

Goals in respect of Malaria, Cataract Surgeries, Tuberculosis & ASHA have been achieved. Data in respect of IMR, MMR & TFR is not yet available for 2012.

New methodology to combat drug resistant TB

879. SHRI S. THANGAVELU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that Government has received demands to devise ways to fight Totally Drug Resistant tuberculosis (TB);
- (b) if so, the details thereof;
- (c) whether it is also a fact that lack of protocol, registry or surveillance are affecting treatment for tuberculosis; and
- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) No. The drug resistant TB, according to WHO definition can be multi drug resistant TB (MDR) or extremely drug resistant TB (XDR). Totally Drug resistant TB is not defined by WHO.

The services for diagnosis and management of drug resistant TB, both Multi Drug Resistant & Extensively Drug Resistant TB, has been rolled out in the country.

- (c) and (d) No.

Integration of AYUSH in the national healthcare delivery system

880. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there is a shortage of healthcare professionals in the underserved, remote and tribal areas across the country;
- (b) whether Government has assessed the quality of infrastructure, presence of human resource, supply of medicines, and records in the AYUSH facilities in the country;

(c) if so, the details thereof; and

(d) the steps taken or proposed to be taken by Government for integration of AYUSH system of medicine in the national healthcare delivery system and to ensure optimal use of AYUSH system of medicine and appointment of, particularly, Ayurveda physicians, in the under-served, remote and tribal areas across the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) Such data is only prepared in respect of tribal areas. As per the Rural Health Statistics (RHS), 2011 the Shortfall of Health Care professionals in tribal areas across the country is given in Annexure. [See Appendix 228 Annexure No.12]

(b) and (c) No such assessment has been done.

(d) Financial assistance for purchase of equipments and furniture, medicines and addition/alterations/modification of premises of AYUSH facilities are provided by the Department of AYUSH under Centrally Sponsored Scheme for Development of AYUSH hospitals and dispensaries in the country including under-served remote and tribal areas. The scheme provision is given in Statement-I (See below).

Mainstreaming of AYUSH is one of the key strategies in NRHM. under National Rural Health Mission (NRHM), funds are provided to states for health system strengthening, including collocation of AYUSH facilities at PHCs/CHCs and District Hospitals, based on appraisal of their Programme Implementation Plans (PIPs) and priority is given to underserved, remote and tribal areas. Support is provided for engaging AYUSH Doctors and paramedics and for procuring AYUSH drugs in collocated facilities. Further, support is given to states for providing incentives to AYUSH doctors working in remote, tribal and underserved areas. State wise number of AYUSH doctors/ paramedics engaged under NRHM is given in Statement-II

Statement-I

Component of the CSS of Hospitals & Dispensaries

Component	Co-located facilities			Stand along facilities						
	OPD at PHCs	IPD at CHCs	AYUSH wings At DH's	Upgradation on of AYUSH Hospitals	Upgradation of AYUSH Dispensaries	Tertiary AYUSH Units under PPP	PMU	Supply of Essential Drugs	Setting up of Upto 50 bedded AYUSH Hospitals	Setting up of 100 bedded AYUSH Hospitals
Fixed: (Rs. in Lakhs)										
Infrastructure & Equipment	15.00	25.00	30.00	50.00	10.00	85.00	2.00	-	750.00	254.00
Recurring: (Rs. in Lakhs)										
Medicines (Rs. in Lakhs)	3.00	5.00	5.00	4.50	-	I year upto 10.00	-	1.00 (ASU) 0.50 (Hom.)	30.00	10.00
Contingency (Rs. in Lakhs)	0.30	0.50	0.70	0.70	0.10	II year upto 8.00	0.10	-	-	-
Manpower (Rs. in Lakhs)			Ceiling of remuneration removed			III year upto 6.00 IV year upto 4.00	Ceiling of remuneration removed	-	120.00	37.00

Statement-II*State-wise Number of AYUSH doctors/ paramedics engaged under NRHM:*

Sl. No	Name of State	AYUSH Doctors	AYUSH Paramedics/ Pharmacists
1	2	3	4
1	Bihar	1386	0
2	Chhattisgarh	71	0
3	Himachal Pradesh	140	0
4	Jammu and Kashmir	442	363
5	Jharkhand	0	0
6	Madhya Pradesh	465	161
7	Orissa	1252	0
8	Rajasthan	1009	401
9	Uttar Pradesh	1826	730
10	Uttarakhand	210	413
11	Arunachal Pradesh	32	0
12	Assam	405	0
13	Manipur	88	25
14	Meghalaya	87	0
15	Mizoram	19	0
16	Nagaland	35	0
17	Sikkim	8	6
18	Tripura	135	33
19	Andhra Pradesh	373	1625
20	Goa	11	25

1	2	3	4
21	Gujarat	788	0
22	Haryana	155	158
23	Karnataka	625	68
24	Kerala	597	238
25	Maharashtra	617	85
26	Punjab	205	182
27	Tamil Nadu	403	273
28	West Bengal	10	23
29	Andaman and Nicobar Islands	19	13
30	Chandigarh	8	8
31	Dadra and Nagar Haveli	5	0
32	Daman and Diu	1	0
33	Delhi	0	0
34	Lakshadweep	12	7
35	Puducherry	39	57
TOTAL		11478	4894

Bill on mandatory usage of generic names of medicines

881. DR. K.P. RAMALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is considering to bring in a Bill to make use of generic names for drugs mandatory for Government procurement and distribution;

(b) if so, the details thereof;

(c) whether it is also a fact that such a move will break the nexus between the Pharmaceutical companies and doctors; and