

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per report 'Enabling Clinical Research, New Frontiers for India' prepared by FICCI in collaboration with the Department of Pharmaceuticals, India is one of the fastest growing clinical research destination.

(c) Clinical trials are regulated under Drugs and Cosmetics Act and Rules there under. Clinical trials are required to be carried out in accordance with requirements and guidelines specified in Rules and Schedule Y of Drugs & Cosmetic Rules. The clinical trial is conducted as per Good Clinical Practices Guidelines issued by CDSCO, Directorate General of Health Services. Clinical trials can be initiated in the country only after approval from DCG(I) and respective ethics committee.

(d) and (e) A Bio Medical Research on Human Participants (Promotion and Regulation Bill) as well as the incorporation of penal provisions for misconduct in clinical trials in the Drugs & Cosmetics Act is at the draft stage.

#### **Absenteeism among doctors in rural hospitals**

2045. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that the absenteeism of doctors working in the rural hospitals has become a serious problem; and

(b) if so, what drastic steps have been taken so far for preventive health services from being crippled?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No State has reported large scale absenteeism of doctors under National Rural Health Mission [NRHM]. 'Health' is a 'State' subject and health manpower is in the domain of States. The service matter including recruitment, posting and disciplinary matters are the concern of the respective State/UT's Governments. Action in this regard is taken by the respective State/UT Governments as per rules. However, NRHM has attempted to strengthen their accountability to PRIs/Rogi Kalyan Samitis etc. It has also encouraged institution specific contractual employment based on local criteria to ensure availability of resident health workers.

Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States/UT Governments. This include multi-skilling of doctors and para-medics, provision of incentives, to serve in rural areas like blended payments, difficult areas allowances, PG allowance, case based payments, improved accommodation arrangements, provision of AYUSH doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non government sector for underserved areas, provisioning of untied and flexible funds etc.