

SHRI A. VIJAYAKUMAR: Sir, the Draft Recruitment Rules were circulated in the public domain in January, 2018. Till now, these have not been finalized.

DR. HARSH VARDHAN: Sir, we are expediting it and we will make sure that the Recruitment Rules are revised. Over and above that, to actually take care of the shortfall of the physiotherapists, the Government has already come out with the Allied and Healthcare Professionals Bill, which was introduced in Rajya Sabha and which was then referred to the Standing Committee. Now, we have requested your good office to revive that Standing Committee so that taking care of the healthcare professionals of the allied field is also done in a better fashion.

SHRI ANAND SHARMA: Sir, the hon. Minister just said that the posts in one of the hospitals in Delhi, which have not been filled up. Sir, this has become the general practice of the Department of Expenditure that in all Ministries, irrespective of any Government department, the vacancies are not being filled up and are allowed to lapse. But, in case of important departments like the Health Department or in case of hospitals, this rule should not be followed. The Government must take note of it. I want to know whether the Health Minister has taken it up with the Finance Ministry, Department of Expenditure, so that the posts don't lapse.

MR. CHAIRMAN: It is a good suggestion. It is also an important observation.

SHRI BHUBANESWAR KALITA: Sir, I have a suggestion only. I want to draw the attention of hon. Minister to the Physiotherapy Wing of the Medical Centre in Parliament House Annexe. Will he give special attention to improve that?

DR. HARSH VARDHAN: Certainly, I will go there and examine it myself.

MR. CHAIRMAN: Hon. Minister, you can take him along.

States with highest cancer and HIV cases

*116. SHRI RONALD SAPA TLAU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) which State in India today has the highest Cancer and HIV cases; and
- (b) the reasons therefor and the measures taken by Government to tackle the menace?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN):
(a) and (b) A Statement is laid on the Table of the House.

Statement

(a) and (b) As per Indian Council of Medical Research's Cancer Registry, incidence of cancer cases varies across the country. The highest estimated number of cancer cases is in the State of Uttar Pradesh, which is also the most populous State, while the Age Adjusted Incidence Rate is highest in Mizoram State. Cancer is a multi-factorial disease, the risk

factors of which, *inter-alia*, include ageing population, sedentary life style, use of tobacco products, unhealthy diet.

State of Maharashtra, which is the second most populous State in India, has the highest number of HIV cases in India, while the Adult Prevalence Rate is highest in Mizoram. Prevalence of HIV varies across States on account of factors like number of people engaging in high risk behavior.

Health being a State subject, the Central Government supplements the efforts of the State Governments. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is being implemented under National Health Mission (NHM), the objectives of which include awareness generation for Cancer prevention, screening, early detection and referral to an appropriate level institution for treatment. For Cancer, the focus is on three cancers namely breast, cervical and oral.

To tackle the challenge of Non Communicable Diseases (NCD), including cancer, 585 NCD Clinics at District level and 3,084 NCD Clinics at Community Health Centre level have been set up under the programme. Population level initiative for prevention, control and screening for common NCDs (diabetes, hypertension and common cancers *viz.* oral, breast and cervical cancer) has also been rolled out under the National Health Mission (NHM) in over 215 districts. Screening of common NCDs including three common cancers *i.e.* oral, breast and cervical is also an integral part of service delivery under Ayushman Bharat –Health and Wellness Centres. Several measures have been taken to discourage the use of tobacco products, which is one of the key risk factors of Cancer.

To enhance the facilities for tertiary care of cancer, the Central Government is implementing Strengthening of Tertiary Care for Cancer Scheme, under which setting up of 16 State Cancer Institutes and 20 Tertiary Care Cancer Centres have been approved. Further, Oncology is also one of the focus areas in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Setting up of National Cancer Institute at Jhajjar in Haryana and Chittaranjan National Cancer Institute, Kolkata, has also been approved. Treatment of various cancers is also available under Ayushman Bharat –Pradhan Mantri Jan Arogya Yojana (PMJAY). Besides this, Affordable Medicines and Reliable Implants for Treatment (AMRIT) Deendayal outlets have been opened at 159 Institutions/Hospitals with an objective to make available Cancer and Cardiovascular Diseases drugs and implants at discounted prices to the patients.

The Government has taken measures for prevention, early detection and lifelong free treatment of HIV cases. There are 1,443 interventions covering around 1.14 crore people engaged in high risk behaviour. HIV detection is being done through 29,950 HIV testing and screening facilities. There are 546 treatment centres offering lifelong free treatment to 13.14 lakh HIV cases.

SHRI RONALD SAPA TLAU: The reasons are given here but very vaguely. I want to know the specific reasons. The States of Maharashtra, Uttar Pradesh and Mizoram are mentioned where these diseases are prevalent. I want to know the specific reasons for these diseases so that we can nail the problem.

MR. CHAIRMAN: What is your question?

SHRI RONALD SAPA TLAU: Sir, the question is this. What are the reasons for high prevalence of HIV and cancer in Mizoram?

DR. HARSH VARDHAN: I have already enumerated the known reasons in the answer. I have given a detailed answer about the whole thing. This is because of sedentary lifestyle, tobacco use, etc. As far as AIDS is concerned, this is because of some of our personal habits. In fact, I have, in the answer, elaborated it in detail. A lot of it needs to be taken care of by strengthening the preventive aspects and early diagnosis. As I have mentioned in reply to an earlier question, in these new health and wellness clinics that we are creating all over the country and also in the community health clinics, the early diagnosis of non-communicable diseases which, of course, include, cancer and heart diseases, one of the major prime factors..

MR. CHAIRMAN: Right, right. Second supplementary question.

SHRI RONALD SAPA TLAU: Sir, being a small and backward State, Mizoram has a huge problem in tackling these two deadly diseases –cancer and HIV –where we stand No.1. Sir, I want to know if the Government can take up a new step, so that this would be effectively dealt with. Otherwise, we are dying every day because of cancer and HIV.

MR. CHAIRMAN: The Minister has already answered that.

DR. HARSH VARDHAN: The Government is already helping all the States, including your own State. But if you have any specific suggestion for strengthening any particular aspect of it in the State which can take care of cancer and HIV menace in a better fashion, I would love to work on that.

श्री कामाख्या प्रसाद तासा: सभापति महोदय, मैं मंत्री जी से जानना चाहता हूँ कि धीरे-धीरे नॉर्थ-ईस्ट में कैंसर पेशेन्ट्स बढ़ रहे हैं, इसके लिए क्या व्यवस्था की गई है? एचआईवी के पेशेन्ट्स भी बढ़ रहे हैं, तो इन दोनों के बारे में, मैं आपसे जानना चाहता हूँ।

डा. हर्ष वर्धन: जैसा मैंने अभी कहा है कि केवल नॉर्थ-ईस्ट में ही नहीं, सारे देश में कैंसर की दृष्टि से जहाँ एक तरफ preventive aspects को strengthen कर रहे हैं, वैसे ही जो secondary care और tertiary care के लिए State Cancer Control Centres और Tertiary Cancer Control Centres और इसी तरह से बड़े institutions भी हैं, जैसे जो सभी नए एम्स बन रहे हैं, सबके अंदर कैंसर का specialized treatment दिया जा रहा है। यहाँ एम्स झज्जर बनाया जा रहा है और इसी तरह से

चितरंजन एम्स इंस्टीट्यूट, कोलकाता भी बनाया जा रहा है। इसी प्रकार से एचआईवी की डिटेक्शन के लिए hundreds of clinics have been created all over the country, including in the North-East.

श्रीमती जया बच्चन: सर, मैं मंत्री जी से यह पूछना चाहती हूँ कि कैंसर के ट्रीटमेंट के लिए, जो कि बहुत महंगा है, दवाइयाँ और further treatment, which is very expensive, how are you going to make it possible for the poor people who can't afford to go abroad for treatment to get treated and cured here?

DR. HARSH VARDHAN: There are two aspects. I think you must be aware of Ayushman Bharat Yojana where some ten crore poor families with poor socio-economic status as per the 2011 Census Report will be benefited. They are being provided a support of ₹ 5 lakh. That is one area through which we are doing it. Then, apart from that, I have also mentioned in my answer, we have created these AMRIT Deendayal outlets and opened them in 159 institutions and hospitals all over the country where costly drugs and drugs related to cancer, etc. are provided at far subsidized rates.

**Ambiguity in Food Safety and Standards Act in
registration of petty vendors**

*117. **DR. K. V.P. RAMACHANDRARAO:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the newspaper reports that there is ambiguity in Section 31(1) and 31(2) of Food Safety and Standards Act, 2016 as far as registration of petty vendors, retail hawkers and temporary stall-holders of food is concerned, if so, the details thereof; and

(b) whether there is any mechanism with Government to check the quality of food being supplied by these petty vendors?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN):
(a) and (b) A Statement is laid on the Table of the House.

Statement

(a) and (b) No such report has come to the notice of Food Safety and Standards Authority of India (FSSAI) regarding the ambiguity in Section 31 (1) and 31 (2) of Food Safety and Standards (FSS) Act, 2006 as far as registration of petty vendors, retail hawkers and temporary stall-holders of food is concerned.

Clause (1) of Section 31 of FSS Act is an omnibus clause stating therein that no person shall commence or carry on any business except under a license. Clause (2) is an