

All such tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs), and these districts are expected to receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts also receive focused attention and supportive supervision.

Norms for infrastructure, Human resource, MMUs etc. and incentives under disease control programme have been kept better for Tribal areas/population.

**Action plan to handle cancer incidents**

2497. DR. K. V. P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state whether Government's attention has been drawn to reports that there could be 500 per cent increase in cancer incidents by 2025, if so, how does Government plan to address the issue?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Based upon estimations of National Centre for Disease Informatics and Research Centre of Indian Council of Medical Research, Incidences on cancer are estimated to increase to 1510396 by 2025 which are 35.2% higher as compared to estimated figure for 2014.

Central Government supplements the efforts of the State Government for improving healthcare including prevention, diagnosis and treatment of Cancer. At present, the objectives of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) being implemented under National Health Mission (NHM) for interventions upto the district level include awareness generation for Cancer prevention, screening, early detection and referral to an appropriate level institution for treatment. The focus is on three areas namely breast, cervical and oral Cancer. Screening guidelines have been provided to State Governments for implementation. Suspected cases are to be referred for confirmatory diagnosis by various tests including histo-pathological biopsy.

Government of India has approved "Tertiary Care for Cancer" Scheme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in the year 2013-14. Under the said scheme, Government of India will assist to establish/set up 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 upto ₹ 120 crore and for TCCC is upto ₹ 45 crore subject to eligibility as per scheme guidelines and availability of funds.

The treatment for cancer in Government Hospitals is either free or subsidized. In

addition to Cancer diagnosis and treatment by the State Governments Health Institutes, 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 diagnosis and treatment of Cancer.

Oncology in its various aspects has focus in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). Setting up of National Cancer Institute at Jhajjar (Haryana) and 2nd campus of Chittranjan National Cancer Institute, Kolkata has also been approved.

#### **Revising guidelines for clinical trials**

2498. DR. PRADEEP KUMAR BALMUCHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state whether Government is planning to revise the guidelines for clinical trials with a view to further tighten the standards, if so, the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Adequate provisions have been made in the Drugs and Cosmetics Rules, 1945 and schedules thereof to ensure the rights, safety and welfare of patients. These include the responsibilities of the Sponsor, Investigator and Ethics Committee, evaluation of the clinical trial proposals by the Subject Expert Committees/ Investigational New Drugs Committee, review of their recommendations by the Technical Committee and, thereafter, approval by the Apex Committee. Further, compensation is required to be paid in case of trial related injury or death within the prescribed timelines. The criteria for deciding the quantum of compensation in case of Serious Adverse Event (SAE) of death or injury (other than death) related to clinical trial have been notified.

#### **National programme on epilepsy**

2499. SHRI DEREK O'BRIEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of people suffering from epilepsy in India over the past five years, and the number who received treatment;

(b) if there is a gap, the reasons therefor;

(c) whether it is a fact that many epilepsy patients face stigma in their workplaces due to their symptoms, if so, the measures taken by Government to tackle this problem; and