and consequently on health indicators. The National Health Policy, 2017 proposed that the overall government expenditure on public health (central and governments combined) should be at 2.5% of GDP.<sup>10</sup> As per the Economic Survey 2022-23, the overall public health expenditure was at 1.6% of GDP in 2020-21 (actuals) and estimated at 2.1% of GDP in 2022-23 (BE).<sup>11</sup>

As per the National Health Accounts, in 2018-19, 4.8% of the expenditure of general government (total of central and state governments) was allocated towards healthcare.<sup>12</sup> The WHO has noted that India's allocation towards health in 2018-19 was low compared to other countries such as Malaysia (8.5%), Russia (10.2%), Brazil (10.5%), and South Africa (15.3%).<sup>13</sup> This figure is much higher in developed economies, such as the United Kingdom (19.7%), the United States of America (22.4%), and Germany (20.1%).

The estimated expenditure of the Department of Health and Family Welfare in 2023-24 is Rs 86,175 crore,

approximately 2% of total central government expenditure for 2023-24. This is an increase of 13% over the revised estimates for 2022-23.

### **Primary healthcare infrastructure needs more improvement**

Primary healthcare encompasses the treatment of common health issues, providing essential drugs, maternal and child care, immunisation, and other preventive measures.<sup>14</sup> Assuring free, comprehensive primary care is a key objective of the National Health Policy (2017).<sup>10</sup> Effective primary healthcare can prevent or pre-empt the occurrence of more serious health issues, meaning that overall health outcomes can be improved significantly through investing in primary healthcare.<sup>15</sup>

Primary healthcare is provided by states through a three-tiered system, consisting of Sub-Centres (SCs), Primary Healthcare Centres (PHCs), and Community Healthcare Centres (CHCs).<sup>16</sup> As of March 31, 2022, there were 1,61,829 SCs, 31,053 PHCs, and 6,064 CHCs across India.<sup>16</sup> Each tier is subject to upper thresholds for population coverage as per the Indian Public Health Standards (IPHS), 2022.<sup>17,18</sup> As per the Rural Health Statistics 2021-22, while the population covered by the SCs centres has improved, it worsened in PHCs and CHCs. The numbers of all three types of centres that are currently operational fall short of targets based on these thresholds; SCs have a shortfall of 25%, PHCs of 31%, and CHCs of 36%. While the number of centres has increased, this increase has not kept pace with projected population growth.

**Table 3: Population coverage of primary healthcare system**

	Target	2020-21 coverage	2021-22 coverage	% change
<b>SCs</b>	5,000	5,734	5,691	-0.7%
<b>PHCs</b>	30,000	35,602	36,049	1.3%
<b>CHCs</b>	1,20,000	1,63,298	1,64,027	0.4%

Source: Rural Health Statistics 2021-22, 2020-21; PRS

In the union budget 2017-18, it was announced that 1.5 lakh SCs and PHCs will be transformed into Health and Wellness Centres (HWCs) by December 2022. The National Health Policy, 2017 set a goal of creating HWCs which will provide an extended range of primary care services.<sup>10</sup> These would include geriatric health care, palliative care, and rehabilitative services. As on February 16, 2023, 1.6 lakh Health and Wellness Centres are operational across the country.<sup>19</sup>

### **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM ABHIM)**

Under PM ABHIM, financial support is provided to states to expand comprehensive primary health care.<sup>20</sup> This includes setting up 17,788 HWCs at the SC level in rural areas, and 11,244 HWCs in urban areas. In addition, the Mission supports the creation of 3,382 block public health units, public health laboratories in all districts, and critical care blocks in all districts with a population greater than 5 lakh.<sup>21</sup>

The scheme has a planned total outlay of Rs 64,180

crore from 2021-22 to 2025-26.<sup>22</sup> A portion of funds for PM ABHIM is transferred to states, the Centrally Sponsored Scheme component.<sup>20</sup> Another portion, the Central Sector component, is used directly by the Department of Health and Family Welfare to establish health facilities such as critical care blocks.<sup>20</sup> In 2023-24, the Centrally Sponsored Scheme component has been allocated Rs 4,200 crore, a 123% increase from the revised estimates for 2022-23 (Rs 1,885 crore). In 2022-23, allocation to this component has been decreased by 55% from Rs 4,177 crore at the budget stage to Rs 1,885 crore at the revised stage. The decline between these stages is even more steep for the Central Sector portion, which was revised to Rs 282 crore from Rs 979 crore – a decline of 71%. This indicates a lack of ability to utilise funds properly.

The lack of public healthcare infrastructure also pushes people towards private healthcare systems. Data from 2017-18 collected in the 75<sup>th</sup> round of the National Sample Survey shows that 42.5% of ailments are treated in private clinics, and 23.3% in private hospitals.<sup>23</sup> Private healthcare tends to be more expensive and increased the financial burden on individuals (discussed in detail on page 4).

### **Funding for the National Health Mission has declined in real terms**

The Department of Health and Family Welfare supports states in providing primary healthcare through the National Health Mission (NHM). The NHM consists of two sub-missions, the National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). Under NHM, funding is provided for specific public health schemes directed at achieving specific health outcomes, such as reduction in maternal and infant mortality rates, reduction in out-of-pocket expenditure (OOPE) on healthcare, and reduction in the prevalence of diseases such as malaria and kala azar. States are given the flexibility to choose how funds are utilised, within guidelines. The National Rural Health Mission includes programmes such as Reproductive, Maternal, Newborn, Child Health and Adolescent (RMNCH+A) Services, under which maternal and neo-natal health are provided, as well as immunisation and health services for children and adolescents. Other components include strengthening of states' health systems in terms of infrastructure and human resources, and implementing programmes for communicable and non-communicable diseases.

In March 2022, the Standing Committee on Health and Family Welfare recommended increasing allocation towards the NHM given its high rate of utilisation and considering its importance in increasing access to primary healthcare.<sup>28</sup> The Committee recommended substantially increasing allocations at the revised estimates stage of 2022-23. However, as per the revised estimates for 2022-23, the allocation has been increased by a mere 0.4% (Rs 29,085 crore). In the context of projected 6.4% real GDP growth, this is effectively a decline in expenditure. 76% of this amount has been allocated towards the Flexible Pool for RCH & Health System Strengthening under both NRHM and NUHM

(Rs 22,095 crore). 23% is allocated for infrastructure maintenance (Rs 6,798 crore).

### Under-investment in primary healthcare affects health outcomes

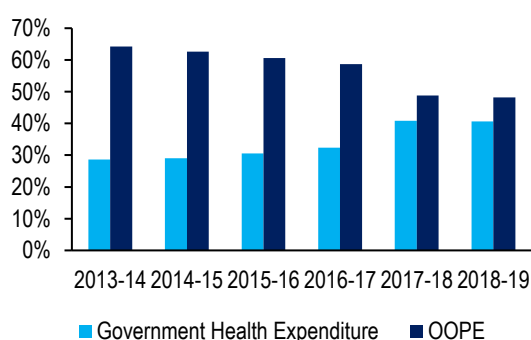
Schemes such as the NHM have set targets for these indicators such as Infant Mortality Rate (IMR) and the prevalence of anaemia. Data indicates that these targets are yet to be achieved. IMR is the number of deaths of infants (less than a year in age) that occur per 1000 live births. IMR provides a crude metric for the effectiveness of a healthcare system in a given population. The NHM has set a target for IMR of less than 25 per 1000 live births.<sup>24</sup> As per the latest data from the Sample Registration System (2020), IMR in India is estimated to be 28 per 1000 live births.<sup>25</sup>

Anaemia among women is a key indicator of nutrition and health since it can have significant adverse health consequences for both women and children, but can be addressed via primary care.<sup>26</sup> NFHS 2019-21 reveals that 53% of women between ages 15 and 49 have anaemia, much higher than the global rate of 30% for this age bracket.<sup>13,27</sup>

### Healthcare is still expensive at the point of receiving treatment

Healthcare is paid for by the government at the central and state level, charitable institutions, or by individuals themselves. In India, the share of expenditure by individuals (also known as out-of-pocket expenditure or OOPE) is high as compared to other countries. The lack of public investment in healthcare has led to dependence on private healthcare providers, which are typically more expensive. While OOPE in India has declined from 64.2% of the total health expenditure in 2014 to 48.2% in 2019, it is still fairly high.<sup>11</sup> The Standing Committee (2022-23) on Health and Family Welfare noted that India ranks 176 out of 196 countries in terms of the percentage of current health expenditure spent out of pocket.<sup>28</sup>

**Figure 3: Percentage of total health expenditure paid by central and state governments combined, and as OOPE**



Source: National Health Accounts, 2013-14 to 2018-19; PRS

The 75<sup>th</sup> Round of the National Sample Survey revealed that there is a significant gap in out-of-pocket treatment costs between the private and public sectors.<sup>23</sup> In 2017-18, the average medical cost of hospitalisation was Rs 4,452 in government hospitals and Rs 31,845 in private hospitals.<sup>23</sup> In rural areas, the average out-of-pocket cost for non-childbirth hospitalisations was Rs 4,290 in

government hospitals and Rs 27347 in private hospitals.<sup>29</sup> These figures are higher in urban areas, with an average cost of Rs 4,837 in government hospitals and Rs 38,822 in private hospitals.<sup>23</sup> Individuals also fund health expenditure through borrowings. The survey shows that 13.4% of the hospitalisation cases in rural areas and 8.5% in urban areas were financed by individuals through borrowings.<sup>23</sup>

OOPE can be significantly higher for secondary and tertiary care. This is especially the case for medical care which requires specialised, capital-intensive facilities, such as cancer treatment. The Standing Committee on Health (2022-23) noted that patients resort to cancer treatment in private hospitals despite their high cost since there are only 50 public tertiary hospitals offering cancer treatment, compared to 200 such hospitals in the private sector. Further, radiotherapy treatment is expensive due to the high cost of the necessary equipment.<sup>30</sup> As there is no involvement of drugs in radiotherapy, treatment charges are effectively service charges and cannot be capped by the National Pharmaceutical Pricing Authority (NPPA).<sup>30</sup> To address high OOPE for cancer treatment, the Committee recommended the reservation of 25% of cancer facilities in private hospitals for Pradhan Mantri Jan Arogya Yojana (PMJAY) beneficiaries as well as the expansion of government-run oncology treatments.<sup>30</sup>

### Public health insurance does not cover all treatment costs

The Pradhan Mantri Jan Arogya Yojana (PMJAY) is a public health insurance scheme which is aimed at reducing OOPE. The scheme provides health insurance of up to five lakh rupees to families based on criteria identified using the Socio-Economic Caste Census, 2011 (SECC). As per these criteria, the eligible population of is estimated to consist of 13 crore families, consisting of 65 crore individuals.<sup>31,32</sup> The criteria include occupation, access to shelter, and other demographic factors. The scheme may be availed in empanelled hospitals, and eligible families each receive an e-card with a unique ID, called an Ayushman Card.<sup>33,34</sup>

**Table 4: year-wise progress of PM-JAY**

	Number of Ayushman Cards generated	Number of hospitals empanelled	Amount of funds released (Rs crore)
2019-20	4,80,71,333	8,331	2,993
2020-21	3,22,36,112	2,543	2,544
2021-22	2,37,34,262	3,273	2,941
2022-23	4,23,17,571	12,108	4,030

Note: Data for 2022-23 is up to December 2022.

Source: Lok Sabha Unstarred question No. 620, answered on December 6, 2022, Ministry of Health and Family Welfare; PRS

A study conducted for the National Health Authority in 2019 revealed that in some states awareness of the scheme among eligible populations is low.<sup>35</sup> In 2022, the Standing Committee on Health and Family Welfare recommended conducting awareness programmes to ensure that eligible beneficiaries can avail of the scheme.<sup>28</sup> The Committee also raised the issue of the reach of the scheme, noting that SECC data is likely to be outdated, and recommended expanding the list of



beneficiaries. Another study under the NHA (2019) revealed that although the scheme is intended to provide free treatment for secondary and tertiary care, technical issues with the PMJAY portal (through which the discharge procedure is conducted) and medical care which is not covered by PMJAY often require patients to pay out-of-pocket.<sup>36</sup>

In 2022, the Standing Committee on Health and Family Welfare observed the underutilisation of funds earmarked for PMJAY. Despite this, allocation to the scheme has increased, and the Committee recommended that the Ministry of Health and Family Welfare take measures to ensure the judicious use of funds under the Scheme. In 2023-24, Rs 7,200 has been allocated for PMJAY, which is a 12% increase over revised estimates for 2022-23. Note that the allocation to PMJAY in 2023-24 is significantly higher than the amount actually spent in 2020-21 (Rs 2,681 crore) and 2021-22 (Rs 3,116 crore) when hospitalisations had increased substantially due to Covid-19.

### ***Insufficient personnel for primary healthcare***

As compared to the Indian Public Health Standards (IPHS), the primary healthcare system in India suffers from significant shortfalls in personnel. Data from the National Medical Commission (2022) suggests that India has exceeded WHO targets for the number of doctors per 1,000 population while assuming an 80% availability of registered allopathic doctors.<sup>37</sup> However, the Rural Health Statistics 2020-21 (latest available data) shows a shortfall of doctors and other medical workers in the primary healthcare system.<sup>38</sup> In PHCs, there are significant shortfalls in several categories of personnel, including Pharmacists, Laboratory Technicians, and Health Assistants.<sup>16</sup>

**Table 5 Shortfalls of personnel in PHCs**

Post	Required As Per IPHS (#)	Shortfall (#)	Shortfall (%)
Doctors	24,935	776	3%
Pharmacists	24,935	5,969	24%
Laboratory Technicians	24,935	10,434	42%
Nursing Staff (Staff Nurse)	24,935	4,211	17%

Source: Rural Health Statistics 2020-21, 2019-20; PRS.

There is a shortfall of 66% of Health Workers (Male) in SCs. CHCs are the first tier of the public healthcare system in which patients have access to specialists, which include surgeons, physicians, paediatricians, obstetricians and gynaecologists. There is a shortfall of almost 80% of these specialists.<sup>16</sup> As a percentage of required posts, the shortfall of specialists is highest in Bihar (89%), Madhya Pradesh (85%), and Goa (83%).<sup>16</sup> It is lowest in Kerala, Meghalaya, Sikkim, and Mizoram, where all posts are filled.<sup>16</sup> As per the budget speech 2023-24, 157 nursing colleges are to be established, and these would be attached to existing medical colleges. In 2023-24, the allocation towards the development of Nursing Services (a Central Sector Scheme to upgrade nursing education) has been increased by 34% from 2022-23 revised estimates to Rs 33 crore.

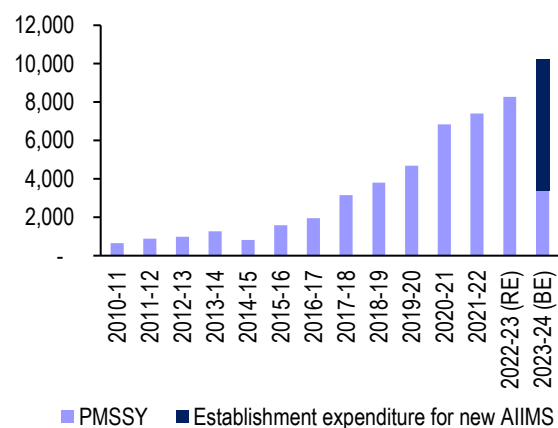
### **AIIMS, Autonomous Institutions, and Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) is aimed at addressing the shortfall of human resources and educational capacity in the tertiary care system.<sup>39</sup> It aims to do so through the creation of new All India Institutes of Medical Sciences (AIIMS) and upgrading the Government Medical Colleges. Under the Scheme, 22 new AIIMS are to be established, of which six are operational.<sup>40</sup>

In 2018, the CAG conducted an audit of the scheme covering 2003 to 2017. The scheme was found to have been affected by a lack of planning guidelines, delays of up to five years, shortages in faculty posts, and shortages of hospital beds. The Standing Committee on Health and Family Welfare (2022-23) found that roughly 77% of the funds allocated as per 2021-22 revised estimates had been utilised.<sup>41</sup> The Committee recommended that the Ministry take measures to ensure effective utilisation, such as planning utilisation throughout the year, and monitoring progress.<sup>41</sup> The Committee did, however, emphasise the importance of the scheme for strengthening underserved areas.

In 2023-24, PMSSY has been allocated Rs 3,365 crore, and Rs 6,835 crore has been allocated under a new budget head for the establishment expenditure for new AIIMS. This amounts to a total of Rs 10,200 crore, 23% more than revised estimates for 2022,23 (Rs 8,270 crore).

**Figure 4: Allocations for PMSSY and new AIIMS (Rs crore):**



Source: Detailed Demands for Grants, Department of Health and Family Welfare, 2010-11 to 2023-24; PRS

### ***Lack of Investment in Health Research***

The Department of Health Research played a key role in the management of the COVID-19 pandemic, as it bears responsibility for overseeing the establishment of testing infrastructure in India.<sup>42</sup> In 2022, the Standing Committee on Health recommended that the Department of Health Research be allocated at least 0.1% of GDP for five years, specifying that this allocation should amount to 5% of the total health budget.<sup>42</sup> This would help create infrastructure and capacity to manage any future pandemics.<sup>2</sup> In 2022, the Committee noted that countries such as the USA spend as much as 2% of their GDP on

health research.<sup>43</sup>

In 2023-24, the Department has been allocated Rs 2,980 crore, which is 3% of the budget of the Ministry, and amounts to 0.01% of GDP. The allocation towards infrastructure development for health research has decreased from Rs 152 crore in 2022-23 RE to Rs 150 crore in 2023-24 BE.

The Standing Committee (2022) also noted that the Department could not utilise the budget partly due to a lack of human resource capacity, which contributed to issues in managing the COVID-19 pandemic.<sup>44</sup> It recommended that the Department expand its capacity to better utilise funds.<sup>44</sup> The allocation to human resource and capacity development has increased by 9% from the revised estimates of 2022-23 to Rs 92 crore in 2023-24.

### ***Digital Health Technology Eco-System***

The National Health Policy, 2017, has set a goal of establishing a 'Digital Technology Eco-System', through which information technology would be used to increase the efficiency of the healthcare system. This involves the development of infrastructure, standards, databases, and governance frameworks for the collection, storage, and sharing of medical information.<sup>10</sup>

The National Digital Mission (NDHM) provides for every citizen to have their health records stored digitally in a consolidated database, to facilitate easier access when receiving medical treatment.<sup>45</sup> Under this scheme, patients may be allotted an Ayushman Bharat Health Account (ABHA) number, which uniquely identifies

their medical records.<sup>45</sup> As of February 13, 2023, more than 32 crore accounts have been opened, and more than 22 crore medical records have been linked to the database.<sup>46</sup> The proposed allocation for ABDM has increased by 144% from revised estimates of 2022-23 to Rs 341 crore in 2023-24.

### **Expenditure on COVID-19**

Between 2020 and 2022, the Ministry had to allocate a significant portion of the funds towards addressing the Covid-19 pandemic, including vaccine development and implementation. However, with the number of Covid cases declining, mortality reducing, and an estimated 90% of eligible beneficiaries being fully vaccinated, allocation towards Covid-19 related programmes have been reduced substantially.

In 2021-22, Rs 14,333 crore was spent on the Covid-19 Emergency Response and Health System Preparedness Package. In 2023-24, this has been reduced to Rs 2 crore. In 2021-22, Rs 35,438 crore was spent on the vaccination programme. As per the revised estimates of 2022-23, Rs 967 crore will be spent on vaccination. In 2023-24, a token amount of Rs 10 lakh has been allocated for vaccination.

**Table 6: Approximate number of cases cured/discharged and number of deaths, year-wise**

	2020	2021	2022
<b>Cured/Discharged</b>	98,60,280	2,44,06,083	98,77,487
<b>Deaths</b>	1,48,738	3,32,342	49,553*

Note: the number of deaths in 2022 has been estimated by subtracting total deaths in 2020 and 2021 from a cumulative figure from December 6, 2022. Sources: Lok Sabha Unstarred Question No. 955, Ministry of Health and Family Welfare, July 22, 2022; Lok Sabha Unstarred Question No. 658, Ministry of Health and Family Welfare, December 9, 2022; PRS.

## Annexure

**Table 7: Allocations to the Ministry of Health and Family Welfare for 2023-24 (in Rs crore)**

Major Heads	2021-22 Actuals	2022-23 BE	2022-23 RE	2023-24 BE	% Change between 2022-23 RE and 2023-24 BE
National Health Mission	27,448	28,860	28,974	29,085	0%
Autonomous Bodies under Department of Health and Family Welfare (eg. AIIMS, PGIMER, and JIPMER)	8,459	10,022	10,348	17,323	67%
Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	3,116	6,412	6,412	7,200	12%
Establishment expenditure of new AIIMS				6,835	
Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM)	761	5,156	2,167	4,846	124%
Medical Treatment of CGHS Pensioners (PORB)	2,741	2,645	4,640	3,846	-17%
Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)	9,270	10,000	8,270	3,365	-59%
National AIDS and STD Control Programme	2,126	3,027	2,182	3,080	41%
ICMR	1,841	2,198	2,117	2,360	11%
Statutory and Regulatory bodies	308	335	636	639	1%
Family Welfare Schemes	300	484	474	517	9%
COVID-19	16,445	226	228	497	118%
Infrastructure Development for Health Research	148.2	177	152	150	-1%
Others	11,508	16,658	12,546	16,248	30%
<b>Total</b>	<b>84,470</b>	<b>86,201</b>	<b>79,145</b>	<b>89,155</b>	<b>13%</b>

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