

- Making available tertiary health care services in the public sector through strengthening of hospitals, establishment of AIIMS institutions in the States and upgradation of existing Government medical colleges across the country.
- Making available quality generic medicines at affordable prices to all, under 'Jan Aushadhi Scheme', in collaboration with the State Governments.
- Rashtriya Swasthya Bima Yojana (RSBY) which provides for smart card based cashless health insurance including maternity benefit on family floater basis.

**Statement**

*Data showing per capita Government expenditure on health (PPP Int. \$) in respect of India and some select developed countries*

Sl. No.	Name of Country	Per capita Government expenditure on health (PPP Int. \$) 2012
1.	India	60
2.	Australia	2583
3.	Canada	3229
4.	Italy	2438
5.	Japan	2983
6.	Spain	2098
7.	United Kingdom	2716
8.	United States of America	4153

*Source: World Health Statistics 2015.*

**Nationwide trauma registry**

1792. KUMARI SELJA:

SHRI HUSAIN DALWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there is an existing nationwide trauma registry to generate reliable data on the magnitude and patterns of injuries caused by road accidents;
- (b) if so, the details thereof;

- (c) if not, whether any such registry is being developed; and
- (d) if so, the details thereof, if not, reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) to (d) There is currently no Trauma Registry Centre in the country. However, the Government has initiated a programme namely "Capacity building for developing Trauma Care facilities in Government Hospitals on National Highways", which envisages setting up of National Injury Surveillance, Trauma Registry and Capacity building.

Presently, injury related data is collected in the emergency department of Dr. RML Hospital, which generate authentic information not only on mortality related data of the traffic injury victims but also about the crash related information (Injury Surveillance) as well as the information on pre-hospital care given to the Trauma Victims

#### **Amending norms for clinical trials**

1793. SHRI DEVENDER GOUD T.: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that Government has amended norms for clinical trials;
- (b) if so, how the revised ones are different from the existing ones;
- (c) whether it is also a fact that academic institutions are now exempted taking permission from DCGI; and
- (d) if so, the reasons therefor and how this facilitates safe and transparent trials?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) to (d) Minor changes have been made in the rules relating to Clinical Trials and related guidelines in the recent past with a view to ensure patient safety and welfare and also facilitate faster decision making. The changes made include amendment in the Drugs and Cosmetics Rules, 1945 to *inter alia* provide that:—

No permission for conduct of clinical trial intended for academic purposes in respect of approved drug formulation shall be required for any new indication or new route of administration or new dose or new dosage form where,-