

Re-launch of KVP

1802. DR. T. SUBBARAMI REDDY:

SHRIMATI AMBIKA SONI:

Will the Minister of FINANCE be pleased to state:

- (a) whether Government has proposed or proposes to re-launch Kisan Vikas Patra (KVP);
- (b) if so, the details thereof along with special features of the scheme and its lock-in-period;
- (c) whether it is transferable;
- (d) if so, the details thereof; and
- (e) whether tax benefit would be available for investment in KVP?

THE MINISTER OF FINANCE (SHRI ARUN JAITLEY): (a) Yes Sir, Kisan Vikas Patra has been notified.

(b) to (d) Amount invested in Kisan Vikas Patra doubles in 100 months at the present rate's. The certificates can be purchased by an adult for himself or on behalf of a minor or to a minor. It can also be purchased jointly by two adults. In both the cases Post Office/ Bank will follow KYC modalities.

A certificate may be transferred from one person to another with consent in writing to an officer of the Post Office or Bank. Under the scheme the transferee has to be eligible to purchase the certificate. The certificate may be prematurely encashed any time in the event of death of holder or any holder in case of joint holder, on order of court of Law and forfeiture by a pledge. Amounts as notified shall be paid to the investor in such cases.

- (e) No Sir.

Medical cost attributable to tobacco use

1803. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the total direct medical cost attributable to tobacco use in the country;
- (b) the details, State-wise, for the last three years;
- (c) whether Government has taken comprehensive measures to bring down the direct medical cost due to use of tobacco; and

- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) and (b) Ministry of Health and Family Welfare commissioned a study titled “Economic Burden of Tobacco Related Diseases in India” (2014) in collaboration with World Health Organization (WHO). The study has estimated that the total economic costs attributable to tobacco use in India in the year 2011, being the direct and indirect costs from all diseases caused due to tobacco use for persons aged 35-69 years amounted to ₹ 1,04,500 crores.

The State-wise data (for 13 states) on economic costs from 4 major diseases attributable to tobacco use for the year 2011 is given in the Statement.

(c) and (d) The following steps have been taken by the Government to discourage tobacco use and create awareness about its harmful effects:

- (i) The Government of India 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” to regulate the tobacco products in public health interest.
- (ii) Government of India has launched the National Tobacco Control Programme (NTCP) in the year 2007-08, with the objectives to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions made under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” (COTPA) and (iv) help the people quit tobacco use through Tobacco Cessation Centres.
- (iii) Further, the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011 dated 1st August 2011, issued under the Food Safety and Standards Act, 2006, lays down that tobacco and nicotine shall not be used as ingredients in any food products. Currently, 34 States / UTs have issued orders for implementation of the Food Safety Regulations banning manufacture, sale and storage of Gutka and Pan Masala containing tobacco or nicotine.
- (iv) National level public awareness campaign is a key activity under the National Tobacco Control Programme. A variety of media have been used to reach a wider audience. The Ministry recently launched the testimonial campaign

titled 'SUNITA' designed to warn people about the devastating health effects of using smokeless tobacco.

- (v) The Ministry has also notified the rules to regulate depiction of tobacco products or their use in films and TV programmes. As per these rules, all films and TV programmes (both Indian & Foreign) depicting tobacco products or their use have to screen a health spot of 30 seconds duration and a disclaimer of 20 seconds duration on the harmful effects of tobacco use, at the beginning and the middle of the films and TV programmes.
- (vi) The Ministry has notified the new graphic health warnings on 15th October, 2014. As per the new rules the pictorial health warnings shall occupy 85% of the principal display area and shall be placed both on the back as well as front panels/sides.

Statement

Attributable costs of diseases by States (smoking + smokeless)*
(in INR million) for the year 2011

State	4 Diseases				All Causes			
	Male	Female	Total	Rank	Male	Female	Total	Rank
1	2	3	4	5	6	7	8	9
Rajasthan	4512.47	535.66	5048.12	7	9624.77	1971.13	11595.9	4
Uttar Pradesh	16545.70	3367.10	19912.80	13	59674.5	13679.6	73354.1	13
Bihar	3457.63	1262.59	4720.21	6	8864.77	4540.66	13405.4	7
Assam	1395.64	182.43	1578.07	2	3799.36	1612.75	5412.11	1
West Bengal	11485.72	1835.93	13321.65	12	27700.6	6699.44	34400	12
Odisha	1095.43	227.32	1322.75	1	7689.95	2189.06	9879.01	3
Madhya Pradesh	4390.10	768.24	5158.34	8	11098.9	2640.12	13739	8
Gujarat	4237.14	417.31	4654.46	4	11157.6	1429.77	12587.3	6
Maharashtra	6391.06	1303.03	7694.09	10	16779.5	6119.22	22898.8	10
Andhra Pradesh	6157.82	2659.10	8816.92	11	24132.9	7046.76	31179.6	11

1	2	3	4	5	6	7	8	9
Karnataka	2748.44	398.51	3146.95	3	7643.03	2188.15	9831.19	2
Kerala	5189.54	264.41	5453.96	9	13302	1835.27	15137.3	9
Tamil Nadu	3714.47	956.25	4670.73	5	9206.66	2506.34	11713	5
ALL INDIA	84381.38	17051.46	101432.84		247079	67680.1	314759	

* the attributable cost of diseases includes direct medical cost and indirect morbidity cost only. The four major diseases are Cardiovascular disease (CVD), cancer, respiratory disease and tuberculosis.

Shortage of specialist doctors

1804. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is acute shortage of specialist doctors in the health sector, particularly in major hospitals in the country;

(b) if so, the details thereof and details of steps taken by Government to improve the situation; and

(c) whether Government would open more medical colleges for improving the current population-doctor ratio in the country and, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) The Government is aware that there is shortage of doctors, particularly specialists in the country.

(b) Health is a State subject and no such information in respect to hospitals in the States is maintained centrally. However, as far as three Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and Lady Hardinge Medical College & Associated Hospitals are concerned, specialist doctors of Central Health Services (CHS) are posted in various Institutes, Hospitals, etc. including above State Hospitals. The details of CHS posts is given below:

Sl. No.	Name of Hospital	Sanctioned Strength	Vacancy position
1.	Dr. R.M.L Hospital	Teaching 149	71
		Non-teaching=82	Nil
2.	Safdarjung Hospital	Teaching 175	64
		Non-teaching= 138	Nil
3.	LHMC & S.K. Hospital	Teaching=293	76
		Non-teaching=07	Nil