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MINISTRY OF HEALTH AND FAMILY WELFARE

MEDICAL EDUCATION AND HEALTH CARE IN THE COUNTRY

[Action taken by Government on the Recommendations contained in Twenty-Third Report (Sixteenth Lok Sabha) of the Committee on Estimates]

COMMITTEE ON ESTIMATES
(2020-21)

FIRST REPORT

(SEVENTEENTH LOK SABHA)

LOK SABHA SECRETARIAT
NEW DELHI

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(Presented to Lok Sabha on 21 September, 2020)

LOK SABHA SECRETARIAT

NEW DELHI

21 September, 2020/ 30 Bhadrapada, 1942 (Saka)

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4.	Shri Rajender Singh Negi	-	Deputy Secretary
5.	Shri Nelojit Mayengbam	-	Committee Officer
6.	Shri Sunil Peter Xaxa	-	Assistant Committee Officer

INTRODUCTION

I, the Chairperson of the Committee on Estimates (2020-21) having been authorized by the Committee to submit the Report on their behalf, do present this First Report on action taken by the Government on the observations/recommendations contained in the Twenty-Third Report (16th Lok Sabha) of the Committee on the subject 'Medical Education and Health Care in the Country' pertaining to Ministry of Health and Family Welfare .

2. The Twenty-Third Report (16th Lok Sabha) of the Committee on Estimates was presented to Lok Sabha on 21st September, 2017. Action Taken Notes on observations/ recommendations were received from the Ministry of health and Family Welfare on 31 July, 2018 which were later updated on 3 March, 2020. The Ministry of AYUSH furnished Action Taken Notes on 27 July, 2018 and same was updated on 15 November, 2019. The draft Report was considered and adopted by the Committee at their sitting held on 11th August, 2020.

3. An analysis of action taken by the Government on the observations/ recommendations contained in the Report of the Committee is given in Appendix-II.

NEW DELHI;
21 September, 2020
Bhadrapada 30, 1942 (Saka)

GIRISH BHALCHANDRA BAPAT,
CHAIRPERSON,
ESTIMATES COMMITTEE.

CHAPTER I

REPORT

This Report of the Committee deals with the action taken by the Government on the Recommendations contained in the Twenty Third Report (Sixteenth Lok Sabha) on the subject 'Medical Education and Health Care in the Country' pertaining to the Ministry of Health and Family Welfare.

1.2 The Twenty Third Report (Sixteenth Lok Sabha) was presented to Lok Sabha on 21st December, 2017. It contained 30 Observations/Recommendations on the systems of Medicine that is in vogue in the country. The Ministry of Health and Family Welfare had furnished interim replies on 31 July 2018 which were later updated on 3 March, 2020. The Ministry of AYUSH had furnished the Action Taken Notes on 27 July, 2018 and the same was updated on 15 November, 2019.

1.3 Replies to the Observations and Recommendations contained in the Report have broadly been categorized as under:-

(i) Recommendations/Observations which have been accepted by the Government:

Sl. Nos. 1,2,3,4,5,6, 8,9,10,11,12,13,14,15,16,17,18,19,20, 22,23,24,25,26,27,28,29 and 30 (Total 28)

(Chapter-II)

(ii) Recommendations/Observations which the Committee do not desire to pursue in view of Government's reply:

Sl. Nos. Nil

(Total Nil)

(Chapter-III)

(iii) Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee:

Sl. Nos. 7 and 21

(Total 02)

(Chapter IV)

(iv) Recommendations/Observations in respect of which final reply of Government is still awaited:

Sl. Nos. Nil (Total Nil)

(Chapter V)

1.4 The Committee desire that final replies to the Recommendations contained in Chapter I of this Report may be furnished to them expeditiously.

1.5 The Committee will now deal with the action taken by the Government on some of their Recommendations.

A. Health Care status in the country – overall expenditure on health.

(Observations/Recommendations Serial No. 1)

1.6 The Committee found that the private doctors were the most important single source of treatment in both the rural and urban areas as per NSS 71st Round with more than 70 percent of the spells of ailment treated in the private sector. India had also emerged as the country with the largest out of pocket (OoP) expenditure on health, among the BRICS economies, which clearly indicated the sorry state of affairs with regard to the health care for the poor in the country as the higher OoP expenditure on health lead to impoverishment of poorer sections of society and widened inequalities. The Committee noted that as per Sustainable Development Goal (SDG-3) for health, the Government had to ensure healthy lives for promoting well

being of all at all ages by 2030. To achieve this objective, the Government had formulated the National Health Policy, 2017 which aimed at attaining the highest level of good health and well-being through preventive and promotive health care. Although the Government spending on health care as percentage of GDP had increased from 1.27 per cent during 2007-08 to 1.5 per cent during the year 2016-17, the expenditure was to be further scaled up so as to achieve the objectives of the National Health Policy and Sustainable Development Goal.

The Committee had also noted that the Government intended to increase the budget for health care to 2.5 per cent of the GDP by 2025. The Committee were of the view that there was an urgent need to have proper planning for creating adequate infrastructure for health care in various States/UTs commensurating the targets envisaged under the National Health Policy and Sustainable Development Goals in consultation with various States/UTs. Besides urgent action was to be taken to usher in robust monitoring mechanism at different level of policy implementation. The Union Government/Ministry, therefore, was urged to work in a mission mode, shunning the often repeated excuse that health is a State subject and all the State/UT Governments was to be persuaded to formulate requisite programmes/legislations for proper and time bound implementation of goals under National Health Policy. The States which lacked finances and infrastructure was to be supported by providing additional funds to create the requisite facilities.

1.7 Ministry Of Health & Family Welfare in its Action Taken Reply has stated as under:

- The National Health Policy, 2017 envisages raising public health expenditure progressively to 2.5% of the GDP by 2025. It envisages that the resource

allocation to States will be linked with State development indicator, absorptive capacity and financial indicators. The States would be incentivized to increase State resources for public health expenditure. General taxation will remain the predominant means for financing care.

- The State Government have also been requested to increase their budget outlay for Health. A draft implementation framework has also been devised to implement the goals and objectives of the National Health Policy. As per the latest Economic Survey 2018-19, the Government expenditure on health as a percentage of GDP is 1.5%.

- Further, NHM aims to strengthen health systems in States/UTs by supplementing their efforts. The proposals for infrastructure strengthening are primarily formulated by the States/UTs based on their requirement. These are thereafter appraised and thereafter supported under NHM so as to be able to achieve the NHP and SDG targets.

HMIS, IHIP are being strengthened to improve monitoring mechanism. States with weak financial capacities and having health lag are provided higher per capita resources in comparison to better of States.

1.8 The Committee note that the Government envisages raising public health expenditure progressively to 2.5 per cent of the GDP by 2025. However, details with regard to creating adequate infrastructure for healthcare as envisaged in National Health Policy have not been reflected in the reply of the Ministry. The Committee are of the firm opinion that in order to achieve the objectives of National Health Policy, 2017 as well as Sustainable Development Goal (SDG-3) for health, the expenditure on this sector needs to be further scaled up. Hence, the Committee desire that the expenditure incurred alongwith the details of infrastructure created for health sector in the country may be furnished.

The Committee are happy to note that the resource allocation to States will be linked with State development indicator, absorptive capacity and financial indicators and the States would be incentivized to increase State resources for public health expenditure. However, the Committee would like to be apprised of the details of the process of linking States with State development indicator, absorptive capacity and financial indicators as well as the details of incentivising States to increase their resources for public health expenditure.

B. Allocations and Utilization of outlay earmarked to States/UTs under the 13th Finance Commission Allocations.

(Observation/Recommendation Serial No. 3)

1.9 The Committee noted that the funds had been released by the Government to various States on the recommendations of 13th Finance Commission. The analysis of the data given at Annexure –I of the report revealed that out of ₹ 2539 crore allocated to 15 States as recommended by 13th Finance Commission, ₹ 1756.96 Crore were released to these States for development of various health care facilities.

The Committee were concerned to note that allocations under 13th Finance Commission were made to only 15 States leaving aside other States/UTs. Not only that, no funds during respective financial year were released to many States; for example, Arunachal Pradesh was released no funds during 2011-12 to 2013-14, Madhya Pradesh was not given funds during 2012-13 and 2013-14, Chhattisgarh was not allocated funds from 2012-13 to 2014-15, Gujarat was not allocated funds during 2014-15, Haryana did not get funds during 2012-13 and 2014-15, and Kerala did not

get funds during 2012-13. The analysis of the data further indicated that the overall releases were far below the total allocations to these States. Seven States out of these 15 States got 50 or less than 50 % of the allocations. While expressing concern over the shortfall in releases as compared to allocations, the Committee wanted to know the reasons due to which allocation of funds as recommended by the 13th Finance Commission was not made available to these States and to what extent non allocation of funds had led to non-completion/delay in completion of various projects/facilities in those States. The Committee also wanted to be apprised of the rationale/reasons for allocation / release of funds to these 15 States and leaving aside the rest of the States/UTs.

With regard to the actual utilization of outlay allocated to 15 States on the recommendations of the 13th Finance Commission, the Government in a vague manner had stated that none of the State Governments had reported non-utilization of grant released towards Strengthening of Health Infrastructure under State Specific Needs for its award period 2010-15. It appeared from the response of the Government that efforts were not made to procure/maintain data with regard to utilization of funds in this regard. The Committee while expressing unhappiness over the way the utilization of funds was being monitored, sought State/UT-wise details of Utilization of ₹ 1756.96 crore released to 15 States and actual status of progress of various projects/schemes in each of these States.

The Committee were of the firm view that the States which did not have adequate health infrastructure and facilities for treatment of patients, financial support from the Central Government was necessary. The stoppage of Central Grants to States by 14thFinance Commission would further deteriorate the delivery of proper

healthcare facility in the poor and backward regions of the country. The Committee, therefore, had recommended that the Ministry of Health & Family Welfare ought to make an assessment of health care facilities in all the States and take steps to provide financial support to such States where health care facilities to patients were getting affected due to paucity of funds.

1.10 Ministry of Health & Family Welfare in its Action Taken Reply has submitted as under::-

1. The XIII Finance Commission, in its recommendations contained in Chapter 12 of the Report had recommended Grants-in-Aid which *inter-alia* include 'State Specific Grants' that are specific to each State. It comprises of several sub-components among which include 'Grants for Health Sector'. Hence, in case of Health Sector, 15 States were chosen for release of funds after assessing the proposals/needs of each State.

2. A total of ₹ 2539.00 Crore was allocated by the 13th Finance Commission under 'Grants for Health Sector' to 15 States which was to be released from 2011-12 onwards. Based on the recommendations received from the line Ministry i.e. Ministry of Health and Family Welfare, Department of Health & Family Welfare (DoHFW), Govt. of India and subject to stipulated conditions, Department of Expenditure released ₹1756.96 crore in different installments (as per eligibility) to the recommended States within the award period **Annexure - I**. States could not avail full allocation due to non-compliance to the stipulated guidelines due to which fund release in certain cases, could not be recommended within the award period of the 13th Finance Commission. The 13th Finance Commission had entrusted the monitoring of these grants to the High Level Monitoring Committee headed by the Chief Secretary at the State level and at

the Central level, these grants are being monitored including its utilization by the line Ministry i.e. Ministry of Health & Family Welfare.

The details of the release of grant-in-Aid to above cited States is as follows:

State	**13th FC Recommended Grant in aid (₹ in Crore)**	**Actual releases (₹ In Cr)**	**Reasons for non-release of some instalments, as per official records**
Arunachal Pradesh	50.00	1st Instl.- 12.44 recommended, 12.46 released on 19.2.2015	Work Plan proposal for grant-in-aid received from State Govt. in June 2013. NHM Division found certain duplications in the proposal. In April 2014, MoHFW received a clarification letter from the State, giving a modified Action Plan and clarifications. NHM Division raised queries in July 2014. Review Committee on 21-11-2014 recommended ex-post facto approval for release of first instalment of ₹ 12.44 Cr. First instalment was released on 19.2.2015. As at the end of 13th FC, UC for first instalment, and report on physical progress were not provided.
Madhya Pradesh	296.00	1st Instalment – 74.00 (2011-12) 2nd Instalment – 88.5 (2012-13) 3rd Instalment – 76 (2013-14)	3rd Instalment of ₹ 76 Cr was made by FCD against a recommendation of ₹ 59.5 Cr by MoHFW(Review Meeting Nov 2014). Review Committee decided that re-appropriation of fund is to be decided at State level. NRHM examined the activities for which re-

			appropriation was to be done, and conveyed 'Non duplication' in respect of re-appropriation of funds to the tune of ₹.23.28 Cr from the released amounts savings from 19 out of 300 infrastructure works. This was conveyed to FCD and State Govt. 7th Review Committee did not recommend release of 4th instalment in view of the guidelines and general conditionalities.(max of two instalments in a year).
Chhattisgarh	66.00	1st instalment – 16.50 in 2011-12	2nd Instalment for 2012-13 as recommended by Review Committee was not released due to non-receipt of certain clarifications raised by FCD, from the State.
Gujarat	237.00	1st, 2nd, 3rd Instalments for 2011-12, 2012-13, 2013-14 total amount released – 177.75	4th Instalment for 2014-15 Review Committee held on 26th March 2015 recommended ₹. 43.40 Cr. Minutes were communicated to FCD. 4th Instalment was not released
Haryana	300.00	A total amount of 221.25 was released as 1st, 2nd and 3rd Installment	As per minutes of the 7th Review Committee, activity – wise status report on work plan (physical and financial) for the years 2011-12, 2012-13 and 2013-14 was not received from the State.
Kerala	198.00	Total amount of 148.5 was released as 1st, 2nd and 3rd Instalment.	The 7th Review Committee (26th March 2015) recommended 4thInstal-ment of ₹43.88 Cr. (subject to other conditionalities applicable).

			Grant not released by FCD

1.11 The Committee appreciate the fact that the Central Government has been monitoring the utilisation of funds by States and it has been found that a large number of States have not been able to fully utilise the funds allocated to them within the stipulated time period. The Committee, would therefore like the Government to examine the factors responsible for non utilisation of funds by the concerned States so that corrective measures may be taken to check recurrence of such non-utilisation of funds by States in future.

While apprehending that a large number of health infrastructure, schemes, projects, etc. might have been adversely affected in various such States, the Committe desire to be apprised about the present status of various affected infrastructure, schemes, projects, etc. alongwith the details of corrective measures, if any, taken by the Government .

C. Budgetary Allocations and expenditure position under AYUSH Health Care and AYUSH Mission.

(Observation/Recommendation Serial No. 4)

1.12 On perusal of the budgetary allocations made for Ministry of AYUSH during the last three years and the current year, the Committee noted that during 2014-15 total allocation of ₹ 1272.15 crore was made at BE stage which was drastically reduced to ₹ 691.00 crore at RE stage and the amount actually spent was ₹ 685.21 crores; during

2015-16 allocation of ₹ 1214 crore was made at BE stage which was reduced to ₹ 1125.00 crore at RE stage and the amount actually spent was ₹ 1112.13 crore; during 2016-17 total allocation of ₹ 1326.20 crore was made at BE stage which was reduced to ₹ 1307.36 crore at RE stage and the amount actually spent was ₹1288.91; and during 2017-18 as per statement of expenditure furnished by the Ministry of AYUSH, allocation of ₹ 1428.65 crore has been made at BE stage and the amount actually spent as on 11.08.2017 was ₹ 418.37 crore only. The broad reasons for under utilisation of funds during these years have been stated to be pending utilisation certificates, unspent balance of previous year, non-receipt of adequate proposals, non-filling up of vacant posts etc. While on the one hand funds earmarked were not being spent fully and on the other, the Committee were informed by some of the eminent Ayurveda/Unani experts who deposed before them that due to lesser allocation of funds for AYUSH systems of medicine, standard of AYUSH doctors and AYUSH colleges was poor as they were not able to do any research due to paucity of funds. The Committee had urged upon the Ministry of AYUSH to closely monitor the utilisation of allocation of funds besides ascertaining the requirement of additional funds to strengthen AYUSH system of Medicine, Standard of AYUSH Doctor and AYUSH Colleges.

Besides underspending, another disturbing trend noticed was nil allocation of funds at the RE stage during the year 2014-15 for various schemes/programmes viz. All India Institute of Yoga, All India Institute of Homoeopathy, All India Institute of Unani Medicine, Public Sector Undertaking (IMPCL, Mohan, UP), Homoeopathic Medicine Pharmaceutical Co. Ltd., National Institute of Medicinal Plants, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceutical Sciences, National

Institute of Geriatrics, National Institute of Metabolic and Lifestyle Diseases, National Institute of Drug & Tobacco Deaddiction, TKDL and ISM&H Intellectual Property Rights, Central Council for Research in Sowa Rigpa, Pharmacovigilance initiative for ASU Drugs and Central Drug Controller for AYUSH.

Similar trend of non-allocation of funds at RE stage was noticeable during the year 2015-16 for the schemes/programmes viz. All India Institute of Yoga, All India Institute of Unani Medicine, Homoeopathic Medicine Pharmaceutical Co. Ltd., National Institute of Medicinal Plants, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceutical Sciences, TKDL and ISM&H Intellectual Property Rights, Survey on usage and acceptability of AYUSH, Central Council for Research in Sowa Rigpa, Cataloguing, Digitization etc. of Manuscripts and Development of AYUSH IT Tools, Applications and Networks, Pharmacovigilance initiative for ASU Drugs, National AYUSH Library & Archives and Central Drug Controller for AYUSH.

During the year 2016-17, there was nil allocation in respect of schemes/programmes viz. National Institute of Medicinal Plants, Indian Institute of AYUSH Pharmaceutical Sciences, TKDL and ISM&H Intellectual Property Rights, Central Council for Research in Sowa Rigpa, Pharmacovigilance initiative for ASU Drugs, Central Drug Controller for AYUSH.

During the year 2017-18 also, till August 2017, no amount had been spent under the schemes/programmes viz. Pharmacopoeia Committees of ASU and strengthening of Pharmacopoeia Commission of India Medicine (PCIM), All India Institute of Yoga, All India Institute of Homoeopathy, All India Institute of Unani Medicine, Central Council for Research in Sowa Rigpa, National Institute of Medicinal Plants, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceutical

Sciences, Public Sector Undertaking (IMPCL, Mohan, UP), TKDL and ISM&H Intellectual Property Rights, Development of common facilities for AYUSH industry clusters, Pharmacovigilance initiative for ASU Drugs and Central Drug Controller for AYUSH.

The Committee took serious exception to the way various schemes/ programmes under AYUSH were being implemented even when the Health Policy 2017 envisaged better access to AYUSH remedies and introduction of yoga in schools and workplaces as part of promotion of good health with a view to mainstreaming the different health systems. The Committee failed to understand how the objectives set under the policy would be achieved with NIL allocation of outlay under a large number of schemes/programmes during each year i.e 2014-15, 2015-16 and 2016-17. The Committee were of the considered view that the AYUSH system of medicine was capable of providing cost effective treatment and in curing many life style diseases. Therefore, these systems were to be given an important place particularly at primary and secondary level of health care delivery so as to obtain best possible health care outcome and to achieve the targets of National Health Policy, 2017. The implementation of various schemes under AYUSH needed a critical review so as to understand the problems being faced in their implementation. The Committee had strongly emphasized for urgent and immediate action in this regard.

1.13 Ministry of AYUSH in its Action Taken Reply has stated as under:

The Ministry shares the concerns of the under-utilization of funds earmarked for AYUSH. The broad reasons for the under-utilization have already been noted by the Committee. Nevertheless, due to diligent steps taken by this Ministry there has been a significant upward trend and not only in utilization of funds but also the reduction of the

Budgetary allocation at the RE stage has been gradually minimized as can be seen in the table below:

(₹ in crore)

Year	BE	RE	AE	% Utilization w.r.t. RE
2014-15	1272.15	691.00	685.21	99.16
2015-16	1214.00	1125.00	1112.13	98.86
2016-17	1326.20	1307.36	1292.61	98.87
2017-18	1428.65	1557.80	**1544.90**	**99.17**

It may be noted that whatever funds were made available at the RE stage, the utilization has been in the range of 98 - 99 per cent. Furthermore, for the first time, there has been an increase in the budgetary allocation at the RE stage during 2017-18. Due to the steady optimal utilization of funds in the previous years, the Ministry of Finance allocated an additional ₹129.15 crore at the RE stage during 2017-18. The Committee may be glad to know that during the year 2018-19, the allocation has been further increased by ₹.197.72 crore over BE 2017-18. The total allocation for 2018-19 is ₹ 1626.37 crore as against BE allocation of ₹1428.65 crore during 2017-18.

In regard to the Committee's observations that under certain Schemes there has been 'NIL' allocation at RE stage, the specific reasons in this regard in respect of each of Schemes during the year 2014-15, 2015-16, 2016-17 and 2017-18 may be seen at **Annexure II, III, IV and V.**

As far as National AYUSH Mission (NAM) is concerned, funds have been fully utilized against allocation during 2014-15, 2015-16, 2016-17 and 2017-18. Grant-in-aid

of ₹ 1312.50 Crore has been released against final allocation of ₹ 1317.48 Crore under NAM from 2014-15 to 2017-18 as on 31.03.2018.

Ministry of AYUSH has implemented the Central Sector Scheme of Pharmacovigilance Program of ASU & H drug since December 2017 and grant-in-aid sanctioned to establish a three tier network consisting of National Pharmacovigilance Co-ordination Centre (NPvCC), five Intermediary Pharmacovigilance Centres (IPvCs) and Peripheral Pharmacovigilance Centres (PPvCs). 63 PPvCs have been established under the five intermediaries and one National Centre. Reporting of adverse events from ASU&H drugs has started from January, 2019 and total of 55 ADR's have been reported till March, 2019. August 2018 to August 2019, a total of 3116 Misleading Advertisements have been reported. CMEs and awareness programs have been conducted at different levels of pharmacovigilance centres.

1.14 The Committee note that the reasons for not utilising the funds under the various schemes are not tenable and take a serious view that a large amount of BE during 2014-15, 2015-16 and 2016-17 remained unspent owing to the fact that the schemes could not take off or become operational. Further, in 2017-18 a very small amount of BE was actually utilised. The Committee urge the Ministry to strengthen the mechanism of finalisation of schemes and setting up of AYUSH Institute in the Ministry needs to be strengthened so that allocations made are utilised for the purpose they are demarcated. With regard to the establishment of National Institute of Sowa Rigpa , the Committe would like to be apprised of the outcome of the Cabinet Note sent in this regard. Given the fact that a large number of Schemes were either discontinued or did not get

approval, the Committee would like to know the impact of dropping such schemes of AYUSH under National Health Policy, 2017. Further, since funds allocated to these Schemes could have been utilised on the projects/schemes which suffered financial crunch during these years, the Committee desire that the Ministry of AYUSH streamline their internal mechanism for preparation of Budget Estimates so that funds allocated are fully utilised for effective implementation of the various Schemes.

D. Doctors and Specialists appointed under Allopathic stream and the shortage of Specialist Doctors.

(Observation/Recommendation: Sl. No. 7)

1.15 As per the data furnished by the Ministry 3270 Specialists and 6640 GDMO were appointed under Allopathic stream during last five years. State-wise position with regard to Specialists, appointment indicated that in Maharashtra, Tamil Nadu and Bihar, the maximum number of appointments i.e. 736, 474, 456 respectively had been made. In Delhi which has large number of hospitals only two Specialists were appointed during the aforesaid period. The Committee sought to be apprised about the rationale with regard to appointment of Specialists which was either more or less in various States so as to understand the position and comment further in this regard.

So far as shortage of medical professionals/specialists was concerned, the Committee took serious note of the submission of Ministry of Health and Family Welfare that they had not conducted any study in this regard. As per the data

furnished to the Committee by an eminent Specialist, the Committee noted that there was a shortage of 8,800 doctors in India in field of Cardiology; 23,000 in field of Chest Medicine; 5200 in field of Neurology; 2,30,000 in Paediatrics; 27,900 in Diabetes; 40,000 in Nephrology. The expert had also given the comparative data of practicing Specialists in India and US which indicated that the number of Specialists was far below as compared to US in various disciplines. As stated by the expert in a discipline, Endocrinology, the number of practicing Specialists was just 650 as compared to 6975 in US. In view of the large population in the country and the increase in number of patients, there was an urgent need to take all initiatives to increase number of PG seats in various colleges. The Committee had hoped that with the decision to revise Teacher - Student ratio in public funded Government Medical colleges for Professors from 1:2 to 1:3 in all clinical subjects and for Associate Professor from 1:1 to 1:2 (if the Associate Professor was a unit head) the quality of medical education was not compromised. In this regard, the Committee had recommended to take the benefit of e-teaching devices for medical education in various medical colleges and universities.

The Committee were concerned to note that as far as availability of doctors in rural areas was concerned, the situation was even worse as the doctors with MD/MS degrees were not willing to work in rural and remote areas. Not only that as stated above, the Ministry had not conducted any study to find out the shortage of medical professionals in rural areas. They had felt that one of the solutions to overcome shortage of medical professionals in rural areas would be to introduce mandatory internship for medical professionals in rural and remote areas of the country. However, it was appalling to note that the Government had not even considered any such

proposal in this regard. The Committee had desired that the Government ought to take necessary steps so as to overcome shortage of doctors in rural areas.

One of the experts who had deposed before the Committee apprised about the phenomenal results achieved by introducing a course by the University called College of Physicians and Surgeons (CPS) and thereby converting 1000 of their MBBS doctors as diploma in Gynecology Anesthesia, Pediatrics and Radiology. The Committee had taken note of the fact that the issue regarding recognition of CPS courses was being considered by PG Committee and that Committee had sought legal opinion from law firm Edu.Law. The Committee had opined that by recognizing CPS courses, the country could have a large number of intermediate level of Specialists with diplomas and experience in broad specialties who could fill the gap between the required and existing Specialists in various areas. The Committee had recommended that the Ministry should study the Maharashtra model and the success achieved in this regard and emphasized MCI to take expeditious decision on the issue of recognition of CPS courses. Besides to incentivize CPS diploma, the Ministry was also asked to consider some exemptions with regard to experience of a MBBS doctor if selected for MD/MS or DNB in the respective fields.

The Committee were of the opinion that for delivering efficient health care system, there was an imperative need for strengthening and training people in paramedical courses like NCT, perfusion technology and nursing staff. Noting that there was an acute shortage of nurses in the country, the Committee had desired that steps be taken to address the issue of shortage of nurses by opening more nursing colleges and also the Government was asked to consider broadening the syllabus of

nursing so as to train them to prescribe certain drugs, anesthesia etc. Such a step would also help in overcoming the shortage of medical practitioners in the country.

The Committee had noted that Physiotherapy was applicable to all fields from Paediatrics to Geriatrics and was capable of playing an important role in treatment of musculoskeletal conditions, chronic conditions like cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, osteoporosis, obesity and hypertension. However, physiotherapy services were mainly confined to tertiary health care level and there was lack of significant awareness about physiotherapy among the common people. That the Ministry of Health and Family Welfare had not been able to furnish adequate information regarding status of physiotherapy education and health care facilities in the country, the Committee had emphasised on promoting Physiotherapy education and also to focus on modernisation in terms of equipment, therapeutic procedures to deliver an effective and efficient Physiotherapeutic services. Awareness of physiotherapeutic intervention as system of first contact in place of medical intervention was to be created so as to improve quality of life and decrease dependency on medicines and drugs. It was also desired that the trained Physiotherapy practitioners should be given certain prescription rights so that the discipline of Physiotherapy could be developed and promoted independent of orthopedic discipline. The Committee had also recommended that Physiotherapy discipline be set up and made functional in all the tertiary level hospitals including upcoming 6 new AIIMS in the country.

1.16 The Ministry of Health and Family Welfare in its Action Taken Reply have submitted as under:

Status of incumbency of doctors in Central Govt. Hospitals (as on 01.11.2019)

Institute	Teaching			Non-Teaching		
	Sanctioned	**Filled**	**Vacant**	**Sanctioned**	**Filled**	**Vacant**
Safdarjung Hospital	373	236	137	134	142	+8
LHMC	305	252	53	7	7	0
RML	211	138	73	71	77	+6
AIIPMR Mumbai	5	3	2	7	5	2
CIP Ranchi	39	19	20	-	-	-
AIIH&PH Kolkata	23	19	4	1	0	1
Sub Total	**956**	**667**	**289**	**181**	**231**	**11**

The incumbency of Public Health Specialist of Central Health Service (CHS) is:

Sanctioned	Filled	Vacant
104	92	12

1.17 It is seen that the Ministry, in their Action Taken replies, has furnished the status of incumbency of doctors in Central Govt. Hospitals and incumbency of Public Health Specialists of Central Health Service (CHS). However, the Committee had raised their concerns on various important issues which inter-alia included the rationale for either more or less number of appointment of Specialists in the hospitals in various States, initiatives to increase number of Post Graduate seats in various colleges, conducting study to find out the shortage of medical professionals in rural areas and how to overcome the problem, etc. The Ministry has failed to allay these concerns of the Committee. Therefore, the Committee, re-iterate their earlier recommendation and desire that the Government furnish reply specifically with regard to the various concerns of the Committee in the matter.

E. Shortage of Doctors in Central Government Hospitals.

(Observation/Recommendation Serial No. 8)

1.18 As per the data furnished by the Ministry, out of 4236 sanctioned posts of CHS doctors, 2868 posts are filled and 1368 posts are vacant. Similarly, out of 37 sanctioned posts of Dental doctors, 25 posts are filled and 12 posts are vacant. The Committee wondered how the Central Government Hospitals were coping up with more than one-third of posts of doctors lying vacant in Government Hospitals. The Committee had noted the various steps taken by the Government to fill up the vacancies which included constant follow up with UPSC and permitting contractual appointment against the vacant posts for a period of one year or till the regular candidate joins, pending recommendations from UPSC as a stop gap arrangement. Besides various initiatives had been taken to incentivize super-specialist doctors to join Government Hospitals and medical colleges like time-bound promotion upto Senior Administrative Grade, enhancing the age of superannuation of Non-Teaching, Public Health Specialists and General Duty Medical Officers of CHS to 65 years, permitting CHC doctors to hold the administrative post till the date of attaining the age of 62 years and increasing the study leave for CHC doctors from 24 months to 36 months. Considering that these steps taken were in the right direction the Committee had, however, emphasized on taking urgent and immediate action to fill up the vacancies.

1.19 Ministry of Health & Family Welfare in its Action Taken Reply has stated as under:

Requisitions in various Specialities are sent to UPSC for filling up vacant posts in the Central Health Service and various posts have already been advertised by UPSC. A number of steps are taken to fill vacant posts and also to increase occupancy of posts in Central Health Service (CHS), such as:

i. To make available increase number of teaching doctors in the Central Government Medical Colleges, the age of superannuation of Teaching sub-cadre doctors of CHS was increased from 62 years to 65 years in the year 2008;

ii. In 2016, the age of superannuation of Non-Teaching, Public Health and GDMO sub-cadre doctors of CHS was increased to 65 years to tackle increased patient load in Central Government Hospitals and Dispensaries;

iii. Every year on the basis of vacancies projected by the MoHFW, UPSC conducts interviews for recruitment of doctors in Teaching, Non-Teaching and Public Health sub-cadre of CHS;

To provide more promotional avenues and exposure of administrative posts to younger generation of doctors in CHS and for capacity building and also to provide more experienced doctors for patient care, the Government has decided that CHS doctors will hold the administrative posts till the date of attaining the age of 62 years and, thereafter, their services would be placed in non-administrative positions.

1.20 The Committee are happy to note that a number of steps have been taken by the Government to fill vacant posts and also to increase occupancy of posts in Central Health Service (CHS). However, the Commitee desire that the Government conduct a study to assess the outcome of their initiatives and to what extent the vacancy position has been reduced.

Further, the Committee also desire that the Government should ensure that the posts of Doctors are not kept vacant for long so as to mitigate the suffering of patients arising due to shortage of Doctors in Government Hospitals across the country.

F. Redevelopment of Central Government Hospitals.

(Observation/Recommendation: Sl. No. 9)

1.21 The Committee had noted that the Government had approved various projects for redevelopment of Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and Lady Hardinge Medical Colleges & Associated Hospitals, New Delhi. The Committee had hoped that the existing health care delivery mechanism in these hospitals would get a boost under the redevelopment activities initiated by the Government and improve the health care facilities The Committee had desired that the progress of work for the upgradation and redevelopment of these hospitals be monitored closely so as to ensure that the work is completed in a stipulated time bound manner. The Committee had recommended that the new systems/guidelines/facilities be put in place in the light of emerging medical health care challenges while upgrading/redevelopment of the existing and setting up of new medical colleges/hospitals. The Committee sought to be apprised about the progress made in this regard within six months of the presentation of the report.

1.22 The Ministry of Health and Family Welfare in its reply has stated as under:-

(i) Redevelopment of Safdarjung Hospital:

During the redevelopment of Safdarjung Hospital, New Emergency Block and Super Specialty Block were constructed after approval in June, 2013 at an estimated cost of ₹ 1333 crore (revised cost of ₹ 1431 Cr.). As per the redevelopment programme, additional 1307 beds (500 beds-Emergency Block & 807 beds-Super Specialty Block) were added to the bed strength of the Hospital.

The Emergency Block and Super specialty Block started functioning w.e.f. 07.02.2018 and 29.06.2018 respectively. The Emergency Block, besides catering to emergency cases, will also cater primarily to orthopaedics, Neurosurgery, general surgery, Medicine and Paediatrics. The Super speciality Block will cater to neurosurgery, Nephrology, Pulmonary, Nuclear Medicine, Urology, Neurology, Endocrinology, Cardiothoracic & Vascular surgery, Cardiology. The Super Specialty Block would offer state of the art facilities in Cardiology, Neurology, Cardiovascular Surgery, Neurosurgery, Urology, Nephrology, Endocrinology, Respiratory and Nuclear Medicine. A separate 228 bedded Paid Ward Block has been created to provide for private nursing home facilities.

(ii) Redevelopment of Lady Hardinge Medical College & Associated Hospitals:-

"The Comprehensive Redevelopment Project of LHMC & Associated Hospitals with an estimated cost of ₹ 703.79 crore re-started from November, 2018 after the approval from the Ministry of Finance and Expenditure and the Ministry of Health and Family Welfare. Now, the project is in the full swing and going to add state-of-the-art infrastructure which comprises of an Academic Block, Oncology Block, OPD Block, IPD Block, Accident and Emergency Block. The Academic Block and the Oncology

Block is expected to be completed and commissioned in March, 2020 while OPD, IPD, Emergency and Accident Block commissioning will take place in December, 2020. The College has already sought approval for the appointment of the architectural consultant for Phase-2 and the spill-over of the Phase-1. After completion of the project, the under-graduate teaching and patient care is going to be the one of the best class facilities in the country.

*Details regarding present bed capacity of LHMC & Associated Hospitals and after augmenting the capacity are going to be as *under*

Name of the Hospital	***No. of available beds***	***No. of additional beds after completion of the Project***	***Total no. of bed after completion the project***	***% increase***
LHMC and Associated Hospitals	*1252*	*570*	*1822*	*45.53%*

**This is going to be completed and functional in December, 2020.*

(iii) Redevelopment of Status of Super Specialty Block (SSB) at ABVIMS & Dr. RML Hospital:-

- Dr. Ram Manohar Lohia Hospital proposed Super Specialty Block to be constructed in a plot size of 2.20 acre with a constructed area of 70,160 Sq.m (G+16); that also includes 3 basements. It is designed to become an OPD/Super Specialty Block & Paid Wards with adequate parking facilities.

- The normal bed strength would be increased from 1469 to 1861, the OTs from 22 to 39. The OPD floor area would almost be doubled with the numbers, ICU beds would increase from 32 to around 83, the Cath labs from 1 to 4. The private rooms would increase from the current level of 81 to 147 (including beds of paid ward). **THE TOTAL BED STRENGTH WOULD BE INCREASED BY 509.**

- After necessary approval, the Project Management Consultancy was given to CPWD. EFC approved the proposal with total cost of ₹ 572.61 crore after excluding (a) manpower cost of ₹ 154.09 crore. (b) Multilevel Car Parking of ₹ 139.10 crore, which is to be constructed on Public Private Partnership (PPP) Basis. The SSB with the cost of ₹ 572.61 crore, includes 1st and 2nd basement with parking facilities for 220 cars. Construction of Multilevel Parking for 936 cars is to be considered only on PPP mode in consultation with NITI Aayog. The major component of total approved cost of ₹ 572.61 crore would be as under:

  Construction- ₹ 482.16 crore

  Equipment- ₹ 90.45 crore

- The EFC also accorded its approval for 1722 additional men power (Group 'A': 316, Group 'B': 859, Group 'C': 547). However, the approval of Department of Expenditure is to be obtained for the creation of said posts at appropriate time.

- EFC approved that the Project is to be completed by CPWD in a period of 36 months from the zero date (i.e. date of approval of the project). However, in a meeting under the chairmanship of Hon'ble HFM on 24.6.2019, it has been decided to complete the project of SSB in 24 months instead of 36 months.

- The details of break-up of the cost of project is as under:

Cost Approved by EFC	INR 572.61 Crore (applied for HEFA loan)
Provision of Parking on PPP Mode	INR 200 Crore
Consultancy Agency	CPWD
Cost of Master Plan consultancy	INR 0.62 Crore (Payable to CPWD)
Fund demanded by CPWD for SSB	INR 10 Crore (under deposit head)
Tender Opening Date	28.11.2019
Tentative Date to Award the Work	By the end of Dec. 2019

1.22 (b) The Ministry of AYUSH in its Action Taken Reply has stated that Siddha Clinical Research Unit (SCRU), New Delhi which was functioning in A&U Tibbia College campus, Karol Bagh is now relocated to Safardjung hospital and V.M.M.C to provide comprehensive health care.

1.23 The Committee appreciate that the Emergency Block and Super specialty Block of Safdarjung Hospital have started functioning, the redevelopment of Lady Harding Medical College & Associated Hospitals is in full swing and will be operational as per schedule. However, the Committe urge that the Super Specialty Block at ABVIMS and Dr. RML Hospital which has shown slow progress may be expedited and made operational in a time bound manner.

G. Shortage of Medical Colleges.

(Observation/Recommendation: S. No. 10)

1.24 The Committee had noted that there were 479 medical colleges in the country out of which 200 were in the Government sector including 6 new AIIMS and remaining 222 in the private sector. Out of 6 new AIIMS, 5 were yet to start functioning. The admission capacity of these medical colleges is 67,218 for MBBS and 30,228 for post graduate students. During the period 2014-16, 35 new medical colleges and total 5540 seats had been added. However, the growth of PG seats was low as compared to growth in UG seats. There was an urgent need to set up more medical colleges to address the issue of severe shortage of doctors. The Committee had also noted that about 2/3rd of medical colleges were concentrated in southern and western parts of the country. Besides, the issue of charging exponentially huge capitation fee for

admission by certain private medical colleges was another area of concern. Quality of education being provided in many private medical colleges was another area of concern of the Committee. The Committee were informed that many colleges resorted to practice of hiring equipment from other medical colleges, hiring fake faculty etc. at the time of inspection by MCI. MCI had initiated action against erring medical colleges by carrying out surprise and simultaneous inspection in all the colleges and had developed special computerised software systems. The Committee had recommended that names, designation, qualification, photograph of each of faculty in the private medical colleges must be displayed on the website of each medical college. The Committee had desired that functioning of MCI may be drastically restructured and there may be representatives of Allopathy and AYUSH systems of medicine in the council so that it functioned as an Apex regulatory body for all the systems of medicine in the country.

The Committee had felt that besides measures taken by the Government to augment intake of seats, the country required more additional seats both for under graduate and postgraduate courses to address the current need of delivering affordable and accessible health care in the country. The Committee had noted that to overcome the shortage of doctors and to remove regional imbalance, the Government had taken a decision to upgrade 58 district hospitals having at least 200 beds and situated in those districts which had no Medical Colleges. The Committee had desired that the Government provide all necessary assistance to State Governments and ensure that these district hospitals were upgraded into Medical Colleges within a stipulated time frame.

The Committee were of the view that it was high time to carry out wide range of reforms in the existing medical education system and there was a need to restructure and revise MBBS curriculum. It was desirable that certain basic components of medical education like Anatomy, Physiology and Biochemistry which could easily be taught from class 9 to 12 be shifted to senior secondary level schooling as this would be helpful in reducing the course period of MBBS from 6 to 4 years. The Committee had desired the Government to examine this issue and take necessary action and intimate them, accordingly.

1.25 In this connection, the Ministry has replied that presently (as on Date), there are only 539 medical colleges (279 in government and 260 in private sector) with 80312 MBBS seats annually in the country. The number of allopathic doctors registered with the MCI has increased progressively which yields a ratio of 1 doctor for 1456 persons. This ratio is far from the WHO recommended norm of 1 doctor per 1000 population. Moreover, this density has a strong urban skew and is concentrated in very few states. To meet the requirement of allopathic doctors in country, the aim is to expand facilities for medical education and increase the production of doctors especially in underserved states. For this the Government is implementing a Centrally Sponsored Scheme, details of which are as under :-

a. **Establishment of new Medical Colleges attached with existing district/referral hospitals**:

PHASE-I

The Government is implementing a Centrally Sponsored Scheme for “Establishment of new medical colleges attached with existing district/referral hospitals” with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is ₹189 crore. 58 districts in 20 States/UT have been identified and approved under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Funds to the tune of ₹ 7507.70 crore have been released to the State/UT Governments for the approved districts under the Scheme. Out of 58 approved medical colleges, 42 have become functional.

PHASE-II

The Government is implementing Phase-II of Centrally Sponsored Scheme for “Establishment of new medical colleges attached with existing district/referral hospitals” with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is ₹ 250 crore. 24 new medical colleges in 8 States have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Out of these, 22 Medical Colleges have been approved till date. Funds to the tune of ₹ 2254.59 crore have been released to the State Governments for the approved medical colleges under the Scheme.

PHASE-III

With an objective to provide at least one medical college or an Institute with facilities for Post Graduate medical education in each district of the country in a phased manner through public or private participation, phase III of the scheme for establishment of 75

new medical colleges attached with district/referral hospitals has been approved by the Union Cabinet on 28.8.2019. The medical colleges would be established at an estimated cost of ₹ 325 Crore per medical college. Under Phase III out of 75 medical colleges, 26 medical colleges have been approved.

b. **Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country:-**

With the objective of creating 10,000 MBBS seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Centrally Sponsored Scheme for Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at ₹ 1.20 crore per seat. 37 Medical Colleges have been approved under the scheme to increase 2765 UG seats, out of which 1665 UG seats have been created till date. Funds to the tune of ₹ 1918.8 crore have been released to the State Governments till date under this Scheme.

c. **Strengthening and up-gradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats**:-

Phase-I

The Phase-I of the scheme was launched in the XI Plan period with the objective to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG seats, out of which 1746 PG seats have

been created. Funds to the tune of ₹ 1049.3578 crore have been released under the scheme till date.

PHASE-II

With the objective of creating 4000 PG seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Phase-II of the Centrally Sponsored Scheme for Up-gradation of existing State Government medical colleges to increase PG seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at ₹ 1.20 crore per seat. A total of 16 Government Medical Colleges have been approved under the scheme for increasing 1741 PG seats till date. Funds to the tune of ₹ 41.664 crore have been released under the scheme till date.

1.26 The Committee appreciate the efforts of the Government to meet the requirement of allopathic doctors in the country by way of expanding facilities for medical education, establishment of new Medical Colleges attached with existing district/referral hospitals and Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country and Strengthening and up-gradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats.

In order to expand facilities for medical education and increase the number of doctors especially in under-served States, the Government has undertaken a Centrally Sponsored Scheme for establishment of new Medical Colleges attached with existing district/referral hospitals. However, out of the 58

approved medical colleges, only 42 approved medical colleges have become functional in Phase I and large number of medical colleges under the Scheme and other two schemes are yet to become functional. The Committee urge the Government to fix time frame and ensure effective monitoring so that medical colleges become operational at the earliest. The Committee would also like to be apprised about the details of the funds utilized out of the sanctioned amount in such projects/schemes.

H. AIIMS, New Delhi and setting up of new AIIMS.

(Observation/Recommendation: S. No. 12)

1.27 AIIMS is a premier institution aimed at providing tertiary level healthcare facilities to the public. As per the written information made available to the Committee by the Ministry of Health and Family Welfare, the number of patients visiting AIIMS was much larger as compared to its handling capacity in terms of beds, manpower and other infrastructure. The Committee had noted that despite availability of huge infrastructure at AIIMS, New Delhi there was a long waiting period for certain procedures and treatment due to ever increasing number of patients. The Committee were apprised that in AIIMS, New Delhi, the Government had approved an additional 85 H.D.U. and 106 I.C.U. beds in the last three years to cater to the needs of critically ill patients.

The Committee were given to understand that due to space constraints for expansion of AIIMS, New Delhi, the Government had decided to set up new AIIMS in

selected States and to upgrade existing State Government medical colleges/Institutions under Pradhan Mantri Swasthya Suraksha Yojana launched in 2006. The Committee, however, were distressed to note that the work under PMSSY for setting up new AIIMS like institutions was yet to be completed even after lapse of more than a decade since the scheme was launched. Although Out Patient Services had been made operational in some of the AIIMS, the quality of services made available at these tertiary level Institutions were yet to be upgraded or strengthened. Besides, there was a shortage of faculty and less number of Under-graduate and Post-graduate courses. Some of the new AIIMS did not have specialist clinical services for various specialties. Moreover, there were no functional blood banks, no emergency or casualty services, no mortuary etc.

The Committee, therefore, had recommended that the process of effective operationalization of all the essential medical services and tertiary level health care facilities at these new AIIMS should be completed within stipulated timeframe. The expansion of bed capacity and other existing facilities at AIIMS, New Delhi should also be completed at the earliest so as to address the issue of overcrowding. The Committee had sought to be apprised about the progress made so far in this regard.

1.28 The Ministry of Health and Family Welfare in its Action taken Reply has submitted as under:

1. Status regarding AIIMS, New Delhi is as under:

There will be 217 number of ICU beds & 216 number of HDU beds available after completion of the following projects by the date mentioned against project:-

S.No	Name of Project	Number of ICU Beds	Number of HDU Beds	Target date of completion of the project
1	Surgical Block	26	46	January, 2020
2	Mother & Child Block	75	30	March, 2020
3	Burn & Plastic Surgery	30		March, 2020
4	NCI, Jhajjar	50	130	Phase-I has been started in December, 2018 in which 250 beds out of which 30 ICU are made functional
5	Vertical Expansion of JPNATC	16		Infrastructure 100% completed (OT and ICU Equipment being procured).
6	Geriatrics Block	20	10	May, 2020
	Total	**217**	**216**	

2. Status of 22 AIIMS approved under Pradhan Mantri Swasthya Suraksha Yojana

Under the Pradhan Mantri Swasthya Surakshya Yojana (PMSSY) a Central Sector Scheme, total twenty two (22) new AIIMS have been announced so far by the Cabinet, out of which six AIIMS under Phase-I are functional and another fifteen AIIMS have been approved. The brief functional status is as below:

2.1 First Six (6) AIIMS (sanctioned under Phase-I):

- AIIMS Bhopal, AIIMS Bhubaneswar, AIIMS Jodhpur, AIIMS Patna, AIIMS Raipur and AIIMS Rishikesh approved under Phase-I are already functional with 100 MBBS, 60 BSc (Nursing) and PG seats. Hospital services in these 6 AIIMS are operating with substantial capacity as all the Specialities and most of Super-specialities are functional at each of these six AIIMS. All key hospital facilities and services such as Emergency, Trauma, Blood Bank, ICU, Diagnostic and Pathology are functioning. Medical education, Healthcare and Research is also functional substantially in these six AIIMS. Basket of services in these six AIIMS has been expanded and presently, on an average, more than

15000 patients are visiting OPD daily besides more than 16000 patients getting treatment in IPD every month with around 4000 major surgeries getting performed every month. Performing large numbers of major surgeries and advanced medical care in different super-specialities as indicated in the annexed statement, the above six functional AIIMS have reduced the patient load of AIIMS Delhi and have also benefitted the people of different regions as they need not have to come all the way to AIIMS Delhi from far off places facing hardships and also incurring expenditure. In few cases, where further progressive expertise/ consultation is required, patients are transferred/ referred to AIIMS Delhi.

- At present, the patient load in the above six AIIMS, taken together has become of the order of 45 lakhs per annum. These AIIMS also handle complex cases requiring tertiary healthcare as also reflected in the major surgery performance. Around 49000 major surgeries were performed in the six new AIIMS in the year 2019. To the extent complex cases are handled in the new AIIMS, the patient load of AIIMS, Delhi would have come down, even though, there may not have been any perceptible reduction in the patient load of AIIMS, Delhi as the demand for healthcare and in particular tertiary healthcare has been increasing over the years with greater awareness and accessibility.

- The status of progress of infrastructure and services of six AIIMS is given as under:

I. **Hospital Status :**

Sl.	AIIMS	No. of Beds functional (Out of 960)	No. of MOT		Avg. OPD / Day (As in Dec.19)	Total IPD (Jan. to Dec. 19)	Major Surgeries (Jan. to Dec.19)	No. of Specialty Functional (Out of 18)	No. of Super Specialty Functional (Out of
			Sanctioned	Functional					

									17)
1	**Bhopal**	604	24	24	2248	20276	4624	18	12
2	**Bhubaneswar**	883	25	15	3009	25341	8086	18	16
3	**Jodhpur**	728	30	04	3106	54525	9497	18	14
4	**Patna**	820	28	28	2589	22591	7268	18	14
5	**Raipur**	800	28	28	1806	21,387	6704	18	11
6	**Rishikesh**	931	25	25	2470	52,742	12823	18	17
		4766			**15228**	**196862**	**49002**		

II. **Important Medical Facilities :**

Sl.	**AIIMS**	**Emergency**	**Trauma Care**	**Blood Bank**	**OPD, IPD & ICU**	**Diagnostics**	**Pathology**
1	**Bhopal**	Available	Available	Available	Functional	Available	Available
2	**Bhubaneswar**	Available	Available	Available	Functional	Available	Available
3	**Jodhpur**	Available	Available	Available	Functional	Available	Available
4	**Patna**	Available	Available	Available	Functional	Available	Available
5	**Raipur**	Available	Available	Available	Functional	Available	Available
6	**Rishikesh**	Available	Available	Available	Functional	Available	Available

III. **Present Position of Faculty Posts against Sanctioned Posts :**

Sl.	**AIIMS**	**Sanctioned Posts**	**On roll Position**		**Vacancy**	**Posts advertised**	**Remarks**
			No.	**(%)**			
1	Bhopal	305	147	48.20	158	119	Interview conducted except for retired consultants in the month of December, 2019. Result is awaited. Interview

							for retired consultant is to be conducted shortly.
2	Bhubaneswar	305	180	59.02	125	125	125 posts advertised vide advertisement dated 28.01.2019. Interviews of 13 Super Specialty completed on 28.12.2019 & 29.12.2019
3	Jodhpur	305	175	57.38	130	0	
4	Patna*	305	117	38.36	188	63	196 posts advertised earlier. Interviews not completed. 63 posts advertised again.
5	Raipur	305	143	46.89	162	214	183 posts advertised in September, 2018. Three phases of interviews completed and result declared. Interviews for remaining fourth phase are to be conducted in Jan. 2020. 31 posts also advertised in Nov., 19
6	Rishikesh	305	255	83.61	50*	All vacant Faculty posts have been advertised on 21.08.2019. Interviews are to be conducted in January, 2020.	
Total		1830	1017	55.57	813		

**As on 07.01.2020*

IV. **Present Position of Non-Faculty Posts against Sanctioned Posts :**

Sl.	**AIIMS**	**Sanctioned Posts**	**Current On roll Position**				**Remarks**
			No.	**(%)**	**Vacancy**	**Posts**	

						advertised	
1	Bhopal	3776	1651	43.72	2125	175	Total 175 posts of various categories have been advertised across various advertisements. Interviews to be conducted shortly.
2	Bhubaneswar	3776	2016	53.39	1760	121	107 Group 'A' & Group 'B' posts & 14 Group A posts, totaling 121 posts, have been advertised. 1212 posts were advertised earlier and CBT for 1208 posts has been conducted, result is awaited.
3	Jodhpur	3776	1958	51.85	1818	718	Result of 198 posts has been declared. Result of 3 Group A posts will be declared after approval of IB.
4	Patna*	3776	1468	38.88	2308	881	Recruitment process is underway.
5	Raipur	3776	1974	52.28	1802	627	Recruitment process is going on.
6	Rishikesh	3776	2853	75.56	923	1149	Examinations are being conducted in phased manner.
Total		**22656**	**11920**	**52.61**	**10736**	**3671**	

**As on 07.01.2020*

2.2 Other New AIIMS under Phase-II, IV, V, VI & VII of PMSSY:

- In addition to the six AIIMS sanctioned in Phase-I, Sixteen (16) more AIIMS have been announced, out of which 15 AIIMS have been sanctioned/approved by Cabinet. Out of these, OPD services were commenced in 2018-19 in AIIMS Raebareli, AIIMS Mangalagiri and AIIMS Gorakhpur. Further, the OPD services have been started in AIIMS Nagpur and AIIMS Bhatinda in 2019-2020.

- Further, MBBS classes with 50 students were started in 2018-19 at AIIMS Mangalagiri and AIIMS Nagpur. Also, 1st session of undergraduate MBBS course with 50 seats has been started in AIIMS Raebareli, Kalyani, Gorakhpur, Bhatinda, Deoghar and Bibinagar from the session 2019-20.

- The functional status of AIIMS is summarised below:

Functional First Six AIIMS	AIIMS where MBBS Classes as well as OPD started	AIIMS where only MBBS Classes started
Bhopal Bhubaneswar Jodhpur Patna Raipur Rishikesh	Raebareli Gorakhpur Mangalagiri Nagpur Bhatinda	Bibinagar Kalyani Deoghar

- Presently the building construction work is in progress in 9 new AIIMS (besides the first six AIIMS where construction is almost complete). In addition, the construction work is expected to start in 3 more AIIMS in early 2020-21.

- **The Completion plan for New AIIMS is as under:**

Year	No. AIIMS to be completed	Name of the AIIMS
AIIMS already functional		Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur & Rishikesh
2020	06	Raebareli, Mangalagiri, Nagpur, Kalyani, Gorakhpur &Bhatinda
2021	03	Guwahati, Bilaspur & Deoghar
2022	02	Rajkot & Bibinagar
2023	03	Jammu, Manethi& Madurai
2024	01	Bihar
2025	01	Kashmir
Total	**21**	

- Details on status of all **16 new AIIMS** announced through PMSSY and functional status of six AIIMS w.r.t. Beds, OPD, IPD, Surgeries, availability of Faculty, Non-Faculty etc. is given in as under:

DETAILS OF NEW AIIMS (16) UNDER PMSSY

Phase	Sl.	AIIMS	Date of Cabinet Approval	Approved Cost (Rs Cr)	Approved Timeline	Status
Ph-II	**1**	AIIMS, Raebareli (Uttar Pradesh)	05.02.2009 [Revised Cost Estimates (RCE) was approved by EFC on 22.06.2017]	823.00	March, 2020	• OPD & Residential block completed. • OPD inaugurated by Hon'ble PM on 16.12.2018. • Medical College / Hospital under construction • Progress – 69% • Target Date of Completion (TDC) – March, 2020
Ph-IV	**2**	AIIMS, Mangalagiri, (Andhra Pradesh)	07.10.2015	1618.00	60 Months Sep, 2020	• Progress of work: • Phase I - OPD Block & Residential Complex: 81% • Phase II – Hospital and Academic Campus: 42% • New MBBS batch (50 students) started in Aug., 2018. • OPD started in March, 2019.
	3	AIIMS, Nagpur (Maharashtra)	07.10.2015	1577.00	60 Months Sep, 2020	• Progress of work: • Phase I - OPD Block & Residential Complex: 91% • Phase II – Hospital and Academic Campus: 50.2% • New MBBS batch (50

						students) started in Aug., 2018. • OPD started in Sep, 2019.
	4	AIIMS, Kalyani (West Bengal)	07.10.2015	1754.00	60 Months Sep, 2020	• Progress of work: • Phase I - OPD Block & Residential Complex: 71.5% • Phase II – Hospital and Academic Campus: 48% • New MBBS batch started.
	5	AIIMS, Gorakhpur (Uttar Pradesh)	20.07.2016	1011.00	45 Months April, 2020	• Construction in EPC Mode in progress (57%)
Ph-V	**6**	AIIMS, Bathinda (Punjab)	27.07.2016	925.00	48 Months June, 2020	• Construction in EPC Mode in progress (50.82%)
	7	AIIMS, Guwahati (Assam)	24.05.2017	1123.00	48 Months April, 2021	• Master Plan & Concept Design finalized. • Tender awarded under EPC mode on 18.01.19. • Work in progress (13.15%)
	8	AIIMS, Bilaspur (H.P)	03.01.2018	1471.04	48 Months Dec, 2021	• Cabinet approval obtained on 03.01.2018. • Boundary wall work in progress. • Design consultant appointed.

						• Master plan finalized. • Tender awarded under EPC mode on 23.01.19. • Work in progress. (24%)
	9	AIIMS, Madurai (Tamil Nadu)	17.12.2018	1264.00	45 Months Sep, 2022	• Site finalized at Madurai. • Pre-investment work in progress. • Process initiated for availing loan through JICA for the establishment work of AIIMS. • Preparatory survey by JICA Mission will commence in Nov., 2019. • Loan agreement is likely to be signed by Sep., 2020 subject to approval of Govt. of India & Govt. of Japan.
	10	AIIMS, Bihar	--		--	• Land identified by State Govt. • Central Team inspected the site. • Recommendations are under consideration in the Ministry.
	11	AIIMS Samba (Jammu)	10.01.2019	1661.00	48 Months Jan, 2023	• Pre-investment activities in progress. • Design Consultant appointed.

						• Master plan finalized. • Financial bids received for the tender floated by CPWD and are under evaluation.
	12	AIIMS Awantipor (Kashmir)	10.01.2019	1828.00	72 Months Jan, 2025	• Pre-investment activities in progress. • Design Consultant finalized. • Master plan finalized. • NIT being prepared by CPWD.
Ph-VI	**13**	AIIMS, Deoghar (Jharkhand)	16.05.2018	1103.00	45 Months Feb, 2022	• Pre-investment activities in progress. • Executing Agency for main work appointed. • Design Consultant appointed. • Master Plan finalized. • Construction Agency appointed. • Work in progress-8%.
	14	AIIMS, Rajkot (Gujarat)	10.01.2019	1195.00	45 Months, Oct, 2022	• Site finalized at Khanderi • Pre-investment activities in progress. • Executing Agency for the main work appointed. • Master Plan under preparation.
	15	AIIMS, Bibinagar	17.12.2018	1028.00	45 Months	• Site finalized at

		(Telangana)			Sep, 2022	Bibinagar. • Pre-investment work in progress. • Executing Agency for main work appointed.
Ph-VII	**16**	AIIMS, Manethi (Haryana)	28.02.2019	1295.00	48 Months, Feb, 2023	• Encumbrance free land yet to be handed over by State Govt.

1.29 The Committee note that the progress of work of setting up/operational of 22 AIIMS approved under Pradhan Mantri Swasthya Suraksha Yojana has been rather slow. The 6 AIIMS which have become functional are facing shortage with respect of Faculty Posts and Non-Faculty Posts which in turn would affect their operational capacity. Some of the other new AIIMS are way behind in their schedules. The Committee reiterate that the process of effective operationalization of all the essential medical services and tertiary level health care facilities at these new AIIMS be completed within stipulated timeframe. The Committee may be apprised about the progress made in this regard.

I. Doctor: Population ratio for AYUSH

(Observation/Recommendation: S.No.16)

1.30 The Ministry of AYUSH dealt with the appointment of AYUSH physicians and their deployment was done by CGHS, Ministry of Health and Family Welfare. The

Committee were astonished at the reply of Ministry of AYUSH wherein it was stated that the doctor population ratio for AYUSH doctors was not maintained by it. On the other hand the Ministry of Health and Family Welfare informed that there were total 5778 AYUSH physicians available per crore population in the country as on 1.1.2015. The Committee felt that it was quite paradoxical situation that the Ministry of AYUSH which was primarily entrusted with the promotion and welfare of AYUSH health care in the country had not bothered to maintain the data of doctor population ratio for AYUSH physicians even when the information was available with the Ministry of Health and Welfare. More so information regarding AYUSH physicians appointed in the premier Government Institutes including AIIMS, PGIMER, JIPMER, new upcoming six AIIMS, State Medical Colleges etc. was not available with both the Ministries i.e. the Ministry of AYUSH and the Ministry of Health and Family Welfare.

It lead the Committee to conclude that the Ministry of AYUSH and Ministry of Health and Family Welfare was not at all serious about managing affairs of AYUSH health care in the country let alone improving service conditions of AYUSH practitioners. While expressing unhappiness over the way, the important matters regarding AYUSH were being dealt with even when a dedicated Ministry had been created, the Committee had strongly emphasised to compile and make proper assessment of real time data regarding availability of AYUSH physicians and other related basic issues. The data was to be reflected on the website of the Ministry of AYUSH. The Committee had also recommended that deployment of AYUSH Doctors should be done by Ministry of AYUSH and a separate wing like CGHS should be opened under Ministry of AYUSH for this purpose. As per the information provided by

the Ministry of Health and Family Welfare, the Committee felt that the doctor population ratio of AYUSH was very skewed and had recommended that number of AYUSH practitioners should be increased suitably to achieve desirable ratio.

1.31 The Ministry of AYUSH in its Action Taken Reply have submitted as under:

The data related to AYUSH doctors is already available with the Ministry. Also, electronic registration and renewal online registration in all the States has been initiated. Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) have completed digitization of the Central Registers and also have implemented online registration for practitioners.

As per the information furnished by State Boards/Councils to this Ministry, there are a total of 799879 AYUSH Registered Practitioners (Doctors) as on 01st January, 2018. Total projected population of India was 13536.21 lakhs as on 1.3.2018 (Office of the Registrar General of India). Thus, 590.9 AYUSH practitioners are available per million population in the country. The data is being obtained at present from Central Councils like CCIM/CCH and also from State Boards/Councils, both on public employment and registration. The Concerned statutory councils are revamping their registration process and hence the data availability is expected more accurate in due course of time. Ministry of AYUSH is developing the data generation system to further improve data availability in this aspect.

CCIM and CCH are responsible to maintain central register for the practitioners in consultation with State Register. We may instruct CCIM and CCH to upload

information about the registered practitioners on their website and make periodical updates.

1.32 The Committee note that the Ministry of AYUSH has initiated electronic registration and renewal online registration of AYUSH doctors in all the States. Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) have completed digitization of the Central Registers and also implemented online registration for practitioners. However, the Ministry has not responded to the utmost concern of the Committee which is deployment of AYUSH Doctors in CGHS and setting up of separate wing like CGHS under the Ministry for the purpose. The Committee, therefore, reiterate their earlier recommendation with regard to setting up of a separate CGHS wing under the Ministry of AYUSH and AYUSH doctors be deployed there.

J. Sowa Rigpa System.

(Observation/Recommendation: S.No.18)

1.33 The Committee had noted that the Sowa Rigpa medical system has been prevalent in the Himalayan regions of India from ancient times. Although this medical system was recognized in 2010 by the Parliament and the Cabinet, the induction of representatives of Sowa Rigpa system into Central Council of Indian Medicine through regular procedure was yet to be completed and the streamlining of the courses and degrees was still in progress. The Committee were informed that no substantial grant had so far been given to the Institutions of Sowa Rigpa in the country for academic and health care purposes. Professional degree courses were currently run by Tibetan

Medical Astro Institute at Dharamshala, Central University of Tibetan Studies, Sarnath, Chagpori Medical College, Darjeeling and Central Institute of Buddhist Studies, Leh Ladakh. There was no indoor patient hospital under Sowa Rigpa system anywhere in the country. Besides, there was an acute shortage of faculty in Central University of Tibetan Studies Sarnath, Varanasi which was hampering the development and promotion of Sowa Rigpa system. The Sowa Rigpa system was yet to standardize the method of preparation of medicine by creating its pharmacopoeia.

The Committee had felt that there was an urgent need to streamline courses, recognise bachelor's degree of Sowa Rigpa System and provide adequate budgetary funds for the promotion and development of Sowa Rigpa system of medicine. The detailed proposal for the development of Sowa Rigpa education and health care through establishment of hospital at Central University of Tibetan Studies Sarnath, Varanasi had been pending approval. Though this proposal was proposed in 11th five year plan but owing to absence of recognition by the Government, grants could not be provided. Now that the system was recognized, it was imperative that the proposal for setting up Sowa Rigpa hospital be undertaken without any further delay so that Sowa Rigpa system as an ancient and time honoured science of healing be preserved, encouraged and developed for benefit of the people. The Committee, therefore, had recommended that the Ministry of Health and Family Welfare and Ministry of AYUSH should vigorously pursue the plan proposal for setting up Sowa Rigpa hospital with scheduled targets with the Ministry of Culture as Central University of Tibetan Studies functioned under its administrative Control and the Committee be apprised of the progress. The Committee also noted that the system did not have any mechanism for collection, compilation and digital preservation of ancient Indian texts. They, therefore,

had recommended that traditional knowledge Digital Library with all required facilities be maintained under Sowa Rigpa System and funds allocated for the purpose.

1.34 The Ministry of AYUSH in its Action Taken Reply has submitted as under:

Ministry of AYUSH is implementing the Centrally Sponsored Scheme of National AYUSH Mission (NAM) under which grant-in-aid is provided to State/UT Governments as per proposal reflected by them in their State Annual Action Plan (SAAP). Opening of AYUSH hospitals come under the purview of respective State/UT Governments. However, under NAM there is provision of financial assistance for setting up of upto 50 bedded integrated AYUSH Hospitals including Sowa Rigpa. State/UT may avail eligible financial assistance by projecting the same through State Annual Action Plan (SAAP) as per NAM guideline.

1.35 It is seen that the Ministry have not responded to the recommendation of the Committee wherein the Ministry of Health and Family Welfare and Ministry of AYUSH were called upon to vigorously pursue the plan proposal for setting up of Sowa Rigpa hospital with scheduled targets with the Ministry of Culture as Central University of Tibetan Studies functions under its administrative Control and also for maintenance of a traditional knowledge Digital Library with all required facilities under Sowa Rigpa System. Reiterating their recommendation, the Committee would like to be apprised of the progress so far made in this regard. The Committee would also like to be apprised about the States which have so far availed financial assistance under NAM for setting up of integrated AYUSH Hospital and also the progress made so far.

K. Differentiated Nomenclature

(Observation/Recommendation: Sl. No. 21)

1.36 The Committee had noted that in general practice the practitioners of traditional systems of medicine under AYUSH use the title 'Doctor' instead of using traditional yet most appropriate titles prescribed for practice of Ayurveda, Siddha, Unani. The Committee were apprised that since the procedure for appointment and selection of Medical Officers through conducting examination by UPSC was same, there was a similarity in nomenclature viz. Medical Officer, Senior Medical Officer, Chief Medical Officer of allopathy and AYUSH.

The other matter of fact was that despite being practitioners of recognised and well rooted traditional Indian system of medicine, the MCI did not consider practitioners of AYUSH as equivalent to doctors. There were stark differences in remuneration and service conditions of AYUSH practitioners, who were paid less and considered not as good as allopathic doctors.

The Committee had felt that in order to bring in more global acceptability, credibility and popularity of Indian systems of medicine, it was absolutely necessary that practitioners of Ayurveda, Siddha, Unani, etc. use the appropriate titles of Vaidya, Vaidyaraj, VaidyaKaviraj, VaidyaShiromani, Ayurvedacharya, Piyushpani, Hakim instead of using title 'doctor' as the latter was synonymous with modern Allopathic medicine. The Committee, therefore, had recommended that the Ministry of Health and Family Welfare in coordination with Ministry of AYUSH, Medical Council of India

and Central Council of Indian Medicine should work upon the idea of using differentiated nomenclature for practitioners of Indian Systems of Medicine viz. Ayurveda, Siddha, Unani, etc. Besides, the practice of Allopathy beyond certain permissible limit by Ayurveda practitioners was to be seriously discouraged as it could hamper the overall development and promotion of AYUSH system. In order to have a robust mechanism to ensure the compliance of requisite guidelines by Ayurveda practitioners, the Committee had also recommended to streamline the pay structure, retirement age and other facilities for AYUSH doctors so that these practitioners were not at a disadvantageous position vis-a-vis allopathic doctors.

1.37. M/o Health and Family Welfare & M/o AYUSH in their ATNs have stated that they have no information to furnish on this Point.

1.38 The Committee take a serious view that no reply has been furnished on this recommendation. They would like to know whether any hurdles were faced by the Ministry in this regard or in compliance thereof. While reiterating their earlier recommendation, the Committee firmly desire to be apprised of the action taken in the matter within one month from the presentation of this Report. The Committee opine that it may be ensured that due care is taken in future while furnishing information to the recommendations of the Parliamentary Committee.

L. Vacancies in AYUSH Medical Colleges & National Institutes

(Observation/Recommendation: S.No. 23)

1.39 The Committee were distressed to note that the Ministry of AYUSH had not furnished complete information regarding vacancies in AYUSH medical colleges.

Details of sanctioned and actual strength of faculty in respect of National Institutes alone was furnished. On perusal of this scant information, the Committee had found that during the period 2012-16, there had been considerable gap between sanctioned and actual strength in National Institutes of AYUSH. The Committee were informed that in some cases vacant posts were not filled due to non-availability of suitable candidates. Sanctioned posts of faculty in National Institutes lying vacant for years had adversely affected the quality of AYUSH teaching and education over the period and had hampered the development and promotion of AYUSH health care delivery system. Without adequate strength of faculty in AYUSH medical colleges, the Committee wondered how quality education in these colleges could be imparted and how the condition of AYUSH education and health care could be improved. The Ministry of AYUSH was asked to take steps to fill up all the vacant posts in AYUSH medical colleges and more AYUSH medical colleges as envisioned under National AYUSH Mission were to be opened. The Ministry of AYUSH was impressed upon to carry out wide range of reforms to revamp the existing AYUSH education. The functioning of Central Council of Indian Medicine (CCIM) and Central Council for Homoeopathy (CCH) was to be made more transparent with the help of appropriate technological interventions. The procedure of inspections of AYUSH medical colleges was to be overhauled to ensure quality in teaching and practice of AYUSH system of medicine. Since the number of national institutes of higher learning in AYUSH was also very less, the Committee, had recommended that the Ministry of AYUSH should take all the initiatives to open AYUSH medical colleges in various States particularly in those States where there were no medical colleges/ registered practitioners.

1.40 The Ministry of AYUSH in its Action Taken Reply have submitted as under:

There has been a significant rise in the number of AYUSH colleges during last five years. Further, the Institutes are in the process of filling up of the vacant posts. The institutes where the vacant posts exist have issued advertisements and are in the process of conducting written examination or interview as per the provisions of Recruitment Rules. IPGTRA, Jamnagar has reported that in February-March 2019, recruitment drive was carried out for teaching and non-teaching posts. Some of the posts were filled. However, some of the posts remained vacant due to some lacunas in recruitment rules or non-availability of suitable candidates in some subjects. To overcome this, recruitment rules are being revised as per protocol of 7th CPC and is in final stage of process. The notification for these vacant posts is likely to be advertised in last week of November and it is planned to fill the posts by January 2020.

1.41 The Committee appreciate the efforts of the Government in increasing the number of AYUSH colleges and the institutes and also with regard to filling up the vacant posts. With regard to the posts lying vacant due to some lacunas in recruitment rules or non availability of suitable candidates in respective subjects, the Committee call upon the Ministry to resolve them at the earliest and apprise them about the same.

M. Separate Regulator for AYUSH Drugs.

(Observation/Recommendation: S.No. 26)

1.42 The Committee had noted that the establishment of separate office of Drugs Controller General of India (AYUSH) had been intended to develop effective

coordination between Central and State regulatory Authorities for quality control of ASU&H drugs and to facilitate supervision over enforcement of the provisions of Drugs & Cosmetics Act, 1940 and the Rules, 1945 pertaining to Ayurvedic, Siddha, Unani and Homoeopathy drugs. Expenditure Finance Committee (EFC) chaired by Secretary (Expenditure) had approved the proposal on 4th October 2010 and the Department of Expenditure, Ministry of Finance vide communication dated 16th July 2013 had accorded concurrence for creation of 12 posts. Further they were advised to take the approval of the Cabinet for setting up of a separate office of Drugs Controller General of AYUSH and to create Joint Secretary level post of Drugs Controller General (AYUSH). Further, the proposal for setting up Central Drug Controller of AYUSH was reviewed in a meeting on 5th March, 2015 chaired by Hon'ble Minister of Health & Family Welfare wherein it was recommended to create a vertical structure for regulation of AYUSH drugs in the Central Drugs Standards Control Organization (CDSCO) and the need for creation of separate Drug Controller General of AYUSH was to be assessed subsequently.

The Committee had felt that it was necessary to establish separate Drug Controller General of India for AYUSH for the overall development of AYUSH system of medicine and to free it from the control of Ministry of Health and Family Welfare as the latter was yet to take concrete steps for encouraging of AYUSH medicines and practitioners in the public healthcare delivery system of the Country. The Committee, therefore, had recommended that process for establishing separate Central Drug Regulator for AYUSH be expedited and completed at the earliest and progress made be informed to the Committee within three months.

1.43 The Ministry of AYUSH in its reply has stated as under:

The Government decided to create vertical structure of AYUSH in the Central drug Standards Control Organization (CDSCO) in the meeting held on 5th March, 2015 convened by Health & Family Welfare Minister with the Minister of State (IC) for AYUSH, Secretary (AYUSH), Secretary (HFW) and Drug Controller General (India) on a directive from Prime Minister's Office. Accordingly, the decision for creation of vertical structure of AYUSH in CDSCO has been implemented since Feb 2018. With the concurrence of Department of Expenditure, Ministry of AYUSH has notified creation of 09 regulatory posts on 24-07-2019 including the posts of Deputy Drugs Controller (01), Assistant Drugs Controllers (04, one each for Ayurveda, Homoeopathy, Unani and Siddha drugs) and Drug Inspectors (04, one each for Ayurveda, Homoeopathy, Unani and Siddha drugs). Recruitment Rules and duties of these posts are being finalized; and with the approval of Department of Personnel & Training (DoPT), Union Public Service Commission (UPSC) and Law Ministry the process of recruitment of regular incumbents will be initiated. Meanwhile, the posts have been operationalized by giving additional charge to the existing Technical Officers of the Ministry of AYUSH and an AYUSH officer has been selected for posting in CDSCO.

1.44 The Committee note that the vertical structure of AYUSH in CDSCO has been implemented since Feb., 2018 and after obtaining concurrence of Department of Expenditure, creation of 09 regulatory posts which includes the posts of Deputy Drugs Controller (01), Assistant Drugs Controllers (04) and Drug Inspectors (04) have been notified. However, recruitment rules and duties

of these posts are yet to be finalized. The Committee desire that these issues be finalised expeditiously and the Committee may be apprised of the same.

N. State Testing Laboratories for AYUSH.

(Observation/Recommendation: S.No.27)

1.45 Drugs & Cosmetics Rules, 1945 provided for compliance of the Good Manufacturing Practices (GMP) for licensed manufacturing of Ayurvedic, Siddha, Unani and Homoeopathic drugs (ASU&H) and certification in this regard was done by the State Licensing Authorities. The Committee had also noted that there was no Central Mechanism for inspection of State Drug Testing Laboratories, since enforcement of legal provisions was vested with the State Governments. To ensure quality in manufacturing of AYUSH drugs, the Committee felt that it was necessary to set up robust mechanism vested with adequate powers at Central level to inspect State Testing Laboratories and to ensure quality of AYUSH drugs.

1.46 The Ministry of AYUSH in its Action Taken Reply have submitted as under:

Through National AYUSH Mission grant-in-aid is provided to the States for augmenting quality control activities of ASU&H drugs including strengthening of Pharmacies, Drug Testing Laboratories, enforcement framework and testing of drugs. The infrastructural and functional capacities of State Pharmacies and Laboratories have been enhanced with this financial support for ASU&H drugs. 59 Laboratories are approved under the provisions of the Drugs and Cosmetics Rules, 1945 for quality testing of drugs and the raw materials. Provision for Joint inspection of laboratories involving Central and State Inspectors exists in the Drugs and Cosmetics Rules, 1945 for grant of license or approval to the institutions engaged in the testing and the quality

analysis of ASU drugs. For this purpose technical officers of the Ministry are notified as Central Drug Inspectors and the recruitment rules for the dedicated posts of central ASU&H drug inspectors are in the process of finalization and approval.

1.47 The Committee note that grant-in-aid is provided to the States for augmenting quality control activities of ASU&H drugs including strengthening of Pharmacies, Drug Testing Laboratories, enforcement framework and testing of drugs through National AYUSH Mission. 59 Laboratories are approved under the provisions of Drugs & Cosmetics Rules, 1945, for quality testing of drugs and the raw materials. The technical officers have been notified as Central Drug Inspectors for the purpose and the recruitment rules for the dedicated posts of central ASU&H drug inspectors are in the process of finalization and approval. The Committee desire that the Ministry finalise recruitment rules for the dedicated posts of central ASU&H drug inspectors expeditiously. The details of laboratories so far operationalised alongwith details of works undertaken by them during the last three years may be furnished to the Committee at the earliest.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

(Observations/Recommendations Serial No. 1)

The Committee find that the private doctors are the most important single source of treatment in both the rural and urban areas as per NSS 71st Round with more than 70 percent of the spells of ailment treated in the private sector. Not only that India has emerged as the country with the largest out of pocket (OoP) expenditure on health, among the BRICS economies, which clearly indicates the sorry state of affairs with regard to the health care for the poor in the country as the higher OoP expenditure on health leads to the impoverishment of poorer sections of society and widens inequalities. The Committee note that as per Sustainable Development Goal (SDG-3) for health, the Government has to ensure healthy lives for promoting well being for all at all ages by 2030. To achieve the objective, the Government has formulated the National Health Policy, 2017 which aims at attaining the highest level of good health and well-being through preventive and promotive health care. Although the Government spending on health care as percentage of GDP has increased from 1.27 per cent during 2007-08 to 1.5 per cent during the year 2016-17, the expenditure needs to be further scaled up so as to achieve the objectives of the National Health Policy and Sustainable Development Goal.

The Committee also note that the Government intend to increase the budget for health care to 2.5 per cent of the GDP by 2025. The Committee are of the view that there is an urgent need to have proper planning for creating adequate infrastructure for

health care in various States/UTs commensurating the targets envisaged under the National Health Policy and Sustainable Development Goals in consultation with various States/UTs. Besides an urgent action needs to be taken to usher in robust monitoring mechanism at different level of policy implementation. The Union Government/Ministry, therefore, should work in a mission mode, shunning the often repeated excuse that health is a State subject and all the State/UT Governments should be persuaded to formulate requisite programmes/legislations for proper and time bound implementation of goals under National Health Policy. The States which lack in finances and infrastructure need to be supported by providing additional funds to create the requisite facilities.

Reply of the Government

- The National Health Policy, 2017 envisages raising public health expenditure progressively to 2.5% of the GDP by 2025. It envisages that the resource allocation to States will be linked with State development indicator, absorptive capacity and financial indicators. The States would be incentivized to increase State resources for public health expenditure. General taxation will remain the predominant means for financing care.
- The State Government have also been requested to increase their budget outlay for Health. A draft implementation framework has also been devised to implement the goals and objectives of the National Health Policy. As per the latest Economic Survey 2018-19, the Government expenditure on health as a percentage of GDP is 1.5%.

- Further, NHM aims to strengthen health systems in States/UTs by supplementing their efforts. The proposals for infrastructure strengthening are primarily formulated by the States/UTs based on their requirement. These are thereafter appraised and thereafter supported under NHM so as to be able to achieve the NHP and SDG targets.

HMIS, IHIP are being strengthened to improve monitoring mechanism. States with weak financial capacities and having health lag are provided higher per capita resources in comparison to better of States.

Comments of the Committee

(Please see Para No. 1.8 of Chapter-I)

(Observation/Recommendation: S.No. 2)

So far as overall allocation and expenditure of the Ministry of Health and Family Welfare is concerned, the analysis of the data furnished by the Ministry indicates some increase in spending over the years. The expenditure during the year 2014-15 was to the tune of Rs.28508.42 crore (Plan + Non-Plan) which has increased to Rs.36371.14 crore (Plan + Non-Plan) during the year 2016-17. The budgetary allocations in this regard during the year 2017-18 have further been increased to Rs.47352.51 crore. However, there is a mismatch between the budgetary allocations and the Revised Estimates allocations during 2015-16 and 2016-17. The allocations made for Plan as well as Non-Plan heads during these years have been increased at revised estimates stage. The expenditure under the non-plan head has exceeded to the allocations at RE stage, whereas for the plan head, there is some under-spending as compared to the allocations at RE stage.

So far as scheme/head-wise allocations and expenditure is concerned, under an important head `Hospitals & Dispensaries', the allocations made during 2017-18 at BE stage are for Rs.1898.52 crore against RE allocations of Rs.3007.59 crore which means a reduction of Rs.1109.07 crore i.e. almost 33 per cent of the allocations. Under another important head `Medical Education, Training and Research', the allocations at RE stage during each of the aforesaid years have been decreased marginally. During 2017-18, the allocations at BE stage are for Rs.9636.21 crore against the RE allocations of Rs.7658.50 crore during the previous year i.e. an increase of almost 20 per cent. Besides there is some underspending under each of the scheme/head, under the scheme `Health Sector Disaster Preparedness & Management (including EMR (Avian Flu)', the allocations made at BE stage have been reduced drastically at RE stage during each of the year of 2014-15, 2015-16 and 2016-17 and even the reduced allocations could not be utilized during each of the year, which indicates serious problem in implementation of the aforesaid scheme. The aforesaid trends indicate unrealistic projections/allocations for various projects/schemes. The Committee would like the Ministry to furnish the reasons in this regard. Besides the Committee would also like to emphasize that besides enhancing allocations for health care and education, there is an urgent need to enhance the capacities for utilisation of funds for which various schemes/projects implemented by the Union and State Government need to be reviewed and their implementation streamlined. The urgent steps in this regard should be taken and the Committee apprised accordingly.

Reply of the Government

Based on the requirement of funds for implementation of Schemes/Programmes during a financial year, consolidated estimates of expenditure (Both on Plan & Non-Plan side) were projected to the Ministry of Finance. The final allocation is however done by the Ministry of Finance.

The allocation so made was reviewed keeping in view the pace of expenditure at RE level. In case of additional requirement, supplementary demands for grants are projected to the Ministry of Finance. The budgetary Allocation gets supplemented by additional allocation at RE stage leading to variation between provisions at both the stages i.e. BE & RE.

As regards increase in Non-Plan expenditure and decrease in Plan Expenditure, in relation to respective budgetary allocation, variation in expenditure is attributed to diversion of savings under Plan allocations to meet additional expenditure on Non-plan side, which is often arisen out owing to cost escalation of consumable, revision of tariff, etc.

Apart from the above, allocation under the head 'Hospital and Dispensary' and 'Medical Education, Training & Research' the allocation in BE 2017-18 was lesser than that in RE for the previous year the variation in allocation was made based on the action plan for implementation of the activities during the year as projected by the concerning Programme Division. Further to this variation in provision at RE stage is subject to pace of expenditure on implementation of plan activity and also owing to adjustment of unspent balance from out of the grant release of the previous year. So far spending under the scheme "Health Sector Disaster Preparedness & Management (including emergency medical relief and Avian Flu) is concern allocation made in BE

was reduced at RE Stage owing to the fact that any emergent situation did not arise warranting absorption of budgetary provision in its fullness. Hence, savings located under this head was diverted to other needy area where additional funds were required.

(Observation/Recommendation Serial No. 3)

The Committee note that the funds have been released by the Government to various States on the recommendations of 13th Finance Commission. The analysis of the data given at Annexure–I of the report reveal that out of Rs.2539 crore allocated to 15 States as recommended by 13th Finance Commission, Rs.1756.96 Crore were released to these States for development of various health care facilities.

The Committee are concerned to note that allocations under 13th Finance Commission were made to 15 States only leaving aside other States/UTs. Not only that, no funds during respective financial year were released to many States; for example, Arunachal Pradesh was released no funds during 2011-12 to 2013-14, Madhya Pradesh was given no funds during 2012-13 and 2013-14, Chhattisgarh was allocated no funds from 2012-13 to 2014-15, Gujarat was not allocated funds during 2014-15, Haryana did not get funds during 2012-13 and 2014-15, and Kerala did not get funds during 2012-13. The analysis of the data further indicates that the overall releases were far below the total allocations to these States. Seven States out of these 15 States got 50 or less than 50 % of the allocations. While expressing concern over the shortfall in releases as compared to allocations, the Committee would like to know the reasons due to which allocation of funds as recommended by the 13th Finance Commission was not made available to these States and to what extent non allocation of funds led to non-completion/delay in completion of various projects/facilities in those

States. The Committee would also like to be apprised of the rationale/reasons for allocation / release of funds to these 15 States and leaving aside the rest of the States/UTs.

With regard to the actual utilization of outlay allocated to 15 States on the recommendations of the 13th Finance Commission, the Government in a vague manner has stated that none of the State Governments has reported for non-utilization of grant released towards Strengthening of Health Infrastructure under State Specific Needs for its award period 2010-15. It appears from the response of the Government that efforts were not made to procure/maintain data with regard to utilization of funds in this regard. The Committee while expressing unhappiness over the way the utilization of funds is being monitored, would like to be apprised of State/UT-wise details of Utilization of Rs. 1756.96 crore released to 15 States and actual status of progress of various projects/schemes in each of these States.

The Committee are of the firm view that the States which do not have adequate health infrastructure and facilities for treatment of patients, financial support from the Central Government is necessary. The stoppage of Central Grants to States by 14thFinance Commission will further deteriorate the delivery of proper healthcare facility in the poor and backward region of the country. The Committee, therefore, recommend that Ministry of Health & Family Welfare should make an assessment of health care facilities in all the States and take steps to provide financial support to such States where health care facilities to patients are getting affected due to paucity of funds.

Reply of the Government

1. The XIII Finance Commission, in its recommendations contained in Chapter 12 of the Report had recommended Grants-in-Aid which inter-alia include 'State Specific Grants' that are specific to each State. It comprises of several sub-components among which include 'Grants for Health Sector'. Hence, in case of Health Sector, 15 States were chosen for release of funds after assessing the proposals/needs of each State.

2. A total of Rs.2539.00 Crore was allocated by the 13th Finance Commission under 'Grants for Health Sector' to 15 States which was to be released from 2011-12 onwards. Based on the recommendations received from the line Ministry i.e. Ministry of Health and Family Welfare, Department of Health & Family Welfare (DoHFW), Govt. of India and subject to stipulated conditions, Department of Expenditure released Rs.1756.96 crore in different installments (as per eligibility) to the recommended States within the award period (Annexure). States could not avail full allocation due to non-compliance to the stipulated guidelines due to which fund release in certain cases, could not be recommended within the award period of the 13th Finance Commission. The 13th Finance Commission had entrusted the monitoring of these grants to the High Level Monitoring Committee headed by the Chief Secretary at the State level and at the Central level, these grants are being monitored including its utilization by the line Ministry i.e. Ministry of Health & FW.

The details of the release of grant-in-Aid to above cited States is as follows:

State	**13th FC Recommended Grant in aid (Rs in Crore)**	**Actual releases (Rs. In Cr)**	**Reasons for non-release of some instalments, as per official records**
Arunachal	50.00	1st Instl.- 12.44 Cr.	Work Plan proposal for grant-

Pradesh		recommended, 12.46 Cr. released on 19.2.2015	in-aid received from State Govt. in June 2013. NHM Division found certain duplications in the proposal. In April 2014, MoHFW received a clarification letter from the State, giving a modified Action Plan and clarifications. NHM Division raised queries in July 2014. Review Committee on 21-11-2014 recommended ex-post facto approval for release of first instalment of Rs. 12.44 Cr. First instalment was released on 19.2.2015. As at the end of 13th FC, UC for first instalment, and report on physical progress were not provided.
Madhya Pradesh	296.00	1st Instalment – Rs. 74.00 Cr. (2011-12) 2nd Instalment –Rs.88.5 Cr.(2012-13) 3rd Instalment – Rs.76 Cr (2013-14)	3rd Instalment of Rs 76 Cr was made by FCD against a recommendation of Rs.59.5 Cr by MoHFW(Review Meeting Nov 2014). Review Committee decided that re-appropriation of fund is to be decided at State level. NRHM examined the activities for which re-appropriation was to be done, and conveyed 'Non duplication' in respect of re-appropriation of funds to the tune of Rs.23.28 Cr from the released amounts savings from 19 out of 300 infrastructure works. This was conveyed to FCD& State Govt. 7th Review Committee did not recommend release of 4th instalment in view of the guidelines and general

			conditionalities.(max of two instalments in a year).
Chhattisgarh	66.00	1st instalment – 16.50 Cr. in 2011-12	2nd Instalment for 2012-13 as recommended by Review Committee was not released due to non-receipt of certain clarifications raised by FCD, from the State.
Gujarat	237.00	1st, 2nd, 3rd Instalments for 2011-12, 2012-13, 2013-14 total amount released – Rs 177.75 Cr.	4th Instalment for 2014-15 Review Committee held on 26th March 2015 recommended Rs. 43.40 Cr. Minutes were communicated to FCD. 4th Instalment was not released
Haryana	300.00	A total amount of Rs.221.25 Cr was released as 1st, 2nd and 3rd Installment	As per minutes of the 7th Review Committee, activity – wise status report on work plan (physical and financial) for the years 2011-12, 2012-13 and 2013-14 was not received from the State.
Kerala	198.00	Total amount of 148.5 Cr was released as 1st, 2nd and 3rd Instalment.	The 7th Review Committee (26th March 2015) recommended 4thInstal-ment of Rs.43.88 Cr. (subject to other condition-alities applicable). Grant not released by FCD

Comments of the Committee

(Please see Para No. 1.11 of Chapter-I)

(Observation/Recommendation Serial No. 4)

On perusal of the budgetary allocations made for Ministry of AYUSH during the last three years and the current year, the Committee note that during 2014-15 total allocation of

Rs. 1272.15 crore was made at BE stage which was drastically reduced to Rs. 691.00 crore at RE stage and the amount actually spent was Rs. 685.21 crores; during 2015-16 allocation of Rs. 1214 crore was made at BE stage which was reduced to Rs. 1125.00 crore at RE stage and the amount actually spent was Rs. 1112.13 crore; during 2016-17 total allocation of Rs. 1326.20 crore was made at BE stage which was reduced to Rs. 1307.36 crore at RE stage and the amount actually spent was Rs. 1288.91; and during 2017-18 as per statement of expenditure furnished by the Ministry of AYUSH, allocation of Rs. 1428.65 crore has been made at BE stage and the amount actually spent as on 11.08.2017 is Rs. 418.37 crore only. The broad reasons for under utilisation of funds during these years have been stated to be pending utilisation certificates, unspent balance of previous year, non-receipt of adequate proposals, non-filling up of vacant post etc. While on the one hand funds earmarked are not being spent fully, the Committee have been informed by some of the eminent Ayurveda/Unani experts who deposed before them that due to lesser allocation of funds for AYUSH systems of medicine, standard of AYUSH doctors and AYUSH colleges is poor as they are not able to do any research due to paucity of funds. The Committee would like the Ministry of AYUSH to closely monitor the utilisation of allocation of funds besides ascertaining the requirement of additional funds to strengthen Ayush system of Medicine, Standard of Ayush Doctor and Ayush Colleges.

Besides underspending another disturbing trend noticed is nil allocation of funds at the RE stage during the year 2014-15 for various schemes/programmes viz. All India Institute of Yoga, All India Institute of Homoeopathy, All India Institute of Unani Medicine, Public Sector Undertaking (IMPCL, Mohan, UP), Homoeopathic Medicine Pharmaceutical Co. Ltd., National Institute of Medicinal Plants, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceutical Sciences, National Institute of Geriatrics, National

Institute of Metabolic and Lifestyle Diseases, National Institute of Drug & Tobacco Deaddiction, TKDL and ISM&H Intellectual Property Rights, Central Council for Research in Sowa Rigpa, Pharmacovigilance initiative for ASU Drugs and Central Drug Controller for AYUSH.

Similar trend of non-allocation of funds at RE stage is noticeable during the year2015-16 for the schemes/programmes viz. All India Institute of Yoga, All India Institute of Unani Medicine, Homoeopathic Medicine Pharmaceutical Co. Ltd., National Institute of Medicinal Plants, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceutical Sciences, TKDL and ISM&H Intellectual Property Rights, Survey on usage and acceptability of AYUSH, Central Council for Research in Sowa Rigpa, Cataloguing, Digitization etc. of Manuscripts and Development of AYUSH IT Tools, Applications and Networks, Pharmacovigilance initiative for ASU Drugs, National AYUSH Library & Archives and Central Drug Controller for AYUSH.

During the year 2016-17, there was nil allocation in respect of schemes/programmes viz. National Institute of Medicinal Plants, Indian Institute of AYUSH Pharmaceutical Sciences, TKDL and ISM&H Intellectual Property Rights, Central Council for Research in Sowa Rigpa, Pharmacovigilance initiative for ASU Drugs, Central Drug Controller for AYUSH.

During the year 2017-18 also, so far no amount has been spent under the schemes/programmes viz. Pharmacopoeia Committees of ASU and strengthening of Pharmacopoeia Commission of India Medicine (PCIM), All India Institute of Yoga, All India Institute of Homoeopathy, All India Institute of Unani Medicine, Central Council for Research in Sowa Rigpa, National Institute of Medicinal Plants, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceutical Sciences, Public Sector Undertaking

(IMPCL, Mohan, UP), TKDL and ISM&H Intellectual Property Rights, Development of common facilities for AYUSH industry clusters, Pharmacovigilance initiative for ASU Drugs and Central Drug Controller for AYUSH.

The Committee take serious exception to the way various schemes/ programmes under AYUSH are being implemented even when the Health Policy 2017 envisages better access to AYUSH remedies and introduction of yoga in schools and workplaces as part of promotion of good health with a view to mainstreaming the different health systems. The Committee fail to understand how the objectives set under the policy would be achieved with NIL allocation of outlay under a large number of schemes/programmes during each of year 2014-15, 2015-16 and 2016-17. The Committee are of the considered view that the AYUSH system of medicine is capable of providing cost effective treatment and in curing many life style diseases. Therefore, these systems need to be given an important place particularly at primary and secondary level of health care delivery so as to obtain best possible health care outcome and to achieve the targets of National Health Policy, 2017. The implementation of various schemes under AYUSH need a critical review so as to understand the problems being faced in their implementation. The Committee strongly emphasize for urgent and immediate action in this regard.

Reply of the Government

The Ministry shares the concerns of the under-utilization of funds earmarked for AYUSH. The broad reasons for the under-utilization have already been noted by the Committee. Nevertheless, due to diligent steps taken by this Ministry there has been a significant upward trend and not only in utilization of funds but also the reduction of the Budgetary allocation at the RE stage has been gradually minimized as can be seen in the table below:

(Rs. in crore)

Year	BE	RE	AE	% Utilization w.r.t. RE
2014-15	1272.15	691.00	685.21	99.16
2015-16	1214.00	1125.00	1112.13	98.86
2016-17	1326.20	1307.36	1292.61	98.87
2017-18	1428.65	1557.80	**1544.90**	**99.17**

It may be noted that whatever funds were made available at the RE stage, the utilization has been in the range of 98 - 99 per cent. Furthermore, for the first time, there has been an increase in the budgetary allocation at the RE stage during 2017-18. Due to the steady optimal utilization of funds in the previous years, the Ministry of Finance allocated an additional Rs.129.15 crore at the RE stage during 2017-18. The Committee may be glad to know that during the year 2018-19, the allocation has been further increased by Rs.197.72 crore over BE 2017-18. The total allocation for 2018-19 is Rs.1626.37 crore as against BE allocation of Rs.1428.65 crore during 2017-18.

In regard to the Committee's observations that under certain Schemes there has been 'NIL' allocation at RE stage, the specific reasons in this regard in respect of each of Schemes during the year 2014-15, 2015-16, 2016-17 and 2017-18 may be seen at **Annexure II, III, IV and V**

As far as National AYUSH Mission (NAM) is concerned, funds have been fully utilized against allocation during 2014-15, 2015-16, 2016-17 and 2017-18. Grant-in-aid of Rs. 1312.50 Crore has been released against final allocation of Rs. 1317.48 Crore under NAM from 2014-15 to 2017-18 as on 31.03.2018.

Ministry of AYUSH has implemented the Central Sector Scheme of Pharmacovigilance Program of ASU & H drug since December 2017 and grant-in-aid sanctioned to establish a three tier network consisting of National Pharmacovigilance Co-ordination Centre (NPvCC), five Intermediary Pharmacovigilance Centres (IPvCs) and Peripheral Pharmacovigilance Centres (PPvCs). 63 PPvCs have been established under the five intermediaries and one National Centres. Reporting of adverse events from ASU&H drugs has started from January, 2019 and total of 55 ADR's have been reported till March, 2019. August 2018 to August 2019, a total of 3116 Misleading Advertisements have been reported. CMEs and awareness programs have been conducted at different levels of pharmacovigilance centres.

Comments of the Committee

(Please see Para No. 1.14 of Chapter-I)

(Observation/Recommendation Serial No. 5)

I. **Observations:** The Committee observe that in rural areas, primary health care services are provided through a network of 155,069 Sub-centres, 25,354 Primary Health Centres and 5510 Community Health centres. The National Health Policy 2017 advocates allocating major proportion (upto two-thirds or more) of resources to primary care followed by secondary and tertiary care. While taking note of the initiatives taken by the Government for strengthening the PHCs which include support for Health Human Resources viz. Medical Officers, Staff Nurses, Paramedical staff etc.; free drugs; strengthening of infrastructure wherever needed.

Information needed:

(i) The Committee would like to be apprised about the norms with regard to number of Medical Officers, Staff Nurses, Para-medical staff in each of PHC and the existing position in this regard.

(ii) The Committee would also like to be apprised about the budgetary allocations made for PHCs, State/UTs wise and the expenditure made thereto during the last three years and the current year so as to analyse the impact of the efforts made by the Government in this regard:

II. Observation: The Committee note that Primary Health Centres in rural areas are the first contact point between village community and the Medical Officer. As per the Health Coverage (UHC) by taking several measures especially by enhancing Primary Health Care Services.

(i) The Committee are of the view that there is an urgent need to provide comprehensive primary care at these PHCs by integrating AYUSH and having a well- defined mechanism of referrals so as to have a structured continuation of care among community, primary, secondary & tertiary levels.

(ii) To achieve the objective standard treatment protocol and robust IT based systems are required.

(iii) The Committee strongly emphasize to take all the initiatives required to have a comprehensive system of treatment at the PHCs for which besides financial allocations, the Union Ministry need to coordinate with the State Governments in an effective way. Besides there is a need to analyse the status of PHCs in each of the States/UTs.

(iv) The Committee strongly feel that the strengthening of PHCs would definitely help in reducing rural-urban gap with regard to health care and reduce the overcrowding and pressure on the big hospitals. The concrete actions in this regard should be taken and the Committee apprised accordingly.

Reply of the Government

1. Ministry of Health and Family Welfare replied as under:

i. Public Health and Hospitals being a State subject, the patterns of staffing at public health facilities including PHCs vary from State to State. The Human Resource prescribed for PHC as per Indian Public Health Standards (IPHS) and overall status of existing positions are as under:

Human Resource Norms as per IPHS for a PHC

Manpower: PHC				
	Type-A		**Type-B**	
Staff	**Essential**	**Desirable**	**Essential**	**Desirable**
Medical Officer- MBBS	1		1	1#
Medical Officer –AYUSH		1**		1**
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (Staff-Nurse)	3	+1	4	+1
Health worker (Female)	1*		1*	
Health Assistant. (Male)	1		1	
Health Assistant. (Female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold Chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		2	
Sanitary worker cum watchman	1		1	+1

Total	**13**	**18**	**14**	**21**

*For Sub-Centre area of PHC
#If the delivery caseload is 30 or more per month.
**One of the two medical officers (MBBS) should be female. To provide choices to the people wherever an AYUSH public facility is not available in the near vicinity.
Type A PHC: PHC with delivery load of less than 20 deliveries in a month,
Type B PHC: PHC with delivery load of 20 or more deliveries in a month

Details of Human Resources for PHC - Rural Health Statistics 2017-18, MoHFW						
S. No.	**Indicators**	**Required**	**Sanctioned**	**In-Position**	**Vacant**	**Shortfall**
1	Number of Doctors at PHCs	25743	34417	27567	8572	3673
2	Number of Staff nurses at PHCs & CHCs*	65111	91407	84567	13098	8262
3	Number of Lab technician at PHCs & CHCs	31367	24668	19434	6214	12354
4	Number of Pharmacists at PHCs & CHCs*	31367	32682	28680	4825	4938
5	Health worker (F)/ ANM at SC/PHCs	184160	216665	219326	27964	10907
6	Health Assistant (Female)/ LHVs at PHCs	25743	21694	15673	6209	10557
7	Health Assistant (Male) at PHCs	25743	22662	11406	11406	16981
Source: https://nrhm-mis.nic.in/Pages/RHS2018.aspx *RHS does not report on Dis-aggregated Figures for PHCs & CHCs on positions of Staff Nurses, Lab Technicians and Pharmacists.						

ii. As per WHO, Primary Care is first-contact, accessible, continued, comprehensive and coordinated care. Primary Health Care refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community. The entire allocation made towards National Health Mission (NHM) is essentially for

primary health care which includes care at first referral facilities at CHCs and district hospitals. NHP 2017 envisages Allocation of major proportion (upto two thirds or more) of resources to primary care followed by secondary and tertiary care. The total Central allocation of NHM for the current year is Rs.24,908.62 Crore.

Action Taken on Observation (II)of Sl. No. 5:

- Public Health being a State subject, the primary responsibility to provide health care services lies with the respective State/UT Governments. However, under the NHM, technical and financial support is provided to States/UTs for strengthening their healthcare systems, including support for mainstreaming of AYUSH through co-located facilities, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). This includes support for engagement of AYUSH doctors and paramedics on contractual basis at co-located public health facilities, in service training of AYUSH service providers, procurement of AYUSH equipments, drugs, consumables, and strengthening infrastructure at the collocated facilities, etc.
- India's vision of Universal Health Coverage that is based on assured range of comprehensive primary care, linked to robust secondary and tertiary care has been translated through 'Ayushman Bharat' with its two inter-connected components. Ayushman Bharat will be operationalized through network of Health and Wellness Centres (AB-HWCs) for provision of comprehensive primary healthcare close to the communities and **Pradhan Mantri Jan Arogya Yojana (PMJAY)** for financial protection for secondary and tertiary care hospitalization.

- About 1,50,000 Sub Health Centres and Primary Health Centres (PHCs) would be transformed in phases as Ayushman Bharat - Health and Wellness Centres (AB-HWCs) by 2022. These Centres at sub health centre level would be led by a Community Health Officers (CHOs) who would be either a BSc in Community Health or an Ayurveda practitioner trained in primary care and public health competencies through a Six months Certificate Programme in Community Health. These AB-HWCs would provide comprehensive primary care including preventive, promotive care and a package of primary care services that include NCDs, Ophthalmology, ENT, Dental, Mental, Geriatric care, treatment for acute simple medical conditions and emergency & trauma services linked with an effective referral mechanism, including tele-medicine for continuum of care in addition to existing RMNCH+A services and communicable diseases. As on 15th Oct 2019, total 22347 HWCs are established. We are well on track to achieve the target of 1.5 lakh HWCs at SC level.
- The package of services are planned to be added incrementally. In addition to Reproductive Maternal Newborn Child and Adolescent Health and Communicable Diseases, universal screening and management of commons NCDs- hypertension, diabetes and three common cancers – those of the oral cavity, breast and cervix for individuals above thirty years of age has been initiated.
- The PHCs transformed as AB-HWCs will broadly provide services as per Indian Public Health Standards besides health promotion and Yoga.

- Key interventions envisaged include Population Enumeration, creation of Family folders and individual health records to be part of an IT platform as a measure to eliminate exclusion and to assure continuity of care, the provision of point of care diagnostics, serve as a collection point for samples as part of a diagnostic hub and spoke model, provide regular refills of drugs for chronic diseases, and access to tele-health. In addition, provider and team based incentives will be provided towards achievement of set of indicators related to coverage and quality.
- Block PHCs and CHCs should be strengthened as First Referral Units to provide referral services beyond emergency obstetric care, to include general medical and specialist consultation as well as first level of hospitalization.
- Linkages with AYUSH system and AB-HWCs have also been recommended to incorporate appropriate prevention and promotion strategies, including practice of Yoga, dietary modification, risk factor modification etc.
- Standards of healthcare delivery for Essential Package One to Seven have already been developed under various National Health Programmes for Reproductive, Maternal and Child Health, Family Planning, Disease Control Programmes and National Programme for Control of Cardiovascular Diseases, Diabetes and Stroke (NPCDCS).
- MoHFW has constituted Task Forces to develop standards norms for healthcare delivery for the remaining package of services for ENT, Opthalmic Care, Mental Health, Oral Health, Geriatric Care, Palliative care and for Emergency Medical Services and Trauma Care that can be managed at the level of AB-HWCs. Based on standards recommended by Task Forces,

incremental addition of trained human resources, corresponding increase in infrastructure, drugs and diagnostics, skill building and information systems will be undertaken.

- NCD Module for the Comprehensive Primary Health Care IT application has been developed, training of programme managers has been completed and preparations are underway for gradual roll out in states. Further, planning is being undertaken to integrate this NCD Module with other existing IT Platforms such as -RCH Portal, NIKSHAY, IDSP, HMIS etc. and develop an Overarching System in the long term to ensure continuity of care.
- Based on the state specific proposals MoHFW is supporting all states with necessary support to also upgrade PHCs/Urban PHCs to serve as AB-HWCs. This will be helpful in reducing the rural-urban gaps as much possible. The strengthening of Sub Health Centres and PHCs/U-PHCs to AB-HWCs will, over time, provide a gate-keeping role and reduce the burden on secondary and tertiary care facilities.

2. Ministry of AYUSH replied as under:

Primary Health Centre in rural areas are the first contact point between village community and the medical officer. Through networking of Community Health Centres (CHCs) and Primary Health Centres (PHCs), Primary Health care services can be made more accessible. There is urgent need to have a well-defined mechanism of referrals so as to have a structural continuation of care among community primary, secondary and tertiary levels. According to NHM, MIS Report as on 30.06.2018, there are 5624 CHCs and 25650 PHCs in rural areas of our country through which Primary Health Care services are provided. The National Health Policy 2018 emphasises on mainstreaming the Potential of

AYUSH. This policy ensures access to AYUSH remedies through co-location in public facilities. As on 30.06.2018, total 2776 CHCs and 7623 PHCs are co-located with AYUSH facilities. Thus, nearly 49.4% CHCs and about 29.7% PHC's have been co-located with AYUSH facilities in the country. Estimated Rural population of India was 9054.38 lakhs on 31st March, 2018 (Office of the Registrar General of India), i.e. on an average 3.3 lakh rural population is being served per CHC's co-located with AYUSH facilities. Similarly on an average 1.2 lakh rural population is being served per PHCs co-located with AYUSH facilities in the country.

Further, as on 1.04.2018, there are 31986 AYUSH health facilities spread across the country including on 4035 standalone hospitals and 27951 dispensaries. That means there is one AYUSH facility on an average for every 42,000 population. Ministry of AYUSH is developing a data generation system to further improve data availability on this aspect.

The policy also recognizes the need to standardize and validate Ayurvedic medicines and establish a robust and effective quality control mechanism for ASU&H drugs. Policy recognizes the need to nurture AYUSH system of medicine, through development of infrastructural facilities of teaching institutions, improving quality control of drugs, capacity building of institutions and professionals. Linking AYUSH systems with ASHAs and VHSNCs would be an important plank of this policy. The National Health Policy would continue mainstreaming of AYUSH with general health system but with the addition of a mandatory bridge course that gives competency to mid-level care provider with respect to allopathic remedies.

(Observation/Recommendation: S.No. 6)

As per the information furnished to the Committee by Medical Council of India, there are a total of 10,22,895 allopathic doctors registered with State Medical

Council/MCI as on 31st March, 2017. Assuming 80% availability it is estimated that around 8.18 lakh doctors may be actually available for active services. It gives the doctors patient ratio of 1:1625 as per current population estimate of 1.33 billion which is far below the WHO prescribed norms for a doctor-population ratio i.e. 1:1000. The WHO norms are targeted to be achieved by 2025 as stated by the Ministry, which means that an additional 5,12,000 doctors would be required by the stipulated deadline i.e. 2025. The Committee in this regard would like to be apprised about the concrete initiatives, the Government propose to take to achieve the WHO norms. The Committee would also like to emphasize to take into consideration the number of AYUSH doctors who are playing an important and critical role in the health care delivery system as acknowledged by the Ministry while working out patient-doctor ratio.

Reply of the Government

Medical Council of India (MCI) informed that there are a total 11,59,309 allopathic doctors registered with the State Medical Councils/Medical Council of India as on 31st March, 2019. Assuming 80% availability, it is estimated that around 9.27 lakh doctors may be actually available for active service. It gives a doctor-population ratio of 1:1456 as per current population estimate of 1.35 billion (as per the data of JansankhyaSthiritaKosh). **The details of number of doctors available State-wise are given as under:**

Number of Doctors Registered with State Medical Councils / Medical Council of India as on 31st March, 2019

S.	Name of the State	Number of Registered

1.	Andhra Pradesh	100587
2.	Arunachal Pradesh	973
3.	Assam	23902
4.	Bihar	40649
5.	Chhattisgarh	8771
6.	Delhi	21394
7.	Goa	3840
8.	Gujarat	66944
9.	Haryana	5717
10.	Himachal	3054
11.	Jammu & Kashmir	15038
12.	Jharkhand	5829
13.	Karnataka	122875
14.	Madhya Pradesh	38180
15.	Maharashtra	173384
16.	Kerala	59353
17.	Mizoram	74
18.	Nagaland	116
19.	Orissa	22521
20.	Punjab	48351
21.	Rajasthan	43388
22.	Sikkim	1405
23.	Tamil Nadu	135456
24.	Uttar Pradesh	77549
25.	Uttrakhand	8617
26.	West Bengal	72016
27.	Tripura	1718
28.	Telangana	4942
29.	Medical Council of India*	52666
	Total	**11,59,309**

- Besides, there are 7.88 lakh Ayurveda, Unani and Homeopathy (AUH) doctors in the country. Assuming 80% availability, it is estimated that around 6.30 lakh Ayurveda, Unani and Homeopathy (AUH) doctors may actually available for

active service and considered together with allopathic doctors, it gives a doctor population ratio of 1:867. The Government has taken the following steps to increase the number of doctors.

For increasing UG Seats:-

i. Enhancement of maximum intake capacity at MBBS level from 150 to 250.

ii. Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.

ii. (iii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

iii. (iv) Establishment of New Medical Colleges attached with district/referral hospitals preferably in underserved districts of the country.

iv. Minimum requirement of land for establishment of medical college in metropolitan cities as notified under Article 243P(C) of the Constitution of India has been dispensed with.

For increasing PG Seats:-

i. The ratio of teachers to students for Professor has been revised from 1:1 to 1:2 for all MD/MS disciplines and from 1:1 to 1:3 in all clinical subjects in Government funded medical colleges and in Private medical colleges with 15 years standing. Further, for Associate Professor, the said ratio has been revised from 1:1 to 1:2 and 1:3 if he/she is a unit head in all clinical subjects in Government medical colleges and in Private medical colleges with 15 years standing. This would result in increase in number of PG seats in the country.

ii. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

iii. Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges upto 70 years.

iv. Strengthening/ upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

v. By amending the regulations, it has been made mandatory for all medical colleges to start PG courses within 3 years from the date of their MBBS recognition / continuation of recognition.

Colleges are allowed to apply for PG courses in clinical subjects at the time of 4th renewal it will serve to advance the process for starting PG courses by more than 1 year.

(Observation/Recommendation Serial No. 8)

As per the data furnished by the Ministry, out of 4236 sanctioned posts of CHS doctors, 2868 posts are filled and 1368 posts are vacant. Similarly, out of 37 sanctioned posts of Dental doctors, 25 posts are filled and 12 posts are vacant. The Committee wonder how the Central Government Hospitals are coping up with more than one-third of posts of doctors lying vacant in Government Hospitals. The Committee note that the Government has taken various steps to fill up the vacancies which include constant follow up with UPSC and permitting contractual appointment against the vacant posts for a period of one year or till the regular candidate joins, pending recommendations from UPSC as a stop gap arrangement. Besides various initiatives have been taken to incentivize super-specialist doctors to join Government Hospitals and medical colleges like time-bound promotion upto Senior Administrative Grade, enhancing the age of superannuation of Non-Teaching, Public Health Specialists and General Duty Medical Officers of CHS to 65 years, permitting CHC

doctors to hold the administrative post till the date of attaining the age of 62 years and increasing the study leave for CHC doctors from 24 months to 36 months. The Committee note that the steps taken are in the right direction and would like to emphasize to take urgent and immediate action to fill up the vacancies.

Reply of the Government

The Ministry in this connection replied that requisitions in various Specialities are sent to UPSC for filling up vacant posts in the Central Health Service and various posts have already been advertised by UPSC. A number of steps are taken to fill vacant posts and also to increase occupancy of posts in Central Health Service (CHS), such as:

(i) To make available increase number of teaching doctors in the Central Government Medical Colleges, the age of superannuation of Teaching sub-cadre doctors of CHS was increased from 62 years to 65 years in the year 2008;

(ii) In 2016, the age of superannuation of Non-Teaching, Public Health and GDMO sub-cadre doctors of CHS was increased to 65 years to tackle increased patient load in Central Government Hospitals and Dispensaries;

(iii) Every year on the basis of vacancies projected by the MoHFW, UPSC conducts interviews for recruitment of doctors in Teaching, Non-Teaching and Public Health sub-cadre of CHS;

To provide more promotional avenues and exposure of administrative posts to younger generation of doctors in CHS and for capacity building and also to provide more experienced doctors for patient care, the Government has decided that CHS

doctors will hold the administrative posts till the date of attaining the age of 62 years and, thereafter, their services would be placed in non-administrative positions.

Comments of the Committee

(Please see Para No.1.20 of Chapter-I)

(Observation/Recommendation: Sl. No. 9)

The Committee note that the Government has approved various projects for redevelopment of Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and Lady Hardinge Medical Colleges & Associated Hospitals, New Delhi. The Committee hope that the existing health care delivery mechanism in these hospitals would get a boost up under redevelopment activities initiated by the Government and improve the health care facilities and increase the bed strength of these hospitals. The Committee desire that the progress of work for the upgradation and redevelopment of these hospitals should be monitored closely so as to ensure that the work is completed in a stipulated time bound manner. The Committee recommend that the new systems/guidelines/facilities be put in place in the light of emerging medical health care challenges of India while upgrading/redevelopment of the existing and setting up of new medical colleges/hospitals. The Committee would like to be apprised about the progress made in this regard within six months of the presentation of the report.

Reply of the Government

(i) Redevelopment of Safdarjung Hospital:

During the redevelopment of Safdarjung Hospital, New Emergency Block and Super Specialty Block were constructed after being approval in June, 2013 at an estimated cost of Rs. 1333 crore (revised cost of Rs. 1431 Cr.). As per the redevelopment

programme, additional 1307 beds (500 beds-Emergency Block & 807 beds-Super Specialty Block) were added to the bed strength of the Hospital.

The Emergency Block and Super specialty Block started functioning w.e.f. 07.02.2018 and 29.06.2018 respectively. The Emergency Block, besides catering to emergency cases, will also cater primarily to orthopaedics, Neurosurgery, general surgery, Medicine and Paediatrics. The Super speciality Block will cater to neurosurgery, Nephrology, Pulmonary, Nuclear Medicine, Urology, Neurology, Endocrinology, Cardiothoracic & Vascular surgery, Cardiology. The Super Specialty Block would offer state of the art facilities in Cardiology, Neurology, Cardiovascular Surgery, Neurosurgery, Urology, Nephrology, Endocrinology, Respiratory and Nuclear Medicine. A separate 228 bedded Paid Ward Block has been created to provide for private nursing home facilities.

(ii) Redevelopment of Lady Hardinge Medical College & Associated Hospitals:-

"The Comprehensive Redevelopment Project of LHMC & Associated Hospitals with an estimated cost of Rs. 703.79 crore re-started from November, 2018 after the approval from the Ministry of Finance and Expenditure and the Ministry of Health and Family Welfare. Now, the project is in the full swing and going to add state of the art infrastructure which comprises of an Academic Block, Oncology Block, OPD Block, IPD Block, Accident and Emergency Block. The Academic Block and the Oncology Block is expected to be completed and commissioned in March, 2020 while OPD, IPD, Emergency and Accident Block commissioning will tack place in December, 2020. The College has already sought the approval for the appointment of the architectural

consultant for Phase-2 and the spill-over of the Phase-1. After completion of the project, the under-graduate teaching and patient care is going to be the one of the best class facility in the country.

*Details regarding present bed capacity of LHMC & Associated Hospitals and after augmenting the capacity are going to be as *under*

Name of the Hospital	***No. of available beds***	***No. of additional beds after completion of the Project***	***Total no. of bed after completion the project***	***% increase***
LHMC and Associated Hospitals	*1252*	*570*	*1822*	*45.53%*

**This is going to be completed and functional in December, 2020.*

(iii) Redevelopment of Status of Super Specialty Block (SSB) at ABVIMS & Dr. RML Hospital:-

- Dr. Ram Manohar Lohia Hospital proposed Super Specialty Block to be constructed in a plot size of 2.20 acre with a constructed area of 70,160 Sq.m (G+16); that also include 3 basements. It is designed to become an OPD/Super Specialty Block & Paid Wards with adequate parking facilities.
- The normal bed strength would be increased from 1469 to 1861, the OTs from 22 to 39. The OPD floor area would almost be doubled with the numbers, ICU beds would increase from 32 to around 83, the Cath labs from 1 to 4. The private rooms would increase from the current level of 81 to 147 (including beds of paid ward). **THE TOTAL BED STRENGHT WOULD BE INCREASED BY 509.**

- After necessary approval, the Project Management Consultancy was given to CPWD. EFC approved the proposal with total cost of Rs. 572.61 crore after excluding (a) manpower cost of Rs. 154.09 crore. (b) Multilevel Car Parking of Rs. 139.10 core, which is to be constructed on Public Private Partnership (PPP) Basis. The SSB with the cost of Rs. 572.61 crore, includes 1st and 2nd basement with parking facilities for 220 cars. Construction of Multilevel Parking for 936 cars is to be considered only on PPP mode in consultation with NITI Aayog. The major component of total approved cost of Rs. 572.61 crore would be as under:

  Construction- Rs. 482.16 crore

  Equipment- Rs. 90.45 crore

- The EFC also accorded its approval for 1722 additional men power (Group 'A': 316, Group 'B': 859, Group 'C': 547). However, the approval of Department of Expenditure is to be obtained for the creation of said posts at appropriate time.
- EFC approved that the Project is to be completed by CPWD in a period of 36 months from the zero date (i.e. date of approval of the project). However, in a meeting under the chairmanship of Hon'ble HFM on 24.6.2019, it has been decided to complete the project of SSB in 24 months instead of 36 months.
- The details break-up of the cost of project is as under:

Cost Approved by EFC	INR 572.61 Crore (applied for HEFA loan)
Provision of Parking on PPP Mode	INR 200 Crore
Consultancy Agency	CPWD
Cost of Master Plan consultancy	INR 0.62 Crore (Payable to CPWD)
Fund demanded by CPWD for SSB	INR 10 Crore (under deposit head)

Tender Opening Date	28.11.2019
Tentative Date to Award the Work	By the end of Dec. 2019

In this connection, the Ministry of AYUSH has replied that Siddha Clinical Research Unit (SCRU), New Delhi which was functioning in A&U Tibbia College campus, Karol Bagh is now relocated to Safardjung hospital and V.M.M.C to provide comprehensive health care.

Comments of the Committee

(Please see Para 1.23 of Chapter-I)

(Observation/Recommendation: S. No. 10)

The Committee note that there are 479 medical colleges in the country out of which 200 are in the Government sector including 6 new AIIMS and remaining 222 are in the private sector. Out of 6 new AIIMS, 5 are yet to start functioning. The admission capacity of these medical colleges is 67,218 for MBBS and 30,228 for post graduate students. During the period 2014-16, 35 new medical colleges and total 5540 seats have been added. However, the growth of PG seats is low as compared to growth in UG seats. There is an urgent need to set up more medical colleges to address the issue of severe shortage of doctors as has come out during the course of deliberations and highlighted in another recommendations in the report. The Committee also note that about 2/3rd of medical colleges are concentrated in southern and western parts of the country. Besides, the issue of charging exponentially huge capitation fee for admission by certain private medical colleges is another area of concern. Quality of education being provided in many private medical colleges leaves much to be desired.

The Committee have been informed that many colleges resort to practice of hiring equipments from other medical colleges, hiring fake faculty etc. at the time of inspection by MCI. While MCI has initiated action against erring medical colleges by carrying out surprise and simultaneous inspection in all the colleges and by developing special computerised software systems. The Committee recommend that names, designation, qualification, photograph of each of faculty in the private medical colleges must be displayed on the website of each medical college. The Committee also desire that functioning of MCI may be drastically restructured and there may be representatives of Allopathy and AYUSH systems of medicine in the council so that it function as Apex regulatory body for all the systems of medicine functioning in the country.

The Committee feel that besides measures taken by the Government to augment intake of seats, the country requires more additional seats both for under graduate and postgraduate courses to address to the current need of delivering affordable and accessible health care in the country. The Committee note that to overcome the shortage of doctors and to remove regional imbalance, the Government has taken a decision to upgrade 58 district hospitals having at least 200 beds and situated in those districts which have no medical college to Medical Colleges. The Committee desire that the Government should provide all necessary assistance to State Governments and ensure that these district hospitals are upgraded into Medical Colleges within a stipulated timeframe.

The Committee are of the view that it is high time to carry out wide range of reforms in the existing medical education system and there is a need to restructure

and revise MBBS curriculum. It is desirable that certain basic components of medical education like Anatomy, Physiology and Biochemistry which can easily be taught from class 9 to 12 be shifted to senior secondary level schooling as this would be helpful in reducing the course period of MBBS from 6 to 4 years. Therefore, the Committee desire the Government to examine this issue and take necessary action and intimate to the Committee, accordingly.

Reply of the Government

Presently (as on Date), there are only 539 medical colleges (279 in government & 260 in private sector) with 80312 MBBS seats annually in the country. The number of allopathic doctor registered with the MCI has increased progressively which yields a ratio of 1 doctor for 1456 persons. This ratio is far from the WHO recommended norm of 1 doctor per 1000 population. Moreover, this density has a strong urban skew and is concentrated in very few states. To meet the requirement of allopathic doctors in country, the aim is to expand facilities for medical education and increase the production of doctors especially in underserved states. For this the Government is implementing a Centrally Sponsored Scheme, details of which are as under:-

(a) Establishment of new Medical Colleges attached with existing district/referral hospitals:

PHASE-I

The Government is implementing a Centrally Sponsored Scheme for "Establishment of new medical colleges attached with existing district/referral hospitals" with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is Rs.189 crore. 58 districts in 20 States/UT have

been identified and approved under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Funds to the tune of Rs.7507.70 crore have been released to the State/UT Governments for the approved districts under the Scheme. Out of 58 approved medical colleges, 42 have become functional.

PHASE-II

The Government is implementing Phase-II of Centrally Sponsored Scheme for "Establishment of new medical colleges attached with existing district/referral hospitals" with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is Rs.250 crore. 24 new medical colleges in 8 States have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Out of these, 22 Medical Colleges have been approved till date. Funds to the tune of Rs.2254.59 crore have been released to the State Governments for the approved medical colleges under the Scheme.

PHASE-III

With an objective to provide at least one medical college or an Institute with facilities for Post Graduate medical education in each district of the country in a phased manner through public or private participation, phase III of the scheme for establishment of 75 new medical attached with district/referral hospitals has been approved by the Union Cabinet on 28.8.2019. The medical colleges would be established at an estimated cost of Rs 325 Crore per medical college. Under Phase III out of 75 medical colleges, 26 medical colleges have been approved.

(b) Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country:-

With the objective of creating 10,000 MBBS seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Centrally Sponsored Scheme for Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. 37 Medical Colleges have been approved under the scheme to increase 2765 UG seats, out of which 1665 UG seats have been created till date. Funds to the tune of Rs.1918.8 crore have been released to the State Governments till date under this Scheme.

(c) Strengthening and up-gradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats:-

Phase-I

The Phase-I of the scheme was launched in the XI Plan period with the objective to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG seats, out of which 1746 PG seats have been created. Funds to the tune of Rs.1049.3578 crore have been released under the scheme till date.

PHASE-II

With the objective of creating 4000 PG seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Phase-II of the Centrally Sponsored Scheme for Up-gradation of existing State Government medical colleges to

increase PG seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. A total of 16 Government Medical Colleges have been approved under the scheme for increasing 1741 PG seats till date. Funds to the tune of Rs.41.664 crore have been released under the scheme till date.

Comments of the Committee

(Please see Para 1.26 of Chapter-I)

(Observation/Recommendation: S.No. 11)

The Committee note that shortage of faculty in medical colleges has adversely affected their quality of teaching. The Committee have observed that the Union Government does not maintain data of vacant posts of faculty in medical colleges in the country and it is for the respective State Governments to fill the vacancies in medical colleges as and when they arise, which indicates casual approach on the part of the Union Ministry of Health and Family Welfare.

The Committee further find that major stumbling block in filling vacant posts of faculty is the obsolete rules and regulations of MCI. One of the experts in his deposition has drawn the attention of the Committee to the liberal rules for engaging best teaching faculty like Harvard and Oxford Universities whereas in India foreign educated qualified teachers are not permitted to teach in premier medical institutes.

The Committee note that the Government has taken a slew of measures to augment the intake capacity in medical colleges which include enhancement of age limit for appointment/extension/re-employment against posts of

teachers/dean/principal/director in medical colleges from 65-70 years, which are in the right direction and would help in overcoming the shortage of faculty in medical colleges. The Committee in this regard would like to recommend that renowned medical specialists with academic background in cities can be given the status of visiting faculty to teach UG/PG students as students generally love to have famous doctors of city teaching them the art of medical practice and it will also increase the pool of medical faculty. The Committee would like to emphasize that MCI need to review its rules and regulations pertaining to appointment of faculty and come out with out of box solutions in line with international practices to tide over the shortage of faculty.

While taking note of severe shortage of super-specialist doctors in the country, the Committee recommend to review the extant regulations of MCI to allow new medical colleges with busy hospitals to have adequate well trained teaching faculty to start the PG courses right away without waiting for starting graduate courses first.

Reply of the Government

To increase the availability of faculty in medical colleges in the country, Central Government has taken several steps. These include:

i) The ratio of teachers to students for Professor has been revised from 1:1 to 1:2 for all MD/MS disciplines and from 1:1 to 1:3 in all clinical subjects in Government funded medical colleges and in Private medical colleges with 15 years standing. Further, for Associate Professor, the said ratio has been revised from 1:1 to 1:2 and 1:3 if he/she is a unit head in all clinical subjects in

Government medical colleges and in Private medical colleges with 15 years standing. This would result in increase in number of PG seats in the country.

ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

iii) Enhancement of age limit for appointment/extension/re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.

iv) Removal of embargo/rider imposed on foreign qualified PG Doctors from five English speaking nations i.e. US, UK, Canada, Australia and New Zealand in case of taking teaching profession. They are now allowed to take up the post of Assistant Professor in respective department.

v) Assured Career Progression Scheme for faculty of Central Government Institutions has been revised to make it more beneficial.

vi) Various allowances available to faculty like Non Practicing Allowance, Conveyance Allowance, Learning Resource Allowance, etc. have been enhanced considerably.

vii) The Central Government is implementing a Centrally Sponsored Scheme for increase of PG seats in Government Medical Colleges.

(viii) To take care shortage of faculty, this Ministry has also allowed lateral entry from amongst Consultant/ Specialists working in the concerned specialty in a minimum 300 bedded non-teaching Hospital owned and managed by the State Government / Central Government. The Consultant/ Specialists may be equated as Professor / Associate Professor on the basis of experience and Research Publication.

(Observation/Recommendation: S. No. 12)

AIIMS is a premier institution aimed at providing tertiary level healthcare facilities to the public. As per the written information made available to the Committee by the Ministry of Health and Family Welfare, the number of patients visiting AIIMS is much larger as compared to its handling capacity in terms of beds, manpower and other infrastructure. The Committee note that despite availability of huge infrastructure at AIIMS, New Delhi there is a long waiting period for certain procedures and treatment due to ever increasing number of patients. The Committee have been apprised that in AIIMS, New Delhi, the Government has approved an additional 85 H.D.U.s and 106 I.C.U.s beds in the last three years to cater to the needs of critically ill patients.

The Committee have been given to understand that due to space constraints for expansion of AIIMS, New Delhi, the Government has decided to set up new AIIMS in selected States and to upgrade existing State Government medical colleges/Institutions under Pradhan Mantri Swasthya Suraksha Yojana launched in 2006. The Committee, however, are distressed to note that the work under PMSSY for setting up new AIIMS like institutions is yet to be completed even after lapse of more than a decade since the scheme was launched. Although Out Patient Services have been made operational in some of the AIIMS, the quality of services made available at these tertiary level Institutions still need to upgraded or strengthened. Besides, there is a shortage of faculty and less number of Under-graduate and Post-graduate courses. Some of the new AIIMS do not have specialist clinical services for various specialties.

Moreover, there are no functional blood bank, no emergency or casualty services, no mortuary etc.

The Committee, therefore, recommend that the process of effective operationalization of all the essential medical services and tertiary level health care facilities at these new AIIMS should be completed within stipulated timeframe. The expansion of bed capacity and other existing facilities at AIIMS, New Delhi should also be completed at the earliest so as to address the overcrowding. The Committee would like to be apprised about the progress made so far in this regard.

Reply of the Government

1. Status regarding AIIMS, New Delhi is as under:

There will be 217 number of ICU beds & 216 number of HDU beds available after completion of the following projects by the date mentioned against project:-

S.No	Name of Project	Number of ICU Beds	Number of HDU Beds	Target date of completion of the project
1	Surgical Block	26	46	January, 2020
2	Mother & Child Block	75	30	March, 2020
3	Burn & Plastic Surgery	30		March, 2020
4	NCI, Jhajjar	50	130	Phase-I has been started in December, 2018 in which 250 beds out of which 30 ICU are made functional
5	Vertical Expansion of JPNATC	16		Infrastructure 100% completed (OT and ICU Equipments being procured).
6	Geriatrics Block	20	10	May, 2020
	Total	**217**	**216**	

2. Status of 22 AIIMS approved under Pradhan Mantri Swasthya Suraksha Yojana

Under the Pradhan Mantri Swasthya Surakshya Yojana (PMSSY) a Central Sector Scheme, total twenty two (22) new AIIMS have been announced so far by the Cabinet, out of which six AIIMS under Phase-I are functional and another fifteen AIIMS have been approved. The brief functional status is as below:

2.1 First Six (6) AIIMS (sanctioned under Phase-I):

- AIIMS Bhopal, AIIMS Bhubaneswar, AIIMS Jodhpur, AIIMS Patna, AIIMS Raipur and AIIMS Rishikesh approved under Phase-I are already functional with 100 MBBS, 60 BSc (Nursing) and PG seats. Hospital services in these 6 AIIMS are operating with substantial capacity as all the Specialities and most of Super-specialities are functional at each of these six AIIMS. All key hospital facilities and services such as Emergency, Trauma, Blood Bank, ICU, Diagnostic and Pathology are functioning. Medical education, Healthcare and Research is also functional substantially in these six AIIMS. Basket of services in these six AIIMS has been expanded and presently, on an average, more than 15000 patients are visiting OPD daily besides more than 16000 patients getting treatment in IPD every month with around 4000 major surgeries getting performed every month. Performing large numbers of major surgeries and advanced medical care in different super-specialities as indicated in the annexed statement, the above six functional AIIMS have reduced the patient load of AIIMS Delhi and have also benefitted the people of different regions as they need not have to come all the way to AIIMS Delhi from far off places facing hardships and also incurring expenditure. In few cases, where further progressive expertise/ consultation is required, patients are transferred/ referred to AIIMS Delhi.

- At present, the patient load in the above six AIIMS, taken together has become of the order of 45 lakhs per annum. These AIIMS also handle complex cases requiring tertiary healthcare as also reflected in the major surgery performance. Around 49000 major surgeries were performed in the six new AIIMS in the year 2019. To the extent complex cases are handled in the new AIIMS, the patient load of AIIMS, Delhi would have come down, even though, there may not have been any perceptible reduction in the patient load of AIIMS, Delhi as the demand for healthcare and in particular tertiary healthcare has been increasing over the years with greater awareness and accessibility.
- The status of progress of infrastructure and services of six AIIMS is given as under:

I. Hospital Status :

Sl.	AIIMS	No. of Beds functional (Out of 960)	No. of MOT		Avg. OPD / Day (As in Dec.19)	Total IPD (Jan. to Dec. 19)	Major Surgeries (Jan. to Dec.19)	No. of Speciality Functional (Out of 18)	No. of Super Speciality Functional (Out of 17)
			Sanctioned	Functional					
1	**Bhopal**	604	24	24	2248	20276	4624	18	12
2	**Bhubaneswar**	883	25	15	3009	25341	8086	18	16
3	**Jodhpur**	728	30	04	3106	54525	9497	18	14
4	**Patna**	820	28	28	2589	22591	7268	18	14
5	**Raipur**	800	28	28	1806	21,387	6704	18	11
6	**Rishikesh**	931	25	25	2470	52,742	12823	18	17
		4766			**15228**	**196862**	**49002**		

II. Important Medical Facilities :

Sl.	AIIMS	Emergency	Trauma Care	Blood Bank	OPD, IPD & ICU	Diagnostics	Pathology
1	**Bhopal**	Available	Available	Available	Functional	Available	Available
2	**Bhubaneswar**	Available	Available	Available	Functional	Available	Available
3	**Jodhpur**	Available	Available	Available	Functional	Available	Available

4	**Patna**	Available	Available	Available	Functional	Available	Available
5	**Raipur**	Available	Available	Available	Functional	Available	Available
6	**Rishikesh**	Available	Available	Available	Functional	Available	Available

III. Present Position of Faculty Posts against Sanctioned Posts :

Sl.	AIIMS	Sanctioned Posts	On roll Position		Vacancy	Posts advertised	Remarks
			No.	(%)			
1	Bhopal	305	147	48.20	158	119	Interview conducted except for retired consultants in the month of December, 2019. Result is awaited. Interview for retired consultant is to be conducted shortly.
2	Bhubaneswar	305	180	59.02	125	125	125 posts advertised vide advertisement dated 28.01.2019. Interviews of 13 Super Specialty completed on 28.12.2019 & 29.12.2019
3	Jodhpur	305	175	57.38	130	0	
4	Patna*	305	117	38.36	188	63	196 posts advertised earlier. Interviews not completed. 63 posts advertised again.
5	Raipur	305	143	46.89	162	214	183 posts advertised in September, 2018. Three phases of interviews completed and result declared. Interviews for remaining fourth phase are to be conducted in Jan. 2020. 31 posts also advertised in Nov., 19
6	Rishikesh	305	255	83.61	50*	All vacant Faculty posts have been advertised on 21.08.2019. Interviews are to be conducted in January, 2020.	
Total		1830	1017	55.57	813		

**As on 07.01.2020*

IV. Present Position of Non-Faculty Posts against Sanctioned Posts :

Sl.	AIIMS	Sanctio	Current On roll Position	Remarks

		ned Posts	No.	(%)	Vacancy	Posts advertised	
1	Bhopal	3776	1651	43.72	2125	175	Total 175 posts of various categories have been advertised across various advertisements. Interviews to be conducted shortly.
2	Bhubaneswar	3776	2016	53.39	1760	121	107 Group 'A' & Group 'B' posts & 14 Group A posts, totaling 121 posts, have been advertised. 1212 posts were advertised earlier and CBT for 1208 posts has been conducted, result is awaited.
3	Jodhpur	3776	1958	51.85	1818	718	Result of 198 posts has been declared. Result of 3 Group A posts will be declared after approval of IB.
4	Patna*	3776	1468	38.88	2308	881	Recruitment process is underway.
5	Raipur	3776	1974	52.28	1802	627	Recruitment process is going on.
6	Rishikesh	3776	2853	75.56	923	1149	Examinations are being conducted in phased manner.
Total		**22656**	**11920**	**52.61**	**10736**	**3671**	

**As on 07.01.2020*

2.2 Other New AIIMS under Phase-II, IV, V, VI & VII of PMSSY:

- In addition to the six AIIMS sanctioned in Phase-I, Sixteen (16) more AIIMS have been announced, out of which 15 AIIMS have been sanctioned/approved by Cabinet. Out of these, OPD services were commenced in 2018-19 in AIIMS Raebareli, AIIMS Mangalagiri and AIIMS Gorakhpur. Further, the OPD services have been started in AIIMS Nagpur and AIIMS Bhatinda in 2019-2020.

- Further, MBBS classes with 50 students were started in 2018-19 at AIIMS Mangalagiri and AIIMS Nagpur. Also, 1st session of undergraduate MBBS course with 50 seats has been started in AIIMS Raebareli, Kalyani, Gorakhpur, Bhatinda, Deoghar and Bibinagar from the session 2019-20.
- The functional status of AIIMS is summarised below:

Functional First Six AIIMS	AIIMS where MBBS Classes as well as OPDstarted	AIIMS where only MBBS Classes started
Bhopal Bhubaneswar Jodhpur Patna Raipur Rishikesh	Raebareli Gorakhpur Mangalagiri Nagpur Bhatinda	Bibinagar Kalyani Deoghar

- Presently the building construction work is in progress in 9 new AIIMS (besides the first six AIIMS where construction is almost complete). In addition, the construction work is expected to start in 3 more AIIMS in early 2020-21.
- **The Completion plan for New AIIMS is as under:**

Year	No. AIIMS to be completed	Name of the AIIMS
AIIMS already functional		Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur & Rishikesh
2020	06	Raebareli, Mangalagiri, Nagpur, Kalyani, Gorakhpur &Bhatinda
2021	03	Guwahati, Bilaspur & Deoghar
2022	02	Rajkot & Bibinagar
2023	03	Jammu, Manethi& Madurai
2024	01	Bihar
2025	01	Kashmir
Total	**21**	

- Details on status of all **16 new AIIMS** announced through PMSSY and functional status of six AIIMS w.r.t. Beds, OPD, IPD, Surgeries, availability of Faculty, Non-Faculty etc. is given in as under:

DETAILS OF NEW AIIMS (16) UNDER PMSSY

Phase	Sl.	AIIMS	Date of Cabinet Approval	Approved Cost (Rs Cr)	Approved Timeline	Status
Ph-II	**1**	AIIMS, Raebareli (Uttar Pradesh)	05.02.2009 [Revised Cost Estimates (RCE) was approved by EFC on 22.06.2017]	823.00	March, 2020	• OPD & Residential block completed. • OPD inaugurated by Hon'ble PM on 16.12.2018. • Medical College / Hospital under construction • Progress – 69% • Target Date of Completion (TDC) – March, 2020
Ph-IV	**2**	AIIMS, Mangalagiri, (Andhra Pradesh)	07.10.2015	1618.00	60 Months Sep, 2020	• Progress of work: • Phase I - OPD Block & Residential Complex: 81% • Phase II – Hospital and Academic Campus: 42% • New MBBS batch (50 students) started in Aug., 2018. • OPD started in March, 2019.
	3	AIIMS, Nagpur (Maharashtra)	07.10.2015	1577.00	60 Months Sep, 2020	• Progress of work: • Phase I - OPD Block & Residential Complex: 91% • Phase II – Hospital and Academic Campus: 50.2%

Phase	Sl.	AIIMS	Date of Cabinet Approval	Approved Cost (Rs Cr)	Approved Timeline	Status
						• New MBBS batch (50 students) started in Aug., 2018. • OPD started in Sep, 2019.
	4	AIIMS, Kalyani (West Bengal)	07.10.2015	1754.00	60 Months Sep, 2020	• Progress of work: • Phase I - OPD Block & Residential Complex: 71.5% • Phase II – Hospital and Academic Campus: 48% • New MBBS batch started.
	5	AIIMS, Gorakhpur (Uttar Pradesh)	20.07.2016	1011.00	45 Months April, 2020	• Construction in EPC Mode in progress (57%)
Ph-V	**6**	AIIMS, Bathinda (Punjab)	27.07.2016	925.00	48 Months June, 2020	• Construction in EPC Mode in progress (50.82%)
	7	AIIMS, Guwahati (Assam)	24.05.2017	1123.00	48 Months April, 2021	• Master Plan & Concept Design finalized. • Tender awarded under EPC mode on 18.01.19. • Work in progress (13.15%)
	8	AIIMS, Bilaspur (H.P)	03.01.2018	1471.04	48 Months Dec, 2021	• Cabinet approval obtained on 03.01.2018. • Boundary wall work in progress. • Design consultant appointed. • Master plan finalized. • Tender awarded under EPC mode on 23.01.19. • Work in progress. (24%)
	9	AIIMS,	17.12.2018	1264.00	45	• Site finalized at Madurai.

Phase	Sl.	AIIMS	Date of Cabinet Approval	Approved Cost (Rs Cr)	Approved Timeline	Status
		Madurai (Tamil Nadu)			Months Sep, 2022	• Pre-investment work in progress. • Process initiated for availing loan through JICA for the establishment work of AIIMS. • Preparatory survey by JICA Mission will commence in Nov., 2019. • Loan agreement is likely to be signed by Sep., 2020 subject to approval of Govt. of India & Govt. of Japan.
	10	AIIMS, Bihar	--		--	• Land identified by State Govt. • Central Team inspected the site. • Recommendations are under consideration in the Ministry.
	11	AIIMS Samba (Jammu)	10.01.2019	1661.00	48 Months Jan, 2023	• Pre-investment activities in progress. • Design Consultant appointed. • Master plan finalized. • Financial bids received for the tender floated by CPWD and are under evaluation.
	12	AIIMS Awantipor (Kashmir)	10.01.2019	1828.00	72 Months Jan, 2025	• Pre-investment activities in progress. • Design Consultant finalized. • Master plan finalized. • NIT being prepared by

Phase	Sl.	AIIMS	Date of Cabinet Approval	Approved Cost (Rs Cr)	Approved Timeline	Status
						CPWD.
Ph-VI	**13**	AIIMS, Deoghar (Jharkhand)	16.05.2018	1103.00	45 Months Feb, 2022	• Pre-investment activities in progress. • Executing Agency for main work appointed. • Design Consultant appointed. • Master Plan finalized. • Construction Agency appointed. • Work in progress- 8%.
	14	AIIMS, Rajkot (Gujarat)	10.01.2019	1195.00	45 Months, Oct, 2022	• Site finalized at Khanderi • Pre-investment activities in progress. • Executing Agency for the main work appointed. • Master Plan under preparation.
	15	AIIMS, Bibinagar (Telangana)	17.12.2018	1028.00	45 Months Sep, 2022	• Site finalized at Bibinagar. • Pre-investment work in progress. • Executing Agency for main work appointed.
Ph-VII	**16**	AIIMS, Manethi (Haryana)	28.02.2019	1295.00	48 Months, Feb, 2023	• Encumbrance free land yet to be handed over by State Govt. •

Comments of the Committee

(Please see Para No. 1.29 of Chapter-I)

(Observation/Recommendation: S.No. 13)

The Committee note that as the Census 2011 the number of senior citizens in the country is 10.38 crores. As per 52nd report of the National Sample Survey Office (NSSO), undertaking during 1995-96, the common diseases/ailments of the senior citizens are cough, piles, joint pains, high/ low blood pressure, heart diseases, urinary problems, diabetes cancer and others. The common disabilities among the senior citizens are visual, hearing, speech, locomotor, amnesia/senility etc. The Proportion of Ailing person (PAP) per 1000 aged 60 and above is stated to be 157 and 170 in urban and rural areas respectively. There are total 418 number of District Hospitals, 20 Regional Geriatric Centres and 2 National Centres in the country which have facilities for treatment of geriatric disorders. On perusal of state wise public health facilities sanctioned for providing health care for Elderly, the Committee are constrained to note that very few doctors are qualified geriatricians and most of the faculty members in Regional Geriatric Centres are General Physicians, out of 20 Regional Geriatrics Centres (RGCs) in the country, AIIMS, New Delhi has 7 geriatricians, BHU Varanasi has 2 geriatricians whereas GMC Nagpur and Patna Medical College have only one geriatrician each. Further there are very few institutes/medical colleges recongnized for conducting MD Geriatric Medicine course and combined annual intake is only 13 doctors and from the beginning till date only 44 doctors have completed MD geriatric medicine. The current statistics of rising elderly population and lack of sufficient geriatric health care facilities give a prelude to new set of medical and health care problems that could arise, if timely initiatives, are not taken by the government.

(i) The Committee, therefore, recommend that the Government should focus on establishing more Regional Geriatric Centres and National Centres for Ageing across the country particularly in rural and backward regions.

(ii) There is also a need to give emphasis on Geriatric Medicines Courses at under graduate and post graduate levels as well as in paramedical course, intake capacity of geriatric courses in the medical colleges and need to be increased considerably so as to overcome the shortage of geriatricians in the country.

(iii) Besides, Research in geriatrics need to be encouraged particularly in areas such as evaluation of nutritional and functional status of elderly, common chronic and neuro-degenerative disorders like Alzheimers's disease, cardiovascular disorder, depression, etc.

Reply of the Government

1. Ministry of Health and Family Welfare replied as under:

(i) As on date, 19 Government Medical Institutes have been identified in the different regions of the country to develop Regional Geriatric Centres (RGCs) which have 30 bedded geriatric ward to provide dedicated health care facilities to the elderly persons in the country. Government of India is also supporting establishment of 02 National Centres of the Ageing (NCAs) at All India Institute of Medical Sciences (AIIMS), New Delhi and Madras Medical College (MMC), Chennai. In addition establishment of a 250 bedded NCA like geriatric care centre is under process (MOU stage) at PGIMER, Chandigarh. List of the RGCs with service provision in 2018-19 is as under:

S. No	Name of RMI	Cases provided OPD Services	Indoor Admissions	Cases given Physical Therapy	Lab. Tests undertaken
1	BHU Varanasi	10962	60	11022	11022
2	SNMC Jodhpur	15177	2167	1572	13641
3	GMC Guwahati	10238	1425	3043	10074
4	GMC Trivandrum	5052	4775	2859	25618
5	AIIMS, New Delhi	51365	1585	11814	32500
6	SEK IMS Srinagar	1432	149	245	5013
7	GGMC Mumbai	6399	0	9150	3576
8	MMC Chennai	60629	1922	10107	165329
9	Gandhi Medical college Bhopal	2571	580	758	2864
10	Kolkata MC Kolkata (PGDGM)	14616	1737	372	4874
11	Nizam's IMS Hyderabad	0	-	-	-
12	SCB Medical College Cuttack	0	-	-	-
13	KGM University Lucknow	2090	1440	522	1400
14	Rajendar IMS Ranchi	32645	2141	684	684
15	Bangalore MC&RI Bengaluru	9344	0	0	2340
16	BJ Medical college Ahmedabad	0	-	-	-
17	Agartala MC Agartala	13902	3135	1914	10238
18	Patna MC Patna	0	-	-	-
19	Rajendra Prasad GMC HP	535	382	320	535
	Total	**236957**	**21498**	**54382**	**289708**

(ii) 02 seats of PG in Geriatric Medicine per year is to be initiated at each RGC under National Programme for Healthcare of the Elderly (NPHCE). In each National Centre of Ageing (NCA) there is sanction to develop 15 PG courses in the various fields of geriatrics medicine. Status of PG seats in RGCs is as under:

S. No	Name of RGC	Year of sanction of RGC	MD in Geriatric Medicine (Seats per year)
1	BHU Varanasi	2010-11	2
2	SNMC Jodhpur	2010-11	-
3	GMC Guwahati	2010-11	-
4	GMC Trivandrum	2010-11	-
5	AIIMS, New Delhi	2011-12	6
6	SEK IMS Srinagar	2011-12	-
7	GGMC Mumbai	2011-12	-
8	MMC Chennai	2011-12	9
9	Gandhi Medical college Bhopal	2015-16	-
10	Kolkata MC Kolkata	2015-16	-
11	Nizam's IMS Hyderabad	2015-16	-
12	SCB Medical College Cuttack	2015-16	-
13	KGM University Lucknow	2015-16	-
14	Rajendar IMS Ranchi	2016-17	-
15	Bangalore MC&RI Bangaluru	2016-17	-
16	BJ Medical college Ahmedabad	2016-17	-
17	Agartala MC Agartala	2016-17	-
18	Patna MC Patna	2016-17	-
19	Rajendra Prasad GMC HP	2016-17	-
	Total		**17**

(iii) Funds have been provided to the RGCs to conduct Research activity in the fields of geriatrics. Moreover, this Ministry has initiated Longitudinal Ageing Study in India (LASI) project under the tertiary level activities of NPHCE to assess the health status of the elderly (age 45-60). The main objectives of the study are to provide comprehensive evidence based on health and well-being of the elderly population in India. LASI is designed to cover four major subjects and policy domain of adult and older population of India i.e. Health, Health Care & Health Financing, Social Factors

and Economic Situation. This project is going to be one of the largest comprehensive ageing surveys in the world with a sample size of 61,000. LASI project is being conducted by International Institute for Population Sciences (IIPS), (Deemed University), Mumbai in collaboration with Harvard School of Public Health and Rand Corporation with the financial sponsorship from Ministry of Health & Family Welfare, Ministry of Social Justice and Empowerment, UNFPA India and National Institute of Health (NIH)/National Institute of Ageing (NIA), USA.

2. The details regarding action taken by four autonomous organizations under Ministry of AYUSH engaged in research activities are as under:

Central Council for Research in Unani Medicine (CCRUM): Central/Regional Research Institutes/

centers are conducting special OPD for elderly on weekly basis. Total No. of 1,57,788 patients have been treated in the OPDs during last five years. Some geriatric diseases have already been taken up by the Council i.e. Amnesia, Hypertension, Overactive bladder, Cerebroasthenia, Insomnia and Arthritis.

Central Council for Research in Ayurvedic Sciences (CCRAS): The Council has carried out 03 clinical research projects for validation of classical Ayurvedic formulations viz. Ashwagandhadya Lehya, Brahma Rasayana and Chyavanprashain apparently healthy elderly subjects. The research outcomes of these studies have been published in Journal of Research in Ayurvedic science (JRAS). Further, the clinical research projects for validation of classical Ayurvedic formulations have been undertaken in various disease conditions viz. Menopausal Syndrome, Osteoarthritis, Osteoporosis/Osteopenia involving the geriatric population also.

Under drug development, the council has undertaken development of Ayush Rasayana A&B for geriatric health. The collaborative clinical study involving AIIMS New Delhi and IMS BHU has recently been completed. The Council is having special Geriatric clinics in its clinical research institutes. During 2018-19, 109773 geriatric patients were provided health care services.

In recognition of the outstanding services to senior citizens, the Vayoshreshta Samman 2019 (Ministry of Social Justice and Empowerment, Govt. of India) in the category 'Best Institution for Research in the field of Ageing was conferred upon the Council on 3rd October 2019 in an event presided by the Hon'ble president of India.

Central Council for Research in Homoeopathy (CCRH): Council has undertaken studies on Benign Hypertrophy of prostrate, dyslipidemia, osteoarthritis, depression the results of which have been published in peer reviewed journal.

Council has initiated research project entitled "Public health intervention in Geriatrics health care in the rural villages under Schedule caste special component plan" in SC dominated villages having more than 40% SC population. The objective is screening of geriatric population in the villages for their psychosociomedical need using predefined questionnaire and symptomatic treatment of all the elderly persons to prevent further deteriorations of functions. The study has been initiated in July 2019. 1357 elderly people have been screened for their psychosociomedical needs and 519 have been provided treatment for different disease conditions.

Central Council for Research in Homoeopathy vide Ministry's letter. No. Z.28014/33/2017-PHI dated 20/3/2018 is providing technical support to "Scheme of Grant - In-aid for Promotion of Ayush Intervention in public health Initiatives" on "Geriatric Health Care in Degenerative Diseases of the Elderly", funded to Government Homoeopathic

Medical College and Hospital, Bhopal, Madhya Pradesh. Council has helped to develop the survey questionnaire, protocol and case recording formats for capturing evidence based data for the following diseases: Benign prostatic hyperplasia, diabetes, hypertension, dementia, degenerative joint disorder, chronic respiratory disease.

Central Council for Research in Siddha (CCRS): All the peripheral Institutes / Units of CCRS conducts Geriatric special OPD on every Tuesdays. 21,317 patients were benefitted in Geriatric Specialty Clinic for the year 2018 -19.

(Observation/Recommendation: S. No. 14)

The Committee have been informed that the Indian Council of Medical Research (ICMR) is not involved in the rating of Indian Research papers along with their citation index in international journals. ICMR has informed that as per a recent study published by Samrat Ray, Ishan Shah and Samiran Nundy entitled `The research output from Indian Medical Institutions between 2005 and 2014' published in the journal, `Current Medicine Research & Practice in its latest issue of 2016' only 25 (4.3%) of the institutions produced more than 100 papers in a year but their contribution was 40.3% of the country's total research output. A total of 332 (57.3%) medical colleges did not have a single publication during this period. The Committee take serious note that the overall research output from the Indian Medical Institutions is very poor. They also observe that there is a lack of big collaborations or programmes between Institutions where eminent professors and standard equipments are available for research work in the field of medical science and medical instrumentation. The Committee, therefore, recommend to take urgent initiatives to encourage and incentivize the medical students so that they concentrate more on research activities in the field of medicine.

Similarly, in respect of AYUSH, the Committee note that the performance of Central Council for Research in Ayurvedic Sciences, Central Council for Research in Unani Medicine and Central Council for Research in Siddha in the field of research is very abysmal. During the period from 2012-13 to 2016-17 only five patents were filed by Central Council for Research in Ayurvedic Science; no single patent was filed by Central Council for Research in Unani and only one patent was filed by Central Council for Research in Siddha. The Committee are astonished to find that no single patent has been obtained by Central Council for Research in Ayurvedic Sciences and Central Council for Research in Siddha during last five years and only 3 patents were obtained by Central Council for Research in Unani Medicine in 2012-13. The Committee, therefore, recommend that the Government should chalk out a policy to encourage research work in the field of medical science in respect of allopathic and AYUSH medical sciences. The Committee also desire that the Government should set up dedicated research units for research and development in the field of medical instrumentation so that the Country can achieve self-sufficiency in developing sophisticated medical instruments and shun dependency on imports.

Reply of the Government

ICMR schemes

a. **Short-Term Studentship:** The Indian Council of Medical Research initiated the Short Term Studentship Program in order to promote interest and aptitude for research among medical undergraduates. The main objective of this program is to provide an opportunity to undergraduate medical students to familiarize themselves with research methodology and techniques by being associated for

a short duration with their seniors on ongoing research program or by undertaking independent projects. This may serve as an incentive for them to take up research as a career in the future. The value of the studentship will be Rs. 5,000/- per month for 2 months' duration (as stipend). There has been gradual increase in number of participants under the programme.

b. Grant to non-ICMR scientists visiting abroad to present research papers initiated in 2009. This scheme aims to facilitate non-IMCR scientists to go abroad to present their research papers in conferences/ workshops /symposia, etc. by providing them Travel Grant that includes economy Air Fare, Registration and Visa Fee. In the last five years, 1551 scientists /research scholars have received the financial assistance. More than 60 % of the grants were provided to young scientists such as research fellows/ Junior Residence/Senior Residence, young scientists, etc. This scheme of IMCR helps a great deal in projecting Indian biomedical science abroad in global forums.

c. **MD/MS/DM/MCh/MDS thesis programme:** The financial support (Rs. 25000) is given to post graduate students from medical /surgery/dentistry disciplines to carry out research work for the award of their post graduate degrees. Till now total of 250 awards (50 per year) have been granted by the IMCR to MD/MS/MDS etc. students. This program has enabled the recipients to work on a well designed research protocol as well as publish at least on research paper from the thesis. Now the proposal to increase the no. of slots from 50/ year to 100/ year as well as financial support from Rs 25000 to Rs. 50,000 has been sent for consideration of the EC of ICMR.

d. **Nurturing Clinical Scientist Scheme:** A new scheme of ICMR "Nurturing Clinical Scientists Scheme" is being instituted at IMCR to foster high quality research opportunities to promising fresh MBS degree holders in the cutting edge areas of communicable and non communicable diseases and reproductive health including nutrition etc. at MCI recognized medical colleges/ICMR network of Institutes/ Centers, among others. Special focus will be on fundamental research in areas of health research and other priority areas identified by ICMR from time to time, keeping in mind the National Health Policy 2017.

DHR schemes

Department of Health Research is also administering the following scheme to strengthen the research environment in Govt. Medical colleges

a. Multi-disciplinary Research Units (MRUs)

The main objectives of the scheme are;

- Encourage and strengthen research environment in medical colleges for improving the health research and health services
- Bridging the gap in infrastructure by establishing multidisciplinary research facilities
- Ensuring geographical spread of health research infrastructure to cover un-served and under-served areas
- Improving health status of population by creating evidence based application of technologies

b. Model Rural Health Research Units (MRHRU)

The main objectives of the scheme are:

- Crate infrastructure at the periphery for transfer of technology to the end users
- To ensure an interface between the new technology developers (Researchers in the Medical Institutions; State of Centre), health systems operators (Centre or state health services) and the beneficiaries (Communities in rural areas)
- Ensure the much needed geographical spread of health research infrastructure in the country

c. Human Resource Development (HRD)

The HRD scheme of DHR has Components which support medical professionals like

- Short term and long term Fellowship programme in Indian and International Institutes.
- Women Scientist Programme for Women with Break in Career for both Medical and Non-Medical candidates between 30-50 years but having demonstrable aptitude towards health research in front line and emerging areas
- Young Scientist programme for young bright students from the medical colleges/ universities and will be given scholarships upto three years in cutting edge areas of health research. These fellows will be carrying out their research activities under supervision of some faculty member of instituted/ medical college.

- To encourage health research personnel (Non-resident Indian (NRI). This aims to bring back and attract Indian scientist working abroad to pursue medical /health research in India.
- Support to institutions is provided to give training to the biomedical researchers in emerging research areas.

(Observation/Recommendation: S.No.15)

The Committee note that Ayurveda which literally means 'Science of Life' has evolved from the various Vedic hymes rooted in the fundamental philosophies about life, disease and health. Ayurveda takes an integrated view of the physical, mental, spiritual and social aspects of human beings and about the inter-relationships between these aspects. Ayurveda is the oldest system of medicine with documented history of its practice since more than 5000 years. The Committee also note that the country has the advantage of contribution of Ayurveda system in the public health for past thousands of years, and also has the specialty to integrate this ancient wisdom with modern science and technology to develop novel approach for health care, prevention of diseases, mother and child healthcare as well as effective management of commonly encountered disease in primary health care, non-communicable diseases and in overall physical and mental wellbeing and longevity. Unfortunately, system has suffered for almost 200 years and even post-independence the system occupy a marginal space in country's public health system. Practice of Ayurveda as a system of medicine has been recognized under IMCC Act, 1970. The education of Ayurveda is regulated by a statutory body Central Council of Indian Medicine. Drugs and Cosmetics Act, 1940 regulates manufacturing and sales of Ayurvedic drugs. The Committee are of the opinion that there is a need to establish more Institutions of Ayurvedic medical sciences evenly spread across the country to promote and expand

ayurvedic health care and education. The Committee also desire incorporation of Ayurveda system of medicine and its values into the public health care delivery system at all levels.

Reply of the Government

The CCRAS , Ministry of AYUSH in collaboration with Directorate General of Health Services, Ministry of Health & Family Welfare has implemented and executed a programme viz. Integration of AYUSH (Ayurveda) component with NPCDCS (National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases & Stroke) programme in the identified districts of 3 states viz. Bhilwara (Rajasthan), Surendranagar (Gujarat) and Gaya (Bihar) to cater health care services and to reduce the burden of NCDs by combining the strength of Ayurveda and Yoga. The programme was launched during 2015.

The aforesaid programme is now successfully functional in 52 centres (49 CHCs and 3 District Hospitals) of all 3 identified districts, through AYUSH- NPCDCS Clinic/Lifestyle modification Clinics, established for prevention and management of selected NCDs by Ayurvedic intervention, Lifestyle modifications and Yoga Advice. Under this programme, approximately 100 AYUSH doctors are working at concerned District Hospital and CHCs.

Under this programme, total 1087384 subjects have been screened and 96153 patients have been enrolled for the management of NCDs, Total 166727 of yoga classes were conducted in which 1674869 people participated. The number of outreach camps conducted is 6651 and the number of patients screened in outreach camps is 533231 till August, 2019.

(Observation/Recommendation: S.No. 16)

The Committee note that the Ministry of AYUSH deals with the appointment of AYUSH physicians and their deployment is done by CGHS, Ministry of Health and Family Welfare. The Committee are astonished at the reply of Ministry of AYUSH wherein it was stated that the doctor population ratio for AYUSH doctors is not maintained by it. On the other hand the Ministry of Health and Family Welfare has informed that there are total 5778 AYUSH physicians available per crore population in the country as on 1.1.2015. The Committee feel that it is quite paradoxical situation that the Ministry of AYUSH which is primarily entrusted with the promotion and welfare of AYUSH health care in the country has not bothered to maintain the data of doctor population ratio for AYUSH physicians even when the information was available with the Ministry of Health and Welfare. More so information regarding AYUSH physicians appointed in the premier Government Institutes including AIIMS, PGIMER, JIPMER, new upcoming six AIIMS, State Medical Colleges etc. is not available with both the Ministries i.e. the Ministry of AYUSH and the Ministry of Health and Family Welfare.

It leads the Committee to the conclusion that Ministry of AYUSH and Ministry of Health and Family Welfare are not at all serious about managing affairs of AYUSH health care in the country let alone improving service conditions of AYUSH practitioners. While expressing unhappiness over the way, the important matters regarding AYUSH are being dealt with even when a dedicated Ministry has been created, the Committee strongly emphasise to compile and make proper assessment of real time data regarding availability of AYUSH physicians and other related basic issues. The data should also be reflected on the website of the Ministry of AYUSH. The Committee also recommend that deployment of

AYUSH Doctors should be done by Ministry of AYUSH and a separate wing like CGHS should be opened under Ministry of AYUSH for this purpose. On the perusal of information provided by the Ministry of Health and Family Welfare, the Committee feel that the doctor population ratio of AYUSH is very skewed. The Committee, therefore, recommend that number of AYUSH practitioners should be increased suitably to achieve desirable ratio.

Reply of the Government

The data related to AYUSH doctors is already available with the Ministry. Also, electronic registration and renewal online registration in all the States has been initiated. Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) have completed digitization of the Central Registers and also have implemented online registration for practitioners.

As per the information furnished by State Boards/Councils to this Ministry, there are a total of 799879 AYUSH Registered Practitioners (Doctors) as on 01st January, 2018. Total projected population of India was 13536.21 lakhs as on 1.3.2018 (Office of the Registrar General of India). Thus, 590.9 AYUSH practitioners are available per million population in the country. The data is being obtained at present from Central Councils like CCIM/CCH and also from State Boards/Councils, both on public employment and registration. The Concerned statutory councils are revamping their registration process and hence the data availability is expected more accurate in due course of time. Ministry of AYUSH is developing the data generation system to further improve data availability in this aspect.

CCIM and CCH are responsible to maintain central register for the practitioners in consultation with State Register. We may instruct CCIM and CCH to upload information about the registered practitioners on their website and make periodical updates.

Comments of the Committee

(Please see Para No. 1.32 of Chapter-I)

(Observation/Recommendation: S.No. 17)

The Committee note that All India Institute of Ayurveda (AIIA), New Delhi, which is an autonomous organisation under Ministry of AYUSH, has been conceived as an apex Institute for Ayurveda to bring a synergy between traditional wisdom of Ayurveda and modern tools of technology. On the perusal of the information provided regarding budgetary allocation made to AIIA, New Delhi, the Committee observe that during 2015-16 allocation of Rs. 25 crore was made at BE stage which was drastically reduced to Rs. 2.49 crore at RE stage and the amount actually spent upto December, 2015 was stated to be Rs.0.58 crore only. During 2016-17, the allocation of Rs. 40 crore was made at BE stage which got reduced to Rs. 26 crore at RE stage and the amount actually spent upto December, 2016 is Rs. 25 crore. The Committee express serious concern over the way, the allocations made to AIAA remained grossly unutilized during the year 2015-16. Though the allocated outlay at RE stage during the year 2016-17 seems to be fully utilized, there was a cut of Rs.14 crore at the RE stage which indicates unrealistic projection. The Committee emphasize that All India Institute of Ayurveda (AIIA), New Delhi should be made fully operational at the earliest so as to promote Ayurveda in a holistic way. Besides the Committee recommend that the Institute be given substantive autonomy to start new courses and to engage best available

faculty. The Committee may be apprised about the progress of projects being undertaken at AIIA, New Delhi.

Reply of the Government

All India Institute of Ayurveda- New Delhi has been dedicated to the nation by Hon'ble Prime Minister on 17th October 2017. The institute is fully operational. The institute has started Certificate courses:-

I. First batch of 18 students to Panchkarma Technician course has been completed. Training for second batch has started.

II. 6 months certificate course in Hospital Management has also started from 2nd April, 2018

III. Two batches (56 each batch) of MD scholars are also admitted in different discipline of Ayurveda.

The institute has made collaboration with All India Institutes of Medical Sciences (AIIMS) & National Institute of Cancer Prevention And Research (NICPR). Further, 8 MOUs have been executed for the propagation and evidence based research on Ayurvedic claims. The construction of the second phase of the Institute has been initiated.

(Observation/Recommendation: S.No. 18)

The Committee note that the Sowa Rigpa medical system has been prevalent in the Himalayan regions of India from ancient times. Although this medical system was recognized in 2010 by the Parliament and the Cabinet, the induction of representatives of Sowa Rigpa system into Central Council of Indian Medicine through regular procedure is yet to be completed and the streamlining of the courses and degrees are still in progress. The

Committee have been informed that no substantial grant has so far been given to the Institutions of Sowa Rigpa in the country for academic and health care purposes. Currently professional degree courses are run by Tibetan Medical Astro Institute at Dharamshala, Central University of Tibetan Studies, Sarnath, Chagpori Medical College, Darjeeling and Central Institute of Buddhist Studies, Leh Ladakh. The Committee note that there is no indoor patient hospital under Sowa Rigpa system anywhere in the country. Besides, there is an acute shortage of faculty in Central University of Tibetan Studies Sarnath, Varanasi which is hampering the development and promotion of Sowa Rigpa system. The Sowa Rigpa system are yet to standardize the method of preparation of medicine by creating its pharmacopoeia.

The Committee feel that there is an urgent need to streamline courses and recognise bachelor's degree of Sowa Rigpa System, provide adequate budgetary funds for the promotion and development of Sowa Rigpa system of medicine. The detailed proposal for the development of Sowa Rigpa education and health care through establishment of hospital at Central University of Tibetan Studies Sarnath, Varanasi has been pending approval. Though this proposal was proposed in 11th five year plan but in absence of recognition by the Government, grants could not be provided. Now that the system is recognized, it becomes imperative that the proposal for setting up Sowa Rigpa hospital be undertaken without any further delay so that Sowa Rigpa system as an ancient and time honoured science of healing be preserved, encouraged and developed for benefit of the people. The Committee, therefore, recommend that the Ministry of Health and Family Welfare and Ministry of AYUSH should vigorously pursue the plan proposal for setting up Sowa Rigpa hospital with scheduled targets with the Ministry of Culture as Central University of Tibetan Studies functions under its administrative Control and the progress be

apprised to the Committee. The Committee also note that the system does not have any mechanism for collection, compilation and digital preservation of ancient Indian texts. They, therefore, recommend that traditional knowledge Digital Library with all required facilities be maintained under Sowa Rigpa System and funds allocated for the purpose.

Reply of the Government

Ministry of AYUSH is implementing the Centrally Sponsored Scheme of National AYUSH Mission (NAM) under which grant-in-aid is provided to State/UT Governments as per proposal reflected by them in their State Annual Action Plan (SAAP). Opening of AYUSH hospitals come under the purview of respective State/UT Governments. However, under NAM there is provision of financial assistance for setting up of upto 50 bedded integrated AYUSH Hospitals including Sowa Rigpa. State/UT may avail eligible financial assistance by projecting the same through State Annual Action Plan (SAAP) as per NAM guideline.

Comments of the Committee

(Please see Para No. 1.35 of Chapter-I)

(Observation/Recommendation: S.No. 19)

The Committee have been informed that the main reasons behind decline in popularity of Unani Medicine in the Country is the existing poor research system/lack of infrastructure in Unani medical colleges and Institutes and lack of qualified staff and practitioners in Unani system. The Committee are of the firm opinion that the Ministry of AYUSH have the primary responsibility to improve infrastructure facilities, open more colleges to provide qualified practitioners and to boost research wings in Unani medical colleges and putting in place mechanism to oversee the quality of research. The Ministry

should take steps for establishment of Unani centres in all the PHCs, CHCs and District hospitals and also in all the major hospitals. It is also imperative that private sector hospitals too be motivated to establish Unani centres in the Country as this system provides cost effective alternative for treatment in comparison to allopathic system. The Committee also desire that a mechanism be evolved to keep a check on unqualified practitioners of Unani system of medicine in the country so that the credibility of Unani system is not affected in the long run.

Reply of the Government

There are 55 Unani colleges (42 UG colleges 03 PG colleges and 10 UG with (PG) and 04 New Unani colleges are established during last three years.

Under National AYUSH Mission, there is provision of financial assistance for co-location of AYUSH facilities including Unani at PHCs, CHCs and District hospitals. State/UT Governments may avail eligible financial assistance by projecting the same through State Annual Action Plan (SAAP) as per NAM guideline.

The practice of Indian Systems of Medicine in general and Unani in particular is regulated by the concerned Board/council established by the State. Further, it is the responsibility in the State Board to check the credentials and restrict unqualified persons to practice in their state. CCIM prepares the Central Register based on the State Register forwarded by the State Boards/Councils through Gazette Notification by Government of India and if any practitioners requires, issue the Central Registration Certificate.

(Observation/Recommendation: S.No. 20)

Siddha System of Medicine is one of the ancient systems of medicine having its close ties with Dravidian culture. Earlier, Siddha system was functioning along with the Ayurveda council, but in order to give more focused attention on Siddha, the Government have constituted Central Council for Research in Siddha (CCRS), an autonomous body by bifurcating Central Council for Research in Ayurveda and Siddha. The Siddha systems has the existence of unique therapy systems called varmam and thokkam wherein Varmam is pressure manipulation therapy and thokkam is physical manipulation therapy and these therapies have been successful in the treatment of arthritis and neuro muscular diseases especially stroke cases, treatment of non-communicable diseases like diabetes, hypertension and auto immune disorders. During the outbreak of Dengue fever and Chikangunya in 2015 in Tamil Nadu, the Committee were informed that Siddha system played an important role to control the spread of vector borne diseases. The proactive role of Government of Tamil Nadu led to the distribution of Siddha medicines in all hospitals irrespective of the system whether it was Allopathic or Siddha or Ayurveda underlining the preventive benefit of the Siddha medicine against fevers of all kinds and several flu like illness. The CCRS has also obtained patent of drug for diabetes. As far as Siddha educational institutions are concerned most of them are located in Tamil Nadu and Kerala. The Committee are happy to note that the performance of Siddha system is quite encouraging particularly in southern parts of the country and feel that it needs adequate propagation in other parts of the country by establishing Siddha medical colleges and clinics. In this regard, the Committee applaud the initiative of Tamil Nadu Government in promoting Siddha system and desire the Union Government to promote Siddha System in other States also. The Committee have been informed that there are inherent similarities between Siddha and Ayurveda system as both of these systems come from the same tree

and work unitedly. The Siddha Pharmacopoeia Committee and the Ayurveda Pharmacopoeia Committee work together because the differences are not on basic principles but on certain practices which are peculiar to Siddha. The Committee feel that an integrated Ayurveda/Siddha system can usher in a very robust public health care system, teaching, diagnosis and research across the country by pooling together funds and academic knowledge of both the systems. It is possible that in an Ayurvedic Institution there can always be a section for therapeutic treatment through Siddha. Similarly there may be section for Siddha teaching and education in Ayurveda Medical Colleges. The Committee, therefore, desire that the Ministry of AYUSH should make earnest efforts for integration of Siddha and Ayurveda system by holding proper consultation with all the stakeholders so that it become a much bigger force in the delivery of health care facilities in the country. The Committee would like to be apprised of the steps taken in this direction within six months.

Reply of the Government

Central Council for Research in Siddha (CCRS) is an apex body for research, setting standards for research methodology and guidelines in Siddha. It has seven peripheral institutes/units – three in Tamil Nadu, one each in Puducherry, Kerala, Karnataka and New Delhi. Drug research, Literary and fundamentals research, Clinical research and Medicinal plants research are being carried out in these units. Apart from these institutes/units, a Siddha wing in AYUSH wellness clinic at Rashtrapati Bhavan and a Siddha OP wing (Fridays and Saturdays only) at All India Institute of Ayurveda at Saritha Vihar, New Delhi provide Siddha treatment for the public. A Siddha Clinical Research Unit (SCRU) in the campus of Sri Venkateswara Institute of Medical Sciences (SVIMS) Tirupati, Andhra Pradesh will be established shortly. CCRS has filed a patent for Diabetes Mellitus -

A coded drug D5 chooranam was formulated and standardized as per AYUSH guidelines. A patent was filed and it got published with number 2578/CHE/2015 on 5th June, 2015. In addition, license has been obtained to manufacture the drug in the GMP certified pharmacy at Siddha Central Research Institute, Chennai. A patent has been applied with the title “Simple and low cost process for the preparation of synergistic Bio-active compound Jacom for the management of H1N1 influenza virus infection” with the patent number E-101/10871/2017 – CHE on 15th May, 2017. Recently another patent has been filed entitled “Synergistic natural novel usage of Siddha formulation – ThiriphalaChooranam as pharmaceutical excipient” with the application number 201841011646.

The Siddha Pharmacopoeia Committee with the mandate of establishing quality parameters for Siddha drugs and formulations is working under the auspices of the Ministry of AYUSH. It is currently functioning at CCRS Headquarters, Chennai. The Siddha Pharmacopeia of India, Part - I, Volume – I&II were published. The Siddha Pharmacopeia of India, Part - I, Volume – III is in progress. The Siddha formulary of India, Part - I (Tamil & English) and Part-II (Tamil) were published. Revision of the Siddha formulary of India, Part - I – Tamil, was completed and sent to PCIMH for printing. The Siddha formulary of India, Part - II - English translation was completed and sent to PCIM for printing. The Siddha formulary of India, Part – III (Tamil) was completed and sent to PCIM for printing. PCIMH has approved 4 EOI i.e., 2 projects on “Development of Pharmacopoeial monographs on single drugs of plants / minerals / metals and animal origin under scheme for outsourcing on scientific work of PCIMH and 2 projects on “To develop Pharmacopoeial monographs

on standard operational procedures of manufacturing process and quality standards of Siddha formulation (including stability studies).

On 13th September, 2019 Siddha Clinical Research Unit (SCRU), New Delhi was functioning in A&U Tibbia College campus, Karol Bagh is relocated to Safardjung hospital and V.M.M.C to provide comprehensive health care. The Siddha dossier was released during the inauguration.

(Observation/Recommendation: S.No. 22)

The Committee note that the Central Council of Indian Medicine (CCIM) is the statutory body constituted under the 'Indian Medicine Central Council Act, 1970 which lays down the standards of medical education in Ayurveda, Siddha and Unani through its various regulations. Similarly, Homoeopathy medical education is being regulated by Central Council of Homoeopathy (CCH) through its various regulations under the 'Homoeopathy Central Council Act, 1973. There are total 549 ASU&H (297 Ayurveda, 09 Siddha, 46 Unani and 197 Homoeopathy) colleges imparting ASU&H education in the country, out of which 543 ASU&H (295 Ayurveda, 08 Siddha, 45 Unani and 195 Homoeopathy) colleges are imparting undergraduate ASU&H education with an admission capacity of 33,611 students in India as on 01.01.2016. Out of 543 colleges, 102 ASU&H (57 Ayurveda, 03 Siddha, 10 Unani and 32 Homoeopathy) colleges with 5,236 intake capacity (2967 Ayurveda, 160 Siddha, 431 Unani and 1,678 Homoeopathy) belong to Government Sector.

As on 01.01.2016, out of 549 colleges, there are 181 (123 Ayurveda, 03 Siddha, 12 Unani and 43 Homoeopathy) colleges with admission capacity of 4,878 students (3,646

Ayurveda, 140 Siddha, 174 Unani and 918 Homoeopathy) imparting post graduate education in India.

The Committee also note that the quality of AYUSH education is somewhat better in South India as compared to rest of India. Although the Ministry has taken some measures to improve standards of AYUSH education, the results are not encouraging. The Committee note that various reforms viz. requirement of NAAC accreditation of college, web-linked biometric attendance system for teaching, non-teaching and hospital staff, web-linked computerized central registration system in OPD & PD of the hospital, conduction of All India entrance Exam for admission in under-graduate and post-graduate courses in all ASU&H colleges and requirement of NABH accreditation of attached hospital of the college, have been proposed by the Ministry of AYUSH to revamp AYUSH Medical Education & Healthcare. The Committee desire that the proposed reforms be introduced within the stipulated time frame.

While Ayurveda and Homeopathy systems are comparatively well established, the Committee feel that there is a need for promotion of research and education in Unani and Siddha as these two systems lag behind in research and popularity on Pan-India basis and the Ministry of AYUSH may provide special budgetary funds for setting up dedicated universities for research and education in Unani and Siddha within a specific time frame and create effective mechanism to oversee the achievement of the desired targets.

Reply of the Government

Biometric Attendance System is implemented for teaching staff, non-teaching staff, hospital staff and PG students. Further implementation of web linked Aadhar based geo-

location enabled attendance system is under process in Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH).

In Minimum Standard Requirements (MSR), it is mentioned that every college has to maintain Computerized Central Registration System in OPD & IPD. The same is also verified at the time of inspection of the college by CCIM/CCH.

In order to bring transparency and also to provide equal opportunities to candidates from all States for admission in Ayurveda, Siddha, Unani and Homoeopathy (ASU & H) Under-graduate and Post-graduate courses, Central Council of Indian Medicine (CCIM) and the Central Council of Homoeopathy (CCH) have notified the amendment regulations in Under-Graduate and Post Graduate ASU & H regulations which are effective from the academic session 2019-20. The provisions included in amendment regulations are as follows:

i. A uniform entrance examination namely the **National Eligibility Entrance Test (NEET)** for admission to all Ayurveda, Siddha, Unani and Homoeopathy (ASU & H) Under-graduate courses and a uniform entrance examination namely, the **All India AYUSH Post Graduate Entrance Test (AIAPGET)** for admission to postgraduate course in all ASU & H Institutions.

ii. All India Quota Seats has been created: Minimum 15% of the total seats (which may be more as per existing rules of the concerned State/University/Institutes) of all ASU & H UG & PG courses in Government, Government aided, Private Colleges, Deemed Universities, Central Universities and National Institutes from academic year 2019-20.

iii. A committee namely AYUSH Admissions Central Counselling Committee (AACCC) has also been constituted for conduction of All India Quota Seats.

iv. For academic year 2019-20, NEET and AIAPGET were conducted by National Testing Agency (NTA).

v. UG Counselling was started from 25.06.2019 and successfully completed on 30.09.2019 for academic year 2019-20.

vi. PG Counselling was started from 16.08.2019 and successfully completed on 31.10.2019 for academic year 2019-20.

The following National institutes have got the NABH accreditation.

- All India Institute of Ayurveda-New Delhi.
- National Institute of Ayurveda-Jaipur.
- Institute for Post Graduate Teaching & Research in Ayurveda, Jamnagar, Gujarat.
- National Institute of Unani Medicine-Bangalore.
- National Institute of Homoeopathy, Kolkata, West Bengal.

The regulations Sowa-Rigpa Medical Education viz., Indian Medicine Central Council (Minimum Standards of under-graduate Sowa-Rigpa Medical Education) Regulations, 2017 got notified vide gazette notification dated 29.09.2017.

(Observation/Recommendation: S.No. 23)

The Committee are distressed to note that the Ministry of AYUSH have not furnished complete information regarding vacancies in AYUSH medical colleges. They have provided details of sanctioned and actual strength of faculty in respect of National Institutes only. On perusal of this scant information, the Committee find that during the period 2012-16, there has been considerable gap between sanctioned and actual strength in National Institutes of AYUSH. The Committee have been informed that in some case vacant posts are not filled due to non-availability of suitable candidates. The Committee

need not emphasize that the sanctioned posts of faculty in National Institutes lying vacant for years has adversely affected the quality of AYUSH teaching and education over the period and has hampered the development and promotion of AYUSH health care delivery system. Without adequate strength of faculty in AYUSH medical colleges, the Committee wonder as to how quality education in these colleges can be imparted and how the condition of AYUSH education and health care be improved. The Committee, therefore, recommend that Ministry of AYUSH should take steps to fill up all the vacant posts in AYUSH medical colleges. Steps should be taken to open more AYUSH medical colleges as envisioned under National AYUSH Mission. The Ministry of AYUSH should also be motivated to carry out wide range of reforms to revamp the existing AYUSH education. The functioning of Central Council of Indian Medicine (CCIM) and Central Council for Homoeopathy (CCH) should be made more transparent with the help of appropriate technological interventions. The procedure of inspections of AYUSH medical colleges be overhauled to ensure quality in teaching and practice of AYUSH system of medicine. The number of national institutes of higher learning in AYUSH is also very less. The Committee are astonished to find that there is not even a single AYUSH registered practitioners as on 2015 in States like Manipur, Meghalaya, Mizoram, Sikkim, Tripura and in UTs like Andaman & Nicobar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep and Puducherry.

The Committee, therefore, recommend that the Ministry of AYUSH should take all the initiatives to open AYUSH medical colleges in various States particularly in those States where at present there is no medical colleges/ registered practitioners.

Reply of the Government

There has been a significant rise in the number of AYUSH colleges during last five years. Further, the Institutes are in the process of filling up of the vacant posts. The institutes where the vacant posts exist have issued advertisements and are in the process of conducting written examination or interview as per the provisions of Recruitment Rules. IPGTRA, Jamnagar has reported that In February-March 2019, recruitment drive was carried out for teaching and non-teaching posts. Some of the posts were filled. However, some of the posts remained vacant due to some lacunas in recruitment rules or non-availability of suitable candidates in some subjects. To overcome this, recruitment rules are being revised as per protocol of 7th CPC and is in final stage of process. The notification for these vacant posts is likely to be advertised in last week of November and it is planned to fill the posts by January 2020.

Comments of the Committee

(Please see Para No. 1.41 of Chapter-I)

(Observation/Recommendation: S.No. 24)

The Committee note that practice of yoga, barring in some reputed institutions is largely being carried out solely for commercial purposes, particularly by a number of yoga centres functioning privately in the country. Certification and standardisation of yoga education is still under process. The Government has recently introduced a scheme for certification of yoga professionals and to standardise yoga courses and the responsibility in this regard has been entrusted to Quality Council of India. The Committee desire that the process of certification and standardisation of Yoga

education be completed within the stipulated time frame for development and promotion of Yoga. Instead of solely relying on Quality Council of India, premier institutes of Yoga and other internationally renowned practitioners of Yoga having zeal of social service should also be involved in the process of standardisation of Yoga Education. Besides, the Committee also desire that Yoga centres be established at all levels of public health care delivery system; and arrangements be made to organise periodic yoga shivir as well as public awareness programmes so that people at large can avail benefits of Yoga.

Reply of the Government

Morarji Desai National Institute of Yoga (MDNIY) an autonomous organization under M/o AYUSH is focusing on the Yoga education & health care and is conducting a large number of Yoga Educational Courses & programmes. The activities undertaken by MDNIY are as under:-

(i) Morarji Desai National institute of Yoga (MDNIY) is conducting various Educational courses in Yoga like Diploma in Yoga Science (DYSc.) for graduates of one year duration; B.Sc. (Yoga); M.Sc. (Yoga); Post Graduate Diploma in Yoga Therapy for Medicos and para-medicos (PGDYT) of one year duration; Certificate Course in Yoga Science for Wellness for Central Armed Police Force (CAPF); Certificate Course in Yoga Science for Wellness for Delhi Police, etc. the B.Sc. (Yoga), M.Sc. (Yoga) and PGDYT are having the affiliation form Guru Gobind Singh Indraprastha University, New Delhi.

(ii) MDNIY is also conducting various Yoga Training and Therapy Programmes. Besides, MDNIY has been the first Institute in Yoga which has been designated

as a WHO Collaborating Centre in Traditional Medicine (Yoga) and has prepared many Yoga modules for promotion and development of Yoga globally.

(iii) An independent Yoga Certification Board has been established under the aegis of MDNIY for certification of yoga professionals and accreditation of Yoga Institutions. Earlier this assignment was given the Quality Council of India.

Central Council of Yoga & Naturopathy (CCRYN) is making efforts for popularizing Yoga and has launched a scheme for financial assistance for establishment/running of Naturopathy OPDs/hospitals. A few Yoga & Naturopathy OPDs have been established in reputed Govt. Hospitals/Institutions in various States.

Further, the Central Council for Research in Yoga & Naturopathy (CCRYN) conducted one-day Yoga & Diabetes Awareness programme on 2nd October 2016 in around 1200 places across the country. Since, 2015 the CCRYN is conducting One month Yoga Training programmes across the country during the International day of Yoga. Every year the said programme is conducted in around 500 districts.

In addition to above, the noticeable activities undertaken by CCRYN are as under:-

i. CCRYN, through an executive order, has been empowered to award central registration to the eligible Naturopathy & Yoga Practitioners. Ministry has constituted a Board of Accreditation for the certification of Yoga professionals and to accredit the Yoga Organizations.

ii. CCRYN is running 13 Yoga & Naturopathy Wellness centres in different parts of the country, wherein Yoga training/therapy is being imparted. Morarji Desai National Institute of Yoga (MDNIY) is running Yoga Wellness Centres in 19 CGHS Dispensaries in Delhi & NCR and running 4 Yoga therapy Centres in Delhi.

iii. CCRYN is extending financial assistance to establish/run Yoga & Naturopathy Clinics/Hospitals across the country. CCRYN is extending financial assistance to setup Yoga Parks. So far, 50 such parks have been selected.

(Observation/Recommendation: S.No. 25)

The Committee note that Indian Medicine Pharmaceutical Corporation Limited has been established for manufacturing Ayurvedic and Unani medicines to cater the demand of Government Sector, State Government hospitals/dispensaries, various research council & National Institutions, National campaigns/programmes like National AYUSH Mission (NAM) etc.

As regards functioning and physical performance of IMPCL, the Committee note that IMPCL has been facing many challenges and is at disadvantage as compared to private competitors. IMPCL has not able to fully meet the demand for AYUSH medicines due to which these medicines are in short supply, particularly in CGHS and other Government setups. The basic challenges and issues being faced by IMPCL are stated to be poor communication and roads, non-availability of major raw materials, high operating costs, shortage of skilled technical human resources, lack of sufficient number of experts and appropriate skilled human resources, irregular supplies of water and electricity, absence of accessory industries nearby etc. In this context, the Committee note that automation and modernization of infrastructure is going on which would to enhance the capacity of the plant and would improve the functioning and performance of Indian Medicine Pharmaceutical Corporation Limited. Besides, further improvement in working condition & style of workers is being undertaken to compete with the private players.

The Committee recommend that the Ministry of AYUSH should take all steps to improve the functioning of IMPCL. The process of augmenting and improving its infrastructure be expedited and completed within stipulated time frame so that it does not remain at a disadvantage viz-a-viz private competitors.

Reply of the Government

Ministry of AYUSH had released a total sum of Rs. 42.80 crore till 2016 by way of equity as investment in the company for 3rd phase Modernization/renovation to achieve WHO/International GMP certification. The Plant capacity has been enhanced with the completion of the factory modernization.

Despite many challenges as observed by the Committee, IMPCL has improved its efficiency and the late supply issues have been resolved to a great extent. The supply position has improved and Indian Medicine Pharmaceutical Corporation Limited (IMPCL) is growing as far as the turnover is concerned. After a turnover of Rs. 34 crore during 2015-16, the company has recorded a sale of Rs. 66.5 crore and Rs.96 crore during 2016-17 and 2017-18 respectively.

Ministry of AYUSH will further take all possible steps to further improve the infrastructure/functioning of IMPCL and ensure that it does not remain at disadvantage viz-a-viz private competitors.

(Observation/Recommendation: S.No. 26)

The Committee note that establishment of separate office of Drugs Controller General of India (AYUSH) has been intended to develop effective coordination between Central and State regulatory Authorities for quality control of ASU&H drugs and to facilitate supervision over enforcement of the provisions of Drugs & Cosmetics Act, 1940 and the Rules, 1945 pertaining to Ayurvedic, Siddha, Unani and Homoeopathy drugs. Expenditure Finance Committee (EFC) chaired by Secretary (Expenditure) approved the proposal on 4th October 2010 and the Department of Expenditure, Ministry of Finance vide communication dated 16th July 2013 accorded concurrence for creation of 12 posts and advised to take the approval of the Cabinet for setting up separate office of Drugs Controller General of AYUSH and to create Joint Secretary level post of Drugs Controller General (AYUSH). Further, the proposal for setting up Central Drug Controller of AYUSH was reviewed in a meeting on 5th March, 2015 chaired by Hon'ble Minister of Health & Family Welfare wherein it was recommended to create a vertical structure for regulation of AYUSH drugs in the Central Drugs Standards Control Organization (CDSCO) and the need for creation of separate Drug Controller General of AYUSH may be assessed subsequently.

The Committee feel that it is necessary to establish separate Drug Controller General of India for AYUSH for the overall development of AYUSH system of medicine and to free it from the control of Ministry of Health and Family Welfare as the latter is yet to take concrete steps for encouraging of AYUSH medicines and practitioners in the public healthcare delivery system of the Country. The Committee, therefore, recommend that process for establishing separate Central Drug Regulator for AYUSH be expedited and completed at the earliest and progress made be informed the Committee within three months.

Reply of the Government

The Government decided to create vertical structure of AYUSH in the Central drug Standards Control Organization (CDSCO) in the meeting held on 5th March, 2015 convened by Health & Family Welfare Minister with the Minister of State (IC) for AYUSH, Secretary (AYUSH), Secretary (HFW) and Drug Controller General (India) on a directive from Prime Minister's Office. Accordingly, the decision for creation of vertical structure of AYUSH in CDSCO has been implemented since Feb 2018. With the concurrence of Department of Expenditure, Ministry of AYUSH has notified creation of 09 regulatory posts on 24-07-2019 including the posts of Deputy Drugs Controller (01), Assistant Drugs Controllers (04, one each for Ayurveda, Homoeopathy, Unani and Siddha drugs) and Drug Inspectors (04, one each for Ayurveda, Homoeopathy, Unani and Siddha drugs). Recruitment Rules and duties of these posts are being finalized; and with the approval of Department of Personnel & Training (DoPT), Union Public Service Commission (UPSC) and Law Ministry the process of recruitment of regular incumbents will be initiated. Meanwhile, the posts have been operationalized by giving additional charge to the existing Technical Officers of the Ministry of AYUSH and an AYUSH officer has been selected for posting in CDSCO.

Comments of the Committee

(Please see Para No. 1.44 of Chapter-I)

(Observation/Recommendation: S.No. 27)

The Committee note that Drugs & Cosmetics Rules, 1945 provide for compliance of the Good Manufacturing Practices (GMP) for licensed manufacturing of Ayurvedic, Siddha,

Unani and Homoeopathic drugs (ASU&H) and certification in this regard is done by the State Licensing Authorities. The Committee further note that there is no Central Mechanism for inspection of State Drug Testing Laboratories, since enforcement of legal provisions is vested with the State Governments. To ensure quality in manufacturing of AYUSH drugs, the Committee feel that it is necessary to set up robust mechanism vested with adequate powers at Central level to inspect State Testing Laboratories and to ensure quality of AYUSH drugs.

Reply of the Government

Through National AYUSH Mission grant-in-aid is provided to the States for augmenting quality control activities of ASU&H drugs including strengthening of Pharmacies, Drug Testing Laboratories, enforcement framework and testing of drugs. The infrastructural and functional capacities of State Pharmacies and Laboratories have been enhanced with this financial support for ASU&H drugs. 59 Laboratories are approved under the provisions of the Drugs and Cosmetics Rules, 1945 for quality testing of drugs and the raw materials. Provision for Joint inspection of laboratories involving Central and State Inspectors exists in the Drugs and Cosmetics Rules, 1945 for grant of license or approval to the institutions engaged in the testing and the quality analysis of ASU drugs. For this purpose technical officers of the Ministry are notified as Central Drug Inspectors and the recruitment rules for the dedicated posts of central ASU&H drug inspectors are in the process of finalization and approval.

Comments of the Committee

(Please see Para No. 1.47 of Chapter-I)

(Observation/Recommendation: S.No. 28)

The Committee have been given to understand that there is a general parity of career progression of AYUSH physicians with General Duty Medical Officers (GDMO) of Central Health Services (CHS). Extension of benefits of Senior Administrative Grade and upwardly revision of age of superannuation to 65 years has been provided to GDMO of Central Health Services. However, the Committee are surprised to note that these facilities have not been extended to AYUSH physicians under GDMO of CHS so far. An expert informed the Committee that under Government schemes like NHRM and NAM, AYUSH physicians have been employed but their service conditions, status, salary are not at all at par with Allopathy doctors and they are considered inferior to Allopathy doctors and are assigned other ancillary tasks of health care. The Committee are concerned to note that the Ministry of Health and Family Welfare and the Ministry of AYUSH have taken no steps to bring service conditions of AYUSH physician at par with allopathy doctors. The Committee recommend that the benefits of SAG and upwardly revision of retirement age be extended to AYUSH physicians as well. The contractual deployment of both AYUSH and Allopathy physicians be discouraged. Besides this, the Committee also recommend that AYUSH physicians be provided with adequate modern diagnostic facilities and equipments at all levels of public health care delivery system keeping in view the larger interests of public welfare. The Committee also desire that employment of AYUSH practitioners be controlled by the Ministry of AYUSH and the Ministry of AYUSH need to play proactive role in strengthening AYUSH healthcare by creating separate structure for increasing no. of AYUSH dispensaries in public health care system.

The Committee are distressed to note that there has been wide scale contractual employment of AYUSH physicians in the public health care delivery system. Besides, there are issues like non availability of good quality AYUSH medicines and modern diagnostic equipments with AYUSH practitioners at various level of public health care system.

The Committee, recommend that contractual deployment of AYUSH physicians should be put to an end and they be provided with adequate diagnostic and medicinal infrastructure so that the best treatment options be availed of by the people.

Reply of the Government

There is a provision of contractual appointment of AYUSH doctors/paramedics in PHCs, CHCs and DHs etc. under co-location facility of NHM. Salaries of these doctors are being provided through NHM and appointment is within the purview of State Government. Ministry of AYUSH only provides financial assistance to PHCs, CHCs and DHs under co-location for infrastructure and equipments/furniture.

In view of above, Ministry of AYUSH has already requested to NHM division of Ministry of Health & Family Welfare to address these issues so as to provide reasonable salary to the AYUSH doctors who are deployed under NHM, so that these doctors can maintain the professional dignity and work responsibly. Further, it is also requested NHM to look into the roles and responsibilities of these doctors and also the service conditions and take appropriate action for improving the same.

Under National AYUSH Mission, there is provision of financial assistance for co-location of AYUSH facilities including Unani at PHCs, CHCs and District hospitals, upgradation of standalone AYUSH hospitals, upgradation of standalone dispensaries and setting up of 50 bedded integrated AYUSH hospitals where provision of

equipment/furniture and essential AYUSH drug have been envisaged. State/UT Governments may avail eligible financial assistance by projecting the same through State Annual Action Plan (SAAP) as per NAM guideline.

Deployment of regular AYUSH doctors under standalone AYUSH hospitals and upto 50 bedded integrated AYUSH hospitals is under domain of concerned State/UT Governments. However, under National AYUSH Mission, State/UT Governments have been directed to create regular posts of AYUSH doctors under upcoming upto 50 bedded integrated AYUSH hospitals.

(Observation/Recommendation: S.No. 29)

AYUSH system of Medicine is playing a notable role in the National Health Mission (NHM) which inter-alia aims at improving health care services in rural and urban areas. The Committee note that under NHM vision and goals, efforts are being made to integrate AYUSH in primary Health delivery. The mainstreaming has essentially two aspects, firstly, there should be a cafeteria approach of making AYUSH and Allopathic systems available under one roof at the Primary Health Centres (PHC)/ Community Health Centres (CHC)/ District Hospital level. Apart from improving people's access to health services, it will provide choice of treatment to the patients. Secondly, the qualified AYUSH practitioners can fill the manpower gaps in Primary Health Care, particularly at the Community Health Centre (CHC) and Primary Health Centre (PHC) level. The Committee have also been informed that for effective integration and mainstreaming of AYUSH, provision has been made for States specific proposals, including appointment of AYUSH doctors/ paramedics on contractual basis, providing AYUSH wings in PHCs and CHCs.

Parallel to NHM, National AYUSH Mission was started in September, 2014 by the Government to encourage AYUSH system of medicine which inter-alia aims at appointing AYUSH doctors at PHC, CHC and District Hospitals. The Committee, therefore, desire that the Government should initiate work towards integration of AYUSH and allopathy systems at all levels of public health care delivery. Besides, steps should be taken to achieve the targets set under National AYUSH Mission within a stipulated timeframe.

Reply of the Government

1. Ministry of Health and Family Welfare replied as under:

- Under NHM, the principle of 'Mainstreaming of AYUSH' was adopted to enhance the choice of services for beneficiaries of public health facilities and also revitalize local health care traditions. Accordingly, NHM Implementation Framework envisages co-location of AYUSH services in health facilities.
- Comprehensive availability of Allopathic & AYUSH System - Under NHM, states and UTs are provided with technical and financial support to provide AYUSH services through co-location at PHCs, CHCs, SDHs and DHs. This includes support for infrastructure, drug, human resources etc as proposed by the respective State or UT in their annual program implementation plan under NHM.
- Coordinating Mechanism - Ministry of AYUSH is represented in the institutional mechanism of NHM i.e. Mission Steering Group and Empowered Programme Committee. Further, the Programme Implementation Plans of States/UTs are also appraised by Ministry of AYUSH.

2. Ministry of AYUSH replied as under:

Under National AYUSH Mission, there is provision of co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs) under National AYUSH Mission. Deployment of AYUSH doctors is being provided under NHM in these Centres. Achievement of targets sets under National AYUSH Mission is subject to the provision of adequate budget.

Further, in order to have a pilot study, the Research Councils under M/o AYUSH have been engaged in programme run by Ministry of Health and Family Welfare. The council-wise details of with are as under:-

CCRUM: -The Council has started a project on integration of Unani medicine in National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular disease and Stroke (NPCDCS) at District LakhimpurKheri, U.P. through its Central Research Institute of Unani Medicine (CRIUM)|, Lucknow. This programme is being conducted at 01 District Hospital, 17 Community Health Centres (CHCs) and 54 Primary Health Centres (PHCs) at LakhimpurKhiri (UP). Life style clinics have been established at District Hospitals and each CHCs and a team of Unani physicians and supporting staff visit the PHCs regularly. A total No. of 4,95,570 patients have been benefited under this programme.

CCRH:-The Integrated NPCDCS-AYUSH project (Homoeopathy along with Yoga) on pilot basis has been implemented at Krishna district (AP) [since Sept. 2015], Darjeeling district (WB) [since February 2016], since May 2017 to two tribal districts [Sambalpur (Odisha) and Nashik (Maharashtra)]; through 21 Community Health Centres/Blocked Primary Health Centres/District Hospitals/Sub-District Hospital/Area Hospital/Rural Hospital. Screening of

the population are being done for early diagnosis and management of the non-communicable diseases such as diabetes, hypertension, cardiovascular diseases; common cancers e.g. cervix cancer, breast cancer; oral cancer. Health education and yoga classes are provided for promotion of behavioural change and healthy lifestyles. The program shall continue till March 2020.

CCRAS: - CCRAS has undertaken studies for integration of Ayurveda in NPCDCS and RCH. The details are as under:

I. Integration of AYUSH (Ayurveda) in National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)

- The CCRAS , Ministry of AYUSH in collaboration with Directorate General of Health Services, Ministry of Health & Family Welfare has implemented and executed a programme viz. Integration of AYUSH (Ayurveda) component with NPCDCS (National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases & Stroke) programme in the identified districts of 3 states viz. Bhilwara (Rajasthan), Surendranagar (Gujarat) and Gaya (Bihar) to cater health care services and to reduce the burden of NCDs by combining the strength of Ayurveda and Yoga. The programme was launched during 2015.
- The aforesaid programme is now successfully functional in 52 centres (49 CHCs and 3 District Hospitals) of all 3 identified districts, through AYUSH- NPCDCS Clinic/Lifestyle modification Clinics, established for prevention and management of selected NCDs by Ayurvedic intervention, Lifestyle modifications and Yoga Advice. Under this

programme, approximately 100 AYUSH doctors are working at concerned District Hospital and CHCs.

- Under this programme, total 1087384 subjects have been screened and 96153 patients have been enrolled for the management of NCDs, Total 166727 of yoga classes were conducted in which 1674869 people participated. The number of outreach camps conducted is 6651 and the number of patients screened in outreach camps is 533231 till August, 2019.

II. Feasibility of introducing Indian System of Medicine (Ayurveda) in the National Reproductive and Child Health services at Primary Health Care (PHC) level" in Himachal Pradesh

- The Central Council for Research in Ayurvedic Sciences (CCRAS) carried out the study in a pilot mode for introducing Ayurveda health care system in the conventional system for Antenatal, postnatal and neonatal care with technical support from Indian Council of Medical Research (ICMR), Government of India. It was implemented in 4 PHCs under 2 districts of Himachal Pradesh viz. Ladbhadhol & Chauntra blocks of Mandi District; and Mahakal & Panchrukhi blocks of Kangra District.

III. Feasibility of introducing Ayurveda intervention in Reproductive and Child Health (RCH) in selected PHCs of Gadchiroli district of Maharashtra: (Effectiveness of Ayurvedic interventions for Ante-natal care (Garbhini Paricharya) at Primary Health Care level: A Multi Centre Operational study)"

- The Council has undertaken this project to see the feasibility of introducing Ayurvedic interventions in Reproductive and Child Health (RCH) through integrative health care

services and generation of scientific evidence on effectiveness of Ayurveda based Antenatal and post natal care as a baseline for introducing the same in National RCH programme.

- The project is being implemented in 30 selected PHCs of Gadchiroli district of Maharashtra and will be executed through CCRAS Institute-Regional Ayurveda Research Institute for Mother and Child Health (RARIMCH) Nagpur, Maharashtra, mandated with R&D on Mother and Child Health Care which is in close proximity to Gadchiroli.

The project has been initiated in the month of October 2019 after completion of all the preparatory work related to the study such as permission from the Health Authority of Govt. of Maharashtra, recruitment and training of contractual project staff approval of Institutional Ethics Committee, registration in the CTRI and Procurement of quality assured medicines.

(Observation/Recommendation: S.No. 30)

The Committee take note of the submission made by a representative of King George's Medical University (KGMU), Lucknow who while referring to IMR rate in India stated that there are diseases such as diarrhea and Pneumonia by which children are badly affected, then there is preterm birth which is due to malnutrition. In this connection, the Committee are concerned to note the revealing results of Global Hunger Index as per the report available at the website of International Food Policy Research Institute, whereby it is reported that India has slipped three places to 100 in the 2017 Global Hunger Index and as per the report India ranked lower than all its neighbouring countries except Pakistan. Not only that as per National Family Health

Survey 2015-16 of children under five in India, one in three (35.7%) is underweight, one in three (38.4%) is stunted and one in five (21%) is wasted.

In this scenario, the Committee are of the view that besides taking initiatives to tackle the menace of diseases as recommended in the report, there is an urgent need to pay attention to preventive healthcare thereby integrating it with cleanliness and nutrition which would result in reducing the number of patients and addressing the issue of overcrowding in hospitals/CHCs, already grappling with inadequate infrastructure.

The Committee are of the firm view that the habit of cleanliness if inculcated at the tender age can make a lot of impact and as such there is a need to pay more attention at the school level. The principal, school teachers, health care professionals engaged by schools have to work together in this regard. As stated in the report malnutrition, especially micronutrient deficiencies, restricts survival, growth and development of children. Not only that the mother's health during pregnancy is imperative for the health of the child. Hence as a strong measure in the direction of preventive health care, more stress need to be given to mid-day meal programme and other programmes related to nutrition of mother and child being implemented by the Centre and State Governments. Thus urgent steps are required for effective implementation of programmes/schemes of Governments like increasing inspections to check the quality of food provided to children under mid-day meal and other related programmes.

Besides another aspect which need urgent attention is the need for establishing integrated clinical units at all the levels, primary, secondary and tertiary health care where the patients have the choices to avail of either of the systems viz. allopathy,

Ayurveda (comprising of various disciplines like Unani, Siddha, Sowa Rigpa) and homeopathy. Not only that the patients should be helped by professionals in making such choices or having the combined treatment. The Committee feel that to increase the users for Ayurveda systems of medicine/health care, it is imperative to take patients' friendly initiatives like availability Aryuveda medicines in tablets/capsules and making the packaging attractive as a marketing strategy. More needs to be done for ensuring quality of these medicines. Moreover, there is a need for having a comprehensive health care system integrating various systems of medicines with substantial focus on preventive health care. The Committee in this regard would like to emphasize for a structured coordinating mechanism between the Ministry of Health & Family Welfare, AYUSH and other concerned Ministries/Departments. The Ministry may accordingly take measures as recommended by the Committee.

Reply of the Government

Ministry of Health and Family Welfare replied as under:

Under NHM, the principle of 'Mainstreaming of AYUSH' was adopted to enhance the choice of services for beneficiaries of public health facilities and also revitalize local health care traditions. Accordingly, NHM Implementation Framework envisages co-location of AYUSH services in health facilities.

Comprehensive availability of Allopathic & AYUSH System – Under NHM, states and Uts are provided with technical and financial support to provide AYUSH services through co-location at PHCs, CHCs, SDHs and DHs. This includes support for infrastructure, drug, human resources etc as proposed by the respective State or UT in their annual program implementation plan under NHM.

Further, comprehensive primary health care, including preventive and promotive health care, is being planned to be delivered at Sub Centres and PHCs strengthened as Health and Wellness Centres. Wellness promotion and Yoga is an integral part of service package at these centres. The HWCs are expected to provide comprehensive health care to the entire population in the coverage area, and community yoga sessions will be undertaken for three to five days every week. This would entail ensuring that there is a team of certified yoga instructors at the district and sub-district levels to conduct community yoga sessions. Yoga protocol including an audiovisual format provided by the AYUSH Ministry will be used at the HWC level. In HWCs where Ayurveda doctors act as community health officer, Ayurveda health care would also be provided.

Coordinating Mechanism – Ministry of AYUSH is represented in the institutional mechanism of NHM i.e. Mission Steering Group and Empowered Programme Committee. Further, the Programme Implementation Plans of States/Uts are also appraised by Ministry of AYUSH.

2. Ministry of AYUSH replied as under:

The Ministry of AYUSH through its Research Councils has attempted to address the health issues through preventive programme namely Swasthya Rakshan Programme. The details are as under:-

(i) CCRUM:- Under the Swachhta Abhiyan Programme five villages have been adopted by the Council's Research Centres. These include two Central Research Institutes of Unani Medicine (CRIUMs), eight Regional Research institutes of Unani medicines (RRIUMs) and

two Regional Research Centres (RRCs) in different parts of the Country. Awareness about cleanliness has been created through counselling, pamphlets health lectures and talks. A total of 2,17,869 patients were treated in under this programme.

Two Unani Specialty Centres on each at Dr. Ram Manohar Lohia Hospital and Dr. Deen Dayal Upadhaya Hospital, one at All India Institutes of Ayurveda (AIIA), New Delhi and one AYUSH Wellness Centres (Unani Wing) are functioning under the Council. A total no. of 3,48,971 patients have been benefited in these centres during last five years. Recently one Unani Medical Centre has been started at Safdarjung Hospital, New Delhi.

(ii) CCRH: - a) The council has undertaken Swasthya Rakshan program through its 11 institutes in 55 villages. The aim is to provide healthy habits, cleanliness and hygiene at individual and community level. Under the program, health camps are organized in the identified villages on weekly basis for providing free homoeopathic treatment, IEC material related to hygiene is distributed to create awareness about hygiene. Small tasks, lectures, sensitization meets have been taken in schools involving children, parents and teachers.

Under the program Operational guidelines, IEC material and data recording formats to identify common diseases prevalent had been developed. The monitoring was done on monthly basis. Till March 2019, 9627 camps have been conducted & 532334 patients have been benefitted.

During the year 2019-20, the program has been undertaken in research mode. Under the program, 38 villages are being covered through 05 institutes.

Assessment of Health Seeking Behaviour and usefulness of Homoeopathy for Adolescents (12-18 years) in rural settings:

The aim is to identify health seeking behaviour in adolescents in identified villages using pre structured questionnaire and provide primary care through Homoeopathy for common conditions. The population to be covered is 1 lakh.

Status: The study has been initiated in 36 schools in identified 36 villages. 1944 adolescents aged 12-18 yrs. have been screened for their health seeking behaviour. 478 Health camps for providing homoeopathic treatment have been organized and 18711 patients have been benefitted.

b) Establishment of integrated centres at primary, secondary and tertiary care hospitals:-

Council has established 06 treatment centres at the following hospitals:-

- Safdarjung Hospital, Delhi
- Delhi Cantonment Hospital, Delhi
- Lady Harding Hospital, Delhi
- Delhi State Cancer Institute, Delhi
- AYUSH wellness clinic, Rashtrapati Bhawan, Delhi
- All India Institute of Ayurveda, Delhi

Under the 06 treatment centres, OPD services are being provided to the patients. During 2019-20 (till September2020), 31958 patients have been benefitted.

02 research studies have been initiated at:-

- Delhi State Cancer Institute, Delhi – Evaluation of Homoeopathy as an add-on treatment in the Management of side effects of standard conventional cancer treatment'.

- Safdarjung Hospital, Delhi-. "Exploring the role of Homoeopathy as an add-on treatment to standard conventional treatment in Palliative Care of Cancer Patients".

(iii) CCRAS:- Apart from NPCDCS, CCRAS has also undertaken Swasthya Rakshan Programme (SRP) in November, 2015 through its 21 peripheral research institutes at 19 states viz. Kerala, Odisha, West Bengal, Punjab, Uttar Pradesh, Maharashtra, Rajasthan, Madhya Pradesh, Andhra Pradesh, Karnataka, Bihar, Assam, Sikkim, Arunachal Pradesh, Jammu & Kashmir, Himachal Pradesh, Gujarat and Tamil Nadu rendering clinical services.

The aim is to make people aware about the importance of good health, propagation of knowledge about hygiene, awareness about cleanliness of domestic surroundings and environment and to provide medical aid to the patients of selected colonies/villages.

The concerned CCRAS institute has executed this programme by adopting at least 5 large colonies located in urban areas or 5 villages if the institute is located at Tehsil (Block level) per institute. It is a type of mobile community Health Care services through which health care services are provided to people. The Programme is linked with Swacch Bharat Mission.

A total 588 villages/colonies covered through 14436 tours in 19 states and medical aid was provided to 430865 patients. During these tours, awareness about hygiene was also provided to the people.

(iv) CCRS:- CCRS delivered the comprehensive health care through general OPD services and Swasthya Rakshan Programme (SRP). OPD beneficiaries 2018-19 are

204890 Patients. This programme has been executed through 7 CCRS Institutes / Units in 3 states and 2 union territories. Thirteen villages are covered.

CHAPTER III

Recommendations/Observations which the Committee do not desire to pursue in view of the Government's reply

NIL

CHAPTER IV

Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee

(Observation/Recommendation: Sl. No. 7)

As per the data furnished by the Ministry 3270 Specialist and 6640 GDMO were appointed under Allopathic during last five years. State-wise position with regard to Specialists, appointment indicates that in Maharashtra, Tamil Nadu and Bihar, the maximum number of appointments i.e. 736, 474, 456 respectively have been made. In Delhi which has large number of hospitals only two Specialists were appointed during the aforesaid period. The Committee would like to be apprised about the rationale for more or less number of appointment of Specialists in various States so as to understand the position and comment further in this regard.

So far as shortage of medical professionals/specialists is concerned, the Committee take serious note of the submission of Ministry of Health and Family Welfare that they have not conducted any study in this regard. As per the data furnished to the Committee by an eminent Specialist, the Committee find that there is a shortage of 8,800 doctors in India in field of Cardiology; 23,000 in field of Chest Medicine; 5200 in field of Neurology; 2,30,000 in Paediatrics; 27,900 in Diabetes; 40,000 in Nephrology. The expert has also given the comparative data of practicing specialists in India and US which indicates the number of specialists far below as compared to US in various disciplines. As stated by the expert in a discipline, Endocrinologist, the number of practicing Specialists is just 650 as compared to 6975 in US. In view of the large population in the country and the increase in number of patients, there is an urgent need to take all initiatives to increase number of PG seats

in various colleges. The Committee hope that with the decision of revision of Teacher: Student in public funded Government Medical colleges for Professors has been increased from 1:2 to 1:3 in all clinical subjects and for Associate Professor from 1:1 to 1:2 if the Associate Professor is a unit head. While taking note of the revision of student ratio, the Committee would like to emphasize that it needs to be ensured that the quality of medical education is not compromised. In this regard, the Committee would like to recommend to take the benefit of e-teaching devices for medical education in various medical colleges and universities.

The Committee are concerned to note that as far as availability of doctors in rural areas is concerned, the situation is even worse as the doctors with MD/MS degrees are not willing to work in rural and remote areas. Not only that as stated above, the Ministry has not conducted any study to find out the shortage of medical professionals in rural areas. They feel that one of the solutions to overcome shortage of medical professionals in rural areas would be the introduction of mandatory internship for medical professionals in rural and remote areas of the country. However, it is appalling to note that the Government has not even considered any such proposal in this regard. The Committee desire that the Government should take necessary steps so as to overcome shortage of doctors in rural areas.

One of the expert who deposed before the Committee apprised about the phenomenal results achieved by introducing a course by the University called College of Physicians and Surgeons (CPS) and thereby converting 1000 of their MBBS doctors as diploma in Gynecology Anesthesia, Pediatrics and Radiology. The Committee note that the issue regarding recognition of CPS courses is being considered by PG Committee and the Committee has sought legal opinion from law firm Edu.Law. The

Committee feel that by recognizing CPS courses, the country can have a large number of intermediate level of Specialists with diplomas and experience in broad specialties who can fill the gap between the required and existing specialists in various areas. The Committee, therefore, recommend that the Ministry should study the Maharashtra model and the success achieved in this regard and emphasize MCI to take expeditious decision on the issue of recognition of CPS courses. Besides to incentivize CPS diploma, the Ministry may also consider some exemptions with regard to experience to a MBBS doctor if selected for MD/MS or DNB in the respective fields.

The Committee feel that for delivering efficient health care system, there is an imperative need for strengthening and training people in paramedical courses like NCT, perfusion technology and nursing staff. The Committee are constrained to note that there is an acute shortage of nurses in the country. The Committee desire that steps should be taken to address the issue of shortage of nurses by opening more nursing colleges and also the Government may consider broadening the syllabus of nursing so as to train them to prescribe certain drugs, anesthesia etc. Such a step would also help in overcoming the shortage of medical practitioners in the country.

The Committee note that Physiotherapy is applicable to all fields from Paediatrics to Geriatrics. Physiotherapy is capable of playing an important role in treatment of musculoskeletal conditions, chronic conditions like cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, osteoporosis, obesity and hypertension. However, physiotherapy services are mainly confined to tertiary health care level and there is a lack of significant awareness about physiotherapy among the common people. The Committee are distressed to find that the Ministry of Health and Family Welfare have not been able to furnish adequate

information regarding status of physiotherapy education and health care facilities in the country. The Committee are of the view that there is a huge potential and opportunities for delivering physiotherapy services under primary health care system which can be achieved by integrating the physiotherapy services at all levels of public health care delivery system. The Committee, therefore, recommend that the Ministry of Health and Family Welfare should give proper emphasis on promotion of Physiotherapy education and focus on modernisation in terms of equipment, therapeutic procedures to deliver an effective and efficient Physiotherapeutic services. The general public should be made aware of physiotherapeutic intervention as system of first contact in place of medical intervention so as to improve quality of life and decrease dependency on medicines and drugs. The trained Physiotherapy practitioners should also be given certain prescription rights so that the discipline of Physiotherapy is developed and promoted independent of orthopedic discipline. Not only that, there is a need to recognize Physiotherapy as full-fledged discipline. The Committee also recommend that Physiotherapy discipline be set up and made functional in all the tertiary level hospitals including upcoming 6 new AIIMS in the country.

Reply of the Government

Status of incumbency of doctors in Central Govt. Hospitals (as on 01.11.2019)

Institute	Teaching			Non-Teaching		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
Safdarjung Hospital	373	236	137	134	142	+8
LHMC	305	252	53	7	7	0
RML	211	138	73	71	77	+6
AIIPMR Mumbai	5	3	2	7	5	2
CIP Ranchi	39	19	20	-	-	-

AIIH&PH Kolkata	23	19	4	1	0	1
Sub Total	**956**	**667**	**289**	**181**	**231**	**11**

The incumbency of Public Health Specialist of Central Health Service (CHS) is:

Sanctioned	Filled	Vacant
104	92	12

Comments of the Committee

(Please see Para No. 1.17 of Chapter-I)

(Observation/Recommendation: Sl. No. 21)

The Committee note that in general practice the practitioners of traditional systems of medicine under AYUSH use the title 'Doctor' instead of using traditional yet most appropriate titles prescribed for practice of Ayurveda, Siddha, Unani. The Committee have been apprised that since the procedure for appointment and selection of Medical Officers through conducting examination by UPSC is same, there is a similarity in nomenclature viz. Medical Officer, Senior Medical Officer, Chief Medical Officer of allopathy and AYUSH.

The other matter of fact is that despite being practitioners of recognised and well rooted traditional Indian system of medicine, the MCI does not consider practitioners of AYUSH as equivalent to doctors. There are stark differences in remuneration and service conditions of AYUSH practitioners, who are paid less and considered not as good as allopathy doctors.

The Committee feel that in order to bring in more global acceptability, credibility and popularity of Indian systems of medicine, it is absolutely necessary that practitioners of Ayurveda, Siddha, Unani, etc. use the appropriate titles of Vaidya,

Vaidyaraj, VaidyaKaviraj, VaidyaShiromani, Ayurvedacharya, Piyushpani, Hakim instead of using title 'doctor' as the latter is synonymous with modern Allopathic medicine. The Committee, therefore, recommend that the Ministry of Health and Family Welfare in coordination with Ministry of AYUSH, Medical Council of India and Central Council of Indian Medicine should work upon the idea of using differentiated nomenclature for practitioners of Indian Systems of Medicine viz. Ayurveda, Siddha, Unani, etc. Besides, the practice of Allopathy beyond certain permissible limit by Ayurveda practitioners should also be seriously discouraged as it can hamper the overall development and promotion of AYUSH system. In this regard, there must be some robust mechanism to ensure the compliance of requisite guidelines by Ayurveda practitioners. The Committee also recommend to streamline the pay structure retirement age and other facilities for AYUSH doctors so that these practitioners are not at a disadvantageous position vis-a-vis allopathic doctors.

Reply of the Government

M/o Health and Family Welfare & M/o AYUSH have no information to furnish on this Point.

Comments of the Committee

(Please see Para No. 1.38 of Chapter-I)

CHAPTER V

Recommendations/Observations in respect of which final reply of Government is still awaited.

NIL

NEW DELHI;
21 September, 2020
Bhadrapada 30, 1942 (Saka)

GIRISH BHALCHANDRA BAPAT,
CHAIRPERSON,
ESTIMATES COMMITTEE.

Annexure I

Statement showing allocation and releases of grants-in- aid to State Govts for health sector as recommended by the 13th Finance Commission during its award period 2011-12 to 2014-15

(₹ in Cr.)

State	Allocation 2010-15	Project	2011-12	2012-13	2013-14	2014-15	Total
Andhra Pradesh	200.00	Establishment of primary Health Centers	50.00	0.00	0.00	50.00	100.00
Arunachal Pradesh	50.00	Health Sector	0.00	0.00	0.00	12.46	12.46
Chattisgarh	66.00	Construction of Sub Health Centre/PHC	16.50	0.00	0.00	0.00	16.50
Gujarat	237.00	Public Health Schemes	59.25	59.25	59.25	0.00	177.75
Haryana	300.00	Strengthen Health infrastructure	60.00	0.00	161.25	0.00	221.00
Kerala	198.00	Improve Health Infrastructure	49.50	0.00	46.50	52.50	148.50
MP	296.00	Improve critical health infrastructure	74.00	0.00	0.00	164.00	238.50
Maharashtra	32.00	Setting up of food testing laboratories	8.00	0.00	0.00	8.00	16.00
Mizoram	30.00	Construction of PHCs	7.50	0.00	7.50	7.50	22.50
Nagaland	30.00	Construction of staff quarters for	7.50	0.00	0.00	7.50	15.00

		health sector					
Orissa	350.00	Upgradation of health sector	87.50	0.00	87.50	87.50	262.50
Rajasthan	150.00	Strengthening Infrastructure in Public Hospital	37.50	0.00	37.50	0.00	75.00
Tamilnadu	200.00	Construction of Public Hospital including diagnostic equipment	50.00	0.00	100.00	30.00	180.00
Uttarakhand	100.00	Establishment of Five Nursing Training Collages in Uttarakhand	0.00	0.00	0.00	45.96	45.96
West Bengal	300.00	Construction of Sub-Primary Health Centre & District Hospital	75.00	0.00	0.00	150.04	225.04
Grand Total	**2539.00**		**582.25**	**59.25**	**499.50**	**615.96**	**1756.96**

ANNEXURE - II

(₹ in crore)

Name of the scheme	2014-15			Reason
	BE	RE	AE	
All India Institute of Yoga	0.50	0.00	0.00	A token provision to establish the Institute was made in anticipation of getting approval of scheme from the Competent Authority. However, necessary approval could not be obtained during the course of the year as such the funds were surrendered.
All India Institute of Homoeopathy	0.50	0.00	0.00	A token provision to establish the Institute was made in anticipation of getting approval of scheme from the Competent Authority. However, necessary approval could not be obtained during the course of the year as such the funds were surrendered.
All India Institute of Unani Medicine	25.00	0.00	0.00	A provision to establish the Institute was made in anticipation of getting approval of scheme from the Competent Authority. However, necessary approval could not be obtained during the course of the year as such the funds were surrendered.
Public Sector Undertaking (IMPCL, Mohan, UP)	7.00	0.00	0.00	IMPCL has surrendered the fund of ₹ 7 cr. allocated for the year 2014-15 as the modification/renovation of building was under process and purchasing and installation of production machines was not possible that time.
Homoeopathic Medicine Pharmaceutical Co. Ltd	1.60	0.00	0.00	The provision made under the scheme could not be utilized as the proposal to get the scheme approved by the Competent Authority did not materialize.
National Institute of Medicinal Plants	1.00	0.00	0.00	The provision could not be utilized as the identification of land for setting up of the proposed Institute could not be finalized.
National Institute of Sowa Rigpa	0.10	0.00	0.00	A token provision was made under the scheme in anticipation of getting approval for implementing the scheme from Competent Authority but did not materialize.
Indian Institute of AYUSH Pharmaceutical Sciences	0.10	0.00	0.00	
National Institute of Geriatrics	0.10	0.00	0.00	These Schemes were included in the 12th Plan proposals

National Institute of Metabolic and Lifestyle Diseases	0.10	0.00	0.00	and accordingly a token provision was made in anticipation. However, subsequently it was decided not set up these bodies.
National Institute of Drug & Tobacco De-addiction	0.10	0.00	0.00	
TKDL and ISM&H Intellectual Property Rights	2.00	0.00	0.00	Suitable proposals were not timely submitted by CSIR
Central Council for Research in Sowa Rigpa	0.50	0.00	0.00	A token provision was made under the scheme in anticipation of getting approval of implementing the scheme. However, subsequently it was decided not to set up the Council.
Pharmacovigilance initiative for ASU Drugs	2.00	0.00	0.00	The budgetary provision was made in anticipation of approval of the Scheme. The Schemes was not approved during the period.
Central Drug Controller for AYUSH	3.00	0.00	0.00	The Scheme could not be operationalized for want of Notification for creation of vertical structure under Central Drug Standard Control Organisation (CDSCO).

Annexure-III

(₹ in crore)

Name of the scheme	2015-16			Reason
	BE	RE	AE	
All India Institute of Yoga	0.10	0.00	0.00	A token provision to establish the Institute was made in anticipation of getting approval of scheme from the Competent Authority. However, it was decided by the Competent Authority that instead of establishing a separate Institute of All India Institute of Yoga, it may be made an extension of the existing National Institute of Ayurveda, Jaipur.
All India Institute of Unani Medicine	15.00	0.00	0.00	A provision to establish the Institute was made in anticipation of getting approval of scheme from the Competent Authority. However, it was decided by the Competent Authority that instead of establishing a separate Institute of All India Institute of Unani Medicine, it may be made an extension of the existing National Institute of Unani Medicine, Bangalore.
Homoeopathic Medicine Pharmaceutical Co. Ltd	0.10	0.00	0.00	It was decided not to pursue the setting up of this organisation.
National Institute of Medicinal Plants	0.50	0.00	0.00	The provision could not be utilized as the identification of land for setting up of the proposed Institute could not be finalized.
National Institute of Sowa Rigpa	10.70	0.00	0.00	The provision could not be utilized during the year as the Detailed Project Report etc. was not approved by the Competent Authority. However, the Scheme has now been taken off.
Indian Institute of AYUSH Pharmaceutical Sciences	0.10	0.00	0.00	A token provision to establish the Institute was made in anticipation of getting approval of scheme from the Competent Authority but could not materialize.
TKDL and ISM&H Intellectual Property Rights	0.10	0.00	0.00	The Scheme has since been discontinued as part of the rationalization of the Schemes.
Survey on usage and acceptability of AYUSH	0.20	0.00	0.00	The Scheme has since been discontinued as part of the rationalization of the

				Schemes.
Central Council for Research in Sowa Rigpa	0.50	0.00	0.00	The Scheme has since been discontinued as part of the rationalization of the Schemes.
Cataloging, Digitisation etc. of Manuscripts and Development of AYUSH IT Tools, Application and Networks	0.80	0.00	0.00	The Scheme has since been discontinued as part of the rationalization of the Schemes.
Pharmacovigilance initiative for ASU Drugs	1.00	0.00	0.00	The Schemes was not approved during the period.
National AYUSH Library and Archives	0.10	0.00	0.00	It was decided not to pursue the setting up of this organisation.
Central Drug Controller for AYUSH	1.00	0.00	0.00	The Scheme could not be operationalized for want of Notification for creation of vertical structure under Central Drug Standard Control Organisation (CDSCO).

Annexure-IV

(₹ in crore)

Name of the scheme	2016-17			Reason
	BE	RE	AE	
National Institute of Medicinal Plants	0.35	0.00	0.00	The provision could not be utilized as the identification of land for setting up of the proposed Institute could not be finalized.
Indian Institute of AYUSH Pharmaceutical Sciences	0.50	0.00	0.00	It was decided not to pursue the setting up of this organisation.
TKDL and ISM&H Intellectual Property Rights	0.10	0.00	0.00	The Scheme has since been discontinued
Central Council for Research in Sowa Rigpa	0.50	0.00	0.00	It was decided that National Institute of Sowa Rigpa will look after the work of the Council.
Pharmacovigilance initiative for ASU Drugs	1.00	0.00	0.00	The Scheme was not approved during the period.
Central Drug Controller for AYUSH	1.00	0.00	0.00	The Scheme could not be operationalized for want of Notification for creation of vertical structure under Central Drug Standard Control Organisation (CDSCO).

Annexure-V

(₹ in crore)

Name of the scheme	2017-18			Reason
	BE	RE	AE (Upto 31.3.2018)	
Pharmacopoeia Committee of ASU and strengthening of Pharmacopoeia Commission of Indian Medicine (PCIM)	5.00	3.85	2.82	Though the expenditure as on 11.08.2017 was 'nil' the same has picked up and the latest expenditure is ₹ 2.82 crore.
All India Institute of Yoga	24.00	0.00	0.00	It was decided not to open new Institutes and made these Institutes as an extension of NIA, Jaipur, NIH, Kolkata and NIUM, Bangaluru respectively. The funds allocated to new Institutes have been re-appropriated to the respective National Institutes for establishing their extensions at the identified locations viz. Panchkula, Narela and Ghaziabad.
All India Institute of Homoeopathy	28.00	0.00	0.00	
All India Institute of Unani Medicine	28.00	0.00	0.00	
Central Council for Research in Sowa Rigpa	0.10	0.00	0.00	The activities of the Council has been merged with the National Institute of Sowa Rigpa and the scheme has been discontinued.
National Institute of Medicinal Plants	0.10	0.00	0.00	The provision could not be utilized as the identification of land for setting up of the proposed Institute could not be finalized.
National Institute of Sowa Rigpa	1.00	0.50	0.00	For the establishment of the Institute, Cabinet Note was sent on 11.08.2017. The Cabinet approval is yet to be received.
Indian Institute of AYUSH Pharmaceutical Sciences	0.10	0.10	0.00	A token provision to establish the Institute but the Scheme was discontinued.
Public Sector Undertaking (IMPCL, Mohan, UP)	3.00	3.00	0.00	IMPCL has surrendered the allocated fund as a few of the major machines purchased out of earlier sanctioned fund, are under installation stage and company is at the stage of hiring the technical person in order to operate these

				machines. Further, after installation and efficiently running of all existing machines, the company will again request to further funding for future expansion of the plant.
TKDL and ISM&H Intellectual Property Rights	0.10	0.00	0.00	The Scheme has since been discontinued
Development of Common Facilities for AYUSH Industry Clusters.	1.00	1.00	1.00	The allocated funds have been fully utilized
Pharmacovigilance initiative for ASU Drugs	1.00	1.50	1.50	The allocated funds have been fully utilized
Central Drug Controller for AYUSH	1.00	1.00	0.02	The establishment of Central Drug Controller for AYUSH was under consideration with the Ministry of Health & Family Welfare for the last few years. Finally, the Ministry of Health & Family Welfare accorded "No Objection" to the proposal of creating AYUSH Vertical Structure on 02.02.2018 and thereafter CDSCO has notified the creation of AYUSH vertical structure in CDSCO w.e.f. 05.02.2018 with 12 regulatory posts. The recruitment rules for these posts are under process for finalization in consultation with the DOPT. Therefore, the funds could not be utilized due to non-filling of the required posts.

APPENDIX I

MINUTES OF 2nd SITTING OF THE COMMITTEE ON ESTIMATES (2020-21)

The Committee sat on Tuesday, the 11th August, 2020 from 1130 hrs. to 1430 hrs. in Committee Room No. '2', A Block, Parliament House Annexe Extension Building, New Delhi.

PRESENT

Shri Girish Bhalchandra Bapat – Chairperson

Members

2. Kunwar Danish Ali
3. Shri Sudharshan Bhagat
4. Shri Nand Kumar Singh Chauhan
5. Shri P.P. Chaudhary
6. Shri Parvatagouda Chandanagouda Gaddigoudar
7. Shri Nihal Chand Chauhan
8. Dr. Sanjay Jaiswal
9. Shri Dharmendra Kumar Kashyap
10. Shri K. Muraleedharan
11. Col. Rajyavardhan Singh Rathore
12. Shri Vinayak Bhaurao Raut
13. Shri Ashok Kumar Rawat
14. Shri Magunta Sreenivasulu Reddy
15. Shri Rajiv Pratap Rudy
16. Shri Pinaki Misra
17. Smt.Sangeeta Kumari Singh Deo

SECRETARIAT

1.	Dr. Kavita Prasad	-	Joint Secretary
2.	Smt. B. Visala	-	Director
3.	Smt. A. Jyothirmayi	-	Additional Director
4.	Shri R.S. Negi	-	Deputy Secretary

WITNESSES

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xxx xxx xxx

2. At the outset, the Chairperson welcomed the Members to the sitting of the Committee and briefed them about the agenda of the sitting viz. (i) Consideration and adoption of the draft report(s) and (ii) xxx xxx xxx

Contd……2/-

3. The Committee then took up for consideration and adoption of the following draft Reports:

(i) Action Taken Report on the Recommendations/Observations contained in the 23th Report (16th Lok Sabha) of the Committee on Estimates on the subject 'Medical Education and Health Care in the Country pertaining to the Ministry of Health and Family Welfare.

(ii) xxx xxx xxx

xxx xxx xxx

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7. xxx xxx xxx

8. xxx xxx xxx

9. The verbatim proceedings of the sitting of the Committee has been kept on record.

The Committee, thereafter, adjourned.

APPENDIX - II

ANALYSIS OF THE ACTION TAKEN BY GOVERNMENT ON THE OBSERVATIONS/RECOMMENDATIONS CONTAINED IN THE TWENTY-THIRD REPORT OF THE COMMITTEE ON ESTIMATES (16th LOK SABHA)

(i)	Total number of recommendations/observations	30
(ii)	Recommendations/Observations which have been accepted by the Government	28
	(Sl.Nos.1,2,3,4,5,6,8,9,10,11,12,13,14,15,16,17,18,19,20,22,23,24,25,26,27,28,29 and 30)	
	Percentage of total recommendations	93.33%
(iii)	Recommendation/Observation which the Committee do not desire to pursue in view of the Government's reply	0
	(Sl. No. Nil)	
	Percentage of total recommendations	0%
(iv)	Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee	2
	(Sl. Nos. 7 and 21)	
	Percentage of total recommendations	12.90%
(v)	Recommendation/Observation in respect of which final replies of Government is still awaited.	0
	(Sl. No. Nil)	
	Percentage of total recommendations	0%