

National Council for Health Human Resource:

To provide for the constitution of the National Council for Human Resources in Health (NCHRH) has been set up for prescribing standards with a view to the proper planning and co-ordinate development of medical and allied health education throughout the country, promotion of qualitative improvement of such education in relation to planned quantitative growth, maintenance of a national live electronic register of medical and allied health professionals and to provide for an overarching framework for the regulation of human resources in health in the country and proper maintenance of norms and matters connected therewith or incidental thereto.

National Health Bill:

The proposed draft National Health Bill is a 'framework law', laying down an overarching legal framework on health at the national level. This is the first step towards legally recognizing 'right to health' while locating it within a complex, cross-sectoral milieu of socio-economic rights requiring multi-sectoral, multi-level, multi-actors, multi-pronged legislative interventions of dedicated nature. It is a starting point for developing and facilitating a coherent and uniform legal response to issues of health, as against the existing fragmented and partial one. This bill is under consideration.

Reform in Medical Education:

The health sector has a significant human resource gap across the country and across the level of facilities with different skill sets. In order to meet this challenge this Ministry proposes to introduce a three and half year programme in Bachelor of Rural Medicine (BRM) recognized by the Medical Council of India (MCI).

Besides, the States in their annual PIPs have introduced new schemes to bring additional human resources in the public delivery system on contract basis. Some of the incentive schemes for serving in rural areas are additional weightage for Post-graduate studies with differential weightage across the States. Multi-skilling of existing health personnel to bring the requisite skills like anesthesia, Skillied Birth Attendant (SBA) and more is being conducted as envisioned in the implementation framework.

Deaths due to Swine Flu

1725. PROF. P. J. KURIEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of deaths occurred in the country, State-wise, due to the H1N1 Flu (Swine Flu) during the current bout of the disease; and

(b) the action taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Detail of deaths that occurred due to the H1N1 flu (Swine Flu), State-wise is given in the Statement (See below).

(b) Government of India has alerted all States and Union Territories for reviewing their preparedness for responding even to a worse case scenario. States have been requested to assess requirement for drugs and vaccines for the Ministry of Health & FW to arrange the same. Government of India is maintaining adequate stock of drug Oseltamivir and H1N1 vaccine to vaccinate health care workers. A national level media plan has been finalized by the Task Force in Information & Broadcasting Ministry. Epidemiological trends, current status, guidelines and operating procedures are made available to the States and public through the website www.mohfw-h1n1.nic.in.

Statement

*States/UTs that reported deaths due to Pandemic Influenza A H1N1 (Swine Flu)
(1-May-2010 to 8-August-2010)*

Sl.No.	State	No. of deaths
1.	Delhi	5
2.	Andhra Pradesh	15
3.	Karnataka	21
4.	Maharashtra	176
5.	Kerala	76
6.	West Bengal	3
7.	Gujarat	14
8.	Uttar Pradesh	2
9.	Madhya Pradesh	1
10.	Orissa	1