

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

**RAJYA SABHA
UNSTARRED QUESTION NO.901
TO BE ANSWERED ON 27TH JULY, 2021**

**UPGRADATION OF HEALTHCARE SYSTEM FOR EFFECTIVE MANAGEMENT OF
COVID-19**

901 SHRI SUSHIL KUMAR GUPTA:

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

- (a) whether Government has taken any steps for upgrading the healthcare system so that it can stand up to any challenge that comes next keeping in view the sudden dangerous second wave of Corona in the country leaving the Government and the citizens in a fix
- (b) if so, the details thereof and
- (c) whether Government has drawn any strategy for an effective management of COVID- 19 particularly in rural areas with active collaboration of States?

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

(a) & (b): 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.

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.
- Due to concerted actions of Central and State Governments, the isolation bed capacity and ICU bed capacity which was only 10,180 and 2,168 before the first lockdown (as on 23rd March 2020) in being enhanced continuously and is currently at 18,21,845 isolation beds and 1,22,035 ICU beds (as on 20th July 2021).

- The daily liquid medical oxygen (LMO) production, which was about 5700 MTs per day in August 2020 increased to a high of 9690 MTs as on 13 May 2021. 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 25th September 2020, and further revised and disseminated to States on 25th 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 21st April 2021, (54,000 jumbo cylinders (D type) and 73,000 regular cylinders (B type). Deliveries of the same have started and 24,207 (24,511 B-type and 8,893 D-type) cylinders have been delivered as on 7th July 2021. In addition, around 4962 B-type and 1895 D-type cylinders are in-transit.
- To generate oxygen at the health facility level, PSA plants are being established in 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 18,000 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.
- 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.
- Remdesivir is a patented drug, manufactured in India under voluntary licenses granted by Gilead Life Sciences USA (the patent holder) to 7 Indian pharmaceutical companies. Manufacturing capacity was augmented from 38 lakh vials per month to nearly 122 lakh vials per month. In addition, 40 additional manufacturing sites were approved by the CDSCO, thus increasing the manufacturing sites from 22 to 62.
- All States/UT and State Drugs Controllers have been requested to verify stock of the drug and check other malpractices and take effective steps to curb hoarding and black marketing of Remdesivir.

- “Advisory for Rational use of Remdesivir for COVID-19 Treatment” was issued by MoHFW on 7th June 2021, for managing COVID-19 patients under Emergency Use Authorization for a select sub-group of patients only.

(c): 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 16th May 2021 issued an SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas.

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 as State component) and is to be implemented from 1st July 2021 to 31st March 2022.

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.