## GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH AND FAMILY WELFARE

## RAJYA SABHA UNSTARRED Q. No 2487 TO BE ANSWERED ON 10<sup>th</sup>AUGUST 2021

#### DEATHS DUE TO LACK OF OXYGEN

### 2487 SHRI RAJMANI PATEL: SHRI AKHILESH PRASAD SINGH:

Will the Minister of **Health and Family Welfare** be pleased to state:

- a) whether Government has maintained a record of deaths caused due to lack of oxygen in India;
- b) if so, the number of deaths caused by lack of oxygen between March 1, 2021, till date; and
- c) if not, the reasons for the same, including the reasons whether or not Government intends to build such a database?

# ANSWER THE MINISTER OF STATE IN THE MINISTERY OF HEALTH AND FAMILY WELFARE (DR. BHARATI PRAVIN PAWAR)

(a) to (c) Health is a state subject. Government of India has provided the required technical support and has also supported the states through logistic and financial support to further strengthen the existing health infrastructure to tackle COVID-19 pandemic.

Some of the ongoing initiatives to further strengthen healthcare infrastructure include:

- With the intent to reduce the risk of cross infection to non-COVID patients as well as to maintain continuity of non-COVID essential health services in the country, a three-tier arrangement of dedicated COVID-19 health facilities [(i) COVID Care Center (CCC); (ii) Dedicated COVID Health Centre (DCHC) and (iii) Dedicated COVID Hospital (DCH)] has been implemented in the country.
- Government of India, to supplement the hospital facilities has roped in tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. Further, many large temporary treatment facilities were established by DRDO to manage surge in COVID-19 cases in the country.

- The isolation bed capacity and ICU bed capacity which was only 10,180 and 2,168 before the first lockdown (as on 23<sup>rd</sup> March 2020) in being enhanced continuously and is currently at 18,03,266 isolation beds and 1,24,598 ICU beds (as on 5<sup>th</sup>August 2021).
- The daily liquid medical oxygen (LMO) supply, which was about 1292 MTs per day in February 2021 increased to 8593 MTs in April 2021. On 28<sup>th</sup> May 2021, a total of 10,250 MTs of LMO was allocated to the states. This was done by enhancement of LMO production in steel plants as well as in other LMO plants. Restrictions were imposed on industrial use of oxygen.
- A dynamic and transparent framework for allocation of medical oxygen in consultation with States/UTs and all the stakeholders such as relevant Ministries, manufacturers/suppliers of liquid oxygen etc. was prepared.
- Online digital solutions viz. Oxygen Demand Aggregation system (ODAS) and Oxygen Digital Tracking System (ODTS) have been developed to ascertain the demand for medical oxygen from all medical facilities and to track their transportation.
- To avoid wastage of medical oxygen, guidelines on rational use of oxygen were issued on 25<sup>th</sup> September 2020, and further revised and disseminated to States on 25<sup>th</sup> April 2021.
- 1,02,400 oxygen cylinders were procured in April and May of 2020 and distributed to States. Further orders for additional 1,27,000 cylinders have been placed on 21.04.2021 (54,000 jumbo cylinders (D type) and 73,000 regular cylinders (B type). Deliveries of the same have started and 73,352 (56,108 B-type and 14,244 D-type) cylinders have been delivered as on 3<sup>rd</sup> August 2021.
- To generate oxygen at the health facility level, PSA plants are being established in each
  district hospitals, especially in far flung areas enabling the hospitals to become self-sufficient
  in generation of oxygen for their needs and thereby, reduce the burden on the medical oxygen
  supply grid across the country.
- Further, to fast-track the availability of Medical Oxygen in rural and peri-urban areas, more than 39,000 oxygen concentrators have been allocated to various States.
- Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs. Taking note of ingress of COVID-19 pandemic in peri-urban and rural areas, Ministry of Health & Family Welfare on 16<sup>th</sup> May 2021 issued an SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas.
- Further COVID-19 treatment protocols and advisories both for adults as well as pediatric age groups were issued and widely disseminated to promote rational use of drugs and oxygen.

- During the F.Y. 2019-20. funds to the tune of Rs.1113.21 crore was released to the States/UTs under NHM towards management and containment of COVID-19 pandemic.
- In September 2020, the Union Government further allowed use of SDRF by the States for oxygen generation and storage plants in hospitals; strengthening ambulance services for transport of patients; and setting up containment zones, COVID-19 care centres. States were allowed to spend maximum 35% of annual allocation of funds under SDRF for the financial year 2019-20. The ceiling was further enhanced to 50% during the financial years 2020-21 and 2021-22 for containment measures of COVID-19.
- During the FY 2020-21, funds to the tune of Rs.8257.88 crore has been released to the States/UTs towards the India COVID-19 Emergency Response and Health System Preparedness Package.
- In addition, 'India COVID-19 Emergency Response & Health System Preparedness Package: Phase-II' has also been approved by the Cabinet with Rs 23,123 crores (with Rs. 15,000 Cr as Central Component & Rs 8,123 Cr as State component) and is to be implemented from 1<sup>st</sup> July 2021 to 31<sup>st</sup> March 2022. So far Rs. 1827.78 crore has been released to States/UTs in 2021-22 under ECRP Phase-II in FY 2021-22.

It includes support to State/UT level for ramping up Health Infrastructure including those in rural, tribal and peri-urban areas closer to the community, providing support for procurement of drugs and diagnostics to enhance service delivery at district and sub district levels for management of COVID-19 cases (including pediatric care) and for maintaining a buffer of drugs, support for IT Interventions such as implementation of Hospital Management Information System and expanding access to tele-consultations in all districts, and support for capacity building and training for all aspects of management of COVID-19.

• Further, under the National COVID Vaccination Program, Government of India is procuring vaccines and providing them free of cost to States and UTs. As on 6<sup>th</sup> August 2021, a total of about 51.38 crore doses have been supplied to States/UTs from all sources i.e. Government of India's Covid vaccine supply free of cost to all States/UTs, State/UTs and Private Hospitals procured Covid vaccine.

Although health is a state subject, detailed guidelines for reporting of deaths have been issued by Union Health Ministry to all States/UTs. Accordingly, all States/UTs report cases and deaths to Union Health Ministry on a regular basis.

ICMR on 10<sup>th</sup> May 2020 issued 'Guidance for appropriate recording of COVID-19 related deaths in India'

#### (Available at:

https://www.icmr.gov.in/pdf/covid/techdoc/Guidance\_appropriate\_recording\_of\_related\_deaths\_ India.pdf). This was widely disseminated among States/UTs.

MoHFW vide letter dated 9<sup>th</sup> October 2020 has conveyed to States/UTs, WHO and ICMR guidelines on correct recording of COVID-19 related deaths in accordance with globally accepted ICD-10 classification and also urged states to undertake periodic death audits with the aim to improve quality of healthcare services by suitable corrective measures. States/UTs were also provided with a proforma for undertaking death audits in this regard.

The COVID-19 management toolkit for District Collectors shared by Ministry of Health & Family Welfare on 2<sup>nd</sup> April 2021 with states, also highlighted the need for deaths audits and follow up action as one of the key monitoring parameters.

168 Central teams deployed to 33 states/UTs have also reiterated need for correct recording of deaths and undertake periodic death audits.

The data of deaths are obtained from states/UTs. All states have also been advised that while reconciling the data, the details of deaths shall be indicated date wise & district wise to get a correct picture of the pandemic. As on 5<sup>th</sup> August 2021, a total of 4,26,290 deaths due to COVID-19 have been reported by States/UTs.