

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

**RAJYA SABHA
UNSTARRED Q. No 1709
TO BE ANSWERED ON 3rd AUGUST, 2021**

HEALTH PROGRAMMES TO CURB COVID-19 IN RURAL AREAS

1709 SHRI P. BHATTACHARYA:

SHRI HARNATH SINGH YADAV:

SHRI VIJAY PAL SINGH TOMAR:

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

- a) the details of various health programmes being run by Government to check the prevalence of COVID-19 virus in the country, especially in rural areas in view of the expecting third wave of COVID-19 in the country
- b) whether present programmes are enough to reduce the high prevalence COVID-19 virus in the county and avoid the risk of such life taking disease
- c) if so, the corrective measures taken by Government in this regard and
- d) whether there is any proposal to revise National Health Policy and a long-term perspective plan to address such type of diseases in the country?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE**

(DR. BHARTI PRAVIN PAWAR)

(a) to (d): 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:

- 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 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.

- Government of India has roped in tertiary care hospitals under other ministries to supplement the hospital facilities. 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 was also enhanced continuously.
- The daily liquid medical oxygen (LMO) supply was increased by enhancement of LMO production in steel plants as well as in other LMO plants. Further, restrictions were also imposed on industrial use of oxygen.
- 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 25th September 2020, and further revised and disseminated to States on 25th April 2021.
- To generate oxygen at the health facility level, PSA plants are being established in each district hospitals to 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.
- A COVID Drugs Management Cell (CDMC) has been set up in the Department of Pharmaceuticals (DoP) to oversee the management of smooth supply of drugs used in COVID-19 management.
- Action is initiated at the National level to augment production of critical drugs including import besides support in terms of equitable distribution of the critical supplies.
- A Drugs Coordination Committee (DCC) has been constituted as an institutional mechanism under Department of Pharmaceuticals for efficient decision making on all the issues with respect to COVID-19 related drugs including availability through inter-departmental consultations.
- All States/UT and State Drugs Controllers have been requested to verify stock of drugs and check other malpractices and take effective steps to curb hoarding and black marketing of some drugs like Remdesivir.
- 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.
- Ministry of Health & Family Welfare on 16th April 2021 issued a detailed SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas. The SOP provides for strengthening primary level healthcare infrastructure at all levels to intensify COVID-19 response in peri-urban, rural & tribal areas, while continuing to provide other essential health services through inter-sectoral approach by involving community-based organizations,

Village Health Sanitation and Nutrition Committees (VHSNCs), Pachayati Raj institutions, Urban Local bodies, etc.

- Further COVID-19 treatment protocols and advisories both for adults as well as pediatric age groups were issued and widely disseminated.
- Under the National COVID Vaccination Program, Government of India is procuring vaccines and providing them free of cost to States and UTs. As on 31st July 2021, a total of about 48.40 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.

Union Government has provided financial support to States/UTs for ramping up Health Infrastructure and support all aspects of management of COVID-19.

- During the F.Y. 2019-20, funds to the tune of Rs.1113.21 crore was released to the States/UTs under NHM.
- In September 2020, the Union Government allowed the states 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 1st July 2021 to 31st 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.

National Health Policy 2017 has already identified "Emergency Care and Disaster Preparedness" as one of the focus areas. The policy calls for regular strengthening of community capacities in close collaboration with the local self-government and community-based organizations for disaster preparedness and response. The policy also recommends developing surge capacities in terms of health infrastructure, human resources, and technology which can be mobilized in times of crisis. Accordingly required technical and financial support is provided to the States/UTs.