

Government medical colleges in underserved areas and to increase UG and PG seats in the existing Government medical colleges. Further, the minimum standard requirements for medical colleges have been rationalized to facilitate setting up of medical colleges. With the introduction of National Eligibility cum Entrance Test and common counselling including for private medical colleges at the Central/State Government level, the admission process for medical courses has been made merit based and completely transparent.

There is no such direction to Board of Governors to regulate fee structure in medical colleges. However, in the case of Government medical colleges, the respective State Governments are responsible for fixation of fee and in the case of private unaided medical colleges, the fee structure is decided by the Committee set up by the respective State Government under the Chairmanship of a retired High Court Judge in pursuance of the directions of the Hon'ble Supreme Court of India. It is for the Committee to decide whether the fee proposed by an Institute is justified and the fee fixed by the Committee is binding on the Institute. In respect of Deemed Universities, a fee committee has been constituted in University Grants Commission under Ministry of Human Resource and Development and the matter of fee was under consideration of the said committee. In the meantime, the Hon'ble Supreme Court *vide* order dated 07.09.2018 in WP (C) No. 949/2018 filed by Education Promotion Society for India and Ors *V/s* Union of India and Anr given direction to *status quo* shall be maintained by the parties.

State-of-the-art technology for hospitals in Gujarat

†2186. SHRI NARANBHAI J. RATHWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that no funds have been allocated to the State of Gujarat under State Programme Implementation Plan (SPIP) during last two years;

(b) if so, the details thereof; and

(c) the efforts made by Government to equip the hospitals with state-of-the-art technology in the State of Gujarat, during last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Under National Health Mission ₹ 863.66 crore and ₹ 1,221.83 crore have been released to the State of Gujarat for the FY 2016-17 and 2017-18 respectively.

† Original notice of the question was received in Hindi.

(c) Public Health and Hospital being a state subject, the primary responsibility to equip the hospitals with state-of-the-art technology is that of respective State Government. Under National Health Mission (NHM), the Central Government provides technical and financial support to States/UTs to strengthen their healthcare system including for provision of accessible, affordable and quality healthcare to the population based on the proposals of the State/ UT Governments. The support under NHM also includes support for equipment and use of modern technologies based on proposals received from respective States/UTs in their Programme Implementation Plan (PIPs).

Increase in prevalency of heart disease and diabetes

2187. SHRI K. R. ARJUNAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the prevalence of ischemic heart disease and stroke has increased by over 50 per cent from 1990 to 2016 in India with an increase observed in every State:

(b) whether the number of persons with diabetes in India has increased from 26 million in 1990 to 65 million in 2016;

(c) whether the rate of increase in the burden of ischemic heart disease and diabetes has been the highest in the less developed States of India, where the burden of chronic obstructive lung disease and infectious conditions is already high; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) According to Indian Council of Medical Research (ICMR)'s report titled 'India: Health of Nation's States' report, there is a rise in the burden of Ischemic Heart Disease (IHD) and Stroke in the country as evident from their contribution to Disability Adjusted Life years (DALY), given below:—

Year	Contribution to DALY	
	Ischemic Heart Disease	Stroke
1990	3.7%	2%
2016	8.7%	3.5%

As informed by ICMR, as per article in Lancet 2017 based on Global Burden Disease Study and India: Health of Nation's States' report, the all-age death rate has increased by 54.5% for IHD. The age-standardised death rate increased by 12% for