MINISTRY OF HEALTH AND FAMILY WELFARE

(Department of Health and Family Welfare)

MEDICAL EDUCATION AND HEALTH CARE IN THE COUNTRY

COMMITTEE ON ESTIMATES (2017-2018)

TWENTY THIRD REPORT

SIXTEENTH LOK SABHA

LOK SABHA SECRETARIAT
NEW DELHI

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(2017-2018)

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MINISTRY OF HEALTH AND FAMILY WELFARE

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Presented to Lok Sabha on 21 December, 2017

LOK SABHA SECRETARIAT

NEW DELHI

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*Elected *Vide* Lok Sabha Bulletin Part-II No. 3908 dated 28.07.2016 vice Shri Arjun Ram Meghwal appointed as Minister.

COMPOSITION OF THE COMMITTEE ON ESTIMATES (2017-18)

Dr. Murli Manohar Joshi – Chairperson

Members

%	2.	Vacant
	3.	Shri A. Arunmozhithevan
	4.	Shri George Baker
	5.	Shri Kalyan Banerjee
@	6.	Vacant
	7.	Shri Dushyant Chautala
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#	20.	Vacant
	21.	Dr. Bhagirath Prasad
	22.	Smt. Ranjeet Ranjan
	23.	Shri Konakalla Narayan Rao
	24.	Shri Y.V. Subba Reddy
	25.	Shri Arvind Ganpat Sawant
	26.	Shri Arjun Charan Sethi
	27.	Shri Janardan Singh Sigriwal
	28.	Shri Jugal Kishore Sharma
@	29.	Vacant
	30.	Shri Jay Prakash Narayan Yadav

% Consequent upon sad demise of Shri Sultan Ahmed, MP on 4th September, 2017 vide Notification No. 21/4(3)/2017/T(B) dated 10 October, 2017.

@ Shri Ashwini Kumar Choubey ceased to be Member of the Committee consequent upon his induction in the Council of Ministers on 3 September, 2017 vide Notification No. 21/1(3)/2017/T(B) dated 14 December, 2017.

Resignation of Shri Nanabhau Falgunrao Patole from Lok Sabha accepted w.e.f. 14 December, 2017 vide Notification No. 21/1(3)/2017/T(B) dated 14 December, 2017.

@ Shri Gajendra Singh Shekhawat ceased to be Member of the Committee consequent upon his induction in the Council of Ministers on 3 September, 2017 vide notification No. 21/1(3)/2017/T(B) dated 14 December, 2017.

Secretariat

1.	Smt. Sudesh Luthra	-	Additional Secretary
2.	Shri N.C Gupta	-	Joint Secretary
3.	Shri Vipin Kumar	-	Director
4.	Shri R.S Negi	-	Under Secretary
5.	Shri Gurpreet Singh	-	Sr. Executive Assistant

INTRODUCTION

I, the Chairperson of the Committee on Estimates, having been authorized by the Committee to submit the Report on their behalf, do present this Twenty-third report on 'Medical Education and Health Care in the Country'.

2. Our Constitution has divided the areas of operation between Union Government and the State Governments. Some items like public health, hospitals, sanitation etc. fall in the State list, the items having wider ramification at the national level like Family Welfare and Population Control, Medical Education, Prevention of Food Adulteration, Quality Control in manufacture of Drugs etc. have been included in the Concurrent list. The Union Ministry of Health & Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicine. It also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics by providing technical assistance. Primary healthcare services are provided through a network of about 153655 Sub-Centres, 25308 Primary Health Centres and 5396 Community Health Centres. The Union Government has set up regulatory bodies for monitoring the standard of medical and dental education to facilitate setting up of institutions for education of health professionals and regulating the conduct of medical practitioners. The Medical Council of India (MCI) was established as a statutory body under the provisions of the Indian Medical Council act (IMC act),1933 which was later, replaced by the Indian Medical Council Act (IMC), 1956.

3. In the light of the policy of Government to lay focused thrust on the Indian traditional systems of Medicine, the Department of AYUSH was granted the status of Ministry w.e.f. 09.11.2014 which is responsible for policy formulation, development and implementation of programmes for the growth, development and propagation of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems of Health Care. Sowa Rigpa is the recent

addition to the existing family of AYUSH systems. The vision of the Union Government is to establish AYUSH systems as the preferred systems of living and practice for attaining a healthy India. The Central Council of Indian Medicine, New Delhi is a Statutory Body constituted by the Government of India, Ministry of AYUSH under the Indian Medicine Central Council Act, 1970. The Central Council of Indian Medicine with the previous sanction of the Central Government prescribes courses for under-graduate & post-graduate education in Ayurved, Unani & Siddha. The Central Council has been framing and implementing various regulation including the Curricula and Syllabi in Indian Systems of Medicine viz. Ayurved, Siddha, Unani at under-graduate and post-graduate level.

4. The Committee took oral evidence of the representatives of the Ministry of Health & Family Welfare on 21 June, 2016. The Committee also took oral evidence of the representatives of the Ministry of AYUSH on 15 September, 2016. The Committee also invited suggestions from the domain experts and reputed Doctors/ Specialists.

5. The Committee considered and adopted this Report at their sitting held on 8 August, 2017.

6. The Committee wish to express their thanks to the representatives of both the Ministries/ Departments, representatives of Central Council of Indian Medicine, Central Council for Research in Homeopathy, Central Council for Research in Unani and Central Council for Research in Siddha for tendering evidence before them and for furnishing requisite material in connection with the examination of the subject. The Committee also place on record their sincere thanks to S/Shri Dr. Subhash Chandra Parija, Prof. Ravi Kant, Dr. Virendra Kumar Kori, Dr. Devi Prasad Shetty, Dr. Pooja Bhardwaj, Vaidya Devendra Triguna, Hakeem Shamsul Afaq, Vaidya S.K. Mishra, Pradeep Multani who appeared before the Committee besides furnishing written Memoranda as desired by the Committee.

7. For facility of reference and convenience, the recommendations/observations of the Committee have been printed in Bold in Part-II of the Report. The Committee ardently hope that the Government would give their earnest consideration to the recommendations made by the Committee so that the Medical Education and Health Care in the Country is improved.

NEW DELHI;
17 November, 2017
26 Kartika, 1939 (Saka)

DR. MURLI MANOHAR JOSHI,
CHAIRPERSON,
ESTIMATES COMMITTEE.

PART-I

REPORT

CHAPTER-I

Introductory

The federal nature of our Constitution, has divided the areas of operation between Union Government and the State Governments. Seventh Schedule of Constitution describes three exhaustive lists of items, namely, Union list, State list and Concurrent list. Though some items like public health, hospitals, sanitation etc. fall in the State list, the items having wider ramification at the national level like Family Welfare and Population Control, Medical Education, Prevention of Food Adulteration, Quality Control in manufacture of Drugs etc. have been included in the Concurrent list.

1.2 The Union Ministry of Health & Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicine. In addition, it also assists States in preventing and controlling the spread of seasonal disease outbreaks and epidemics by providing technical assistance.

1.3 With the sustained efforts made by the Union, State Governments and participation of private sector in the health care during last seven decades since Independence, success has been achieved in some of the areas. Smallpox, Guinea Worm and Polio Diseases have been eradicated from the country. Kala Azar and Filariasis can be expected to be eliminated in the foreseeable future. The Crude Birth Rate (CBR) has declined from 40.8 in 1951 to 29.5 in 1991 and further to 20.4 in 2016. Similarly there has been a sharp decline in Crude Death Rate (CDR) from 25.1 in 1951 to 9.8 in 1991 and further to 6.4 in 2016. Also, the Total Fertility Rate (average number of children likely to be born to a woman aged 15-49 years) has decreased from 6.0 in 1951 to 2.3 in the year 2015 as per the estimates from the Sample Registration System (SRS) of Registrar General & Census Commissioner, India (RGI), Ministry of Home Affairs. The Maternal Mortality Ratio has also declined from 437 per one lakh live births

in 1992–93 to 167 in 2011-13 according to the SRS Report brought *out by RGI.* Infant Mortality Rate, which was 110 in 1981, has declined to 34 per 1000 live births in 2016.

1.4 Despite the aforesaid achievements, a lot still needs to be done to fight the menace of various diseases as mentioned below.

(i) To control communicable diseases like Malaria, tuberculosis, AIDS etc., several/various national programmes have been started. Malaria was killing 10 lakh people every year at the time of independence. National Malaria Eradication Programme was started in 1958. As a result of this, the number of deaths due to Malaria has declined. The disease has not been fully eradicated in the country and effective efforts are still required to eradicate this disease.

(ii) Malnutrition, especially micronutrient deficiencies, restricts survival, growth and development of children. It contributes to morbidity and mortality in vulnerable population, resulting in substantial diminution in productive capacity in adulthood and consequent reduction in the nation's economic growth and well-being.

(iii) Dengue is endemic in 29 States and 6 UTs (except Lakshadweep). Recurring outbreaks of Dengue have been reported from Andhra Pradesh, Assam, Delhi, Goa, Haryana, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Puducherry, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal. Every year during the period of July-November, there is an upsurge in the cases of Dengue/DHF in northern parts of the country. However, in Southern and Western Parts of the country, the disease has become perennial.

(iv) One of the other critical problems our country faces is Tuberculosis (TB). As per Annual Report 2016-17 of the Ministry of Health and Family Welfare, it is estimated that every year 28 lakh people develop TB in the country and about 4.8 lakh die because of the disease. In terms of rate, the incidence is 217 cases per lakh population and mortality of 32 per lakh population.

(v) Chikungunya is a debilitating viral illness caused by Chikungunya virus. The diseases re-emerged in the country after a gap of almost three decades. In absence of vaccine or specific drug against Dengue and Chikungunya infection, the control strategy mainly focuses on control of the vector mosquito. However, elimination of the breeding sites of the vector mosquito at all levels, including individuals and community, is the only sustainable way to keep both the diseases under control.

(vi) India is undergoing an epidemiological transition and is on the threshold of an epidemic of cardiovascular disease. Cause-specific mortality data indicates that cardiovascular disease is already an important contributor to mortality. Demographic projections suggest a major increase in cardiovascular disease mortality as life expectancy increases and the age

structure of the growing population changes. Surveys in urban areas suggest that coronary risk factors are already widespread and that urgent action is needed to prevent a further rise as socioeconomic development proceeds.

(vii) The total number of new cancer cases as reported by ICMR are expected to be around 14.5 lakh and the figure is likely to reach nearly 17.3 lakh new cases in 2020. Over 7.36 lakh people are expected to succumb to the disease in 2016 while the figure is estimated to shoot up to 8.8 lakh by 2020.

(viii) Mental illnesses are emerging as a major cause of morbidity in the country. These illnesses include depression, bipolar mood disorders, anxiety disorders, personality disorders, delusional disorders, substance use disorders, psycho-sexual disorders and sleep disorders among others. It is estimated that at any point of time, 6% to 7% population in India suffers from some form of mental illness. WHO estimates that one in four persons will be affected by a mental illness at least once in their lifetime.

1.5 It is distressing to note that India has slipped three places to 100th in the 2017 Global Hunger Index (GHI) released by the International Food Policy Research Institute (IFPRI). The data from the report showed that India ranked lower than all its neighbouring countries - Nepal (72), Myanmar (77), Bangladesh (88), Sri Lanka (84) and China (29) - except Pakistan, which has been placed at 106th in the global hunger list. The report revealed that even North Korea (93) and Iraq (78) fared better in hunger parameters and GHI rankings. The countries' position on the index is ranked on the basis of undernourishment, child mortality, child wasting and child stunting. The hunger report index of 119 countries also showed that in three years' time India has seen a fall of 45 ranks from 55th in 2014. Despite a massive scale-up of national nutrition-focused programmes, drought and structural deficiencies have left large numbers of poor in India at risk of malnourishment. According to 2015-16 National Family Health Survey (NFHS), of Indian children under five, one in three (35.7%) is underweight, one in three (38.4%) is stunted and one in five (21%) is wasted. The aforesaid scenario calls for taking urgent and immediate steps in the direction of health care and medical education including preventive health care.

1.6 In this backdrop, the Committee have examined the subject from various perspectives, which include need for augmenting infrastructure, reforms in medical education, integration of AYUSH with modern system of medicine as well as preventive health care. The Committee have dealt with the issue in the subsequent paragraphs.

CHAPTER - II

Health Care

Budgetary Allocations of the Ministry of Health & Family Welfare

2.1 With regard to expenditure on health, the following has been mentioned in the Economic Survey 2016-17:-

> "As per the NSS 71st Round private doctors were the most important single source of treatment in both the rural and urban areas. More than 70 per cent of the spells of ailment were treated in the private sector which entails higher out of pocket expenses in comparison to those treated in public health facilities.
>
> India has emerged as the country with the largest out of pocket (OoP) expenditure on health, among the BRICS economies consistently higher at more than 60 per cent since 2008. While in developing countries like Brazil, the percentage of OoP expenditure is less than 32 per cent, in South Africa, it is less than 10 per cent."

2.2 As per the Economic Survey, the Government is committed to achieving the Sustainable Development Goal (SDG-3) for health – "Ensure healthy lives and promoting wellbeing for all at all ages" by 2030. Towards this, 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 orientation in all developmental policies, and universal access to good quality health care services, without anyone having to face financial hardship as a consequence. The salient features of the National Health Policy, 2017 ***inter alia*** include raising public health expenditure to 2.5 per cent of the GDP in a time bound manner, Providing larger package of assured comprehensive primary health care through the Health and Wellness Centres, providing at the district level most of the secondary care, free drugs, free diagnostics and free emergency care services in all public hospitals, establishment of National Digial Health Authority (NDHA), timely revision of National List of Essential Medicines (NLEM) etc.

2.3 As per the information furnished by the Ministry of Health and Family Welfare, the expenditure on Health Care by Government (Centre and States) as percentage of GDP for last ten years is as under:-

Sl. No.	Year	As percentage of GDP	Source
1.	2007-08	1.27	Economic Survey, 2012-13
2.	2008-09	1.3	Economic Survey, 2015-16
3.	2009-10	1.4	
4.	2010-11	1.3	
5.	2011-12	1.3	Economic Survey, 2016-17 Volume-2
6.	2012-13	1.3	
7.	2013-14	1.2	
8.	2014-15	1.2	
9.	2015-16	1.4	
10.	2016-17	1.5	

Budget Estimates, Revised Estimates and Actual Expenditure of the Ministry during each of the last three years and for current year:-

(Rs. in crore)

Year	Health & Family Welfare								
	BE			RE			Actual Expenditure		
	Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan	Non-Plan	Total
2014-15	30645.00	4518.00	35163.00	24400.00	4642.00	29042.00	23684.66	4823.76	28508.42
2015-16	24549.00	5104.00	29653.00	25799.00	5405.00	31204.00	25471.87	5480.56	30952.43
2016-17	31300.00	5761.55	37061.55	32170.88	6172.45	38343.34	30145.65	6225.49	36371.14
Year	BE			RE			Actual Expenditure (upto 24/08/2017)		
	Revenue	Capital	Total	Revenue	Capital	Total	Revenue	Capital	Total
2017-18	43843.70	3508.81	47352.51	0.00	0.00	0.00	18805.72	623.33	19429.05

2.4 Budget Estimates (BE), Revised Estimates (RE), and Actual Expenditure for various schemes/projects/heads of the Ministry relating to Medical Education and Health Care etc. during the last three years and the current year as furnished by the Ministry of Health and Family Welfare is as under:-

											(Rs. in crores)
Scheme/Head	**2014-15**			**2015-16**			**2016-17**				**2017-18**
	BE	**RE**	**Actual**	**BE**	**RE**	**Actual**	**BE**	**RE**	**Actual**	**BE**	**Actual (upto 10.8.2017 (Prov.)**
Hospitals & Dispensaries	2004.25	2276.09	2273.52	2249.00	2451.63	2388.12	2673.75	3007.59	2773.83	1898.52	669.52
Medical Education, Training and Research	5676.80	4885.52	4806.84	6204.24	5939.70	6050.64	7739.70	7658.50	7583.77	9636.21	3375.52
NICD	43.00	42.07	32.74	48.60	43.08	34.78	56.58	43.84	41.23	55.54	16.52
Prevention of Food Adulteration	67.29	70.11	45.26	83.40	81.12	59.09	84.40	72.17	59.76	133.59	60.43
Manufacture of Sera & Vaccine	156.34	103.41	94.99	128.15	119.52	106.48	132.00	72.00	65.28	91.07	40.45
Health Sector Disaster Preparedness & Management (including EMR (Avian Flu)	27.00	11.50	1.21	27.00	7.97	1.69	20.00	10.00	7.28	16.85	5.19
Medical Stores Organisation	50.00	50.96	47.45	51.73	51.73	46.78	61.00	55.50	54.64	63.82	20.17
Total	8024.68	7439.66	7302.01	8920.27	8694.75	8687.58	10767.43	10919.60	10585.79	11895.60	4187.80

2.5 When asked about the details of funds released to various States on the recommendations of XIII and XIV Finance Commissions (FCs), and the status of unutilized allocated money, the MOHFW in their written reply stated as under:

> "After completion of all preconditions, the Department of Expenditure had released grant of Rs. 1756.96 crore to the State Governments for Strengthening of Health Infrastructure under 13th Finance Commission during its award period 2011-2015. xxx xxx The 14th Finance Commission has not recommended any grant.
>
> As per OM of Department of Expenditure, Finance Commission Division, Ministry of Finance dated 16th May, 2011 containing guidelines for release and utilization of 'Grants-in-aid' for State Specific needs recommended by Thirteen Finance Commission, pre-conditions for release of State Specific Grants (SSGs) and phasing of release of SSGs were specified. Accordingly, the release of fund was recommended by the Review Committee of this Department on the basis of work plan approved by the State High Level Monitoring Committee chaired by the Chief Secretary of the concerned State and on receipt of utilization certificate as per GFR 2005 in respect of the previous release(s) from this Grant. The recommendation of the Review Committee of this Department was forwarded to Ministry of Finance for release from the "Demand for Grants" of the Ministry of Finance.
>
> So far, 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 as intimated by Department of Expenditure (FCD) vide their OM No. 2(09)FCD/2015 dated 20th December, 2016."

In this regard, a statement showing allocation and release of grants to the State Governments for health sector during its award period 2011-2015, is provided in **Annexure- I**

<u>Budgetary Allocation to Ministry of AYUSH</u>

2.6 As per the note furnished by the Ministry Ayush, Budgetry Estimates (BE), Revised Estimates (RE), and Actual Expenditure during the last three years and the BE during current year are as under:-

Rs. In crore

Year	BE	RE	Actual Expdt.(AE)
2014-15	1272.15	691.00	685.21
2015-16	1214.00	1125.00	1112.13
2016-17	1326.20	1307.36	1288.91
2017-18	1428.65	-----	418.37 (as on 11.8.17)

The scheme-wise details are given at **Annexure-II.**

2.7 When asked about the the reasons for under-utilisation of allocated funds, the Ministry of AYUSH submitted as under:-

"The broad reasons for under utilization of funds during these years are as under:

(i) Pending Utilization Certificates
(ii) Unspent balance of previous year
(iii) Non-receipt of adequate proposals
(iv) Non-filling up of the vacant posts"

2.8 An Ayurveda Expert during deposition before the Committee, in this regard stated that:

"We are facing difficulties some or other daily. There has been no enhancement in our budget during the last five years. Only 1000 crore rupees are being budgeted over the five years. There is need to enhance the same. As per the statement made by the hon'ble Prime Minister diabetes should be eradicate from the entire country through yoga and Ayurveda but the budget remains the same. Therefore, We want that there should be enhancement in our budget and we have demanded that at least twenty percent of total health budget should be given to Ayush. When we get that much of budget, we will then be able to do something. Researches cannot be done on account of lack of money. The standard of our colleges is very poor due to which we are unable to get good education. You had better not talk private colleges but talk about the Government Colleges.

Keeping in view is a physician as we daily see, I would like to submit when our graduates will come out as good graduates from the institute and only then there will be able to become good physician."

2.9 Lamenting the inadequate allocation of funds/resources, another ayurvedic expert, who experessed his views before the Committee on the subject stated that:

"Twenty percent of health budget will have to give Ayurveda for some years. They have been budgeting us 97% for 69 years. If they provide us twenty percent budget for five years, I assure you that there will be marked improvement in the health care problems. Today, allopathic people have created Psychosis fever that will be over. It is only Ayurveda that can give us a good health and through which our country can be free from diseases. People will only go in Allopathy for surgery. But there is no need to go in Allopathy from constipation, sleeplessness and Alzheimer etc."

Rural – Urban Divide and role of Primary Health Centres

2.10 As per the information furnished by the Ministry primary healthcare services are provided through a network of 155069 Sub-Centres, 25354 Primary Health Centres and 5510 Community Health Centres. In reply to a question regarding the programmes/schemes being implemented by the Government to reduce rural-urban gap, the Ministry in the written reply stated as under:

"The National Rural Health Mission (NRHM) was launched in 2005 to improve the healthcare services, particularly in rural areas. The National Urban Health Mission (NUHM) was launched in 2013 for providing equitable and quality primary health care services to the urban population with special focus on slum and vulnerable sections of the Society. NRHM has since been subsumed as a Sub Mission of the overarching umbrella of the National Health Mission (NHM) with NUHM as the other Sub Mission.

Public Health being a State subject, the primary responsibility to ensure access to affordable and quality healthcare is that of respective State/ UT Governments. Under NHM, support is being provided to States/ UTs for strengthening of their healthcare facilities. The implementation of NHM is done by the respective State/ UT Governments. Approvals under the NHM are provided to States/UTs for health systems strengthening including for infrastructure, human resource for health and programme managements, drugs and diagnostics, equipment, ambulance, Mobile Medical Units etc. for provision of equitable, affordable healthcare to all its citizens particularly the poor and vulnerable population based on requirements posed by the States in their Programme Implementation Plans. Under NHM support is also provided for a host of free services for maternal health, child health, adolescent health, family planning, universal immunization programme, and for major diseases such as TB, vector borne diseases such as Malaria, Dengue and Kala Azar, Leprosy etc. Other major initiatives for which states are being supported include Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), NHM Free Drugs Service Initiative, NHM Free Diagnostics Services Initiative, Pradhan Mantri National Dialysis Services, National Quality Assurance Framework etc."

2.11 The Ministry in the written note has stated that the following steps have been taken to improve the functioning of Primary Health Centres:-

(i) Support for Health Human Resources viz. Medical Officers, Staff Nurses , Para-medical staff etc.

(ii) Support for free drugs

(iii) Financial Support through Untied funds for better functioning of PHCs and delegation of authority to make decisions.

(iv) To facilitate to meet the Kayakalp Standards which stands for cleanliness, quality etc.

(v) Strengthening of Infrastructure wherever needed.

2.12 When asked to comment on the definition of primary health care and the need for making the definition broad-based, the Ministry in the written reply has agreed that the primary healthcare should be comprehensive and there should be well structured system of referrals.

2.13 When specifically enquired about the need for well defined system of referrals as practice in UK, the Ministry has stated as under:-

"So far as emulating the UK model of training General Practitioners as physicians for first contact are concerned, the range and diversity of the context in India needs to be considered. Other than States in the South and West of India, retaining, Medical officers, at the PHC level is challenging. Globally there is evidence that Non Physician Health workers

trained and supported, and backed up by a doctor based in a PHC for effective referral and handholding can provide effective primary health care. The move towards mid-level providers is based on these two realities as well as evidence from Chhattisgarh and Assam where Rural medical Assistants and Rural Health Practitioners respectively, trained in a three year programme are effectively providing care based within PHCs and Sub centres respectively. Government proposes to provide comprehensive primary care at health & wellness centres through mid-level providers led framing the structured referrals."

It is worth mentioning here in the National Health Policy 2017, India, strives for Universal Health Coverage (UHC) by taking several measures especially by enhancing Primary Health Care Services.

It is important to have well defined structural continuation of care among community, primary, secondary & tertiary levels of care. This requires standard treatment protocols and robust IT based systems to facilitate this. This has been implemented to a certain degree in RMNCH+A services with well-defined referrals, strengthened referral treatments etc."

When enquired about the steps taken to improve the functioning of primary health centres, the Ministry has stated that under the NHM, the key mandate was to strengthen the functioning of PHC. To that end, several interventions were implemented, such as strengthening them to Indian Public Health Standards (IPHS) including expanding the HR base at the PHCs, converting several PHCs to provide round the clock services, adding practitioners of the Indian systems of medicine to mainstreaming such systems into primary health care provision, providing mobile medical units to ensure services to those in remote areas, increasing the range of diagnostic services at PHC and quality certification."

2.14 It has been mentioned in the Annual Report that there has been enormous shortage of human resources in public health care sector in the country. NRHM/NHM has attempted to fill the gaps in human resources by providing nearly 1.82 lakh additional health human resources to States including 7,363 GDMOs, 3308 Specialists, 70,674 ANMs, 36383 Staff Nurses etc. on contractual basis. Apart from providing support to health human resources, NHM has also focusued on the multi skilling of doctors at strategically located facilities identified by the States i.e. MBBS doctors are trained in Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS) and Laparoscopic Surgergy. Similary, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs. NRHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCsw and District Hospitals. A local of 25,903 AYUSH doctors have been deployed in the states with NRHM funding support.

2.15 So far as monitoring of PHCs is concerned, the Committee have been apprised by the Ministry that a web based monitoring system viz. Health Management Information System (HMIS) was lunched in 2008 wherein all States/ UTs are reporting facility wise information on pre-defined

formats. To make HMIS more robust and effective and in order to facilitate local level monitoring, "facility based reporting" was initiated since April, 2011. The system currently captures facility wise data on service delivery (monthly) and infrastructure (annual) i.e. manpower, equipment etc. Currently around two lakh health facilities including twenty eight thousand PHCs (and equivalent) are reporting data on HMIS portal across all districts of the country.

2.16 The system has the provision to generate various reports which are being used by stakeholders at National, State, District and below levels to monitor the performance of these facilities. Periodic reviews are conducted at National/ States levels wherein the data reported by the health facilities is discussed. Also, States/ UTs Programme Implementation Plans are also evaluated on the basis of the data reported on HMIS. Further, Ministry has also developed a mechanism to grade the PHCs on the basis of available infrastructure and services provided. The technical design development is under process. It is expected that it will be available soon on HMIS portal.

2.17 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. Besides the Policy contains the following with regard to Primary and Secondary Health Care:-

(i) Providing larger package of assured comprehensive primary health care through the Health and Wellness Centres, which includes geriatric Health care, palliative care and rehabilitative care services.

(ii) Provide at the district level most of the secondary care which are currently provided at a medical college hospital.

(iii) Every family would have a health card that links them to primary care facility and be eligible for a defined package of services anywhere in the country.

(iv) Supports voluntary service in rural and under-served aras on pro-bono basis by recognised healthcare professionals under a `giving back to society' initiative.

2.18 When asked by the Committee about the steps taken to fill up shortage of doctors, paramedical staff and medical equipments in the Primary Health Centres (PHCs) functioning in the country, the Ministry of Health and Family Welfare in their written reply stated as under:

> "Public Health being a State Subject, the primary responsibility to ensure availability of doctors, paramedical staff and medical equipments in public health facilities lies with the State Governments. However, under the National Health Mission (NHM), technical & financial support is provided to States/UTs to strengthen their healthcare systems including support for augmenting health human resources on contractual basis including

doctors and paramedical staff and support for medical equipments, based on the requirements posed by the States/UTs in their Programme Implementation Plans.

Support is also provided to States by giving hard area allowances to doctors and paramedical staff for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas. Also, States are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of doctors and paramedical staff. As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts."

2.19 Explaining about inadequate infrastructure available at primary and secondary level of medical care, and concomitant overcrowding at tertiary level medical institutes, a representative of King George's Medical University(KGMU), Lucknow during his oral evidence before the Committee, submitted that:

"xxx xxx xxx xxx xxx xxx Despite big hospitals many people are in waiting with us. This is the reason behind it that health facilities are quite inadequate in the district hospitals of remote areas. What you have said. I agree with you to that and would like to submit that there are many such fundamentals due to which we are facing this confusion. You have rightly said that we have been living in non clear environment for the last 2500 years, but if we have a glimpse at the data our infant mortality, we came to know that it is the highest in the world and it is at present 46. These data belong to U.P. Earlier, it used to be 58. There has been improvement therein. But if we even have a glimpse at IMR 48, I would be regarded as one of the highest country in the world. The reason behind it is that there are two-three diseases such as diarrhea and Pneumonia and Children are badly affected by them. Third is the preterm birth which is due to malnutrition. Two things are very clear that we should have in mind today's concept of clean India that food should be taken after washing the hands, where should be dropped the garbage and how to clean the houses. Diarrhea problem which is a big killer will automatically go away. In my own opinion, hygiene course with adequate should be mandatory form one to five classes curriculum."

2.20 Emphasising on the need to link hygiene with health care particularly in rural areas, a representative of KGMU, Lucknow further deposed that:

"xx xx xx we still call the primary schools as three R's - Reading, Writing and Arithmetic. But a Japanese formula should be there with it in the part of 'ethics' that these children should clean the school at the time of their coming and going. When this remains in their minds that this is a good thing, they will certain keep cleanliness in their houses and even in their neighbour Room. Now it seems that cleanliness in not our job.

Secondly, we see that whatever common disease is besetting with us, there is plethora of cancer cervix has direct relation to the literacy and hygiene in village because it transmits through virus. We have seen as soon as education standard is coming up, cancer cervix is going down. The incidence of cancer cervix has dipped in the house of a women where private toilet is there. On the contrary, those women are getting literate; the incidents of breast cancer are rising. We are having a major issue here regarding hygiene education

nutrition. Most of the woman rush to Queen Harry Hospital which is for woman. There are almost four hundred beds here. But at any given time there are eight hundred patients here. Two patients lying on a single bed is a common thing here. We have analyzed this that who are these people who are rushing to the hospital. We come to know that these people are those who do not come to antenatal clinic and do not get their hemoglobin checked up and get themselves vaccinates here but they come here in case of complication. At that time there are also many complications regarding surgery and data of cervical also fall down and time is worsening on maternal mortality rate. We are trying that there should be more and more institutional delivery."

Doctor Patient Ratio

2.21 The Committee enquired about the current doctor-patient ratio, details of national average, State/UT-wise doctor-patient ratio in the country as well as in developed countries like USA, Canada, UK, Germany, Japan, France etc., as well as the ideal doctor-patient as per WHO norms and the likely timeline for achieving that international standard of doctors-patient ratio by India, the Ministry in their written replies stated as under:

"Presently, as per information provided by Medical Council of India, there are a total 10,22,895 allopathic doctors registered with the State Medical Council/Medical Council of India as on 31st March, 2017. Assuming 80% availability, it is estimated that around 8.18 lakh doctors may be actually available for active service. It gives a doctor-population ratio of 1:1625 as per current population estimate of 1.33 billion. No such data on doctor patient ratio is available for State/UT wise and developed countries like USA, Canada, UK, Germany, Japan, France etc.

W.H.O. norms prescribe for a doctor-population ratio of 1:1000. It is expected to achieve this target before 2025."

2.22 In the background note of the Ministry, it has been stated that there are an estimated 6.77 lakh AUH (Ayurvedic, Unani and Homoeopathy) doctors in the country. If the allopathic and AUH Doctors are considered together, it gives a doctor availability ratio of 1:893, which is better than the WHO norms.

2.23 In reply to a specific query of the Committee regarding the status of AYUSH doctors viz-a-viz the allopathic doctors, the representative of MCI replied that they do not consider AYUSH Doctors equivalent to Allopathic Doctors.

2.24 When asked about the number of doctors and specialists in various disciplines appointed both under Allopathic and AYUSH systems during each of the last five years, State-wise and discipline-wise, the Ministry of Health and Family Welfare has furnished the following data:

Status of GDMOs, Specialists and AYUSH Doctors (Contractual) under National health Mission during last 5 years (FY 2012-13 to 2016-17)

Sl. No.	State/UT	GDMO	Specialists	AYUSH Doctors
1.	Bihar	84	456	1637
2.	Chhattisgarh	58	38	497
3.	Himachal Pradesh	340	50	190
4.	Jammu & Kashmir	307	17	442
5.	Jharkhand	0	29	228
6.	Madhya Pradesh	503	34	1158
7.	Odisha	120	1	1200
8.	Rajasthan	90	11	1840
9.	Uttar Pradesh	741	85	3499
10.	Uttarakhand	40	8	208
11.	Arunachal Pradesh	6	13	24
12.	Assam	195	211	339
13.	Manipur	31	0	89
14.	Meghalaya	19	3	161
15.	Mizoram	47	14	47
16.	Nagaland	11	0	36
17.	Sikkim	28	6	7
18.	Tripura	1	0	19
19.	Andhra Pradesh	281	140	530
20.	Goa	9	5	31
21.	Gujarat	347	24	1667
22.	Haryana	162	63	430
23.	Karnataka	213	70	1039
24.	Kerala	99	104	153
25.	Maharashtra	219	736	2113
26.	Punjab	75	59	375
27.	Tamil Nadu	1660	474	33
28.	Telangana	538	139	584
29.	West Bengal	315	384	1668
30.	A & N Islands	5	7	9
31.	Chandigarh	47	42	25
32.	D & N Haveli	13	21	7
33.	Daman & Diu	17	10	6
34.	Delhi	0	2	0
35.	Lakshadweep	2	0	11
36.	Puducherry	17	14	9
TOTAL		**6640**	**3270**	**20311**

Doctors and Specialist appointed under Allopathic and the shortage of Specialist Doctors

2.25 The following data with regard to top ten causes of death in India for which specialists are required, the required number and PG seats in India was submitted by an eminent specialist, Dr. Devi Shetty before the Committee:-

TOP TEN CAUSES OF DEATH IN INDIA CANNOT BE TREATED BY AN MBBS DOCTOR

Sl. No.	Cause	Discipline	India / US Practicing specialists	Required number in India	India / US PG seats	Required PG seats in India
1	Diseases of Heart	Cardiology	4,000 \ 22,000	88,000	315 \ 844	3,375
2	Chronic Obstructive Pulmonary Disorder	Chest Medicine	1,200 \ 5,750	23,000	31 \ 500	2,000
3	Stroke	Neurologist	1,400 \ 13,000	52,000	218 \ 150	2,000
4	Lower Respiratory infections	Chest Medicine	1,200 \ 5,750	23,000	31 \ 500	2,000
5	Diarrheal Diseases	Pediatrician	23,000 \ 57,500	230,000	1,296 \ 2,625	10,500
6	Tubeculosis	Chest Medicine	1,200 \ 5,750	23,000	31 \ 500	2,000
7	Diabetes	Endocrinologist	650 \ 6,975	27,900	78 \ 275	1,100
8	Chronic Kidney Disease	Nephrologist	1,200 \ 10,000	40,000	120 \ 538	2,150
9	Neonatal pre-term birth	Pediatrician	23,000 \ 56,250	230,000	1,296 \ 2625	10,500
10	Accidents	Orthopedic Surgeon General Surgeon Neuro Surgeons	9,000 \ 19,250 18,000 \ 25,250 1,400 \ 5,350	77,000 101,000 21,400	1,051 \ 825 2,268 \ 2500 227 \ 200	3,300 10,000 800

2.26 Putting forth his suggestions before the Committee to overcome shortage of Specialists across the country, the expert submitted as under:

> "In Maharashtra, maternal mortality rate was worse than Karnataka seven years ago. Today, they are as good as Kerala. Now, they are almost competing with Kerala. Maharashtra is double the size of Karnataka. They have three times more tribal population. Why they have done it? They have converted 1000 of their MBBS doctors as diploma in Gynecology Anesthesia, Pediatrics and Radiology through a body called College of Physicians and Surgeons. I am just trying to show you how one State has proven that we can reduce the maternal mortality by 75 per cent in five years just by introducing a course by this University called College of Physicians and Surgeons."

2.27 The expert further submitted:-

> "xxx our biggest problem is all the developed countries like US, they have 20,000 under graduate seats, 40,000 Post Graduate seats. We have 62,000 under graduate seats and 14,500 PG seats because of that, we have a great problem. This University, they give diploma degrees. Till this University was established 105 years ago by British and in 2009, that was derecognized. Then Maharashtra Government recognized it and Gujarat

Government and few Governments have recognized it. Now, just see, their maternal mortality in Kerala is 61 and Maharashtra is at 68. It is phenomenal result. I will just one comparison. Today, the vacancy rate in Government hospital for a specialist is 21,584. There are only 4,078 specialist working in a Government hospital. That is a reason, why nobody wants to go a Government hospital. If we recognize CPS courses across the country, in no time, 1,64,000 MBBS doctors can become intermediate level specialists in two years and our Government hospital will become the best hospital in the country where there will be a Gynecologist, Anesthetist, Pediatrician, and all of them and all this can be done without a single rupee extra expense mainly because these doctors are already paid by the Government. They are working in the hospital as MBBS doctors. All it requires is the recognition. Last seven years, I have been struggling all over the country, trying to ask the State Governments to recognize the course but they do not want to recognize the diploma course so that the value of MD medicine and MS Surgery will not go down. So, the problem what we have in the country is the policy changes. Sir, look at the shortage of doctors."

2.28 To a question as to whether the Government have conducted any study to find out the shortage of medical professionals in rural and remote areas in the country, the Ministry of Health and Family Welfare replied in negative

2.29 When asked as to whether the Government has examined any proposal for mandatory internship for medical professionals in rural and remote areas of the country and the extent to which shortage of medical professional in the rural and remote areas will be removed after such internship of medical professionals, the Ministry of Health and Family Welfare in the written reply stated as under:

"At present, the Government is not considering any proposal for mandatory internship for medical professionals in rural and remote areas."

2.30 When asked as to whether the Ministry is considering any proposals to introduce Bachelor of Science (Community Health) course in the Country to overcome the shortage of doctors in the country, the Ministry stated as under:

"Public Health being a State subject, the provision of healthcare services is the primary responsibility of the respective State/UT Governments. However, under National Health Mission (NHM), technical and financial support is provided to State/UTs to strengthen their health systems based on the proposals made by them in their Programme Implementation Plans under National Health Mission (NHM), within their overall Resource Envelope. This includes support for training of healthcare professionals in B.Sc.(Community Health), if proposed by the State.

The Central Government has approved for introduction of a course namely, Bachelor of Science (Community Health). The curriculum of the course was prepared by Medical Council of India (MCI) and further fine-tuned and finalized by National Board of Examinations (NBE), which will accredit the course. The Ministry has requested the States to implement the course."

2.31 In reply to query as to whether the trained nursing staff from AYUSH system can be integrated with allopathic system of healthcare to overcome shortage of nursing staff, a representative of King George's Medical University, Lucknow during his oral evidence held on 11.01.2017 before the Committee stated that:

> "It can be without fail. We want integration. Yoga can help there. As you stated, we have started a Yoga clinic, but we have caution him/ her saying that one person must be there with him/her so that he / she could not be advised in such away that in not advisable to him/her. Suppose he/ she is suffering from spine injury, he/she must not be asked to do fraction exercises. If someone is suffering from hypertension, he/she must not be asked to do fraction exercises. If someone is having hypertension, he/she must not be asked to do Shirshasan."

2.32 On the issue of shortage of doctors, the expert stated that:

> "xx xx, if our nurses, who are having B.Sc Nursing degrees are imported some training and asked that these all are common diseases of villages and simply asked to go and have a chat there, they will certain be ready to go and thus any point of delivery can be reached.
>
> xx xx xx we will start B.Sc nursing Course in every district hospital and produce such a great number of nurses. There by absorption them and thereafter we will take them to the villages."

2.33 Pointing out that the super-specialist doctors are not coming forward to join Government services and medical colleges and various posts of super specialist doctors are lying vacant at different levels, the Committee desired to know about the steps taken by the Ministry of Health and Family Welfare to incentivize super specialist doctors to join Government hospitals & Medical Colleges. In reply, the Ministry stated as follows:

> **"-** The Government has taken the following steps in order to fill up the vacant posts and to incentivize super specialist doctors to join Government hospitals and Medical colleges.
>
> - The age of superannuation of Non-Teaching, Public Health Specialists and General Duty Medical Officers of CHS has been enhanced to 65 years. Also, with the view of providing more promotional avenues and exposure of administrative posts to younger generation of doctors in CHS, 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.
>
> - Sending requisitions and constant follow-up with UPSC to fill up vacant posts.
>
> - Pending recommendations from UPSC, concerned units are permitted to make contractual against the vacant posts for a period of one year or till the regular candidate joins, whichever is earlier as a stop-gap arrangement in public interest so that the patient care does not suffer.

- Promotions upto Senior Administrative Grade have been made time-bound without linkage to vacancies.

- The period of study leave for CHS doctors has been increased to 36 months as against 24 months for other Central Government Employees".

2.34 In reply to a query regarding creation of separate cadre of Indian Medical Services in coordination with States to attract Super Specialist doctors in Government services & medical colleges, the Ministry of Health and Family Welfare stated as under:

> "The Cadre Review Committee constituted for examining the cadre structure of the Central Health Service has also examined the issue of creation of All India Medical Service. The Committee has submitted its report to the Government."

2.35 Responding to a query as to whether the shortage of doctors can be overcome by inclusion of AYUSH practitioners in building unified and universal health care systems, a representative of KGMU, Lucknow during his evidence before the Committee replied that:

> "We are ready for this thing that an Ayurvedic doctor may be sent to every village and Taluka and if he/She says that he/she is not able to give treatment there, then can be sent there. We are also ready even for this.
>
> We can give treatment to twenty-percent patients here in total. We will have to take help of someone else desperately in eighty percent because management is in a different style in the cases of terminal diseases and incurable diseases. Curable diseases are twenty percent. almost sixty percent, we are controlling and we do not know even today about twenty percent what is to be done."

2.36 Giving details of steps taken by the Government to overcome the problem of overcrowding in the Central and the State government hospitals, the Ministry of Health and Family Welfare in their written reply stated as under:

> "xx xx the number of patients visiting Central Government Hospitals including AIIMS, New Delhi, PGIMER, Chandigarh, JIPMER, Puducherry and three Central Government Hospitals viz. Safdarjung Hospital, Dr. RML Hospital and LHMC and associated Hospitals for treatment is much larger as compared to their handling capacity in terms of number of beds, manpower and other resources. The volume of patients load can be judged that on an average more than 9000 patients are being treated in Safdarjung Hospital and AIIMS, New Delhi. Despite availability of huge infrastructure and other services in these Hospitals, there is a waiting period for certain procedures due to the ever increasing pressure on infrastructure and available manpower in these hospitals, which varies from Department to Department in these Hospitals. Despite various constraints, all the patients registered in OPD are given adequate care and attention while providing them clinical treatment.

In addition, due to space constraint for expansion of AIIMS, New Delhi the Government has decided to set up new AIIMS in various States to provide tertiary care to the general public in the respective States/region. Besides this, Government have also taken up up-gradation of Government medical colleges under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), which include improving health infrastructure through construction of Super Speciality Blocks/Trauma centres, etc. and procurement of medical equipment for existing as well as new facilities. These initiatives will progressively bring down the patient load on the exiting Hospitals/Institutes in the coming years leading to reduction of patient load substantially as the inflow of the patients from distant areas to these hospitals will be reduced."

2.37 The Ministry further added as under:

"Expansion of existing facilities and creation of new facility in a Hospital is an on-going process and is undertaken as per the requirement and availability of resources. Projects for augmentation of capacity have also been approved in the three Central Government Hospitals namely Safdarjung Hospital, Dr. RML Hospital and LHMC and associated Hospitals. In AIIMS, New Delhi Government has approved an additional 85 HDU beds and 106 ICU beds over the last 3 years to cater to the needs of the critically ill patients. In addition, the Government has approved setting up of National Cancer Institute at Jhajjar, Haryana.

Details regarding present bed capacity of Central Government Hospitals in Delhi and total number of beds after augmenting their capacity, as stated by Ministry are as under:

Name of the Hospital	No. of available beds	No. of additiona beds after completion of th Project	Total no. of beds after completion the project	% increas
Safdarjung Hospital	1531	1307	2838	85.37%
LHMC a associated Hospi	1252	570	1822	45.53%
Dr. RML Hospital	1216	141	1357	11.60%

** This has been completed and the facility has been made functional.*

The Government has also introduced 'Online Registration' of the patients for appointment of doctors in OPD."

2.38 Giving his views on reducing the over crowding in big hospitals and providing better rural health care, an eminent Specialist in his written submission stated as under:

"(i) Training medical specialists for community health centers and taluka hospitals:

Only doctors with diplomas can transform rural health care. However this diploma training should be given as part of a career progression for the young doctor and not a dead end. There should be incentive for them to take up the diploma training so that they get priority in MD / MS / DNB selection. Also get a year of exemption during MD /MS courses which is a norm today according to MCI guidelines Doctors with MD and MS will not be happy to work in community health centers. We need to create a large number of intermediate level of specialists with diplomas and experience in broad specialties to serve the needs of rural India. It only requires two years of apprenticeship under a senior medical specialist in busy 200+ bed government or private hospitals across the country to obtain a Diploma. These doctors with diploma can perform most of the common tasks like a doctor with MD degree.

Eg:Women and children comprise 60% of our country's population. At each CHC and Taluka / district hospitals we need two diplomas each in Obstetrics and Gynaecology, Paediatrics, Anaesthesia to reduce the IMR, MMR and two diplomas each in chest medicine and TB, Diabetology, Psychiatry, one diploma in orthopaedics, two diplomas in radiology,and just one Doctor with MD medicine and one with MS in general surgery. With this medical man power only a patient who needs tertiary care like heart or brain surgery or cancer treatment will need to go to state capital hospitals. This will decongest cities' specialty hospitals. Most patients who congest NIMHANS Bangalore OPD suffer from epilepsy and any diploma in community neurology at Taluka hospitals can manage this problem effectively."

(ii) Conducting Training Program

The State Medical University will be the nodal agency launching the program and managing it. The content of the curriculum is exactly how it is today for diploma in broad specialties and some super specialties. It is a two years course for the doctors who have completed their internship successfully. The degree will be called Diploma in Gynecology, Diploma in Pediatrics and Diploma in Radiology etc. and the diploma is recognized by the medical council like any other diploma offered by medical colleges.

State medical universities should come up with innovative courses to serve the needs of the community. After succesful pilot this course can be launched across the country. Today State medical universities are reduced to exam conducting agencies with absolutely no room for innovation. In the process India, a country which will soon have the largest number of geriatric population has only a handful of geriatric specialists. In reality we need to have equal number of Paediatric and Geriatric PG seats.

(iii) College of Physicians and Surgeons, Maharashtra

Alternately, CPS can conduct these diploma courses. CPS was formed to create intermediate level medical specialists by the then British government in 1913."

Presenting an assessment of services rendered by CPS pass-outs, the expert stated as under:-

"There are about 8,000 doctors serving in public health in Maharashtra. Out of the 8,000 doctors,900 are with CPS diploma deployed in about 300 rural hospitals / Community Health Centres as specialist medical officers, 200 with MCI diploma and 1100 with MD/MS. Majority of CPS Diploma holders in Community Health Centers are Gynecologists, Pediatricians and Anesthesiologists.

CPS courses were started in Civil hospitals of Maharashtra to fulfil the need for Specialized Medical Officers (SMO) and to carryout NRHM programmes to reduce IMR and MMR. This has succeeded very well considering the following MMR data in comparison to Karnataka. For a State which is second largest in population and third biggest in land mass, it is remarkable that Maharashtra has moved to second position in reaching MMR goals after deploying CPS diplomas in public health services since 2009. The number of medical colleges being more or less equal and the tribal population in Maharashtra being two-and-half times larger than that of Karnataka"

2.39 The expert furnished the following data with regard to CPS diploma holder specialist in Maharasthra:-

Positions	**Maharashtra**	**Of which CPS***	**Karnataka**
Specialist Medical Officers	2000	900	1750
Paediatricians	360	146	22
Gynaecologists	419	156	335
Anaesthetists	227	95	205

***About 45% of all Specialists in Maharashtra Public Health Service are CPS diploma holders**

Source: Rural Health Statistics 2015; Dept. of Health, Maharashtra; Health Commissioner, Karnataka

2.40 In this regard, the expert further stated:-

"The CPS Diploma holders practice extensively in private sector in tier 2 and tier 3 towns of Maharashtra where MD / MS holders do not practice in rural areas. In Maharashtra, majority of the medical specialists in rural areas are CPS diploma holders in Gynaecology, Paediatrics, Anaesthesia, Radiology and Orthopaedics.

100% of the CPS diplomas who graduate are available to serve Maharashtra. Because of the intermediate degree, their retention in government employment is longer.

In the last five years Maharashtra achieved spectacular result in reducing MMR (less than half of Karnataka, second only to Kerala, best performing Indian state, primarily because of diploma holders from CPS practising both in government and private sector hospitals of rural Maharashtra.

The CPS courses are non-commercial with affordable fee structure with no hidden charges. They follow a centralized admission process.

It was observed that those who cannot opt for other PG Medical streams get into CPS courses to obtain higher qualification.

Over all the CPS program in Maharashtra has enhanced healthcare delivery in many ways and especially strengthened public sector hospitals and government systems. The only reason why CPS courses are not extensively adopted across Indian states and embraced by the young doctors is lack of recognition by the MCI. Recognition by MCI will allow the young doctors with diplomas to practice in any part of the country.

Maharashtra has proven beyond doubt that CPS courses can dramatically impact the maternal mortality which is the top priority of the government.

The Royal College of Anaesthesia, England has recognized Fellow CPS as being eligible to apply for Medical Training Initiative (MTI) in England."

2.41 The Ministry of Health and Family Welfare was asked to comment on the following suggestions received from an eminent Specialist:-

(i) Recognize CPS awarded two year diplomas to be eligible for appointments in public health service across India.

(ii) Recognize diplomas from CPS equivalent to diploma courses from MCI so that diploma holders can practice as medical specialists across India.

(iii) Recognize CPS to conduct all courses listed under Schedule 1 of Indian Medical Council Act 1956

(iv) CPS to recognize over 200-bed, busy, well equipped, NABH accredited hospitals and 100-bed single specialty hospitals with adequate teaching faculty - both government and private across India - for diploma courses.

(v) Recognize CPS Diploma holders with two years of post- qualification experience to be eligible for one year exemption if selected for MD / MS or DNB in the respective fields.

2.42 The Ministry in this regard stated as under:-

"The Ministry has been constantly taking up the matter of recognition of CPS courses with MCI. MCI has informed that the matter is being considered by PG Committee and the Committee has sought legal legal opinion from law firm Edu. Law."

Shortage of doctors in Central Government Hospitals

2.43 As per the information furnished by the Ministry, the latest incumbency position indicating sanctioned, in-position and vacant posts of CHS doctors as well as Dental doctors working in Central Government Hospitals is as under:

	Sanctioned	Filled	Vacant
CHS Doctors	4236	2868	1368
Dental Doctors	37	25	12

Total	4273	2893	1380

Shortage of Nurses and Paramedical Staff

2.44 During evidence before the Committee, an eminent Specialist informed that nursing profession in the country is dying. There is a shortage of 6 million nurses, crisis is waiting to happen as due to drop in admission, nursing colleges are closing down. He further informed that 67% of anaesthesia in USA is admistered by Nurse Anaesthetist whereas Indian nurse cannot prescribe even a pain killer.

2.45 When asked by the Committee about the suggestions to overcome shortage of nurses, the expert stated as under:

> "We have to allow the nurses to become anesthetists. They should have the prescription right. The prescription right cannot be the prerogative only of a doctor.
>
> If they have a desire to become a doctor, then we should allow them to become a doctor, but you say that to become a doctor this is the requirement. Today, a nurse cannot become a doctor even if she is willing to go through that route. We do not allow them."

2.46 A representative of JIPMER emphasised upon the need to strengthen nursing and other paramedical staff to overcome shortage of medical practitioners in the country. During his evidence before the Committee he submitted as under:

> "xxx xxx, xxx xxx now when we think of delivering good healthcare system, the doctors alone cannot do that. We have to strengthen and train people in paramedical courses like MLT, perfusion technologists and nursing staff. These nursing staff, paramedical staff and doctors, when they together work as a team, then the healthcare of an institute will improve."

Geriatric Health Care

2.47 While furnishing Geriatric health data viz details of the diseases/ailments, status of medical facilities, number of Geriatric Centres and Doctors and the number of institutes conducting MD Geriatric Medicine, the Ministry of Health & Family Welfare in their written submission stated as under:-

> "As per Census 2011 data the number of senior citizens in the country is 10.38 crores.
>
> As per 52nd report of the NSSO, undertaken 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.

Number of aged persons reporting Chronic Diseases per 1000 aged persons by type of disease sex-wise and area wise as per 52nd Report of NSSO

S. No.	Types of Chronic diseases	Rural			Urban		
		Male	Female	All	Male	Female	All
1	Cough	250	195	222	179	142	160
2	Piles	33	16	24	32	18	25
3	Problem of joint	363	404	384	285	393	340
4	High/low BP	108	105	106	200	251	226
5	Heart disease	34	27	30	68	53	61
6	Urinary problem	38	23	31	49	24	36
7	Diabetes	36	28	32	85	66	75
8	Cancer	2	3	3	2	4	3
9	Any of the above	527	514	520	528	560	545

The common disabilities among the senior citizens are visual, hearing, speech, locomotor, amnesia/senility and others.

Number of aged persons reporting Chronic Diseases per 1000 aged persons by type of disabilities sex-wise and area wise as per 52nd Report of NSSO							
S. No.	**Types of disabilities Chronic diseases**	**Rural**			**Urban**		
		Male	**Female**	**All**	**Male**	**Female**	**All**
1	Visual	249	291	270	225	260	243
2	Hearing	139	156	148	111	132	122
3	Speech	32	38	35	29	34	32
4	Locomotor	107	115	111	80	94	87
5	Amnesia/senility	96	113	105	61	80	70
6	Any of the above	380	425	402	333	367	350

The proportion of Ailing Persons (PAP) per 1000 aged 60 and above is 157 and 170 in urban and rural areas respectively.

Total number of District Hospitals, Regional Geriatric Centres and National Centres sanctioned are 418, 20 and 2 respectively."

2.48 When asked about the State-wise geriatric health data, the Ministry of Health & Family Welfare furnished the following information in their written reply:-

"With regard to data (State-wise) indicating number of doctors in each of the hospitals/medical colleges and patient/doctors ratio, the information available indicates that very few doctors are qualified geriatricians. In the 20 RGCs identified for providing support to NPHCE there are 66 faculties. However, many of these faculty members are general physician, however, they have significant experience of working in the field of geriatric medicine, RGC-wise number of Geriatric faculty is given below":

Regional Geriatric Centres (RGCs)-wise number of Geriatrician

Sl. No.	Name of RGCs	Number of Geriatricians in RGCs
1	AIIMS, New Delhi	7
2	BHU, Varanasi	2
3	SEK IMS, Srinagar	2
4	SNMC, Jodhpur	4
5	GGMC, Mumbai	3
6	MMC, Chennai	10
7	GMC, Guwahati	2
8	GMC, Trivandrum	2
9	Gandhi Medical Collage, Bhopal	2
10	Kolkata MC, Kolkata	2
11	Nizam's IMS, Hyderabad	3
12	SCB Medical College, Cuttack	2
13	KGM University, Lucknow	4
14	Rajendar IMS, Ranchi	2
15	Bangalore MC&RI, Bengaluru	3
16	BJ Medical College, Ahmedabad	2
17	Government Medical College, Nagpur	2
18	Agartala MC, Agartala	1
19	Patna MC, Patna	5
20	Rajendra Prasad GMC, HP	1
	Total	**61**

Further there are very few institutes recognized for conducting MD Geriatric Medicine course and combined annual intake is only 13 doctors and from the beginning till date 44 doctors have completed MD geriatric medicine. Institute-wise annual intake and doctors completed MD geriatric medicine from the beginning till date are as under:-

IGNOU is also conducting diploma course in geriatric course in geriatric care. As per information obtained from IGNOU 1042 doctors are trained in geriatric care".

2.49 While furnishing geriatric health data viz. details of the diseases/ailments, status of medical facilities, number of geriatric centres and doctors and the number of institutes conducting MD geriatric medicine the Ministry of Health and Family Welfare in their written submission furnished the following State-wise data:-

Proportion of Ailing Persons aged 60 Years & above during last 15 days per 1000 persons as per 52nd report of NSSO							
S.No	**State/UTs**	**Urban**			**Rural**		
		Male	**Female**	**All**	**Male**	**Female**	**All**
1	Andhra Pradesh	237	196	215	359	221	288
2	Arunachal Pradesh	64	0	34	64	70	66
3	Assam	234	380	300	230	285	254
4	Bihar	122	162	142	133	136	135
5	Goa	27	32	30	14	90	52
6	Gujarat	111	130	122	165	134	147
7	Haryana	101	260	187	139	136	137
8	Himachal Pradesh	241	244	243	295	305	300
9	J&K	97	180	131	246	155	203
10	Karnataka	156	204	180	182	205	195
11	Kerala	220	172	194	267	228	246
12	Madhya Pradesh	114	113	114	116	88	101
13	Maharashtra	136	136	136	147	208	178
14	Manipur	5	7	6	55	6	37
15	Meghalaya	140	79	101	89	255	141
16	Mizoram	9	31	20	18	150	83
17	Nagaland	102	73	94	82	167	117
18	Orissa	118	93	106	124	110	117
19	Punjab	194	242	217	171	181	176
20	Rajasthan	111	102	106	143	96	116
21	Sikkim	163	0	81	118	34	79
22	Tamil Nadu	164	158	161	175	124	152
23	Tripura	153	165	159	352	304	329
24	Uttar Pradesh	146	223	187	156	132	144
25	West Bengal	140	164	152	225	215	220
26	AN Islands	0	0	0	194	48	163
27	Chandigarh	391	562	469	531	360	452
28	Dad.& Nag Heveli	291	350	327	145	297	255
29	Daman & Diu	0	0	0		629	467

30	Delhi	95	122	107	46	159	105
31	Lakshadweep	61	119	86	526	396	467
32	Puducherry	148	190	171	224	190	210
	Total	148	166	157	178	161	170

Grievance Redressal Mechanism

2.50 In reply to a query regarding the mechanism put in place for redressal of grievances of the patients visiting Government hospitals and obtaining feedback regarding the availability of services, the Ministry of Health and Family Welfare (MoH&FW) stated as under:

> "National Health Mission has helped in empowering the States in improving service delivery by introducing many entitlements based interventions and basket of assured free services. This has lead to rising expectations from the beneficiaries who have become more aware of what they need and what is available in terms of medical care. Patient-centric care can be best done by empowering citizens to have their voice heard, involve them in making health care system more accountable and creating a system that acts on their feedback."

2.51 In this regard, the Ministry of Health and Family Welfare further stated as under:

"Ministry has formulated guidelines about setting up of Grievance Redressal (GR) mechanism & Health Help line which will be disseminated across all the States/UTs. The guideline provides for complaint redressal mechanism through three different channels of communication as under:

1. **In-person:** The GR help desk, to be established at high case load health facilities, at which complaint can be registered.
2. **Through a call:** A toll free number is to be used to register the complaint. A SMS will be generated confirming the successful registration of complaint and sharing the complaint registration ID.
3. **Online:** The complaint can be registered after filling the online form on the GR Web portal. Complaint registration ID will be generated.

The mechanism will also have Health Help line to be implemented through centralized call centre. To have a robust and effective grievance redressal system, guidelines provide for a window of seven days to be fixed at each level of administration to resolve the grievances. Identified nodal officer at each level i.e. facility/district/state will get an automated message for the grievance reported. Grievances unresolved even after seven days will escalate to next higher level of administration up to Health Minister/Chief Minister of the State.

Public health being a State subject, States will be required to take necessary action to implement the Grievance redressal mechanism in their public health system under NHM.

(2) **"MeraAspataal"**

"MeraAspataal" is a multi-lingual patient-centric application that obtains and analyses patients' feedback on their experiences in the hospital using multiple feedback channels i.e. Short Message Service (SMS), Outbound Dialling (OBD), web portal and mobile application. The collected patient's feedback is one of the critical parameter in performance assessment and ranking of the district hospitals.

The application was launched by the Union Health Minister in Tirupati on 29th August, 2016 with 38 hospitals integrated with the application. The number has since risen to 75 facilities. Within next one month, a total of 138 facilities will be integrated with this application. During next year, it will further be scaled to all district hospitals and central government hospitals."

(B) AYUSH System of Medicine

2.52 Highlighting the role of AYUSH system of medicine in the delivery of health care, Ministry of AYUSH in their Brief Note stated as under:-

"AYUSH system of Medicine is playing a notable role in the National Health Mission (NHM) as well. As envisaged under NHM vision and goals, efforts are being made to integrate AYUSH in primary Health delivery. The concept of mainstreaming of AYUSH revolves around optimal use of all available human resources for health care provision in the country. Mainstreaming has essentially two aspects.

Firstly, there should be a cafeteria approach of making AYUSH and Allopathic systems available under one roof at the PHC/ CHC/ District Hospital level. Apart from improving people's access to health services, it will also provide choice of treatment to the patients.

Secondly, the qualified AYUSH practitioners can fill the manpower gaps in Primary Health Care, particularly at the CHC and PCH level.

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.

Strategies have been carefully drawn up to achieve the role assigned to AYUSH systems of Medicine in National Health Mission (NHM). These includes supplying essential drugs to the AYUSH doctors co-located in PHC/ CHC/ DHS, providing two rooms separately for AYUSH practitioners and Pharmacist under the Indian Public Health Standards (IPHC) model etc."

2.53 Underlining the Importance of Indian System of Medicine viz-a-viz Allopathic system of medicine, the representative of AYUSH during evidence before Committee stated that:

"The main feature of Allopathy system is that there they pay attention on the treatment of disease while in our system we not only treat the disease but also lay emphasis on the prevention of disease which is very important and it is not a part of Allopathy. In our various systems of medicine like Ayurveda, Unani and Siddha and even in Yoga. We have provisions for prevention of diseases and if people adopt Yoga properly then it can go a long way in preventing the diseases."

2.54 He further elaborated on National Ayush Mission and submitted as under:

"The Government of India launched National AYUSH Mission in September, 2014 to promote AYUSH system of medicines. It was started on the lines of National Health Mission. It has four components and the most important component is provision of health services. It is the first component and we have covered two things in it firstly we need to make AYUSH doctors available in PHC, CHC and district hospitals and secondly stand alone dispensaries and hospitals of AYUSH need to be set up"

2.55 The Ministry of AYUSH in their background note submitted that presently, there are 3632 hospitals with about 58020 beds, 26325 dispensaries, 7,44,563 doctors, 550 educational institutions with admission capacity of about 32256 UG student and 4339 PG students and 9282 drug-manufacturing units under AYUSH systems. Located with 512 District hospitals, 2739 CHCs and 9112 PHCs.

Systems of Medicine

(i) Sowa rigpa

2.56 The Committee have been apprised that the Ministry of AYUSH is looking after the Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa & Homeopathy systems of medicine, which are prevalent in India. Ayurveda, Unani, Siddha and Homeopathy have already been recognized by the Government of India much earlier, incorporated them into the Central Council of Indian Medicine (CCIM) However, the induction of representatives of the Sowa-Rigpa medical tradition into CCIM through the regular procedure is yet to be completed, and the streamlining of the courses and the degrees is still in process. No substantial grant has so far been given to the Institutions of Sowa-Rigpa in India for academic and healthcare purposes.

2.57 When asked about the history and the introduction of the Sowa Rigpa system of medicine into AYUSH system, a representative of Central University of Tibetan Studies during the course of deposition, submitted as under:

> "this medical system was recognised in 2010 by the Parliament and then by the Cabinet and since then this has been an officially recognised medical system. Prior to that, there was a very strong practice in Tibet, in Mongolia and many other places and of course in the entire Himalayan region, which has been practising it. We have a very strong, profound and sophisticated practise in theory and practise of this medical system. We have been traditionally giving training to our doctors for six years as a Bachelor's course. But after the recognition, the CCIM is supposed to carry out the work for the recognition of the degrees. Prior to that, we have to streamline the curriculum and the different degrees – Bachelor, Master and MD and things like that.
>
> So far as the recognition was concerned, the Ministry of AYUSH was not a full-fledged Ministry at that time, the then Secretaries have been very helpful and supportive and we have worked very hard. So, it went into process of recognition very quickly, but after that in the streamlining of the courses and recognition of the degrees there have been stagnation. So far, this has not happened and I think that this should be done very much at war foot level and should be expedited.".

2.58 Furnishing details about the health care services available under Sowa Rigpa, he informed the Committee as under:

> "xxx this medical system so far as the health service that we are providing to the all India level, Dharamshala has about 80 clinics and all these clinics were not opened / initiated by

Dharamshala themselves, but people from those local areas have approached Dharamshala and said please come here and open it because it is very difficult for all of us to come all the way from Bangalore, Mumbai, Karnataka, Odisha and Darjeeling and such other places. So, they offered a place to open their clinic and Dharamshala sent 2-3 doctors and medical dispensers and then they provided medicine. So, this is how the health service is provided.

In February, we are going to have a National Conference on certain medical principles in which both Tibetan and Ayurvedic medical practitioners will be participating. Four years back -- we have very good relations with BHU Ayurvedic Medical Department – two lady patients of the Allopathic Department of the BHU were diagnosed with breast cancer. They said that they had only six months life. They further said that their only hope was to go to Sarnath and then consult the Tibetan doctors there. When she came over there, it was found that she had eight tumours which were gradually cured. She is still alive with only one tumour now.

I would say that the modern allopathic medicine is very scientific, it has made tremendous contribution to mankind. But the treatment of cancer disease is through chemotherapy and chemotherapy does not necessarily work with people of different physical natures. I would say that the Tibetan medicine is more scientific than allopathy because it treats every individual differently and every three days they change the medicine. Accordingly, if there are ten patients, all the ten patients are given different medicines, and after every three days the medicine is changed and then they are kept under strict supervision of the doctors. Like that, it really cures many chronic diseases. But it is not well known throughout the world.

Most importantly, our system does not have any kind of side effect for any kind of drugs that we give. There is no side effect but the disease is uprooted as it not a symptomatic kind of a treatment."

2.59 On Sowa Rigpa education and health care, the representative stated as under:

"At the moment, in our departments, we have only three posts. With these three posts we have been producing about 15-16 batches by hiring scholars to teach and deliver guest lectures. It is not possible to run this on a regular basis. Therefore, in this proposal, we have given a full-fledged proposal with this kind of a building with ten storeys.

There are a lot of demands because we have never advertised our clinic and medicine. Still people hear about that and so from Lucknow, Gorakhpur, Allahabad and other places a lot of patients come."

xxx xxx xxx

"They do not have a hospital at Dharmashala. Now, they are proposing to have a 100-bed hospital. As of now, there is no indoor patient hospital anywhere in the country. But if that is there, that would be excellent."

2.60 Responding to a query of the Committee about the methods of preparation of Tibetan medicines, the representative elaborated as under:

"Again there is a problem here. Just as Ayurveda, we are going to standardize it by creating pharmacopoeia. Otherwise, we have a tradition in which a particular measure or this weight of ingredients should be provided in order to create a particular drug. But there is no such way of scientifically doing it with such great precision. So, we are going to do that in our University."

2.61 While highlighting the problems being faced by Sowa Rigpa system of medicine, the representative submitted as under:

"xxx xxx now we need to expedite the process of streamlining the courses and recognizing the degrees. All these four institutions in India have never got any substantial grant from the Indian Government. Earlier, I used to approach the Government and then I was told that since this was not recognized, they could not give any grant. Now, it is recognized, but still we do not have any grant. I have been approaching AYUSH and the Ministry of Culture, but so far not a single post has been given. In order to have a full-fledged kind of research and teaching at international standard level, we need to develop these things. We need the infrastructure, we need the positions, and we need to have the equipment. So, I have a major full-fledged proposal. This proposal has been submitted again and again earlier and now this is the latest form…"

2.62 To a query regarding the Council for regulating Tibetan system of medicine, he informed the Committee that they do have an internal Council for Tibetan medicine in Dharamshala in order to control the quality of education and practices.

(ii) Homoeopathy

2.63 Furnishing details about the relative advantages of Homeopathy vis a vis allopathic treatment in management of life threatening diseases, a representative of Central Council for Research in Homeopathy before the Committee during the course of evidence submitted as under:

"It has been noticed that at times, best of allopathic medicines fail to subsidize the pain due to cancer. Homeopathy has certain effective medicines for pain management which can substantially reduce the pain if administered along with other medicines. That is why, we have set up, one or two units, for this purpose like we have a unit at Delhi State Cancer hospital. The doctors of Allopathy sent the patients to us if they feel that they have done all they could and homeopathy might help the patient. The need of the hour is to make this facility at more places. At present it is only at limited places.

xx homeopathic medicines reduce the pain substantially. More often than not allopathic medicines have side effects. There comes a stage when no further treatment is possible. We have noticed that the concept of immunomodulation is very effective at that stage because it does not involve a large amount of chemicals. It supports the immunology and strength of the body which helps the patient to a great extent."

2.64 In reply to a query regarding issue of not giving prescription of medicine to patients by Homeopathy practitioners, the Secretary, Ministry of Ayush during evidence held on 15.09.2016 submitted that:

"We issued a notification almost two months ago as per which it is mandatory of homeopathy doctors to write complete prescriptions. It is mandatory to write down the diagnosis of the patient and names of all the medicines which the doctor is prescribing even if he himself is dispensing out the medicines. This has been made mandatory. If someone is not writing the prescription then he is flouting the rule and action can be taken against him by the Central Council."

2.65 With regard to awareness programmes initiated by Central Council for Research in Homeopathy for popularising Homeopathy, a representative of Council submitted as under:

"Sir, the Government of India or State Governments often organize awareness programmes. Department organizes AYUSH melas regularly where Homeopathy is projected. Our State dispensaries participate in them but there is no exclusive programme for homeopathy. Homeopathy is a part of the programmes of AYUSH Ministry."

(iii) Unani system of medicine

2.66 Underlining the importance of Unani system of medicine, a representative of Central Council for Research in Unani, during evidence submitted that:

"We have some very good things. The conventional system of medicines does not have any permanent solution for minor ailments chronic diseases and life style disorders while we have very effective medicines for them and we get patients too".

2.67 With respect to infrastructure facilities available under Unani system, he submitted that:

"We have a Unani wing at RML Hospital which was set up in 1998. A number of patients are referred there. I have attended almost 5 lakh patients there during the last 15 years and even today we get a large number of patients.

xx an AYUSH wellness center was set upon Presidents estate on 25 July, 2015 which has a Unani Wing too. Hon'ble President inaugurated it and even today the Unani dispensary is the busiest. 70-80 patients come to us per day out of the population of 7000. Our medicines are effective that is why patients come to us."

2.68 Responding to the reasons for decline in popularity of Unani system of medicine in the Country, he clarified as under:

"I have always felt that what we lack is that we have not been able to maintain pace in research which is very important. Although Central Council for Research on Modern Medicine has been working for the last 25-30 years and has produced some results but the educational institutions have fallen short of carrying out research to the desired extent in this area. That is why we need to concentrate on strengthening research wings in every teaching institution."

2.69 During evidence before the Committee, Unani Expert while elobrating on the infrastructure constraints faced by Unani system, stated as under:

> "xx xx in respect of teaching, he has said a lot of things. I want to make certain points in respect of health care delivery system. We do not have a shortage of practitioners. They are good and institutionally qualified too. Registered medical practitioners are also there. What we lack is infrastructure. A Unani dispensary of CGHS was set up for the first time in Allahabad in 1970s and it has not started working even now. Another dispensary was set up at Sarojini Nagar in New Delhi which is existing and it is running. This dispensary is operational and tends to a large number of patients while even though there are a large number of central Government employees in Allahabad the one CGHS dispensary which was opened there would not be made operational.
>
> At present, there is one unit in the All India Institute of Ayurveda and we are getting very good results from therefore, Regimen therapy has also been introduced there in teaching through treatment and treatment of varicose vein is being done. we have got good results for treatment of approved rheumatic arthritis. As a Unani physician, I myself attend the OPD of RML Hospital as well as Deen Dayal Upadhayaya Hospital. I also render one day service in Jamia University as a physician. I am getting very good results. I would like to say that Unani system of medicines can do much more than other system of medicines. But the main thing is that we are lagging behind due to non-availability of infrastructure, qualified staff and practitioners. there are so many hakims, but Hakim Sahib is not available. There, Hakim Sahib means institutionally qualified Hakim. He should have knowledge of syrups. Hakim Ahmed Hussani was a promises famous Hakim in Allahabad. He treated typical patients. Jamia disciple of Hamid Hussain. My father was a professor in the university. He always followed Unani system for treatment of patients. Professor Siddiqui was a professor of Arabic and Pessain. now a days, Unani system of medicine has lagged behind. If we was to improve the health sector. We should have at least one Unani and one centre for Indian System of medicines in each allopathic hospital. There should be well qualified practitioners and physicians."

(iv) Siddha

2.70 A representative of Central Council for Research in Siddha stated the following while apprising the Committee about the status of Siddha system of health care:-

> "As far as Siddha system is concerned, it needs adequate propagation. It has got its own strength. For example, we have got special unique therapy systems called varmam and thokkanam. Varmam is pressure manipulation therapy and thokkanam is physical manipulation therapy. These two reveal the special identity of Siddha system of medicines. Neuro-muscular skeletal disorders and arthritis and even nervousness are properly taken care of by these two therapies. As Panchakarma is to Ayurveda, varmam and thokkanam is to Siddha.
>
> Our area of strength to highlight is that during the outbreak of Dengue fever and Chikungunya, the Government of Tamil Nadu saw to it that Siddha medicines, especially, nilavembu decoction was distributed all over Tamil Nadu in all hospitals irrespective of the system whether Allopathic or Siddha or Ayurveda. It could control the spreading of the Dengue fever and it responded very well for Chikungunya also.
>
> In Tamil Nadu Government, there is one Siddha Public Health Institute. They started concentrating on Siddha system in pre-natal and post-natal care. The allopathic doctors

are also there in the Institute. They are also conducting delivery and other things, but because of the boost given by the Tamil Nadu Government to Siddha system of medicine, it was made known to them and they also started creating awareness among the public to go for Siddha system of pre-natal and post-natal care. It was successfully done by one Siddha doctor. A number of deliveries were conducted without surgery, including pre-natal and post-natal care. I came across children born through the Siddha system of medicine and when I interacted with their mothers, they said that the children who were born through the Siddha system of pre-natal and post-natal care are brainier and that they are more intelligent than those children who were born through the conventional system. "

2.72 Elaborating further on the achievements of Siddha, he submitted as under:

"We have got achievements, especially, in psoriasis / skin disease; fibroid uterus; PCOS; pre-menstrual tension; and for Cancer also we are exploring the possibility of integrating Siddha with Allopathic in order to alleviate the suffering patients, especially, those who are at the terminal stage.

Our strength is in treatment of arthritis and neruo-muscular stroke cases; then diabetes and non-communicable diseases like diabetes, hypertension, and auto-immune disorders is also our strength. .

Recently, we have patented one drug for diabetes. It responds very well in the beginning when the cases are detected within 6 months of its onset. People need not even switch over to Allopathic and people those who are already on Allopathic drugs can simultaneously be prescribed this drug and gradually their dosage is reduced. Even in insulin-dependent cases, they reduce their insulin-dosage. So, such kind of positive thing we have achieved in it.

In the case of arthritis, the varmam treatment gives dramatic relief even in a single sitting and the patient gets relief from pain. Along with varmam treatment, if need be, we will prescribe some drugs also. So, this reflects the strength of Siddha system of medicines. This kind of treatment is available in AYUSH Wellness Clinic, Rashtrapati Bhawan also. "

2.73 When asked about similarities and dissimilarities between Ayurveda and Siddha system of medicine by the Committe, he further submitted as follows:

"Most of the basic principles go hand in hand, but there are vast differences. For example, there are number of formulations. The names of those formulations may be same, but the ingredients are different and indications are different xxxx xxxx xxxx the Siddha Pharmacopoeia Committee and the Ayurveda Pharmacopoeia Committee work together."

(v) Ayurveda

2.74 Apprising the Committee about the service conditions of Ayurveda practitioners and the problems being faced by them, a representative of All India Ayurvedic Congress submitted that:

"A mention was made about NHRM, our physician is posted in this Mission. But, he gets less salary, he is not assigned the work of Ayurvedic treatment. Also, neither Ayurvedic medicines are available nor ayurvedic treatment is done. He has to prescribe allopathic

medicine or he has to attend to the cases relating to family planning. Thus, our physician gets job on low salary, but is not properly utilized.

Sir, we want that Ayurvedic doctor should be a qualified doctor, he should have confidence and only it is possible when we impart good knowledge of Ayurveda in the colleges. Ayurvedic medicines should be of good quality and the colleges should be of good standard. IMPCIL, Government of India's company would not produce required number of medicines. The Govt. should therefore, procure medicine from those companies which are producing good quality medicines, so that all people could get medicines. our demand is that the Govt. should consider in this regard."

2.75 Apprising the Committee about problem faced by the AYUSH Practioners, an eminent Vaidyaraj stated during deposition that:

"The Ministry of Health is the administrative authority for the implementation of the National Health Programme under Ayush. Ayush has mentioned that such and such medicines should be there. There must not be scarcity of medicines in the stock."

2.76 Regarding the doctor population ratio for AYUSH doctors in the country, the Ministry of AYUSH in their written reply stated as under:

"The sanctioned strength of AYUSH physicians is 208 in all streams and their deployment is done by CGHS, Ministry of Health and Family Welfare. The doctor population ratio for AYUSH doctors in the country is not maintained in this Ministry as such.

AYUSH Registered Practitioners per crore population (as on 1st January, 2015) was stated to be as under:

Year	Ayurveda	Unani	Siddha	Naturopathy	Homoeopathy	Total
2015	3120	374	65	16	2203	5778

2.77 Giving reasons for very less numbers of Ayush doctors in PHCs in some States, the Ministry of Health and Family Welfare stated as under:

"We could cover only 30 percent area of the country. In some states, more area has been covered while in other states less area has been covered."

2.78 Giving details of AYUSH doctors appointed in various institutes, the Ministry stated as under:

"<u>National Institute of Sidha(NIS)</u>-

2011-12: NIL

2012-13: 05

2013-14: 01

2014-15: NIL

2015-16: NIL

(B) National Institute of Ayurveda(NIA)

Presently 68 Doctors are available with the NIA.

(C) North Eastern Institute of Folk Medicine (NEIFM)-

Only an Ayurvedic doctor is working on contract basis. One post of Medical Officer recently created for which appointment is in process.

(D) National Institute of Unani Medicine (NIUM)-

Lecturer	: 14
Reader	: 07
Professor	: 02
Clinical Registrar	: 01
RMO	: 01

2.79 On Ayush doctor population ratio in the country, a representative of Ministry of AYUSH submitted that:-

> "When Twelfth Plan was being formulated Ayush was a department under the Ministry of Health. Planning Commission convened a meeting of all the three Departments. During the meeting Department of Health submitted a data wherein it was informed that there were 6 lakh doctors in the country. Thereafter, when a mention was made about AYUSH, it was told that there are 6 lakh allopathic doctors and seven lakh doctors of AYUSH in the country. If we count of both of these figures together, this is absolutely equivalent to the recommendation of the WHO. First time, Planning Commission admitted that we have so many doctors in the country.
>
> We do not have budgetary provisions for them so that we could employ the doctors. At the beginning of the 12th Plan we sought budget for the same. Today, medicines are being supplied by the Ministry of AYUSH, but the manpower is deployed by the Ministry of Health. We have told that we would deploy the manpower and also supply the medicines. At that time, it was not accepted. Powers of deployment of manpower and funding has been assigned to the Ministry of Health and Family Welfare. We supply medicines only but we cannot appoint doctors there. This is the present situation."

2.80 Furnishing the status and service conditions of AYUSH viz-a-viz allopathic doctors in the county, the Ministry of AYUSH in a written reply has submitted that:

"There is general parity of career progression of AYUSH physicians with General Duty Medical Officers of Central Health Services. The recommendation of 6th CPC for implementation of Dynamic Assured Career Progression Scheme for Allopathic Doctors has been extended to AYUSH doctors. The process of extending the benefit of Senior Administrative Grade (SAG) is also under consideration. The proposal for revising the RRs is under consideration with DoP&T for implementing the SAG. The age of superannuation of GDMOs of CHS has been upwardly revised to 65 years recently vide Government Order No.A.12034/1/2014-CHS-V dated 31.05.2016. This has not been extended to AYUSH physicians however. The matter is under examination."

2.81 Giving the background for using the title doctor by AYUSH practitioners instead of titles like vaidyaraj, vaidya shiromani, etc, the representative of Ministry of AYUSH during evidence held on 15 Sept, 2016 stated that:-

"I was appointed as an ayurvedic physician. The Govt of India has appointed Tikku Committee in the year 1992-93. This Committee recommended that there should be medical officers, viz medical officer- Ayurveda, medical officer-Unani and medical officer-Homeopathic."

2.82 Responding to a query as to whether the Ministry have any proposal to use different nomenclature for AYUSH doctors viz-a-viz allopathic doctors, in reply, the Ministry of AYUSH stated as under:

"No such proposal is under consideration at present."

2.83 Giving details of policy for employing contractual AYUSH doctors and the reasons behind contractual employment of AYUSH doctors, the Ministry of AYUSH stated as under:

"The Ministry of AYUSH deals with the appointment of AYUSH Physicians in various streams like Ayurveda, Unani, Siddha and Homoeopathy. The doctors are initially recruited in the grade of Medical Officer/Research Officer on the recommendation of the UPSC. The contractual appointment is done by CGHS, Ministry of Health and Family Welfare directly."

2.84 When asked about the reasons for contractual employment of Ayush doctors and the steps taken by the Ministry to improve the service conditions of Ayush doctors, the representative replied as under:

"Since, Health is a state subject so, whenever we made efforts in this regard. We could not do more than our limits. The Ministry also correspond with us. In the meetings at per note the allopathy doctors should be provided to the ayurvedic doctors should be provided to the ayurvedic doctors also. Ministry of AYUSH has recently convened two meetings. we have raised this issue in the above meetings also. In this regard, our secretary had written to the

Chief Secretaries of the states in the year 2010. 8-10 points were mentioned in that letter. One of them was that ayurvedic doctors to either regular or contractual should get the same remuneration as is being paid to the allopathic doctors. Time and again, we have been requesting the State Governments in this regard."

2.85 During evidence an eminent Vaidyaraj who highlighted the problems being faced by AYUSH stated that:

"As far as the practice of Ayurveda is concerned, there are some States where the condition of Ayurveda is good. In North, some States also have good condition. The condition in Himachal Pradesh is also good and there are large number of dispensaries there. Ayurveda's doctors also prescribe Modern medicines there and practice too thus, Ayurveda gets diluted. There are many states where there are negligible number of Ayurveda's dispensaries or hospitals or they are not available there. There will be only one or two dispensaries in other states excepts Assam. Where Ayurvedic Medicines are not available in dispensaries. I have also seen that there is a distance of 50 km in between two dispensaries but there is only one doctor for both of them. He goes twice a week to one place and twice a week to another place and the practical position is that the doctor is not available anywhere and the situation keeps on going in the same way. This is very dangerous condition.

My request is that the houses of Medical Officers should be near to the dispensary. The pharmacist and attendant should be with the Medical Officer while most of the dispensaries are not having this which is very alarming.

As far as the Government Machinery is concerned, we are talking about CGHS and we introduced Ayurveda in C.G.H.S. At that time every dispensary adopted this. But today if I want Ayurveda Medicines from C.G.H.S I won't be able to get that, we have been told through a wrong order that Metalic preparation be it iron ash or Mica ash medicines, are not available in C.G.H.S. It means 90% medicines are out of the C.G.H.S list which we had made. The remaining 10% medicines were not available even in the name of medicine. I met Hon. Minister and Secretary alongwith Devendra Triguna Ji in this regard and requested them at least to make the condition of C.G.H.S better but he did nothing except writing a letter to the C.G.H.S. The Director General of C.G.H.S is related to the Ministry of Health. The Ministry of Health has separated but unless there is coordination between AYUSH Ministry and Department of Health and Family Welfare, there will be no improvement in the situation. There should be one Additional Director General Health Service for Ayurveda in the C.G.H.S and technical things and policy related items should be done through him. Only then the condition of C.G.H.S can improve.

Through there is Ayurveda in E.S.I.C but its condition over there is also not good. Ayurveda's dispensaries and hospitals are running at some places in Delhi as well as outside or Delhi but there is a absolute shortage of doctors there . I was told two-three years ago that there is one doctor in 2-3 ESIC dispensaries in Delhi. I cannot say that the employees are getting good treatment in such conditions. Triguna Ji is also a member of ESIC. The Condition would not be much better unless the number of doctors increases, medicines make available to the doctors and some hospitals are constructed.

The maximum number of employees of Government of India are in railway. The railway have been going representation continuously that we should be made available Ayurveda service and there should be Ayurvedic dispensaries and hospitals. Some part-time Ayurvedic dispensaries have been started in Kolkatta and other parts of the country for a few years. I am happy that present Hon. Railway Ministry announced in the Parliament that

Ayurvedic Wing will be opened in five biggest hospitals of railway in the country. Till date, these hospitals are in the process of opening but has not been opened. The railway employees and their families will be benefited if Ayurvedic dispensaries and hospitals are in railway.

In the same matter, one decision was put at one stage in the Defence that there should be Ayurvedic dispensaries and as a sample two dispensaries were started in Pune and Delhi but they closed down after 2-3 years.

Simultaneously, the diagnostic facilities in modern science should also be made available Ayurveda by which they practice Modern Medicines and use it and it will benefit the Ayurveda. I request you to take such policy decision so as not to be any decline in the Ayurveda."

All India Institute of Ayurveda (AIIA), New Delhi

2.86 The All India Institute of Ayurveda is conceived as an Apex Institute for Ayurveda under the Ministry of AYUSH, Government of India. The institute would offer postgraduate and doctoral & Super-Specialty fellowship programme in various disciplines of Ayurveda and will focus on fundamental research of Ayurveda, drug development, standardization, quality control, safety evaluation and clinical research. The hospital will be equipped with state of the art modern diagnostic tools and techniques which will be used in teaching, training and research.

2.87 The construction of the Institute's hospital building (G+6) and academic building (G+7) is at advance stage of completion at Sarita Vihar. Further, institute has started OPD facility in new building with the newly recruited staff on engaged on contractual basis through walk-in-interview. Regarding regular staff, recently, two officers i.e. one Director, AIIA & PPS to Director are appointed on deputation. Besides, recently 12 Assistant Professors in different field of Ayurveda and one Dy. Medical Superitendent have joined AIIA. For smooth functioning of OPD six Clinical Specialists, one Specialist (Pathology) and other para-medical staff consisting of Staff Nurse (six), Pharmacist-cum-storekeeper (two), Lab Technician (two), Lab Attendant (two), Panchakarma therapists (two), one Assistant Librarian, six ward Attendants, two OPD Attendants have been engaged on contract/outsourced basis.

2.88 In their Annual Report 2015-16, the Ministry of AYUSH has furnished the following information about budgetary allocation to AIIA, New Delhi.

Rs. In crore

Head	Plan	Non-Plan	Total
Budget Estimate 2015-16	25.00	0.00	25.00

Revised Estimate 2015-16	2.49	0.00	2.49
Expenditure upto December 2015	0.58	0.00	0.58

2.89 Emphasising upon the need to establish higher Institutes of Ayurvedic Medical sciences on the lines of All India Institute of Ayurveda , New Delhi to promote and expand Ayurvedic heath care across the country, the representative of AIAC stated that:

> "Our first AIIMS has been set up after 15 years in Delhi. When hon. Atal Ji was the Prime Minister, we started this with the blessings of Dr. Saheb and now it is ready after 15 years. We feel that such 4-5 Ayurveda AIIMS should be opened in India and then only we will be able to promote Ayurveda in the whole country and the world."

Role of AYUSH in CGHS

2.90 When asked about AYUSH infrastructure in CGHS, a representative of Ministry of AYUSH during evidence held on 26.10.2016 submitted that:

> "One important feature in this that no person related with Ayurveda is available at administrative level in C.G.H.S We have raised the matter on several occasions that there should be a person having knowledge of Ayurveda in the administrative set-up there. We have raised the matter on a number of occasions. We have written on a number of occasions that in the meeting of Committee of Secretaries at least Additional Director, CGHS AYUSH should be present on administrative level. it was not happening earlier but recently CGHS has given its assent. They have given a part of Joint Director level to a Homeopathy Doctor working there. We hold a meeting with all the state Secretaries in each quarter. In every meeting we have raised the issue that Vaidyas should also get salary equal to the doctors. But being a state subject it has not been made compulsory so far Ministry of Health has recently increased the retirement age of CGHS Doctors from 60 to 65 years. Ministry of AYUSH has written with regard and the file was returned. Retirement age for all the Vaidyas or Hakeems of Aayush is still 60 years. Ayurveda has not been recognized at par with Allopathy. We always say that Chinese medicines have made a long stride, but if we look at the regulations of Chinese medicine and our medicines then we will see that we have made a water tight compartments. IMC Act 1956 is different and HCC Act, 1973 is different. It would have been better if we had covered Vaidyas, Hakeems, doctors-allopathic and homeopathic doctors both under a single act which would have provided them equal footing. Presently Ministry of AYUSH sends any letter under the IMC Act, 1956. Ministry of Health says that it should be referred to Indian Medical Council."

Procurement of AYUSH Medicines by CGHS

2.91 When asked about the non availability of certain medicines prescribed by AYUSH practitioners in CGHS, a representative of Ministry submitted that:

"CGHS has banned the purchase of drugs which contain minerals and metals. They have issued an order that drugs having heavy metals should not be purchased. Actually, Ministry of AYUSH has sent several letters there, but there has been the improvement in this regard."

2.92 When asked about reasons behind short supply of Ayurvedic medicine, he further submitted that:

"One thing is that condition of IMPCL has improved but IMPCL is not able to supply as per demand. It is the situation."

2.93 A representative of Association of Manufacturer of Ayurvedic Medicine while elaborating on the system of procurement of AYUSH medicine informed the Committee that:-

"There is one more submission. Earlier Govt. medical stores. Department of Post, Railways, PSUs etc. used to purchase Ayurvedic, Unani Siddha medicines. Major Allopathy lobby has stopped such procurement AYUSH Task Force has recommended that an option should be given that Govt. of India should keep 20 percent of the procurement for the system. If it happens, the system will definitely have forward."

2.94 He further added that:

"High quality drugs should be provided to all Members of Parliament, all IAS Officers and all senior people. Earlier, there was the policy for purchasing at L-1 stage. I would like to say that don't do away with L-1, but AYUSH has premium work drugs, which are being certified by an independent body, which comes under QCT and Ministry of AYUSH. I would not like to comment on Low strong is your drug inspector, or your department but I would like to say that this circular should be implemented in CGHS as independent body is certifying the drugs and independent body is conducting the audit and the drugs are of high quality.

No tender has been Floated since the year 2008. Nobody knows what is going on there."

2.95 A representative of All India Ayurvedic Congress while sharing his views on procurement of AYUSH medicines submitted that:

"Similarly, Doctor Saheb has raised the matter of CGHS that our drugs particularly the preparations of gold have been banned for the last six years. Our department has raised the issue and the Govt. has accepted some of the points but they are yet to be made available. These drugs are not available to the common man, Secretaries to the Govt. of India. Our Ministers or MPs, just because a news was published in America that something was found in the metal preparation and a joint Secretary in our country issued an order to ban such drugs. Since then, we have been waging a battle and we are hopeful that our department has sorted out the matter to some extent, but there are yet to be made available. Therefore, I would like to bring it into your notice so that such drugs are made available to us. We have been trying through holding seminars like HGOs. Although, we are yet to succeed in our efforts, yet we are hopeful that we will succeed and Mr. Secretary has agreed to hold a meeting in this regard."

Prescription of Allopathic Medicines by AYUSH Doctors

2.96 During evidence held on 15.09.2016, the representative of Ministry of AYUSH, admitted that there are instances of AYUSH doctors prescribing allopathic drugs. He stated that for optimal utilization of manpower, AYUSH doctors are to be empowered to prescribe limited allopathic drugs related to public health/primary health care.

2.97 When asked about the steps taken to curb the practice of AYUSH doctors prescribing allopathic drugs other than those permitted under rules and regulations, the Ministry of AYUSH have stated as under:

> "As regards the Practice of Allopathic Medicine by AYUSH Doctors and the Action on such Doctors is concerned, the subject matter come under the domain of Indian Medical Council, which is under the administration control of department of Health.

2.98 Further elaborating on the issue of prescription of Allopathic medicine by Ayush doctors, the representative of Ministry of Ayush submitted that:

> "Generally No Ayurvedic Doctor can prescribe allopathic drugs. But if anyone is doing it, it's not right and his license could be cancelled. But in some States, they have issued notifications. Some States have allowed Ayurvedic doctors to prescribe 30-35 emergency medicines required for primary health care at their level. Is it right or wrong, it is arguable. But practice is that if no such notification is in place then it is absolutely wrong and illegal if Ayurvedic doctors prescribe allopathic medicines. Maharashtra, Haryana and Karnataka have probably notified that only limited number of 35 medicines can be prescribed."

Issues Concerning AYUSH medicines - Production and Supply

2.99 Indian Medicines Pharmaceutical Corporation Limited (IMPCL) which functions under Ministry of AYUSH has been established for manufacturing of ayurvedic and unani medicines to cater the need of CGHS, State Government hospitals/dispensaries, various research council & National Institutions, National campaigns/programmes like National AYUSH Mission (NAM) etc.

Furnishing the details of production of medicines by IMPCL and its modernization during the last five years and the extent to which IMPCL has been able to meet the challenges from private competitors, the Ministry of AYUSH stated as under:

> "The plant capacity will be enhanced and plant is ready for state of art manufacturing based on international standards eg WHO/EU GMP. Handing over of Civil/HVAC work has been taken over in June, 2016 further shifting/trial of Plant & Machines is going on. The current plant capacity is not so much by quantity but infrastructure of current facility will definitely be upgraded with state of art drug manufacturing standards/process as per international drug standards eg. WHO GMP/ European GMP eg. Latest Pharma Machines with 316 SS eg. high speed Tab compression machines(D tool express type), RMG, FBD, Octagonal Blender, Paste Cattle, Multimill, Vibro shifter etc , high speed Tab compression machines(D tool express type), Online powder filling complete lines, Online Packing lines

for other dosage form, Automatic Chyawanprash Manufacturing & packing on lines machines and various other requirement of WHO GMP standards to be fulfilled by this project as HVAC/AHU for control of internal environment of Production floor eg. Air changes as per production requirement, Temp. and humidity as per Product requirement, Building , Door, Window, roof, floor light and other service lines/requirement, Machines, Utensil, Slotted angle racks, Hoist for Good Storage keeping, High Capacity electrical stations, Chiller plant, High capacity RO EDI plant for Pharma grade water etc. has been cover-up in this modernization Project per WHO requirement or clean room concept. Expected to be completed up to March 2017.

IMPCL also received grant of Rs. 2 cr. from Ayush Ministry through BASAVS for which IMPCL installed Herb Cleaning washing plant, Automating PLC controlled Size reduction Unit upto metal detector, Tab processing lates machineries eg. high speed Tab compression machines(D tool express type), RMG, FBD, Octagonal Bllender, Paste Catle, Multimill, Vibro shifter etc. 4 ton Multi fule Boiler is under installation & trial and Procurement of Latest Sophisticated equipment for lab is process also under process by BASAVS of Value Rs 2 Cr for Second Phase of COE project at IMPCL. Tendering process is this phase is undergoing & likely to be completed within month for HPTLC, HPLC, AAS, Karl fisher, Viscometer etc. under COE project.

IMPCL is situated at Mohan, Almora district, Uttarakhand. It is about 24 kms from Ramnagar (nearest Railway station). IMPCL, due to its Geographical location, is facing many challenges and is at disadvantage as compared to private competitors. The basic issues & challenges faced by IMPCL management are; poor communication and roads, unavailability 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.

2.100 Responding to a query regarding steps taken for collection, compilation and digital preservation of ancient Indian texts which contain valuable information about medicinal use of plants/herbs etc, the Ministry of AYUSH has stated as under:

"The Government of India, Ministry of AYUSH (the then department of ISM&H) initiated 'Traditional Knowledge Digital Library (TKDL)' project in collaboration of Council of Scientific and Industrial Research (CSIR), Ministry of Science and Technology.
TKDL involves documentation of the knowledge available in public domain on traditional medical knowledge from the existing literature related to Ayurveda, Unani, Siddha and Yoga in digitalize format, in five international languages namely English, French, German, Spanish and Japanese.
So far, the TKDL includes about 2.97 lakh medicinal formulations (Ayurveda: 97,337; Unani: 1,75,150; Siddha: 23,016 and about 1,680 no. of Yoga postures), from 150 books available in public domain, and the database exists in more than 34 million A4 size pages. These formulations include medicinal use of plants/ herbs.
At present, as per the approval of Cabinet, access to TKDL database is restricted to only International Patent Offices, under Non-disclosure Agreement for prevention of wrong patents."

2.101 When asked about the steps taken by the Ministry to bring in more global acceptability and credibility for AYUSH medicines, the Ministry of AYUSH in the written reply stated as under:

“To bring in more global accessibility and credibility of AYUSH Systems of Medicine, the Ministry of AYUSH has signed a Project Collaboration Agreement for undertaking collaboration activities in the field of Traditional Medicines with WHO Headquarters, Geneva. Under the agreement, benchmarks would be developed for training in Yoga and practice in Ayurveda, Unani and Panchkarma. The long term collaboration with WHO would help in improving international acceptability and promotion of AYUSH systems.

To ensure credibility of knowledge and skills of yoga experts, the Ministry of AYUSH has initiated a scheme for Voluntary Certification of Yoga Professionals developed by the Quality Council of India (QCI). The scheme aims at promoting authentic Yoga as a preventive, rehabilitative and health promotive drugless therapy; and certifying the competence level of the Yoga professionals to help their deployment within and outside the country.

The Ministry of AYUSH also signs Country to Country Memorandums of Understanding (MoUs) on ‘Cooperation in the field of Traditional Medicine’, ‘Setting up of AYUSH Academic Chairs in Foreign Universities/Institutes’ and ‘Collaborative Research’ to boost the acceptability of AYUSH systems at international level. As of now, the Ministry of AYUSH has signed Country to Country MoUs for Cooperation in field of Traditional Medicine with ten countries. Academic Chairs have been set up in four countries and MoUs have also been signed with five other countries. The Ministry has signed Institute to Institute MoUs for collaboration/undertaking collaborative research have been signed with Charite University, Berlin, Germany; Royal London Hospital for Integrated Medicine, UK; National Centre for Natural Product Research (NCNPR) University of Mississippi, USA; College of Homoeopathy (COH), Ontario, Canada and University of Maimonides, Argentina.

The Ministry also sets up AYUSH Information Cells in the premises of the Indian Missions/ICCR Cultural Centre for dissemination of authentic information about AYUSH systems of medicine. As of now, 23 AYUSH Information Cells have been set up in 21 Countries.

A Yoga college named “India-China College of Yoga” has been established in the Yunnan Minzu University, China under the MoU signed between the University and the Indian Council for Cultural Relations (ICCR).Ministry of AYUSH has deputed one out of two experts.

The two day India-US Workshop on Traditional Medicine organised by the Ministry at New Delhi on 3-4 March, 2016 in association with DHHS, US Embassy, New Delhi would pave the way for the future collaborations with US in the field of Traditional systems of Medicine and enhance the acceptability and credibility of AYUSH systems of medicine.

In addition, to enhance the accessibility and credibility of AYUSH Systems of Medicine, the Ministry of AYUSH organizes/ participates in International exhibitions/ conferences/ workshops/ seminars/ road shows/ trade fairs, etc. Incentives are also being provided (a) to AYUSH drug manufacturers, entrepreneurs, AYUSH institutions, etc. for participating in International exhibitions/ conferences/ workshops/ seminars/ road shows/ trade fairs, etc. for generating awareness amongst the participating public about the Indian Medicine and; for registration of AYUSH products with regulatory agencies of different countries to enhance export of the products thereby augmenting the accessibility of AYUSH Systems of Medicine.”

CHAPTER - III

Medical Education

(A) Medical Education under Allopathy System

The Medical Council of India (MCI) is a body constituted under the provisions of the India Medical Council Act 1956 and has been given the responsibility of maintenance of the highest standards of allopathy medical education throughout the country.

3.2 Presently, there are 479 medical colleges with a capacity of 67,218 MBBS and 30,218 PG students per year. Out of 479 medical colleges 227 are in Government sector and 252 in the private sector.

When asked about the steps taken or proposed to be taken to increase the number of medical colleges, a representative of Ministry of Health and Family Welfare during evidence before the Committee stated as under:

> "xxxxx one of the important schemes which has been started is that in those districts which have no medical colleges – neither Government nor private, the Government has approved 58 such district hospitals having atleast 200 beds to be upgraded to medical colleges.

The Committee were informed that these District Hospitals/Medical Colleges would continue to remain with State Government but 60% funding will be from Government of India and 40% from State Government. Running expenses and faculty and everything else would be under State Government.

3.3 Regarding establishment of more medical colleges and uneven distribution of medical colleges in India, the Ministry in a written reply stated as under:

> "About 2/3rd of medical colleges are concentrated in southern and western part of the country. As medical colleges are very resource intensive, they tend to be located in urban areas. To overcome this uneven distribution of medical colleges in the country, 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 State Governments in the ratio of 90:10 for NE/Special Category States and 60:40 for other States. Under this Scheme, the Government of India has identified 58 District/ referral hospitals in 20 States/UTs of the country to establish new medical colleges in such districts where there is no medical college. Preference has been given to underserved areas.
>
> Around 396 districts in the country which do not have medical college. For such underserved areas, 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 State Governments in the ratio of 90:10 for NE/Special Category States and 60:40 for other States. Under this Scheme, the

Government of India has identified 58 District/ referral hospitals in 20 States/UTs of the country to establish new medical colleges in such districts where there is no medical college."

3.4 A representative of Ministry of Health and Family Welfare in this context during the course of oral evidence stated that:

"There are many States particularly in North-East India, which do not have private medical colleges."

3.5 On the issue of the practice of medical colleges resorting to corrupt practices during inspections by MCI like hiring fake faculty, equipments from other medical colleges, the representative of MCI during evidence held on 21.06.2016 stated as under:

"xxx xxx regarding transferring of the patient, equipment and staff from one Government medical college to other Government medical college, this time, after the inspection, most of the Government medical colleges were not up to the mark. So, I refused them. Then, I called all the Secretaries and I took undertaking from them. In my last meeting with them I told them that I know that this is being happening. I am also from Gujarat. In Gujarat this is happening. So, I told the Secretary that next year I am going to do simultaneous inspection in all the colleges.

For that we have already taken precautions. We are putting everything on the website. We are updating all the faculty of a particular college. We have caught all those who are having fake faculty because we have got special computerised system by which we can find out if they are there in two places in the same year. We take disciplinary action. We remove his name. We also punish the colleges for fake certificates and we debar them to admit students for two years. I have started acting on ethics and education both since I joined in December, 2013. I am from the medical field only. I am a surgeon basically. I worked in the Government all my life. So, I know what are the problems of the private colleges and I try to knock off every corner to my best."

3.6 The Committee were informed that certain norms have been set for setting up of medical colleges. In this regard a representative of Ministry of Health and Family Welfare stated that:

"xx xx xx several steps have been taken during the last two years which have been indicated. The norms related to requirements of physical infrastructure and faculty have been relaxed. If any Hon'ble member wants to know, the president of MCI will explain as to how the requirement of faculty has been reduced during the last two years. It aims at revisiting regulatory framework for setting up more medical colleges. Further, Hon'ble Chairman has also told that it is accountability and responsibility of the Government to promote medical education in the country."

3.7 Regarding inspection of medical colleges by MCI, a representative of Ministry of Health and Family Welfare further stated:

"xx xx as per the order of the Supreme Court, we have started with surprise inspection. Previously it was not there. Previously two days before they used to get the information about the inspection. So, they used to prepare with all fake curriculum and fake faculties and

all fake. Now we have started surprise inspection and so there are a lot of complaints coming to MCI now."

3.8 With regard to monitoring mechanism put in place to oversee the relaxations given in minimum standard requirement to set up medical colleges, the representative of MoH&FW during evidence held on 21.06.2016 stated that:

"The decision is yet to be taken in this regard. These are the things on which we are still contemplating."

3.9 Apprising the Committee about his views on the present medical education scenario in the country, a representative of KGMU, Lucknow during his evidence before the Committee stated as under:

"xx xx we have to look into the curriculum of class 1 to class 12, in which a student studies frog at one level and another animal at another level. We have to think, whether our society needs it. We have to see what we can teach at different levels i.e. class 1-5, Class 6-8, Class 9-12? Anatomy, Physiology and Biochemistry can be easily taught from Class 9 to 12. The duration of our MBBS course which is six year, will be curtailed to four years in American style. The advantage of switching over to this curriculum down to four years will result into a better focus on teaching and teachers because the technology is changing rapidly. There is so much emphasis on medical education but we are lagging behind in the area of research in medical education. There is no focus on Medical education. Teachers think that they can teach but they do not know what to ask in the examination. We call it 'Assessment Drives Education'. If we focus on assessment in such a way, if we need a doctor for Primary Health Centre, then he will be assessed according to that angle only. At present, our assessment strategy is so faulty that we want such a doctor who would go to Harvard for study. There is so much tussle in this regard. We need to define the learning objectives, the blue print and the technology for low cost minimal delivery.

3.10 The representative further added that:

"xxx xxx "We need to define learning objectives and educational objectives clearly for MBBS programme. They should be uploaded on the website. Further, there should be three type of questions i.e. 'must know', 'show know' and 'may know'. 'Must know' should constitute 70 per cent of questions, 'should know' should constitute around 20 per cent and 'may know' should constitute 10 per cent of questions. After that a blue print will be prepared because as per Bloom's Theory and Miller's Triade, it will not be good if we are providing learning based teaching instead of reasoning based teaching. Miller's Triade says that the reasoning based questions should be asked and they should not be knowledge acquisition based i.e. they should be related to the real scenario".

<u>Augmenting intake in Medical Colleges</u>

3.11 Furnishing the details of steps taken to augment the intake capacity in private and government medical colleges in view of severe shortage of doctors in the country particularly in tribal and remote areas, the Ministry of Health and Family Welfare in a written reply submitted as under:

"The Government has taken the following steps to augment the intake capacity in medical colleges:

a. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats with fund sharing between the Central and State Government.

b. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country with fund sharing between the Central Government and State Governments. 58 districts have been identified under the scheme.

c. Strengthening/upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats with fund sharing between the Central Government and State Governments.

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

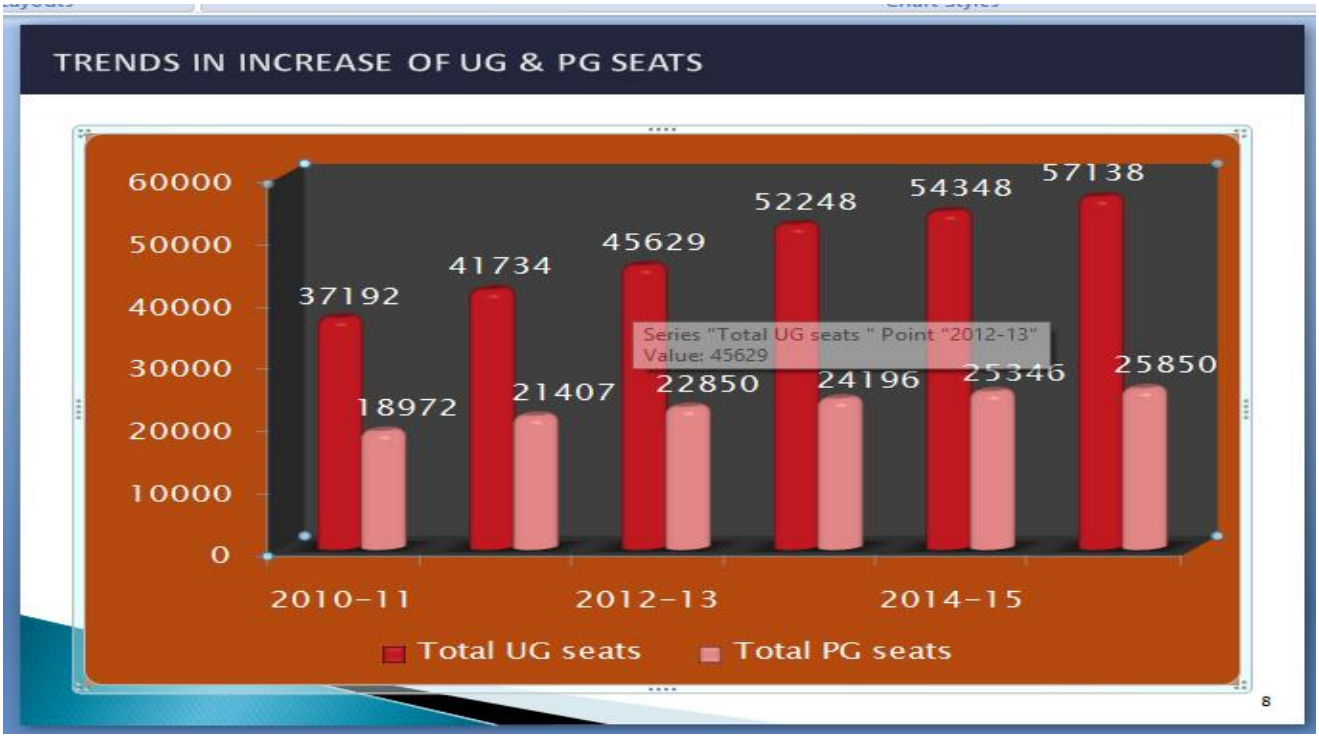
e. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

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

g. Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/ bed strength and other infrastructure.

h. Presently, the teacher : students ratio 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 is a unit head."

3.12 In the presentation made by MoH&FW during oral evidence held on 21.06.2016, following information was provided on trends in increase of UG & PG Seats during 2010-11, 2012-13 and 2014-15.



3.13 Referring to the uneven increase in Post Graduate seats vis-a-vis Under Graduate seats, the representative of MoH&FW during the evidence held on 21.06.2016 stated that:

> "MCI and we are focusing on that only. A student has to first pursue MBBS, then PG and thereafter residentship, thereafter, he becomes eligible for teaching. We are focusing to expand PG medical education. Medical colleges have unit system. A unit comprises or a Professor, an Associate Professor and an Assistant Professor and that the unit monitors 30 to 40 beds. Presently, the unit also have three to five PG students. We are contemplating if a Professor can be allotted three PG seats instead of two seats and an Associate Professor can be allotted two seats instead of one seat. Thus, if each unit is allotted six seats instead of three seats, the capacity of PG seats will increase automatically. If the framework is implemented, we can cover the PG capacity in next two to three years."

<u>Shortage of Faculty in Medical Colleges</u>

3.14 The representative of Ministry of Health and Family Welfare while apprising the Committee of the steps being taken to overcome the shortage of faculty during evidence held on 21.06.2016 submitted as under:

> "There has been rationalisation in minimum standard requirements to set up medical colleges, with the recommendation of MCI. This will lead to more number of medical colleges both in the government and private sectors coming up in the States. One more thing which has been done is that the Professor to PG student ratio has been eased. Now, one Professor can take two PG students and one Associate Professor can take one PG student. But to increase the number of PG students, now the MCI has agreed that each Assistant Professor can also can take one PG student. In six disciplines – medical oncology, surgical oncology, psychiatry, forensic medicine and radio therapy – the MCI has recommended that every professor can take three PG students instead of two. So,

this is also helping in taking more number of PG students for admission. We are also now discussing with MCI so that not just these six areas but in other areas also MCI should agree so that more number of PG students can take admission. That is going to help in having more number of students.

As regards MBBS seats, if you look at figures in 2010-11, the number of MBBS seats in the country was 37192 and now it has gone up to 57138. In case of PG seats, from 18972, it has gone up to 25850."

3.15 Responding to a query regarding the details of sanctioned and actual strength of faculty in Government as well as private medical colleges in country during each of the last five years, the Ministry submitted as under.

"The Government does not centrally maintain data of vacant posts in medical colleges. It is for the respective State Governments/ Institutions to fill the vacancies as and when they arise."

3.16 Referring to a query as to whether there is any proposal for allowing the doctors to teach in view of shortage of faculty in many medical colleges and also to practice medicine as long as they are physically fit keeping aside retirement age, the representative of Medical Council of India (MCI) appearing before the Committee on 21.06.2016 stated as under:

"We had a proposal. In-between somebody had proposed that we should consider up to 75. But then we were thinking of asking about their health report. At the age of 75 if he is not healthy or he is having some ailment which cannot permit him to teach, so it is under consideration and we are thinking about it. But we have not taken any decision so far."

3.17 Apprising the Committee about problems being faced in filling vacant posts of faculty, a reprentative of KGMU, Lucknow submitted that:

"I am enumerating the difficulties which are being faced by us at present one by one. Today, a teacher cant teach in Harvard or Oxford, but our Medical Council has to follow such rules that he cannot teach in Luknow Medical College. These are ery ridiculous rules that you can teach in the excellent centers of education in the World but you are not authorized to teach in our country."

Fee structure in Medical Colleges

3.18 About the steps taken to address/rationalize the fee structure and huge capitation fee being charged by many private medical colleges as reported in the media, the MoH&FW in the written reply stated as under:

"xx xx In case of Government medical colleges, the respective State Governments are responsible for fixation of fees. However, in the case of private unaided medical colleges, the fee structure is decided by the Committee set up by the respective State Government under the Chairmanship of a retired High Court Judge in pursuance of the directions of the Hon'ble Supreme Court of India. It is for the Committee to decide whether the fee proposed by an Institute is justified and the fee fixed by the Committee is binding on the Institute.

After implementation of NEET, all the admissions in medical colleges of the country are to be made on the basis of merit list prepared on NEET score.

MCI with the approval of the Central Government has amended Graduate Medical Education Regulations, 1997 and Post-graduate Medical Education Regulations, 2000 for making provision of common counselling. This will lead to transparency in the admission process."

Research Output of Medical Colleges

3.19 The Ministry of Health and Family Welfare in their written reply stated as under:

"The Indian Council of Medical Research (ICMR) is not involved in this activity. However, a recent report by Ray *et al* published in *Current Medicine Research & Practice* in its latest issue of 2016 provides research output from Indian Medical institutions between 2005 and 2014.

ICMR informs 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 overall research output form Indian Medical Institutions is poor."

3.20 Informing the Committee about the patents obtained by Indian institutes in the field of medicine, a representative of JIPMER, Puducherry submitted as under:

"In National Institute of importance, we do not have any patents. AIIMS for example in New Delhi, I can tell that they have got only 20 or 22 patents. PGI only 9 patents, and JIPMER, we got only one patent. Patent is most important for make in India and making instruments. So, these are the things that there should be somebody who should encourage, have a incubator lab, tie up with IITs and other things and go for patent and there are a lot of things. I mean we are importing millions of rupees which can be indigenized."

3.21 On the research work being undertaken in the Indian medical institutes, he further added as under:

> "..... there are some medical universities who would like to innovate but MCI restrict them because they will not approve. Some of the Institute like AIIMS, PGI and JIPMER and six AIIMS like institutes are out of the purview of MCI. So, we can innovate any degree and allow it. Now, many of the institutes like AIIMS, are collaborating with Indian Institute of Technologies, Department of Biotechnology. As you have rightly said, nanoscience, stem cell technology, these are the technologies of the future. So, we are starting one year fellowship programme."

3.22 When pointed out that there is lack of big collaborations or programmes between institutions where standard professors and equipments are available for research work in the field of medical science and medical instrumentation, the representative of King George Medical College, Lucknow deposed as under:

> ".....the Kharagpur, IIT, has started the MBBS course. This is the right model that each IIT and each IIM both must have a medical school. The IIMs will teach how to manage and IITs will teach how to integrate the science."

3.23 In written reply to a query regarding the standard of courses of medical education in India viz-a-viz international medical colleges viz. UK, USA etc, the MoHFW submitted as follows:

> "The Medical Council of India (MCI) is the statutory body responsible for establishing and maintaining high standards in medical education. MCI updates its regulations by amending them from time to time, keeping in view the global norms, with the previous approval of Central Government. Ministry has approved the revised MBBS curriculum proposed by MCI."

<u>Migration of Medical Professionals – Brain Drain</u>

3.24 Responding to a query as to whether any study has been undertaken to find out the number of Medical Professional migrated to foreign countries after completing their education and steps taken to check such brain drain, the MoHFW stated as under:

> "No. However, Medical Council of India has issued approx. 4656 Good Standing Certificates in the last three years to medical practitioners wishing to go abroad.
>
> - Statement of Need (SON) Certificates and Exceptional Need Certificates (ENC) are issued by the Ministry of Health and Family Welfare to Indian doctors to enable them to pursue higher medical studies abroad, including the United States of America (USA). While applying for issuance of these certificates, the applicant files a Written Assurance with the Government that He/She will return to India upon completion of training in the USA. Further, as per extant guidelines, No Obligation to Return to India (NORI) Certificate

is not issued to anyone under any circumstances, except in cases where the age of the applicant is over 65 (sixty-five) years on the date of submission of application."

- Pay and allowances of doctors have been enhanced considerably after implementation of the 6th Central Pay Commission.
- MCI regulations have been amended to provide the age of superannuation for doctors in teaching cadre can go upto 70 years.
- Assured Career Progression Scheme for faculty of Central Government Institutions has been revised to make it more beneficial.

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

(b) Medical Education under AYUSH

3.25 The Ministry of AYUSH in their Background Note furnished to the Committee on Medical Education in AYUSH stream in the Country informed as under:

"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 Ayurved, 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. For medical education in Yoga & Naturopathy no such governing body exists. Following courses are being offered by the Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) colleges in the Country:

(i) Bachelor of Ayurvedic Medicine and Surgery (B.A.M.S.)
(ii) Bachelor of Unani Medicine and Surgery (B.U.M.S.)
(iii) Bachelor of Siddha Medicine and Surgery (B.S.M.S.)
(iv) Bachelor of Homoeopathy Medicine and Surgery (B.H.M.S.)
(v) Post-graduate Ayurveda degree in different specialities (M.D./M.S.-Ayurveda)
(vi) Post-graduate Unani degree in different specialities (M.D./M.S.-Unani)
(vii) Post-graduate Siddha degree in different specialities (M.D./M.S.-Siddha)
(viii) Post-graduate Homoeopathy degree in different specialities (M.D.-Homoeopathy)

Under Graduate Education under AYUSH:

3.26 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 33611 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 5236 intake capacity (2967 Ayurveda, 160 Siddha, 431 Unani and 1678 Homoeopathy) belong to Government Sector. Total 295 Ayurveda colleges with 17202 admission capacity 195 Homoeopathy colleges with 13658 admission capacity 45 Unani colleges with 2331 admission

capacity and 08 Siddha colleges with 420 admission capacity are imparting Under-graduate medical education in 26 states/ UTs including new state i.e. Telengana.

Post Graduate Courses under ASU&H systems

3.27 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 4878 students (3646 Ayurveda, 140 Siddha, 174 Unani and 918 Homoeopathy) imparting post graduate education in India.

3.28 Out of all medical colleges imparting post graduate ASU&H education, six colleges (02 Ayurveda, 02 Homoeopathy, 01 Unani and 01 Siddha) with admission capacity of 225 students (60 Ayurveda, 72 Homoeopathy, 47 Unani and 46 Siddha) are exclusively post graduate institutions.

Autonomous National institutes under Central Government imparting ASU&H education

(i) National Institute of Ayurveda, Jaipur: It offers Under-graduate, Post-graduate and Fellowship programs in Ayurveda with intake capacity of 92 students in Under-graduate and 104 students in 14 Post-graduate courses. It also conducts a Diploma course in Ayurveda Nursing and Pharmacy. The Institute has two Hospitals with a bed strength of 300. For the benefits of population belongings to SC and ST, the Institute also organizes regular Medical Camps in SC and ST inhabited Districts of Rajasthan through its Mobile Clinical Unit to provide free medical facility.

(ii) Institute of Post Graduate Teaching and Research in Ayurveda, Jamnagar: The Institute offers 10 Post-graduate courses with intake capacity of 50 students and Ph.D. courses. Funded by Government of India but is governed by the Acts & Statute of Gujarat Ayurveda University. The Institute organized various outreach activities in Ayurveda for National Programmes and conducted medical camps in rural areas of Gujarat. It has a well-managed Hospital with OPD and IPD facilities. The Institute is setting high standards of teaching and research in Ayurveda. It is a World Health Organization (WHO) collaborative center for Traditional Medicine.

(iii) National Institute of Homoeopathy, Kolkata: It offers Under-graduate, Post-graduate courses in Homoeopathy with intake capacity of 93 students in Under-graduate and 36 students in 06 Post-graduate courses. It has a 100 bedded hospital attached to it which is being upgraded to a 250 bed hospital. A new hospital building has been constructed by CPWD with additional diagnostic facilities. The academic block has also been augmented from three stories structure to

seven stories structure. The new academic block is almost complete. It would increase the availability of classroom and lecture halls for the UG/PG classes and shall add to the quality of Homoeopathic education within NIH, Kolkata.

(iv) National Institute of Unani Medicine, Bangalore: It offers 8 Post-graduate level course in Unani with intake capacity of 47 students and has a 180 bedded hospital. The institute regularly organizes academic activities like CME programmes, workshops, seminars and guest lectures. The hospital of the institute provides clinical services to the patients for skin diseases, GIT and Hepato-billiary disorders, Neurological disorders, Psychiatric and Geriatric care.

(v) National Institute of Siddha, Chennai: It offers 06 Post-graduate courses in Siddha with intake capacity of 46 students, provides medical care and undertakes research to promote and propagate the Siddha system of medicine. A 160 bedded In-patient facility provide medical care in accordance with respective PG Departments. The institute organises two medical camps on every Saturday, one in rural area and the other in semi-urban area to provide free medical facilities to promote the Siddha Medicine as well as community oriented approach to students.

New Autonomous Institutes of Central Government established to impart ASU&H education:

(i) All India Institute of Ayurveda, New Delhi: It is conceived as an Apex Institute for Ayurveda with 200 bed referral hospital. The Institutes is to be operational during the current year (2016-17) and offering Post-graduate and Ph.D. courses in Ayurveda with intake capacity of 84 students in 18 Post-graduate courses. OPD is already operational in the Institute.

(ii) North Eastern Institute of Ayurveda & Homeopathy, Shillong: The project consists of Ayurveda & Homoeopathy Colleges along with attached hospitals of Ayurveda & Homoeopathy with a capacity of 100 beds & 50 beds respectively. The Institutes is to be operational during the current year (2016-17) with intake capacity of 50 students in Under-graduate course of Ayurveda & Homoeopathy each.

3.29 In reply to a query regarding establishment of AYUSH medical colleges in the States/UTs which do not have any AYUSH medical colleges, the Ministry submitted as under:

> "The Centrally Sponsored Scheme for 'Development of AYUSH Educational Institutions' has now been merged with National Ayush Mission(NAM). Under NAM, AYUSH Educational Institution has become a component. As per the existing Operational

Guidelines of the NAM, financial assistance of Rs 10.50 crores is admissible for setting up of new AYUSH Educational Institutions in the States/UTs where it is not available in the Government Sector. The Grant-in-aid provided by the Government of India is supplementary to the State contribution to complete the project.

During the time of grant of conditional permission or denial of the permission, the colleges were specifically directed through respective order of each academic year to fulfill the requirements and submit compliance report to the CCIM, which will be verified by the CCIM at the time of visitation/inspection. Further, a college Information Proforma has also been prescribed by the CCIM, which shall be filled by the college itself.

After conducting inspection of the college, the inspection report of the college considered by the CCIM and after consideration of the report, a recommendation for grant or not grant of permission are sent to the Central Government for consideration."

Vacancies in AYUSH Medical Colleges/National Institutes

3.30 The Ministry of AYUSH has furnished the following details of sanctioned and actual strength of faculty in Government as well as private AYUSH medical colleges including National Institutes:-

"Sanctioned and Actual Strength of Faculty in National Institutes

Sl. No.	Name of the Institute	Sanctioned Post					Actual Strength				
		2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
1.	National Institute of Ayurveda-Jaipur	95	95	95	95	95	74	76	73	68	66
2	National Institute of Homoeopathy-Kolkata	50	50	50	50	50	30	29	29	27	26
3	National Institute of Naturopathy-Pune	No Faculty posts exist.									
4	National Institute of Siddha-Chennai	46	46	46	46	46	28	32	35	36	35
5	National Institute of Unani Medicine –Bangalore	40	40	40	40	40	28	27	33	33	33
6	Rashtriya	No Faculty posts exist.									

	Ayurveda Vidyapeeth-New Delhi										
7	*Morarji Desai National Institute of Yoga-New Delhi	-	-	-	-	26	-	-	-	-	*
8	Institute for Post Graduate Teaching & Research in Ayurved-Jamnagar	47	47	47	47	47	30	29	29	26	32

**- Department of Expenditure has conveyed its approval for creation of 26 posts. Advertisement has been given the Employment News for filling up of the vacant posts."*

3.31 In reply to a query regarding filling up of vacant posts of faculty in various AYUSH medical colleges/National Institutes, the Ministry of AYUSH submitted as under:

S.No.	Name of the Institute	Steps taken by the Institute
1.	National Institute of Ayurveda-Jaipur	The vacancies for direct recruitment were notified in April, 2016 and the interview and selection to the posts will be held shortly. After recruitment process, if any post still remains vacant, retired teachers will be taken on contractual basis.
2	National Institute of Homoeopathy-Kolkata	The process of filling up the vacant posts is under process.
3	National Institute of Naturopathy-Pune	No Vacancy available.
4	National Institute of Siddha-Chennai	Notification for filling up the vacant posts issued in July, 2016 and no application received from eligible

		candidates. To ensure academic requirement an compliance of CCIM norms, faculty posts have been filled up on contract basis.
5	National Institute of Unani Medicine-Bangalore	Vacant posts are advertised and not filled due to non-availability of suitable candidates. The RRs have been amended and the vacant posts are re-advertised.
6	Rashtriya Ayurveda Vidyapeeth-New Delhi	No Vacancy available.
7	Morardji Desai National Institute of Yoga-New Delhi	Advertisement for the vacant posts has been published in the employment news on 5th November, 2016.
8	Institute for Post Graduate Teaching & Research in Ayurved-Jamnagar	Recruitment is done from time to time as per requirement. Last requirement was done in May, 2016 and 8 new teaching faculties have joined. In case of un-availability of teaching faculty for senior position, recruitment is done by filling post one step lower against the senior post.

Regulation of AYUSH education:

3.32 The Ministry of AYUSH in their Background Note has furnished the following details regarding regulation of ASUH education:

> **"**The Central Council of Indian Medicine with the previous sanction of the Central Government as required under Section 36 of the IMCC Act, 1970 and after obtaining the comments of the State Governments as required under Section 22 of the said Act has prescribed courses for Under-graduate and Post-graduate education in Ayurveda, Siddha and Unani through the Regulations. The CCIM has prescribed following Regulations to achieve the goal of the Central Council:

(i) **Regulations for new colleges, new courses & increase in seats:** To grant permission for establishment of new colleges, increase in admission capacity in any course of study/training and starting a higher or new course of study/training the Regulations namely "The Establishment of New Medical College, Opening of New or Higher Course of Study or Training and Increase of Admission Capacity by a Medical College Regulations, 2003 read with amendment Regulations of 2013".

(ii) **Regulations for existing ASU colleges:** To grant permission to existing ASU colleges the Regulations namely "The Indian Medicine Central Council (Permission to Existing Medical Colleges) Regulations, 2006".

(iii) **PG Ayurveda Regulations:** The Indian Medicine Central Council (Post-graduate Ayurveda Education) Regulations, 2005 and amendments in 2012 made for nomenclature of PG degree in different specialties, duration of PG course, admission criteria, method of training, examination & assessment, qualification of teaching staff and minimum requirement for PG Ayurveda Colleges.

(iv) **PG Unani Regulations:** The Indian Medicine Central Council (Post-graduate Unani Education) Regulations, 2007 made for nomenclature of PG degree in different specialties, duration of PG course, admission criteria, method of training, examination & assessment, qualification of teaching staff and minimum requirement for PG Unani Colleges.

(v) **PG Siddha Regulations:** The Indian Medicine Central Council (Post-graduate Sidha Education) Regulations, 1979 and amendments in 1994 made for nomenclature of PG degree in different specialties, duration of PG course, admission criteria, method of training, examination & assessment, qualification of teaching staff and minimum requirement for PG Siddha Colleges.

(vi) **MSR for Ayurveda colleges:** The Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012 and amended in 2013 for requirement of land, constructed area of college & hospital, admission capacity, requirement of hospital including beds, no. of patients in OPD/IPD, hospital staff, requirement of college including teaching/non-teaching staff, phase-wise specific requirement of new colleges, requirement of equipment/instruments, etc. for Ayurveda Colleges.

(vii) **MSR for Siddha colleges:** The Indian Medicine Central Council (Minimum Standard Requirements of Siddha Colleges and attached Hospitals) Regulations, 2013 for requirement of land, constructed area of college & hospital, admission capacity, requirement of hospital including beds, no. of patients in OPD/IPD, hospital staff, requirement of college including teaching/non-teaching staff, phase-wise specific requirement of new colleges, requirement of equipment/instruments, etc. for Siddha Colleges.

(viii) **MSR for Unani colleges:** The Indian Medicine Central Council (Minimum Standard Requirements of Unani Colleges and attached Hospitals) Regulations, 2013 for requirement of land, constructed area of college & hospital, admission capacity, requirement of hospital including beds, no. of patients in OPD/IPD, hospital staff, requirement of college including teaching/non-teaching staff, phase-wise specific requirement of new colleges, requirement of equipment/instruments, etc. for Unani Colleges.

(ix) **MSE for UG Ayurveda Colleges:** The Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) (Amendment) Regulations, 2012 and amended in 2013 for admission qualification, duration of course, nomenclature of UG degree, subjects for 4 professional examinations, procedure of internship, method of training, examination & assessment, qualification of teaching staff.

(x) **MSE for UG Unani Colleges:** The Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Amendment Regulations, 2013 for admission qualification, duration of course, nomenclature of UG degree, subjects for 4 professional examinations, procedure of internship, method of training, examination & assessment, qualification of teaching staff.

(xi) **MSE for UG Siddha Colleges:** The Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Amendment Regulations, 2013 for admission qualification, duration of course, nomenclature of UG degree, subjects for 4 professional examinations, procedure of internship, method of training, examination & assessment, qualification of teaching staff.

(xii) **PG diploma course in Ayurveda:** The Indian Medicine Central Council (Post-graduate Diploma Course) Regulations, 2010 and amendment in 2013 for specialties of PG diploma course, duration of PG diploma course, admission criteria, method of training, examination & assessment, procedure of permission, criteria for recognition, intake capacity and minimum requirement for conducting PG diploma course.

(xiii) **PG diploma course in Siddha:** The Indian Medicine Central Council (Post-graduate Diploma Course in Siddha) Regulations, 2015 for specialties of PG diploma course, duration of PG diploma course, admission criteria, method of training, examination & assessment, procedure of permission, criteria for recognition, intake capacity and minimum requirement for conducting PG diploma course.

(xiv) **PG diploma course in Unani:** The Indian Medicine Central Council (Post-graduate Diploma Course in Unani Medicine) Amendment Regulations, 2015 for specialties of PG diploma course, duration of PG diploma course, admission criteria, method of training, examination & assessment, procedure of permission, criteria for recognition, intake capacity and minimum requirement for conducting PG diploma course.

Reforms proposed for ASU&H education:

(i) Requirement of NAAC accreditation of college.
(ii) Web-linked bio-metric attendance systems for teaching, non-teaching and hospital staff.
(iii) Web-linked computerised central registration system in OPD & IPD of the hospital.
(iv) Online submission of visitation proforma by the Colleges and Visitors.
(v) Conduction of All India Entrance Exam for admission in Under-graduate and Post-graduate courses in all ASU&H colleges.
(vi) Requirement of NABH accreditation of attached hospital of the college."

Regulations to regulate Homoeopathy education:

3.33 The Central Council of Homoeopathy Act, 1973 with the previous sanction of the Central Government as required under Section 33 of the HCC Act, 1973 and after obtaining the comments of the State Governments as required in the Section 20 of the said Act has prescribed courses for Under-Graduate and Post-Graduate education in Homoeopathy through the Regulations. The CCH has prescribed the following Regulations to achieve the goal of the Central Council:

(i) **Regulations for new College, New Courses and Increase in admission capacity**: To grant permission for establishment of new colleges, increase in admission capacity in any course of study / training and starting a higher course of study / training the Regulation namely "Establishment of new College, (Opening of New or Higher Course of Study or Training and increase of Admission Capacity by a Medical College) Regulations, 2011.

(ii) **Homoeopathic PG Regulations: -** The Homoeopathic (Post Graduate Degree Course) M.D. (Hom.) Regulations, 1989 and last amended in 2016 for nomenclature of PG Degree in different specialists, duration of PG Course, admission criteria, method of training, examination & assessment, qualification of teaching staff and minimum requirement for PG Homoeopathic Colleges.

(iii) **MSR for Homoeopathic Colleges:-** The Homoeopathy Central Council (Minimum Standards Requirements of Homoeopathic Colleges and attached Hospital) Regulations, 2013 for requirement of land, constructed area of college & hospital, admission capacity, requirement of hospital including IPD beds, number of patients in OPD and IPD, Hospital staff, requirement of college including teaching /non- teaching staff, phase-wise specific requirement of new colleges, requirement of equipment / instruments etc. for Homoeopathic College.

(iv) **Homoeopathic (Degree Course) B.H.M.S. Regulations, 1983** (As amended up to 2015) for admission qualification, duration of course, nomenclature of UG degree, subjects for 4 professional examinations, procedure of internship, method of training, examination & assessment, qualification of teaching staff.

3.34 Apprising the Committee about status of Ayurveda education in the country, eminent Vaidyaraj and a representative of All Indian Ayurvedic Congress (AIAC) submitted that**:**

> "Our all educational courses for Ayurveda, Unani and Siddha are combined and are called as CCM under education system. Central Council of Indian Medicine. Infrastructure thereof has become in such a way during the past years that you must have noticed the name of Chairman of Homeopathy has splashed in media regarding involvement in corruption. during some days ago. There was open corruption even in MCI. CCI is also fraught with corruption.
>
> We want that such a system be evolved where our all members of Central Council of Indian Medicines remain far away from corruption because the root of corruption has in that visits of colleges. From there, the root of corruption emerges because when visits are paid the number of teachers is mentioned as 30 or 35 or as per their requirement instead of actual strength of sixth of that college. Therefore, something should be made in such way so that Members of CCM could not pay a visit. Government should evolve such a mechanism though which comprises of 200, 300 or 400 people but all of them should be Indians and

their entry should be through computer. So that two-three members who are to be sent for visit may be sent. This way extent corruption can be curbed to some.

I Know Government of India is also thinking about it that such type of policy should be there because in the past such type of statement was give that MCI was going to be closed down and some others were also going to be shut down.

Similarly, we have our Homeopathy council which is going to something. But some system must be there so that the root of corruption in education could be eradicated, in our colleges and our education system could be made better. Hence, system could be made better. Hence of our council should be to make a good course. What actually has happened here is that our students, who take admissions here, want to give priority to MBBS and after that dental science, then Ayurveda and finally, they go to some other stream. Even after that, they continue to try, if they get option of Ayurveda, instead of medical, then they leave the course midway.

The good thing is that recently our Council has passed the regulation for the first time after many years that those colleges in CCI, which want to teach Ayurveda through Sanskrit medium, they will be allowed to do so, because some colleges have said that we want to teach through Sanskrit medium. That's why we are making such a course for those colleges. Which want to teach Ayurveda through Sanskrit and module will start from this year.

xx xx we want that an Ayurvedic doctor, may come out from that college as a good doctor and may have confidence and such thing can take place only when we will impart them good knowledge of Ayurveda in our colleges and good medical education when the standard of the colleges is good.

Our medicines may be of good quality. IMPCIC, a company of Government of India, will not be able to manufacture the desired amount medicines. Therefore, all other companies, which are manufacturing good quality medicines purchase by the government should be made from there, so that all people are able to get good quality medicines. so, we demand government action in this regard."

3.35 The Committee when desired to know the opinion of Ministry of AYUSH to incorporate basic elements of Ayush into MBBS curriculum, the Secretary, Ministry of Ayush during the evidence held on 15.09.2016 submitted that:

"This issue was taken up with MCI many times, even with the Health ministry, but even after that , MCI is not ready to accept that mandate."

3.36 When asked about functioning of Siddha Educational Institutes in the country, a representative of Central Council for Research in Siddha (CCRS) during the eveidnce held on 26.10.2016 submitted as under:

"xx xx most of the educational institutions are located in Tamil Nadu and Kerala. In Tamil Nadu, there are two State Government-run Siddha colleges. They run both Post Graduate and Under Graduate courses.

There are five private medical colleges in Tamil Nadu and one in Trivandrum, Kerala. There are two Siddha medical colleges now in Sri Lanka also, and people who Graduate from Sri Lankan medical colleges come for their PG courses to Tamil Nadu. We are accommodating them in the National Institute of Siddha and two other State Government-run colleges. So, these are all the institutions that we have now.

Now, a lot of awareness has been created and the other States are also taking interest in starting Siddha medical colleges or Siddha hospitals of their own in every other State. So, proper propagation also creates awareness among people. It is our wish that in every State Siddha should find a place because without Siddha system AYUSH is not complete. So, people should get exposure to Siddha treatment and then only they will come to know about Siddha treatment and its strengths."

3.37 Elaborating further, he added:

"In other States also, they can start the college with Government support. Karnataka and Andhra Pradesh have come forward. Recently, Andhra Pradesh Government has come forward to give us 25 acres of land near Tirupathi. Now, we have approached the Ministry to start the work. In Bengal, we are about to start. The State Government is supporting it. Delhi Government is also supporting us."

3.38 When asked about status of AYUSH education in the country, a representative of Ministry of AYUSH during evidence held on 26.10.2016 submitted that:

"If we have a glimpse at the status of education, we will come to know that the condition of Ayurveda is much better in South India. Most conducive conditions more in Kerala, relatively less in Karnataka and Maharashtra. But as we proceed towards north, this quality starts decreasing slowly the condition of Ayurveda in all the colleges in Punjab and this area. To being in improvement in this condition, Ayush Ministry has tried a lot since 2008, however, conditions have improved at some places."

3.39 The Committee further desired to know the status Unani education in the country, a representative of Central Council of Reserach in Unani (CCRU) during evidence submitted that:

"There are approximately 46 colleges of Unani Medical Education in India. In which there are seven or eight colleges in government sector and more numbers are in private sector. Out of these, 37 colleges impart only under graduate level education. 7 colleges are such colleges that impart both post graduate and under graduate level education, and one institute i.e National Institute of Unani Medicine at Bangalore, which is our premium institute and it imparts only postgraduate and doctorate level education. This college is affiliated to the Rajiv Gandhi Health University, Bangalore Under graduate course is of five year duration, in which there are four year of education and one year of internship and post graduate education in being imparted in then subjects and in this, there are eight institutes and there are courses of three years duration Entrance examinations are conducted for post graduate admissions even for private sector colleges. Our secretary has issued an order that there will be a common entrance examination for all the admissions in under graduate and post graduate courses. No under graduate level perhaps some government colleges, government colleges of Uttar Pradesh give admission through the entrance examinations, but private colleges give admissions on the basis of numbers. But, from this year, government of India has issued an order that hence with all admissions will be leased on NEET scores or through entrance examinations at state level. Eligibility criteria would be

10+2 science and biology for under graduate level. The university will award the degree Bachelor of Unani Medicine and Surgery after its competition. A candidate becomes eligible for post graduate course, but he/she has to complete internship successfully. Approximately every year, 2100 candidates take admission in under graduate, courses and 175 candidates go in for post graduate courses.

This is the scenario of education. The condition prevailing in private colleges is not sound despite concerted/efforts by the government. Control Council of Indian Medicines, a statutory body is engaged in regulating the practice and education of ISM. Despite these efforts, the condition of private section colleges is not up to the mark. Ministry of AYUSH is making all out efforts in ameliorating these penalty condition of private mordent colleges including faculty and lab facilities available these is but the institutions are not up to the mark. Colleges falling under government are good enough. One college of this section is in karol bagh, Delhi and another is in Hyderabad, both of these colleges earn good reputation. This college was taken one by the government after 1998 and now the building of the college is very good. But some of the illegal occupant refugees, who had come here after partition, occupied some of its parts and we have not been able to get the building excited. This building is in the same condition. There is still scope for improvement in Yunani system of medicines especially in respect of Tibitya college. Karol Bagh presently I am on deputation in government of India. This college was established by Hakeem Azmal Khan around in the year 1916. In this year 1910, The British Government had banned Ayurveda, Indian Systems of medicines namely Unani and Sidha. All the concerned people returned their awards and lodged protests and it was due to his tire ten efforts that the British Government gave permission for the education of Indian System of medicine. He felt that this system cannot sunine unless it is modernized. He visited Europe and prepared a syllabus comprising Anatomy, physiology, pathology Gynecology Surgery. Hygiene Unani and Ayrveda. He established Tibbiya College by brining both the systems of medicines under one umbrella.

There are exclusive university for Ayurveda and Homopathy system of medicines. These is a Ayurveda university in Jodhpur, Rajasthan and perhaps one more university has been established at Paprola, Kangra district of Himachal Pradesh. There has been a demand for a long time to establish a university exclusively for Unani system of medicines. It was the dream of Hakeem Ajmal Sahab."

Non Regulation of Yoga and Naturopathy

3.40 The Committee noted that there is no regulation for naturopathy and yoga. When asked the reasons for functioning of Yoga and Naturopathy without any governing bodies, the Ministry of AYUSH in their note submitted as under:

"There is no regulation for education and practice of Yoga and Naturopathy at Central level. The Central Government in 2006 advised the State Governments to enact comprehensive legislation for the regulation of Naturopathy and Yoga. It was stated that the legislation should ideally cover the registration of practitioners, the regulation of medical education and all related matters. However, since it was felt that the enactment of legislation would take some time, it was recommended that a system for the registration of Naturopathy practitioners and for the accreditation of Naturopathy institutions be put in place immediately on the basis of guidelines formulated by this Department. Based on this, State Governments in Chhattisgarh, Karnataka, Kerala, Madhya Pradesh, Rajasthan, Tamil Nadu and West Bengal have already made provision for education and registration of Yoga and Naturopathy practitioners in their respective States.

In addition to above, The Ministry of Human Resource Development has taken action regarding promotion of various courses related to yoga in Colleges and Universities through UGC, based on the recommendations received from a Committee set up by them for Yoga in Education in June, 2016 as detailed below:

Course	Course Code	Eligibility
Bachelor of Science(Yoga	B.Sc(yoga)	12th Standard
Masters of Science(Yoga)	M.Sc(Yoga)	B.Sc (Yoga) or Graduation in a stream with PGDY
Doctor of Philosphy(Yoga PhD(Yoga)	PhD(Yoga)	M.Sc(Yoga) from any Univers recognized by the UGC, as per the PH duration specified by UGC
Post Graduate Diploma Yoga	PGDY	Graduation from any stream,
Post Graduate Diploma Yoga Therapy	PGDYT	Medical Graduation of 4 years or more

3.41 With regard to the details of existing mechanism for certification and standardization of yoga education and centers, the Ministry of AYUSH in a written reply submitted the following:

> "There are a number of yoga centres which run privately in the Country. The Ministry does not maintain data/ details of such centres. The Quality Control of India (QCI) has however, designed a Voluntary Certification Scheme for Yoga Training Institutions / Organizations by adopting global standards and certification system to ensure internationally acceptable certification. Two institutes have been certified by the QCI so far, under this scheme.
>
> The Ministry of AYUSH, in collaboration with the Quality Council of India, has launched a Scheme for Voluntary Certification of Yoga Training Institutes/ Schools in 2016.
>
> The certification of the schools would be undertaken by QCI initially but eventually, independent certification bodies accredited by the National Accreditation Board for Certification Bodies (NABCB), a constituent Board of QCI, adhering to applicable international standard, ISO 17021, shall be approved for certifying schools. Given the international equivalence NABCB holds, this would facilitate international acceptance of the Yoga school certification."

3.42 Regarding standardization of Yoga education, the Secretary, Ministry of AYUSH during oral evidence held on 15.09.2016 further that:

"I have to mention two or three points. Firstly, there are so many courses for yoga trainers in the country ranging from three months to one year and a two year MSC course. There was no uniformity and the person who engaged them was not aware of their competency. Last year, on the advice of Hon'ble Prime Minister Scheme having four levels for 'Certification of Yoga Professionals has been launched."

PART-II

RECOMMENDATIONS/OBSERVATIONS

Health care status in the country- overall expenditure on health

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 per cent 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 wellbeing 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.

Budgetary allocations for health care

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.

Allocations and utilization of outlay earmarked to States/UTs under the 13th Finance Commission Allocations

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 per cent 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 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 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 utilisation 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 14th Finance Commission will further deteriorate the delivery of proper health care facility in the poor and backward region of the country. The Committee, therefore, recommend that Ministry of Health and 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.

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

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 De-addiction, TKDL and ISM&H Intellectual Property Rights, Central Council for Research in Sowa Rigpa, Pharamacovigilance initiative for ASU Drugs and Central Drug Controller for AYUSH.

Similar trend of non-allocation of funds at RE stage is 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, Pharamacovigilance 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, Pharamacovigilance 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. Pharamacopoeia Committees of ASU and strengthening of Pharamacopoeia 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, Pharamacovigilance 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.

<u>Primary Health Care</u>

5. The Committee observe that in rural areas, primary healthcare services are provided through a network of 155069 Sub-Centres, 25354 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, Para-medical staff etc.; free drugs; strengthening of Infrastructure wherever needed, 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. 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.

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 National Health Policy 2017, India, strives for Universal Health Coverage (UHC) by taking several measures especially by enhancing Primary Health Care Services. 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 structural continuation of care among community, primary, secondary & tertiary levels. To achieve the objective standard treatment protocol and robust IT based systems are required. 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. 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.

The Committee also note that the Ministry has recently decided to provide a Sub-Health Centre within 30 minutes of walk of habitation in certain districts of hilly States. The Committee would like to be apprised about the name of the districts where Sub-Health Centre within 30 minutes of walk of habitation is proposed and the concrete plans made in this regard. The Committee feel that in hilly and difficult areas there is an urgent need to

have some sort of health care facility nearby and as such an action plan to provide a Sub-Health Centre within 30 minutes of walk should be prepared alongwith the timelines and the Committee apprised, accordingly. The Committee also note that initiatives are being taken to convert several PHCs to provide round the clock services and mobile medical units to ensure services in remote areas. While appreciating these initiatives, the Committee would like to be apprised about the norms and the State/UT wise number of PHCs working round the clock and mobile medical units functioning at present and the targets alongwith timelines for expanding the initiatives in various States/UTs/difficult areas.

Doctor: Patient Ratio under Allopathic System

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.

Doctors and Specialist appointed under Allopathic and the shortage of Specialist Doctors

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 recognise 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.

Shortage of doctors in Central Government Hospitals

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.

Redevelopment of Central Government Hospitals

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.

Shortage of Medical Colleges

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 post graduate 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.

<u>Shortage of Faculty</u>

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.

<u>AIIMS, New Delhi and setting up of new AIIMS</u>

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 operationalisation 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.

<u>Geriatric Health Care.</u>

13. The Committee note that as per 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), undertaken 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 Persons (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 recognized 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 sufficent 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. 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. There is also a need to give emphasis on Geriatric Medicines Courses at under graduate and post graduate levels as well as in paramedical courses. Intake capacity of geriatric courses in the medical colleges need to be increased considerably so as to overcome the shortage of geriatricians in the country.

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 disorders, depression, etc.

Research & Development Activities

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.

Ayurveda System

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 over all 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.

Doctor: Population ratio for AYUSH

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.

<u>All India Institute of Ayurveda (AIIA), New Delhi</u>

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.

Sowa Rigpa System

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.

Unani System

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.

Siddha

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.

<u>Differentiated Nomenclature</u>

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, Vaidya Kaviraj, Vaidya Shiromani, 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.

<u>AYUSH Medical Education</u>

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 Ayurved, 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.

<u>Vacancies in AYUSH Medical Colleges & National Institutes</u>

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.

Regulation of Yoga Education

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.

Indian Medicine Pharmaceutical Corporation Limited

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 set-ups. 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.

<u>Separate Regulator for AYUSH Drugs</u>

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.

<u>State Testing Laboratories for AYUSH</u>

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.

Service Conditions of AYUSH physicians

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.

Development of Unified and Universal Health Care System

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.

Need for Comprehensive health care system including Preventive Health Care

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.

Annexure-I

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

(Rs. in crore)

Sl. No.	States	Allocation 2010-15	Project	2011-12	2012-13	2013-14	2014-15	Total
				Released	Released	Released	Released	Released 2011-15
1.	Andhra Pradesh	200.00	Establishment of Primary Health Centres	50.00	0.00	0.00	50.00	100.00
2.	Arunachal Pradesh	50.00	Health Sector	0.00	0.00	0.00	12.46	12.46
3.	Chhattisgarh	66.00	Construction of Sub-Health Centre/Primary Health Centre	16.50	0.00	0.00	0.00	16.50
4.	Gujarat	237.00	Public Health Schemes	59.25	59.25	59.25	0.00	177.75
5.	Haryana	300.00	Strengthen the Health Infrastructure	60.00	0.00	161.25	0.00	221.25
6.	Kerala	198.00	Improve the Health Instructure	49.50	0.00	46.50	52.50	148.50
7.	Madhya Pradesh	296.00	Improve the critical health infrastructure	74.00	0.00	0.00	164.50	238.50
8.	Maharashtra	32.00	Setting up of food testing laboratories	8.00	0.00	0.00	8.00	16.00
9.	Mizoram	30.00	Construction of Primary Health Centre	7.50	0.00	7.50	7.50	22.50
10.	Nagaland	30.00	Construction of Staff Quarters for Health Sector	7.50	0.00	0.00	7.50	15.00
11.	Orissa	350.00	Upgradation of Health Sector	87.50	0.00	87.50	87.50	262.50
12.	Rajasthan	150.00	Strengthening infrastructure in Public Hospital	37.50	0.00	37.50	0.00	75.00
13.	Tamil Nadu	200.00	Construction of Public Hospital including diagnostic equipment	50.00	0.00	100.00	30.00	180.00
14.	Uttarakhand	100.00	Establishment of Five Nursing Training Colleges in Uttarakhand	0.00	0.00	0.00	45.96	45.96
15.	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**

MINUTES OF FIFTH SITTING OF THE COMMITTEE ON ESTIMATES (2016-17)

The Committee sat on Tuesday, the 21 June, 2016 from 1100 hrs. to 1310 hrs. in Committee Room 'D' Parliament House Annexe, New Delhi.

PRESENT

Dr. Murli Manohar Joshi – Chairperson

Members

2. Shri George Baker
3. Shri Kalyan Banerjee
4. Shri Dushyant Chautala
5. Shri Ashwini Kumar Choubey
6. Shri Ram Tahal Choudhary
7. Col. Sonaram Choudhary
8. Shri Sanjay Dhotre
9. Shri P.C. Gaddigoudar
10. Shri K. H. Muniyappa
11. Shri Rajesh Pandey
12. Shri Ravindra Kumar Pandey
13. Shri Raosaheb Danve Patil
14. Shri Konakalla Narayan Rao
15. Shri Md. Salim
16. Shri Arvind Sawant
17. Shri Rajesh Verma

SECRETARIAT

1.	Shri Devender Singh	-	Additional Secretary
2.	Shri Vipin Kumar	-	Director
3.	Shri Srinivasulu Gunda	-	Additional Director

WITNESSES

Name of the Official	Designation
Dr. Arun Kumar Panda	Addl. Secretary (H&FW)
Shri Ali R. Rizvi	Joint Secretary
Dr. Jayshree Mehta	President, MCI
Dr. Reena Nayyar	Secretary, I/c MCI

2. At the outset, the Chairperson welcomed the Members to the Sitting of the Committee and briefed them about the agenda of the meeting. He then directed that the representatives of the Ministry of Health and Family Welfare and Medical Council of India (MCI) be called in.

3. The Chairperson welcomed the representatives of the Ministry of Health & Family Welfare and drew their attention to Direction 55(1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee. Thereafter, he asked the representatives to brief the Committee on the subject 'Medical Education in the country and Doctor population ratio'. The main points of the discussion related to roadmap for overhauling medical education scenario in under graduate as well as Post Graduate courses, regional imbalances in the number of medical colleges in different parts of the

country, steps taken to facilitate setting up of new medical colleges, mechanism being adopted by the Medical Council of India for carrying out inspections of medical colleges, shortage of teaching faculty in medical colleges and steps taken to fill vacant posts, progress made towards setting up of new AIIMS like Institutions and updation of existing State Government medical colleges/institutions, steps taken to augment the intake of seats in private and Government medical colleges in view of severe shortage of doctors in the country, converting district hospitals into medical colleges in the districts which do not have medical college, current doctor population ratio in the country viz-a-viz international standard fixed by World Health Organization, steps taken by MCI to tackle issue of capitation fee charged by private medical colleges, need for incorporating and popularizing Indian traditional systems of medicine like Ayurveda, Sidha, Unani etc , status and service conditions of AYUSH doctors viz-a-viz allopathic doctors in the country, quality of research output from Indian Medical colleges/institutes, performance of Indian medical colleges/institutes/individuals in developing and obtaining patents in the field of medicine, need for making physiotherapy as important and mandatory discipline in the existing and upcoming medical colleges, etc.

4. The Members raised several queries and sought clarifications concerning the above aspects from the representatives of the Ministry and MCI. The representatives gave clarifications on most of the points raised by the Members of the Committee. The Chairperson also directed the representatives of the Ministry to submit written replies to the Committee Secretariat in respect of the unanswered queries and the budgetary support to Ministry of Ayush vis-a-vis Ministry of Health and Family Welfare.

5. Further, the Committee decided that the views of the general public/institutions/Experts may be invited by issuing a press communique in the print and electronic media. The Chairperson also directed the Ministry to furnish a list of experts in the field of medical education and research to the Committee to get a wider and comprehensive perspective of the subject.

6. The Committee also desired to have evidence of the representatives of Ministry of AYUSH in connection with examination of the subject.

7. The verbatim proceedings of the sitting of the Committee were kept on record.

The Committee then adjourned.

MINUTES OF NINTH SITTING OF THE COMMITTEE ON ESTIMATES (2016-17)

The Committee sat on Thursday, the 15th September, 2016 from 1500 hrs. to 1735 hrs. in Room No. '62', Parliament House, New Delhi.

PRESENT

Dr. Murli Manohar Joshi – Chairperson

Members

2. Shri George Baker
3. Shri Ashwini Kumar Choubey
4. Shri Ram Tahal Choudhary
5. Col. Sonaram Choudhary
6. Shri Ramen Deka
7. Shri Sanjay Dhotre
8. Shri Sudheer Gupta
9. Shri P. Kumar
10. Shri Ravindra Kumar Pandey
11. Md. Salim
12. Shri Rajesh Verma

Secretariat

1.	Shri Devender Singh	Additional Secretary
2.	Shri Srinivasulu Gunda	Additional Director
3.	Shri R. S. Negi	Under Secretary

Witnesses

S. No.	Name of the Officials	Designation
1.	Shri Ajit M. Sharan	Secretary (AYUSH)
2.	Shri Anurag Srivastava	Joint Secretary
3.	Shri A. K. Ganeriwala	Joint Secretary
4.	Dr. D. C. Katoch	Adviser (Ayurveda)
5.	Shri R. S. Sinha	Director

2. At the outset, the Chairperson welcomed the Members to the Sitting of the Committee and briefed them about the agenda of the meeting. He then directed that the witnesses/representatives of the Ministry of AYUSH be called in.

[The representatives/witnesses of the Ministry of AYUSH then appear]

3. The Chairperson welcomed the representatives of the Ministry of AYUSH and drew their attention to Direction 55 (1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee. Thereafter, he asked the representatives to introduce themselves and brief the Committee on the subject 'Medical Education and Health Care in the country' from the perspective of Ministry of AYUSH. The main points of the discussion related to need to have differentiated nomenclature for AYUSH doctors viz-a-viz allopathic doctors; status and service conditions of AYUSH doctors viz-a-viz allopathic doctors in the country, steps taken by the Ministry to promote and popularize Indian traditional systems of medicine, functioning of Central Council of Indian Medicine (CCIM), course content of under Graduate and Post Graduate courses under AYUSH systems, performance of Autonomous National Institutes of Central Government imparting AYUSH education, reasons for contractual employment of AYUSH doctors and policy for contractual doctors mechanism put in place for monitoring quality of AYUSH drugs and medicines, issue of AYUSH doctors prescribing allopathic medicines, progress made towards establishment of All India Institute of Ayurveda in Delhi.

4. The Members raised several queries and sought clarifications concerning the above aspects from the representatives of the Ministry of AYUSH. The representatives gave clarifications on most of the points raised by the Members of the Committee. The Chairperson also directed the representatives of the Ministry to submit written replies to the Committee Secretariat in respect of the unanswered queries.

5. Further, the Chairperson directed the Ministry to furnish a list of experts who are renowned practitioners of Indian traditional systems of medicine like Ayurveda, Siddha, Sowa - Rigpa, Unani, etc; collection, compilation and digital presentation of ancient Indian texts which contain valuable information regarding medicinal use of plants/herbs, etc. reasons for decline in popularity of Indian traditional medicine systems in a short time span of 70-80 years; role of AYUSH systems of medicine for treating vector borne diseases, steps taken for improving acceptability, credibility and popularity of AYUSH medicines, doctor population ratio of AYUSH doctors in the country, issue of prescription by AYUSH doctors, certification of Yoga centres and standardization of Yoga education, etc.

6. The verbatim proceedings of the sitting of the Committee were kept in record.

The Committee then adjourned.

MINUTES OF TWELFTH SITTING OF THE COMMITTEE ON ESTIMATES (2016-17)

The Committee sat on Wednesday, the 26th October, 2016 from 1130 to 1400 hrs. and from 1530 to 1740 hrs. in Room No. '53', Parliament House, New Delhi.

PRESENT

Dr. Murli Manohar Joshi – Chairperson

Members

2. Shri George Baker
3. Shri Kalyan Banerjee
4. Shri Dushyant Chautala
5. Col. Sonaram Choudhary
6. Shri P.C. Gaddigoudar
7. Shri P. Kumar
8. Shri Rajesh Pandey
9. Shri Arvind Ganpat Sawant
10. Shri Gajendra Singh Shekhawat

SECRETARIAT

1.	Shri Devender Singh	-	Additional Secretary
2.	Shri Vipin Kumar	-	Director
3.	Shri Srinivasulu Gunda	-	Additional Director

WITNESSES

1.	Prof. Gesha Ngawang Samten	Vice Chancellor Central University of Tibetan Studies
2.	Dr. R.K. Manchanda	Director General, Central Council for Research in Homoeopathy (CCRH)
3.	Prof. Rais ul Rehman	Director General, Central Council for Research in Unani Medicine (CCRUM)
4.	Hakeem Shamsul Afaq	Former Deputy Advisor (Unani)
5.	Prof. R.S. Ramaswamy	Director General, Central Council for Research in Siddha (CCRS)

6.	Shri Manoj Nesari	Advisor - Ministry of AYUSH
7.	Vaidya S. K. Mishra	Ayurvedic Consultant, President, All India Ayurvada Vidyapeeth
8.	Vaidya Devendra Triguna	President, All India Ayurvedic Congress
9.	Shri Pradeep Multani	General Secretary, Association of Manufacturer of Ayurvedic Medicine

2. At the outset, Chairperson welcomed the Members to the Sitting of the Committee and directed to call in Prof. Gesha Ngawang Samten, Vice Chancellor, Central University of Tibetan Studies, Varanasi.

3. The Chairperson welcomed Shri Gesha Ngawang Samten and drew his attention to Direction 55(1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee. Thereafter, Shri Samten briefed the Committee about the history and philosophical background of Sowa Rigpa system of medicine and its unique charteristics as well as its commonalities with Ayurveda, practice of Sowa Rigpa system in the different parts of the country, efficacy of Sow Rigpa in curing ailments like cancer, AIDS/HIV and hepatitis, research being undertaken regarding diagnosis treatment, drugs and their raw materials etc. He also submitted that he has provided the plan proposal for the development of Sowa Rigpa department.

The witness then withdrew.

4. Thereafter, the Chairperson directed that Shri R.K. Manchanda, DG, CCRH be called in.

5. The Chairperson welcomed Shri R.K. Manchanda and drew his attention to Direction 55(1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee. Thereafter, Shri Manchanda briefed the Committee about the history and emergence of homoeopathic system of medicine in the country, homoeopathic education being imparted for under graduate and post graduate courses, curriculum of homoeopathic courses, need reforms in homoeopathic education system, more robust training of homoeopathic practitioners, promoting data exchange among professionals and researchers, need to generate awareness among all homoeopathic doctors that they are bound to mention their prescription in the prescription sheet handed out to the patient, need for augmenting budgetary support for homoeopathy, role played by homoeopathy in delivery of healthcare in the country, efficacy of homoeopathic system of medicine for prevention and treatment of diseases, role of homoeopathy in National Programme for

Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and performance of homoeopathy research laboratories etc.

The witness then withdrew.

4. Thereafter, Chairperson directed that Shri Raisul Rehman, DG, CCRUM and Shamsul Afaq be called in.

5. The Chairperson welcomed Shri Raisul Rehman and Shri Shamsul Afaq and drew their attention to Direction 55(1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee. Thereafter, Shri Rehman and Shri Afaq briefed the Committee about historical background of Unani system of medicine in India and its assimilation with traditional Indian medicine. The main points of the discussion related to role played by Unani system of medicine in delivery of health care in the country, performance of Unani medical colleges both in government and private sector, standard of Unani education and research, shortage of faculty and infrastructure in Unani medical colleges, shortage of qualified and experienced practitioners of Unani, etc.

The witness then withdrew.

At 1400 hrs. the Committee adjourned for lunch break.

6. At 1530 hrs. when Committee reassembled, the Chairperson directed that representatives of Siddha and Ayurveda be ushered in.

7. The Chairperson welcomed Shri R.S. Ramaswamy, Shri Manoj Nesari, Shri Devendra Triguna, Shri S.K. Mishra and Shri Pradeep Multani and drew their attention to Direction 55(1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee. Thereafter, Shri Ramaswamy briefed the Committee about the Siddha system of medicine. The main points that were discussed related to education, training and service conditions of Siddha practitioners, role played by Siddha system in developing patents, similarities between Ayurveda and Siddha, need to work towards amalgamation of Siddha system with Ayurveda, promotion and development of Siddha system of medicine across the country, obstacles/hindrances being faced by Siddha Institutes, decline in educational standards and shortage of infrastructure etc.

8. Thereafter, Shri Manoj Nesari briefed the Committee about functioning of Ayurvedic medical colleges and National Institutes of excellence under Ministry of AYUSH, operationalisation of All India Institute of Ayurveda, Delhi, steps taken to improve and promote Ayurvedic education, research activities undertaken in the premiere institutes of Ayurveda, practice of allopathic medicine by Ayurvedic practitioners, short supply of Ayurvedic medicine particularly under CGHS

system, functioning Indian Medicine Pharmaceutical Corporation Limited (IMPCL), lack of AYUSH representation in administrative set up of CGHS, service conditions of Ayurvedic teachers and practitioners viz-a-viz allopathic doctors and need to introduce amendment in relevant acts governing AYUSH education and practice so as to usher in single uniform law to govern Ayurveda system in medicine etc.

9. Thereafter, Shri Devendra Triguna briefed the Committee about the functioning and practice of Ayurvedic system of medicine in the country. The main points of discussion related to introduction of Sanskrit as a medium of imparting Ayurvedic education in medical colleges, shortage of faculty and infrastructure in Ayurvedic medical colleges, need to review the existing entrance examination system for admission into AYUSH colleges, supply of quality raw material for preparing Ayurvedic formulations, issue of using heavy metals in preparation of Ayurvedic medicine, need to curb the practice of modern medicine by Ayurvedic practitioners, setting up of more Ayurvedic dispensaries in different parts of the country to ensure uniformity in delivery of Ayurvedic health care services, need to improve service conditions and status of Ayurvedic practitioners viz-a-viz allopathic doctors, need to fill the vacant post of Addl. Secretary which was sanctioned when Department of AYUSH was set up and has been vacant for almost a decade and need for augmenting budgetary allocations for AYUSH systems of medicines etc.

10. Thereafter, Shri S.K. Mishra briefed the Committee about the history of Ayurvedic education prior to the establishment of Central Council for Indian Medicine (CCIM) Act, 1970, changes made by CCIM in curriculum and syllabus for graduate and post graduate courses in Ayurveda, increasing dependence of new Ayurvedic graduates upon practice of modern medicine, violation of minimum standards prescribed for Ayurvedic education by many medical colleges, need to set up more Ayurvedic dispensaries in States having negligible number of Ayurvedic dispensaries, need to augment infrastructure, physicians and supporting staff in Ayurvedic dispensaries, need to set up Ayurvedic dispensaries in Railway and Defence hospitals, need to create special post of Additional Director General of Ayurveda in CGHS set up etc.

11. Thereafter, Shri Pradeep Multani put forth some suggestions which included need to develop full potential of Ayurveda, Siddha and Unani (ASU) systems of medicine, need to augment budgetary allocations for ASU systems of medicine, use of metallic formulations in preparing of ASU medicine, compulsory certification of ASU medicines under AYUSH premium mark, shortfall in export of ASU drugs/medicines due to delay in issue of certification of pharmaceutical products by Drug Controller General of India (DCGI), shortfall in procurement of ASU drug by government hospitals/health centres, geriatric care under ASU systems, need to develop competitive spirit by AYUSH system to combat challenges posed by allopathic system, need to promote AYUSH premium mark and make it compulsory for all government and institution purchases etc.

12. The Members raised several queries and sought clarifications concerning the above aspects from the witnesses. The witnesses gave clarifications on most of the points raised by the Members. The Chairperson then directed the witnesses to submit written replies in respect of the unanswered queries to the Committee Secretariat at the earliest.

The witness then withdrew.

13. The verbatim proceedings of the sitting of the Committee were kept in record.

The Committee then adjourned.

MINUTES OF FOURTEENTH SITTING OF THE COMMITTEE ON ESTIMATES (2016-17)

The Committee sat on Wednesday, the 11th January, 2017 from 1430 to 1820 hrs. in Room No. '53', Parliament House, New Delhi.

PRESENT

Dr. Murli Manohar Joshi – Chairperson

Members

2. Shri Sultan Ahmed
3. Shri George Baker
4. Shri Ashwini Kumar Choubey
5. Col. Sonaram Choudhary
6. Shri Sanjay Dhotre
7. Shri P.C. Gaddigoudar
8. Shri P. Kumar
9. Shri K.H. Muniyappa
10. Shri Md. Salim
11. Shri Jugal Kishore Sharma

SECRETARIAT

1.	Shri Devender Singh	-	Additional Secretary
2.	Shri Srinivasulu Gunda	-	Additional Director
3.	Shri R.C. Sharma	-	Deputy Secretary
4.	Shri R.S. Negi	-	Under Secretary

WITNESSES

1.	Prof. Ravi Kant	Vice Chancellor, King George's Medical University, Lucknow
2.	Dr. Devi Prasad Shetty	Narayana Institute of Cardiac Sciences, Bangalore
3.	Dr. Virendra Kumar Kori	Associate Professor, Institute of Post Graduate Teaching & Research in Ayurveda, Gujarat
4.	Dr. Subhash Chandra Parija	Director, Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Puducherry
5.	Dr. Pooja Bhardwaj	Director General AYUSH (Retd.), Govt. of Uttarakhand

2. At the outset, Chairperson welcomed the Members to the Sitting of the Committee and directed to call in the experts.

3. The Chairperson welcomed the experts and drew their attention to Direction 55(1) of 'Directions by the Speaker, Lok Sabha' regarding confidentiality of the proceedings of the Committee.

4. Thereafter, the Chairperson asked Prof. Ravi Kant to depose before the Committee on the subject 'Medical Education and Health Care in the Country'. Prof. Ravi Kant briefed the Committee about long queues at tertiary level hospitals, overcrowding of Government hospitals, lack of adequate health care facilities at District hospitals particularly in remote and rural areas, high prevalence of diseases like diarrhea, pneumonia among infants, pre-term birth, high Infant Mortality Rate in the country. He also impressed upon the need to link disease prevention programmes with Clean India Campaign so as to check the high incidence of diseases particularly in rural areas, need to create awareness about common diseases, obstacles/hurdles coming in the way of making health care effective and efficacious, need to amend extant rules regarding recruitment of faculty, need to review and re-look the Medical Council of India (MCI) either by revamping its functioning or establishing National Medical Commission in place of MCI, need to allow major private hospitals to grant D.M. and MCH degrees to students keeping in view growing public demand for specialist treatment of diseases like diabetes, cardiology etc, need to establish unified health service on the lines of erstwhile Indian Health Service, need to convert District Hospitals into medical colleges, need to start a new line of nurse health practitioners particularly for hitherto neglected area and need to incorporate basic medical education at high school and senior secondary level etc.

5. Thereafter, the Chairperson asked Dr. Devi Prasad Shetty to depose before the Committee. Dr. Shetty briefed the Committee about the problems of Health Care in India. He emphasiesed on the need to amend recruitment rules for teaching in medical colleges, need to allow Ayurvedic doctors to prescribe basic allopathic drugs to overcome shortage of medical practitioners particularly at primary health care centres, need to allow experiments in Ayurvedic drugs so as to replace aenesthetic drugs which are known to cause side effects on human body, need to recognise the diploma degrees offered by College of Physicians and Surgeons University at the national level so as to create inter-mediate level of medical specialists of MBBS doctors to overcome shortage of doctors, need to augment rural health care delivery system, change in policy formulation for establishing robust health care delivery system in the country, need to delink general courses like physiotherapy from MBBS course and develop these as independent courses, need to allow nurses to prescribe certain basic medical drugs, need to address deterioration of

standards of medical education, need to make medical education affordable for all sections of the society and converting district hospitals into medical colleges etc.

6. Thereafter, the Chairperson asked Prof. V.K. Kori to depose before the Committee. Prof. V.K. Kori briefed the Committee about the need to adopt Ayurveda based life style so as to prevent diseases and malnutrition, short supply of raw material used in the preparation of Ayurvedic formulations, need to lift ban on certain raw materials, need for further research and development in Ayurvedic drugs, need to establish Ayurvedic nursing colleges to overcome shortage of nurses in Ayurvedic Medical Colleges, need to establish more Ayurvedic colleges in villages and functioning of Solarium in IPGTRA in Jamnagar, Gujarat, etc.

7. Thereafter, with the permission of the Chairperson, Dr. Subhash Chandra Parija deposed before the Committee. He briefed the Committee about inter-dependence of medical education and health care to provide effective health care needs, obstacles coming in the way of proper implementation of Government's health policy particularly in respect of reducing Maternal Mortality Rate and Infant Mortality Rate, need to improve training of medical practitioners at the level of primary health centres, need for having a publicly controlled universal Health care coverage of good quality, neglect of primary health care services, need to ensure comprehensive primary health care by strengthening the primary health care facilities with trained general practitioners capable of serving as physician of first contact and having a well structured system of referrals, need to ensure coordinated functioning of primary, secondary and tertiary level health care delivery services including availability of outreach specialist services, need to give more focus on para medical courses, need to incorporate basic medical education as part of school curriculum, need to overhaul MBBS curriculum and inculcate use of information technology in learning and assessment, tardy performance of Indian Medical Institutions in developing and obtaining patents.

8. Thereafter, with the permission of the Chairperson, Dr. Pooja Bharadwaj briefed the Committee about the need to strengthen Ayurvedic system of medicine and view it as a component of composite health system of the country, reforming and updating the current health system in the country, improving medical education system. She also spoke on the need to develop Ayurveda as the first line of treatment across the country, need to set up Ayurvedic dispensaries in the villages and posting Ayurvedic doctors and pharmacists in primary health centres and hospitals and dispensaries.

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

The witness then withdrew.

The Committee then adjourned.