

Cosmetics Act, 1940 and Rules, 1945 thereunder through a system of licensing and inspection. Licenses for manufacture, sale and distribution of drugs are granted by the State Licensing Authorities (SLAs) appointed by respective State Governments. SLAs are legally empowered to take stringent action against violation of provisions of the Act and Rules.

Licensee is required to comply with all the conditions of licence. One of the conditions of licence states that no drug shall be sold or stocked by the licensee after the date of expiration of potency recorded on its container, label or wrapper, or in violation of any statement or direction recorded on such container, label or wrapper.

Provided that any such drug in respect of which the licensee has taken steps with the manufacturer or his representative for the withdrawal, reimbursement or disposal of the same, may be stocked after the date of expiration of pending such withdrawal, reimbursement or disposal, as the case may be, subject to the condition that the same shall be stored separately from the trade stocks and all such drugs shall be kept in packages or cartons, the top of which shall display prominently, the words - Not for sale.

One of the conditions of manufacturing license is that the manufacturing site is required to comply with the requirements of Good Manufacturing Practices prescribed in Schedule M of the Drugs and Cosmetics Rules, 1945. As per Schedule M, the disposal of sewage and effluents (Solid, liquid and gas) from manufacturing factory shall be in conformity with the requirements of Environment Pollution Control Board.

As per the Bio-Medical Waste Management Rules, 2016, discarded medicines shall be either sent back to manufacturer or disposed by incineration. Pollution control boards in States and UTs are implementing the Biomedical Waste management Rules 2016.

Extending the age of superannuation of Central Government doctors

1360. SHRI VIVEK K. TANKHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India suffers an 82 per cent shortage of specialist doctors in its community and primary health centres and has just one allopathic doctor for every 11,082 people amounting to shortage of an estimated 6,00,000 doctors and 2 million nurses;

(b) keeping in view the acute shortage, whether there is any proposal to extend the age of superannuation of Central Government doctors, especially specialist doctors beyond the recent extension of 65 years; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Public Health being a State Subject, all the administrative and personnel matters, including that of recruitment of specialist doctors in public health facilities lie with the respective State Governments. The shortage of health human resource in public health facilities varies from State to State depending upon their policies and context. However, under National Health Mission (NHM), financial and technical supports are provided to the State-UTs to strengthen their healthcare systems including support for recruitment of health human resource (Specialists Doctors and other health workers), based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

As per information available with this Ministry, a Total of 12,01,354 allopathic doctors registered with the State Medical Councils/Medical Council of India as on 30th September, 2019. Assuming 80% availability, it is estimated that around 9.61 lakh doctors may be available for active service which gives allopathic doctor-population ratio of 1:1404. Besides, there are around 7.88 lakh Ayurveda, Unani and Homeopathy (AUH) doctors in the country. Assuming 80% availability, it is estimated that around 6.30 lakh Ayurveda, Unani and Homeopathy (AUH) doctors may be available for service and considered together with allopathic doctors, it gives a doctor population ratio of 1:848.

However, as per Rural Health Statistics 2018-19 (as on 31st March 2019) brought out by this Ministry based on the information provided by State/UTs, there are shortfalls of 1933 Doctors at Primary Health Centres (PHCs), 17876 Specialists and 1099 General Duty Medical Officers at Community Health Centres (CHCs) across India against overall requirements of 30045 Doctors at PHCs, 22740 Specialists and 11370 General Duty Medical Officers at CHCs respectively. Also, as Rural Health Statistics 2018-19, there are shortfalls of 7569 at PHCs and 3372 at CHCs of nursing-staffs across India against overall requirements of 30045 at PHCs and 39795 at CHCs of nursing-staffs respectively.

(b) and (c) No such proposal in respect of CHS (Central Health Service) doctors presently is under consideration.

Diseases caused by intake of contaminated drinking water

1361. SHRI VIJAY PAL SINGH TOMAR:

SHRI HARNATH SINGH YADAV:

LT. GEN. (DR.) D.P. VATS (RETD.):

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

(a) the number of cases of contaminated water-related diseases/infections reported in the country during the last three years, State/UT-wise, particularly due to contaminated underground water;

(b) the number of deaths caused by intake of arsenic and fluoride contaminated drinking water in the endemic areas; and

(c) the measures taken or proposed to be taken by Government to combat contaminated drinking water-related health problems, particularly in the arsenic and fluoride endemic areas, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Water borne diseases like Acute Diarrheal Disease, Cholera and Enteric fever, etc. are caused due to intake of contaminated water and unhygienic food. As per data from Central Bureau of Health Intelligence (CBHI), State / UT wise details of cases due to waterborne diseases in the country during the years 2016 - 2018 are given in the Statement (*See* below). Separate data of deaths due to intake of arsenic and fluoride contaminated drinking water are not maintained.

(c) Provision of safe drinking water and health services fall within the remit of the State Governments. However, the Government of India has taken steps both for facilitating availability of safe drinking water and also for ensuring effective surveillance of outbreaks of water borne diseases and their prevention and management.

The Ministry of Drinking Water and Sanitation have advised all States to