

formulated the National Health Policy, 2017, which aims at attainment of the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.

One of the key principles of the policy is to reduce inequity which would mean affirmative action to reach the poorest. It would mean minimizing disparity on account of gender, poverty, caste, disability, other forms of social exclusion and geographical barriers.

The policy also recognizes the special health needs of tribal and socially vulnerable population groups and recommends situation specific measures in provisioning and delivery of services.

To encourage doctors working in remote and/or difficult and/or rural areas, Medical Council of India with the approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:-

- (i) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and/or difficult and/or rural areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult and/or rural areas; and
- (ii) Incentive at the rate of upto 10% of the marks obtained for each year in service in remote and/or difficult or rural areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Studies on impact of branded salt consumption

1076. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether any recent researches have revealed that continuous usage of salt sold by premium brands can have an adverse impact on human health and using regular iodised salt are more at risk of high blood pressure, leading to various kinds of lifethreatening diseases;

- (b) if so, details thereof and Government's reaction thereto;
- (c) whether Government is seriously considering to have detailed investigation and impact on human consumption of premium brands salt; and
- (d) if so, by when it will be investigated and issue new guidelines accordingly to the premium brands salt producers while assuring best suitable salt consumption to its consumers in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) No such research has been undertaken by research bodies like Indian Council of Medical Research (ICMR) and Deptt. of Science and Technology (DST). However, elevated sodium intake is associated with diseases such as hypertension, cardiovascular diseases and stroke. The World Health Organisation also recommends a reduction in sodium intake to reduce blood pressure.

The Food Safety and Standards Authority of India (FSSAI) as regulatory body, prescribes the permissible limit of substances in common salt and iodized salt.

Private hospitals leaving CGHS panel

1077. DR. SANTANU SEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that many private hospitals have left CGHS panel because of pending dues; and
- (b) if so, how much dues Government currently owe to the private hospitals for CGHS patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) No private hospital has left CGHS panel because of pending dues. Hospital Bills of private hospitals empaneled under CGHS pertaining to the services provided to CGHS Pensioner beneficiaries, etc., amounting to ₹844 crore are pending for payment as on 03.02.2020.

Guidelines for sale and distribution of drugs via e-pharmacies

1078. SHRIMATI AMBIKA SONI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: