Demand for Grants 2025-26 Analysis

Health and Family Welfare

In India, states are responsible for public health system, which includes public hospitals and clinics. The Ministry of Health and Family Welfare formulates the broader policy on public health through the National Health Policy, 2017.[1] The Ministry has two departments: (i) Health and Family Welfare and (ii) Health Research. The Department of Health and Family Welfare funds the National Health Mission. The Department also regulates medical education, and funds certain medical colleges, such as AIIMS. It also implements initiatives to improve human resources in health. The Department of Health Research funds initiatives in medical research.

The National Health Policy, 2017 aims to achieve universal health coverage through preventive and promotive health care and access to good quality and affordable health care services.[1] To achieve these goals, the government provides healthcare at three levels: (i) primary (provided at sub centres, primary health centres, and community health centres at the village and block levels), (ii) secondary (provided at district hospitals), and (iii) tertiary (provided at specialised hospitals like AIIMS).[2] In addition, the government implements the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB – PMJAY) which provides hospitalisation coverage of five lakh rupees to bottom 40% of the population in private empanelled hospitals.[3]

Under the National Health Mission (NHM) states are provided with financial assistance to strengthen primary and secondary healthcare.[4] This includes strengthening the infrastructure as well as improving maternal, neonatal, and child health, and reducing instances of communicable and non-communicable diseases.[4] Targets related to improving the nutritional status of women and children are also addressed by the Ministry of Women and Child Development through the Mission Saksham Anganwadi and Poshan 2.0.[5]

According to the National Health Accounts, government health spending has increased from 20% of total health expenditure in the country to 48% in 2021-22.[6] Total health expenditure includes spending on medicines, insurance, hospitalisation, consultation and health infrastructure. In 2021-22, 58% of government health expenditure was borne by states.[6] Health indicators like maternal mortality, and infant mortality have improved, while incidence of anaemia has worsened. The proportion of deaths caused due to communicable diseases has reduced, but correspondingly non-communicable diseases have been increasing.

Announcements in Budget Speech 2025-26

Medical seats: 10,000 medical seats will be added in the next year. Over the next five years, 75,000 seats will be added.

Gig workers: Gig workers engaged with online platforms will be provided health insurance under Ayushman Bharat scheme.

This note examines the allocation to the Ministry in 2025-26 and the expenditure trends over the years. It also highlights issues in the health sector, and discusses progress on some of the outcomes.

Overview of finances

In 2025-26, the Ministry has been allocated Rs 99,859 crore.[7] This is a 11% rise over the revised estimates of 2024-25. In 2025-26, the Department of Health and Family Welfare has been allocated 96% of the Ministry's allocation. The Department's allocation is 11% higher than its estimated expenditure in 2024-25. The Department of Health Research has been allocated Rs 3,901 crore, which is a 15% rise on its estimated expenditure in 2024-25.

Table 1: Expenditure of the Ministry of Health and Family Welfare (in Rs crore)

	2023-24 Actual	2024-25 Revised	2025-26 Budget	% Change 24-25 RE to 25-26 BE
Health and Family Welfare	80,292	86,582	95,958	11%
Health Research	2,857	3,392	3,901	15%
Total	**83,149**	**89,974**	**99,859**	**11%**

Note: BE is Budgeted Estimates and RE is Revised Estimates.
Sources: Demand No. 46 and 47, Expenditure Budget 2025-26; PRS.

Key expenditure heads

National Health Mission: Allocation towards the NHM constitutes 37% of the Ministry's budget in 2025-26. Allocation in 2025-26 is Rs 37,227 crore, 3% higher than the revised estimates of 2024-25.

Medical Institutions: Transfers to certain centrally run medical institutions, such as AIIMS, Delhi and establishment expenditure for new AIIMS constitute 20% of the Ministry's allocation in 2025-26. This is 6% higher than the revised estimates of 2024-25.

AB-PMJAY: In 2025-26, Rs 9,406 crore has been allocated towards the scheme, which provides a health insurance coverage of five lakh rupees to 12 crore families. This is 24% higher than revised estimates of 2024-25.

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March 1, 2025

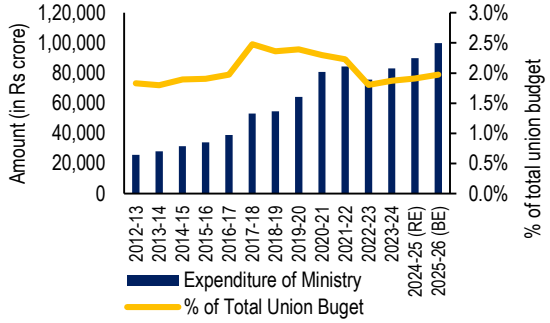
Table 2: Main Heads of the Ministry's expenditure (in Rs crore)

Heads	2023-24	2024-25 (RE)	2025-26 (BE)	% Change from RE to BE	Share in Ministry's Budget
National Health Mission	33,043	36,000	37,227	3.4%	37%
Autonomous Bodies	17,216	18,979	20,046	5.6%	20%
Pradhan Mantri Jan Aarogya Yojana	6,670	7,606	9,406	24%	9%
PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	2,230	3,567	5,109	43.2%	5%
AIDS and STD Control	2,450	3,000	3,443	14.8%	3%
Indian Council of Medical Research	2,343	2,870	3,126	8.9%	3%
Central Government Health Scheme	1,827	2,280	2,370	4%	2%
Pradhan Mantri Swasthya Suraksha Yojana	1,390	1,736	2,200	26.7%	2%
Human Resources for Health and medical education	1,322	579	1,675	189.2%	2%
Others	8,080	5,858	7,618	30.1%	8%
Total	**83,149**	**89,974**	**99,859**	**11%**	**100%**

Note: Expenditure on Autonomous Bodies includes transfers to institutions such as AIIMS, Delhi and NIMHANS, Bangalore and expenditure on establishing new AIIMS. Others includes transfers to centrally run hospitals and family welfare schemes.
Sources: Demand No. 46 and 47, Expenditure Budget 2025-26; PRS

Between 2012-13 to 2023-24, expenditure towards the Ministry of Health and Family Welfare increased at an annual average rate of 11%. The Ministry's share in the union budget rose from 1.8% in 2014-15 to 2.5% 2017-18. However, it has dwindled since then (Figure 1).

Figure 1: Declining share of spending on the Ministry of Health and Family Welfare in the union budget



Note: Ministry's expenditure includes expenditure by the Department of Health and Family Welfare and Health Research. It does not include expenditure by Departments of AYUSH and AIDS Control, which have ceased to be the Ministry's departments since 2014-15 and 2016-17, respectively.
Note: Expenditure on vaccination for COVID-19 was incurred by the Finance Ministry. It amounted to Rs 35,438 in 2021-22.
Sources: Union Budgets 2014-15 to 2025-26; PRS.

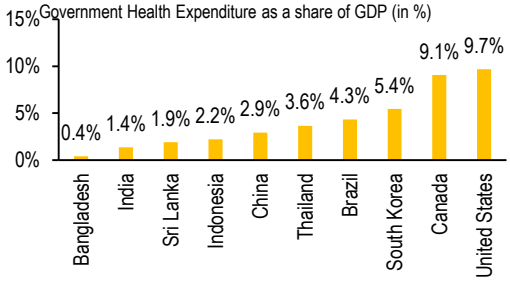
Issues to consider

Health spending

Budgetary allocations fall short of policy targets

The National Health Policy (2017) recommends combined government health expenditure of 2.5% of GDP by 2025.[1] This spending target reflects resources needed to implement aims of the Policy regarding health outcomes and coverage.[8] As per the National Health Accounts, in 2021-22, the centre and state governments spent 1.8% of GDP on health.[6] As per the World Health Organisation, this is 1.4% of GDP, lower than health spending by governments of several countries (Figure 2).[9]

Figure 2: Public health spending as a share of GDP is higher in several countries (2021)



Sources: Domestic general government health expenditure % of GDP, World Health Organisation; PRS.

The National Health Policy also recommends states to allocate over 8% of their budgets on health.[1] In 2024-25, states have allocated an average of 6% of their budget on health. States with a lower allocation on health include: (i) Telangana (4.6%), (ii) Karnataka (4.8%), (iii) Tamil Nadu (5%), and (iv) Bihar (5.7%).

In 2021-22, health spending by central and state governments was 6% of their overall spending.[6] Between 2015-16 and 2020-21, this was around 5%. As per a High-level Group constituted by the 15th Finance Commission (2019), governments in several countries allocate a higher share of their overall expenditure to health.[10] These include: (i) Brazil (7%), (ii) China (10%), and UK (17%).[10]

Limited share of cess collections used for health

In 2018-19, a 4% health and education cess on income was introduced.[11] In 2020, the Ministry of Finance declared that 25% of cess collections would be utilised for health.[11] In 2021-22, the Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN) was formed to receive cess collections on health.[11] Collections in the PMSSN support schemes such as: (i) National Health Mission, (ii) Ayushman Bharat-PMJAY, and (iii) Human resources for health and medical education.

From 2023-24 to 2025-26, transfers to PMSSN are estimated to be lesser than 25% of total collection of health and education cess (Table 3).

Table 3: Transfers to PMSSN in 2025-26 are lesser than 25% (in %).

	Cess Collection	Transfers to PMSSN	% Transferred
2021-22	52,732	-	0%
2022-23	61,809	18,339	30%
2023-24	71,157	13,777	19%
2024-25 (RE)	85,300	14,384	17%
2025-26 (BE)	94,000	17,679	19%

Note: RE is revised estimates, BE is budgeted estimates.
Sources: Receipt Budget and Expenditure Budget 2023-24 to 2025-26; PRS.

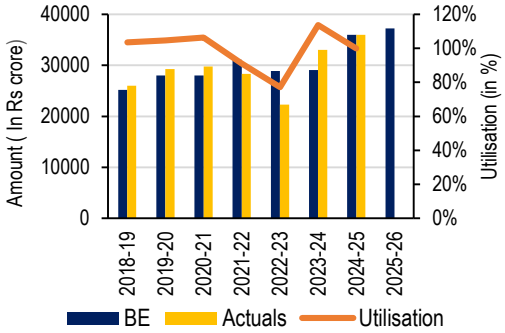
Primary health outcomes

The National Health Policy, 2017 and National Health Mission (NHM) have set targets in health outcomes to be achieved by 2019-2026.[1,12] These include reducing maternal, infant and neo-natal mortality, and communicable and non-communicable diseases. The Ministry implements schemes such as the NHM, and the PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) to help improve primary health outcomes by enhancing primary health infrastructure. We discuss the progress on schemes and the achievement of primary health targets below.

Utilisation of funds under NHM

In 2025-26, Rs 37,227 crore has been allocated towards NHM. This is 3% higher than revised estimates of 2024-25. Between 2013-14 and 2022-23, overall expenditure under the mission increased by about 11% annually while central releases increased by 6.6%.[13] The Standing Committee on Health and Family Welfare (2023) noted that current levels of allocation to the NHM (which are primarily transferred to states) are insufficient to meet its aims.[14] Between 2018-19 and 2023-24, 99% of funds allocated to NHM were utilised (Figure 3). Allocation towards the scheme has consistently risen since 2022-23.

Figure 3: Between 2018-19 and 2023-24, 99% of allocated funds under NHM were utilised



Sources: Report No. 143, Standing Committee on Health and Family Welfare, Rajya Sabha, March 15, 2023, Demand No. 46 and 47, Union Budget 2025-26 PRS.

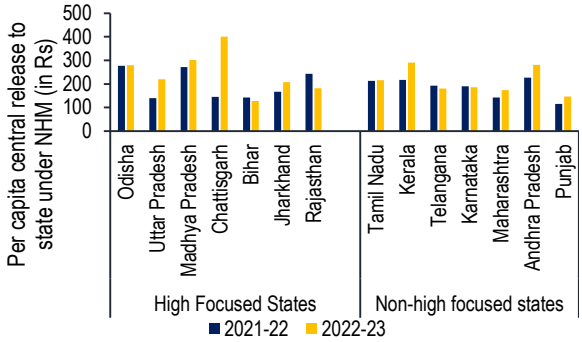
Certain high focused states received lower per capita grants than non-high focused states

The NHM identifies 18 high focus states that are lagging on health outcomes and infrastructure. These include Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, and all the north-eastern states.[15] Fund allocation formula under the Mission assigns special weightage to these states.[16]

In 2021-22 and 2022-23, certain high focus states received lower per capita grants from the centre than other non-high focus states.[13,17] For instance, in 2022-23, Andhra Pradesh (Rs 281), Kerala (Rs 291), and Tamil Nadu (Rs 216) got higher per capita transfers than Bihar (Rs 127), Jharkhand (Rs 208), and Rajasthan (Rs 182).[13,17]

To receive central grants under centrally sponsored schemes (such as the NHM), states must contribute matching grants to the scheme. The 15th Finance Commission had noted that certain states with limited institutional and fiscal capacity may not be able to contribute their share.[18] This may lead to low income states losing out on central grants that may help them improve health outcomes. The 15th Finance Commission recommended moving to a system of equal per capita transfers to states with some output-based conditions.[18]

Figure 4: Certain high-focus states got lower per capita grants compared to non-high focus states



Sources: Unstarred Question No. 1086, Ministry of Health and Family Welfare, Lok Sabha, December 8, 2023; Report of the Technical Group on Population Projections for India and States 2011-2036; PRS.

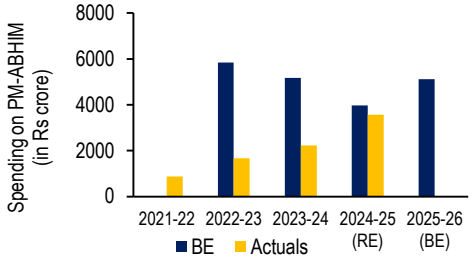
PM – Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)

PM-ABHIM focuses on strengthening primary healthcare infrastructure and disease surveillance. It seeks to strengthen healthcare infrastructure across the country which focuses on the primary, secondary and tertiary care services.[14] The major aim of PM-ABHIM to establish a health system which is responding effectively to the future pandemics/disasters.

Utilisation of funds under the scheme

The scheme has been allocated Rs 5,109 crore in 2025-26. This is 43% higher than the revised estimates of 2024-25. In 2022-23 and 2023-24, 35% of the allocation to the scheme was spent. This is estimated to improve to 90% in 2024-25.

Figure 5: 35% of allocation towards PM-ABHIM in 2022-23 and 2023-24 was spent



Note: BE is budgeted estimates and RE is revised estimates
Sources: Union budget documents from 2022-23 to 2025-26; PRS.

Ayushman Bharat Health and Wellness Centres (AB-HWCs)

The Task Force on Comprehensive Primary Healthcare Rollout (2015) observed that PHCs provided a narrow range of services that were restricted to some pregnancy and child health services and some disease programmes.[19] In 2018, the Ayushman Bharat Health and Wellness Centres (now renamed as Ayushman Aarogya Mandirs) were launched to provide a wider range of services that include: (i) screening and control of non-communicable diseases, (ii) elderly and palliative care, and (iii) screening for mental health issues.[20,21] Each HWC would cover a population of 3,000-5,000. These are established by upgrading existing PHCs and Sub-centres (SCs).[20,21]

As of January 2025, 1.75 lakh PHCs, SCs and urban health centres have been upgraded to Ayushman Bharat-HWCs.[22] As of July 2024, HWCs have screened for diseases such as: (i) hypertension (84 crore screenings), (ii) diabetes (74 crore), and (iii) oral cancer (50 crore) and (iv) cervical cancer (15 crore).[23]

Communicable and Non-communicable diseases

The National Health Policy and the National Health Mission aim to reduce disease burden from communicable and non-communicable diseases (NCDs).[1,24] Disease burden is measured by number of years lost in a person's life due to a disease. This could be due to death or disability caused by that disease. Communicable diseases are spread through viruses and bacteria. These include diarrhoea, HIV, TB, and some respiratory diseases. Non-communicable diseases occur due to factors usually related to lifestyle. These include: (i) cardiovascular diseases, (ii) cancer, (iii) hypertension and (iv) chronic respiratory diseases.

Rise in burden of non-communicable diseases

The National Health Policy (2017) aims to reduce mortality due to non-communicable diseases by 25% by 2025.[1]

Between 2010 and 2019, deaths due to non-communicable diseases in India decreased from 585 per 1,00,000 people in 2010 to 559 in 2019 (reduction of 4%).[25] Between 1990 and 2016, share of deaths due to NCDs in overall deaths increased from 38% to 62%.[26] In this period, burden of such diseases also rose from 31% to 55.[26]

In 2016, ischaemic heart disease constituted the largest share of overall disease burden.[26] Between 1990 and 2016, number of years lost due to ischemic heart disease rose by 104%.[26]

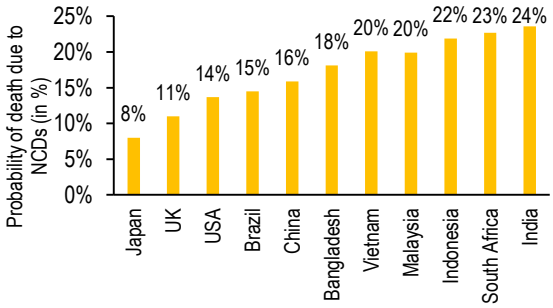
Table 4: Share of certain non-communicable diseases in overall disease burden in 2016 (in %)

Disease	1990	2016
Ischemic heart disease	3.7%	8.7%
Chronic Obstructive Pulmonary Disease	3.1%	4.8%
Diabetes	0.7%	2.2%

Sources: India: Health of the Nation's States, Indian Council of Medical Research, 2017; PRS.

In 2019, 54% of all deaths due NCDs in India were premature.[27] Probability of persons aged 30 to 70 dying due to NCDs is higher in India than certain countries noted in Figure 6.[28]

Figure 6: Probability that a 30 year old dies before the age of 70 due to NCDs (2021)



Sources: "Probability of dying between the exact ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases", World Health Organisation; PRS.

A small share of spending under the National Health Mission is directed towards on non-communicable diseases. For instance, in 2020-21,

3% of the central outlay under NHM was marked for NCDs.[29]

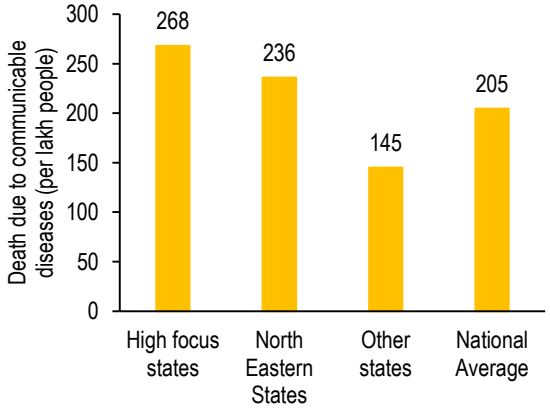
Kerala Public Health Act, 2023

In 2023, Kerala passed a Bill to control communicable and non-communicable diseases (NCDs).[30] It requires the state government to issue guidelines on preventive, curative and rehabilitative activities to address non-communicable diseases. Local authorities must implement these guidelines, and also take measures to address NCDs through: (i) control of air pollution, (ii) promotion of physical activity and (iii) early diagnosis and high-risk screening.[30]

Burden of communicable diseases has reduced, but continues to be high in certain states

Between 1990 and 2016, disease burden of communicable, maternal, neonatal, and nutritional diseases reduced from 61% to 33%.[26] The contribution of these diseases to deaths also reduced from 54% to 28% in this period.[26] The prevalence of communicable diseases was relatively higher in north-eastern states, and eight focus states that include: (i) Uttar Pradesh, (ii) Bihar, (iii) Jharkhand, and (iv) Madhya Pradesh.[26] As of 2016, the proportion of deaths causes due to communicable diseases was higher in these states, as compared to other states (Figure 7).[26]

Figure 7: Inter-state disparity in deaths due to communicable diseases (2016)



Note: High focus states include Uttar Pradesh, Madhya Pradesh and Bihar, other states include Karnataka, Maharashtra and Tamil Nadu.
Sources: Indian Council of Medical Research; PRS

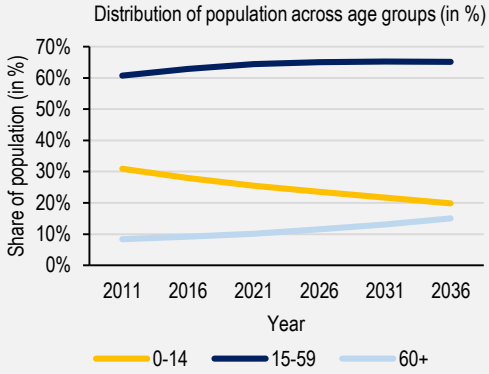
In 2016, 25-30% of deaths in the high focus states were caused by diarrhoea, respiratory infections, neonatal disorders.[26] Some of these such as TB, and Hepatitis-B can be dealt through vaccination. The NHM funds projects for universal immunisation.[31] As per the National Family Health Survey -5 (2019-21), immunisation coverage was 77%.[32] Coverage was lower in Uttar Pradesh (70%), Bihar (71%), and north-eastern states such as Nagaland (58%).[32]

Healthcare for an ageing population

Total fertility rate (TFR) estimates average number of children born to each woman aged 15-49. The NHM aims to reduce TFR to 2.0 by 2026, which is the replacement rate.[12] TFR is estimated to reduce from 2.5 in 2009-11 to 1.94 in 2021-25. States in the south (1.5-1.8) and north-east, except Assam (1.7), have a lower estimated TFR.[17]

A TFR below 2 represents a foreseeable decline in population growth, and shift towards an ageing population.[17] In 2011, 138 old persons were dependent on each person of the working age (15-59). By 2036, this is estimated to rise to 230.[27]

Figure 8: About one in every seven persons in India is estimated to be of age 60+ by 2036



Sources: Report of the Technical Group on Population Projections for India and States 2011-2036; PRS

NITI Aayog (2021) noted that 75% of all elders face at least one chronic disease.[33] It added that a rising share of elders in the population will strain the healthcare system, which currently also lacks geriatric specialists and comprehensive programme for elderly care. Under the NHM, the Ministry supports projects enhancing primary and tertiary care for elders.[34] From 2019-20 to 2021-22, projects worth Rs 169 crore were approved under this component.[34]

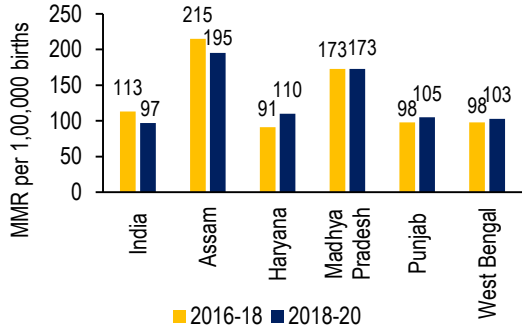
In September 2024, the Ayushman Bharat – PMJAY was expanded to include all citizens above the age 70. The scheme will extend a health insurance coverage of five lakh rupees for hospitalisation at empanelled hospitals.[35]

Maternal mortality ratio higher than target in some states

Maternal mortality ratio (MMR) measures death of pregnant mothers due to pregnancy or childbirth complications as a share of 1,00,000 births. The National Health Policy (2017) targeted reducing MMR to 100 by 2020.[1] The National Health Mission aims to reduce MMR to 87 by 2026.[12]

As of 2018-20, MMR has reduced to 97 from 178 in 2010-12.[36] However, in Haryana MMR has been increasing since 2016-18 (from 91 to 110). West Bengal and Punjab also saw an increase in MMR between 2016-18 and 2018-20. Maternal mortality in some states such as Assam (195) and Madhya Pradesh (173) is significantly higher than the national average.

Figure 9: Maternal Mortality Ratio has increased in certain states



Sources: National Health Profile 2023, Central Bureau of Health Intelligence; PRS.

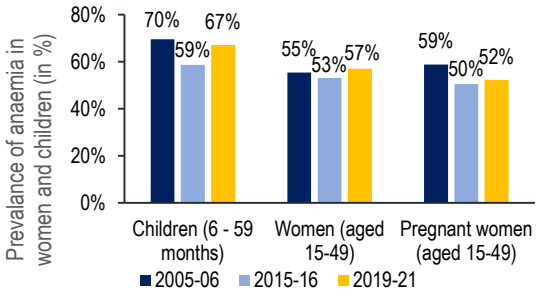
Measures under the NHM to address maternal mortality and child health have focused on promoting institutionalised deliveries, regular health check-ups, and adequate nutrition and information.[37] Share of institutionalised births improved from 79% in 2015-16 to 89% in 2019-21.[32,38] However, regular health check-ups prior to delivery are limited.[32]

The World Health Organisation (WHO) recommends that pregnant women complete four antenatal care (ANC) visits to ensure a healthy delivery.[39] According to the NFHS-5 (2019-21), 59% women received at least four ANC visits during pregnancy, higher than 51% in 2015-16.[32,38] The NFHS-5 survey noted that 85% of women aged 15-49 years who had a live birth in the five years before the survey received antenatal care from a skilled provider at least once.[32] Six percent of women had no ANC visits.[32]

Increasing rates of anaemia amongst women and children

The National Health Mission aims to reduce the prevalence of anaemia amongst women aged 15-49.[24] However, between 2015-16 and 2019-21, the prevalence of anaemia amongst women and children has increased.[32,38,40]

Figure 10: Anaemia has increased between 2015-16 and 2019-21



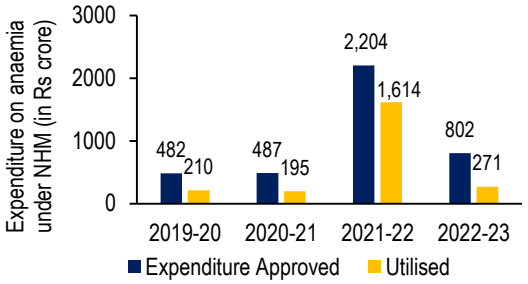
Sources: National Family Health Surveys 3, 4 and 5; PRS.

As per NFHS-5 (2019-21), prevalence of anaemia amongst women was the highest in certain eastern states such as: (i) West Bengal (71%), (ii) Jharkhand (65%), and (iii) Bihar (64%).[32] Amongst children, anaemia was most prevalent states such as: (i) Rajasthan (72%), (ii) Punjab (71%), and (iii) Haryana (70%).[32]

Measures adopted by the Ministry to address anaemia include: (i) providing Iron and Folic Acid (IFA) tablets to pregnant mothers, and (ii) encouraging intake of vitamin and iron rich foods amongst children.[41] Most children do not consume iron and vitamin- rich foods. According to NFHS-5 (2019-21), 47% of children aged 5-69 months consumed vitamin- rich and only 21% of them consumed iron rich foods in the 24 hours before the survey. Among recently pregnant women only 44% took IFA tablets for at least 100 days, and 26% for at least 180 days.[32]

States have underutilised allocations under NHM to address anaemia (Figure 11).[42] In 2022-23, only 34% of approved expenditure on anaemia under the NHM was spent by states.

Figure 11: Expenditure on addressing anaemia under NHM has been underutilised by states



Sources: Unstarred Question No. 2610, Ministry of Health and Family Welfare, Lok Sabha, August 4, 2023; PRS.

Infrastructure and coverage of public health facilities in rural India is deficient

Healthcare system in rural areas is organised in a three-tiered system. This consists of: (i) Sub-centres (SCs), (ii) Primary Healthcare Centres (PHCs), and (iii) Community Healthcare Centres (CHCs). Each unit fulfils a distinct function.[2]

Sub-Centres provide services in domains such as immunisation, family welfare and nutrition.[2] PHCs provide basic preventive and curative healthcare. CHCs provide specialist services.[2] As of January 2025, 1.75 lakh SCs, PHCs and urban health centres have been upgraded to Ayushman Aarogya Mandirs.[21,22] These provide a wider range of services such as screening of non-communicable diseases and elderly care.

Indian Public Health Standards (IPHS), issued by the Ministry, provide population coverage norms at each level of healthcare.[2] For instance, each sub-centre must cover 3,000 rural persons.[2] As of 2022-23, each level of healthcare faces a shortage in availability in rural areas and thus, covers more people than recommended (Table 5).[2]

Table 5: Healthcare institutions in rural areas are lesser than sanctioned

Institution	% Shortfall	States with severe Shortfall (in %)
SC	22%	Bihar (57%), Jharkhand (45%)
PHC	30%	Jharkhand (73%), Bengal (58%),
CHC	36%	Telangana (84%), Bihar (71%),

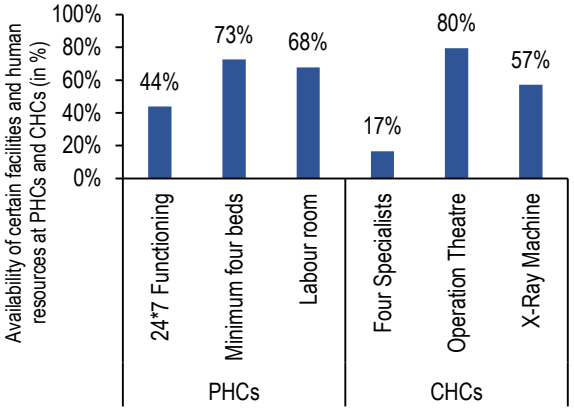
Sources: Health Dynamics of India (Infrastructure and Human Resources) 2022-23, Ministry of Health and Family Welfare; PRS.

IPHS also lays down norms for infrastructure and staff at health facilities. Some of these are discussed below.

PHC: Each PHC is required to have four to six beds. As of 2022-23, 73% of PHCs had at least four beds (Figure 12).[2] However, certain states fell significantly short of this average. These include: Odisha (9% PHCs with at least four beds), Assam (37%), Bihar (40%). In 2005, the Ministry aimed to have 50% of PHCs open 24 hours by 2010.[43] As of 2022-23, 44% PHCs were open 24 hours.[2]

CHCs: Each CHC is required to have four kinds of specialists on-board.[2] These are: (i) Surgeon, (ii) Physician, (iii) Obstetrician and (iv) Paediatrician. As of 2022-23, only 17% of all CHCs had all four specialists on-board.[2]

Figure 12: Only 17% CHCs have required specialists, 44% PHCs are open 24*7



Sources: Health Dynamics of India (Infrastructure and Human Resources 2022-23; PRS.

Funding for primary care lower than recommended

The National Health Policy recommends allocating two-thirds of health spending towards primary care.[1] The 15th Finance Commission recommended achieving this target by 2022.[44] As of 2021-22, 50% of government spending (centre and states combined) was directed towards primary care.[6]

Access to affordable healthcare

Ayushman Bharat – PM Jan Aarogya Yojana (AB-PMJAY)

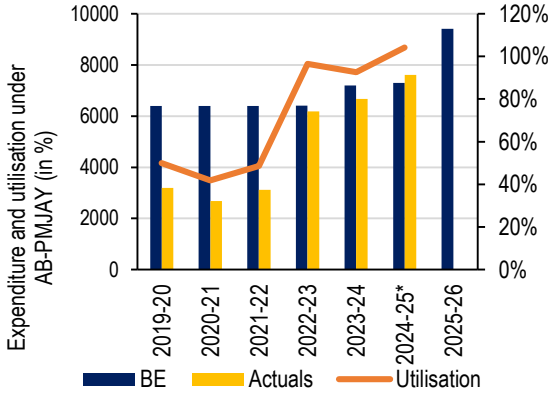
The scheme provides cashless treatment of up to five lakh rupees per family per year, for hospitalisation at any empanelled hospital.[3] It covers bottom 40% of the population (12 crore families).[45] Several states have included a wider range of beneficiaries under the scheme, and expanded it to 15 crore families.[46] Coverage of senior citizens has further expanded beneficiary base by six crore people.[35]

Utilisation of funds under the scheme

In 2025-26, AB-PMJAY has been allocated Rs 9,406 crore, 24% higher than revised estimates of 2024-25. From 2019-20 to 2023-24, 67% of funds allocated to the scheme were spent. Utilisation has improved since 2019-20 (Figure 13).

Between 2018-2023, the scheme was allocated Rs 6,000-7,000 crore annually. The Standing Committee on Health and Family Welfare (2023) noted that those levels of allocation were not sufficient to extend comprehensive coverage to 33 States/UTs.[47] Note that while allocation in 2025-26 has increased by 24% over estimated spending in 2024-25, the scheme has also been expanded to six crore senior citizens.[35] Additionally, the Union Budget Speech 2025-26 outlined plans to expand the scheme to cover platform-based gig workers.[48]

Figure 13: Spending and utilisation of funds under AB-PMJAY have improved since 2018-19



Note: BE – Budget Estimates.
Note: Figures for 2024-25 are revised estimates
Sources: Union Budget Documents 2018-19 to 2025-26; PRS

Limited coverage: The Standing Committee on Health and Family Welfare (2023) noted that the scheme does not address several issues related to insurance coverage in India.[47] For instance, it excludes OPD services, and does not include uninsured classes above the poverty line.[47]

Certain countries implementing health insurance programmes cover a wider range of services offered to a wider population. For instance, Australia's programme extends free consultation,

and funds 75% of hospitalisation costs for permanent residents.[49] Thailand's universal coverage scheme covers 75% of its population, and covers inpatient and OPD care, and cost of essential medicines.[50]

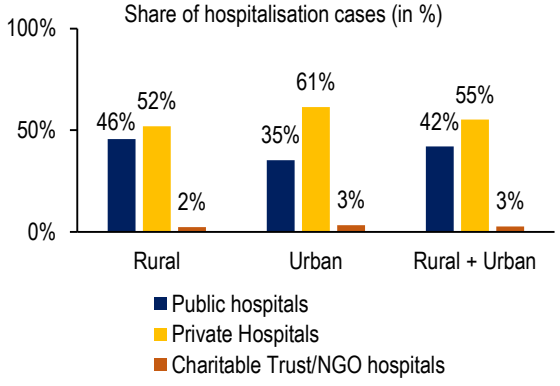
Limited usage: As of January 2025, 36.4 crore Ayushman cards have been issued, which have been used for 6.8 crore hospital admissions.[51] As of 2023, the average claim size under the scheme was only Rs 11,787.[36] Most common procedures under the scheme included: (i) heart surgeries, (ii) dialysis and (iii) caesarean deliveries.[51] The Standing Committee on Health and Family Welfare (2023) noted that several high end surgeries and chronic treatments cost more than five lakh rupees, and thus are excluded from the scheme.[47]

Limited infrastructure: According to the Standing Committee (2023), empanelled facilities were usually small with an average bed strength of 48.[47] The CAG (2023) noted there shortage of infrastructure, equipment and doctors in empanelled hospitals in several states.[52]

Preference for private healthcare facilities which tend to be more expensive

As per the National Sample Survey (2017-18), private hospitals accounted for 55% of hospitalisation cases in India (excluding childbirth).[53] Government hospitals accounted for 42% of hospitalisations, with the remaining 3% being provided by charitable trusts (Figure 14). Share of hospitalisations in government hospitals was lower in states such as: (i) Telangana (21%), (ii) Maharashtra (22%), (iii) Uttar Pradesh (27%), and (iv) Punjab (29%) (see Table 9 in Annexure).[53] Private hospitals and clinics accounted for 66% of all cases of outpatient services (OPD).[53] These refer to services such as consultation and treatment extended to a non-hospitalised individual.[54]

Figure 14: Private hospitals share 55% of hospitalisation cases (2017-18)



Sources: Key Indicators of social consumption in India: Health, NSS 75th Round, July 2017 - June 2018; PRS.

As per the NFHS-5 (2019-21), 50% respondents did not generally use a government health facility.[32] This was higher in states such as: (i) Bihar (80%), (ii) Uttar Pradesh (75%) and (iii) Telangana (64%).[32] Major reasons include poor quality of care, long waiting times and lack of facilities available nearby (Table 6).

Table 6: Reasons for not availing government health facility (in %)

Reason	Responses (in %)
Poor Quality of care	48%
Long waiting time	46%
No nearby facility	40%
Facility timings inconvenient	25%
Health personnel absent	15%

Sources: National Family Health Survey-5 (2019-21); PRS.

Quality of public health facilities can be evaluated by their compliance with IPHS norms on areas such as infrastructure and human resources. As of January 22, 2025, the Health Ministry had assessed 93% of all public health facilities.[55] As per the Ministry, 45% of all assessed public health facilities complied with less than half of all IPHS norms, while only 14% complied with over 80% of these norms.[56]

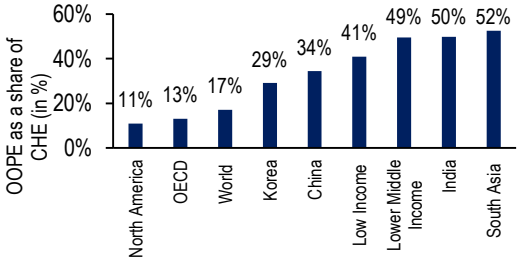
Households pay for half of all healthcare expenses

Out of pocket health expenditure (OOPE) refers to direct health expenditure made by households at the point of receiving health care.[6] A high OOPE indicates low insurance coverage and usage of public health facilities, and high usage of private facilities High OOPE can push families into poverty, as they may need to spend a larger share of their income on healthcare needs.[57]

The National Health Policy aims to reduce OOPE.[1] According to the World Bank, OOPE in India has reduced from 65% of current health expenditure (CHE) in 2010 to 50% in 2021.[58] According to the National Health Accounts, OOPE in India was 45% of CHE in 2021-22.[6] CHE measures spending by households, governments and individuals on medicines, diagnostics, consultation and other recurring medical expenses.[6]

As per the World Bank (2021), OOPE in India was higher than several countries (Figure 15).[58]

Figure 15: OOPE in India is higher than several developed and developing countries (2021)



Note: OECD, low income and low middle income are country groupings.
Sources: Out of Pocket Health Expenditure (% of Current Health Expenditure); World Bank; PRS.

Limited insurance coverage

Other than through government health facilities, OOPE can be reduced by expanding insurance coverage. According to NFHS-5 (2019-21) 41% households had at least one person covered by health insurance.[32]

According to the NITI Aayog (2021) about 30% of India's population is ineligible for any insurance scheme, public or private, due to the nature of their occupation and income.[50] These mainly include self-employed farmers in rural areas and shop workers or craft workers in urban areas.

As per the National Health Accounts (2021-22), about 14% of all current health expenditure was financed through insurance.[6] Government financed insurance comprised about 6% of such expenditure.

OPD services not included under insurance

Insurance schemes in India largely do not cover out-patient care.[50] As per National Health Accounts (2021-22), outpatient care constituted about 38% of current health expenditure.[6] According to NITI Aayog (2021), 80-85% of all catastrophically affected households were affected by expenses on outpatient care.[50] A household is catastrophically affected if its health expenses as a share of overall expenses exceed a predefined limit.

Universal Health Coverage in India

The High-Level Expert Group on Universal Health Coverage in India had recommended that the central government guarantee essential health services to every citizen. This includes primary, secondary and tertiary services.[8] These would be free in all public facilities and contracted private facilities.[8] To achieve universal coverage, it recommended spending 3% of GDP on health by 2022.[8]

Rajasthan passed the Rajasthan Right to Health Act, 2022. It entitles all residents with free healthcare services in public facilities.[59] These include in-patient and OPD services. It also extends these entitlements to private facilities, based on conditions provided in rules. Rules under the Act have not yet been notified.[59]

In 2023-24, Rajasthan spent 21,273 crore on health, 38% higher than actual spending 2022-23.[60,61] In 2024-25, its estimated spending towards health was 30% higher than spending in 2023-24.[61]

Healthcare personnel

Human Resources for health and medical education

Under this head, spending is channelled towards: (i) establishing new medical colleges with district referral hospitals, and (ii) upgrading state medical colleges to increase MBBS and PG seats.[14] In 2025-26, Rs 1,675 crore has been allocated towards this head.[7] This is 189% higher than the revised estimates of 2024-25.

Funds under this head have been underutilised. In 2022-23, only 26% of allocation under this head was spent.[7] In 2023-24, 20% was spent.[7]

Establishment of new medical colleges: Since 2014, 157 new medical colleges were approved. As of February 2024, 108 are functional.[62]

Increasing MBBS and PG seats: The government aims to add 10,000 MBBS seats and 8,058 PG seats.[14] As of February 2024, 4,977 MBBS seats have been approved.[62] As of March 2023, 7,916 PG seats were approved as well.[14]

Distribution of medical seats varies across regions. In 2023-24, about 48% of UG and 46% of PG seats were concentrated in four states - Karnataka, Tamil Nadu, Uttar Pradesh and Telangana.[62]

The Standing Committee on Health and Family Welfare (2024) noted that states with similar population had vastly different levels of medical seats.[63] As of 2020, Rajasthan had half of Tamil Nadu's medical seats despite similar population levels.[63] Similarly, Bihar had 30% of Maharashtra's medical seats.[63]

Establishment of new AIIMS

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was launched to: (i) set up new AIIMS and (ii) upgrade government medical colleges to build tertiary care facilities.[64] Between 2003 and 2018, 22 AIIMS were approved under PMSSY.[65,66] As of November 2024, six AIIMS are fully functional, while the rest are in completion.[67]

Since 2023-24, expenditure on establishing new AIIMS is recorded under a separate head. In 2025-26, Rs 7,639 crore has been allocated towards setting new AIIMS.[7] This is 2% higher than estimated expenditure in 2024-25.

As of November 2024, 36% faculty positions and 29% non-faculty positions are vacant across AIIMS.[67] Faculty vacancies are the highest in AIIMS: (i) Madurai (72%), (ii) Rajkot (63%), (iii) Bilaspur (51%), and (iv) Raipur (42%).[67]

Development of nursing services

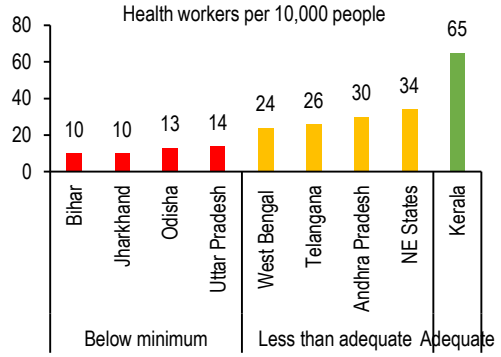
Under this head, nursing schools are upgraded into colleges.[68] Schools receive assistance of upto seven crore rupees to finance this upgradation. As of August 2024, 38 schools have been upgraded into colleges.[68] In 2025-26, Rs 28 crore have been allocated for this purpose.[7] This is an increase of 27% of the estimated spending in 2024-25.

The WHO recommends three nurses and midwives per 1,000 persons.[69] As of December 2022, India had ratio was 2.06 nurses and midwives per 1,000 persons.[70]

Shortage of specialist healthcare personnel

WHO recommends 44.5 healthcare workers per 10,000 population.[71] This includes doctors, nurses and midwives. It also states that this should not be lower than 23 per 10,000 persons.[72] According to Economic Survey (2020-21), barring Kerala, no other state had the recommended levels of healthcare workers (Figure 16) (see Table 12 in Annexure for state-wise details).

Figure 16: Most states do not have recommended levels of healthcare workers (2020-21)



Note: Health workers also include AYUSH doctors
Sources: Economic Survey 2020-21; PRS.

WHO recommends a doctor to population ratio of 1:1000 (one doctor for 1,000 persons).[73] As of July 2024, the doctor population ratio in India was 1:836.[73] This includes allopathic and AYUSH doctors.[73] Considering only allopathic doctors, as of December 2022, India had a doctor population ratio of 1:1272.[17,36] This assumes 80% availability of registered doctors.

Specialists

Shortage of healthcare personnel particularly affects rural areas. Between 2005 and 2023, shortage of specialist doctors such as surgeons, gynaecologists and paediatricians, and radiographers at CHCs in rural areas has increased (Table 7).[2]

Table 7: Shortage of specialists and radiographers in CHCs has increased

Personnel (facility)	2005	2023
Doctors (PHCs)	4%	4%
Specialists (CHCs)	46%	80%
Radiographers (CHCs)	35%	58%
Nurses (PHCs and CHCs)	29%	10%

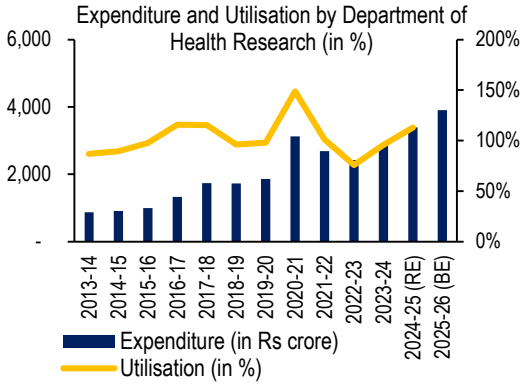
Sources: Health Dynamics of India (Infrastructure and Human Resources 2022-23; PRS.

Lack of specialists may affect the delivery of quality healthcare.[74] As discussed earlier, the burden of communicable diseases is rising.[26] These diseases, especially cardiovascular and pulmonary diseases, require specialist care. The Parliamentary Estimates Committee (2017) had noted nation-wide shortage of specialists in fields such as cardiology, diabetes, and chest medicine.[74]

Health Research

For 2025-26, the Department of Health Research has been allocated Rs 3,901 crore. This constitutes 4% of the Ministry's budget. Expenditure on the Department has increased over the years. Between 2013-14 to 2023-24, it increased by 11% annually. In this period the Department utilised 101% of its funds. In 2024-25, the Department is estimated to spend 113% of its allocation.

Figure 17: Utilisation of funds by the Department has reduced since 2020-21



Note: RE is Revised Estimate and BE is Budgeted Estimate.
Sources: Union Budget documents of various years; PRS.

Lack of investment in health research

According to the Standing Committee on Health and Family Welfare (2023), India spent 0.02% of its GDP on health research in 2021-22.[75] In 2017, the United States and United Kingdom spent 0.65% and 0.44% of their GDP on heath research, respectively.[75] The Standing Committee (2023) noted that existing expenditure levels were insufficient and recommended spending 0.1% of GDP on health research.[75] In 2022, it also recommended allocating 5% of the Ministry's budget to the Department of Health Research.[75]

Performance of ICMR

Spending towards the Indian Council of Medical Research (ICMR) constitutes the largest portion of the Department's spending. The ICMR is responsible for conducting and support medical research in India.[76] In 2025-26, ICMR has been allocated 80% of the Department's budget, that is, Rs 3,126 crore. This 9% higher than the revised estimates of 2024-25. In 2020-21, research spending by ICMR constituted only 3% of all research expenditure by the centre.[77]

The Standing Committee on Health and Family Welfare (2017) had observed that about 800 scientists were working at the ICMR in 2016.[78] It noted that the strength of ICMR was too small to produce effective research for a large country like India, and recommended expanding it. As of August 2023, ICMR had sanctioned 876 posts of scientists, of which 142 (16%) were vacant.[79]

The Standing Committee (2017) had also noted that ICMR's research output was low, and that a very small share of its patent applications were approved.[78] It recommended augmenting health research output to meet India's health challenges.[78]

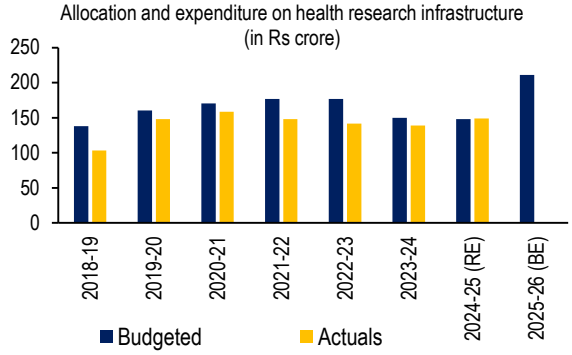
Health research infrastructure

The Department spends on following areas of research infrastructure: (i) laboratories to manage epidemics and calamities, (ii) tools to prevent outbreaks of epidemics, and (iii) infrastructure to promote health research.[7]

Allocation on research infrastructure increased between 2018-19 to 2022-23. It dwindled in 2023-24 (Figure 18). In 2025-26, Rs 211 crore was allocated towards health research infrastructure. This is higher than allocations since 2018-19.[7]

In 2021, the Standing Committee on Health and Family Welfare highlighted the need for a surveillance system for timely identification of viruses and intervention for the same.[80] Spending on prevention and management epidemics consistently reduced from Rs 94 crore in 2020-21 to Rs 70 crore in 2023-24. In 2025-26, Rs 61 crore has been allocated for this purpose.[7]

Figure 18: Allocation on health research infrastructure in 2025-26 is 42% higher than estimated spending in 2024-25



Note: Actuals data for 2023-24 is the revised estimate of expenditure.
Sources: Department of Health Research, Expenditure Budget 2024-25; PRS.

Annexure

Table 8: Government Health Expenditure as a share of overall health expenditure in certain states (in %)

	Government Health Expenditure (as % of THE)							
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Assam	29	38	39	57	55	58	58	64
Andhra Pradesh	15	22	25	30	32	33	35	42
Bihar	17	19	21	40	45	44	47	55
Chhattisgarh	28	32	34	50	47	52	55	60
Gujarat	34	37	39	43	44	45	43	50
Haryana	24	28	30	33	36	41	41	46
Himachal Pradesh	44	47	51	49	52	52	52	58
Jammu and Kashmir	35	40	39	54	51	50	65	71
Jharkhand	24	30	31	29	34	33	34	49
Karnataka	22	26	27	33	34	31	36	43
Kerala	18	23	27	25	25	24	26	33
Madhya Pradesh	26	28	29	41	41	44	42	52
Maharashtra	17	24	23	26	27	27	31	34
Odisha	22	20	27	39	41	42	44	53
Punjab	17	20	20	26	29	30	31	36
Rajasthan	31	33	33	40	44	42	42	50
Tamil Nadu	25	28	27	41	47	44	50	52
Telangana	22	38	-	40	41	44	46	46
Uttar Pradesh	19	21	22	24	25	26	25	32
Uttarakhand	36	37	36	55	61	62	61	68
West Bengal	-	-	21	24	26	26	29	36
All-India	**29**	**31**	**32**	**41**	**41**	**41**	**43**	**48**

Note: Data for West Bengal is not available for 2014-15 and 2015-15. Data for Telangana is not available for 2016-17
Note: Government Health Expenditure includes expenditure by the Union and state governments.
Sources: National Health Accounts 2014-15 to 2021-22; PRS.

Table 9: Share of hospitalisation cases (excluding childbirth) by type of hospital in 2017-18 (in %)

	Government	Private	Charitable Trust/NGO
All-India	**42%**	**55%**	**3%**
Andaman and N. Islands	83%	17%	0%
Andhra Pradesh	28%	69%	3%
Arunachal Pradesh	92%	7%	2%
Assam	71%	27%	2%
Bihar	38%	60%	2%
Chandigarh	67%	33%	1%
Chhattisgarh	54%	42%	4%
Dadra and Nagar Haveli	66%	34%	0%
Daman and Diu	19%	81%	0%
Delhi	62%	37%	1%
Goa	66%	34%	0%
Gujarat	31%	62%	7%
Haryana	31%	67%	2%
Himachal Pradesh	77%	21%	2%
Jammu and Kashmir	91%	8%	1%
Jharkhand	41%	54%	6%
Karnataka	27%	71%	2%
Kerala	38%	58%	4%
Lakshwadeep	70%	26%	4%
Madhya Pradesh	48%	49%	3%
Maharashtra	22%	74%	4%
Manipur	80%	20%	1%
Meghalaya	85%	15%	1%
Mizoram	80%	16%	5%
Nagaland	73%	27%	0%
Odisha	72%	27%	1%
Puducherry	69%	31%	0%
Punjab	29%	66%	5%
Rajasthan	51%	48%	1%
Sikkim	80%	20%	0%
Tamil Nadu	50%	48%	2%
Telangana	21%	78%	1%
Tripura	95%	4%	1%
Uttarakhand	36%	63%	1%
Uttar Pradesh	27%	70%	2%
West Bengal	69%	29%	2%

Sources: Key Indicators of Social Consumption in India: Health - July 2017 to June 2018, NSO; PRS.

Table 10: Medical seats across States/UTs in 2023-24

	UG	PG
Andaman and N. Islands	114	0
Andhra Pradesh	6485	3568
Arunachal Pradesh	50	0
Assam	1550	738
Bihar	2765	1229
Chandigarh	150	585
Chhattisgarh	2005	589
Dadra and N. Haveli	177	0
Delhi	1497	2938
Goa	180	137
Gujarat	7150	2910
Haryana	2185	897
Himachal Pradesh	920	356
Jammu and Kashmir	1339	657
Jharkhand	980	263
Karnataka	11745	6449
Kerala	4655	1945
Madhya Pradesh	4800	2348
Maharashtra	10845	6074
Manipur	525	255
Meghalaya	50	37
Mizoram	100	0
Nagaland	100	0
Odisha	2525	1234
Puducherry	1830	1034
Punjab	1800	792
Rajasthan	5575	3288
Sikkim	150	34
Tamil Nadu	11650	5134
Telangana	8490	3112
Tripura	225	91
Uttar Pradesh	9903	4220
Uttarakhand	1150	1832
West Bengal	5275	2088
Total	**1,08,940**	**54,834**

Sources: Starred Question No.7, Ministry of Health and Family Welfare, February 7, 2024; PRS.

Table 11: Infant Mortality Rate (per 1,000 live births) and Anaemia in Women aged 15-49 (in %)

State/UT	IMR (2020)	Anaemia (2019-21)
Andaman and Nicobar Islands	7	58%
Andhra Pradesh	24	59%
Arunachal Pradesh	21	40%
Assam	36	66%
Bihar	27	64%
Chandigarh	8	60%
Chhattisgarh	38	61%
Dadra and Nagar Haveli and Daman and Diu	16	63%
Delhi	12	50%
Goa	5	39%
Gujarat	23	65%
Haryana	28	60%
Himachal Pradesh	17	53%
Jammu and Kashmir	17	66%
Jharkhand	25	65%
Karnataka	19	48%
Kerala	6	36%
Ladakh	16	93%
Lakshadweep	9	26%
Madhya Pradesh	43	55%
Maharashtra	16	54%
Manipur	6	29%
Meghalaya	29	54%
Mizoram	3	35%
Nagaland	4	29%
Odisha	36	64%
Puducherry	6	55%
Punjab	18	59%
Rajasthan	32	54%
Sikkim	5	42%
Tamil Nadu	13	53%
Telangana	21	58%
Tripura	18	67%
Uttar Pradesh	38	50%
Uttarakhand	24	43%
West Bengal	19	71%
All-India	**28**	**57%**

Sources: National Health Profile 2023, NFHS-5 (2019-21); PRS.

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Table 12: Health workers per 10,000 people across States (2020-21)

State	Health Workers (per 10,000 people)	State	Health Workers (per 10,000 people)
Andhra Pradesh	30	Madhya Pradesh	17
Assam	20	Maharashtra	18
Bihar	10	NE States	34
Chhattisgarh	21	Odisha	13
Delhi	41	Punjab	22
Gujarat	19	Rajasthan	15
Haryana	22	Tamil Nadu	32
Himachal Pradesh	16	Telangana	26
Jammu and Kashmir	29	Uttar Pradesh	14
Jharkhand	10	Uttarakhand	33
Karnataka	19	West Bengal	24
Kerala	65		

Sources: Chapter 5, Economic Survey 2020-21; PRS.

[1] National Health Policy, 2017, Ministry of Health and Family Welfare, https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf.

[2] Health Dynamics of India (Infrastructure and Human Resources) 2022-23, Ministry of Health and Family Welfare, https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf.

[3] "About Ayushman Bharat", Ministry of Health and Family Welfare, accessed on December 15, 2023, https://nha.gov.in/PM-JAY#.

[4] National Health Mission, Ministry of Health and Family Welfare, https://nhm.gov.in/images/pdf/NHM/NHM_more_information.pdf.

[5] "POSHAN Abhiyaan", Ministry of Women and Child Development, March 24, 2023, https://pib.gov.in/PressReleasePage.aspx?PRID=1910409.

[6] National Health Accounts 2021-22, Ministry of Health and Family Welfare, https://nhsrcindia.org/sites/default/files/2024-09/NHA%202021-22.pdf.

[7] Demand No. 46 and 47, Expenditure Budget 2024-25, Union Budget, https://www.indiabudget.gov.in/doc/eb/allsbe.pdf.

[8] High-Level Expert Group Report on Universal Health Coverage, Planning Commission of India, November 2011, https://nhsrcindia.org/sites/default/files/2021-06/21.HLEG%20Report%20on%20Universal%20Health%20Coverage%20for%20India.pdf

[9] "Domestic General Government Health Expenditure (GGHE-D) as percentage of gross domestic product (GDP), World Health Organisation, as accessed on February 28, 2025, Domestic general government health expenditure (GGHE-D) as percentage of gross domestic product (GDP) (%).

[10] A Report of High Level Group on Health Sector, Fifteenth Finance Commission of India, 2019, https://fincomindia.nic.in/archive/writereaddata/html_en_files/fincom15/StudyReports/High%20Level%20group%20of%20Health%20Sector.pdf.

[11] Report No. 31 of 2022, Comptroller Auditor General of India, December 21, 2022, https://cag.gov.in/uploads/download_audit_report/2022/DSC-Report-No.-31-of-2022_UGFA-English-PDF-A-063a2f3ee1c14a7.01369268.pdf.

[12] Unstarred Question No. 712, Ministry of Health and Family Welfare, Lok Sabha, February 7, 2025, https://sansad.in/getFile/loksabhaquestions/annex/184/AU712_5G3btk.pdf?source=pqals.

[13] Unstarred Question No. 1086, Ministry of Health and Family Welfare, Lok Sabha, December 8, 2023, https://sansad.in/getFile/loksabhaquestions/annex/1714/AU1086.pdf?source=pqals.

[14] Report No. 143, Standing Committee on Health and Family Welfare, Rajya Sabha, March 15, 2023, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/14/168/143_2023_3_15.pdf?source=rajyasabha.

[15] "National Rural Health Mission", National Institute of Health and Family Welfare, as accessed on January 27, 2025, https://nihfw.ac.in/cms/national-rural-health-mission.php#:~:text=The%2018%20high%20focus%20state,%2C%20Mizoram%2C%20Sikkim%20and%20Tripura..

[16] "National Rural Health Mission (2005-2012): Mission Document", Ministry of Health and Family Welfare, as accessed on January 4, 2025, https://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/mission_document.pdf/

[17] Report of the Technical Group on Population Projections for India and States 2011-2036, National Commission on Population, July 2020, https://mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_0.pdf.

[18] "Finance Commission in COVID times: Report for 2021-2026", 15th Finance Commission, October, 2020, https://fincomindia.nic.in/asset/doc/commission-reports/XVFC%20VOL%20I%20Main%20Report.pdf.

[19] "Report of the Task Force on Comprehensive Primary Healthcare Rollout", Ministry of Health and Family Welfare, https://nhsrcindia.org/sites/default/files/2021-03/Report%20of%20Task%20Force%20on%20Comprehensive%20PHC%20Rollout.pdf.

[20] "Ayushman Bharat Health and Wellness Centres", National Health Systems Resource Centre, as accessed on February 2, 2025, https://qps.nhsrcindia.org/sites/default/files/2022-01/AYUSHMAN%20BHARAT-HEALTH%20AND%20WELLNESS%20CENTRES%20.pdf.

[21] "Ayushman Bharat Health and Wellness Centres", Ministry of Health and Family Welfare, February 2, 2025, https://static.pib.gov.in/WriteReadData/specificdocs/documents/2021/sep/doc202192010.pdf

[22] "Ayushman Aarogya Mandir", as accessed on January 21, 2025, https://aam.mohfw.gov.in/

[23] "Update on Ayushman Aarogya Mandirs" Ministry of Health and Family Welfare, Press Information Bureau, August 9, 2024, https://pib.gov.in/PressReleasePage.aspx?PRID=2043513.

[24] "Union Cabinet informed about progress under National Health Mission (NHM) - 2020-21", Ministry of Health and Family Welfare, Press Information Bureau, September 28, 2022, https://www.pib.gov.in/PressReleasePage.aspx?PRID=1862938.

[25] "Total NCD Mortality Rate (per 100,000 population)", World Health Organisation, as accessed on February 2, 2025, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-ncd-mortality-rate.

[26] India: Health of the Nation's States: The India State-level Disease Burden Initiative, Indian Council of Medical Research, November 14, 2017, https://main.icmr.nic.in/sites/default/files/reports/2017_India_State_Level_Disease_Burden_Initiative_Full_Report.pdf.

[27] "Premature deaths due to non-communicable diseases", World Health Organisation, February 2, 2025, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ncd-deaths-under-age-70-(percent-of-all-ncd-deaths).

[28] "Probability of dying between the exact ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (SDG 3.4.1)", World Health Organisation, as accessed on February 2, 2025, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-of-dying-between-exact-ages-30-and-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-(-)/ .

[29] National Health Profile 2023, Central Bureau of Health Intelligence, https://cbhidghs.mohfw.gov.in/WriteReadData/l892s/Final_Central%20Bureau%20of%20Health%20Intelligene%20July%202024.pdf.

[30] Kerala Public Health Act, 2023, https://prsindia.org/files/bills_acts/acts_states/kerala/2023/ActNo.28of2023Kerala.pdf.

[31] "Universal Immunisation Programme", National Health Mission, as accessed on January 5, 2024, https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=824&lid=220.

[32] National Family Health Survey -5: India Fact sheet, Ministry of Health and Family Welfare, https://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf.

[33] "Senior Care Reforms in India: A position paper", NITI Aayog, January 2024, https://www.niti.gov.in/sites/default/files/2024-02/Senior%20Care%20Reforms%20in%20India%20FINAL%20FOR%20WEBSITE_compressed.pdf.

[34] Unstarred Question No. 935, Ministry of Health and Family Welfare, July 25, 2022, https://sansad.in/getFile/loksabhaquestions/annex/179/AU935.pdf?source=pqals.

[35] "Ayushman Bharat", About Pradhan Mantri Jan Aarogya Yojana, https://nha.gov.in/PM-JAY; "Cabinet approves health coverage to all senior citizens of the age 70 year and above irrespective of income under Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana", Ministry of Health and Family Welfare, Press Information Bureau, September 11, 2024, https://pib.gov.in/PressReleaseIframePage.aspx?PRID=2053881.

[36] National Health Profile 2023, Central Bureau of Health Intelligence, https://cbhidghs.mohfw.gov.in/WriteReadData/l892s/Final_Central%20Bureau%20of%20Health%20Intelligene%20July%202024.pdf.

[37] Unstarred Question No. 1037, Ministry of Health and Family Welfare, Lok Sabha, December 8, 2023, https://sansad.in/getFile/loksabhaquestions/annex/1714/AU1037.pdf?source=pqals.

[38] National Family Health Survey -4: India Fact sheet, Ministry of Health and Family Welfare, https://dhsprogram.com/pubs/pdf/FR339/FR339.pdf.

[39] "WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience: Summary", World Health Organisation, as accessed on January 5, 2024, https://iris.who.int/bitstream/handle/10665/259947/WHO-RHR-18.02-eng.pdf.

[40] National Family Health Survey-3, Ministry of Health and Family Welfare, https://dhsprogram.com/pubs/pdf/FRIND3/FRIND3-Vol1AndVol2.pdf.

[41] "Details of Anaemia Mukt Bharat", Ministry of Health and Family Welfare, August 6, 2024, https://pib.gov.in/PressReleaseIframePage.aspx?PRID=2042053.

[42] Unstarred Question No. 2610, Ministry of Health and Family Welfare, Lok Sabha, August 4, 2023, https://sansad.in/getFile/loksabhaquestions/annex/1712/AU2610.pdf?source=pqals.

[43] "Guidelines for Operationalising a Primary Health Centre for Providing 24-Hour Delivery and Newborn Care Under RCH-II", Ministry of Health and Family Welfare, 2005, https://nrhmmanipur.org/wp-content/uploads/2012/08/Guidelines_for_operationalising_24_hours_functioning_PHCs.pdf.

[44] "Finance Commission in COVID times: Report for 2021-2026", 15th Finance Commission, October, 2020, https://fincomindia.nic.in/asset/doc/commission-reports/XVFC%20VOL%20I%20Main%20Report.pdf.

[45] "Coverage under PM-JAY", Ministry of Health and Family Welfare, accessed on December 15, 2023, https://nha.gov.in/PM-JAY#.

[46] Unstarred Question 1374, Ministry of Health and Family Welfare, Rajya Sabha, August 1, 2023, https://sansad.in/getFile/annex/260/AU1374.pdf?source=pqars.

[47] Report No. 151, Standing Committee on Health and Family Welfare, Rajya Sabha, December 19, 2023, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/14/187/151_2023_12_19.pdf?source=rajyasabha.

[48] "Speech of Nirmala Sitharaman Minister of Finance", Union Budget 2025-26, https://www.indiabudget.gov.in/doc/Budget_Speech.pdf.

[49] "Enrolling in Medicare", Health and Disability, Government of Australia, accessed on December 27, 2024, https://www.servicesaustralia.gov.au/enrolling-medicare?context=60092#a4.

[50] Health Insurance for India's Missing Middle, NITI Aayog, October 2021, HealthInsurance-forIndiasMissingMiddle_28-10-2021.pdf (niti.gov.in).

[51] Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana Dashboard, as accessed on January 7, 2025, National Health Authority, Ministry of Health and Family Welfare, https://dashboard.pmjay.gov.in/pmj/#/..

[52] Report No. 11: Performance Audit of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, Comptroller and Auditor General of India, August 8 2023, https://cag.gov.in/en/audit-report/details/119060..
[53] "Key Indicators of Social Consumption in India: Health" July 2017- June 2018, National Statistical Office, https://www.mospi.gov.in/sites/default/files/publication_reports/KI_Health_75th_Final.pdf.
[54] "Number of outpatient care facilities", World Health Organisation, https://www.who.int/data/gho/indicator-metadata-registry/imr-details/1348.
[55] "Measures taken to strengthen public health facilities", Ministry of Health and Family Welfare, February 7, 2025, https://pib.gov.in/PressReleasePage.aspx?PRID=2100597.
[56] "Indian Public Health Standards", as accessed on January 22, 2025, https://iphs.mohfw.gov.in/#:~:text=Facilities%20must%20score%2080%25%20or,to%20achieve%20the%20required%20standards..
[57] "Decline in Out of Pocket Expenditure in India", Ministry of Health and Family Welfare, Press Information Bureau, November 10, 2024, https://pib.gov.in/PressNoteDetails.aspx?NoteId=153407&ModuleId=3&reg=3&lang=1.
[58] Out of Pocket Health Expenditure (% of Current Health Expenditure), World Bank, https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS.
[59] Rajasthan Right to Health Act, 2022, https://prsindia.org/files/bills_acts/acts_states/rajasthan/2023/Act7of2023Rajasthan.pdf.
[60] "Volume 2c: Revenue Expenditure – Social Services", States Budget 2024-25, Finance Department, Government of Rajasthan, https://finance.rajasthan.gov.in/docs/budget/statebudget/2024-2025%20(Modified%20Budget)/Vol2c.pdf.
[61] "Volume 2c: Revenue Expenditure – Social Services", States Budget 2025-26, Finance Department, Government of Rajasthan, https://finance.rajasthan.gov.in/docs/budget/statebudget/2025-2026/Vol2c.pdf.
[62] Starred Question No.7, Ministry of Health and Family Welfare, February 7, 2024, https://sansad.in/getFile/loksabhaquestions/annex/1715/AS7.pdf?source=pqals.
[63] Report No. 157, Standing Committee on Health and Family Welfare, Rajya Sabha, February 9, 2024, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/14/187/157_2024_2_19.pdf?source=rajyasabha.
[64] "Update on PMSSY", Ministry of Health and Family, Press Information Bureau, July 28, 2023, https://pib.gov.in/PressReleasePage.aspx?PRID=1943659#:~:text=The%20Scheme%20has%20two%20components,the%20Scheme%20in%20various%20phases.
[65] "Sixteen more AIIMS", Pradhan Mantri Swasthya Suraksha Yojana, as accessed on February 6, 2025, https://pmssy.mohfw.gov.in/index4.php?lang=1&level=0&linkid=81&lid=108.
[66] Report No. 10 of 2018, Comptroller Auditor General of India, August 7, 2018, https://cag.gov.in/webroot/uploads/download_audit_report/2018/Report_No_10_of_2018_-_Performance_Audit_on_Pradhan_Mantri_Swasthya_Suraksha_Yojana_in_Ministry_of_Health_and_Family_Welfare.pdf.
[67] Unstarred Question No. 709, Ministry of Health and Family Welfare, November 29, 2024, https://sansad.in/getFile/loksabhaquestions/annex/183/AU709_t3squo.pdf?source=pqals.
[68] Unstarred Question No. 2005, Ministry of Health and Family Welfare, August 2, 2024, https://sansad.in/getFile/loksabhaquestions/annex/182/AU2005_WJTl9u.pdf?source=pqals#:~:text=As%20per%20the%20scheme%20guidelines,Schools%20of%20Nursing%20is%20Annexed..
[69] "State of the World's Nursing – 2020", World Health Organisation, as accessed on February 20, 2025, https://iris.who.int/bitstream/handle/10665/331677/9789240003279-eng.pdf?sequence=1.
[70] Unstarred Question No. 1736, Ministry of Health and Family Welfare, Lok Sabha, December 16, 2022, https://sansad.in/getFile/loksabhaquestions/annex/1710/AU1736.pdf?source=pqals.
[71] "Global Strategy for Human Resources on Health": Workforce 2030, World Health Organisation, https://iris.who.int/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1.
[72] Chapter 5, Economic Survey 2020-21, Union Budget 2021-22, https://www.indiabudget.gov.in/budget2021-22/economicsurvey/doc/vol1chapter/echap05_vol1.pdf.
[73] Unstarred Question No 1887, Ministry of Health and Family Welfare, Lok Sabha, August 2, 2024, https://sansad.in/getFile/loksabhaquestions/annex/182/AU1887_XrGu06.pdf?source=pqals.
[74] Report No. 23, Committee on Estimates, Lok Sabha, December 21, 2017, https://eparlib.nic.in/bitstream/123456789/762501/1/16_Estimates_23.pdf.
[75] Report No. 144, Standing Committee on Health and Family Welfare, March 15, 2023, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/14/168/144_2023_12_17.pdf?source=rajyasabha.
[76] Annual Report 2022-23, Indian Council of Medical Research, https://www.icmr.gov.in/icmrobject/custom_data/pdf/annual-reports/ICMR_English_AR_2022_23_final.pdf.
[77] Research and Development Statistics at a Glance, 2022-23, Ministry of Science and Technology, https://dst.gov.in/sites/default/files/R%26D%20Statistics%20at%20a%20Glance%2C%202022-23.pdf.
[78] Report No. 100, Standing Committee on Health and Family Welfare, Raya Sabha, March 20, 2017, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/14/70/100_2019_7_16.pdf?source=rajyasabha.
[79] Unstarred Question No. 3713, Ministry of Health and Family Welfare, Lok Sabha, August 11, 2023, https://sansad.in/getFile/loksabhaquestions/annex/1712/AU3713.pdf?source=pqals.
[80] Report No. 127, Standing Committee on Health and Family Welfare, Rajya Sabha, March 8, 2021, https://sansad.in/getFile/rsnew/Committee_site/Committee_File/ReportFile/14/142/127_2021_7_11.pdf?source=rajyasabha.