






Trends in Finances for the Department of Health and Family Welfare

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KEY HIGHLIGHTS

-  In FY 25-26 Budget Estimates (BEs), Government of India (GoI) allocated ₹99,859 crore to the Ministry of Health and Family Welfare (MoHFW). This was ₹9,884 crore (11 per cent) more than the Revised Estimates (REs) of the previous year, and 10 per cent more than the BEs.
-  India's health spending (including water and sanitation) is among the lowest globally, at 1-2 per cent of GDP, with the Union share at just 0.28 per cent in FY 25-26 BEs.
-  National Health Mission is the largest scheme with ₹39,435 crore allocated in FY 25-26 BEs, a 7 per cent increase over REs for FY 24-25.
-  In FY 25-26 BEs, GoI allocated ₹9,406 crore for PMJAY, a 24 per cent increase from the previous REs.
-  As of February 9, 2025, 36.65 crore Ayushman Cards have been created and 8.59 crore hospital admissions worth ₹1.19 lakh crore have been authorised (as of January 1, 2025).

KEY POLICY ANNOUNCEMENTS

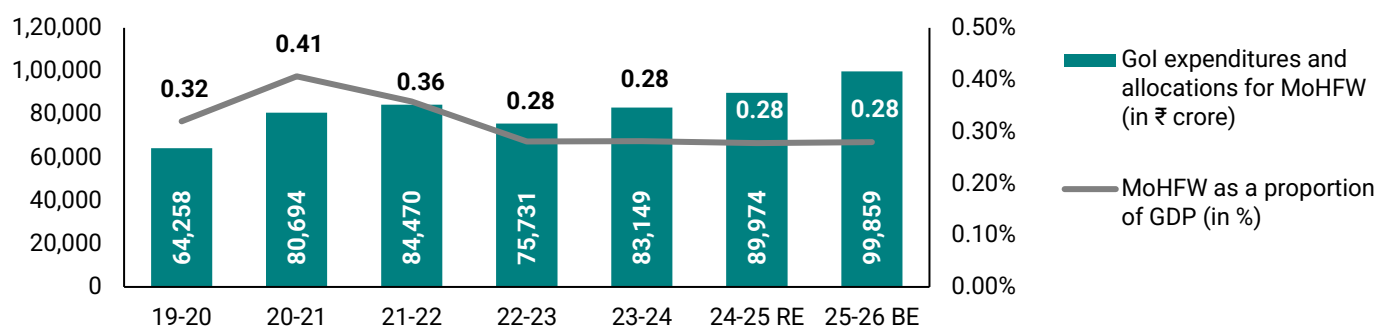
-  The Budget speech mentioned that under the Bharatnet project, broadband connectivity will be provided to all primary health centres in rural areas as well as Government secondary schools.¹
-  The budget speech highlighted a 130 per cent rise that had occurred in seats in medical colleges and hospitals over last ten years. The GoI plans to add 10,000 more seats next year, aiming for 75,000 over the next 5 years.²
-  The speech mentioned setting up of Day Care Cancer Centres in all district hospitals in the next 3 years and 200 of the Centres will be established in FY 25-26.³
-  It also mentioned ensuring social security for online platform workers by providing healthcare under PM Jan Arogya Yojana to nearly 1 crore gig workers.⁴

OVERVIEW

Health is primarily a state subject, but governance of health and healthcare related activities involves all three tiers i.e., Union, states, and local bodies in India. Over the years, the Government of India (GoI) has played an increasing role in healthcare through Centrally Sponsored Schemes (CSSs) like the National Health Mission (NHM) and Other Central Sector Expenditures like Autonomous Bodies. This brief looks into the trends in the Union's financing for health.

- For FY 25-26 Budget Estimates (BEs), allocations for the Ministry of Health and Family Welfare (MoHFW) stood at ₹99,859 crore. This is ₹9,884 crore or 11 per cent more than the Revised Estimates (REs) of the previous year and 10 per cent more than the BEs.
- India's health expenditure as a share of GDP remains among the lowest globally. While the Union's contribution averages 0.31 per cent of GDP, it peaked at 0.41 per cent in FY 20-21 due to COVID-19 but declined to 0.28 per cent in FY 24-25 REs and is projected at 0.28 per cent in FY 25-26 BEs. Most health funding comes from states.

Figure 1: GoI Allocations and Expenditure for MoHFW and Share in GDP

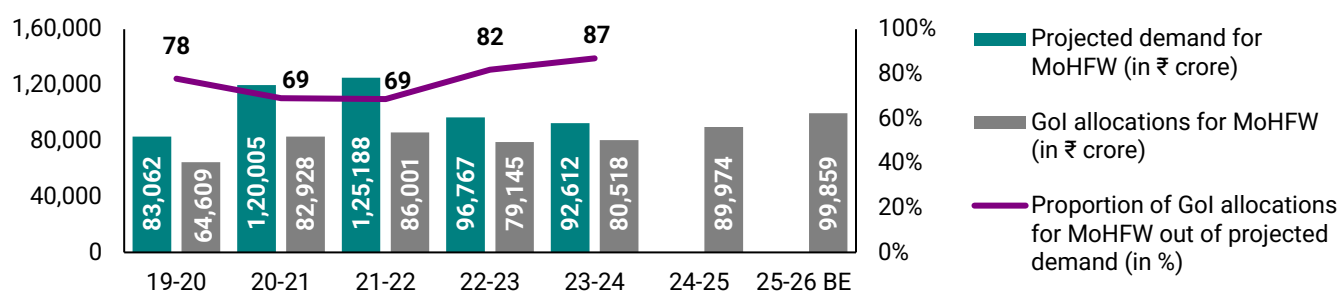


Source: (1) Union Expenditure Budget, Volume 2, MoHFW, FY 21-22 to FY 25-26. [Url](#). (2) Annual and Quarterly Estimates of GDP at current prices, 2011-12 series, MoSPI. [Url](#). Last accessed on 8 February 2025.

Note: Figures are in crores of rupees and are Actuals between FY 19-20 and FY 23-24, REs for FY 24-25 and BEs for FY 25-26.

- Every year, Department-related Parliamentary Standing Committees are responsible for analysing the Demand for Grants of different Ministries and makes recommendations on budgets, policy priorities and key issues in the sector. The Standing Committee on Health and Family Welfare reviews the projected demands raised by the MoHFW.
- A comparison between projected demand by the MoHFW and allocations suggests gaps in funding. Despite the onset of COVID-19, the gap between projected demand and allocations was significant with only 69 per cent of the projected demand allocated even in FY 20-21 and FY 21-22.
- In recent years, however, the gap between projected demand and GoI's allocation has been declining, but there is still a shortfall between what is requested and what is allocated. For instance, in FY 23-24 REs, GoI allocations were 87 per cent of the projected demand of ₹92,612 crore, indicating a shortfall of ₹12,094 crore.
- The 143rd Demand for Grants for DoHFW Report by the Parliamentary Standing Committee in 2023⁵ observed that between FY 18-19 and FY 22-23, not only have the budgetary allocations always been less than the projected Demands for Grants for DoHFW but even projected additional demands for funds at REs stage, were not all approved.

Figure 2: Trends in MoHFW Projected Demand and Allocations



Source: (1) Union Expenditure Budget, MoHFW, FY 20-21 to FY 25-26. [Url](#). (2) Projected demand from Rajya Sabha Department Related Standing Committees reports. [Url](#). Last accessed on 8 February 2025.

Note: Figures for allocations are REs, except for FY 25-26 which are BEs.

HOW DOES THE MoHFW ALLOCATE?

- MoHFW is responsible for formulating India's health policy. It manages medical and public health, drug control and food safety, implements population stabilisation programs, and promotes health technologies through research, integrating innovations into the public health system. Further, it provides administrative and financial support to states to implement key schemes and operate health facilities. It also establishes and runs national medical Institutes such as the All-India Institute of Medical Sciences (AIIMS).

MoHFW consists of two departments: -



Department of Health and Family Welfare (DoHFW)

DoHFW is responsible for the implementation of public health schemes (like National Health Mission) and regulating medical education and administering autonomous bodies like AIIMS etc.



Department of Health Research (DoHR)

DoHR is responsible for conducting medical research and also for administering the Indian Council for Medical Research (ICMR).

- In the FY 25-26 BEs, allocations for DoHFW increased by 11 per cent from FY 24-25 REs and by 24 per cent from FY 23-24 REs. Allocations for DoHR increased by 15 per cent and 35 per cent over the same period.
- In the next section of the brief, we have examined DoHFW trends, as it accounts for more than 95 per cent of the total MoHFW allocation over the past decade. For FY 25-26 BEs, it accounted for 96 per cent of the MoHFW budget.

Table 1: Gol Allocations for DoHFW and DoHR

	Gol allocations for DoHFW (in ₹ crore)	Gol allocations for DoHR (in ₹ crore)
19-20	62,659	1,950
20-21	78,866	4,062
21-22	82,921	3,080
22-23	76,370	2,775
23-24	77,625	2,893
24-25	86,582	3,392
25-26 BE	95,958	3,901

Source: Union Expenditure Budget, MoHFW, FY 19-20 to FY 25-26. [Url](#). Last accessed on 8 February 2025. **Note:** Figures are REs, except for FY 25-26 which are BEs.

- Utilisation of funds by Gol, in other words releases for the Department, has been high, averaging 99 per cent over the past five years.
- However, there is often a last minute rush to spend funds. As per 154th Report on Action Taken for DoHFW by the Parliamentary Standing Committee in 2024⁶ in FY 22-23, 23 per cent of the funds were spent in the final month of the FY, i.e. March 2023.

DoHFW spending has been classified into four components:



Establishment Expenditure are the costs incurred for the maintenance and operation of government offices and institutions.



Central Sector Schemes (CSs) are formulated and fully funded, designed, planned, and implemented by the central government, based on subjects from the Union List.



Centrally Sponsored Schemes (CSSs) are schemes such as the National Health Mission (NHM) implemented by state governments but largely funded by the GoI, with a specified contribution from the states. For larger states the fund sharing ratio is 60:40 while for northeastern and hilly states it is 90:10.



Other Central Sector Expenditure are centrally funded and implemented schemes. This consist of specific initiatives, projects managed by autonomous bodies, central agencies, and spending on statutory bodies and public sector undertakings.

DoHFW ALLOCATIONS THROUGH CENTRAL SECTOR SCHEMES

- For DOHFW between FY 19-20 and FY 24-25, approximately 15 per cent of the allocations were towards Central Sector Schemes (CS). Over the years, GoI's allocation through CSs have been declining. In FY 25-26 BEs, 8 per cent of the total DoHFW allocations is expected to be directed towards CSs.
- In the last decade, the DoHFW has run 25 programmes and schemes through CS Schemes. Currently, 13 programmes and schemes are active. Of these, three accounted for 73 per cent of the total allocations, including Family Welfare Schemes, the National AIDS and STD Control Programme, and the Pradhan Mantri Sashay Suraksha Yojana



Family Welfare Schemes

include Swasthya Nagrik Abhiyan, Population Research Centres, health surveys and research, contraceptive procurement, and training for No Scalpel Vasectomy/Recanalisation techniques.



National AIDS and STD Control Programme (NACP)

is an initiative aimed at controlling the spread of HIV/AIDS and sexually transmitted diseases (STDs) across India. The programme focuses on providing accessible and affordable healthcare services, promoting awareness and education, and implementing preventive measures to reduce the incidence and impact of HIV/AIDS and STDs in the country.



Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

focuses on correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country.

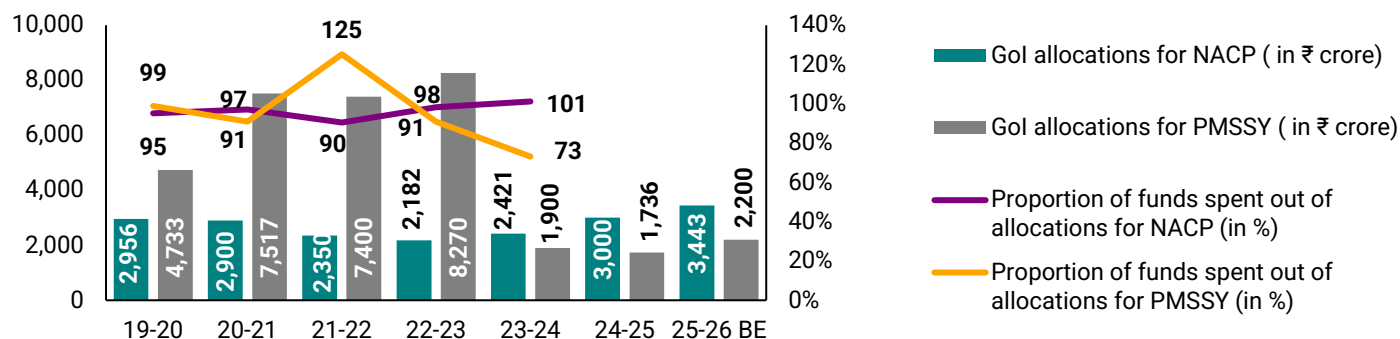
Key Centre Sector Schemes/Programme

- The NACP and PMSSY have accounted for an average of 68 per cent of total CS allocations between FY 19-20 and FY 25-26. However, their share in the total DoHFW budget remains small, with only 3.3 per cent and 2.3 per cent respectively in FY 25-26 BEs
- For FY 25-26 BEs, allocations for the NACP stood at ₹3,443 crore, a 15 per cent increase compared to the REs of the previous year. Similarly, allocations for the PMSSY stood at ₹2,200 crore, a 27 per cent increase from last year's REs.
- PMSSY witnessed more than a 1.5 times increase in allocations between FY 19-20 and FY 22-23. However, it experienced a sharp decline in FY 23-24 and stood at ₹1,900 crore, which further declined to ₹1,736 crore in FY 24-25.



- The utilisation of funds by GoI for PMSSY remained high, at 97 per cent or more in FY 19-20, FY 20-21, and FY 22-23. In FY 21-22, it exceeded 100 per cent, whereas in FY 23-24, it dropped to 73 per cent. Similarly, NACP utilisation was consistently high between FY 19-20 and FY 22-23, ranging from 90 per cent to 95 per cent, and further increased to more than 100 per cent in FY 23-24.
- Capital Outlay of PMSSY is spent on two components i.e, for construction of new AIIMS and for up-gradation of existing Government Medical Colleges / Institutes. During FY 22-23, the Ministry had expected that construction of new AIIMS in Bihar and Haryana would start, however, due to delay/ non availability of encumbrance free site, which is to be provided by the State Government, the work for these AIIMS could not commence in the financial year.⁷

Figure 3: GoI Allocations and Utilisation Trends for Key Central Sector Schemes



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: Figures are Actuals and REs between FY 19-20 and FY 23-24, REs for FY 24-25 and BEs for FY 25-26.

DoHFW ALLOCATIONS THROUGH CENTRALLY SPONSORED SCHEMES

- For DoHFW the majority of the allocations is directed towards CSS. Between FY 19-20 and FY 25-26 BEs, approximately 55 per cent of the expenditure was allocated to CSS.
- In the last decade, there have been seven CSSs under the DoHFW with the National Health Mission (NHM) being the largest, followed by Pradhan Mantri Jan Arogya Yojana (PMJAY), Infrastructure Mission (PMABHIM), and less than 5 per cent of the CSS budget share going for other schemes.



National Health Mission (NHM)

is GoI's largest public health programme, which aims to achieve universal access to quality healthcare.



Pradhan Mantri Jan Arogya Yojana (PMJAY)

is the health assurance scheme which aims at providing a health cover of ₹5 lakhs per family per year for secondary and tertiary care hospitalisation.



Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM)

Focuses on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics/disasters

- Looking at the relative share of allocations across different schemes gives an indication of changes in government priority areas. In FY 25-26 BEs, NHM accounted for 74 per cent of total CSS allocations, down from 78 per cent the previous year's REs.
- In contrast, during the same time PMJAY share increased marginally from 16 per cent to 18 per cent. Similarly, Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM) is estimated to increase by 2 percentage points and account for 8 per cent of total allocations.

Key Centrally Sponsored Schemes

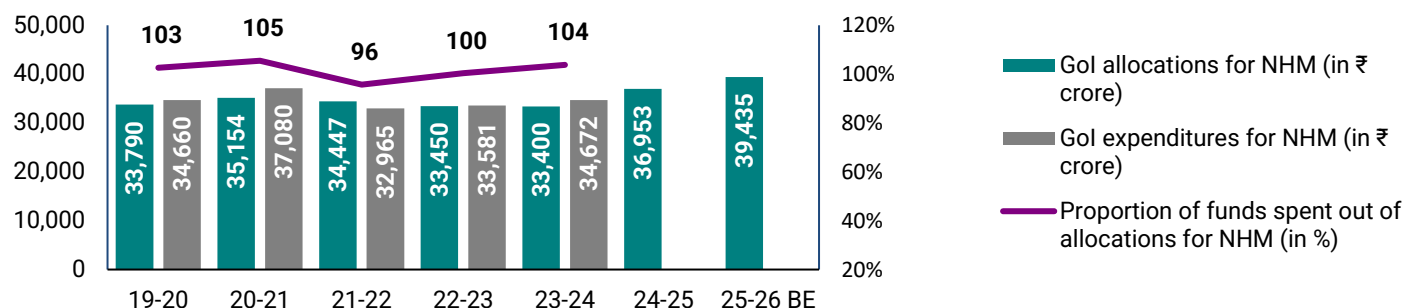
National Health Mission

- Launched in May 2013, the National Health Mission (NHM) is Government of India's (Gol's) flagship scheme to achieve universal access to quality healthcare through strengthening health systems, institutions, and capabilities. NHM consists of the National Rural Health Mission (NRHM), the National Urban Health Mission (NUHM), Tertiary Care Programmes, Human Resources for Health and Medical Education, Strengthening of State Drug Regulatory System, and Senior Citizens Health Insurance Scheme.
- In FY 22-23, a sub-mission was launched called "Flexible Pool for RCH & Health System Strengthening, National Health Programme and National Urban Health Mission". It subsumed the majority of NRHM and NUHM components. The remaining components such as Infrastructure Maintenance (IM) and Strengthening National Programme Management of the NRHM are now separate components.
- In March 2021, the Cabinet approved the Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN), a non-lapsable reserve fund to collect proceeds from the 4 per cent health and education cess implemented since FY 18-19. The PMSSN funds the NHM.

Trends in Allocations

- NHM is the largest Centrally Sponsored Scheme (CSS) within DoHFW, accounting for 41 per cent of the Department's allocations in FY 25-26 BEs. Gol allocated ₹39,435 crore for NHM⁸ for the year. This is a 7 per cent increase compared to the previous year's REs and 5 per cent increase from BEs.
- Since FY 20-21, the share of NHM in Department's total allocations has declined due to increased allocations to other CSS programs. During COVID-19, significant funds were directed towards Emergency Response and Health System Preparedness, as well as the Pradhan Mantri Jan Arogya Yojana (PMJAY). Consequently, between FY 20-21 and FY 25-26 BEs, the allocations for NHM decreased as a share of the total DoHFW allocation, despite the fact that utilisation under the scheme has remained high.

Figure 4: Gol Allocations and Utilisation Trends for NHM



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: (1) Figures are Actuals and REs between FY 19-20 and FY 23-24, REs for FY 24-25 and BEs for FY 25-26. (2) NHM allocations include the Tertiary Care Programme and Strengthening the State Drug Regulatory System, which have been reported separately under CSS since FY 22-23. (3) NMH components reported under National Ayush Mission under Ministry of Ayush are not considered for the analysis.

- While NHM's aim is to bridge the gap in rural healthcare services through a decentralised approach, the 143rd Demand for Grants for DoHFW Report by the Parliamentary Standing Committee in 2023 highlighted that stagnant allocations have hindered the scheme's objectives. Despite maximum utilisation, budgetary allocations have not increased. Given NHM's crucial role in providing accessible, affordable, accountable, and effective healthcare, the Committee strongly recommended increasing the scheme's total allocations.⁹

Component-wise Allocations

- NHM includes the following six major sub-components under the Union Budget:



Flexible Pool for RCH & Health System Strengthening, National Health Programme and National Urban Health Mission funds state-level decentralised planning and flexible programming. It focuses on vulnerable groups and community-based monitoring. It addresses rural health needs, such as controlling vector-borne diseases, TB, and leprosy, and supports urban healthcare for the urban poor and vulnerable populations.



Infrastructure Maintenance (IM) funds are allotted across various programmatic divisions of NHM. These are primarily used for salaries of functionaries and capacity building.



Human Resources for Health and Medical Education funds the establishment of new medical colleges, upgrading district hospitals, strengthening nursing services, pharmacy schools, paramedical institutions, and increasing Under-Graduate & Post-Graduate seats in existing medical colleges. It is entirely funded by the Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN).



Tertiary Care Programme funds states to implement schemes such as Tobacco Control, National Mental Health Programme, Trauma Centres, Cancer and Non-Communicable Diseases (NCD) Prevention, Elderly Healthcare, National Blindness Programme, and Telemedicine. Since FY 22-23, this has been accounted for separately in the budget and are not shown as part of NHM.



Strengthening National Programme Management of the NRHM mainly supports National Health Systems Resource Centre, National Programme Management, operational research, and technical support from other institutions.



Others include strengthening the State Drug Regulatory System with financial assistance to states and UTs, and the Senior Citizen Health Insurance Scheme (SCHIS), which covered senior citizens aged 60+ in BPL and 11 other unorganised worker categories. The scheme is now subsumed into Ayushman Bharat - PMJAY, and has been discontinued, but has some provisions for past liabilities.

- Allocations in FY 25-26 BEs for the Flexible Pool for RCH & Health System Strengthening, National Health Programme, and National Urban Health Mission are ₹30,010 crore, a 4 per cent increase from FY 24-25 REs.
- Further, the budget for Infrastructure Maintenance (IM) is estimated at ₹7,000 crore, similar to last year's REs.
- In the FY 25-26 BEs, the allocation for Human Resources for Health and Medical Education is estimated at ₹1,675 crore, reflecting a 189 per cent change from last year's REs and a 31 per cent change from FY 24-25 REs. For FY 24-25, REs saw more than twofold decline from the BEs. Since FY 22-23, it has seen a drastic decline.

Table 2: GoI Allocations for Key NHM Components (in ₹ crore)

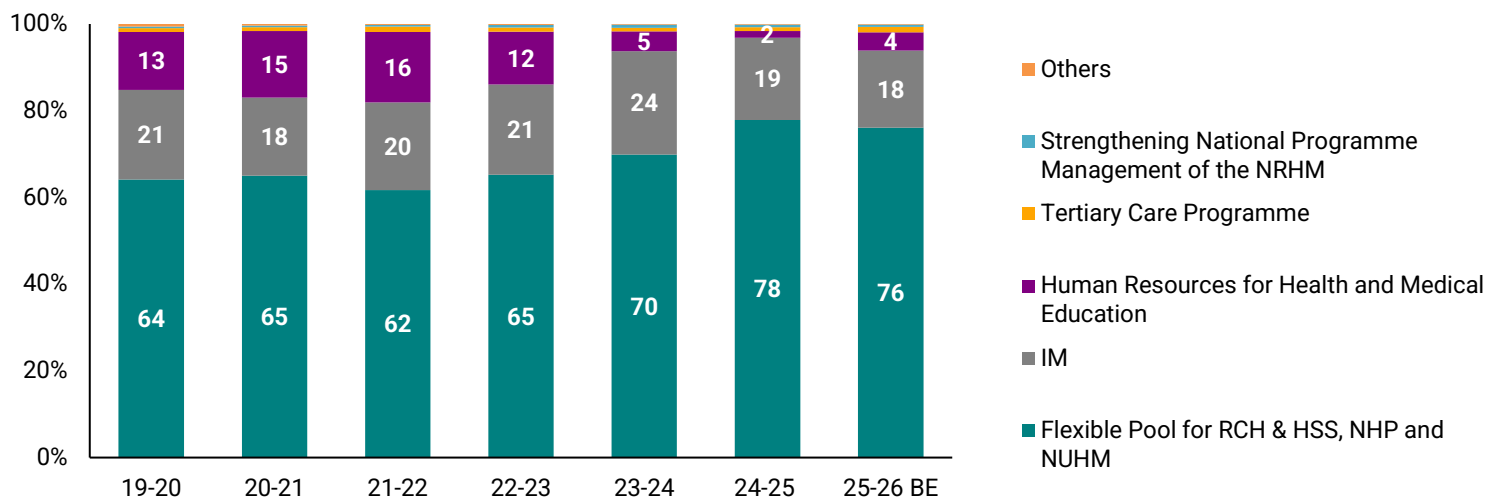
Year	Flexible Pool for RCH & HSS, NHP and NUHM	Infrastructure Maintenance	Human Resources for Health and Medical Education
19-20	21,666	6,993	4,500
20-21	22,848	6,343	5,386
21-22	21,260	6,950	5,600
22-23	21,831	6,943	4,083
23-24	23,331	7,980	1,520
24-25	28,783	7,000	579
25-26 BE	30,010	7,000	1,675

Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: (1) Figures are (REs), except for FY 25-26 which are BEs. (2) HHS- Health System Strengthening, NHP-National Health Programme and NUHM- National Urban Health Mission.

- This year has seen a decline in the share of allocations going for Flexible Pool for RCH & Health System Strengthening, National Health Programme, National Urban Health Mission by 2 percentage points and currently stand at 76 per cent of NHM allocations.
- Similarly, the share of budget going for IM decreased from 19 per cent in FY 24-25 REs to 18 per cent in FY 25-26 BEs.
- On the other hand, Human Resources for Health and Medical Education stood at 4 per cent, an increase of 2 percentage points compared with FY 24-25 REs. The remaining funds were for Strengthening National Programme Management of the NRHM and Tertiary Care Programmes, at 1 per cent each.

Figure 5: NHM Allocations across Key Components (in %)



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: (1) Figures are Revised Estimates (REs), except for FY 25-26 which are Budget Estimates (BEs). (2) HHS- Health System Strengthening, NHP-National Health Program and NUHM- National Urban Health Mission. (3) NHM allocations include the Tertiary Care Programme and Strengthening the State Drug Regulatory System, which have been reported separately under CSS since FY 22-23. (4) NMH components reported under National Ayush Mission under Ministry of Ayush are not considered for the analysis.

- Most of the funds under NHM are spent. The “Flexible Pool for RCH & Health System Strengthening, National Health Programme, and National Urban Health Mission” had actual expenditures that exceeded the allocations between FY 19-20 and FY 23-24, except for FY 21-22, where they were lower by ₹886 crores.
- For IM, actual expenditures have nearly been 100 per cent of allocations between FY 19-20 and FY 23-24, except for FY 19-20, when it was 96 per cent.
- In contrast, actual expenditures for Human Resources for Health and Medical Education have consistently been slightly lower than allocations between FY 19-20 and FY 23-24, except in FY 20-21, when all funds were spent.
- The low utilisation has resulted in slowed progress on the establishment of new medical colleges. As of February 2024, under Phase III of the establishment of new medical colleges attached to district/referral hospitals, 75 colleges have been approved. However, only 29 colleges are functional.¹⁰ The interim budget announced a plan to set up more medical colleges by using existing hospital infrastructure under various departments. For this, a 14-member Committee has been set up.¹¹

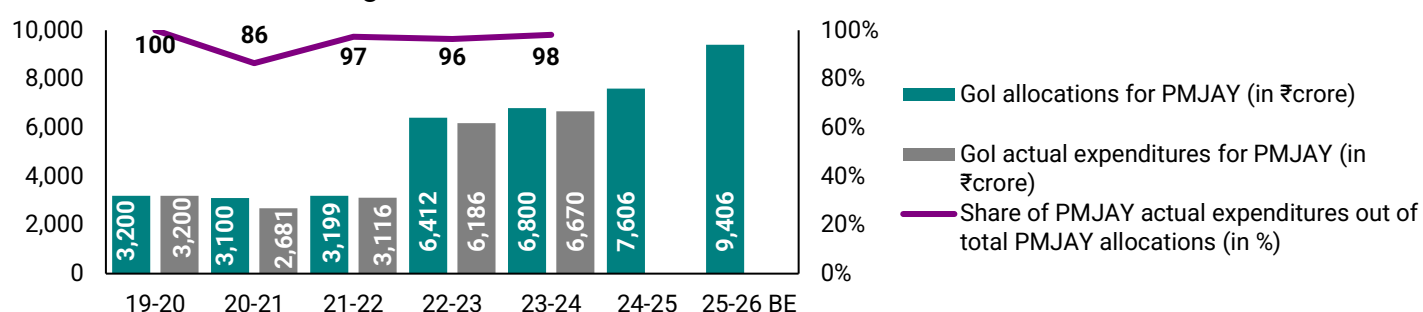
Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)

- Ayushman Bharat, launched by Gol under MoHFW on 23 September 2018,;
 - AB-PMJAY is a health insurance scheme aimed at providing quality inpatient care to poor families, reducing out-of-pocket health expenses (including senior citizens aged 70 and above), and Establishment of 1.5 lakh Health and Wellness Centres (HWCs), part of NHM and not covered in this section.
 - AB-PMJAY is an entitlement-based scheme i.e. the scheme does not mandate any enrolment, but all eligible families are covered based on an identity verification, followed by the issuance of E-cards.¹²
 - AB-PMJAY follows a three-tier implementation framework: National Health Authority (NHA) oversees at the national level, State Health Agencies (SHAs) manage state-level execution, and District Implementation Units (DIUs) coordinate on-ground operations.¹³
 - Currently, AB-PMJAY as per the latest national master of the Health Benefit Package (HBP) provides health care service related to 1,949 procedures across 27 medical specialties.¹⁴
 - States and UTs implement AB-PMJAY based on their choice of framework, considering regional needs through three modes: Insurance, Mixed, and Trust.¹⁵

Trends in Allocations

- PMJAY is the second largest CSS within DoHFW, and accounts for 10 per cent of the department's allocations in FY 25-26 BEs.
- In FY 25-26 BEs, Gol allocated ₹9,406 crore for PMJAY. This is a 24 per cent increase compared to the previous year's REs and a 29 per cent increase from last year BEs.
- Utilisation under the scheme has been high. In FY 23-24, 98 per cent of the total allocations were utilised. For FY 24-25, while actual expenditure is yet to finalised, REs were 104 per cent of the BEs.

Figure 6: Gol Allocations and Utilisation Trends for PMJAY



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: Figures are Actuals and REs between FY 19-20 and FY 23-24, REs for FY 24-25 and BEs for FY 25-26.

Progress under PMJAY

- As on February 9, 2025, 36.65 crore Ayushman Cards (required to seek treatment under the scheme) have been created, and 31,132 hospitals have been empanelled, including 17,110 public hospitals (55 per cent of total hospitals) and 14,022 private hospitals.¹⁶
- As of January 1, 2025, a total of 8.59 crore hospital admissions worth ₹1.19 lakh crore have been authorised under the scheme.¹⁷
- At present, 25 States/UTs are implementing the scheme in trust mode, 7 States/UTs in insurance mode and 2 States in hybrid mode.¹⁸

- As of January 15, 2024, approximately 6.19 crore claims have been submitted by empanelled hospitals for treatments provided under AB-PMJAY. Out of these, 5.78 crore claims, or 93 per cent, have been settled.¹⁹

DoHFW ALLOCATIONS THROUGH OTHER CENTRAL SECTOR EXPENDITURE

- One of the major components of DoHFW is Other Central Sector Expenditure. In FY 25-26 BEs, it accounts for more than one-fourth of the department allocations. It has three sub-components Autonomous Bodies, Others, and Statutory Regulatory Bodies.
- In FY 25-26 BEs, out of total Other Central Sector allocations, 75 per cent is towards Autonomous Bodies, 23 per cent towards Others and 2 per cent towards Statutory and Regulatory Bodies.



Autonomous Bodies are government-established organisations that function independently, in general funded by the government but with distinct administrative autonomy.



Others includes medical treatment for Central Government Health Scheme (CGHS) pensioners, procurement of drugs and equipment for government hospitals, contributions to international health organisations, and various non-scheme expenditures such as compensation for accident victims, National Centre for Disease Control Programme etc.



Statutory and Regulatory Bodies Statutory bodies are created by an Act of Parliament or State legislature. Regulatory bodies, often established by law, oversee sectors to enforce standards, and regulate food safety, healthcare education, pharmaceuticals, etc

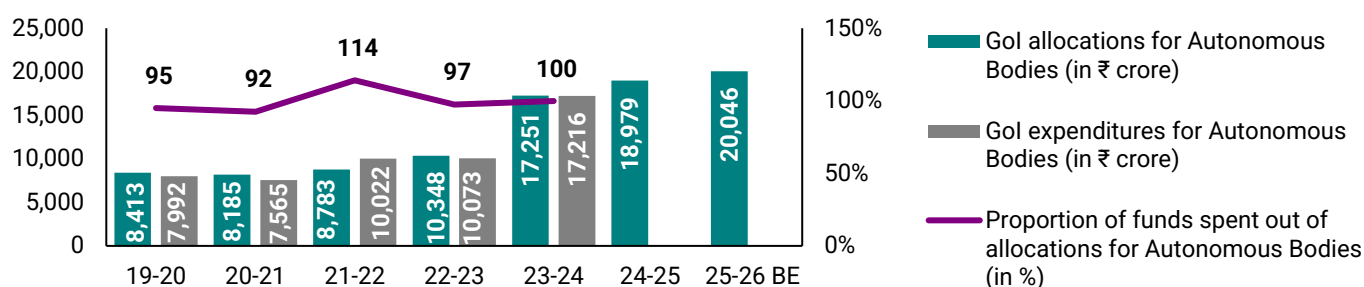
Autonomous Bodies

- Autonomous bodies under DoHFW are institutions with administrative autonomy. They play a vital role in several areas of health care, comprising, education, medical research, public health initiatives and training. These bodies include institutions like the All-India Institute of Medical Sciences (AIIMS), Jawaharlal Institute of Post Graduate Medical Education and Research, National Institute of Mental Health and Neuro-Sciences, Regional Institute of Medical Sciences etc.

Trends in Allocations

- Autonomous bodies are the largest component under Other Central Sector Expenditure within DoHFW, and account for 21 per cent of the department's allocations in FY 25-26 BEs. GoI allocated ₹20,046 crore for Autonomous Bodies in FY 25-26 BEs. This is a 6 per cent increase compared to the previous year's REs and 11 per cent increase from the BEs. Utilisation has remained high across the years under Autonomous Bodies.

Figure 7: GoI Allocations and Utilisation Trends for Autonomous Bodies



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: Figures are Actuals and REs between FY 19-20 and FY 23-24, REs for FY 24-25 and BEs for FY 25-26.

Component-wise Allocations

- The All-India Institute of Medical Sciences (AIIMS) accounts for the largest component under autonomous bodies. In recent years, there has been a drastic increase in allocations, primarily driven by the establishment expenditures of the new AIIMS.
- Of the budget allocations for FY 25-26 BEs, 64 per cent was for AIIMS (which includes establishment expenditure towards new AIIMS), 12 per cent for the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, 11 per cent for Others, and 7 per cent for Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Puducherry, and 6 per cent for Other Autonomous Bodies.
- In recent years, utilisation rates have been high. In FY 19-20, JIPMER Puducherry had a utilisation rate of 89 per cent, while AIIMS Delhi, PGIMER Chandigarh, and other autonomous bodies exceeded 90 per cent.
- In FY 21-22, utilisation surpassed allocations for all sub-components. For FY 23-24, establishment expenditure for new AIIMS had a 98 per cent utilisation rate, while other autonomous bodies had 97 per cent, and other components were at or above 100 per cent.

Table 3: : GoI Allocations and Utilisation Trends for Autonomous Bodies Sub- Components (in ₹ crore)

Year	Type	AIIMS, New Delhi	JIPMER, Puducherry	PGIMER, Chandigarh	Other Autonomous Bodies	Establishment Expenditure of New AIIMS
19-20	Allocations	3,485	1,053	1,760	2,114	-
	Expenditures	3,395	933	1,673	1,992	-
	Utilisation(in %)	97	89	95	94	-
20-21	Allocations	3,490	900	1,862	1,933	-
	Expenditures	3,229	818	1,687	1,832	-
	Utilisation(in %)	93	91	91	95	-
21-22	Allocations	3,658	989	1,803	2,333	-
	Expenditures	4,190	1,340	1,840	2,652	-
	Utilisation(in %)	115	136	102	114	-
22-23	Allocations	4,400	1,357	1,850	2,741	-
	Expenditures	4,224	1,262	1,850	2,737	-
	Utilisation(in %)	96	93	100	100	-
23-24	Allocations	4,278	1,307	2,123	2,808	6,735
	Expenditures	4,490	1,307	2,123	2,716	6,580
	Utilisation(in %)	105	100	100	97	98
24-25	Allocations	5,000	1,370	2,240	2,869	7,500
25-26 BE	Allocations	5,200	1,450	2,400	3,357	7,639

Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: (1) Figures are Actuals and REs between FY 19-20 and FY 23-24, REs for FY 24-25 and BEs for FY 25-26. (2) Establishment Expenditure of New AIIMS reflects allocations and expenditures from FY 23-24.

Scheme Progress

- High vacancy rates have been a challenge in many AIIMs. As of 17 December 2024, approximately 36 per cent of faculty positions across all 20 AIIMS were vacant. Specifically, new AIIMS such as Bilaspur, Rajkot and Madurai reported faculty vacancy rate of 51 per cent, 63 per cent and 72 per cent respectively. For non-faculty positions, 29 per cent are vacant overall, with Madurai accounting for 95 per cent of its sanctioned post unfilled.²⁰

FINANCE COMMISSION

- In addition to funding through above mentioned mechanisms, the 15th Finance Commission recommended ₹ 70,051 crore as health grants to rural and urban local bodies from FY 21-22 to FY 25-26.
- Release and utilisation of funds to states under this has been slow. Over the past five years, only ₹51,584 crore, or 74 per cent of the total recommended amount by the 15th Finance Commission, has been allocated.²¹
- There are year-on-year variations. In FY 21-22, ₹13,192 crore were allocated, of which ₹12,252 crore (93 per cent) were released. Releases dropped in FY 22-23, wherein only ₹3,309 crore (37 per cent) was released of the allocated amount of ₹8,895 crore.
- Releases picked up in FY 23-24. While the allocation was ₹4,000 crore, ₹4693 crore (117 per cent) was released. The allocation more than doubled to ₹ 10,225 crore in FY 24-25 and is estimated to be ₹15,272 crore in the FY 25-26 BEs, the final year of the grant period.

MENTAL HEALTH

- MoHFW's National Mental Health Policy aims to promote mental health, prevent illness, support recovery, reduce stigma, and ensure socio-economic inclusion by providing accessible, affordable, and quality care throughout life.²²
- For doing so there has been funds are allocated under DoHFW under CS, CSS and Autonomous Bodies which include:



National Tele Mental Health Programme provides 24/7 tele-counseling for universal, equitable, and affordable mental health care as part of the National Mental Health Programme (NMHP).



National Institute of Mental Health and Neurosciences, Bengaluru offers services, training, and research in mental health, and neurosciences.



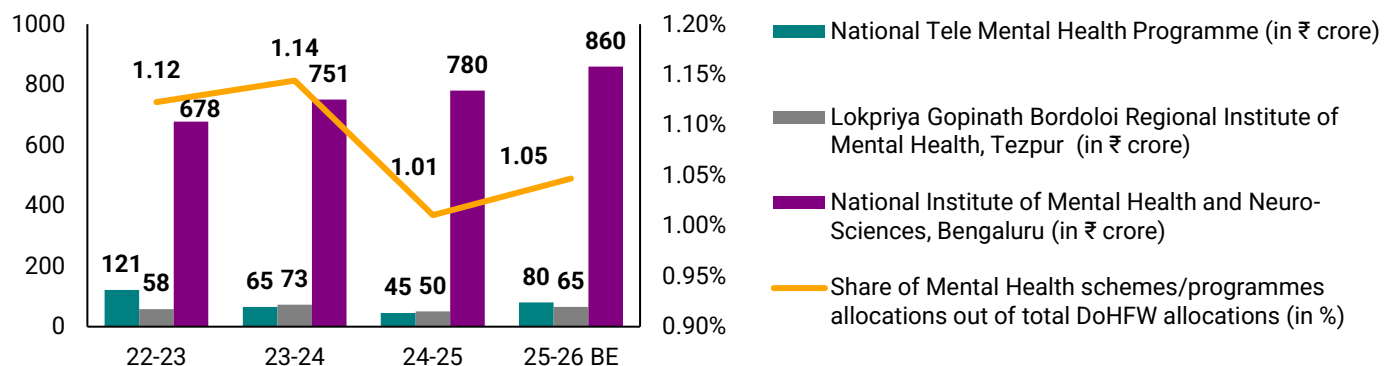
Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, a tertiary psychiatric care center in the Northeast, providing patient care and academic services.



Tertiary Care Programme It also provides for transfer to states for implementation of National Mental Health Programme, but in the Union budget the breakdown for this is not available.

- Allocations towards mental health-related programmes and schemes are only 1 per cent of the total DoHFW budget.
- In FY 25-26 BEs, ₹80 crore was allocated for the National Tele Mental Health Programme, 77 per cent higher than FY 24-25 REs but 12 per cent lower than FY 24-25 BEs.

Figure 8: DoHFW Allocations towards Mental Health Programmes/Schemes



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 25-26. [Url](#). Last accessed on 8 February 2025.

Note: Figures are REs, except for FY 25-26 which are BEs.

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About ResGov

The Foundation for Responsive Governance (ResGov) is a Section 8 not-for-profit working to strengthen the capabilities of government and communities to ensure public initiatives reach the most vulnerable.

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