

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:

Year	Crude Mortality Rate	
	Males	Females
2001-2003	34.4	37.1
2004-2005	36.4	40.1
2006-2008	38.3	43.2
2009-2011	33.1	38.0

(b) to (d) While doctors with D. M. (Medical Oncology), M.Ch. (Surgical Oncology) and M.D. (Radiation Oncology) treat cancer patients in higher level tertiary care hospitals, cancer is also being treated in hospitals by other Doctors such as General Surgeons, Gynecologists, ENT Surgeons etc., depending on the type and site of cancer. In fact, Cancer is being diagnosed and treated at various levels in the Government health care system.

To increase the number of seats in super speciality course in Medical Oncology, Surgical Oncology, Anesthesiology and broad speciality course in Radiotherapy, the ratio of number of Post-Graduate (PG) teachers to the number of students to be admitted has been now increased to 1:3 for a Professor subject to a maximum of 6 PG seats per unit per academic year. Further the ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

The Government of India is implementing “Strengthening of Tertiary Care Cancer Centre” Scheme under NPCDCS to assist to establish/set up State Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCC) in different parts of the country. 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 Chittaranjan National Cancer Institute, Kolkata has also been approved. All these will enhance the capacity for prevention and treatment of cancer in the country.

The National Programme for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is being implemented under National Health Mission (NHM) up to district level interventions in 36 States/UTs. The programme includes health promotion activities, opportunistic screening, and control of Non Communicable Diseases (NCDs) including cancer. The program focuses on opportunistic screening for common NCDs, at District hospital and Community Health Centre levels, through the setting up of NCD clinics.

A population level initiative of prevention, control and screening for common NCDs (diabetes, hypertension and cancer viz. oral, breast and cervical cancer) has

been rolled out in over 100 districts of the country in 2017-18 under NHM, as a part of comprehensive primary healthcare. The screening activity will generate awareness on risk factors of common NCDs including cancer as such.

**Achieving goal of population stabilization**

460. SHRI K. BHABANANDA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government would identify the areas and communities that have high birth rate, if so, the details thereof;

(b) whether Government has any plan to emphasize its efforts on those regions and communities for speedy result-oriented mission of family planning, if so, the details thereof;

(c) whether it is a fact that family planning has not reached many segments of the people, thereby giving an undue pressure to limited land, resources and environment; and

(d) the details of policies to achieve the goal of population stabilization?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Yes, the Government has already identified 146 high fertility districts in seven high focus States of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam under Mission Parivar Vikas scheme. The details of high fertility districts is given in the Statement (*See below*). The Mission Parivar Vikas focuses on improving access to contraceptives through provision of FP services, promotional schemes, commodity security, capacity building and intensive monitoring.

(c) No, Family Planning services are being provided free of cost to all segments of people under the National Family Planning Program.

(d) India adopted a comprehensive and holistic National Population Policy (NPP), 2000, which provided a policy framework for advancing goals and prioritizing strategies to meet the reproductive and child health needs of the people, to achieve the goal of population stabilization. The National Health Policy (NHP) 2017 also provides a policy guidance and sets out indicative, quantitative goals and objectives for population stabilization.