

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) The Central Government is setting up new AIIMS in a phased manner in different States and also upgrading existing Government Medical Colleges/ Institutions to the super speciality levels under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) which aims at correcting the imbalances in availability of affordable / reliable tertiary level healthcare and to augment facilities for quality medical education in the underserved areas.

(c) Central Government plans to set up an AIIMS in the State of Maharashtra. In this connection Government of Maharashtra has been requested to identify three or four alternative locations having 200 acres of land each and to undertake to provide free of cost land and other required infrastructure such as suitable road connection, sufficient water supply, electricity connection of required load and regulatory/statutory clearances. Subsequently, a check-list has also been sent to the State Government to furnish full details on each of sites/locations.

In addition, the following existing Government Medical College/Institutions in the State of Maharashtra are also covered under various phases of PMSSY upgradation programme:

- (i) Grants Medical College, Mumbai (1st phase);
- (ii) Govt. Medical College, Nagpur (2nd phase);
- (iii) Govt. Medical College, Aurangabad (3rd phase);
- (iv) Government Medical College, Latur (3rd phase);
- (v) Government Medical College, Akola (3rd phase);
- (vi) Shri Vasantnao Naik Govt. Medical College, Yavatmal (3rd phase).

Cancer institutes

1042. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there are sufficient numbers of cancer institutes in the country to meet the ever increasing cases of cancer in the country; and

(b) whether Government will consider providing life saving cancer drugs with subsidies or control the prices of such drugs keeping in view the fact that the cancer drugs prices are beyond the capacity of a common man?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Cancer can be diagnosed and treated at various levels in the Government healthcare system. The number of such facilities is not centrally maintained. However, as per norms by WHO and International Atomic Energy Agency (IAEA), there should be 1 teletherapy (radiotherapy) unit per 10 lakh population *i.e.* 1260 for a 1.26 billion population. However, at present only about 500 radiotherapy machines are available in about 340 institutions across the country including private sector. Apart from general shortage, there is also considerable regional imbalance in the availability of cancer care services in the country.

In addition to cancer diagnosis and treatment under the State Governments, the Central Government Institutions such as All India Institute of Medical Sciences, Safdurjung Hospital, Dr Ram Manohar Lohia Hospital, PGIMER Chandigarh, JIPMER Puducherry, Chittaranjan National Cancer Institute, Kolkata, etc. provide facilities for diagnosing and treatment of cancer.

A provision of 20 beds each for Medical Oncology and Surgical Oncology Departments has been made in each of seven All India Institute of Medical Sciences set up under PMSSY. In addition, 68 bedded Oncology block is being built at Rajendra Institute of Medical Sciences, Ranchi under PMSSY Phase-I upgradation programme. There is also provision of Oncology Department in the new Super Specialty Blocks at Government Medical College, Amritsar and Rajendra Prasad Government Medical College, Tanda under PMSSY Phase II upgradation programme. The Central Government has created posts in Department of new AIIMS related to Cancer such as Radiotherapy, Medical Oncology / Hematology, Surgical Oncology and Nuclear Medicine.

While Health is a State subject, the Central Government supplements the efforts of the State Governments for improving healthcare including prevention, diagnosis and treatment of cancer. Government of India had launched a comprehensive National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) in 2010 covering 100 districts in 21 States with focus on 3 types of cancer namely breast, cervical and oral cancer.

In addition, Government of India has in the year 2013-14, approved a scheme for enhancing the Tertiary Care Cancer facilities in the country. Under this scheme (Tertiary component of NPCDCS), Government of India will assist 20 State Cancer Institutes (SCI) and 50 Tertiary Care Cancer Centres (TCCC) in different parts of the country. The maximum assistance inclusive of State Share for SCI is ₹120 crores and for TCCC is ₹45

crores. The Central and State share will be in the ratio 75:25, and for North East and Hill States this ratio would be 90:10.

(b) The list of medicines specified in the National List of Essential Medicines (NLEM) which are included in the First Schedule of Drug Pricing Control Order (DPCO), 2013 also contain drugs used in the treatment of cancer. 489 NLEM medicines for which ceiling price have been notified under DPCO, 2013, includes 47 anti-cancer medicines. No person is authorized to sell any such formulation to any consumer at a price exceeding the ceiling price fixed by the National Pharmaceutical Pricing Authority (NPPA).

Deaths of under five children

1043. SHRIMATI KAHKASHAN PERWEEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that about 14 lakh children die at the age of five years in the country;
- (b) if so, the steps being taken by Government to check it; and
- (c) the details thereof, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) No. As per projections based on Sample Registration System (SRS), 2012, an estimated 13.6 lakhs children, under the age of five years, die annually.

(b) Under the National Health Mission, the following key interventions are being implemented to bring down the mortality rate of children across all the States of the country:

- (i) Promotion of Institutional delivery through Janani Suraksha Yojana (JSY): Promoting Institutional delivery by skilled birth attendant is key to reducing both maternal and neonatal mortality.
- (ii) Emphasis on facility based newborn care at different levels to reduce Child Mortality: Setting up of facilities for care of sick newborns such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Care Corners (NBCCs) at different levels is a thrust area under NHM.
- (iii) Capacity building of health care providers: Various trainings are being conducted under NHM to train doctors, nurses and ANMs for early diagnosis