	2012-13	2013-14	2014-15@
(ii) Private corporate	1170458	1319098	1537972
(iii) Household	1453347	1450234	1369716

Source: Central Statistics Office (CSO).

@= First Revised Estimates

Raising retirement age of doctors

987. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has recently raised the retirement age of doctors working under Government;

(b) if so, the details thereof and reasons behind the move;

(c) whether Government proposes to issue an advisory to the State Governments to take similar action by raising the retirement age of doctors working under them; and

(d) if so, the details thereof and, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) Yes. The age of superannuation of Non-Teaching, Public Health Specialists and General Duty Medical Officer sub-cadres of Central Health Service has been enhanced to 65 years due to acute shortage of doctors thereby adversely affecting patient care, health series and medical education in the Central Government Health Institutions.

(c) and (d) Since health is a state subject, action for enhancing the age of superannuation of doctors under State Government may be taken by respective State Government(s).

Deaths from Tobacco-related diseases

988. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India is second largest consumer of tobacco and about one million Indians die annually from tobacco-related diseases;

(b) whether about 35 per cent of Indians in age group 15 years and above use tobacco, 33 per cent adult males and 18 per cent adult females in the country consume smokeless tobacco products;

(c) whether according to Global Youth Tobacco Survey 2006, 14.6 per cent of students aged 13-15 years in India use some form of tobacco, 4.4 per cent smoke cigarettes and 12.5 per cent use other forms of tobacco; and

(d) action taken to protect Indians from adverse effects of tobacco usage?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) As per the "Report on Tobacco Control in India" published in 2004, India is the second largest consumer of unmanufactured tobacco in the world and about 8-9 lakhs Indians die of tobacco related diseases every year.

(b) As per the report of "Global Adult Tobacco Survey (GATS) India 2009-10", more than one-third (35%) of adults in age group 15 years and above use tobacco in some form or the other whereas 33% adult males and 18% adult females in the country consume smokeless tobacco products.

(c) The said data are as per Global Youth Tobacco Survey, 2009. However, as per the "Global Youth Tobacco Survey, 2006", 14.1 per cent of students aged 13-15 years in India use any tobacco product; 4.2 per cent smoke cigarettes; and 11.9 per cent use other tobacco products.

(d) The 'Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA, 2003) has been enacted to prohibit the consumption of cigarettes and other tobacco products.

The Cigarettes and Other Tobacco Products (Packaging and Labelling) Amendment Rules, 2014, and further notification dated 24th September, 2015 mandates specified health warnings covering 85% of the principal display area of the packages of tobacco products.

The National Tobacco Control Programme (NTCP) was launched by Ministry of Health and Family Welfare, Government of India in 2007-08 with the objective to bring about greater awareness about the harmful effects of tobacco use and Tobacco Control Laws and to facilitate effective implementation of the Tobacco Control Laws.

The Ministry has started National Toll-free Helpline in 2008 to provide information on harmful effects of consumption of tobacco and on how to quit tobacco use, including after-effects of quitting tobacco.

In addition, the Ministry has also started National Tobacco Quitline to provide tobacco cessation services to the community and has launched a pan-India "mCessation" initiative

to reach out to tobacco users of all cigarettes who are willing to quit tobacco use and to support them towards successful quitting through text-messaging *via* mobile phones

The stakeholders are made aware on a regular basis about the adverse effects of tobacco usage on health through different mode of communication including TV, Radio, Print media, social media, film etc. and by displaying awareness material in trade fair, mela etc.

Reviewing of different treatment methods

989. SHRI C.P. NARAYANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has a policy of bringing treatments under various systems of medicine under the same roof so that patients will be more benefited;

(b) whether Government will constinuously review different methods of treatment to weed out unscientific and ineffective ones; and

(c) whether this year's allocation in the budget will be sufficient to meet expenses of treatment and investments?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) The National Policy on Indian Systems of Medicine & Homoeopathy-2002, envisages integration of AYUSH with the Healthcare Delivery System. Further, the National Health Mission (NHM) Implementation Framework envisages 'Mainstreaming of AYUSH' so as to enhance choice of services for beneficiaries of public health facilities including Primary Health Centres and to learn from and revitalize local health care traditions. Thus, the principle of co-location of AYUSH services in health facilities was adopted by NHM.

Public Health being a State subject, the primary responsibility to provide health care services lies with the respective State/UT Governments. However, under the NHM, technical and financial support is provided to States/UTs for strengthening their healthcare systems, including support for mainstreaming of AYUSH through co-located facilities, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). This includes support for engagement of AYUSH doctors and paramedics on contractual basis at co-located public health facilities, in service training of AYUSH service providers, procurement of AYUSH equipments, drugs, consumables, and strengthening infrastructure at the collocated facilities, etc.