RAJYA SABHA

***SUPPLEMENT**

TO

SYNOPSIS OF DEBATE

(Proceedings other than Questions and Answers)

Tuesday, March 18, 2025/ Phalguna 27, 1946 (Saka)

DISCUSSION ON THE WORKING OF THE MINISTRY OF HEALTH AND FAMILY WELFARE - *Contd.*

SHRI MANOJ KUMAR JHA: Cuba ensured the standard of living of its people rose in the human index despite fighting a big empire. The problems in our health sector have also arisen from the crisis of capitalism. I am not anti-capitalist, but the government's own committee is saying that eighty percent dependence is on the private sector. A new system is being born, which is called medical poverty. People are becoming poor due to medical expenses. Due to this capitalist society, the grip of the pharmaceutical industry is so strong that in many places it has started making and breaking the government. A report of the Standing Committee on NMC had come and I would like the government to take cognizance of the concerns expressed in it. The public health care professionals are moving to the private sector. The budgetary allocation that the government had increased during the Covid period should be given continuity and the allocation should be increased. It should be considered to levy a uniform GST at the rate of 5 percent on medical goods and services. The honorarium of Asha workers and workers of other schemes should be increased and their retirement benefits should also be fixed. Many new AIIMS have been built in the country but no other institution has a unique culture like AIIMS Delhi. There is a need to develop such a culture in those institutions as well. The expenditure on health in Bihar is only 5.7 percent. Bihar receives the lowest per capita grant under the National Health Mission. Bihar also ranks highest in the prevalence of communicable diseases and deaths caused by them. As per the Government's directives, every primary health center should have at least 4 to 6 beds but only 38 percent of PHCs in Bihar have such a number of beds. There is a huge shortage of Community Health Centers in Bihar. There is a proposal of AIIMS in Darbhanga. I request that there should be a postgraduate institute especially in the Kosi region. There is a post of Medical Social Worker in hospitals. But there is no salary parity for it.

SHRIMATI JAYA AMITABH BACHCHAN: I am sure that for any Government that comes to power, the basic interest is to provide good healthcare. Our Infant Mortality Rate is higher than several neighbouring countries. Our country also rank highest in wasted and stunted children under five years. In small towns the family stays together, and the parents are taken care of. But in big cities when the parents become senior citizens, their children go out to work or for their progress. But parents who live alone in flats and in houses, are completely ignored by the society, by all of us. There is need to conduct Census

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*This Synopsis is not an authoritative record of the proceedings of the Rajya Sabha.

of such elderly people so that timely healthcare can be given and dignity upheld during the twilights of their lives. Nearly 15 per cent of Indians suffer from mental health disorders and there is only one psychiatrist per 100,000 people. It is a very sad situation and is completely ignored. You get spurious medicines. In fact, a simple thing like Vicks is full of vax and scent. It is very bad thing. I would like to conclude by saying that the Government should consider bringing a unified healthcare law which will ease various aspects of healthcare services for the Indian citizens.

[#]**SHRI IRANNA KADADI**: India's health policy is not limited to just treatment. Instead, it focuses on disease prevention, the expansion of modern medical facilities, revolutionary changes in medical education, and prioritizing digital healthcare, which is highly commendable. Notably, initiatives like the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, Pradhan Mantri *Janaushadhi Kendras*, the National Health Mission, the expansion of medical colleges, the exemption of taxes on life-saving medicines, cancer care centers, and digital health protection serve as milestones in making India a healthier and more empowered nation. This budget not only enhances access to healthcare services but also ensures that treatments become more affordable and effective through these initiatives. To strengthen digital healthcare services, priority is being given to digital infrastructure in primary healthcare centers. Through the e-Shram Portal, daily wage workers can register themselves and avail health insurance benefits. The integration of telemedicine services through the e-Sanjeevani initiative has also played a crucial role in bridging the healthcare accessibility gap, especially in remote areas. In the next three years, day-care cancer centers will be established in all district hospitals across the country. By 2025-26, 200 new centers will be set up. Thirty-six life-saving medicines are now exempt from Basic Customs Duty (BCD), offering financial relief to patients suffering from cancer, rare diseases, and other severe illnesses. A budget allocation of ₹37,227 crore has been made for the National Health Mission, which plays a key role in strengthening primary and secondary healthcare services in rural and urban areas. Under the National Tuberculosis Eradication Mission, the TB incidence rate has been reduced. Despite these advancements, treatments for cardiac diseases, cancer, and kidney transplants remain expensive. The government is committed to ensuring that financial barriers do not prevent people from accessing life-saving treatments. The budget presented by the government is a visionary budget that strengthens the foundation of our healthcare system. It ensures that quality medical facilities reach every citizen, making healthcare more accessible, affordable, and efficient.

SHRIMATI JEBI MATHER HISHAM: The first point is on ASHA workers, the silent pillars of public health. Twenty years ago, under NRHM, when ASHA workers became scheme workers, they worked as voluntary part-time service. Today, they are the first-time responders to our most pressing health issue. During COVID-19, like angels, ASHA workers went from door to door, identifying patients who were quarantined, giving them medicine, PPE kits, etc. Not just for COVID, they have been at the frontline of battle, whether it is dengue, malaria, tuberculosis, cholera, leprosy, Nipah, even taking pregnant women to hospitals and giving vaccination. This is not a part-time job, it is, undoubtedly, a full-time job. But their shifts are endless. Even after going home, they have to do the data entry and reporting. So, their responsibilities are boundless, yet their compensation remains disgracefully inadequate. ASHA has become disheartened. This is not just a policy failure. This is discrimination; this is exploitation; this is violation of human rights. The recent announcement of considering enhancement of remuneration by the Union Minister in the House is a solace, but that is not enough. ASHA workers must be institutionalized as

[#] **Spoke in Kannada**

Government employees. Refusal to do so is a deliberate systematic undervaluing of women labour. Therefore, most respectfully, I urge the Central Government to regularise ASHA workers as employees. Anganwadi workers and helpers are the backbone of child nutrition. Their wages have not seen meaningful revision in eight years, but their workload has increased exponentially. This is a State-sanctioned injustice. I urge the Central Government to treat Anganwadi workers as Government employees in line with the Supreme Court Observation. Kerala under different successive Governments stayed ahead in public health. If this is the plight of Kerala's ASHA workers and Anganwadi workers, then, what will be their plight across the nation? I urge the Government that this has to end and both ASHA workers and Anganwadi workers will have to be treated as Government employees and benefits should be given to them. Kerala has to fight for AIIMS as it the tale of step-motherly treatment. Kerala has done everything whatever is required for AIIMS. I want to know as to why does not Kerala deserve an AIIMS? Why is there delay when other States are given AIIMS? This discrimination should end and Kerala should get an AIIMS. Before 2014, there was a common priority. The common priority was building of a robust healthcare system in India. The focus was on infrastructure, inclusivity and accessibility. Priority was to provide health care. When the WHO recommends five per cent of the GDP, India barely allocates 1.9 per cent. This is embarrassingly low when compared to giants. Through Ayushman Bharat, the health care shifted responsibility to private players ensuring free and accessible health to the needy, which is not there. The Comptroller and Auditor General itself has said that there are fake claims and there is total fraud. My next point is about violence against doctors and health professionals. India has become a place like that. Rising violence against doctors is a big issue and the Centre is not doing anything. The Government promised 10,000 medical seats but it can't conduct even the NEET exam! There is unacceptable 18 per cent GST on health insurance. That has to be revoked. That is much, much higher than what people pay in the USA, the UK and South Africa. I do not speak today merely to criticize; I speak to warn. Our healthcare system is dismantled before our eyes. The Government's policies are misplaced, flawed and dangerous.

SHRI ABDUL WAHAB: Both the Kerala Government and the Central Government are playing politics. I raise several key issues related to healthcare and medical education. Firstly, I emphasise the need to fix a minimum wage of ₹21,000 for nurses in private hospitals, as they are one of the most exploited communities. At the time of retirement, they struggle to get even ₹5 lakh. I also urge Naddaji to set up an AIIMS in Kerala and give Arya Vaidya Sala, Kottakkal the status of National Institute of Ayurveda on par with Jaipur, as it has remarkably secured third position in the Quality Council of India's rating. I emphasise the need to increase MBBS seats. Also, the barriers to practice for foreign-educated medical students should be reduced by simplifying the licensing process. I also want to draw attention towards the increasing attacks on doctors and the need for stringent laws and sensitisation for their safety. Lastly, I request the expansion of CGHS facilities in Malappuram and other districts.

SHRI MOHAMMED NADIMUL HAQUE: I express my grave concern over the poor public health system in the country. I have demanded from the government to remove the 18% GST on life and medical insurance premiums, but no action has been taken yet in thereon. The National Health Policy claimed to spend 2.5% of GDP on health but in reality, only 0.28% has been allocated, while the global average is 6%. There are 18,256 vacancies in AIIMS. Only 1% of the budget is spent on mental health, which is inadequate. In West Bengal, the health budget has increased from Rs 2,885 crore to Rs 20,200 crore under Mamata Banerjee's leadership. MBBS seats have been increased from 1,355 to 5,650 and nursing seats have increased 10 times. The number of health centres and hospital beds have also doubled. The Swasth Sathi Yojana covers 2.45 crore families and 8.5 crore people. The

scheme involves 2,879 hospitals and 85 lakh beneficiaries have availed services worth over Rs 11,000 crore so far. The Swasth Sathi Yojana is an assurance model, while the PM Jan Arogya Yojana is an insurance model, under which claims are often rejected. Under the National Health Mission, the central government has not provided any funds to Bengal after July 2023. As a result, financial burden to the tune of Rs 2,720 crore has increased on the state government. The doctor-population ratio is said to be 1:811, including AYUSH doctors, which hides the real situation. Public health is a fundamental right, and I appeal to the central government to learn from the Bengal model and strengthen the health system for the entire country.

SHRIMATI RAMILABEN BECHARBHAI BARA: I express my gratitude for giving me the opportunity to participate in the discussion on the functioning of the Ministry of Health and Family Welfare. The Modi government is dedicated to the poor and is working in the spirit of Antyodaya. Before 2014, the health budget was Rs 37,330 crore, but it has been enhanced continuously during Modi ji's tenure. The budget for 2025-26 is about Rs one lakh crore, which is providing comprehensive health security to the countrymen. With the foresight of the Prime Minister, concrete measures have been taken to reduce malnutrition, maternal mortality and protection of the newborn. ASHA sisters, Anganwadi workers and female health workers are working day and night so that pregnant women and newborn babies remain safe and healthy children are born. The government is fully committed in this direction. Modi government has taken many steps under Mission Vatsalya Yojana. 12 crore children have been vaccinated under Mission Indradhanush Yojana. In 2014, the central government had launched a programme of National Child Health. This was done to take care of the health of children. Gujarat government conducted health checkups of newborns and children from Anganwadi to 18 years and diagnosed and treated serious diseases of children. Today Gujarat government is doing this every year. For this, the central government has also given a national award to Gujarat. I want to tell about Sickle cell anemia. Sickle cell anemia is mostly seen in tribal people. Since the independence of the country, this disease was ignored and these diseases kept increasing. In our country, the Prime Minister and our Health Minister identified tribal-dominated states and got them examined under the Sickle Cell Anemia Mission. Two crore tribal people were found suffering from this. Sympathetic action will be taken with those people in the coming days. Cancer is an incurable disease. Today, health centres have been established in every village. Cancer care units will be established in every hospital. This has already been established in many hospitals. It has been mentioned in the budget that cancer treatment facilities and chemotherapy facilities will be available in every district hospital. Our *Jan Aushadhi Kendras* have been made available for affordable medicines through these centres. Ayushman Card is an unprecedented initiative. It is very useful for the poor. It also has provisions for senior citizens and gig workers. Our country India will definitely become self-reliant in the health sector in the coming days.

SHRI NEERAJ DANGI: When health budget is discussed, the Government's focus should be on providing healthcare to the country as a whole. Medicines and life-saving drugs have become very expensive today. Budget increase alone cannot bring about systemic reform. Despite the increase in budget, healthcare allocation as a percentage of GDP has remained less than 2 percent. This is much less than the target of 2.5 percent set by the National Health Policy 2017. This budget has failed to prioritise healthcare. There has also been an 11 per cent decline in expenditure on central government schemes for 2024-25. That decline has exposed inefficiency and slow implementation of major health programmes. There is a huge gap in healthcare services between rural and urban areas. That gap needs to be bridged. 65 per cent of the hospitals in the country are located in urban areas, while 70 per cent of the country's population lives in rural areas. The budget has given

priority to the expansion of only city-centric medical institutions. There is not enough provision of funds for the Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural India. When we look at out-of-pocket expenditure for health insurance and health benefits, we find that 62.6 per cent of India's total healthcare expenditure has to be borne by the people themselves. In such a situation, the policy interventions that were needed in the budget have not been done. If some work really needs to be done in the health sector, then we will have to do the same work that the Congress Government did in Rajasthan. There have been some flaws in the management of Covid in India. If someone in Jalore, Sirohi, Pali of Western Rajasthan gets a major disease, then he has to go to the nearby area, Ahmedabad, Palanpur and Deesa in Gujarat, where huge bills are made in private hospitals and to pay those bills, a person is forced to sell his land and property or has to take a big loan. Such are the conditions where we talk about the *Amrit Kaal* of Independence after 25 years. I request the Central Government through you to approve a state-of-the-art central institute of excellence like AIIMS in Sirohi, Jalore, Pali area on an immediate basis and also approve the allocation of budget for it. The claim of 10,000 seats this year and increasing it to 75,000 seats within five years is not clear. There is talk of a debt-free budget for medical education, but no subsidy has been given. The condition of private medical colleges is such that fees ranging from Rs 60 lakh to Rs 1 crore or even more are charged there. In such a situation, how will a poor person be able to study medicine? If we talk about cancer treatment, district-level cancer care centres have been announced for decentralization, but without trained specialists and drug supply chains and diagnostic capacity, these centers will be useless, so there is a need to focus on this. More budgetary allocation should be made on how to diagnose cancer in the early stages. We talk about a PPP model for district hospitals, but no major public-private partnership has been announced. Finally, I would like to give some corrective suggestions. The health budget should be increased to 2.5% of GDP. CSR funds should be used in rural areas. The Medical Commission should be encouraged to set up new medical colleges through resources. More and more doctors and nurses should be recruited in rural areas, they should be given good salaries so that their attachment to urban areas is reduced and they are motivated to provide services in rural areas. The digital mission of 'Ayushman Bharat' should be extended to primary health centers. Telemedicine facilities should be expanded by increasing the use of platforms like e-Sanjeevani. I believe that with all these efforts, we will be able to provide a better health system to the country.

SHRI MILIND MURLI DEORA: Our central healthcare budget has been increased by 11 percent. There are a few things in the Budget which I am very pleased about. One is the commitment to increase medical seats, 10,000 medical seats, next year and 75,000 medical seats over five years, which I think will significantly improve the healthcare infrastructure in our country. 'Ayushman Bharat Yojana' has been extended to gig workers. Recently, the Prime Minister launched a very, very positive campaign to spread awareness about the growing trend of obesity in India. In America, 42 per cent of adults and 20 per cent of children in the US are obese. This is a sharp rise of 30 per cent from just two decades ago. Obesity-related illnesses in the US, today, are accounting for 1.4 trillion dollars annually, which is 7 per cent of the country's GDP. In fact, 1 in 3 deaths in the US, if you take all deaths on account of accidents and diseases, can be linked to obesity-driven diseases like diabetes and heart disease. It is very clear for India, if we do not act now, we could potentially have an obesity crisis in our country. Singapore and Japan are proactively fighting obesity and ensuring that nobody in their country is obese. Singapore has recently completely banned advertisements on high-sugar products that are targeting children. When parents go to the supermarket, they don't know which product is healthy and which is unhealthy. They think that a fruit juice, which is actually a sugary drink, is a healthy drink

for their child. Very few bold reforms are required to ensure that India is obesity free in the coming years to ensure that we do not have the health crisis that we see in the U.S. The time has come that we must consider a complete ban on advertisements of high-fat and high-sugar foods that are targeting children. Today people in the world are saying that sugar is the new tobacco. I have no objection to importing the best American technologies that help our workforce, but I am against importing American lifestyles and their obesity epidemic.

DR. FAUZIA KHAN: I would like to limit my discussion to women's health. While women are worshipped in many divine forms, women are neglected as human beings. Today, women and power are nowhere near each other. The mother's health condition has not improved. Emergency medical transport in rural and tribal areas is a serious issue. In the National Tele Mental Health Programme, there are cuts in the Budget. Anaemia is increasing among the 14 to 49 years old age people. Malnutrition under five-year stunted children is increasing from 35.5 per cent in 2021 to 37 per cent in 2024. India needs to strengthen its nursing care to match global standards. Medical colleges are increasing but what about specialists' faculty. Our commitment to Nari Shakti must reflect in robust budgetary provision.

SHRIMATI SUDHA MURTY: Jan Aushadhi scheme should be extended to remote and rural areas also. One may have money, robust health, beauty and everything but if one is not mentally sound, then, he or she can never enjoy life. People look down upon mental illness and their awareness is very poor. NIMHANS, Bangalore is the finest institute, but we require many more institutes in India because our population is very large. Government should give little more money for such hospitals. Research in West is so different from research in India. Our cultural conditions are different, and our way of thinking is different that is why our problems are different. We can have a lot of awareness programmes. There should be 'Jara Sochiye' kind of a programme and that programme should be made compulsory for all the channels, not on the Government channels only. Mental illness is a curable disease. You have to express yourself.

SHRI DEEPAK PRAKASH: According to our scriptures, health is the ultimate wealth and with good health every good work can be accomplished. If any country in the world showed the best management during the Corona period, it was India. The work of increasing the infrastructure in the medical field is progressing. Today patients from developing countries of the world are turning towards India for treatment. Earlier, patients from different places of the country used to visit the houses of MPs to get treatment in AIIMS. Today 23 AIIMS are working under the leadership of Prime Minister Narendra Modi. Medical colleges are functioning in 259 districts today. In WHO reports and leading newspapers across the world, India is being seen as a model in the health sector today. It was Prime Minister Narendra Modi who launched Ayushman Bharat PM-JAY in Ranchi in the birthplace of Lord Birsa Munda and the karmabhoomi of Tilka Manjhi. Earlier, when a disease attack a poor person's family, it was like a disaster had come to him. He was forced to mortgage his land, house, jewellery etc. But today he goes to the hospital with Ayushman card with pride. This is Modi's miracle! Now even 70-year-olds will get a guarantee of treatment worth Rs 5 lakh. Additionally, our gig workers have also been included in this scheme. The Congressmen are jealous of our achievements. What happened in 1975? During the Emergency in the country, the Congressmen forcibly sterilized the youth, unemployed, elderly, mothers and sisters. When the Congress Government was in power in Chhattisgarh, a health scam involving Rs. 630 crore took place there. Today India has become a super power in the pharma sector. Out of the total tablets consumed in America, every third tablet is manufactured in India. 40 percent of the total consumption of generic medicines in America is manufactured in India. India's share in the pharma industry in the world market

has increased from 5 percent in 1969 to 85 percent in 2024. To promote medical tourism in India, the Modi government has come up with the 'Heal India' programme. Under this programme, work is being done at various levels so that people coming to India for treatment do not have to face any kind of problems. A total of 75,000 seats will be added in medical colleges and hospitals in the next five years.

DR. M. THAMBIDURAI: Hon. Prime Minister announced during his period to increase the MBBS seats to 1,20,000 in the country and it was also expressed that another 75,000 are going to be increased during the period. I appreciate that the Government has come forward to increase the MBBS seats. But we have to see that apart from the MBBS, for PG courses also seats must be increased equally. We are for the AIIMS, Madurai. The NEET examination was introduced by the DMK and the Congress Government. But now they are campaigning to abolish it. I am thankful to the Central Government which had co-operated and given 11 medical colleges to Tamil Nadu.

Discussion not concluded.

FELICITATIONS BY THE CHAIR

MR. CHAIRMAN: Hon'ble Members, it is a privilege to honour Shri Ilaiyaraaja, the legendary composer whose music has shaped Indian Cinema for over five decades. His extraordinary mastery of blending classical traditions with contemporary sounds has given rise to timeless melodies that transcend generations and borders. His compositions are much beyond songs. These are deeply felt emotions that have touched millions.

He has composed over 8,600 songs besides being the only composer in the world to have composed music for about 1,523 feature films and in over nine languages.

Shri Ilaiyaraaja's unparalleled contributions to music have been accoladed and recognized with numerous honours, including five National Film Awards -- three for the Best Music Direction and two for Best Background Score. A gold medallist in classical guitar from Trinity College of Music, London, he has elevated Indian music to global recognition. In 2010, he was conferred the Padma Bhushan, followed by Padma Vibhushan in 2018, and, in 2022, he was awarded an honorary doctorate by Prime Minister, Shri Narendra Modiji, in recognition of his remarkable legacy.

Hon'ble Members, I join you in proudly announcing that Shri Ilaiyaraaja is the first Indian to compose, record and perform live, a full English Classical Symphony Music titled 'Valiant', this month in London with the Royal Philharmonic Orchestra on March 8, 2025. This symphony was composed by him in 34 days which is a very unique achievement, and the whole nation and people beyond are proud of this. The achievement is yet another testament to his enduring brilliance and global appeal.

Beyond his musical achievements, Shri Ilaiyaraaja's presence in this august House since July 2022 as a nominated Member enriches our collective discourse. On behalf of this House, I extend my heartfelt felicitations to him. May his legacy continue to inspire, motivate, and may his melodies captivate the world for generations to come!

P. C. MODY,
Secretary-General.

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