THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) Health being a State subject, primary responsibility to provide healthcare services to citizens lies with State/UT governments and each State define its own Telemedicine model based on their State requirements. Under National Health Mission (NHM), financial support is being provided to States/UTs to strengthen and implement their Telemedicine Projects based on the requirements posed by them in Programme Implementation Plan (PIP).

(d) and (e) The Odisha Government funded Telemedicine Network follows the typical Doctor – to – Doctor model of teleconsultation and Doctor – to – Patients model of tele – follow up. A state – wide telemedicine network has been established by the Governments of Odisha which connects all 30 districts of Odisha to 3 Government Medical college Hospitals and to State Institute of Health and Family Welfare, Bhubaneswar. Recently the telemedicine centres have also been established in Regional Cancer Centre and Paediatric Institute both located at Cuttack. These two specialty-end telemedicine nodes are also connected to all districts.

During the year 2017-2018 an e-ICU network has been established linking the district-level ICUs to Central ICUs of Government Medical College Hospitals.

Currently the expenses for all such telemedicine activities are being met from fund provision made by Odisha Government under State plan.

Measures to reduce IMR

458. SHRIMATI SASIKALA PUSHPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is still struggling to reduce the Infant Mortality Rate (IMR) in the country;

(b) if so, details thereof; and

(c) the steps proposed to be taken by Government in order to reduce Infant Mortality Rate (IMR) in the next five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY) (a) to (c) Infant Mortality Rate (IMR) has declined from 58 per 1000 live births in 2005 to 34 per 1000 live births in 2016 with annual decline of 4.7% in India in comparison to world-wide annual decline of 3.3% during same period (45 per 1000 live births in 2005 to 31 per 1000 live birth in 2016). Further, IMR has declined from 37 per 1000 live births in 2015 to 34 per 1000 live births in 2016 thus marking a decline of 8.1%.

Under National Health Mission, the following interventions are being implemented to reduce Infant Mortality Rate all across the country:–

(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK)

which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

(2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.

(3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.

(4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. Measles Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020.

(5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.

(6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been operationalized to provide

comprehensive care to all the children in the age group of 0-18 years in the community.

(7) Some other important interventions are Iron and Folic Acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and zinc for management of diarrhoea in children.

(8) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.

(9) Low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt innovative approaches to address their peculiar health challenges.

High rate of cancer deaths in India

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

(a) whether it is a fact that while India has lower cancer rates than many other countries, but it has higher rate of deaths compared to other countries due to lack of awareness, early detection and palliative care;

(b) whether shortage of Government infrastructure and trained human resources also contribute to higher rate of deaths due to cancer;

(c) if so, other reasons therefor and what are the steps taken by Government to bring down the rate of death due to cancer in the country; and

(d) the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Based on Indian Council of Medical Research's National Cancer Registry Programme (NCRP) report on "Three-year Report of Population Based Cancer Registries (PBCRs 2012-2014), Bengaluru, 2016", on International comparison of Age Adjusted Rates (AARs), Indian PBCRs showed lower cancer incidence rates than many other countries in both males and females.

No studies or data is available to suggest that death rate is higher in India due to lack of awareness, early detection and Palliative Care. However, Crude Mortality Rate per lakh population as per Mumbai Population Based Cancer Registry for males and females during 2001 to 2011 is as below: