

from the registry institutions and the estimated data from the NSSO 2011-2012 to the projected population as of on January 1, 2016.

The study addresses the issue of distribution of Human Resource for Health (HRH) in the country. In India approximately 71% of people living in a rural area whereas 36% of all health workers are deployed in rural areas.

The Open access of this study is available at <https://bmjopen.bmj.com/content/bmjopen/9/4/e025979.full.pdf>

(b) Yes, the density of the total health workers is estimated to be 29 per 10,000 population based on NSSO and 38 per 10,000 population based on the registration data, which is close to WHO's minimum threshold of 22.8 health workers per 10,000 population. The study also reports a disparity in the density of doctors and nurses across the country. The number of doctors in Kerala and UTs is high as compared to larger states such as Rajasthan, Jharkhand and Bihar.

(c) The study used 2011-12 National Sample Survey data and projected Human Resource for Health (HRH) number for 2016 using census projection and worker participation rate. In addition the survey used 2017 registry data of health professionals (Medical Council of India, India Nursing Council, Dental Council of India and other professional associations).

#### **Strikes by doctors**

1859. DR. ANIL AGRAWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the doctors went on strike in various hospitals in the country and the patients suffered a lot due to strike;

(b) if so, the details thereof, State-wise;

(c) what were the demands of the doctors; and

(d) what action has been taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Yes, incidents of strike by doctors because of alleged assault on doctors on duty in various parts of the country have come to the notice of the Government.

As per Constitutional provisions, 'Health' and 'Law and Order' are State subjects. Therefore, the concerned State/UT Government are required to take measures to prevent

such incidents under the appropriate legal framework applicable in the respective State/UT. Details of such cases is not maintained centrally.

(d) Government have constituted a Committee to examine various aspects of a uniform legislative framework to prevent assault on clinical establishments and doctors on duty.

Further, Union Ministry of Health and Family Welfare have issued an advisory to all States/UTs to consider immediate measures for inculcating an effective sense of security among the doctors on duty, as under:

- (i) Security of sensitive hospitals to be managed by a designated and trained force;
- (ii) Installation of CCTV cameras and round the clock Quick Reaction Teams with effective communication/security gadgets particularly at Casualty, Emergency and areas having high footfalls;
- (iii) Well-equipped centralized control room for monitoring and quick response;
- (iv) Entry restriction for undesirable persons;
- (v) Institutional FIR against assaulters;
- (vi) Display of legislation protecting doctors in every hospital and police station;
- (vii) Appointment of Nodal Officer to monitor medical negligence;
- (viii) Expeditious filling up of vacant posts of doctors and para medical staff in hospitals/Primary Health Centres to avoid excessive burden/pressure on doctors and to maintain global doctor-patient ratio;
- (ix) Better infrastructural facilities and medical equipment and provision of extra monetary incentive for the doctors and para medical staff serving in hard/remote areas as compared to major and metro cities with better career prospects, etc.

#### **Mortalities from AES**

1860. DR. ANIL AGRAWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of children who died due to Acute Encephalitis Syndrome (AES) in the country, State-wise and district-wise;

(b) the details of assistance given by State Governments and Central Government in this regard so far; and