

- There is significant progress in the creation of new facilities and infrastructure, especially at Sub Health Centers (SHC), Community Health Centre (CHC) and District Hospital (DH) levels.
- Service provider vacancies have decreased due to innovations in recruitment, task-shifting and packages for attracting and retaining skilled providers.
- Availability of drugs has increased at all levels.
- The Accredited Social Health Activist (ASHA) programme is functioning well in almost all the States.
- Horizontal integration of disease control programmes continues to improve, especially at district and state levels, and amongst peripheral workers and community levels.
- There is commendable improvement in indoor residual spraying and distribution of bed nets in the malaria programme

Gaps.

- The distribution of case load is skewed towards the DH and CHCs rendering low utilization of services at Primary Health Centres (PHCs) & Sub Health Centers (SHCs).
- Specialist and nurse vacancies are significant in many states particularly in remote, difficult and tribal areas.
- The deployment of HR across the health facilities is more in the facilities located in and around urban areas. Complementary specialists are also needed at many locations to provide services such as Caesarean Section.
- Grievance redressed mechanisms in the States are still in not fully developed.
- There exists a gap in supply of drugs and Rapid Diagnostic Kits (RDK) to peripheral workers and the lack of local specific action for very high endemic pockets.

Cancer cases in the country

3209. DR. K.V.P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has estimated the number of people suffering from different types of cancer including lung cancer in the country, with special reference to Andhra Pradesh;

(b) if so, the details thereof;

(c) the number of cancer deaths in the country; and

(d) the steps being taken to provide free cancer treatment to the people?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Based on the National Cancer Registry (NCRP) data (consolidated Report of Population Based Cancer Registry (PBCRs) for the years 2006-08) it is estimated that around 28,20,179 people are suffering from all cancers including lung cancer in the country in the year 2012. The estimated number of , cancer cases for the state of Andhra Pradesh is 2,02,235, which includes 12045 cases of lung cancer. This is based on the pooled Crude Rate of five urban registries. State wise estimates of prevalent cancer cases for the year 2012 is given in the Statement (*See below*).

(c) Based upon data collected by National Cancer Registry Programme (NCRP), the estimated number of cancer deaths for the country is around 4,89,875 for the year 2012.

(d) In the government health care delivery system, the treatment of diseases is either free or subsidized for the poor and needy patients.

Under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) financial assistance up to Rs. 1.00 lakh per patient is provided for chemotherapy drugs to treat up to 100 patients in a district.

Financial assistance is also provided to poor patients as under:

1. Health Minister's Discretionary Grant (HMDG)

Poor patients with family income less than Rs. 1,00,000/- annually and suffering from major illness and requiring one-time treatment in Government hospitals/ institutions are eligible for financial assistance under HMDG. Financial assistance limits are — (i) Rs.50,000/- if the estimated cost of treatment is up to Rs. 1,00,000/-; (ii) Rs.75,000/- if the estimated cost of treatment is above

Rs. 1,00,000/- & up to Rs. 1,50,000/-; and (iii) Rs. 1,00,000/- if the estimated cost of treatment is above Rs. 1,50,000/-.

2. Health Minister's Cancer Patient Fund (HMCPF) under RAN

- (i) Financial assistance is provided to patients, below poverty line suffering from Cancer and undergoing treatment in any of the 27 Regional Cancer Centres.
- (ii) The financial assistance to the Cancer Patient up to Rs. 1,00,000/- (Rs. One lakh only) is processed by the Institute/Hospitals concerned through the revolving fund placed at their disposal. The cases of financial assistance above this limit are to be referred by the Hospitals for assistance from Central Funds.

3. Rashtriya Arogya Nidhi (RAN) i.e. National Illness Assistance Fund (NIAF)

The financial assistance is provided to the patients living Below Poverty Line (BPL), who are suffering from major life threatening disease to receive medical treatment in Government hospitals. The financial assistance to such patients is released in the form of 'one time grant' to the Medical Superintendent of the hospital in which the treatment is being received.

Statement

*Details of Estimated Prevalent cases (10 Years duration)
of All sites - State-wise - 2012*

Sl. No.	States	All sites
1	2	3
1	Jammu and Kashmir	29776
2	Himachal Pradesh	16103
3	Punjab	64689
4	Chandigarh	2462
5	Uttarakhand	24014
6	Haryana	59594

1	2	3
7	Delhi	36437
8	Rajasthan	161970
9	Uttar Pradesh	472819
10	Bihar	247285
11	Sikkim	1031
12	Arunachal Pradesh	2835
13	Nagaland	3991
14	Manipur	3915
15	Mizoram	3248
16	Tripura	7592
17	Meghalaya	6029
18	Assam	67692
19	West Bengal	224459
20	Jharkhand	78419
21	Odisha	98798
22	Chhattisgarh	60934
23	Madhya Pradesh	146381
24	Gujarat	94146
25	Daman and Diu	621
26	Dadra and Nagar Haveli	829
27	Maharashtra	259143
28	Andhra Pradesh	202235
29	Karnataka	145166

1	2	3
30	Goa	3416
31	Lakshadweep	154
32	Kerala	106264
33	Tamil Nadu	183843
34	Puducherry	3011
35	Andaman and Nicobar Islands	878
TOTAL		2820179

Based on CR of five urban registries (2006-08) and Trend Report. Prevalent cases (10 years duration) are estimated by multiplying incidence cases by 2.7

Government's stand on generic drugs

3210. SHRI C.P. NARAYANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government will take more strong action to protect the interests of poor and ordinary patients while protecting the genuine patent rights of individuals and companies in the backdrop of Supreme Court judgement in the Novartis case regarding patent rights;

(b) whether Government would adopt a more forthright stand to produce and distribute generic drugs to save lives of patients; and

(c) whether Government would equip and expand work in public sector drug companies to provide reliable and cheap life saving drugs to the people?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The subject matter of granting patent rights to individuals and companies is regulated by the Patents Act, 1970 administered by the Department of Industrial Policy & Promotion in the Ministry of Commerce & Industry. That Department has informed that the said Act, as amended in the year 2005, already establishes a fair balance between the interests of patent holders and public health.

(b) and (c) In order to make available quality generic medicines at affordable prices to all, a countrywide campaign in the name of 'Jan Aushadhi Campaign' was