

for doctors and other medical practitioner normally do not exceed 40 hours per week. However, the duty timing and working hours of doctors and medical practitioners are guided by exigencies of the work and factors, such as, emergency duty, patient load, etc.

Further, adequate residents/doctors are available in these Central government hospitals to provide due care to the patient. As and when there is increase in work load necessitating increase in number of doctors, new posts are created to ensure that required manpower is available to deliver desired level of clinical care.

Deaths attributable to bidi smoking

2654. SHRI D. RAJA:

SHRI DEREK O' BRIEN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that nearly 6 million people are killed every year globally by tobacco epidemic that is projected to grow to more than 8 million by 2030;
- (b) if so, the details thereof and the number of people died due to bidi consumption in India in the last three years; and
- (c) whether any steps have been taken to reduce deaths due to bidi smoking, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) As per World Health Organization's GLOBAL STATUS REPORT on Non-communicable diseases 2014, six million people are currently estimated to die annually from tobacco use globally and unless strong action continues to be taken by countries, the annual toll is projected to increase to 8 million deaths per year by 2030.

No such specific information regarding the total number of deaths due to Bidi consumption in India during the last three years is available with Ministry. However, as per the estimates given in the 2nd round of Global Adult Tobacco Survey (GATS-2) report (2016-17), mortality due to tobacco in India is estimated at upwards of 1.3 million.

(c) Several steps have been taken by the Government to reduce the prevalence of tobacco use so that deaths attributable to tobacco use including bidi smoking may be reduced. Some of the major steps are as under:—

- The Ministry of Health and Family Welfare has enacted a comprehensive legislation, namely the Cigarettes and Other Tobacco Products (Prohibition of

Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003) to discourage the consumption of tobacco products in order to protect the masses from the health hazards attributable to tobacco use.

- The National Tobacco Control Programme (NTCP) was launched by this Ministry in 2007-08 with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under COTPA, 2003, (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.
- The stakeholders are being made aware on a regular basis about the adverse effects of tobacco usage on health through various anti-tobacco campaigns. Various different modes of communication.
- Government of India has notified rules to regulate films and TV programmes depicting scenes of tobacco usage to spread awareness. Such films and TV programmes are statutorily required to run anti-tobacco health spots, disclaimers and static health warnings.
- Size of specified health warnings on tobacco products enhanced w.e.f. 1st April, 2016 to 85% of the principal display area of tobacco product packs. Quitline number has been included in new specified health warnings which will come into effect on 1st September, 2018. This will help in creating awareness among tobacco users to change their behavior and will increase the demand for tobacco cessation.
- The Ministry has also started National Tobacco Quitline to provide tobacco cessation services to the community and has launched a pan-India “mCessation” initiative to reach out to tobacco users who are willing to quit tobacco use and to support them towards successful quitting through text-messaging via mobile phones.
- In order to encourage tobacco workers to shift to alternative vocations, the Ministry of Labour and Employment, Government of India in collaboration with the Ministry of Skill Development and Entrepreneurship, Government of India has initiated ‘Skill Development’ programme for bidi rollers to facilitate them to shift to alternative vocations.

- Bidi has been brought in the tax net and kept along with all tobacco products in the slab of 28% under the Goods and Service Tax (GST).
- Department of Agriculture and Cooperation and Farmers Welfare, Ministry of Agriculture and Farmers Welfare has extended Crop Diversification Programme (CDP), an on-going sub-scheme of Rashtriya Krishi Vikas Yojana (RKVY) to 10 tobacco growing States w.e.f. 2015-16 to encourage tobacco growing farmers to shift alternate crops/cropping systems.
- The prevalence of tobacco use has reduced by six percentage points from 34.6% to 28.6% from 2009-10 to 2016-17 as per findings of 2nd round of Global Adult Tobacco Survey.

Fund allocation for Ayushman Bharat Yojana

†2655. SHRI VISHAMBHAR PRASAD NISHAD:

CH. SUKHRAM SINGH YADAV:

SHRIMATI CHHAYA VERMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the funds allotted for treatment under “Ayushman Bharat Yojana” and the funds expended from it;
- (b) whether the allotted funds are found to be inadequate for treatment;
- (c) the number of patients getting registered under this scheme, till date; and
- (d) by when the target would be achieved in view of current rate of registration?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) ₹ 2006.38 crore were released for the implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018-19. Out of the same, ₹ 1849.55 crore were expended.

(b) No.

(c) and (d) AB-PMJAY is an entitlement-based scheme and no registration of beneficiary is required. The total number of beneficiary families, based on pre-defined criteria of SECC database, to be covered under PMJAY is around 10.74 crore. From the day of launch of the scheme in the State/UT, all beneficiaries are entitled to avail the benefits under the scheme. Hence, no targets for registration are required to be set.

†Original notice of the question was received in Hindi.