

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

LOK SABHA
UNSTARRED Q. No 1893
TO BE ANSWERED ON 30th JULY, 2021

COVID PREPAREDNESS

1893: SHRI MAHESH SAHOO

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

- (a) whether Government has made arrangements for deploying adequate healthcare personnel in wake of a next COVID-19 wave;
- (b) if so, the details thereof, State/UT-wise particularly in Odisha;
- (c) the details of initiatives taken in the far-flung rural areas to counter COVID-19; and
- (d) other steps taken after the second wave by the Government to negate such a situation in future?

ANSWER

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

(a) to (d): Health is a state subject. To augment health care personnel including their capacity building, Union Health Ministry has taken a number of steps to support states/UTs.

- To build the capacities of human resources including the medical personnel, non-medical personnel and front-line workers for COVID-19 management an 'Advisory for Human Resource Management of COVID-19' was issued to provide guidance to States/UTs on the human resources mobilization, their role assignment and training requirements for COVID-19 management.
- The training resources for medical and non-medical personnel on infection prevention and control, clinical management including ventilation, logistics etc. is being updated regularly and is available on the website of Ministry of Health & Family Welfare.

- Online training and webinars for physicians and nursing personnel have been conducted by AIIMS on management of patients with COVID-19, septic shock, ventilation strategy, management of aerosol generating medical procedures, infection and prevention control practices, psychological care of patients etc.
- In addition, training modules have also been made available on iGOT online platform by DOPT (<https://igot.gov.in/igot>). These include:
 - Basics of COVID-19
 - Quarantine and isolation
 - Infection prevention through PPE
 - Psychological care of patients with COVID-19
 - Infection prevention and control
 - Laboratory sample collection and testing
 - Clinical management of COVID-19
 - Management of COVID-19
 - ICU Care and Ventilation Management
- Capacity building initiatives to conduct large scale containment operations for active case search and tracking has been carried out through training of State Surveillance Officers, Rapid Response Teams and grass root level workers/volunteers identified for surveillance activities, ASHAs, Anganwadi Workers, Auxiliary Nurse Midwives, National Service Scheme, Indian Red Cross Society volunteers, Nehru Yuvak Kendra Volunteers, Ayush Students and National Cadet Corps.
- A Clinical Center of Excellence (CoE) initiative has also been launched by Union Ministry of Health with AIIMS, Delhi as apex nodal institution and State level CoEs to provide guidance on clinical management protocols. AIIMS, Delhi is conducting regular webinars on clinical management and related aspects and the State CoEs are further disseminating it to their medical colleges, district and sub-district hospitals.
- In order to increase the availability of trained human resources to tackle the Covid-19 pandemic situation, the States have been advised to explore avenues for utilization of services of Medical Interns, Final Year MBBS students, Final Year PG Students (broad as well as super-specialties) as residents, B.Sc./GNM Qualified Nurses, Final Year GNM or B.Sc. (Nursing) students under appropriate guidance and for utilization of services of Allied Health Care professionals based on their training and certification.
- Further, Government of India's flagship telemedicine platform 'eSanjeevani' provides for doctor-to-doctor consultations where in all Health and Wellness Centres under Ayushman Bharat Scheme of Government of India are covered.

Government of India has also provided the required technical support and has supported the states through logistic and financial support to further strengthen the existing health infrastructure to tackle COVID-19 pandemic.

Taking note of ingress of COVID-19 pandemic in peri-urban and rural areas, Ministry of Health & Family Welfare on 16th May 2021 issued an SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas.

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

- With the intent to reduce the risk of cross infection to non-COVID patients as well as to maintain continuity of non-COVID essential health services in the country, a three-tier arrangement of dedicated COVID-19 health facilities [(i) COVID Care Center (CCC); (ii) Dedicated COVID Health Centre (DCHC) and (iii) Dedicated COVID Hospital (DCH)] has been implemented in the country.
- Government of India, to supplement the hospital facilities has roped in tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. Further, many large temporary treatment facilities were established by DRDO to manage surge in COVID-19 cases in the country.
- The isolation bed capacity and ICU bed capacity which was only 10,180 and 2,168 before the first lockdown (as on 23rd March 2020) in being enhanced continuously and is currently at 18,02,949 isolation beds and 1,24,514 ICU beds (as on 28th July 2021).
- The daily liquid medical oxygen (LMO) supply, which was about 1292 MTs per day in February 2021 increased to 8593 MTs in April 2021. On 28th May 2021, a total of 10,250 MTs of LMO was allocated to the states. This was done by enhancement of LMO production in steel plants as well as in other LMO plants.
- Restrictions were imposed on industrial use of oxygen.
- A dynamic and transparent framework for allocation of medical oxygen in consultation with States/UTs and all the stakeholders such as relevant Ministries, manufacturers/suppliers of liquid oxygen etc. was prepared.
- Online digital solutions viz. Oxygen Demand Aggregation system (ODAS) and Oxygen Digital Tracking System (ODTS) have been developed to ascertain the demand for medical oxygen from all medical facilities and to track their transportation.
- To avoid wastage of medical oxygen, guidelines on rational use of oxygen were issued on 25th September 2020, and further revised and disseminated to States on 25th April 2021.
- 1,02,400 oxygen cylinders were procured in April and May of 2020 and distributed to States. Further orders for additional 1,27,000 cylinders have been placed on 21.04.2021 (54,000 jumbo cylinders (D type) and 73,000 regular cylinders (B type). Deliveries of the same have started and 53,056 (40,729 B-type and 12,327 D-type) cylinders have been delivered as on 26th July 2021.
- To generate oxygen at the health facility level, PSA plants are being established in each district hospitals, especially in far flung areas enabling the hospitals to become self-sufficient in generation of oxygen for their needs and thereby, reduce the burden on the medical oxygen supply grid across the country.

- Further, to fast-track the availability of Medical Oxygen in rural and peri-urban areas, more than 39,000 Oxygen Concentrators have been allocated to various States.
- A COVID Drugs Management Cell (CDMC) has been set up in the Department of Pharmaceuticals (DoP) to oversee the management of smooth supply of drugs used in COVID-19 management.
- Action is initiated at the National level to augment production of critical drugs including import besides support in terms of equitable distribution of the critical supplies.
- A Drugs Coordination Committee (DCC) has been constituted as an institutional mechanism under Department of Pharmaceuticals for efficient decision making on all the issues with respect to COVID-19 related drugs including availability through inter-departmental consultations.
- Remdesivir is a patented drug, manufactured in India under voluntary licenses granted by Gilead Life Sciences USA (the patent holder) to 7 Indian pharmaceutical companies. Manufacturing capacity was augmented from 38 lakh vials per month in March 2021 to nearly 122 lakh vials per month in June 2021. In addition, 40 additional manufacturing sites were approved by the CDSCO, thus increasing the manufacturing sites from 22 (in March 2021) to 62 (in June 2021).
- All States/UT and State Drugs Controllers have been requested to verify stock of the drug and check other malpractices and take effective steps to curb hoarding and black marketing of Remdesivir.
- Department of Pharmaceuticals and the Drug Controller General of India (DCGI) have actively coordinated with the industry to enhance availability of Amphotericin B through identification of manufacturers, alternate drugs and expeditious approvals of new manufacturing facilities.
- Besides, the existing five manufacturers, DCGI had issued permissions to manufacturing / marketing of Amphotericin B Liposomal Injection to six additional firms.
- Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs.
- Under the National COVID Vaccination Program, Government of India is procuring vaccines and providing them free of cost to States and UTs. As on 25th July 2021, a total of about 44.91 crore doses have been supplied to States/UTs from all sources i.e Government of India's Covid vaccine supply free of cost to all States/UTs, State/UTs and Private Hospitals procured Covid vaccine.
- Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs.
- During the F.Y. 2019-20, funds to the tune of Rs.1113.21 crore was released to the States/UTs under NHM towards management and containment of COVID-19 pandemic.

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

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