

SHRI ANIL DESAI: Sir, the hon. Minister has given a very elaborate answer regarding rise in bank frauds and it is noticed that due to comprehensive checks and innovative steps which are being taken, the trend is declining. In the same answer, it has been mentioned that National Financial Reporting Authority was set up for auditing standards and quality of audits. I want to know from the hon. Minister whether the Reports, which have been published by the National Financial Reporting Authority, which works as a regulator, match with the declining trend which has been shown or the figures which have been given because that is something different.

SHRI ANURAG SINGH THAKUR: Sir, to bring in more transparency and accountability into the system, various steps have been taken by the Government. At the same time, we also look at various reports being published throughout by the Regulator or other authorities also. The FSR of the RBI in December 2019 has been noted by the Government and the framework has helped unearth frauds over a number of years.

श्री अमर शंकर साबले: धन्यवाद सभापति महोदय, मैं आपके माध्यम से मंत्री जी से जानना चाहता हूँ कि digital लेनदेन में बैंकों में हुई धोखाधड़ी में कितने लोग arrest हुए हैं और कितना amount ज़ब्त किया गया तथा उसके बाद जिनके खाते से पैसा लिया गया, उन्हें कितना पैसा वापस किया गया है?

श्री अनुराग सिंह ठाकुर: सभापति महोदय, यदि digitally धोखाधड़ी हुई हो और वे तीन दिन के अंदर उसकी रिपोर्ट कर देते हैं, तो उन्हें उसका पूरा पैसा मिलता है, उसके संबंध में कार्यवाही करने का काम बैंक करते हैं। जो पकड़े जाते हैं, उनके खिलाफ कानून के अनुसार कार्यवाही होती है तथा जो account holder हैं, अगर वह तीन दिन के अंदर रिपोर्ट करता है, तो बैंक उसका पूरा पैसा वापस करता है।

MR. CHAIRMAN: Now, Q.No.21.

Privatisation of district hospitals

*21. SHRI BINOY VISWAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government plans to handover district hospitals to the private sector *via* a PPP model by linking existing private medical colleges with functional district hospitals;

(b) if so, what steps Government is taking to ensure that medical education will remain affordable to people from socially and economically disadvantaged groups;

(c) if such a move is being planned, how Government will continue to ensure the current regime where all patients attending the district hospitals run by Government are entitled to free medical care; and

(d) the steps taken to ensure Government health programmes being implemented by private operators?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN):

(a) to (d) A Statement is laid on the Table of the House.

Statement

(a) to (d) The regulations of Medical Council of India (MCI) allow establishment of a medical college under Public Private Partnership (PPP) model. Clause 2(5) of MCI's Establishment of Medical College Regulations, 1999, prescribes that the appropriate Government may allow the utilization of the facilities of a hospital owned and managed by it for establishing a Medical College by a person/agency/trust/society/company by entering into a Memorandum of Understanding for this purpose. The hospital to be transferred should be minimum 300 beds with necessary infrastructural facilities capable of being developed into teaching institution for the proposed medical college. It has also been prescribed that while transferring the Government Hospital facility, the State Government may safeguard the interest of State particularly in respect of admission of students under Government Quota in the medical college, patient care and implementation of all government health programmes in affiliated Hospital of the medical college.

Presently, the concerned State Governments regulate the fee being charged by the government medical colleges 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. The Committee decides whether the fee proposed by an Institute is justified and the fee fixed by the Committee is binding on the Institute. In the National Medical Commission Act, 2019 it has been provided that the Commission shall frame guidelines for determination of fees and all other charges in respect of fifty percent of seats in private medical institutions and deemed to be universities imparting

medical education. Under the National Medical Commission Rules, the National Medical Commission has also been mandated with studying and suggesting measures to reduce the cost of medical education. Further, the Government is implementing a Centrally Sponsored Scheme for establishment of new medical colleges preferably in the underserved areas of the State. Thus, with the creation of more medical seats, the medical education shall be affordable.

SHRI BINOY VISWAM: Sir, I am quite sure the hon. Minister will also agree with me that the entry of private sector in the field of medical education has only helped to erode the quality of education and quality of healthcare. Against that background, when we invite them to be a party to the medical health system of the Government, has the Government done any study prior to that?

DR. HARSH VARDHAN: Sir, I would disagree with the hon. Member. It is not that the entry of private sector in medical education means we are eroding the quality of medical education. Some of the best medical colleges in the country are of international repute. Medical services are being provided by the private sector. As far as your question is concerned, it is about how we are actually collaborating with them. From the Government side, we are providing the services of the District Hospitals and these are above 300-bed hospitals. Private sector can afford to have a medical college setup, but they can't have a hospital with patients. The Government has a lot of District Hospitals with patients and the private sector has money. This doesn't seem necessary. This is provided in Section 2(5) of the Medical Council of India Act in 1999. This is to promote the number of medical colleges for which the Government is also having a very proactive, a very ambitious and dynamic scheme. Also, wherever the private sector comes into play, we offer them the services of the District Hospital without compromising on the interest of the patients. Like in the National Health Programmes, we have provision for primary care and secondary care, the number of seats that the State Government will have and also regulation on fee. This is something which has already been done in some of the medical colleges successfully in the last 20-21 years. Then there is an agreement for 33 years; there is a lease of 99 years; and there are so many conditions in that. After these successful experiments over the last 20 years in some of the medical colleges, NITI Aayog has also deliberated upon this issue. They have gone into the details. They have put everything on the website. They have taken our suggestions. Now they are actively planning it so that, if there is a necessity, we

can even help them in the establishment of new colleges through the viability gap funding, etc. Hon. Finance Minister also mentioned about supporting medical colleges and hospital development in the aspirational districts of the country.

SHRI BINOY VISWAM: Sir, I can only wish the hopes of the Government come true. My second supplementary is this. It needs proper regulation in this field also. We have the Clinical Establishments Act which was passed in 2010. It was ten years ago. Till today its rules are absent. If you go for details on a large scale in such a way for PPP in the Government Hospitals without rules and regulations, how is it going to help the poor people of the country?

DR. HARSH VARDHAN: Sir, the Clinical Establishment Act was passed by the Parliament but the States were supposed to implement that. Some of the States have already implemented it, some of the States are in various stages of implementation. Some of the States have made the rules. Some of the States are strictly implementing them. It is in advanced process. Health being a State subject, everything cannot be forced by the Central Government upon the States.

MR. CHAIRMAN: *Mantriji*, the concern expressed by him is: Are there going to be some regulations or rules so that they can be seen whether they are implementing it or not?

DR. HARSH VARDHAN: Definitely, Sir. There are very detailed regulations already governing it. As I said, on top of that, the experience of the last 20 years is being reviewed. Now, the NITI Aayog has come up with detailed proposed draft guidelines. They have taken the opinion of the Health Ministry. They have been put on the website. If any Member wishes to suggest some good things in that, it is subject to improvement. I think on 25th of February, NITI Aayog is going to have another meeting to look at all these suggestions which have come from various sectors and various parts of the country.

श्री वीर सिंह: माननीय सभापति महोदय, मैं आपके माध्यम से माननीय मंत्री जी जानना चाहूंगा कि जिस प्रकार से जिला अस्पतालों का निजीकरण किया जा रहा है, निजीकरण करने के बाद जैसे आज सरकारी अस्पतालों में गरीबों का नि:शुल्क इलाज होता है, क्या निजीकरण के बाद भी यही व्यवस्था होगी या इससे अलग होगी?

दूसरा, जो सरकारी अस्पतालों में, जिला अस्पतालों में एससी, एसटी, ओबीसी के सरकारी

कर्मचारी हैं, जो भारतीय संविधान के तहत, आरक्षण के तहत लगे हुए हैं, क्या निजी क्षेत्र में जाने के बाद यह आरक्षण बरकरार रहेगा?

डा. हर्ष वर्धन: सर, जिस प्रकार से सरकार एक ambitious programme के माध्यम से यह काम कर रही है कि वह district hospitals को medical colleges में परिवर्तित कर रही है। पहले 58, उसके बाद 24 और यह सरकार जब अभी आई है, तो हमने उस लिस्ट में 75 और add किए हैं, जो specially focused on Aspirational Districts हैं। इसी तरह से प्राइवेट सेक्टर के साथ collaboration करके जो अस्पताल बनाने हैं, उनके अंदर उसकी बेसिक नीड है कि गरीब आदमी का interest compromise न हो, primary, secondary health care compromise न हो, जो उन मेडिकल कॉलेज में सरकार के माध्यम से गरीब, नॉर्मल बच्चे हैं, उनके एडमिशन की सीट्स उसमें secure हों, जो नेशनल हेल्थ प्रोग्राम है, वह उनके माध्यम से implement हो। जो भी आपने concern raise किए हैं, obviously सरकार जब एग्जीक्यूट करेगी, एमओयू साइन करेगी, तो वह अपने interest को तो compromise करके यह नहीं करेगी।

श्री हुसैन दलवाई: सर, मैं आपके माध्यम से पूछना चाहता हूँ कि जो पब्लिक हॉस्पिटल्स हैं, उनका अपग्रेडेशन बिल्कुल नहीं हो रहा है। मुंबई में Tata Cancer Hospital है, JJ Hospital है, KEM Hospital और पुणे में Sassoon Hospital है। वहां पर भीड़ बड़े पैमाने में होती है और वहां पर कॉलेज भी चलाते हैं। आपकी यह जो स्कीम है, privatization करने से लोगों को इतनी मंहगी मेडिकल सर्विसेज मिलेगी, जो अपने हाथ में बिल्कुल नहीं रहेगा। यह हमेशा बोला जाता है, पब्लिक हॉस्पिटल्स या कोई भी पब्लिक सेक्टर ठीक नहीं चलता है। हॉस्पिटल के बारे में मेरा अनुभव है कि वे जितना अच्छा काम करते हैं, वैसा काम प्राइवेट हॉस्पिटल्स नहीं करते हैं। मैं यह पूछना चाहता हूँ कि पब्लिक हॉस्पिटल्स के अपग्रेडेशन के लिए क्या कोई स्कीम है?

डा. हर्ष वर्धन: हमारा जो नेशनल हेल्थ मिशन है, उसके माध्यम से जो देश के सभी district hospitals हैं, Community Health Centres हैं, Primary Health Centres हैं, उन्हें लगातार अपग्रेड करने के लिए हम continuously स्टेट गवर्नमेंट्स को पैसा देते हैं। वे जो भी काम करते हैं, उसकी हमें रिपोर्ट देते हैं और अगले साल के लिए वे अपने prospective plans बनाते हैं। हम आपको भी अपील करना चाहते हैं कि जो 2011 के public health standards हैं, आप अपने-अपने क्षेत्र के district hospitals को विज़िट कीजिए, जो भी public health standards के accordingly उसमें deficiencies हैं, अगर आप अपनी स्टेट गवर्नमेंट से proposal बनवाकर, भारत सरकार को, स्वास्थ्य मंत्रालय को भेजें, तो हम उनको improve करने के लिए adequate funding कर सकते हैं। सरकार बहुत वर्षों से proactively अपने-अपने सिस्टम्स को improve कर रही है। 40-50 साल पहले जो स्थिति होती थी, आज की तारीख में वे स्थितियां नहीं हैं। अब हमारे जो सरकारी अस्पताल हैं, जो सरकारी प्राइमरी हेल्थ सेन्टर्स वगैरह हैं, उनमें बहुत ज्यादा improvements हुए हैं। वहां पर अनेक प्रकार के health संबंधी prevention के सरकारी

programmes होते हैं। वहां पर एजुकेशन के प्रोग्राम्स होते हैं। इसके लिए health workforce है, ASHA workers हैं, इसलिए मेरा अनुरोध है कि आप अपने-अपने क्षेत्र के अंदर जाकर इसको और improve करने के लिए हमारी मदद करिए, अपनी State Governments की मदद करिए। We would support them adequately.

LT. GEN. (DR.) D.P. VATS (RETD.): *Mananiya Sabhapatiji*, in this PPP model, there is a persistent complaint from the Government doctors that the equipment installed by private agencies is not accessible to Government doctors. I would like to ask the hon. Minister: What steps is the Government taking to alleviate this complaint? It is about access of equipment to Government doctors.

DR. HARSH VARDHAN: I am sorry, I could not follow your question.

MR. CHAIRMAN: A good equipment that is available in private hospitals, why not similar equipment be made available to Government doctors? ...*(Interruptions)*... ये सरकारी डॉक्टर्स की शिकायत है। दोनों डाक्टर्स हैं।

DR. HARSH VARDHAN: Sir, I do not agree with this because if you go and look at the type of facilities that are provided in our Government hospitals now and, especially, where the tertiary care and all is provided, we have state-of-the-art equipments at majority of the places. Wherever something is lacking, I have already appealed that you should go and visit there and tell us and if the State Government makes a proposal, we would help everyone through the National Health Mission.

श्री सभापति: मंत्री जी, विषय equipment की availability की समस्या का नहीं है। सब लोगों को मालूम है, एम.पीज़ को भी मालूम है और मैं भी देखता हूँ कि equipment state-of-the-art है। मगर सरकारी दवाखानों और अस्पतालों में service भी state-of-the-art होनी चाहिए, लोगों की यही शिकायत है।

श्री उपसभापति: प्रश्न संख्या 22.

बुनियादी आवश्यक सेवाओं में विदेशी और घरेलू निवेश

*22. **श्री नारायण राणे:** क्या वित्त मंत्री यह बताने की कृपा करेंगे कि:

(क) सरकार ने बुनियादी आवश्यक सेवाओं में विदेशी और घरेलू निवेश को बढ़ावा देने के लिए कौन-कौन से प्रयास किए हैं;

(ख) इन प्रयासों के माध्यम से अब तक क्या-क्या सफलता मिली है; और