

- In certain pockets of high prevalence states where HIV prevalence among FSW and MSM continues to be high, emphasis is given to sustain the higher coverage of targeted interventions and improve the quality of outreach.
- Scale-up of free 1st line and 2nd line Anti-retroviral Treatment for people living with HIV and strengthening supply chain management of drugs.
- For reducing stigma and discrimination against PLHIV, HIV/AIDS Bill stands introduced in Rajya Sabha.

Checking infant and maternal deaths in tribal dominated areas

2633. SHRI BAISHNAB PARIDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that India has the highest number of maternal deaths in the world;
- (b) if so, the details thereof and the reasons therefor;
- (c) how far have such maternal and child deaths been controlled in the backward and tribal dominated regions of the country, especially Odisha, Jharkhand etc.;
- (d) whether it is proposed to increase the Women Health Centres in such areas to achieve the objective; and
- (e) if so, the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) As per the UN Inter-Agency estimates in the publication "Trends in Maternal Mortality: 1990 to 2013", the Maternal Mortality Ratio (MMR) in India has come down from 560 in 1990 to 190 in 2013.

As per the information provided in the same report, 52 countries have MMR higher than that of India the details are given in the Statement (*See* below).

(c) The Registrar General of India, Sample Registration System (RGI-SRS), provides MMR and Under 5 Mortality Rate (U5MR) for the country and major states. As per the latest report of the RGI-SRS, Maternal Mortality Ratio (MMR) of India during the period 2010-12 is 178 per 100,000 live births and U5MR for 2012 is 52 per 1,000 live births.

The MMR for Odisha during the period 2010-12 is 235 per 100,000 live birth and U5MR is 68 per 1000 live births for year 2012 while for the Jharkhand MMR during the period 2010-12 is 219 per 100,000 live births and U5MR is 50 per 1000 live birth for year 2012.

RGI does not capture information on MMR for backward and tribal areas separately.

(d) and (e) There are no Women Health Centres and there is no such proposal under consideration with the GOI.

Statement

Details of countries having MMR higher than that of India

Sl.No.	Country	MMR
1.	Sierra Leone	1100
2.	Chad	980
3.	Central African Republic	880
4.	Somalia	850
5.	Burundi	740
6.	Democratic Republic of the Congo	730
7.	South Sudan	730
8.	Côte d'Ivoire	720
9.	Guinea	650
10.	Liberia	640
11.	Niger	630
12.	Cameroon	590
13.	Guinea-Bissau	560
14.	Nigeria	560
15.	Mali	550
16.	Malawi	510
17.	Lesotho	490
18.	Mozambique	480
19.	Zimbabwe	470
20.	Angola	460
21.	Togo	450
22.	Madagascar	440

Sl.No.	Country	MMR
23.	Gambia	430
24.	Ethiopia	420
25.	Congo	410
26.	United Republic of Tanzania	410
27.	Afghanistan	400
28.	Burkina Faso	400
29.	Kenya	400
30.	Eritrea	380
31.	Ghana	380
32.	Haiti	380
33.	Sudan	360
34.	Uganda	360
35.	Comoros	350
36.	Benin	340
37.	Mauritania	320
38.	Rwanda	320
39.	Senegal	320
40.	Swaziland	310
41.	Equatorial Guinea	290
42.	Zambia	280
43.	Timor-Leste	270
44.	Yemen	270
45.	Guyana	250
46.	Gabon	240
47.	Djibouti	230
48.	Lao People's Democratic Republic	220
49.	Papua New Guinea	220
50.	Sao Tome and Principe	210
51.	Bolivia (Plurinational)	200
52.	Myanmar	200

Sl.No.	Country	MMR
53.	India	190
54.	Indonesia	190
55.	Nepal	190
56.	Bangladesh	170
57.	Botswana	170
58.	Cambodia	170
59.	Pakistan	170
60.	Guatemala	140
61.	South Africa	140
62.	Kiribati	130
63.	Namibia	130
64.	Solomon Islands	130
65.	Suriname	130
66.	Bhutan	120
67.	Honduras	120
68.	Morocco	120
69.	Philippines	120
70.	Tonga	120
71.	Paraguay	110
72.	Venezuela (Bolivarian Republic of)	110
73.	Dominican Republic	100
74.	Nicaragua	100
75.	Micronesia (Federated States of)	96
76.	Algeria	89
77.	Peru	89
78.	Democratic People's Republic of Korea	87
79.	Ecuador	87
80.	Vanuatu	86
81.	Panama	85
82.	Trinidad and Tobago	84

Sl.No.	Country	MMR
83.	Colombia	83
84.	Cuba	80
85.	Jamaica	80
86.	Kyrgyzstan	75
87.	Mauritius	73
88.	Argentina	69
89.	Brazil	69
90.	El Salvador	69
91.	Mongolia	68
92.	Iraq	67
93.	Turkmenistan	61
94.	Fiji	59
95.	Samoa	58
96.	Cabo Verde	53
97.	Barbados	52
98.	Jordan	50
99.	Mexico	49
100.	Syrian Arab Republic	49
101.	Vietnam	49
102.	Occupied Palestinian Territory	47
103.	Tunisia	46
104.	Belize	45
105.	Egypt	45
106.	Saint Vincent and the Grenadines	45
107.	Tajikistan	44
108.	Georgia	41
109.	Costa Rica	38
110.	Bahamas	37
111.	Uzbekistan	36
112.	Saint Lucia	34

Sl.No.	Country	MMR
113.	Romania	33
114.	China	32
115.	Maldives	31
116.	Armenia	29
117.	Malaysia	29
118.	Sri Lanka	29
119.	United States of America	28
120.	Brunei Darussalam	27
121.	Republic of Korea	27
122.	Azerbaijan	26
123.	Kazakhstan	26
124.	Thailand	26
125.	Russian Federation	24
126.	Grenada	23
127.	Iran (Islamic Republic of)	23
128.	Ukraine	23
129.	Bahrain	22
130.	Chile	22
131.	Albania	21
132.	Republic of Moldova	21
133.	Puerto Rico	20
134.	Turkey	20
135.	Lebanon	16
136.	Saudi Arabia	16
137.	Serbia	16
138.	Libya	15
139.	Hungary	14
140.	Kuwait	14
141.	Uruguay	14
142.	Croatia	13

Sl.No.	Country	MMR
143.	Latvia	13
144.	Canadad	11
145.	Estonia	11
146.	Lithuania	11
147.	Luxembourg	11
148.	Oman	11
149.	Cyprus	10
150.	France	9
151.	Ireland	9
152.	Malta	9
153.	Bosnia and Herzegovina	8
154.	New Zealand	8
155.	Portugal	8
156.	United Arab Emirates	8
157.	United Kingdom	8
158.	Germany	7
159.	Montenegro	7
160.	Slovakia	7
161.	Slovenia	7
162.	The former Yugoslav Republic of Macedonia	7
163.	Australia	6
164.	Belgium	6
165.	Japan	6
166.	Netherlands	6
167.	Qatar	6
168.	Singapore	6
169.	Switzerland	6
170.	Bulgaria	5
171.	Czech Republic	5
172.	Denmark	5

Sl.No.	Country	MMR
173.	Greece	5
174.	Austria	4
175.	Finland	4
176.	Iceland	4
177.	Italy	4
178.	Norway	4
179.	Spain	4
180.	Sweden	4
181.	Poland	3
182.	Israel	2
183.	Belarus	1

Revision of medical education curricula

2634. PROF. M. V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the process for revision of the curricula for graduate and post-graduate medical education and the details thereof;

(b) when was the last time the curricula for graduate and post-graduate medical education was revised and the details of the year of revision and changes brought in; and

(c) whether there are mechanisms in place to incorporate student participation in curriculum planning, if so, the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) The Medical Council of India (MCI) is the statutory body responsible for establishing and maintaining high standards in medical education. The Graduate Medical Education Regulations were notified in the year 1997 and the Post Graduate Medical Education Regulation were notified in the year 2000. Updating of medical syllabus is a continuous process.

(c) As informed by MCI, at present, student participation in curriculum planning is not there.