

- (b) if so, the details thereof, and the reaction of Government thereto;
- (c) whether any request has been received for early reimbursement of Central share in respect of Centrally Sponsored Schemes, amounting to 93.31 crores; and
- (d) if so, the details thereof, and the present position thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) Under the Centrally Sponsored Scheme for strengthening and up-gradation of state government medical colleges, no proposal for central assistance to Government Medical College (GMC), Kottayam has been received. However, Central government has received a proposal from the State Government to upgrade GMC, Kottayam under the Pradhan Mantri Swasthya Surksha Yojna. Presently, the proposal is not under consideration of the Ministry.

(c) the Central Government has not received any request for reimbursement of Central Share under the scheme of strengthening and up-gradation of state government medical colleges.

(d) Does not arise.

Paucity of trained naturopathy doctors

3517. SHRI SHANTA KUMAR : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether Government is aware of the fact that there is paucity of trained naturopathy doctors in the country; and
- (b) if so, the steps Government proposes to take to increase the strength of naturopathy doctors in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN) : (a) and (b) There is no formal assessment of paucity of trained naturopathy doctors in the country. There are 16 Colleges/Institutes for Yoga and Naturopathy recognised by various Universities which are conducting Bachelor of Naturopathy and Yogic Sciences (BNYS) Degree Course. Further, to encourage the naturopathy system, National Institute of Naturopathy (NIN), Pune conducts Continuing Medical Education (CME) programmes for BNYS graduates from different Naturopathy Colleges.

Eradication of Tobacco related ILL effects

3518. SHRI TARUN VIJAY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether Ministry has identified tobacco and allied products which cause several ailments;

- (b) if so, the details thereof;
- (c) whether Ministry has identified the diseases caused by aforementioned products and, if so, the details thereof;
- (d) whether Ministry has calculated the number of people suffering from tobacco related ailments and related deaths;
- (e) whether Ministry has calculated loss to GDP and loss of man-days due to such ailments and deaths;
- (f) if so, the details thereof;
- (g) if not, the reasons therefor; and
- (h) the steps taken by Ministry to ensure that the tobacco related ill effects are minimized in short run and eradicated in long run?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) to (c) Ministry has identified all such tobacco products including Cigarettes, Cigar, Cheroots, Beedi, chewing tobacco, snuff, Hookah tobacco and other allied products, which cause several ailments. These products are listed in the Schedule of "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003".

Consumption of tobacco products harms almost every organ of the body, causing many diseases and adversely affecting the health of tobacco users in general. There is sufficient evidence to say that consumption of tobacco products causes disease such as coronary heart diseases, stroke and subclinical atherosclerosis, respiratory diseases such as chronic obstructive pulmonary disease and pneumonia adverse reproductive effects and cancers of various organs *e.g.* lung, oral cavity, stomach, kidney, bladder etc.

(d) No such information is available with this Ministry. However, as per Report on Tobacco Control in India, 2004, the tobacco use is responsible for causing 8-9 lakh deaths annually in the country. As per Indian Council of Medical Research (ICMR), almost 50% of cancers among men and 25% of cancers among women are related to tobacco use in India. As per available evidence, use of chewing tobacco is associated with oral cancer and India shares the maximum burden of oral cancer in the world.

(e) to (g) Ministry has not calculated loss to GDP and loss of man-days due to tobacco related ailments and deaths. However, as per a health cost study done in India in 1998-99 by the Ministry, the health cost attributable to just three major tobacco-related diseases *i.e.* cancer, cardiovascular diseases and lung diseases was estimated at Rs. 27,761 Crore in 1999. The figure was estimated to be Rs. 30,833 Crore in the year 2002-2003.

(h) With a purpose of regulating tobacco use, due to its health threats, the Govt. of India has enacted the Anti Tobacco law titled “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003’. The Act is applicable to all tobacco products and extends to whole of India. The specific provisions of the Anti Tobacco Law include :

- i. Prohibition of smoking in a public place (section 4).
- ii Prohibition of direct and indirect advertisement of cigarette and other tobacco products (section 5).
- iii Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years [section 6(a)].
- iv Prohibition of sale of tobacco products near the educational institutions. [Section 6 (b)].
- v. Mandatory depiction of statutory warnings (including pictorial warnings) on tobacco packs (Section 7).
- vi. Mandatory depiction of tar and nicotine contents alongwith maximum permissible limits on tobacco packs [Section 7 (5)].

In pursuance of the powers conferred under the said Act, the Central Government has notified various rules. Also, as part of tobacco control measures, a pilot phase of a comprehensive National Tobacco Control Programme (NTCP) was launched by the Ministry of Health and Family.

Welfare in 2007-08 covering 9 states and 18 districts. It was up-scaled to 24 districts of 12 new States in 2008-09. Presently, NTCP is under implementation in 21 States covering 42 districts. The programme broadly envisages.

I. National level

- National Level Mass Media Campaign: Various anti-tobacco IEC materials have been developed and disseminated widely through radio, TV for increasing public awareness on the risks of tobacco use.
- Capacity building of States/Districts.
- Steps for setting up tobacco testing labs for testing of tar and nicotine content of tobacco products (1 Apex/4 testing labs) to build regulatory capacity, as required under the Tobacco Control Law (COTPA, 2003).
- Monitoring and evaluation including Adult tobacco Survey (ATS).

- Training modules developed for doctors, teachers and health workers/ASHA on tobacco control.
- Guidelines for implementation of the Rules related to sale around educational institutions, sale to minors (Section-6), packaging and labeling rules (Section-7) developed and disseminated to states.
- National guidelines on tobacco dependence treatment developed.
- Guidelines for Tobacco Free Educational Institutions developed and adopted by the Central Board of Secondary Education (CBSE).
- Mainstreaming Research & Training – on alternate crops and livelihoods for tobacco farmers, growers and workers, in co-ordination with other nodal Ministries – Pilot project on alternative cropping system to tobacco growing initiated with support of Central Tobacco Research Institute (CTRI) in five agro-ecological zones of the country.
- Toll free helpline 1800110456 has been established to report specific violations of the provisions under the anti-tobacco law.
- National and Regional level advocacy/sensitization workshops were organized.

II. State level

- Dedicated tobacco control cells for effective implementation and monitoring of Anti Tobacco Initiatives.
- Sensitization of law enforcers/stakeholders from different departments on their role in implementation of tobacco control laws and other measures for tobacco control.

III District level

- Dedicated tobacco control cells
- Training of health and social workers, NGOs, school teachers etc.
- Information, Education and Communication for generating awareness against tobacco use
- School programmes
- Tobacco Cessation Centres
- Monitoring implementation of Tobacco Control Law (COTPA 2003).

The State/District tobacco control cells under NTCP have been encouraged to use the traditional medical to reach out to the rural masses for creating awareness on

the harmful effect of tobacco use. The Communications have also been addressed to the State Officials (Chief Secretary/Health Secretary/Transport Commissioners/Director General of Police/Finance Secretary/Secretary, Panchayati Raj) to sensitize them about the harmful effects of tobacco consumption and request them to ensure effective compliance of the provisions under Tobacco Control Act (COTPA), 2003.

Ministry proposes to expand the coverage of a modified NTCP to all the districts of India in a phased manner during the Twelfth Five Year Plan.

Improvement in rural health conditions

3519. SHRI TARINI KANTA ROY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Indian Medical Association (IMA) has given some specific suggestions to Government on 26 November, 2011 for improvement of rural health conditions; and

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

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) Yes.

(b) The Central Government has already taken various measures improvement in the rural health scenario which include: -

- (i) Providing financial support for engagement of staff on contractual basis under National Rural Health Mission.
- (ii) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, such Medical Officers shall serve for two more years in remote and/or difficult areas.
- (iii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
- (iv) To have more medical colleges where population/medical college ratio is low, it was decided to relax land requirement and other conditions. This will help in opening of medical colleges in 8 States viz. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal.