REPORT NO.

147

PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

ONE HUNDRED FORTY SEVENTH REPORT

ON

ACTION TAKEN BY GOVERNMENT ON THE RECOMMENDATIONS/OBSERVATIONS CONTAINED IN THE 139TH REPORT ON THE "CANCER CARE PLAN & MANAGEMENT: PREVENTION, DIAGNOSIS, RESEARCH & AFFORDABILITY OF CANCER TREATMENT"

(Presented to the Rajya Sabha on 4th August, 2023)
(Laid on the Table of Lok Sabha on 4th August, 2023)

Rajya Sabha Secretariat, New Delhi
August, 2023/ Sravana, 1945 (Saka)

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*to be appended at the circulation stage.

COMPOSITION OF THE COMMITTEE

(2022-23)

1. Shri Bhubaneswar Kalita - Chairman

RAJYA SABHA

2. Dr. Anil Agrawal
3. Shri Sanjeev Arora
4. Dr. L. Hanumanthaiah
5. Shri Shambhu Sharan Patel
6. Shri Imran Pratapgarhi
7. Shri B. Parthasaradhi Reddy
8. Shri S. Selvaganabathy
9. Dr. Santanu Sen
10. Shri A. D. Singh

LOK SABHA

11. Shrimati Mangal Suresh Angadi
12. Ms. Bhavana Gawali (Patil)
13. Shri Maddila Gurumoorthy
14. Ms. Ramya Haridas
15. Shri K. Navas Kani
16. Dr. Amol Ramsing Kolhe
17. Shri C. Lalrosanga
18. Dr. Sanghmitra Maurya
19. Shri Arjunlal Meena
20. Shrimati Pratima Mondal
21. Dr. Pritam Gopinath Rao Munde
22. Dr. Lorho S. Pfoze
23. Adv. Adoor Prakash
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. DNV Senthilkumar S.
27. Dr. Jadon Chandra Sen
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepatil
31. Dr. Krishna Pal Singh Yadav

SECRETARIAT

1. Shri Sumant Narain — Joint Secretary
2. Shri Shashi Bhushan — Director
3. Shri Rajendra Tiwari — Director

PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, present this One Hundred Forty Seventh Report of the Committee on Action Taken by the Government on the Recommendations/ Observations contained in the 139th Report on "Cancer Care Plan & Management: Prevention, Diagnosis, Research & Affordability of Cancer Treatment" pertaining to Ministry of Health & Family Welfare

2. The One Hundred Thirty Ninth Report of the Department-related Parliamentary Standing Committee on Health and Family Welfare was presented to Rajya Sabha and laid on the Table of Lok Sabha on 8th December, 2022. The Action Taken Notes of the Government on the recommendations contained in the Report was received from the Departments in April, 2023.

3. The Committee made a total of 158 recommendations in the 139th Report, out of which 57 recommendations have been accepted by the Ministry and has been categorized under Chapter-I. There are 45 recommendations, which the Committee does not desire to pursue in view of the Ministry's replies that have been categorized under Chapter-II. There are 39 recommendations/observations, in respect of which replies of the Ministry have not been accepted by the Committee and the Committee has made further recommendations thereon and have been categorized under Chapter-III while 17 recommendations/observations in respect of which final replies of the Ministry have not been received, have been categorized under Chapter-IV.

4. The Committee, in its meeting held on the 31st July, 2023 considered the Draft Report and adopted the same.

BHUBANESWAR KALITA
Chairman,
Department-related Parliamentary Standing
Committee on Health and Family Welfare

New Delhi
31st July, 2023
Sravana 9, 1945 (Saka)

ACRONYMS

AARs	Age Adjusted Incidence Rates
ABDM	Ayushman Bharat Digital Mission
ABHA ID	Ayushman Bharat Health Account ID
AB-HWCs	Ayushman Bharat- Health and Wellness Centres
ABPMJAY	Ayushman Bharat/ Pradhan Mantri Jan Arogya Yojana (ABPMJAY)
ACTREC	Advanced Centre for Treatment, Research and Education in Cancer
ADMETC	absorption, distribution, metabolism, and excretion
AIIMS	All India Institute of Medical Sciences
AMRIT	Affordable Medicines and Reliable Implants for Treatment
ANS	Autonomic Nervous System
API	Application Programming Interface
APIs	Active Pharmaceutical Ingredient
ASHA & ANM	Auxiliary Nurse Midwife
BARC	Bhabha Atomic Research Centre
BoCW	Building and Other Construction Workers
CAPF	Central Armed Police Force
CART	Chimeric Antigen Receptor T cell
CBAC	Community Based Assessment Checklist
CBAC	Community Based Assessment Checklist
CBNAAT	Cartridge Based Nucleic Acid Amplification Test
CCEA	Cabinet Committee on Economic Affairs
CDSCO	Central Drugs Standard Control Organisation
CGHS	Central Government Health Scheme
CHC	Community Health Center
CLL	Chronic lymphocytic leukemia
CNCI	Chittaranjan National Cancer Institute
CNCI	Chittaranjan National Cancer Institute
CNS	**C**entral Nervous System
CoC	Continuum of Care
COTPA	Cigarettes and Other Tobacco Products Acts
CoWIN	Covid Vaccine Intelligence Network
CPHC	Comprehensive Primary Health Care
CRD	Cancer Registry Data
CRDO	International Cancer Research and Development in Oncology
CRUK	Cancer Research UK
CSR	Corporate Social Responsibility
CSR	Corporate Social Responsibility
CTN	Clinical Trials Network
DAE	Department of Atomic Energy
DBT	Department of Bio-Technology
DCGI	Drug Controller General of India
DCGI	Drug Controller General of India
DFS	Dept. of Financial Services
DGHS	Directorate General of Health Services
DHR	Department of Health Research
DHs	District Hospitals
DIUs	District Implementation Units
DLHS	District Level Household Surveys
DNS	Deviated Nasal Septum
DoP	Department of Pharmaceuticals
DPCO	Drugs (Prices Control) Order
DST	Department of Science & Technology
EAC	Expert Advisory Committee
EAC	Expert Advisory Committee
EHCPs	Empanelled Healthcare Providers
ENDS	Electronic Nicotine Delivery Systems

END's	Essential Narcotic Drugs
ESIS	Employees' State Insurance Scheme
FOPL	Front of Packet Labels
FoPNL	Front of Pack Nutrition Rating
FSSAI	Food Safety and Standards Authority of India
GMCIs	Government Medical College Institutions
GST	Goods and Service Tax
HBCRs	Hospital-based cancer registries
HBNI	Homi Bhabha National Institute
HBP	Health Benefit Package
HCC	Hepatocellular carcinoma
HDI	Human development index
HICs	High-income countries
HIS	Hospital Information System
HLL	Hindustan Latex Limited
HMDG	Health Minister's Discretionary Grants
HPV	Human Papilloma Virus
HTA	Health Technology Assessment
HWC-	Health and Wellness Centres
ICMR	Indian Council of Medical Research
ICRC	India Cancer Research Consortium
IEC	Information, education and communication
INI	Institute of National Importance
INR	Indian Nutrition Rating
IPR	Intrathoracic pressure regulation
IRCTC	Indian Railway Catering and Tourism Corporation
IRDAI	Insurance Regulatory and Development Authority of India (IRDAI)
ISCCP	International Satellite Cloud Climatology Project
LA	Linear Accelerator
LINAC	Linear accelerator
MDS & AML	Myelodysplastic syndromes (MDS) and acute myeloid leukemia (AML)
MOHFW	Ministry of Health and Family Welfare
MoSJE	Ministry of Social Justice and Empowerment
MoU	Memorandum of Understanding
MRP	Maximum Retail Price
NABH	National Accreditation Board for Hospital & Healthcare
NABL	National Accreditation Board for Testing and Calibration Laboratories
NBFC	Non-Banking Financial Companies
NCD	Non-communicable diseases
NCDIR	National Centre for Disease Informatics and Research
NCDs	Chronic non communicable diseases
NCG	National Cancer Grid
NCG	Network of Cancer Genes
NCI	National Cancer Institute
NFHS	National Family Health Survey
NHA	National Health Authority
NHL	Non-Hodgkin lymphoma
NHM	National Health Mission
NICPR	National Institute of Cancer Prevention and Research
NLEM	National List of Essential Medicines
NMAP	Network Mapper
NPACT	Naturally Occurring Plant-based Anti-cancer Compound-Activity-Target database
NPCDCS	National Programme for Prevention & Control of Cancer, Diabetes, Cardio-Vascular Diseases and Stroke
NSS	National Service Scheme
NSSO	National Sample Survey Organization
NTAGI	National Technical Advisory Group for Immunization

NCRP	National Cancer Registry Programme
NEC	Necrotizing enter colitis
NCDIR	National Centre for Disease Informatics and Research
NGOs	Non-Governmental Organization
NCCP	National Cancer Control Programme
NPPA	National Pharmaceutical Pricing Authority
NMC	National Medical Commission
NPPC	National Program for Palliative Care
NHM	National Health Mission
OPDs	Outpatient Departments
OPPI	Organisation of Pharmaceutical Producers of India
(OGs)	Operational Guidelines
PPO	Public Procurement Order
PET	Positron Emission Tomography
PBCR	Population Based Cancer Registry
PLI	Product Linked Incentive
PMSSY	Pradhan Mantri Swasthya Suraksha Yojana
PHC	Primary Health Care
PBS	Peripheral blood smear
PIPs	Programme Implementation Plans
PPP	Public -Private-Partnership
PAP	Patient Assistance Program
PoS	Point-of-Sale
RMOs	Resident Medical Officers
RAN	Rashtriya Arogya Nidhi
R&D	Research and development
RMI	Recognised Medical Institute
RIMS	Regional Institute of Medical Sciences
RCC	Regional Institute of Medical Cancer Centre
SII	Serum Institute of India
SCIs	State Cancer Institutes
SHI	Shared Hospital Income
SCTIMST	Sree Chitra Tirunal Institute for Medical Sciences & Technology
SHAs	State Health Agencies
SWOT	Strength, Weakness, Opportunity & Threats)
SEAR	South-East Asia Region
SAG	Non-Senior Administrative Grade
STGs	Standard Treatment Guidelines
SCT	State Cancer Institute
SECC	Socio Economic and Caste Census
STGs	Standard Treatment Guideline
SAP	Serum amyloid P component
TCCC	Tertiary Care Cancer Centres
TMH	Tata Memorial Hospital
TMC	Tata Memorial Centre
TMR	Trade Margin Rationalization
ToFEI	Tobacco Free Educational Institutions
UIP	Universal Immunization Program
WHO	World Health Organization's
WPI	Wholesale Price Index
WHO-FCTC	World Health Organization Framework Convention of Tobacco Control

REPORT

The Report of the Committee deals with the Action Taken by the Government on the Recommendations/ Observations contained in the 139th th Report on "Cancer Care Plan & Management: Prevention, Diagnosis, Research & Affordability of Cancer Treatment" pertaining to Department of Health & Family Welfare, Ministry of Health & Family Welfare.

2. Action Taken Notes have been received from the Department of Health & Family Welfare in respect of the recommendations contained in the Report. They have been categorized as follows:

CHAPTER-I: Recommendations/Observations which have been accepted by the Government:

Paragraph Nos: 1.5.9, 1.9.3, 2.2.3, 2.3.2, 2.3.3, 2.3.5, 2.3.6, 2.4.1, 2.6.4, 2.9.2, 2.11.1, 2.13.1, 2.13.2, 2.13.3, 3.4.3, 3.6.4, 3.7.7, 3.7.8, 3.7.9, 3.8.6, 3.8.7, 3.9.12, 3.9.13, 3.9.16, 3.10.4, 3.10.6, 3.11.7, 3.11.8, 3.11.9, 3.12.12, 3.12.13, 3.12.14, 3.12.15, 3.14.2, 3.14.6, 3.14.11, 3.14.13, 4.2.23, 4.2.30, 4.4.2, 4.4.3, 4.7.5, 4.9.3, 4.9.4, 4.9.5, 4.9.7, 4.9.12, 4.9.13, 4.11.3, 4.11.4, 4.18, 4.19, 5.2.7, 5.7.7, 5.16.1, 5.24.1 and 5.25.1.

TOTAL- 57

CHAPTER-II: Recommendations/Observations which the Committee does not desire to pursue in view of the Government's replies:

Paragraph Nos: 1.5.7, 1.5.8, 1.6.3, 1.6.5, 1.6.6, 1.7.6, 1.8.3, 2.3.4, 2.5.4, 2.5.5, 2.5.6, 2.7.6, 2.8.1, 3.3.7, 3.9.14, 3.11.10, 3.12.9, 3.12.10, 3.14.1, 3.14.8, 3.14.9, 4.2.17, 4.2.19, 4.2.26, 4.2.27, 4.4.1, 4.6.3, 4.8.3, 4.12.6, 4.12.7, 4.13, 5.9.4, 5.10.9, 5.11.9, 5.12.2, 5.18.6, 5.18.10, 7.4.6, 7.4.8, 7.4.9, 7.4.10 and 7.4.11.

TOTAL- 45

CHAPTER-III: Recommendations/Observations in respect of which replies of the Government have not been accepted by the Committee:

Paragraph Nos: 1.5.2, 1.5.4, 1.5.5, 1.6.4, 1.6.7, 1.8.2, 3.3.6, 3.4.2, 3.5.4, 3.6.3, 3.8.5, 3.8.8, 3.9.11, 3.10.5, 3.10.7, 3.12.11, 3.13.6, 3.13.7, 3.13.8, 3.14.4, 3.14.5, 3.15.2, 4.2.10, 4.2.14, 4.5.2, 4.5.3, 4.6.2, 5.11.6, 5.13.1, 5.13.2, 5.18.3, 5.18.4, 5.18.5,5.18.8, 5.19.9, 5.19.12, 5.20.7, 5.21.1 and 7.4.7.

TOTAL- 39

CHAPTER-IV: Recommendations/Observations in respect of which final replies of the Government are still awaited:

Paragraph Nos: 3.3.8, 3.3.9, 3.9.15, 3.14.3, 3.15.1, 4.9.8, 4.12.8, 4.14, 4.15, 4.16, 4.17, 5.11.7, 5.13.3, 5.13.4, 5.13.5, 5.14 and 5.19.1.

TOTAL- 17

3. The details of the ATNs are discussed in various Chapters in the succeeding part of the Report.

CHAPTER-I

RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE MINISTRY

1.1 LINKGAE OF CANCER REGISTRY WITH AYUSHMAN BHARAT

Recommendation:

1.1.1 The Committee further recommends the Ministry to ensure the linking of Cancer Registry data with Ayushman Bharat/ Pradhan Mantri Jan Arogya Yojana (PMJAY), mortality data bases, and the Hospital Information System (HIS) would improve cancer registration, follow up and outcome data.

(Para 1.5.9 of 139th Report)

Action Taken:

1.1.2 Comments of National Health Authority (NHA) were sought**.** NHA has informed that an internal assessment report of NHA has also recommended the Application Programming Interface (API)-based fetching of the clinical data from the cancer registry program, for which an operational framework is being worked out with the National Centre for Disease Informatics and Research (NCDIR). In addition, several sensitization sessions have been carried out with the Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB PM-JAY) empanelled hospitals treating cancer patients to get them onboarded on the cancer registry database platform.

1.2 REGION BASED CANCER RESEARCH

Recommendation:

1.2.1 The Committee takes into account the major geographical variation in the incidence of Cancer cases and feels that the Government should encourage region-based cancer research projects to understand the causation of specific cancer in a specific region and come out with the conclusion and research outcome for cancer treatment. Similarly, cancer research projects should also cover studies on differential occurrence of cancer in rural and urban areas and provide key solutions to the increasing incidence of cancer cases in rural areas.

(Para 1.9.3 ibid)

Action Taken:

1.2.1 The comments of DHR were sought. The DHR has informed that they are already undertaking studies on risk factors for cancers with high prevalence in North-East Region and gallbladder cancer (Northern belt).

1.2.2 The comments of AIIMS (New Delhi) were sought. They have informed that AIIMS, New Delhi and its cancer centre i.e., Dr. BRAIRCH and National Cancer Institute (NCI) has a comprehensive cancer research plan related to India - Centric Cancers (Breast, Oral, Gall Bladder, Cervix and Lung) addressing regional heterogeneity and rural vs urban disparities.

1.2.3 Specific multi-disciplinary disease management groups including clinicians and researchers were formed at NCI to address pressing cancer research needs of the country.

Research agenda includes prevention screening, providing accessible and affordable care. Department of Bio-Technology (DBT) has sanctioned Rs. 40 Crores to establish a "DBT-AIIMS NCI India Translation and Clinical Research Facility at NCI to fulfil the above mandate. A number of research projects are ongoing addressing above issues at Dr. BRAIRCH and NCI. Delhi Cancer registry at Dr. BRAIRCH has expanded the network and established Hospital Based Cancer Registry at NCI which will be looking specifically at rural vs urban disparities of cancer. Under Strengthening of Tertiary Cancer Care Centres Facilities Scheme, SCIs/TCCCs promotes research activities for cancer. The research is one of the integrated areas of AIIMS, New Delhi and other new AIIMS under Pradhan Mantri Swasthya Surakhshya Yojana (PMSSY).

1.3 NATION-WIDE POLICY FOR COMPULSORY CANCER SCREENING

Recommendation:

1.3.1 The Committee recommends that the Government pays attention to low-hanging fruits by stressing the need for cancer prevention and screening. While cancer prevention measures like increasing awareness amongst masses can make the public at large more aware and allay fears regarding cancer, adequate and effectively implemented screening measures would result in early detection of potential cancer cases, thereby decreasing the load on existing health infrastructure and saving the family/patient from financial hardships. Appreciating the importance of screening the Committee recommends the Government to formulate a nationwide policy on screening, and as in the case of Covid-19 vaccination, the Government can implement compulsory cancer screening measures on certain age groups, like 30+ age group population.

(Para 2.2.3 ibid)

Action Taken:

1.3.2 Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and common cancers viz. Oral, Breast and Cervical Cancer) was launched in 2016 as a part of NCD package of service under Comprehensive Primary Health Care (CPHC). The initiative is being implemented under CPHC across Ayushman Bharat- Health and Wellness Centres (AB-HWCs) since 2018. Under this initiative, individuals of age group 30 years and above are targeted for risk assessment using Community Based Assessment Checklist (CBAC) forms and screening for common NCDs. Prevention, control and screening services are being provided through trained frontline workers (ASHA & ANM) and the referral support and continuity of care is ensured through HWC-PHC, CHC, District Hospitals and other tertiary care institutions in both rural and urban areas. PBS is helping in better management of diseases by the way of early stage of detection, follow up, management and treatment adherence.

1.4 RESEARCH ON EFFICACY OF VACCINE ON HUMAN PAPILLOMA VIRUS (HPV)

Recommendation:

1.4.1 The Committee has been given to understand that certain common cancers viz. cervical, vaginal, vulvar as well as genital warts which are mostly associated with Human

Papillomavirus (HPV) infection can be prevented with vaccination. The Committee observes that vaccination for Cancer like the disease itself is associated with stigma and fear and hence it is necessary to raise awareness for both primary care physicians and patients on early warning signs/ symptoms of Cervical Cancer. The Committee feels that there is still lack of a consensus for using HPV vaccine to prevent Cervical cancer. Taking into account the fact that the vaccine has proved effective in preventing Cervical cancer in countries like Australia, the Committee recommends the Ministry to authorize few more projects to study the efficacy of the vaccine on Indian women, and if satisfactory results are achieved, the Government may consider including the Human Papilloma Virus vaccine in the vaccination programme of India.

(Para 2.3.2 ibid)

Action Taken:

1.4.2 The Immunization Division has informed that the National Technical Advisory Group for Immunization (NTAGI) is the apex technical advisory body to advise the Ministry of Health & Family Welfare, Government of India on immunization matters including new vaccine introduction.

1.4.3 In December 2017, NTAGI recommended the introduction of the Human Papilloma Virus (HPV) vaccine in the Universal Immunization Program (UIP). However, due to the pending Supreme Court case, the Government of India could not introduce the HPV vaccine in the UIP.

1.4.4 Lately, after analyzing the available new evidence, NTAGI on 28th June 2022, has again recommended the introduction of the HPV vaccine in the UIP.

1.4.5 Further, in addition to HPV vaccines manufactured in foreign countries, a new HPV vaccine domestically manufactured is under the approval process of the Drug Controller General of India (DCGI) for market authorization.

1.4.6 Central Drugs Standard Control Organisation (CDSCO) has informed that HPV vaccines are approved under the Drugs Cosmetics Act & Rules, 1945 and found to be safe and efficacious.

1.5 AWARENESS ON EARLY DETECTION OF CANCER

Recommendation:

1.5.1 *The Committee further believes that intensive information, education and communication (IEC) activities are required to sensitize the people about the danger of the Cancer disease and the advantages associated with its early detection through screening. The Committee recommends that to increase the awareness, the Government should organize block-level camps, programmes at Schools, Colleges, universities and also start mass radio and media campaigns (like it did to eradicate TB, polio, etc) for spreading cancer awareness in the general population regarding (i) preventive care for cancer (ii) symptoms of common cancer and reach out to the affected people at early stages in order to save the human and financial resources of the country. Additionally, to give impetus to the awareness about Cancer, the Government should take following measures:*

i. *Information dissemination through village panchayat members, primary health centers staffs, posters and banners in bank and post office branches. Also, local political leaders, religious leaders and other social groups should be sensitized, and their help should be taken to spread awareness and motivate the population to undergo screening.*

ii. *Local Cable network shall also be used for creating awareness. Such networks can air awareness-based programmes using local actors to sensitize people about Cancer.*

iii. *School Students and the teachers shall be made aware about Cancer, and then camps should be organized under NSS (National Service Scheme) where these children should increase awareness about Cancer, need for screening in nearby villages and settlements.*

iv. *The Resident Medical Officers (RMOs), Ayurvedic MOs and Homeopathic MOs should also be engaged to generate awareness about the cancer prevention and importance of screening.*

v. *Health workers like ASHA / Health / Anganwadi workers should be trained and provided with IEC materials so that they can interact with local population effectively.*

vi. *The Government should start a help line number integrated with telemedicine (eSanjeevani-app of government) for cancer awareness, in addition to the awareness, the helpline shall be able to guide patients on next steps of care/ treatment facilities in their vicinity and how to avail the same.*

(Para 2.3.3 ibid)

Action Taken:

1.5.2 Preventive aspect of NCDs including cancer is strengthened under Comprehensive Primary Health Care through Ayushman Bharat Health Wellness Centre scheme, by promotion of wellness activities and targeted communication at the community level. Other initiatives for increasing public awareness about NCDs and for promotion of healthy lifestyle includes observation of National Cancer Awareness Day & World Cancer Day and use of print, electronic and social media for continued community awareness. Furthermore, healthy eating is also promoted through FSSAI. Fit India movement is implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH. In addition, NPCDCS gives financial support under NHM for awareness generation (IEC) activities for NCDs to be undertaken by the States/UTs as per their Programme Implementation Plans (PIPs).

1.5.3 School-based health promotion activities have been incorporated as a part of the Health and Wellness component of the Ayushman Bharat Programme. School Health & Wellness Programme (launched in Feb 2020) is being implemented in government and government aided schools in districts (including aspirational districts). Two teachers, preferably one male and one female, in every school, designated as “Health and Wellness Ambassadors” shall be trained to transact with school children, health promotion and disease prevention information on Non Communicable Diseases including cancer in the form of interesting joyful interactive activities for one hour every week in one of the 11 thematic areas.

1.5.4 Training of healthcare workers (ASHA/Health workers) is routinely being done.

1.5.5 ASHA does the risk assessment of three common cancers by using Community Based Assessment Checklist (CBAC) for all 30 years and above individuals. It generates awareness among the communities as ASHA discuss the signs and symptoms with respect to above three cancers.

1.6 VACCINE AGAINST CERVICAL CANCER

Recommendation:

1.6.1 The Committee notes that another preventable cancer is Cervical cancer, which is the second most frequent cancer among women between 15 and 44 years of age with a high death ratio in India. The Committee has been given to understand that the Drugs Controller General of India (DCGI) recently granted market authorisation to Serum Institute of India (SII) to manufacture indigenously developed India's first Quadrivalent Human Papillomavirus vaccine (qHPV) against cervical cancer.

(Para no. 2.3.5 ibid)

Action Taken:

1.6.2 Immunisation Division of this Ministry has informed that the National Technical Advisory Group for Immunization (NTAGI) is the apex technical advisory body to advise the Ministry of Health & Family Welfare, Government of India on immunization matters including new vaccine introduction.

1.6.3 In December 2017, NTAGI recommended the introduction of the Human Papilloma Virus (HPV) vaccine in the Universal Immunization Program (UIP). However, due to the pending Supreme Court case, the Government of India could not introduce the HPV vaccine in the UIP.

1.6.4 Lately, after analyzing the available new evidence, NTAGI on 28th June 2022, has again recommended the introduction of the HPV vaccine in the UIP.

1.6.5 Further, in addition to HPV vaccines manufactured in foreign countries, a new HPV vaccine domestically manufactured is under the approval process of the Drug Controller General of India (DCGI) for market authorization.

1.7 AWARENESS AGAINST OBESITY AND CONSUMPTION OF PROCESSED FOOD

Recommendation:

1.7.1 Regarding lifestyle practices that enhance risk of cancer, the Committee observes that the Government should work towards preventing obesity in youth by increasing the levels of physical activity. The Committee recommends that this can be done by two ways: (a) better urban and rural planning, making sure that physical activities are encouraged by way of dedicated jogging, walking and cycling tracks; Yoga should be promoted and made mandatory in schools for well-being of children; (b) dissuade children from consuming ultra-processed foods and drinks which lack nutrients by ensuring Front of Packet Labels (FOPL)

which is easily seen and understood; (c) increase in the taxes on junk food and sugary drinks which is actually creating an epidemic of obesity, especially among young children. The Committee has been given to understand that improper methods used for food preservation is one of the main reasons why the cancer incidence in the North-East India is much higher than the rest of the country. The Committee, therefore, recommends that the Government should promote better hygiene and encourage people to avoid foods (processed meat) that have been processed and preserved by employing techniques of salting, smoking or curing as consumption of even small amounts of these food increases the risk of cancer.

(Para 2.3.6 ibid)

Action Taken:

1.7.2 Health promotional activities and awareness generation for prevention and control of NCDs including cancers as well as healthy lifestyle is being carried out in mission mode at all levels of health care delivery system from National level and below.

1.7.3 As part of the Eat Right India initiative, Food Safety and Standards Authority of India (FSSAI) is raising the awareness among consumers towards healthy, safe and sustainable eating habits among citizens of the country through several initiatives on social media including nationwide media campaign called 'Aj se Thoda Kam', "Recipe Ravivaar" and various online competitive challenges like Healthy Recipe Contest.

1.7.4 In a bid to encourage consumers to make healthier food choices, FSSAI has introduced Front-of-pack nutrition labelling (FOPL) under Draft FSS (Labelling and Display) Amendment Regulations 2022 for comment on 20th September 2022. These regulations inter alia define HFSS food and introduce Front of Pack Nutrition Rating (FoPNL) as 'Indian Nutrition Rating (INR)'. The INR rating is comprehensive and indicative of the complete nutritional profile of the packaged foods products in the form of stars. The rating proposed is from 0.5 (least healthy) to 5 (healthiest) wherein more stars indicate that the food product is better positioned to provide for daily requirements.

1.7.5 Further, to promote healthier food choices among children FSSAI notified Food Safety and Standards (Safe food and balanced diets for children in school) Regulations, 2020 which specifies that "no person shall advertise or market or sell or offer for sale including free sale, or permit sale of, food products high in saturated fat or trans-fat or added sugar or sodium in school campus or to school children in an area within fifty meters from the school gate in any direction."

1.7.6 FSSAI through Eat Right India Movement has been promoting the consumption of safe and healthier food choices by encouraging the consumption of fresh, local and seasonal food products which are also low in salt, sugar and fat, prepared hygienically.

1.8 BRIDGING THE TRUST DEFICIT IN PUBLIC HEALTH INSTITUTIONS

Recommendation:

1.8.1 The Committee takes cognizance of the various challenges being faced in the prevention of Cancer and agrees with the fact that most of the people with cancer, prefer approaching the private sector, due to low trust and inadequate public cancer care services.

The Committee recommends the Ministry to work actively towards bridging the trust deficit in public health institutions by improving the overall healthcare infrastructure of the public health facilities. The Committee feels that the need of the hour is to upgrade existing cancer care facilities and expand the same to the areas which have high incidence of cancer cases especially in the North-Eastern Region so that the patients get access to quality and cost-effective cancer care.

(Para 2.4.1 ibid)

Action Taken:

1.8.2 The Central Government implements Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for tertiary care of cancer. 19 State Cancer Institutes (SCIs) and 20 Tertiary Care Cancer Centres (TCCCs) have been approved under the said scheme. So far, fifteen of these SCIs/TCCCs are functional.

1.8.3 There is also focus on Oncology in its various aspects in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). Setting up of National Cancer Institute at Jhajjar (Haryana) and second campus of Chittaranjan National Cancer Institute, Kolkata are also steps in this direction.

1.8.4 Assam Cancer Care Foundation, a joint venture of Government of Assam and Tata Trusts, is executing a project called Distributed Cancer Care Model to build South Asia's largest affordable cancer care network with 17 Cancer care hospitals spread across the State. Under it, different levels of facilities were planned across the State of Assam so that people can access the cancer care facilities with less than 4 hours of travel. The mission behind the model was to reduce the mortality and morbidity due to cancer through awareness, prevention and early detection by taking care closer to people's homes." There are three levels of service delivery in this model.

1.8.5 The Department of Atomic Energy has established cancer centres at Kharghar in Navi Mumbai, Varanasi (two), Guwahati, Sangrur, Visakhapatnam, Mohali and Muzaffarpur. Another centre in Odisha (Bhubaneswar) is to be taken up soon. The Tata Memorial Hospital in Mumbai is also expanding its capacity with a new building at the Haffkine campus close to the existing hospital.

1.9 CANCER SCREENING AT COMMUNITY LEVEL

Recommendation:

1.9.1 The Committee acknowledges the detailed Operational Guidelines (OGs) for screening enlisted in "Operational Framework: Management of Common Cancers". The Committee recommends the Ministry to develop plan for the implementation of the framework. The Committee also recommends that screening programmes should be brought closer to the community by establishing the screening facilities in the PHCs and CHCs, also viable referral linkage to diagnosis and treatment centers at secondary or tertiary levels should also be ensured.

(Para 2.6.4 ibid)

Action Taken:

1.9.2 Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and common cancers viz. Oral, Breast and Cervical Cancer) was launched in 2016 as a part of NCD package of service under Comprehensive Primary Health Care (CPHC). The initiative is being implemented under CPHC across Ayushman Bharat- Health and Wellness Centres (AB-HWCs) since 2018. Under this initiative, individuals of age group 30 years and above are targeted for risk assessment using CBAC forms and screening for common NCDs. Prevention, control and screening services are being provided through trained frontline workers (ASHA & ANM), and the referral support and continuity of care is ensured though HWC-PHC, CHC, District Hospitals and other tertiary care institutions in both rural and urban areas. PBS is helping in better management of diseases by the way of early stage of detection, follow up, management and treatment adherence.

1.10 REFERAL MECHANISM FOR DETECTION OF CANCER

Recommendation:

1.10.1 The Committee observes that one major hurdle in successful early detection of cancer cases is lack of knowledge at the physician level about early signs of cancer. The Committee, therefore, strongly recommends that all Primary Care Physicians and frontline Healthcare workers to be trained for identification and detection of red flags for early diagnosis, further referral and follow up care management. A structured course including clear clinical pathways may be mandated to be taken on regular intervals. This will promote early diagnosis and treatment. The Committee recommends the Ministry to set up well-defined and established referral mechanisms so that patients are referred to the "nearest and appropriate" diagnostic facility (including imaging, laboratory or molecular tests) for pathological confirmation and staging studies. This can help to augment capacities for early diagnosis by integration and coordination of all existing facilities in the country. The Committee recommends that to augment existing facilities, private facilities should also be empanelled to provide easy access to patients to provide free/subsidized screening/diagnostics for cancer.

(Para 2.9.2 ibid)

Action Taken:

1.10.2 The Comprehensive Primary Healthcare (CPHC) -NCD application has been used for implementation of Population Based Screening along with prevention, control, screening and management of common NCDs. Primary level information is recorded through this app at public health facilities for reporting and monitoring individual-wise screening and treatment adherence for NCDs. Application also features a Single Longitudinal Health Record for every individual in the cloud, identified by a Unique Health ID (ABHA ID: Ayushman Bharat Health Account ID). Application features enrolment of the individual and family, individual risk assessment through Community Based Assessment Check List (CBAC), recording of screening, examination & referral. It ensures data availability and continuum of care ensuring linkage in between the facilities.

1.10.3 NHA has informed that under Ayushman Bharat PM-JAY, the patients have got the option to choose between private or public hospitals for their treatment. As of 26.12.2022, there are approximately 26,038 hospitals empaneled under the scheme where the beneficiary can avail treatment.

1.10.4 Further, approximately 4.24 crore hospital admissions amounting to Rs 50,030 crore have been authorised under the scheme. Further, it may be noted that approximately 2.16 crore hospital admissions amounting to Rs 33,334 crore have been authorised in private hospitals only.

1.10.5 It is important to note that the participation of private hospitals under AB PM-JAY is healthy. With respect to the cancer treatment under private hospitals, approximately 60% of the total hospitals providing treatment to cancer patients are private hospitals.

1.10.6 However, in order to further improve the participation of the hospitals, a two-pronged strategy has been adopted by NHA:

i. Expanding the network of hospitals empaneled under AB PM-JAY

1.10.7 Public health and hospitals being a State subject, State Health Agencies (SHAs) are mandated with the responsibility of empaneling hospitals under Ayushman Bharat PM-JAY. In this financial year, 1104 private hospitals have been empaneled. Along with this, States have also been given complete flexibility to change hospital empanelment criteria for deficit regions.

1.10.8 Further, NHA has also been continuously following up with prominent corporate hospital chains for empanelment under the scheme and as a result 190 out of 256 top corporate hospitals have been empaneled under the AB PM-JAY scheme.

ii. Improving the participation of already empanelled hospitals

1.10.9 In order to improve the participation of already empanelled hospitals, the following steps have been undertaken

a. Under Health Benefit Package (HBP) 2022, rates have been revised for 842 procedures and a total of 365 new procedures have been added.
b. Claim settlement is being monitored at highest level and it is being ensured that claim is settled within defined turnaround time.
c. Virtual and physical capacity building of hospitals are being undertaken.
d. NHA has introduced a hospital-specific toll-free number (14413) to address the concerns of hospitals on real-time basis.
e. NHA have issued instructions to SHAs that District Implementation Units (DIUs) should regularly visit empanelled hospitals to understand their concern and review their participation under the scheme.

1.11 LINKING OF SCREENING, DIAGNOSIS AND TREATMENT FACILITIES OF CANCER

Recommendation:

1.11.1 The Committee understands that the screening followed by diagnostic programs for cancer require the assurance of high-quality treatment at affordable costs, regular follow up and accessible follow-up management as and when required. Cancer screening centres must have assured linkages at every level, with mechanisms in place for clinical handover and follow up, including high quality documentation processes that are accessible at any level of care at which the patient presents. The Committee, therefore, recommends the respective State Governments to smooth linkage between the screening facilities to diagnosis centers and subsequent treatment facilities like CHCs, District Hospitals and tertiary level hospitals.

(Para 2.11.1 ibid)

Action Taken:

1.11.2 The Comprehensive Primary Healthcare (CPHC) -NCD application has been used for implementation of Population Based Screening along with prevention, control, and management of common NCDs. Primary level information is recorded through this app at public health facilities for reporting and monitoring individual-wise screening and treatment adherence for NCDs. Application also features a Single Longitudinal Health Record for every individual in the cloud, identified by a Unique Health ID (ABHA ID: Ayushman Bharat Health Account ID). Application features enrolment of the individual and family, individual risk assessment through Community Based Assessment Check List (CBAC), recording of screening, examination & referral. It ensures data availability and continuum of care ensuring linkage in between the facilities

1.12 PUBLISHING OUTCOME OF CANCER RESEARCH

Recommendation:

1.12.1 The Committee notes the mandate of NICPR with respect to Cancer prevention, awareness generation and research on prevention and diagnostic methodologies. The Committee notes that the institute is actively involved in studies to ascertain the prevalence of Cancer in different regions. The Committee recommends the Institute to widely publish the outcomes and findings of its studies in the public domain.

(Para 2.13.1 ibid)

Action Taken:

1.12.2 DHR has informed that National Institute of Cancer Prevention and Research (NICPR) publishes its research work in public domain through research papers, annual reports and its activities on the Institute's website, dissemination in conferences etc.

1.13 TRAINING OF HEALTH PROVIDERS

Recommendation:

1.13.1 The Committee takes note of the Institute's efforts in liasioning with the State Health Departments to impart training to medical health providers. The Committee, in this regard, recommends the institute to improve its engagement with States so that more and more States send names of the officials who have to be trained, the institute must follow up with States which fail to send the names of the officials. The Institute must further ramp up its screening, awareness and prevention efforts by publishing more booklets and modules on prevention and screening in all the languages and distributing it through the ASHA and ANM workers. The institute should also ramp up its training activities in view of the increased future requirements for the cancer care in the country.

(Para 2.13.2 ibid)

Action Taken:

1.13.2 DHR has informed that NICPR has prepared IEC material which is being translated into other languages & would be submitted to DGHS for dissemination. Institute is already in touch with various states for training.

1.14 SWOT ANALYSIS FOR NICPR

Recommendation:

1.14.1 The Committee recommends the Institute to make SWOT (Strength, Weakness, Opportunity & Threats) analysis in its functioning and chalk out "Key Concern Areas" of management of the Institute so as to give impetus to achievement of its mission objective and improve the professional pursuit.

(Para 2.13.3 ibid)

Action Taken:

1.14.2 DHR has informed that NICPR focuses on prevention and research of the three widely prevalent cancers, namely, oral, breast and cervical cancer which constitute nearly 33% of all cancers occurring in the country in both sexes and 45% of all cancers among women alone in 2020 (Globocan 2020). The Institute has taken the lead in contributing to the development of Operational Framework' document for screening and management of common cancers, released by Govt of India, April 2016. The Institute works closely with the MoHFW and is the designated nodal centre for training in Cancer Screening since 2019 and nodal training center for training in colposcopy [Indian Society of Colposcopy and Cervical Pathology (ISCCP)] and has trained more than 2000 healthcare providers including gynaecologists, medical officers, dentists, nurses and ASHAs in cancer screening and is continuing to collaborate with State governments. The Institute runs the Population based Cancer registry in District Gautam Budh Nagar of UP since 2018 to provide surveillance data to the National Cancer Registry Programme. The Institute also hosts various workshops to train on Molecular techniques relevant to Cancer and Viral diagnosis and has been the WHO

Reference laboratory (SEAR) for HPV DNA Diagnostics & Serology and is also recognized by Central Drugs Standard Control Organisation (CDSCO) for HPV DNA Diagnostics.

1.14.3 The Institute houses the WHO Framework Convention on Tobacco Control Knowledge Hub on Smokeless Tobacco (WHO FCTC KH-SLT) which generate scientific knowledge, disseminates information and materials for policy making and inclusion in the National Tobacco Control Programme, COTPA and NPCDCS. The Institute also houses the apex National Tobacco Testing Laboratory (MoHFW and notified by the Government of India) which receives samples of tobacco and other products such as Pan Masala etc for testing of contents as per the policies and laws of the country and sends reports for action at the state level. The Institute's White Paper on Electronic Nicotine Delivery Systems (ENDS) paved the way for ban on e-cigarettes in the country, spitting ban during COVID 19 was also drafted by the Institute. Various other collaborative research projects are ongoing in the field of Tobacco control as Tobacco use is a major risk factor causing oral, breast and cervical cancer.

1.14.4 The Institute has worked to understand the natural history & biological behavior of cervical precancerous lesion and the role of HPV in causation of cervical precancer & cancer lesions, HPV detection using urine samples (non-invasive technique), detection of concurrent cervical and anal cytologic abnormalities in women with HIV and high-risk HPV infection and is also involved in screening vulnerable women such as prison in-mates. Further, the Institute pioneered and patented Magnivisualizer which provided an alternative to colposcopy in field settings and now is involved in validation of advanced devices such as Smartscope which are based on artificial intelligence. Simpler cytological methods which are easy to use in the field settings have been developed by the Institute such as Modified Papanicolaou staining protocol with minimum alcohol use, technique of Rehydration of air-dried cervical smears in normal saline, developed Paper Smear method of dry collection, transport, and storage of cervical specimens for cost-effective mass HPV screening, validation of Truenat for HPV testing, development of indigenous, low-cost automated screening system for cervical cancer (CerviSCAN-II) etc. An online training course for capacity building of Cytopathologists is being conducted for the first time in the country with very good uptake. The Institute is actively involved in the WHO's call for cervical cancer elimination and is carrying out a demonstration project in Sikkim to roll-out the HPV self-sampling for detection and management of high-risk HPV infection.

1.14.5 For early detection of breast cancer, the Institute is evaluating modified thermography and breast light as an alternative to mammography in the field for early detection of breast cancer. Studies on understanding drug resistance in breast cancer are ongoing. Various Machine Learning based application to predict anticancer potential of phytomolecules (Breast/lung) and Bioinformatics databases have been developed such as NPACT, Npred, ADMETCan and ADMET-BIS for use by the researchers free of cost. The Institute is also involved in studying Gall bladder cancer which is common in the Indo-Gangetic belt to identify the mutational landscape of gall bladder cancer.

1.15 CANCER AWARENESS PROGRAMME

Recommendation:

1.15.1 The Committee observes that the prevalence of NCDs have been on a rise, however, the Scheme has failed to achieve the desired outcomes. The Committee is also of the opinion that there is a need to generate awareness among the general public regarding the regular screening of cancer in the NCD clinics or some other private centers. The Committee recommends the Ministry to conduct more awareness camps and work on capacity building, patient advocacy, health promotion, etc. The Committee further recommends the Ministry to put in place a mechanism wherein probable cancer positive individuals are compulsorily referred to the cancer centers where they undergo further elaborate tests. The treatment must commence at the earliest so that the survival rates are increased. The success of the National Cancer Control Plan will only be ensured when early cancer detection is followed by early treatment. The Committee observes that developing an effective preventive strategy for tackling NCDs need a multi-sectoral approach.

(Para 3.4.3 ibid)

Action Taken:

1.15.2 Awareness for prevention of cancer and early detection of cancer is being carried out at all levels through NCD Clinics at Districts & CHC levels. In addition, the print media and audio, video visual are also used. The social media such as tweets is also utilised for the purpose.

1.15.3 The National Cancer Awareness Day and World Cancer Day are also observed on 7th November & 4th February respectively every year. The awareness about cancer is inbuilt at the grass root level in the screening programme of NCDs including cancer. Moreover, population level screening of common NCDs including cancer (viz. Breast, Oral and Cervical) generates awareness on risk factors of cancer.

1.15.4 In this regard, the National Multisectoral Action Plan for Prevention and Control of common NCDs (2017-2022), a national blueprint, was launched by Government of India to provide a clear direction to the nation's pursuit to tackle the growing burden of NCDs within the specific socio-economic, cultural and health systems contexts of the country. The whole-of-Government approach and whole-of-society approach outlined in the NMAP is in line with the national and global commitment towards the UN-High Level Political Declaration on NCDs. 39 Departments/Ministries are part of the NMAP.

1.16 ONCOLOGY DEPARTMENT IN MEDICAL COLLEGES

Recommendation:

1.16.1 The Committee believes that timely diagnosis of cancer is crucial for providing comprehensive cancer care, however, the Government Medical Colleges and Hospitals at district level lack the infrastructure and facilities for accurate cancer diagnosis. The Committee strongly recommends that under the GMC upgradation component of the PMSSY, the Ministry must ensure that screening and diagnostic tests especially for common cancer are present in the District Hospitals. The Ministry of Health and Family Welfare must also

ensure that adequate number of healthcare workforce is present in the GMCs that are well trained in cancer screening and diagnosis.

(Para 3.6.4 ibid)

Action Taken:

1.16.2 A letter has been sent to National Medical Commission with request to make compulsory oncology department for every medical college in the country in order to increase the manpower like there is an Emergency Medicine Department in each medical college.

1.16.3 PMSSY division of this Ministry has informed that as per the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), running, operation and maintenance of the facility created under the PMSSY including creation of posts and the recruitment of human resources for the facility is the responsibility of the State Government. In this regard information as provided by the concerned Government Medical College Institutions (GMCIs) is as follows: -

i. Rajendra Institute of Medical Science, Ranchi has informed that Oncology Block/Department created under PMSSY is functional. Screening for cancer is being done in outpatient Departments (OPDs) as well as in a facility within the Institute run by TATA Trust in Public-Private-Partnership (PPP) mode.
ii. Govt. Medical College, Amritsar has informed that screening for Gynecology, Head & Neck, Breast and other surgical cancer is functional. Some vacant posts were advertised twice earlier by the Punjab Govt. but could not be filled because of non-availability of suitable candidates. The recruitment process to fill these vacant posts is being initiated by the State Govt. of Punjab.
iii. Dr. Rajendra Prasad Govt. Medical College Kangra at Tanda has informed that Radiotherapy /Chemotherapy (Oncology) Department is functional. Posts in the Dept. of Radiotherapy is to be filled by the State Govt. of Himachal Pradesh.
iv. Karnataka Institute of Medical Sciences, Hubballi has informed that Medical Oncology Department created under PMSSY is functional.
v. Sardar Patel Medical College, Bikaner has informed that Surgical Oncology Department created under PMSSY is functioning and some vacant posts are to be filled at State Govt. level.
vi. vi. Ravindra Nath Tagore Medical College, Udaipur has informed that Radiation Oncology Department created under PMSSY is functional.
vii. Kakatiya Medical College, Warangal has informed that faculty and staff are available in the Medical Oncology Department created under PMSSY.
viii. Govt. Medical College, Gorakhpur has informed that staff are available in the Surgical Oncology Department created under Phase-III of PMSSY.
ix. ix. Moti Lal Nehru Government Medical College, Allahabad has informed that as per patient load, present faculty and resident strength is adequate in the Department of Surgical Oncology.
x. Lala Lajpat Rai Memorial Medical College, Meerut has informed that staff are available in Department of Radiotherapy created under PMSSY.
xi. Govt. Medical College at Agra has informed that Radio Therapy Department under PMSSY is functional.

xii. With regard to GMC at Patna, it is stated 37% of civil work is completed as on 30th November 2022.

1.17 MONITORING OF CANCER CENTRES

Recommendation:

1.17.1 The Committee commends the Department of Atomic Energy for creating the National Cancer Grid and believes that the DAE along with the Ministry of Health and Family Welfare must make consistent efforts to bring in a uniform criterion for prevention, early diagnosis, treatment protocol and follow up of cancer patients. The Committee would also like the Ministry of Health and Family Welfare to explore a process of audit and peer review of the Cancer Centres and monitor the progress of Cancer Centres under the National Cancer Grid in tandem with the Department of Atomic Energy.

(Para 3.7.7 ibid)

Action taken:

1.17.2 Department of Atomic Energy (DAE) has informed that the National Cancer Grid (NCG) already has resource stratified guidelines (treatment protocols) that are endorsed by all the centres that are part of the NCG. These have also been accepted by the National Health Authority and linked to reimbursement under the AB-PMJAY scheme. The NCG also has initiated the process of audit and peer review of cancer facilities, which is a voluntary activity. The NCG would be able to work with the Ministry of Health and Family Welfare (MOHFW) in both the above initiatives.

1.18 STANDARD MANAGEMENT GUIDELINES FOR CANCER CENTRES

Recommendation:

1.18.1 The Committee notes that there is wide disparity in the incidence and mortality of cancer across the different regions of the country. The Committee notes that there is huge variation in the treatment procedure followed and the standards of cancer diagnosis across the country. The Committee believes that uniform high standards of cancer care must be provided throughout the country. The Government machinery must ensure that the Cancer Centres across the country follow a common standard management guideline for cancer care. The Committee further recommends the Ministry of Health and Family Welfare to bring in a mechanism to capture the data of each cancer patient and assess the pattern of cancer across the country.

(Para 3.7.8 ibid)

Action taken:

1.18.2 ICMR has informed that it has formulated Guidelines for Management of different sites of cancer; 20 documents are published and 18 documents are being formulated.

1.18.3 ICMR's -National Centre for Disease Informatics and Research, Bangalore is already running population-based cancer registries (38 PBCRs) & hospital-based cancer registries (205 HBCRs) and regularly brings out cancer data.

1.18.4 Efforts are ongoing to identify more AIIMS like hospitals and Medical Colleges where HBCRs can be set up.

1.19 REVIEW OF CANCER MANAGEMENT GUIDELINES

Recommendation:

1.19.1 The Committee accordingly recommends the Ministry to periodically modify the Guidelines as per new research and studies on cancer. The Committee further recommends that the Government should make efforts to strengthen the network of Cancer Centres and include more Cancer Centres under the National Cancer Grid. The Committee hopes that the Cancer Centres across the country are able to benefit from the State-of-the-art Cancer Centres under the NCG. The Committee would also like the Government to explore the idea of establishing a mentor institute in each region which facilitates training, cancer research and more collaboration among the institutes of the region.

(Para 3.7.9 ibid)

Action Taken:

1.19.2 The observations of the Committee was shared with ICMR. The ICMR has informed that Guidelines are reviewed periodically for changes if any and ICMR proposes to undertake this exercise in ongoing phase-II in which 18 new guidelines are being formulated and some of older ones would be revised, if required.

1.20 HUB AND SPOKE MODEL FOR ALL STATES

Recommendation:

1.20 The Committee agrees with the Department of Atomic Energy that there is a need to identify region wise cancer burden and common types of cancer in different regions. The Committee is of the opinion that a correct assessment of the cancer burden would facilitate formulation of an effective strategy for creation of hubs and spokes in the country. The Committee recommends the Ministry of Health and Family Welfare to work in close collaboration with the Department of Atomic Energy to decide a timeline for implementing the hub and spoke model in each State. The Committee urges upon the Government to ensure that the existing SCI/TCCCs are upgraded to hubs and spokes depending on their existing infrastructure and capabilities.

(Para 3.8.6 ibid)

Action Taken:

1.20.2 The Department of Atomic Energy has established cancer centres in Kharghar in Navi Mumbai, Varanasi (two), Guwahati, Sangrur, Visakhapatnam, Mohali and Muzaffarpur. Another centre in Odisha (Bhubaneswar) is to be taken up soon. The Tata Memorial Hospital in Mumbai is also expanding its capacity with a new building at the Haffkine campus close to the existing hospital.

1.20.3 Strengthening of Tertiary Cancer Care Centre Facilities under NPCDCS had been rolled out as Hub & Spoke Model, in which State Cancer Institute (Rs. 120 Cr) act as Hub and Tertiary Cancer Care Centre (Rs. 45 Cr) act as a spoke.

1.21 NEW CANCER CENTRES

Recommendation:

1.21.1 The Committee is of the considered view that the Union Government should take a lead in setting up of new cancer centres in a phased manner and ensure that the State Governments must provide land and other necessary approvals without any delay to the projects. With such an apex Institute like TMC on board, the Committee expects the State Governments to benefit from its experiences and technical expertise of TMC. The State Governments must take a proactive approach in identifying the land and sending the necessary proposals to TMC without any delay and hassles.

(Para 3.8.7 ibid)

Action Taken:

1.21.2 Health is a state subject. Necessary action may be taken by the States/UTs as per their actual need. A letter has been sent to all State/UTs on the Assam Cancer Care Model of the State Government of Assam and asked the States/UTs to explore and implement such kind of model as per their State specific adaptation.

1.21.3 Tata Memorial Centre (TMC) has informed that Tata Memorial Centre, a Grant in Aid tertiary cancer hospital under Department of Atomic Energy, Government of India has been offering state of art cancer services for the last 80 years. The Ministry strive for excellence in cancer care, education, research, and public health since our inception. We have now set up hospitals in Sangrur, Chandigarh, Varanasi, Vishakhapatnam, Guwahati and Muzaffarpur. While the hospitals in Sangrur, Guwahati, Varanasi are fully functional, the facilities in Chandigarh and Vishakhapatnam will be fully commissioned by the end of this year.

1.22 TARGETED ONCOLOGY TREATMENT UNDER PMJAY

Recommendation:

1.22.1 The Committee takes into account that the Scheme was aimed at reducing catastrophic expenditure for hospitalizations so that entitled families do not face any financial hardship. The Committee observes that doctor's entire prescription as well as all forms of latest therapy is not covered under Ayushman Bharat which leads to compromise in quality of treatment. The Committee, accordingly, recommends the Ministry to update the list of medication regularly in line with advancement in technology and treatment procedures. The Committee agrees with the view of Pfizer and recommends the Ministry of Health and Family Welfare to explore innovative funding models for inclusion of more targeted oncology treatments under AB-PMJAY.

(Para 3.9.12 ibid)

Action Taken:

1.22.2 NHA has informed that initially, AB PM-JAY had 1393 treatment packages. However, the Health Benefit packages have been reviewed and rationalized over time and the latest HBP 2022 came into existence in April 2022. HBP revisions have brought in multiple new concepts in the package design such as cross-specialty procedures, add-on procedures, stand-alone procedures, follow-up procedures, stratifications, special conditions.

1.22.3 The latest HBP 2022 has 1,121 treatment packages comprising 1,949 procedures across 27 specialties, expanding access to various treatments and scientific integration of implants and high-end consumables within the packages along with differential pricing for packages based on the location of hospital. Unbundling of High-end drug & diagnostic packages was done to enable better utilisation of the packages. Differential price of packages has also been introduced as per the tier structure of the city. Also, it is important to note that 91 Surgical oncology, 288 Medical Oncology and 53 Radiation oncology related procedures have been added in the latest HBP 2022.

1.22.4 Further, National Health Authority, with the approval of Ministry of Health and Family Welfare, Government of India has constituted an Expert Advisory Committee (EAC) on Strategic Purchasing. The EAC is drafting an operational framework to develop innovative financing models such as Patient Assistance Program (PAP) to work with the industry to ensure access to new and effective targeted therapy drugs for the patients. In addition, the EAC is also drafting operational framework for group negotiations as well using existing bulk procurement model of Affordable Medicines and Reliable Implants for Treatment (AMRIT) pharmacy to obtain chemotherapy drugs and Implants at lower prices. An extensive stakeholder consultation will also be undertaken to develop the final model.

1.23 REVIEW OF CANCER TREATMENT PACKAGE UNDER PMJAY

Recommendation:

1.23.1 The Committee notes that Oncology has been one of the most used tertiary specialties in PMJAY which reaffirms the urgent need to review cancer treatment packages and expand the cancer services under the Scheme. The Committee, therefore, appreciates the partnering of NHA with NCG which will incorporate quality parameters along with empanelling of more NCG member organization under PMJAY. The Committee, in this regard, recommends the Ministry to include oral therapies that have already been listed as essential (or mandatory) or preferred (cost effective with evidence of efficacy) by National Cancer Grid under AB-PMJAY. The Committee advises the Ministry of Health and Family Welfare to review the existing cancer treatment packages and standard treatments covered under the Scheme.

(Para 3.9.13 ibid)

Action Taken:

1.23.2 NHA has informed that in order to ensure quality care, National Health Authority has partnered with National Cancer Grid (NCG) and Indian Council of Medical Research, New Delhi (ICMR) for expert opinion in the development of Standard Treatment Guidelines (STGs). The oncology specific STGs have been developed in partnership with the NCG while the ICMR standard treatment workflows have been consulted for STGs in other disease areas.

1.23.3 It is important to note that National Health Authority has developed standard treatment guidelines for almost 1600+ procedures corresponding to 27 specialties which include 12 procedures exclusively for paediatric blood cancer.

1.23.4 Further, National Health Authority has revised the Health Benefit Package in April, 2022 by launching HBP 2022. In the recent revision, NHA has added 91 Surgical oncology, 288 Medical Oncology and 53 Radiation oncology related procedures. The rationalization of prices for these procedures was also done during the revision of health benefit package in HBP 2022, especially of surgical oncology on which revision was requested by many stakeholders under the AB PM-JAY ecosystem.

1.24 MANDATORY ANNUAL SCREENING FOR PMJAY BENEFICIARIES

Recommendation:

1.24.1 The Committee believes that a mandatory screening of beneficiaries of Government Health Scheme for common cancers will help increase the scope of the screening program. The Committee, in this connection, recommends the Ministry to conduct a mandatory annual cancer screening checkup for all Ayushman Bharat beneficiaries which will facilitate early cancer diagnosis. The Committee reiterates that such exchange of patient care information will not only help in better cancer management but also a more accurate cancer database.

(Para 3.9.16 ibid)

Action Taken:

1.24.2 NHA has informed that Ayushman Bharat PM-JAY was launched as part of Ayushman Bharat, making a shift from a sectoral and segmented approach of health service delivery to comprehensive need-based healthcare service. This involved two interrelated components viz. PM-JAY and Health and Wellness Centres. Together, these two components will ensure the Continuum of Care (CoC). NHA has proposed for the adoption of CoC which is currently in pipeline.

1.24.3 It may kindly be noted that once the CoC is adopted, it would strengthen the early screening and referral system. The Ayushman Bharat-HWCs will become referral points to Community Health Centres / District Hospitals and eventually to the wider AB PM-JAY network. Further, CoC will foster linkages with the wider healthcare ecosystem i.e., primary care, PM-JAY, and service providers.

1.24.4 CoC would also encourage beneficiaries to proactively seek healthcare services. With the rollout of the Ayushman Bharat Digital Mission, the ABHA ID will be used to seamlessly navigate across different healthcare systems (Primary care, PMJAY).

1.25 SHORTAGE OF PROFESSIONALS AT CNCI

Recommendation:

1.25.1 The Committee notes that CNCI has been providing healthcare services to the masses, however, there is delay in the recruitment of healthcare professionals in the Institute. The Committee is of the opinion that shortage of staff in both the campuses of the Institutes may lead to many Departments being non-functional at CNCI. The Committee, accordingly,

recommends the Ministry of Health and Family Welfare to ensure that adequate staff is made available at the Institute vis-à-vis sanctioned posts on priority.

(Para 3.10.4 ibid)

Action Taken:

1.25.2 Dept. of Expenditure had sanctioned 208 posts. The recruitment for the sanctioned posts is near completion and some posts will be filled up after revision/ framing of Recruitment Rules.

1.26 SUPPORT FOR PALLIATIVE CARE

Recommendation:

1.26.1 The Committee observes that Chittaranjan National Cancer Institute, Kolkata has started a 30 bedded palliative care or hospice. The Committee agrees with the suggestion of the Director, CNCI that there is need of more Government support on palliative care and hospice. The Committee recommends the Ministry to give more thrust on Palliative care and provide support on Government-aided homecare support. The Committee accordingly recommends the Ministry to make continuous efforts for development of CNCI into a referral centre for Palliative care to all cancer care Institutes of Eastern India.

(Para 3.10.6 ibid)

Action Taken:

1.26.2 CNCI has informed that Ruplal Nandy Memorial Cancer Research Centre [under CNCI] has started 15 bedded hospice beds under palliative care services since February 2022. Continuous efforts are being made to improve the hospice facility.

1.27 IDENTIFICATION OF HUB AND SCPOKE

Recommendation:

1.27.1 The Committee recommends the Tata Memorial Centre for providing outstanding service through evidence-based practice of oncology and guiding the National Policy and strategy for cancer care. The Committee is assured that comprehensive cancer centers under the hub and spoke model will facilitate decentralization of cancer care. The Committee appreciates the expansion of TMC to seven hospitals located in Varanasi (two), Guwahati, Sangrur, Visakhapatnam, New Chandigarh and Muzaffarpur. The Committee accordingly recommends the Ministry of Health and Family Welfare and Department of Atomic Energy to identify the probable hubs and spokes and expedite the creation of hubs and spoke under the guidance of TMC.

(Para 3.11.7 ibid)

Action Taken:

1.27.2 TMC has agreed to the proposal to work with Ministry.

1.28 REPLICATING THE TMC MODEL OF REVENUE GENERATION

Recommendation:

1.28.1 The Committee appreciates the TMC model of revenue generation that reduces the dependence on the Government for funds. The Committee notes that nearly 60% patients receive highly subsidized or almost free treatment and rest are private patients who pay for their care. Cancer treatment is financially draining and needs specific intervention on the part of the Government. The Committee accordingly believes that the Government may explore replicating the TMC model of revenue generation in other Cancer Institutes.

(Para 3.11.8 ibid)

Action Taken:

1.28.2 CNCI has informed that the revenue generation scheme in line with the TMC model has already been implemented at CNCI, Kolkata on the recommendation of 15th General Body meeting. OPD and IPD services for the private category patient has already been started at the New Campus and preparation to start the services at Old Campus is going on. The sharing of income will be started from the financial year 2023-24.

1.29 MOBILISATION OF FINANCE

Recommendation:

1.29.1 The Committee finds that TMC receives financial support from various government and non - government organizations to look after the needs of accommodation of the poor cancer patients. Taking a clue from the TMC Model, the Committee recommends the other Institutes to explore mobilizing the finances through philanthropic sources including Corporate Social Responsibility (CSR).

(Para 3.11.9 ibid)

Action Taken:

1.29.2 Assam Cancer Care Foundation, a joint venture of Government of Assam and Tata Trusts, is executing a project called Distributed Cancer Care Model to build affordable cancer care network with 17 Cancer care hospitals spread across the State. A letter has been sent to all States/UTs to explore such kind of model.

1.29.3 CNCI has informed that CNCI is getting CSR support from different organizations such as,

1. MoU with Indian Cancer Society has been done to support poor cancer patient
2. MoU with Suparna Chemicals has been done for free mammography van for early detection of breast cancer patients in rural districts of West-Bengal

1.30 PROPER TRANSPORT ARRANGEMENTS AT NCI

Recommendation:

1.30.1 The Committee notes that the transportation facility to the Institute is very poor and it takes a lot of time for the people to go from main campus to the NCI. The Committee,

accordingly, recommends the Ministry to make proper transport arrangements and ensure proper connectivity around the area.

(Para 3.12.12 ibid)

Action Taken:

1.30.2 AIIMS New Delhi has informed that to reduce waiting list at AIIMS Delhi, Medical Oncology, patients requiring Daycare Chemotherapy are being transferred on a daily basis from AIIMS, New Delhi to NCI through vehicles provided by NCI-AIIMS. At present in the last month around 911 Daycare patients have been transferred from AIIMS Delhi to NCI in October, 2022. AIIMS is regularly communicating with the Government of Haryana to increase bus connectivity from different regions of Haryana, and also to and fro between NCI and Haryana.

1.31 DEVELOPMENT OF ADEQUATE SOCIAL INFRASTRUCTURE AROUND NCI

Recommendation:

1.31.1 The Committee believes for ensuring the recruitment of young talent in NCI Jhajjar, the Ministry will have to take effective measures and develop adequate social infrastructure like schools, shopping areas, recreation space, parks, etc. around NCI Jhajjar. The area will have to be made more habitable and attractive so that people willingly join the Institute. The Committee accordingly recommends the Ministry of Health and Family Welfare to develop the infrastructure around NCI in coordination with the State Government and also start certain financial incentive package for the staff recruited in NCI.

(Para 3.12.13 ibid)

Action Taken:

1.31.2 AIIMS New Delhi has informed that District Commissioner Badsa, Jhajjar district has been requested to explore the feasibility of opening a school in NCI.

1.31.3 A tender has been readied to open shopping areas within the residential campus for staff recruited at NCI.

1.31.4 A play station/ park for children in the residential complex of NCI-AIIMS is being currently constructed. A Gymkhana committee for NCI has been constituted and is being followed to set up physical recreation facility for staff. Also, in this regard, the Final Development Plan 2014 AD. Badan, Dist. Jhajjar has been published vide Government Gazette notification no. CCP(NCR)/ FDP/ Badsa/ 2019 1601 dated 09.08 2019.

1.32 ADDRESSING WEAKNESS RELATED TO THE WORKING OF NCI

Recommendation:

1.32.1 The Committee draws the attention of the Ministry of Health and Family Welfare to ensure that all the weaknesses related to the working of NCI are overcome and specific interventions are made to ensure proper operationalization of the Institute by adopting guiding principles of the management by objectives.

(Para 3.12.14 ibid)

Action Taken:

1.32.3 AIIMS New Delhi has informed that AIIMS is working in active collaboration with the Ministry of Health and Family Welfare to address all weaknesses in a systematic way.

1.33 ASSESSMENT OF VARIOUS TREATMENT OUTCOMES

Recommendation:

1.33.1 The Committee recommends the Ministry to devise a rating mechanism for the hospitals on the quality of care, cost-effectiveness of the treatment provided and other relevant parameters. The Committee further believes that an assessment of various treatment outcomes out of all the available treatment options in Modern Medicine is also important to improve the Standard Treatment Protocol and patient outcome. The Committee accordingly recommends the Ministry to conduct long term research on long term outcomes and follow ups on impact of treatment on patients, especially from the effect of surgery, effect of chemotherapy and effect of radiation therapy on patients.

(Para 3.12.15 ibid)

Action Taken:

1.33.2 AIIMS, New Delhi has informed that National Accreditation Board for Hospital & Healthcare (NABH) accreditation is being planned for NCI. Research is an important objective of the NCI vision. NCI AIIMS is working to setting up and operationalise the facilities for research at NCI in this regard.

1.34 PUBLIC-PRIVATE PARTNERSHIP FOR ESTABLISHMENT OF MORE CANCER CARE CENTRES

Recommendation:

1.34.1 The Committee is of the view that there is an urgent need to strengthen the existing cancer centres across the States/UTs on priority basis. The Government, through its various initiatives such as the National Cancer Grid, is working towards providing uniform cancer care across the country. The Committee however feels there is a need to expand the network of cancer centres in the country. It is a well-established fact that cancer care is financially draining on the patient's family and drives families to poverty. The Committee expresses its concern that there are many regions which remain deprived of modern cancer care. The Committee accordingly believes that the Government must establish additional Government cancer centers so that affordable high quality cancer services are provided to the general public. The Committee reiterates that the Government must ensure the completion of the envisaged State Cancer Institute (SCT) and Tertiary Cancer Care Centre (TCCC). The Committee commends the partnership between Tata Memorial Centre and State Governments and recommends the Ministry to encourage such collaboration across the country. The Governments must explore public-private partnerships for establishing more Cancer Care Centers and adopt best practices and provide standardized treatment protocol in these Centers.

(Para 3.14.2 ibid)

Action Taken:

1.34.2 A letter has been sent to all States/UTs on the Assam Cancer Care Model of the State Government of Assam and asked the States/UTs to explore and implement such kind of model as per their State specific adaptation.

1.34.3 The workshops are conducted on regular basis. Last workshop named 'National Workshop on Roadmap for Cancer Treatment' was held on 23rd August, 2022.

1.35 MEASURES TO FILL VACANT POSTS AT CANCER CARE UNITS

Recommendation:

1.35.1 The Committee expresses concern over the lack of adequate manpower to make the cancer centres fully operational. In the absence of specialized healthcare force, many super specialties remain defunct even after the establishment of the physical infrastructure. The Committee, accordingly, recommends the Ministry of Health and Family Welfare to take effective measures to fill the vacant posts vis-à-vis the sanctioned strength in these Cancer Care Units. To avoid such delays in making the centres fully operational, the Ministry must make manpower provision at the time of sanctioning a project. The Committee is of the view that the State Governments must also play an active role in ensuring that the manpower in State-run Cancer Institutes is adequate. The Committee observes that very few institutions conduct technical courses that produce paramedics and technicians that can take care of increasing load of cancer patients. The Committee, therefore, recommends the Ministry to increase such courses as the trained manpower is fundamental to providing value-added-services to the patients which will help improve their quality of life.

(Para 3.14.6 ibid)

Action Taken:

1.35.2 The Strengthening of Tertiary Cancer Care Centres Facilities Scheme supports for infrastructure development with Radiotherapy equipment. The concerned States/UTs need to filled up the trained human resources through local recruitment.

1.36 SPECIAL INSURANCE PACKAGE FOR PEDIATRIC CANCER

Recommendation:

1.36.1 The Committee is deeply concerned about the anticipated increase in the number of pediatric cancer patients. The Committee feels that these young patients need all out support in terms of physical as well as financial resources from the State Government and Central Government to undergo quality cancer care treatment. The Committee notes that early diagnosis of pediatric cancer can greatly increase the chances of the success of treatment. The Committee accordingly recommends that the PHC must have trained health care professionals for early cancer detection and screening and be sensitive while handling children likely to be suffering from cancer. The Committee desires the Ministry to ensure that special insurance package for pediatric cancer covers the entire cost of treatment of the child suffering from cancer or even explore the possibility of including all children suffering from

cancer under the Ayushman Bharat Scheme. Further the health personnel need to be trained/sensitized with respect to compassionate and quality care of these children.

(Para 3.14.11 ibid)

Action Taken:

1.36.2 A committee has been constituted for NCD in children including cancer in children. Two meetings have been conducted so far.

1.36.3 The recommendations of the Committee have been shared with NHA.

1.37 REVIEW AND UPGRADATION OF THE INSTITUTIONAL FRAMEWORK FOR CANCER CARE

Recommendation:

1.37.1 The Committee notes that with the ever-increasing burden of cancer in the country, there is an urgent need to review and upgrade the institutional framework for cancer care and management in the country. The Committee observes that despite Health being a state subject, the larger responsibility lies with the Union Government for formulating different Health Policies and National Level Programs and Schemes. The Committee further notes that the Central Government with greater pool of financial resources and stronger technical support system is better equipped to ensure robust implementation of the National Health Programs.

(Para 3.14.13 ibid)

Action Taken:

1.37.2 NHA has informed that in order to ensure quality care under AB PM-JAY, the National Health Authority has developed standard treatment guidelines for almost 1600+ procedures corresponding to 27 specialties which include 12 procedures exclusively for paediatric blood cancer. The oncology specific STGs have been developed in partnership with the NCG, while the ICMR standard treatment workflows have been consulted for STGs in other disease areas. In order to ensure the adherence of the STGs and compliance to treatment regimens which are cost-effective based on evidence from Health Technology Assessment, necessary changes have been made in the IT platform by including clinical fields which will ensure the adherence of standard treatment guidelines by the network hospitals.

1.37.3 As all eligible families are entitled for health cover of Rs. 5 lakhs per year, thus, these eligible beneficiaries have lifelong access to healthcare cover under PM-JAY.

1.38 REPLACEMENT OF THE WORD 'DIVYANG' WITH 'PHYSICALLY CHALLENGED OR DIFFERENTLY ABLED'

Recommendation:

1.38.1 The Committee finds in the PMBJP Scheme that there is a word called 'Divyang' which is a sanskrit word. The Ministry of Social Welfare has urged upon to replace the word 'Divyang' with the word 'Physically Challenged or Differently Abled Person' as the word

'Divyang' is not understood to many. The Ministry of Social Welfare has sent a directive to the Ministry of Railways to replace the word 'Divyang' in IRCTC forms with english words. The Committee, therefore, recommends the Department of Pharmaceuticals to replace the word 'Divyang' with the word 'Physically Challenged or Differently Abled Person'.

(Para 4.2.23 ibid)

Action Taken:

1.38.2 Dept. of Pharmaceuticals has informed that suggestion of the Committee to replace the word 'Divyang' with the word 'Physically Challenged or Differently Abled Person' has been noted for further compliance.

1.49 SUPPLY CHAIN ARRANGEMENT FOR PM JAN AUSHADHI KENDRAS

Recommendation:

1.39.1 The Committee appreciates the supply chain arrangement made by the Department of Pharmaceuticals, however, it is expected that the structural arrangement of supply chain management must have adequate functional operational mechanism to have the robust management for ensuring availability of medicine in all the PM Jan Aushadhi Kendras.

(Para 4.2.30 ibid)

Action Taken:

1.39.2 Dept. of Pharmaceuticals has informed that the structural arrangements of supply chain management are already in place with four large warehouses at Gurugram, Chennai, Surat and Guwahati. The location of these warehouses covers all the areas of the country. For end-to-end supply, an Operator has already been appointed by leveraging IT interface and SAP based Inventory Management System. All Jan Aushadhi Kendras are having a Point-of-Sale (PoS) software and can place order through online mechanism with any warehouse or with the distributors. Sufficient availability of medicines has also been ensured in warehouses. Depending upon the requirement, the medicines are supplied expeditiously at more than 8800 Jan Aushadhi Kendras all across the country.

1.40 CHALLENGES IN CANCER CARE DUE TO REGIONAL DISPARITY

Recommendation:

1.40.1 The Committee takes into account that efficient delivery of cancer care is further challenged by regional disparity, marked socio-economic diversity, gaps in knowledge, health seeking behavior of the public combined with resource and infrastructure constraints. Approximately 80% of the cancer patients seek medical attention in advanced stages of disease that contributes to India"s very high mortality-incidence ratio of 0.68 which is substantially higher than that of high-income countries (HICs) (0.38). The Committee, therefore, recommends the Government to take these facts into consideration while chalking out strategy to combat the menace of higher incidence of cancer.

(Para 4.4.2 ibid)

Action Taken:

1.40.2 The recommendations of the Committee have been noted.

1.41 EXPANDING THE GOVERNMENT FUNDED CANCER TREATMENT INFRASTRUCTURE

Recommendation:

1.41.1 The Committee finds that the public tertiary level hospitals available across India, that provide cancer treatment, are less than 50 in comparison to the private facilities which are more than 200 in number across India. That clearly states that the infrastructure for cancer treatment in India has been tapped more deeply by private facilities than the Government facilities. Therefore, with incremental annual prevalence of approximately 14 lakhs cancer diseases in India, the burden of cancer patients on 250 health facilities has led to an unmet need or demand-supply/service delivery gap for cancer care in India. The Committee is of the considered view that there is an urgent need to expand the network of Government funded cancer treatment infrastructure to take care of increasing incidence of registered cancer patient.

(Para 4.4.3 ibid)

Action Taken:

1.41.2 Under Strengthening of Tertiary Cancer Care Centres Facilities (NPCDCS), 39 centres (20 TCCC and 19 SCI) have been approved.

1.41.3 22 New AIIMS have been approved with cancer treatment facilities and 13 Govt Medical Colleges have been approved for upgradation with cancer treatment facilities.

1.42 IMPROVING THE TECHNOLOGICAL AND HUMAN RESOURCES IN THE HEALTHCARE INSTITUTIONS

Recommendation:

1.42.1 The Committee notes that improving the prevention and screening scenario in cancer care would only bear results if the diagnostic infrastructure is ramped up to ensure there is matching of demand and supply. The Committee recommends the Ministry to improve both technological and human resources in the healthcare institutions as trained manpower and technology resources are complementary to each other. Improving the diagnostic infrastructure in the medical colleges and hospitals would improve the access and thus patients would not have to travel long distances to access treatment facilities.

(Para 4.7.5 ibid)

Action Taken:

1.42.2 The suggestion is shared with National Cancer Grid and Tata Memorial Centre (as they are conducting cancer trainings) for necessary action.

1.42.3 National Medical Commission has been requested to make compulsory oncology department for every medical college in the country in order to increase the manpower like there is an Emergency Medicine Department in each medical college.

1.42.4 TMC has informed that TMC has MoU with various state governments such as Maharashtra, West Bengal, Andhra Pradesh, Odisha for enhancing cancer care. TMC may offer technical assistance to any other state to enhance cancer care on request.

1.43 INTEGRATION OF HEALTHCARE

Recommendation:

1.43.1 The Committee observes that despite the launch of AB-PMJAY to increase universal health coverage, healthcare in India is largely financed through out-of-pocket payments and remains unaffordable for a large part of the population. Though initiatives like Ayushman Bharat and National Digital health Blueprint have created a foundation for health integration, the delivery of cancer care in the country remains largely fragmented leading to patient leakages within the health system and resulting in poor treatment outcomes. The Committee, however, hopes that AB-PMJAY and National Digital health Blueprint would go a long way in delivery of cancer care system.

(Para 4.9.3 ibid)

Action Taken:

1.43.2 NHA has informed that under AB PMJAY, the treatment of Cancer has been one of the prime focus areas to safeguard the beneficiaries from catastrophic expenditure of treatment. In order to ensure a comprehensive treatment cover for various types of cancer and related ailments, NHA has signed Memorandum of Understanding with National Cancer Grid (NCG) and Tata Memorial Hospital (TMH). Further, Treatment for cancer is provided under three heads Oncology - Medical, Surgical and Radiation. The number of treatment packages and procedures for treatment of Cancer in the National Health Benefit Package (HBP) is as follows:

SI. No.	Specialty	No. of Packages	No. of Procedures
1.	Medical Oncology	76	288
2.	Radiation Oncology	20	53
3.	Surgical Oncology	81	166
4.	Palliative Medicine	42	42
5.	Total	219	549

As of 20.12.2022, approximately 21.4 lakh hospital admissions worth Rs 3,916 crores have been authorised exclusively for the treatment of cancer under AB PM-JAY.

1.43.3 Further, under Ayushman Bharat Digital Mission (ABDM), health records of the patients are being digitalised. It is important to note that disease like cancer demands prolonged treatment wherein the ABHA linked digital records will be crucial in mitigating the risk of loss of patient's treatment record. Also, this digitalisation will help in smart referral system for the patients.

1.44 MAKING CANCER CARE AFFORDABLE

Recommendation:

1.44.1 The Committee has been apprised that one among the five cancer insurance claims is by patient belonging to 36 to 45 years of age, thereby resulting into the loss or disruption of household income. As per the National Sample Survey Healthcare even average out of pocket spending on cancer care is too high. The out-of-pocket spending for cancer care in private facilities is about three times that of public facilities. About 40% of cancer hospitalization cases are financed mainly through borrowings, sale of assets and contributions from friends and relatives. Considering such a glaring gap in affordability when it comes to quality cancer care, the Committee feels that there is a strong need to make cancer care affordable through suitable interventions from both Government and private sectors.

(Para 4.9.4 ibid)

Action Taken:

1.44.2 The recommendations of the Committee have been noted.

1.45 CONVERGENCE BETWEEN STATE AND CENTRAL HEALTH SCHEMES

Recommendation:

1.45.1 The Committee is of the view that adequate measures can be taken for convergence between state and central health schemes with similar beneficiary bases. The Committee observes that some State Governments have successfully implemented their own state-specific health insurance scheme on top of AB-PMJAY considering their local socio demographics and disease burden. In the opinion of the Committee state specific insurance has been highly beneficial to the community at large. The Committee understands that having both the depth and coverage the AB-PMJAY can increase more beneficiaries and better treatments. On similar lines, the governments should take steps towards the convergence of health schemes thus providing more comprehensive coverage in case of catastrophic expenses brought upon by cancer incidence in a household.

(Para 4.9.5 ibid)

Action Taken:

1.45.2 NHA has informed that one of the core principles around which AB PM-JAY has been designed is to ensure appropriate convergence with the existing health insurance/protection schemes of various Central Ministries/Departments and State Governments. This ensures comprehensive coverage for catastrophic illness, establish national standards for health assurance systems and provide national portability of the care.

Further, States / UTs are free to add additional families under AB PM-JAY at their own cost. State Governments have also been given flexibility to run their own schemes in convergence with AB PM-JAY.

1.45.3 It is important to note that the scheme was launched with a beneficiary base of 10.74 Crore families which has now been expanded to approximately 15.5 Crore families by the 33 States/UTs where the scheme is being implemented. Currently, there are 20 States where the scheme is being implemented in convergence. It is important to note that there are States like Chhattisgarh and Kerala where multiple schemes have been converged.

1.45.4 Further, there have been convergence efforts by NHA at national level where other health assurance/insurance schemes including ESIS, CGHS for pensioners, CAPF, BoCW, Rashtriya Arogya Nidhi (RAN), Health Minister's Discretionary Grants (HMDG) and Scheme for Transgenders have been integrated into NHA's IT platform to provide healthcare services to the beneficiary families.

1.46 AFFORDABLE CANCER TREATMENT

Recommendation:

1.46.1 The Committee takes into account all the measures undertaken by the Government for making cancer much more affordable without compromising on the quality of treatment given. Most curative treatment is affordable especially when patients get treatment under the AB-PMJAY scheme of the government. The upgradation of Government Hospitals with oncology departments and 25% reservation on cancer services provided in private hospitals for patients treated on government schemes will offer affordable cancer care to patients. Increasing funding for cancer research that evaluates low-cost technology, repurposed drugs and indigenization of equipment will reduce costs in the long run. The Committee understands that linking adherence to the NCG resource stratified guidelines to reimbursement under Government schemes will bring down costs. The NCG has also conducted group negotiations for cancer drugs which has resulted in procuring high quality drugs at 20 to 90% discount from MRP, which should be passed on to patients.

(Para 4.9.7 ibid)

Action Taken:

1.46.2 NHA has informed that National Health Authority, in collaboration with NCG, has developed standard treatment guidelines for improving quality of care. In addition, in order to strengthen the adherence of the network hospitals to these STGs, required clinical fields and decision rules are introduced in the NHA's IT platform to nudge the providers to deliver quality care. National Health Authority has also set up a Health Technology Assessment (HTA) unit for better prioritization of procedures and assess new drugs and technologies for cost effectiveness.

1.46.3 Secondly, National Health Authority, with the approval of Ministry of Health and Family Welfare, Government of India has constituted on Expert Advisory Committee (EAC) on Strategic Purchasing. The EAC is drafting operational framework for group negotiations using existing bulk procurement model of AMRIT pharmacy to obtain chemotherapy drugs and Implants at lower prices. An extensive stakeholder consultation will also be undertaken to develop the final model. The NCG group negotiation model is also being studied for use in the PMJAY system.

1.47 CREATION OF ONCOLOGY DEPARTMENT IN GOVERNMENT HOSPITALS

Recommendation:

1.47.1 The Committee finds that the charge for cancer treatment is high in the Private Hospitals, therefore, more Government Hospitals should be established across the country for providing affordable cancer treatment. The Committee endorses the views of the Department of Atomic Energy that existing Government hospitals should be upgraded to create oncology departments; these departments should also have "private patients" who pay for their care, and partially subsidize the "free" patients who are not charged. Similarly, 25% reservation on cancer services provided in private hospitals should be earmarked for patients treated on government schemes. The measures so undertaken would ensure not only affordability of care but also ensure that the doctors in both Government and private hospitals deliver healthcare services and treatment of patients from all strata of society.

(Para 4.9.12 ibid)

Action Taken:

1.47.2 A letter has been shared with request to National Medical Commission to establish Oncology Departments in existing as well as upcoming new medical colleges like Emergency Medicine Department in each medical college.

1.47.3 NHA has informed that to ensure that the hospitals do not overcharge, and rates do not vary across hospitals, Empanelled Healthcare Providers (EHCPs) are paid based on specified packages with fixed rates known as Health Benefit Package (HBP).

1.47.4 Further, NHA rationalizes the Health Benefit Packages time to time. This rationalization exercise includes extensive review of current scheme performance in terms of its utilization and related issues, consideration of cost evidence to determine the variation in cost and price, consultation with expert committees in different specialties and seeking inputs from State Health Agencies, hospital associations and other stakeholders.

1.47.5 Under Ayushman Bharat PM-JAY, the patients have got the option to choose between private or public hospitals for their treatment. Also, NHA has been continuously focusing on empanelling more hospitals under the scheme.

1.48 CREATION OF CREDIT TOOLS BY BANKS FOR CANCER PATIENTS

Recommendation:

1.48.1 The Committee takes into account that about forty percent of cancer hospitalization cases are financed by informal financial tools. A major part of treatment expenditure is availed from informal credit at high rates of interest. Due to high mortality rate in Cancer, the net outcome for the household happens to be an insurmountable debt when the earning member of the family demises. The Committee, therefore, considers that easily accessible credit line through formal channels is highly needed to fill the gap, however, at present there are few such medical/healthcare loans options available in the Indian market primarily offered by Non-Banking Financial Companies (NBFCs) charging interest rate as high as 13% to 15% and with limited loan amount. That again raises a concern of affordability;

hence, it is imperative to encourage major nationalized banks to create such product which is affordable for the public to use it as an emergency fund. The Committee, therefore, recommends the Government to encourage Nationalised and Corporate Banks for creation of more credit tools to meet catastrophic healthcare needs in critical cancer care segments.

(Para 4.9.13 ibid)

Action Taken:

1.48.2 Dept. of Financial Services has informed that they have requested all the Public Sector Banks to take note of the recommendations of the Committee and to take necessary action as deemed appropriate in this regard. However, in a deregulated credit environment, all the credit decisions are taken by banks in terms of their Board approved policies and extant guidelines/regulations of Reserve Bank of India.

1.49 NATIONAL CANCER GRID

Recommendation:

1.49.1 The Committee is of the view a dual approach is required for planning a systematic National Cancer Plan. On the one hand the Government should make attempt to strengthen the existing centres to provide uniform standards of cancer care across the country and on the other hand, additional Government run cancer centres should be established to fill up the gaps in access to care breaking geographic barriers. The Committee, in this regard, recommends the National Cancer Grid, a large network of cancer centres, research institutions, patient groups and professional societies, to continue to yoke the responsibility of carrying out the first approach.

(Para 4.11.3 ibid)

Action Taken:

1.49.2 DAE has informed that a National Cancer Plan encompasses all aspects of cancer care including prevention, early detection, treatment, palliation, and survivorship. Emphasis should be on all the above aspects and not only on treatment facilities. The National Cancer Grid will initiate a process to develop a National Cancer Plan for India with involvement of all stakeholders.

1.50 PIVOTAL ROLE OF NATIONAL CANCER GRID

Recommendation:

1.50.1 The Committee appreciates the role and responsibility of the National Cancer Grid, an initiative of the Department of Atomic Energy, in taking care of about 60% of all of India's cancer burden and the Committee hopes that NCG, incorporating all the experience and vision of all stakeholders of cancer care in India will play pivotal role, unified and powerful voice in the fight against cancer.

(Para 4.11.4 ibid)

Action Taken:

1.50.2 DAE has informed that the National Cancer Grid, funded by the Department of Atomic Energy, will continue to play a pivotal role in the unified response to the increasing cancer burden in India.

1.51 PRIORITIZING HOLISTIC HEALTH CARE IN HEALTH POLICY FORMULATION

Recommendation:

1.51.1 Inaugurating the Homi Bhabha Cancer Hospital and Research Centre in Mohali, on 24th August, 2022, the Prime Minister envisaged that a good healthcare system doesn't just mean building four walls, but to prioritize holistic health care in health policy formulation. In this regard, the Committee endorses the Prime Minister's views on provision of health facilities in the country by working together on following six fronts:-

i. promotion of preventive health care
ii. Opening small and modern hospitals in villages
iii. Opening medical colleges and big medical research institutes in cities
iv. Increasing the number of doctors paramedical staff across the country
v. Providing cheap medicines and cheap equipments to patients
vi. Reducing the difficulties faced by patients with the help of technology.

(Para 4.18 ibid)

Action Taken:

1.51.2 Department of Atomic Energy, through the Tata Memorial Centre and the National Cancer Grid uses a similar approach in all its initiatives towards optimal cancer control in the country.

1.52 IMPROVING THE HEALTH INFRASTRUCTURE FOR TREATMENT OF CANCER

Recommendation:

1.52.1 The Committee is of the considered view that the Central Government as well as the State Governments should work in tandem to improve the health infrastructure for treatment of cancer and other diseases.

(Para 4.19 ibid)

Action Taken:

1.52.2 The Central Government implements Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for tertiary care of cancer. 19 State Cancer Institutes (SCIs) and 20 Tertiary Care Cancer Centres (TCCCs) have been approved under the said scheme. So far, 15 of these SCIs/TCCCs are functional.

1.53 REVOLUTIONIZING THE RESEARCH IN CANCER WITH A GREATER BUDGETARY SUPPORT

Recommendation:

1.53.1 The Committee notes the various initiatives of the Department of Biotechnology in the field of cancer research and appreciates the initiative of signing the MoU on 22nd May 2019 between the Department of Biotechnology, Department of Atomic Energy & National Cancer Grid (DBT DAE NCG MoU) for supporting joint activities in the area of cancer research. The Committee acknowledges that the DAE has been spearheading in prevention, diagnosis and treatment of cancer in the country for more than five decades and the NCG which has come into existence recently to look after all the aspects of cancer throughout the country, hence the Committee hopes that the MoU will go a long way in revolutionizing the research in cancer with a greater budgetary support from the Department of Biotechnology.

(Para 5.2.7 ibid)

Action Taken:

1.53.2 The Department of Biotechnology has taken note of the recommendations. The scope of the MoU signed between DBT, and DAE-NCG covers broad objectives focusing on strategy to identify areas of research: immediate, medium and long-term; scientific research collaboration in the area of Cancer; training of manpower and infrastructure development. Accordingly, DBT and DAE along with NCG are addressing the components of this MoU.

1.54 HIGHER FUNDING FOR CLINICAL AND TRANSLATIONAL RESEARCH

Recommendation:

1.54.1 The Committee recommends higher funding allocation for organizations like ICMR, DBT and DST for clinical and translational research that has the potential to change the practice in India and the world and which results in Ayurvedic formulations. Higher funding can also lead to rigorous testing of other plant products for novel indications or to mitigate toxicity using the technical know-how and research innovations at ACTREC.

(Para 5.7.7 ibid)

Action Taken:

1.54.2 ICMR has noted the recommendation of the Committee.

1.54.3 DST agreed to provide grant-in support for such projects.

1.54.4 The Department of Biotechnology (DBT) and Ministry of AYUSH have signed an MoU in May 2022 which broadly addresses enhancing collaboration through Biotechnological R&D and AYUSH interventions to improve the quality of life and bring down the associated morbidity pertaining to chronic diseases, including cancer.

1.55 ADOPTION OF "RELIANCE PATHWAY" IN INDIA

Recommendation:

1.55.1 The Committee feels that adopting "Reliance Pathway" will ensure faster and expedited approval in India as well and which in turn will ensure the drug reaches the

patients faster and at the same time by when it will reach the overseas patients as the review process will be ensured in parallel. Adopting Reliance pathway in India, which considers the review of key countries and clears the innovative drugs in a very short time, which many countries in South Asia and Latin America have already adopted

(Para 5.16.1 ibid)

Action Taken:

1.55.2 CDSCO has informed that as regard to adopting 'Reliance Pathway' it may be mentioned that the approval of New Drugs and Clinical Trials are regulated under the provisions of the New Drugs and Clinical Trials Rules, 2019.

1.55.3 The details of regulatory requirements and guidelines for permission to Import and / or Manufacture of new drugs for sale are specified in Chapter X and Second Schedule of the New Drugs and Clinical Trials Rules, 2019.

1.55.4 The regulation under New Drugs and Clinical Trials Rules, 2019 is considered based on reliance on approval status, safety and efficacy data of new drugs generated in other country for considering further approval in India.

1.55.5 There are various specific provisions in the New Drugs and Clinical Trials Rules, 2019 to promote and encourage development of new drugs for Serious / life-threatening diseases, Rare diseases and for disease which have Unmet medical need. Details are as under:

i. There are various special situations, specified in the SECOND SCHEDULE of the said rules, under which relaxation, abbreviation, omission or deferment of data including local clinical trial data may be considered for approval of a new drug including Serious/ life threatening diseases, Rare diseases and Unmet medical need.
ii. One of such mechanisms is Accelerated Approval Process which can be allowed to a new drug for a disease or condition, taking into account its severity, rarity, or prevalence and availability or lack of alternative treatment, provided that there is a prima facie case of the product being a meaningful therapeutic benefit over the existing treatment.
iii. An Unmet Medical Need as explained in the said rules is a situation where treatment or diagnosis of disease or condition is not addressed adequately by available therapy. An unmet medical need includes an immediate need for a defined population (i.e., to treat a serious condition with no or limited treatment) or a longer-term need for society (e.g., to address the development of resistance to antibacterial drugs).
iv. Under the Accelerated Approval Process surrogate endpoints may be considered rather than standard outcome measures such as survival or disease progression, which are reasonably likely to predict clinical benefit.
v. New drugs intended to be used in life threatening or serious disease conditions, unmet medical need as in case of many rare diseases, disaster etc. accelerated approval may be considered for grant of market approval based on even Phase II clinical trial data and in such cases, additional studies in post market scenario may be required to be conducted after approval to generate the data on larger population to further verify and describe clinical benefits.

vi. There is also provision under the SECOND SCHEDULE of the rules, where quick/expeditious review process can be sought for approval of a new drug after clinical development: - if the new drug of nature as mentioned above.

1.55.6 The reliance on data generated and approval given in other countries is also considered based on merit.

1.56 MULTICENTRIC COLLABORATIVE RESEARCH

Recommendation:

1.56.1 The Committee also recommends that International Collaboration on Research methods Development in Oncology (CreDO) workshop should play the major role of research in cancer diagnostics and treatment by bringing the mix of clinician researchers, trialists and statisticians together. The Committee feels that NCG funded multicentric collaborative research is also expected to bring transformation in the protocol of cancer treatment. **(Para 5.24.1 ibid)**

Action Taken:

1.56.2 DAE has informed that the CReDO workshop has regularly trained early career researchers in the methods of biomedical research and continues to mentor participants through Virtual Research Boards. Many research studies developed in the CReDO workshop have progressed to receive grants and are evaluating practice changing interventions in cancer. The workshop has become increasingly multidisciplinary with diverse group of participants in all oncology (and allied) specialties. NCG-funded cancer research is increasing and is bringing transformation in cancer treatment protocols.

1.57 FUNDING OF INDIA SPECIFIC RESEARCH ON CANCER TREATMENT AND THERAPIES

Recommendation:

1.57.1 The Committee recommends that India specific research must be funded and encouraged to ensure that treatment models and therapies that are developed are done so based on Indian variations and not western ones. The Committee feels that research on innovative therapies, more effective drugs with fewer adverse effects, repurposed drugs, pharmacological combinations, and more is necessary because modern treatments are exceedingly expensive; and India-centric research on such issues can help cut down costs of treatments. The Committee further recommends the Ministry to carry out more research and studies on prevention, early diagnosis and screening of the different types of cancer.

(Para 5.25.1 ibid)

Action Taken:

1.57.2 ICMR has informed that ICMR is undertaking research on various aspects of cancer under India Cancer Research Consortium (ICRC). The research are undertaken under different thematic areas viz: (i) Diagnostics (ii) Innovation (iii) Therapeutics (iv) Prevention & Epidemiology (v) Palliative care & (vi) Basic Biology.

CHAPTER- II

RECOMMENDATIONS/OBSERVATIONS ON WHICH THE COMMITTEE DOES NOT DESIRE TO PURSUE IN VIEW OF THE MINISTRY'S REPLIES

2.1 CLASSIFICATION OF CANCER AS A NOTIFIABLE DISEASE

Recommendation:

2.1.1 The Committee notes that Cancer is still not classified as a notifiable disease which results in underreporting of cancer deaths. The Committee notes that ambiguity on the actual cause of death is a major hurdle in data collection. It has been brought to the notice of the Committee that many a times; death is simply recorded as cardio-respiratory failure without mentioning the actual cause of death. The Committee is of the view that an accurate mortality database in the hospital information system will improve cancer registry, follow up and outcome data. The Committee therefore agrees with the suggestion of Tata Memorial Centre (TMC) that Cancer must be classifies as a notifiable disease so that the cancer deaths are mandatorily required to be reported to the Government machinery.

(Para 1.5.7 139th Report)

2.1.2 The Committee strongly believes that making Cancer a "Notified Disease" will surely ensure a robust database of the cancer deaths but also help in determining the accurate incidence and prevalence of Cancer in the country. It will also help in analyzing the risk factors, implementing screening programs, and allocating proper resources to improve cancer outcomes. Data collected can also be used to formulate standard treatment guidelines that will further strengthen the continuum of cancer care. The Committee further recommends that to streamline and improve data collection a Covid Vaccine Intelligence Network (CoWIN)-like web portal for the registration, real-time data collection, counselling, supportive resources for cancer care along with interactive tools can be created by the Government. The portal can also be equipped to aid those affected by cancer by guiding them through the treatment and management journey.

(Para 1.5.8 ibid)

Action Taken:

2.1.3 A notifiable disease is any disease that is required by law to be reported to government authorities. The collation of information allows the authorities to monitor the disease and provides early warning of possible outbreaks.

2.1.4 The World Health Organization's International Health Regulations require disease reporting to the WHO in order to help with its global surveillance and advisory role. Making a disease legally notifiable by doctors and health professionals allows for intervention to control the spread of highly infectious diseases.

2.1.5 Cancer is a type of non communicable disease. It is not an infectious disease. It doesn't spread from one person to another or also doesn't have any community spread. In present circumstances, it may not be declared as notifiable disease.

2.1.6 In this connection, it is submitted that The National Cancer Registry Programme (NCRP) under the Indian Council of Medical Research (ICMR) with its network of cancer registries was started in December 1981. Presently it is operated by the ICMR-NCDIR, Bengaluru. This provides the data on cancer incidence, mortality, pattern, trend and geo-pathological distribution of cancers. It also helps to formulate and implement policies and programmes, monitor and evaluate the cancer control activities.

2.2 TOBACCO AND ALCOHAL BEING CANCER CAUSING SUBSTANCES

Recommendation:

2.2.1 *The Committee notes that the reason for high incidence of Tobacco related Cancer in the North-Eastern Region is the high consumption of tobacco in the region. The Committee is appalled to note that tobacco consumption is as high as 60 % in some North-eastern States against the National tobacco prevalence of 28%. The Committee further notes that the alcohol consumption in Northeast is 28% which is more than double that of the National prevalence of about 12%. The Committee notes that as per the International Agency for Research on Cancer. Alcohol is a confirmed cancer-causing substance, and the risk becomes higher when tobacco is consumed along with alcohol.*

(Para 1.6.3 ibid)

Action Taken:

2.2.2 Tobacco Division of this Ministry has informed that the observations of the Committee have been noted.

2.3 BAN ON SALE OF CHEWING TOBACCO

Recommendation:

2.3.1 Attention of the committee is also brought to the fact that more than 80% of tobacco consumption is in the form of chewing Tobacco with or without Areca Nut. These products are being aggressively marketed as mouth fresheners. The Committee accordingly recommends the Government to take measures to ban Gutka / Flavored Chewing tobacco / Flavored Areca (Pan Masala) and prohibit direct and indirect advertisements of Pan Masala.

(Para 1.6.5 ibid)

Action Taken:

2.3.2 The comments of Tobacco Division of this Ministry were sought. The Tobacco Division has informed that Regulation 2.3.4 of the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulation, 2011, expressly prohibits the use of tobacco and nicotine in all food products, thus banning gutka (tobacco mix with areca-nut and other flavoring agents) or zarda or chewing tobacco (where flavoring agents are added to tobacco make it edible). Hon'ble Supreme Court vide orders dated 03.04.2013/23.09.2016, has directed strict enforcement of the ban on manufacture and sale of Gutkha and Pan Masala with tobacco and/or nicotine, vide Food Safety and Standards Authority of India (FSSAI) Regulation 2.3.4.

2.3.3 This Ministry and FSSAI vide letters dated 25.04.2012, 08.05.2012, 27.08.2012, 21.11.2012, 06.08.2014, 05.12.2016, 09.10.2017 communicated letters to States/UTs to strictly enforce the ban on Gutkha and Pan Masala (tobacco and/or nicotine) and flavored/scented chewing tobacco.

2.3.4 Pan Masala is standardized by the FSSAI to be sold with the warning. "Chewing of Pan Masala is injurious to health".

2.4 PROHIBITION ON SALE OF TOBACCO PRODUCTS

Recommendation:

2.4.1 Taking into consideration that oral cancer being the highest contributor to the total cancer cases, the Committee observes that there is a need to implement the provisions of Cigarettes and Other Tobacco Products Act 2003 (COTPA) more universally. The Committee notes that COTPA is the principal anti - tobacco law in India that encompasses a ban on smoking in public places, advertising and sponsorship-

2.4.2 Sales to minors, and warnings on packs. The Committee further notes that India National Health Policy 2017 has set out to achieve a relative reduction in the prevalence of current tobacco use by 30% in 2025. The Committee believes to achieve the SDG target; the Ministry must take effective measures to contain the sale of Tobacco-products. The Committee recommends the Government to abolish designated smoking areas in airports, hotels, and restaurants and encourage a smoke free policy in organizations. The Committee further recommends the Government to prohibit single stick sales of cigarettes and lay stringent penalties and fines on offenders.

(Para 1.6.6 ibid)

Action Taken:

2.4.3 The comments of Tobacco Division of the Ministry were sought. The Tobacco Division has informed that the draft Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) COTPA (Amendment) Bill, 2020 enlists the provisions for removal of designated smoking areas and prohibition of loose sale of single sticks of cigarettes. The draft bill is under examination as part of the pre-legislative procedure.

2.5 RESEARCH FOR CAUSATIVE FACTORS OF GENDER SPECIFIC CANCER

Recommendation:

2.5.1 Keeping into account statistical interpretation of Comparative Age Adjusted Incidence Rates (AARs) of all PBCRs amongst men and women, the Committee recommends the Cancer Research Institutes to undertake Research Projects to understand the causative factors of gender specific cancer at specific site and come out with key solution to causation-continuum of cancer-on-cancer treatment.

(Para 1.7.6 ibid)

Action Taken:

2.5.2 The comments of ICMR were sought. The ICMR has informed that it is supporting research Studies on risk factor for breast & cervical cancer. In addition risk factor studies for other cancer sites such as Gallbladder, Esophageal, Stomach & Nasopharyngeal etc are also being undertaken.

2.5.3 Also, the State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) under the Strengthening of Tertiary Cancer Care Centres Facilities Scheme and AIIMS under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) are mandated to conduct research studies.

2.6 INCREASES IN DEATHS DUE TO CANCER

Recommendation:

2.6.1 The Committee expresses concern over the alarming trend of increase in patients diagnosed with cancer, deaths due to cancer that is expected to rise from approximately 8 lakhs in 2018 to about 13 lakhs in 2035. The Committee notes the submission that the mortality: incidence ratio of 0.68 in India is higher than that in very high human development index (HDI) countries (0.38) and high HDI countries (0.57). Although, such disparity is because of over diagnosis in more developed countries, however, the Committee emphasizes that it could be due to the unequal distribution of and lack of access to health care resources across India.

(Para 1.8.3 ibid)

Action Taken:

2.6.2 The observations of the Committee have been noted.

2.7 CAMPAIGN AGAINST CONSUMPTION OF TOBACCO

Recommendation:

2.7.1 The Committee notes that in India tobacco use in different forms accounts for nearly 50 % of all cancers, these are called tobacco related cancers, so these cancers are preventable. The Committee expresses its concern to note the fact that while thousands of crores are spent by both Central and State Governments on treatment of Cancer, however, the desired focus is not given to its root cause i.e. tobacco consumption. The Committee has been given to understand that majority of tobacco addicts start in their teens. Therefore, the Committee recommends the Government to focus campaign against tobacco consumption by youth and since the "quit-rate" in India is very low, the Government should formulate strategies to stop the teen-population from falling prey to the tobacco addiction.

(Para 2.3.4 ibid)

Action Taken:

2.7.2 Tobacco Division of this Ministry has informed that the States are undertaking effective measures for implementation of the National Tobacco Control Programme at State

and district level to create awareness about the harmful effects of tobacco consumption through regular and sustained public awareness campaigns and ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA).

2.7.3 With a special focus to protect young children from exposure to tobacco use, Guidelines for Tobacco Free Educational Institutions [ToFEI] is implemented by States, thereby declaring all educational institutions both in public and private sector tobacco free.

2.7.4 Section 77 of The Juvenile justice (Care and Protection of Children) Act, 2015 provides that giving or causing to be given to any child any tobacco products punishable with rigorous imprisonment for a term which may extend to seven years & shall also be liable to a fine which may extend up to one lakh rupees.

2.8 NATIONWIDE PROGRAMME FOR SCREENING OF CANCER

Recommendation:

2.8.1 The Committee notes that the screening of common Cancer under NPCDCS program is mostly opportunistic, which is volunteer based, and thus lacks the follow up strategy for further investigation and treatment of those who are screened positive, due to this the results may not be evaluated any further. Moreover, only three common Cancers - oral, cervical and breast are focused under the NPCDCS since inception of the program. With enough evidence with respect to increase in burden of other Cancers, the Government must consider inclusion of other prevalent cancer types under the program. The Committee further notes that while many cancers are preventable not all cancers are preventable, being age related, i.e. breast cancer, bowel cancer, prostate cancer etc. Hence strategy in these cancers is not prevention but early diagnosis through screening programs and their management. The Committee is of the opinion that there is an imminent need for a Central Government sponsored national screening programs for cancer in India.

(Para 2.5.4 ibid)

Action Taken:

2.8.2 Under NPCDCS, screening of Oral cancer, Breast cancer and Cervical cancer are being done which are among the most important public health problems in the country. Oral cancer is the most common type of cancer and Breast, and Cervical cancer are most common in females.

2.8.3 Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and common cancers viz. Oral, Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Ayushman Bharat. As per ABHWC, 18.73 Cr people have been screened for oral cancer, 8.83 Cr females have been screened for breast cancer and 6.03 Cr females have been screened for cervical cancer.

2.8.4 The Central Government implements Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for tertiary care of cancer. 19 State Cancer

Institutes (SCIs) and 20 Tertiary Care Cancer Centres (TCCCs) have been approved under the said scheme. Fifteen of these SCIs/TCCCs are functional.

2.8.5 There is also focus on Oncology in its various aspects in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). Setting up of National Cancer Institute at Jhajjar (Haryana) and second campus of Chittaranjan National Cancer Institute, Kolkata are also steps in this direction.

2.9 PROACTIVE EFFORTS FOR CANTAINING GROWING TRENDS OF CANCER

Recommendation:

2.9.1 The Committee recommends that from the present policy of opportunity-based screening, the Government should formulate a scheme to start a country wide population-based screening at the Primary Health Centre (PHC) level under the National Health Mission. The Committee is of the considered view that for screening programmes to be easily accessible, particularly for women and other vulnerable groups, they need to be decentralized to grass root level. The Committee recommends that each PHC should take up the responsibility of screening people who reside in its catchment area. The Medical Officer, Public Health Nurse, Health Assistants, and Health Workers should be encouraged to take a lead in the screening camps organized under the scheme. Furthermore, according to convenience of the PHC, one-two days in a week should be designated for Cancer Screening. The days for screening should be prominently displayed through billboards near the PHC and other locations of high population density. The Committee feels that proactive Government efforts are required to contain the growing trend of cancer. Accordingly, the Committee recommends that the Central Government in tandem with State Governments should commence mobile detection programmes with vehicles equipped with colonoscopy, mouth inspection, uterine-cervix tools & instruments, and other laboratory facilities in every district of the country. The Government must also work towards reaching the needy as has been done in Polio vaccination and start home screening for detection of breast, cervical and oral cancer. The Government should also develop mechanisms to link the screening programmes to cancer registries across the country, for better management of cases at early stages and data containing information on incidence and prevalence of cancer and related morbidities should be utilized in future cancer control programmes.

(Para 2.5.5 ibid)

Action Taken:

2.9.2 Screening of Oral cancer, Breast cancer and Cervical cancer are being done at primary levels of healthcare facilities. Symptoms of Oral Cancer, Breast Cancer and Cervical Cancer are included in CBAC Checklist that are filled up by ASHAs. ASHAs are well-trained and enquire about the signs and symptoms during her visit and create awareness in the community.

2.10 MARGINAL CONCESSION IN INSURANCE FOR CANCER SCREENING

Recommendation:

2.10.1. The Committee feels that in order to address the issue of prevention of all sorts of Cancer, mandatory screening of people of certain age groups for example 30+ age group

population may be done every year. Early detection and timely diagnosis reduce the cost of care and mortality significantly. Therefore, the trumpet call is to take all the measures for mass level cancer screening. People, who avail of screening for cancer should get atleast marginal concessions in the insurance, so that provision of concession acts as an incentive for citizens to participate in the screening as per government guidelines.

(Para 2.5.6 ibid)

Action Taken:

2.10.2 The comments of Dept. of Financial Services were sought. They have informed that the observations of the Committee regarding the marginal concessions in insurance to individuals availing cancer screening is well accepted and may be examined by the insurance industry in consideration of the measures that may be notified in this regard.

2.11 ESTABLISHMENT OF CHEAP DIAGNOSTIC CENTERS

Recommendation:

2.11.1 The Committee notes that each Cancer is diagnosed with a combination of tests including advance diagnostic methodologies such as molecular biology, next-generation sequencing, Artificial Intelligence, advanced imaging, and radiation making the overall process, resource intensive and technical. The Committee recommends the Department of Health and Family Welfare and Indian Council of Medical Research to set up standard diagnostics protocol and explore the inclusion of new diagnostic technology as modern technology could make the Cancer management more precise, targeted, cost effective and efficient. The Committee is however concerned that the diagnostics procedures are very costly and due to lack of diagnostic facilities in the public hospitals, patients have to rely on private hospitals for testing where they are charged heavily. The Committee, therefore, recommends to cap diagnostic testing charges so as to give relief to the patients and this will also encourage the screened positive cases to turn up for diagnostic testing. The Committee further recommends the Ministry to do an assessment of diagnostic facilities in all District Hospitals (DHs) in the country and work towards establishing decentralized diagnostic testing network by establishing basic diagnostic facilities in all the District Hospitals (DHs) in the country, the Ministry should incorporate extensive coverage for diagnostic services under PMJAY.

(Para 2.7.6 ibid)

Action Taken:

2.11.2 ICMR has informed that it has formulated Guidelines for Management of different sites of cancer; 20 documents are published (Breast Cancer, Non-Hodgkin's Lymphoma (High Grade), Tongue, Colorectal, Gastric, Gallbladder, Buccal Mucosa, Pediatric Lymphomas & Solid Tumors, Cervix, Soft Tissue Sarcoma & Osteosarcoma, Larynx, Multiple Myeloma, Esophageal, HCC, Pancreas, NEC, Uterus, Ovarian, MDS & AML). 18 documents (Anal Cancer, ALL, Bladder, Prostate, Testes, Kidney, CNS Tumors, Melanoma, CUP, Thyroid, Retinoblastoma, Survivorship, CML, CLL, NHL-LG, HL, Lung, Precision) are being formulated.

2.11.3 NHA has informed that the scope of Ayushman Bharat PM-JAY, by design, covers in-patient treatment. In line with this, NHA has recently introduced few advanced diagnostics used to define staging and line of treatment for confirmed oncology cases.

2.11.4 With respect to capping of diagnostic testing charges, it is important to note AB PM-JAY has defined diagnostic prices based on CGHS non NABL (National Accreditation Board for Testing and Calibration Laboratories) rate, which is subject to revision and rationalization over time.

2.11.5 Further, NHA has introduced e-RUPI, a cashless and contactless instrument that will be used for making digital payments for diagnostics and drugs under AB PMJAY.

2.12 FRAMEWORK FOR MANAGEMENT OF COMMON CANCER

Recommendation:

2.12.1 The Committee appreciates the Ministry for developing a detailed "Operational Framework: Management of Common Cancers" enlisting the details of screening methods, diagnostic procedures and training requirements of the human resource involved. The Committee recommends the Ministry to develop plan for the implementation of the framework and ensure that the requisite number of healthcare personnel are appointed in PHCs, CHCs and DHs as early as possible. The Committee also recommends that the Ministry should develop certain indicators to ascertain the effectiveness and progress of the "Operational Framework" once it gets implemented. The Committee recommends adding relevant attributes/ indicators to large scale periodic surveys such as the National Family Health Survey (NFHS), National Sample Survey Organization (NSSO), District Level Household Surveys (DLHS) to assess the impact.

(Para 2.8.1 ibid)

Action Taken:

2.12.2 The recommendations of the Committee have been noted.

2.13 NEED FOR DATA COLLECTION AND ITS ANALYSIS

Recommendation:

2.13.1 The Committee is given to understand that there is a definite need for systematic data collection and aggregation, evaluating patterns of care, and health technology assessment to channelize scarce healthcare resources appropriately. The Committee, therefore, feels that systematic data collection and aggregation can optimally utilize the healthcare resources.

(Para 3.3.7 ibid)

Action Taken:

2.13.2 The Comprehensive Primary Healthcare (CPHC) -NCD application has been used for implementation of Population Based Screening along with prevention, control, screening and management of common NCDs. Primary level information is recorded through this app at public health facilities for reporting and monitoring individual-wise screening and treatment adherence for NCDs. Application also features a Single Longitudinal Health Record for every

individual in the cloud, identified by a Unique Health ID (ABHA ID: Ayushman Bharat Health Account ID). Application features enrolment of the individual and family, individual risk assessment through Community Based Assessment Check List (CBAC), recording of screening, examination & referral. It ensures data availability and continuum of care ensuring linkage in between the facilities.

2.13.3 ICMR has informed that ICMR's -National Centre for Disease Informatics and Research (NCDIR), Bangalore is already running population-based cancer registries (38 PBCRs) & hospital-based cancer registries (205 HBCRs) and regularly brings out cancer data.

2.14 LINKING OF CANCER REGISTRY WITH PMJAY

Recommendation:

2.14.1 The Committee believes that integration of NHA with NCG will facilitate linking of cancer registry with repository of data under the PMJAY Scheme. Such measure will not only improve the accuracy of the cancer registry but also ensure a smooth referral and follow up system. The Committee believes that early screening and diagnosis of cancer is crucial for effective treatment of the cancer.

(Para 3.9.14 ibid)

Action Taken:

2.14.2 NHA has informed that under Ayushman Bharat, PM-JAY ID is linked with ABHA. Linking of Cancer Registry Data (CRD) with AB PM-JAY is possible if CRD is linked with ABHA.

2.14.3 Further, an internal assessment report of NHA has also recommended the API-based fetching of the clinical data from the cancer registry program, for which an operational framework is being worked out with the NCDIR. In addition, several sensitization sessions have been carried out with the PM-JAY empanelled hospitals treating cancer patients to get them on boarded on the cancer registry database platform.

2.15 REDUCTION OF TREATMENT COST BY GROUP NEGOTIATIONS

Recommendation:

2.15.1 The Committee believes that the costs for cancer treatment can be further brought down by group negotiation for construction activities, equipment, drugs, and consumables. The Committee appreciates the efforts of TMC in this regard and recommends TMC to continue sharing its rate contract with other State Governments who can avail the benefits of the negotiated prices by TMC.

(Para 3.11.10 ibid)

Action Taken:

2.15.2 TMC has informed that TMC is already doing it with various state governments and government hospitals.

2.16 IN-HOUSE PATHOLOGY, MICROBIOLOGY & MOLECULAR ONCOLOGY INVESTIGATIONS

Recommendation:

2.16.1 The Committee notes that NCI-Jhajjar has been envisaged as an apex cancer treatment and research facility by the Ministry, however, the Institute lacks the facilities of in-house pathology, microbiology & molecular oncology investigations. The Committee strongly recommends the Ministry to make these services functional in NCI at the earliest and reduce its dependence on AIIMS, New Delhi.

(Para 3.12.9 ibid)

Action Taken:

2.16.2 AIIMS New Delhi have informed that the Diagnostic Microbiology Laboratory services at National Cancer Institute, AIIMS started in February 2021. Currently the laboratory is providing the following services viz Automated Blood culture and susceptibility testing, aerobic culture and automated susceptibility testing, fungal culture and susceptibility testing. automated urine routine examination, real time PCR based CBNAAT (Gene Xpert) testing for tuberculosis and COVID-19, microscopic examination for intestinal parasites acidfast bacilli, fungal element, malaria parasite antigen testing dengue NSI antigen & IgG IgM testing, scrub typhus IgM detection test, Legionella urinary antigen detection test, cryptococcal antigen detection test and serum rk39 antibody detection tests for Leishmaniasis.

2.16.3 Pathology services have started from August 2022. Cytopathology and histopathology services are being expanded. Procurement pertaining machinery and equipment for conducting pathology and molecular oncology investigations is currently in process.

2.17 SHORTAGE OF HEALTHCARE WORKERS

Recommendation:

2.17.1 The Committee finds that there is shortage of healthcare workforce in the Institute which has a grave impact on the functioning of the Institute. The Committee accordingly recommends the Government to ensure that adequate number of doctors and specialists are made available along with the administrative staff. The Ministry must expedite the recruitment for residents, senior residents, Senior Nursing Officers, ANS, DNS, Physiotherapists, Pharmacists as well as the other administrative staff.

(Para 3.12.10 ibid)

Action Taken:

2.17.1 AIIMS, New Delhi has informed that after NCI was operationalized in 2019 and taking into account the existing workload as in 2022, the creation of 2025 Non-Senior Administrative Grade (SAG) posts for Phase-II and 707 Non-SAG for Phase III is under consideration.

2.18 COLLABORATION OF ICMR WITH STATES FOR DESIGNING STATE SPECIFIC POLICIES

Recommendation:

2.18.1 The Committee observes that India has an extensive network of Public Health Institutions from the Health and Wellness Centres to the Tertiary Care Centres. However, there is a big scope for upgradation and the delivery of health care services at these Centres. The Committee further notes that ICMR is the National apex Research body that conducts research on various public health issues. The Committee however feels that there is a great need to utilise the outcomes of the research findings by ICMR and other Research Bodies in institutionalizing a better framework for cancer care and its management. The Committee notes that the States lack the technical expertise to formulate specific cancer care policies in the State. The Committee finds that the rates of cancer incidences are different across States. Some form of cancer is more prominent in some regions whereas some States report lower incidences of the same cancer. The Committee strongly feels that a one size fits all approach cannot be adopted if the cancer incidence is to be controlled. The Committee therefore strongly recommends the Ministry to ensure that the National Research Bodies to the likes of ICMR collaborate with the States in designing State specific institutional framework across the country.

(Para 3.14.1 ibid)

Action Taken

2.18.2 ICMR has informed that ICMR has already prepared Guidelines for management of cancer of various sites.

2.19 ENSURING INSURANCE BENEFITS TO CANCER PATIENTS

Recommendation:

2.19.1 The Committee notes that insurance companies bank on maximization of profit and all cancer treatments are not covered in the health insurance scheme. The Committee further notes that as per current IRDA regulations, most cancer survivors cannot avail of health insurance even for non-cancer related ailments. It has been brought to the notice of the Committee that many cancer survivors were not able to get insurance cover during the COVID pandemic. The Committee accordingly recommends the Ministry to take up and pursue vigorously with the IRDA to revise the insurance regulations to ensure that the cancer patients are not denied insurance benefits.

(Para 3.14.8 ibid)

Action Taken:

2.19.2 Dept. of Financial Services (DFS) has informed that in terms of Insurance Regulatory and Development Authority of India Regulation (IRDAI), 2016 coverage for any diseases contracted after taking a health insurance policy shall be covered by a insurer. Further, IRDAI circular Ref: IRDAI/ HLT/ REG/ CIR/ 177/ 09/ 2019 dated 27.09.2019 (subsumed under Ref: IRDAI/ HLT/ REG/ CIR/ 193/ 07/ 2020) specifies that insurers shall provide coverage for oral chemotherapy and immunotherapy – monoclonal antibody also (wherever

medically indicated), either as in-patient, as part of domiciliary hospitalization or as day care treatment in a hospital. As regards providing insurance cover for cancer survivors for non-cancer related ailments, it is submitted that insurers provide coverage under health insurance policies by accepting risks as per their respective board approved underwriting policies.

2.20 INNOVATIVE HEALTH INSURANCE PACKAGES

Recommendation:

2.20.1 The Committee further notes that innovative health insurance packages are required for ensuring adequate financial coverage for cancer treatment. Various stakeholders have also highlighted on the need for inclusion of middle class in Government Health Schemes especially for Cancer treatment and rare diseases that necessitates high financial expenditure. The Committee notes that the middle class remain out of the ambit of Health Insurance Schemes such as AB-PMJAY and bear the expenses from their own pocket. The Committee accordingly recommends the Ministry of Health and Family Welfare to examine in the right earnest and expand the list of beneficiaries under AB-PMJAY so that middle class can also avail free treatment for critical illness such as cancer. This can go a long way in saving the families of cancer patients of middle class from going into penury.

(Para 3.14.9 ibid)

Action Taken:

2.20.2 NHA has informed that assuring accessibility of healthcare services at an affordable rate is at the core of Ayushman Bharat PM-JAY (AB PMJAY). The scheme was launched with a beneficiary base of 10.74 Crores families which has now been expanded to 15.5 Crores families by the 33 States/UTs where the scheme is being implemented.

2.20.3 Further, NHA is working in collaboration with different ministries to expand the coverage under AB PM-JAY ecosystem to eligible population who otherwise do not have access to healthcare protection. Recently, NHA entered into an MoU with the Ministry of Social Justice and Empowerment (MoSJE) to expand healthcare services to transgender population.

2.20.4 NHA is also engaging with the NITI Aayog and different ministries to identify potential missing groups and devise mechanism to extend healthcare protection to them by using different modes of financing. However, these discussions are at preliminary stage only.

2.21 REDUCING THE TRADE MARGIN UNDER TMR FOR ANTI-CANCER MEDICINES

Recommendation:

2.21.1 The Committee expresses its concern over the determination of price of the medicine under Para 19 of DPCO 2013 through Trade Margin Rationalization Approach where NPPA caps the Trade Margin at 30% of MRP of Anti-Cancer Non-scheduled Formulation. It is being pleaded that 30% margin as taken in TMR approach is the margin for both the distributor and the retailer still the 30% Trade Margin under TMR mechanism appears to be mammoth price increasing factor of life saving anti-cancer medicine. The Committee, therefore, persuades the Government to explore the scope for reducing trade margin under TMR mechanism of determining the price of anti-cancer formulation to a rationale level in

order to make cancer treatment more affordable and thus protect the patient from dwindling into financial hardship.

(Para 4.2.17 ibid)

Action Taken:

2.21.2 Dept. of Pharmaceuticals has informed that based on the recommendations of the Expert Committee of MoHFW, 42 Anti-Cancer non-scheduled formulations were selected for Trade Margin Rationalization (TMR). Under the TMR Approach, margins were capped at 30%, vide order dated 27th February, 2019. The Pilot was taken up as Proof of Concept, invoking provision of Para 19 of DPCO, 2013, under extra-ordinary circumstances in public interest.

2.21.3 The move resulted in reduction of MRP of 526 brands of medicines. A reduction of up to 90% of old MRP was reported along with annual saving of approx. ₹ 984 crores to the patients. Considering these aspects, further implementation of TMR on other non- scheduled drugs along with 42 Anti-Cancer Drugs are being deliberated.

2.22 OPENING OF AMRIT OUTLETS IN REMOTE AREAS

Recommendation:

2.22.1 The Committee appreciates the provision of AMRIT Scheme for ensuring affordable lifesaving cancer, cardiac drugs and medical disposables. The Committee hopes that the initiative under AMRIT will offer affordable drugs and medical implants at the ground level and will ease the burden of cancer patient, especially the underserved, in meeting the cost of drugs. The Committee desires that the implementing agency of AMRIT Scheme i.e. HLL Lifecare Limited should genuinely strive to the goal of the scheme in ensuring that no patient is deprived of life saving and other drugs for reasons of unaffordability. The Committee also recommends that HLL should open the AMRIT outlets in remote village areas, urban slums and tribal areas to ensure the achievement of target of the AMRIT Scheme.

(Para 4.2.19 ibid)

Action Taken:

2.22.2 HLL Lifecare Ltd. has informed that AMRIT (Affordable Medicines and Reliable Implants for Treatment) outlets were started with an objective to provide affordable cancer drugs and cardiovascular implants in the hospitals where such treatments are given. HLL can start AMRIT outlets in all government hospitals where such treatments are to be provided if space is allocated for opening AMRIT outlets.

2.23 AVAILIBILITY OF CANCER DRUGS AT JAN AUSHADHI KENDRAS

Recommendation:

2.23.1 The Committee appreciates the efforts of Pharmaceutical and Medical Devices Bureau of India (PMBI) in implementing Pradhan Mantri Jan Aushadhi Pariyojana (PM-BJP) that intends to provide quality generic medicines at affordable costs through 8700 Jan Aushadhi Kendras. The Committee is of the view that PMBI should not only intend to operate Jan Aushadhi Kendras in all the 739 districts of the Country but incorporate into its strategy

to open the Jan Aushadhi Kendras at the Block Level to ensure the accessibility of affordable and accessibility of cancer medicines to the patient at the doorstep. The Committee hopes that the Department of Pharmaceuticals would achieve the target of opening of 9300 Jan Aushadhi Kendras during current financial year. The Committee further recommends the Government to ensure that prescribed quality anti-cancer formulation drugs are available at the Jan Aushadhi Kendras all the time or made available within reasonable time.

***(*Para 4.2.26 ibid)**

Action Taken:

2.23.2 Dept. of Pharmaceuticals has informed that Department of Pharmaceuticals and Pharmaceuticals & Medical Devices Bureau of India (PMBI), the implementing agency of the Scheme are continuously making efforts for expanding the scheme so as to achieve its objectives of providing generic medicines at affordable prices to the people of the country. In order to have better coverage of the Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) in the under-covered areas of the country. Department of Pharmaceuticals and PMBI writes periodically to various authorities of all the State Governments for expediting opening of PMBJKs. Till 15.11.2022, about 8852 PMBJKs have been opened across the country.

2.23.3 PMBI has already invited applications for opening the Jan Aushadhi Kendras at the Block level to ensure wider accessibility of generic medicines including cancer medicines in 406 districts covering 3579 Blocks. The online applications are already at various stages of approvals. These blocks have been identified by mapping the yardstick of one shop for about 1.5 lakh population. The anti-cancer formulations are available at selected stores depending upon location of store and vicinity of the hospitals offering cancer treatment. Based on the requirement of anti-cancer medicines by any Jan Aushadhi Kendra owner, the supply is ensured.

2.24 COOPERATIVE FEDERALISM INSTITUTION ARRANGEMENT OF CANCER TREATMENT

Recommendation:

2.24.1 The Committee is of the view that under cooperative federalism institution arrangement of cancer treatment should be well knitted & integrated with coordinated structure and functional equilibrium were the vision of cancer treatment at affordable cost flow from primary health centre at the block level to the tertiary level of cancer care i.e. a network of basic to complex form/procedure of cancer treatment.

(Para 4.2.27 ibid)

Action Taken:

2.24.2 The observations of the Committee have been noted.

2.25 DECENTRALIZATION OF CANCER CARE FACILITIES

Recommendation:

2.25.1 The Committee understands that Cancer care delivery in developing nations has always posed big questions around accessibility and affordability for most of its population.

Access to the right doctors, facilities, treatment, and medication in a timely manner is limited to a few metro cities and thus, large parts of the country lack access to quality healthcare services. The Committee, therefore, recommends the Government for making policy for decentralization of cancer care facilities and treatment from metro cities to class I and II cities.

(Para 4.4.1 ibid)

Action Taken:

2.25.2 The observations of the Committee have been noted.

2.26 ENCOURAGING INDIGENOUS MANUFACTURER OF RADIO THERAPY MACHINES

Recommendation:

2.26.1 The Committee notes that the Bhabhatron-II TAW Cobalt-60 Teletherapy machine is fully indigenous unit and is highly cost-effective compared to imported versions of Cobalt-60 teletherapy units. The Committee accordingly recommends the Government to encourage such indigenous manufacturing and promote collaborations between apex research bodies and Ministries / Departments in the country.

(Para 4.6.3 ibid)

Action Taken:

2.26.2 DAE has stated that although such equipment will not be able to deliver very complex and advanced treatments, they can serve well with most of the basic treatments in some areas where continuous availability of electricity and technical backup for maintenance may be challenging.

2.27 ENCOURAGING THE INDIGENOUS PHARMACEUTICAL INDUSTRY TO MANUFACTURE COSTLY CANCER DRUGS

Recommendation:

2.27.1 The Committee recommends the Government to provide basic infrastructure to the manufacturers of drugs for manufacturing cancer drugs that are presently being imported at high price, in the country itself under Make-in-India Programme so that the prices can be reduced and made affordable. The Committee also recommends the Government to make an effort to support or incentivize the industry to go for R&D and start manufacturing high-end drugs in our country so that the country can become atmanirbhar or self-reliant. The Committee takes into account that the Department of Pharmaceuticals is supporting the pharmaceutical industry under the PLI Scheme. Under the said scheme the Department of Pharmaceutical gives an incentive of 5% to 10% for various kinds of new drugs to incentivize generic manufacturers to move towards new types of drugs. The Committee, accordingly recommends the Government to encourage the Pharmaceutical industry to manufacture costly cancer drugs, which are being imported right now, at the cheaper price on the line of Bhabha Atomic Research Centre (BARC).

(Para 4.8.3 ibid)

Action Taken:

2.27.2 Department of Pharmaceuticals has informed that in order to make the country self-reliant in APIs and drug intermediates and other costly medicines and to minimize country's dependence on imports, Government has taken specific interventions such as Product Linked Incentive (PLI) scheme for Bulk Drugs, PLI scheme for Pharmaceuticals and Bulk Drugs Park Schemes, besides other schematic and policy interventions.

a. PLI scheme for Bulk Drugs:

The total financial outlay of the scheme is Rs. 6,940 crores and the tenure from FY 2020-21 to 2029-30. 14 projects out of 51 projects approved in three rounds have been commissioned and 4 projects have already started production.

b. PLI scheme for Pharmaceuticals:

The scheme was launched in 2021 with a total financial outlay of Rs. 15,000 crores and tenure from FY 2020-21 to 2028-29. As of today, manufacturing started in 261 out of 309 locations indicated and 31 R&D locations have been committed by the 55 applicants selected under the scheme and FY 22- 23 is the first year of production/performance. The eligible Product Category - 3 also cover the anticancer drugs and two applicant companies under the Scheme has got approval to manufacture specific cancer drugs such as viz. - Ruxolitinib SR and Dasatinib.

c. Bulk Drug Park scheme:

The Bulk Drug Parks to be developed under the scheme will provide common infrastructure facilities in these parks, thereby, creating a robust ecosystem for the Bulk Drug manufacturing in the country and also reducing the manufacturing cost significantly, by providing easy access to standard testing & infrastructure facilities. Under the scheme, after evaluation of the proposals received from 13 States, the Department of Pharmaceuticals has conveyed final approvals to the 3 States viz Himachal Pradesh, Gujarat, and Andhra Pradesh. The financial assistance to the proposed Bulk Drug Park in Gujarat and Andhra Pradesh would be 70% of the project cost of common infrastructure facilities. In case of Himachal Pradesh, being Hilly States, financial assistance would be 90% of the project cost. Maximum assistance under the scheme for one Bulk Drug Park would be limited to Rs. 1000 crores.

2.27.3 These interventions will make the Country self-reliant in APIs, thus, ensuring steady and assured availability of required bulk drugs and formulations including anti-cancer drugs.

2.28 DEVELOPMENT OF BIOMARKERS FOR CANCER SCREENING

Recommendation:

2.28.1 The Committee understands that the scientific advancement and technological development has a direct co-relation with affordability of cancer treatment because affordable cancer treatment requires a multi-modality sort of arrangement involving modern technology like radiation therapy & linear accelerator, radio therapy technique, machines, manpower, surgical oncology, nuclear medicine, medical oncology, preventive oncology and palliative care. The Committee has been given to understand that the Sanjay Singh University has worked on micro-RNA as biomarkers for early detection of cancer; therefore, such

initiative can be undertaken in the Country for the development of biomarkers with clinical trials and development of new tools for cancer screening and early detection of cancer.

(Para 4.12.6 ibid)

Action Taken

2.28.2 ICMR has informed that ICMR supports research in this area and DHR has already established Molecular Diagnostic Labs in various regions of the country.

2.29 PROCUREMENT OF LINAC MACHINE AND PET SCAN FOR GOVERNMENT HOSPITALS

Recommendation:

2.29.1 The Committee recommends the Government to procure and install the latest tools, techniques and equipments such as LINAC machine or PET scan in Government hospitals for cancer treatment at affordable cost because cancer treatment is not possible without PET scan machine as the same is one of the basic investigation needed for cancer treatment especially to diagnose the metastatic cases.

(Para 4.12.7 ibid)

Action Taken:

2.29.2 The recommendation of the Committee is noted.

2.30 EFFECTIVE TRADE MARGIN RATIONALIZATION TO FACILITATE PAP FOR CANCER PATIENTS.

Recommendation:

2.30.1 The Committee further recommends the Government to encourage effective Patient Assistance Program (PAP) to enhance affordability of cancer treatment. Patient Assistance Programs (PAPs) make newer innovative therapies and treatments affordable for patients in India. The Committee feels that since the majority of patients end up paying for their treatments from their pocket, therefore, such PAPs could be of immense financial assistance. The Committee has been given to understand that the NPPA implements TMR for free supply of oncology drugs under Patient Assistance Program (PAP) and government supply at a pre-determined lower price. PAP is usually designed and sponsored by pharmaceutical companies to offer free units of the medicine against a unit purchased for the class of patients who are nonreimbursed or do not have sufficient insurance coverage which results in improved patient access and compliance with treatments. The Committee, therefore, recommends the Government to explore rational modalities for effective Trade Margin Rationalization (TMR) mechanism that can facilitate PAP programs for cancer patients.

(Para 4.13 ibid)

Action Taken:

2.30.2 Dept. of Pharmaceuticals has informed that Patient Assistance Programs (PAPs) are operated by various drug manufacturing and marketing companies in respect of patients not covered by any Government reimbursement program or by their employers.

2.30.3 TMR was implemented on select 42 anticancer non-scheduled drugs wherein the trade margin on these drugs was rationalized at 30%. In order to work out the trade margin,

the sales under PAP and Government supply were included along with other sales. The reasons for such inclusions being the undefined and fluid nature of these programmes, with PAP schemes varying from company to company, period to period with wide variety of offers as reported by OPPI, ratio of PAP Sales to Non-PAP Sales vary from 22% to 156%. These sales are made through NGOs i.e., a third party and also, the process is not too transparent.

2.30.4 Further, the number of patients covered in PAP is not certain i.e., it is not provided to all the consumers and is based on patient preferences, doctor's access and knowledge regarding PAP scheme, company policy / conditions etc.

2.31 INDIA-UK "AFFORDABLE APPROACHES TO CANCER INITIATIVE"

Recommendation:

2.31.1 *The Committee appreciates the efforts of the Department of Biotechnology, ICMR and Tata Memorial Centre in collaborating with international organizations for cancer research and hopes that India-UK "Affordable Approaches to Cancer Initiative" shall bear fruit in the direction of taking cancer diagnosis and treatment to the last person in India.*

(Para 5.9.4 ibid)

Action Taken:

2.31.2 DBT has informed that the Bilateral Program between DBT and Cancer Research UK (CRUK) has now been withdrawn in light of severe financial challenges that CRUK faced as a result of the COVID-19 pandemic.

2.32 COLLABORATION WITH AYUSH FOR CANCER REASERCH

Recommendation:

2.32.1 The Committee feels that as research on India centric cancer centres are receiving a great impetus from the Government of India through the AYUSH Ministry, novel compounds from Ayush products and Ayurvedic formulations, other plant products can be rigorously tested collaboratively between Ayush institutes and other institutes having modern technical know-how and research innovations like ACTREC, IISc, IITs, NIPERs and such other institutes. This can be enhanced further by testing these products/ innovations on cancer patients attending both the AYUSH hospitals and modern allopathic hospitals in the setting of large trials which will be acceptable to people in other parts of the world.

(Para 5.10.9 ibid)

Action Taken:

2.32.2 ICMR has set up a Clinical Trial Network which take up the trials of such products.

2.33 LINKAGES OF CANCER RESEARCH WITH VARIOUS INDUSTRIES

Recommendation:

2.33.1 The Committee further recommends that the government should devise strategies for linkages of cancer research with various industries/companies for funding under Corporate Social Responsibility (CSR).

(Para 5.11.9 ibid)

Action Taken:

2.33.2 ICMR has informed that modalities and processes to devise strategies for linkages of cancer research with Corporate Social Responsibility (CSR) funds are being considered.

2.34 MOU WITH NATIONAL AND INTERNATIONAL ORGANIZATIONS FOR PROMOTION OF ACADEMIC AND RESEARCH ACTIVITIES

Recommendation:

2.34.1 The Committee is given to understand that at present, cancer centers like Tata Memorial Hospital and ACTREC, Mumbai, Dr. B Borooah Cancer Institute, Guwahati and other such centers have MoUs (at the organizational level) with national and international organizations for promotion of academic and research activities. However, the Committee notes that for an all-inclusive platform, the National Cancer Grid shall take a bigger role for creating such a platform for collaborative/exchange program activities.

(Para 5.12.2 ibid)

Action Taken:

2.34.2 DAE has informed that the National Cancer Grid has already created a platform for clinical research and clinical trials over the past six years. The clinical research platform has initiated 12 large long-term studies of national importance including funding them (approx. Rs 30 crores). These are studies that are done in cancers that are either common or unique to India and utilize cost-effective interventions to treat cancer. The NCG has created a Clinical Trials Network (CTN) through a competitive grant from DBT-BIRAC (Rs 16 crores) wherein several NCG centres have collaborated, and collated data on five common cancers. The CTN is also a ready platform for the conduct of multicentric research in cancer and includes infrastructure and capacity building.

2.34.3 To further promote collaborative cancer research in the country, the NCG annually conducts an intensive workshop (the International Cancer Research and Development in Oncology, CReDO) that trains early career researchers on globally accepted standards of clinical cancer research. The CReDO workshop has also trained close to 300 early career researchers from different parts of the country so far.

2.35 IMPLEMENTATION OF SHARED HOSPITAL INCOME (SHI) SCHEME ACROSS THE COUNTRY

Recommendation:

2.35.1 The Committee appreciates the Shared Hospital Income (SHI) scheme of Tata Memorial Centre wherein approximately 12 to 15% of overall hospital income is shared amongst medical staff. The Committee recommends the Ministry to implement similar Scheme across other cancer centres to retain qualified staff.

(Para 5.18.6 ibid)

Action Taken:

2.35.2 The model of Shared Hospital Income (SHI) scheme is approved in CNCI.

2.36 NEED TO INCREASE THE ACADEMIC TRAINING CAPACITY

Recommendation:

2.36.1 The Committee is given to understand that, TMC being the pioneer institute in cancer treatment, research and training, at present trains 60% of the country"s workforce in cancer diagnostics and treatment and most of the researches in the field of oncology have also come from the TMC. The Committee observes that the number of oncologists, super specialists and nursing staff being trained at present is not enough to cater to the present need. The Committee further feels that with the plan of the government to spread the Hub & Spoke model in the aegis of TMC & NCG, the country would require a multiple number of oncologists as well as cancer caregivers in the next five years. The Committee is of the considered view that there is an imminent need to increase the academic training capacity to cope with the present and future requirements of oncologists as well as the caregivers.

(Para 5.18.10 ibid)

Action Taken:

2.36.2 DAE has informed that the National Medical Commission already has increased the number of students that oncology faculty can take compared to other specialties. Additional centres initiating these courses may be further enhanced if all the TMC centres come under the Homi Bhabha National Institute (HBNI), and the HBNI is made an Institute of National Importance (INI). A Cabinet Note in this respect is already submitted for approval.

2.37 PALLIATIVE CANCER CARE

Recommendation:

2.37.1 The Committee is given to understand that the Government of Kerala has integrated palliative care with healthcare policy at all levels in a three-tier system. Local governments and over 350 non-government and community-based organizations are now providing Palliative Care services, largely home-based. The Committee observes that the Kerala Model places a strong emphasis on community participation and volunteerism integrated with Primary Health Care system especially through dedicated nurses under the overall leadership of local governments.

(Para 7.4.6 ibid)

Action Taken:

2.37.2 The observations of the Committee have been noted.

2.38 INTEGRATION OF PALLIATIVE CARE WITH THE HEALTHCARE POLICY

Recommendation:

2.38.1 The Committee is of the opinion that along with an institutional hospital-based approach led by health professionals, the Ministry must also explore the possibility of adopting community-based care at macro level in the country. The Committee, accordingly, recommends the Ministry to integrate palliative care with the healthcare policy at all levels and make active use of the community-based resources. The Committee recommends the

Ministry to increase community engagements and participation from civil society. The Committee may also explore the involvement of Private Sector in starting independent Palliative care institutions in different communities. There is a need to develop a mechanism wherein the trained professional can identify patients' needs and provide home care at all levels.

(Para 7.4.8 ibid)

Action Taken:

2.38.2 The NPPC launched in 2013-14 has the goal of availability and accessibility of rational quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

Objectives:

a) Improve the capacity to provide palliative care service delivery within government health programs such as the National Program for Prevention and Control of Cancer. Cardiovascular Disease, Diabetes, and Stroke, National Program for Health Care of the Elderly, the National AIDS Control Program, and the National Rural Health Mission.

b) Refine the legal and regulatory systems and support implementation to ensure access and availability of Opioids for medical and scientific use while maintaining measure for preventing diversion and misuse.

c) Encourage attitudinal shifts amongst healthcare professionals by strengthening and incorporating principles of long-term care and palliative care into the educational curricula (of medical, nursing, pharmacy and social work courses).

d) Promote behavior change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.

e) Develop national standards for palliative care services and continuously evolve the design and implementation of the National program to ensure progress towards the vision of the program.

2.38.3 Home based care is being delivered by most states to bedridden elderly and patients needing end of life care. Under the AB-HWC, palliative care is included as extended package of services. The identification, management of simple conditions like wounds, osteotomies etc., medicines, supplies as a palliative care kit are provisioned. Community Health Officer, Multi-Purpose Worker & ASHA and involvement of community has been mandated to provide services to both patients and the family members.

2.39 AVAILABILITY OF CANCER PAIN CONTROLLING MEDICINES

Recommendation:

2.39.1 The Committee further finds that pain relieving drugs form important part of the Palliative care. The Committee notes that the Indian Government has recently allowed private companies in the strictly regulated sector of processing opium which is used to make medicines for relieving cancer pain. The Committee reckons that there are risks associated

with opium addiction and its illicit trade, however, the Committee believes that making such drugs available in Cancer Centers for pain control is crucial for providing better Palliative Care. The Committee, therefore, recommends the Ministry to ensure that effective measures are taken to ensure that cancer pain controlling medication is easily available at Palliative Care Units and Cancer Centres.

(Para 7.4.9 ibid)

Action Taken:

2.39.2 One of the objectives of NPPC is to refine the legal and regulatory systems and support implementation to ensure access and availability of Opioids for medical and scientific use while maintaining measure for preventing diversion and misuse.

2.40 INCLUSION OF PALLIATIVE CARE IN THE CONTINUUM OF CARE

Recommendation:

2.40.1 National health systems are responsible for including palliative care in the continuum of care for people with chronic and life-threatening conditions and linking it to prevention, early detection and treatment programmes. Hence there is a need for developing health system policies that integrate palliative care services into the structure and financing of national health-care systems at all levels of care. Policies are required for strengthening and expanding human resources, including training of existing health professionals, as well as educating volunteers and care takers. A medicine policy which ensures the availability of essential medicines for managing symptoms, in particular opioid analgesics for the relief of pain and respiratory distress is required.

(Para 7.4.10 ibid)

Action Taken:

2.40.2 Palliative care is already included in the continuum of care through provision of services for chronic malignant and non malignant diseases patients. Additionally, it is already a part of the extended package of services under the Ayushman Bharat-Health & Wellness Centres.

2.40.3 Modular Trainings have been made available for existing Medical Officer, Staff Nurse, Community Health Officers and ASHA. State level trainings is conducted to prepare master trainers followed by district level and below trainings have also been conducted by few states.

2.45 PALLIATIVE MEDICINE DEPARTMENT IN EACH MEDICAL COLLEGE

Recommendation:

2.45.1 The Committee is agreement with the views of the National Cancer Institute, Jhajjar on the Palliative Medicine front, which has been designated as the WHO centre for next five years. The Committee recommends that the policy of the Government should be that each medical college should have a Palliative Medicine Department and the availability of Morphine and technical expertise to prescribe Morphine must also be present throughout the country.

(Para 7.4.11 ibid)

Action Taken:

2.45.2 As per amendment of the Narcotic Drugs and Psychotropic Substances Act, most District Hospitals have been already designated as Recognised Medical Institute (RMI). Medical officers are being trained by the states for morphine and other [Essential Narcotic Drugs (END's)] procurement, storage, prescription and dispensation.

2.45.3 National Medical Commission has informed that setting up of Palliative Medicine Department in each Medical College would depend on the availability of infrastructure and the faculty.

CHAPTER-III

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE MINISTRY HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

3.1 POPULATION BASED CANCER REGISTRIES IN RURAL AREAS

Recommendation:

3.1.1 The Committee is constrained to express its deep displeasure over the fact that the National Cancer Registry Programme (NCRP) is working since 1982 through Population Based Cancer Registry (PBCR) and Hospital Based Cancer Registry (HBCR) but only 10% of Indian Population is covered under PBCRs. The Committee strongly believes that there is an urgent need to have more rural based PBCRs to get realistic information about the incidence and type of cancers across the country. The Committee recommends National Centre for Disease Informatics and Research (ICMR-NCDIR) to take requisite action to set up population-based cancer registry in rural areas in the States viz. Uttar Pradesh, Madhya Pradesh. Andhra Pradesh, Rajasthan, Telangana, Orissa to ensure coverage of population by registry in these States. Such requisite action is all the more necessary to collect data & information not only for policy making on cancer treatment but also for uniform distribution of cancer care.

(Para 1.5.2 of 139th Report)

3.1.2 The Committee notes that Population Based Cancer Registries (PBCRs) are a critical component for cancer control strategy that facilities accurate information on cancer burden. Realizing that PBCRs help in better planning and formulation of National Cancer Control Programmes, the Committee notes that many areas remain under-represented in the Ministry to take measures to expand the scope of PBCR and ensure conducting more rural based PBCRs to get accurate information about the incidence and types of cancer across the country.

(Para 1.5.4 ibid)

Action Taken:

3.1.3 Comments of Department of Health Research (DHR) were sought. DHR has stated that at present the Population Based Cancer Registries (PBCRs) cover 16% of the Indian population. Indian Council of Medical Research - National Centre for Disease Informatics and Research (ICMR-NCDIR) has signed an MoU this year, with the State govt of Rajasthan for setting up of a cancer atlas for a three-year period. The states of Andhra Pradesh, Odisha and Uttarakhand have expressed an interest to initiate cancer atlases in their respective states with technical support from ICMR-NCDIR. A communication has been shared with Ministry of Health & Family Welfare regarding permission for States/ UTs to use the required budget from NHM to initiate registry activities in the state. This will facilitate States/UTs to set up their registries. ICMR-NCDIR has 02 purely rural registries (Barshi, Nagpur-rural) & 23

PBCRs which cover both rural & urban areas. ICMR-NCDIR is working on setting up more PBCRs as per need.

Further Recommendation

3.1.4 The Committee strongly feels that for better policy formulation on cancer treatment and uniform distribution of cancer care there is an urgent need to have realistic information about the incidence and type of cancers across the country. The Committee reiterates that the Ministry should take appropriate steps to persuade all the State Governments to participate in cancer atlas so that 100% of Indian population is covered under PBCRs which will help in data driven evidence based policy formulation.

3.2.1 INTEGRATION OF THE REAL-TIME HEALTH RECORDS ON A DIGITAL PLATFORM

Recommendation:

3.2.2 The Committee recommends the Ministry to ensure that with the expansion of PBCRs, all the regions are adequately represented, and an unbiased cancer registry is created. The Committee also recommends for integration of the real-time health records on a digital platform like a central registry system so that the data can be accessed across the country and there is no duplication. Such integration is crucial for better understanding of the cancer burden in the country.

(Para 1.5.5 ibid)

Action Taken:

3.2.3 Department of Health Research (DHR) has stated that the work related to need based expansion of cancer registries is underway. Real time linking of data will require cooperation and collaboration with the relevant stakeholders and needs coordination from Ministry of Health & Family Welfare.

Further Recommendation:

3.2.4 The Committee suggests that PBCRs could be linked to Ayushman Bharat Digital Mission to record data of cancer patients to get real time data on cancer related illness.

3.3 POLICY TO CONTROL CONSUMPTION OF TOBACCO AND ALCOHOL

Recommendation:

3.3.1 The Committee is of the firm view that there is an urgent need to disincentives the consumption of tobacco and alcohol in the country. The Committee accordingly recommends the Government to formulate effective policies on alcohol and tobacco control. The Committee also notes that India has one of the lowest prices for tobacco products and there is a need to increase taxes on tobacco products. The Committee accordingly recommends the Government to raise taxes on tobacco and utilize the additional revenue gained for cancer prevention and awareness.

(Para 1.6.4 ibid)

Action Taken:

3.3.2 The comments of Tobacco Division of the Ministry were sought. Tobacco Division has stated that the World Health Organization Framework Convention of Tobacco Control (WHO-FCTC), to which India is a party, mandates (Article 6 of WHO-FCTC) encourages the Parties for implementing tax policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption. Though taxation is the mandate of Ministry of Finance, this Ministry vide letter dated 6th January, 2021 had communicated a proposal to the Department of Revenue for increasing taxes on tobacco products.

3.3.3 The NITI Aayog has also submitted a desk review study on "Tobacco Taxation in India" that recommends that all Tobacco products should be taxed at the highest GST bracket of 28%. In order to align with the recommended price structure of the World Health 0rganization, the cess and other duties should be adjusted to ensure that taxes, along with cess and duty, comprise at least 75% of the retail price of all tobacco products.

3.3.4 A D.O. Letter from Secretary, DoHFW has been communicated to Secretary (Revenue) for necessary action on the Desk Review study.

Further Recommendation:

3.3.5 The Committee feels that raising taxes on tobacco products will increase their market price which would make tobacco products less affordable and its consumptions would certainly decrease, resultantly, risk of tobacco-related diseases including cancer, especially in low-income groups people will also decrease. Accordingly, Committee recommends the Ministry to pursue with Department of Revenue to expedite the decision on raising taxes on tobacco products.

3.4 ROBUST SCREENING MECHANISM FOR CANCER

Recommendation:

3.4.1 The Committee finds that the most common cancers like the oral cancer, breast and cervix cancer in women can be prevented and can be handled in a better way if they are detected early. However, lack of awareness, and poor screening facilities delay the diagnosis, and the cancer is detected at a fairly advances stage. The Committee accordingly recommends setting up a robust screening mechanism at each level so that with early detection the cancer is cured completely.

(Para 1.6.7 ibid)

Action Taken:

3.4.2 The population-based screening is done for three common cancers (oral cancer, breast cancer and cervical cancer) for 30 years and above individual. It is now strengthened under Ayushman Bharat Health and Wellness Centre.

Further Recommendation:

3.4.3 The Committee suggests taking up the issue at 'Jan Andolan Pace', a mass-movement fights against Cancer by timely screening. A day in a month may be fixed for cancer screening on the lines of Reproductive and Child Health (RCH).

3.5 LESS MEDICALLY CERTIFIED DEATHS

Recommendation:

3.4.1 The Committee also notes that as per the Report on Medical Certification of Cause of Death 2020, medically certified deaths account for 22.5 per cent of total registered deaths at National level (including figures of 34 States/UTs). The Committee notes that lack of a well-defined system to log the cancer deaths poses a big hurdle in the collection of accurate cancer mortality data. The Committee emphasizes that incomplete and inaccurate account of death may further lead to a poor database on the mortality data of different types of cancer. The Committee, therefore, recommends that there is an urgent need to develop a better system of reporting the causes of death so that cancer mortality can be projected in a better manner.

(Para 1.8.2 ibid)

Action Taken:

3.5.2 The comments of DHR were sought. The DHR has informed that NCDIR has developed software for electronic data capture and causes of death which is already adopted by state of Tamil Nadu. Adoption by other states would strengthen mortality data.

Further Recommendation:

3.5.3 The Committee insists on adopting a better system of reporting the causes of death. The software adopted by State Tamil Nadu may be studied adopted with required custamisation by other States also.

3.6 TARGETED PLAN FOR TACKLING CANCER

Recommendation:

3.6.1 The Committee observes that the merger of National Cancer Control Programme (NCCP) into the NPCDCS has reduced the focus and proper handling of cancer screening. The Committee notes that India lacks a robust policy on cancer control in India and there is an urgent need to strengthen the screening and early detection & diagnosis infrastructure in the country. The Committee, therefore, is of the opinion that cancer must be dealt with separately and must not be grouped under other lifestyle diseases. The Committee accordingly recommends the Ministry to devise a targeted plan for tackling cancer before it blows out of proportion and consume a major part of human and financial resources of the country.

(Para 3.3.6 ibid)

Action Taken:

3.6.2 The Central Government implements Strengthening of Tertiary Cancer Care Centres Facilities Scheme under NPCDCS in order to enhance the facilities for tertiary care of cancer. 19 State Cancer Institutes (SCIs) and 20 Tertiary Care Cancer Centres (TCCCs) have been approved under the said scheme. So far, fifteen of these SCIs/TCCCs are functional.

3.6.3 The maximum permissible assistance for SCI is Rs. 120 crores and for TCCC Rs. 45 crores. This is inclusive of State share of 40% (for North East and Hill States 10%). Up to a maximum of 30% of the sanctioned amount will be permitted to be used for civil/electrical work (including renovation), and improvement of infrastructure.

Further Recommendation:

3.6.4 The Committee appreciates the Government's impetus on institutional framework for cancer care and management and financial support for combating the cancer disease, however, it opines that cancer must be dealt separately instead of being a part of other life style and non-communicable diseases. Accordingly, the Committee recommends de-merger of NCCP from NPCDS to have better focus on screening, early diagnosis and management of cancer.

3.7 NCD CLINICS FOR CANCER SCREENING

Recommendation:

3.7.1 The Committee is disappointed to note that only 1.2% of the population is covered in population-based cancer screening programme. The Committee notes that the Non-Communicable Disease Cells could have been optimally utilized for screening of cancer patients, however, the NCDs have failed to emerge as centers of first line screening for cancer patients. The Committee strongly feels that early diagnosis of cancer is the best chance for successful treatment. With delay in detection of cancer, the cost of treatment and care also increases as associated risks become graver. The Committee recommends the Ministry to ensure that the NCD Clinics are made fully functional and robust screening of common cancer is done in the clinics. The Committee also recommends the Ministry to provide adequate training to the health care professionals at the NCD Clinics/ Primary Health Centre/ Community Health Centre for the screening of common Cancer.

(Para 3.4.2 ibid)

Action Taken:

3.7.2 Under NPCDCS, 707 District NCD Clinics, 5541 CHC NCD Clinics and 268 Day Care Centres have been setup.

3.7.3 Under AB-HWC, 30,580 Medical Officers, 88,149 CHOs, 29,769 Staff Nurses, 2,36,147 MPWs and 7,58,997 ASHAs has be trained for NCDs till date.

Further Recommendation:

3.7.4 The Committee recommends that in all the left over districts NCD Clinics may be set up at the earliest and more health care professionals may be trained for screening of common cancer.

3.8 MONITORING OF SCIs AND TCCCs

Recommendation:

3.8.1 The Committee notes that the Cabinet Committee on Economic Affairs (CCEA) had approved the Scheme of "Strengthening of Tertiary Care Cancer Facilities" in 2013 which

was aimed to enhance the tertiary care facilities in the country. The Committee however, notes that the completion of all the 19 SCIs and 20 TCCCs has been considerably delayed and is expected to be completed by 31.03.2024. The Committee further notes that the States are the main implementing agencies under the Scheme and both the States and the Centre contribute to the Scheme. The Committee is of the view that the States and the Centre shall work in tandem to complete all the SCIs and TCCCs within the revised schedule. The Committee accordingly recommends the Ministry to hold regular review meetings with the States and ensure the successful completion of all the 19 State Cancer Iinstitute (SCI) and 20 Tertiary Cancer Care Centre (TCCC).

(Para 3.5.4 ibid)

Action Taken:

3.8.2 Regular Review meetings have been organized by MoHFW with Senior Officials of States/UTs Govt. and Deans/Directors/Joint Directors of the SCI/TCCC of States/UTs. Last meeting was held on 9th November 2022.

Further Recommendation:

3.8.3 The Committee reiterates that all efforts may be made by the Centre and States in tandem to complete all the 19 SCIs and 20 TCCCs within the revised schedule i.e. by as been by 31.03.2024. The Ministry may hold Regular Work Monitoring Meetings with the States for timely completion.

3.9 CANCER TREATMENT FACILITIES IN ALL HEALTH INSTITUTIONS

Recommendation:

3.9.1 The Committee observes that among the 22 new AIIMS, presently cancer treatment facility is available only in 6 AIIMS i.e. Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh. The Committee further finds that Cancer treatment facilities have also been created/ planned in 13 State Government Medical Colleges which have been taken up for up-gradation under PMSSY. The Committee notes that the main objective of PMSSY was to correct regional imbalances in the availability of affordable/reliable tertiary healthcare services. With an increase in cancer incidences across the country, it is all the more necessary to strengthen the tertiary healthcare services especially the cancer treatment facilities in the hospitals/Institutes. The Committee accordingly recommends the Ministry to take measures to expedite the setting up of cancer treatment facilities in AIIMS like Institutions and Government Medical Colleges under PMSSY. The Committee strongly recommends the Ministry to ensure that the required manpower is available in these Institutes and all the Departments of Oncology are made functional within a stipulated time frame.

(Para 3.6.3 ibid)

Action Taken:

3.9.2 A letter has been sent to National Medical Commission with request to make compulsory oncology department for every medical college in the country in order to increase the manpower like there is an Emergency Medicine Department in each medical college.

Further Recommendation:

3.9.3 The Committee recommends to follow up the progress of opening Oncology Department in every AIIMS like Institutes and Government Medical Colleges and fix a timeline in this regard.

3.10 HUB AND SPOKE MODEL FOR CANCER CARE

Recommendation:

3.10.1 The Committee notes that cancer cases in India are diagnosed at a later stage which is a major cause of high mortality to incidence ratio and increase in cancer care expenditure. The Committee believes that a strong network of cancer care centres across the country would facilitate early diagnosis of cancer cases and greatly reduce the burden of cancer cases in India. The Hub and Spoke Model is an efficient distribution model of providing comprehensive cancer care by creation of hubs and spokes in all the States of the country. The Committee notes that TMC has worked in close contact with the State Governments to create hubs and spokes in States. The Committee believes that such collaborations will enable in further strengthening the cancer care infrastructure along with knowledge, skill and resource sharing. The Committee appreciates the work done by TMC and DAE and advocates the need for establishing government funded hub and spoke model of cancer care across States. The Committee further believes that ensuring adequate human resource in Cancer centers under the hub and spoke model is also crucial for complete operationalization of the Centers.

(Para 3.8.5 ibid)

Action Taken:

3.10.2 Assam Cancer Care Foundation, a joint venture of Government of Assam and Tata Trusts, is executing a project called Distributed Cancer Care Model to build affordable cancer care network with 17 cancer care hospitals spread across the State.

3.10.3 Recently a gap analysis was done by this ministry regarding the infrastructure for cancer treatment in the country. It is seen that in many of the States/UTs the cancer care facilities leave much to be desired. A letter has been sent to all States/UTs on the Assam Cancer Care Model of the State Government of Assam and asked the States/UTs to implement as per their State specific adaptation.

3.10.4 Tata Memorial Centre (TMC) has informed that a typical Hub is a tertiary care facility that has 250 beds and takes care of all specialties catering to a population of 10 Crores. The approximate cost of setting up such a facility is 698 Crores and it takes around 3-5 years to commission the facility fully. A typical Spoke is a 100-bedded facility that takes care of nearly two thirds of the cancer care spectrum. The approximate cost of setting up a spoke is approximately 382 Crores and it can be commissioned in 3-5 years. The “hub” hosts state of art facility for Surgery, Chemotherapy, Radiotherapy, Nuclear Medicine, Laboratory Services, Transfusion Medicine, Preventive Oncology and Palliative Care. The Spoke hosts all such facilities at lower scale based on the cancer estimates in the drainage population and caters to five crores population.

Further Recommendation:

3.10.5 The Committee believes that adequate human resource in Cancer Centers is crucial for complete operationalization of the Cancers Centers. The Ministry have acknowledged that in many of the States/UTs the cancer care facilities are inadequate. Accordingly, the Committee again recommends that the matter may be taken up with all the States for implementation of Assam Cancer Care Model/TMC Models as per their state specific adaptation.

3.11 SUBSIDIZED ACCOMODATION FOR PATIENTS AND THEIR REALTIVES NEAR CANCER CENTERS

Recommendation:

3.11.1 The Committee also notes that the most common form of treatment is radiotherapy and patients continue to attend hospitals for many days. The Government must ensure that guest houses are established near the Cancer Centers where the patients can stay at subsidized costs. Making adequate arrangements for patients stay will further reduce the cost of cancer treatment. The Committee, accordingly, recommends the Ministry to make facilities for subsidized or free accommodation in each of the hubs and spokes. This will ensure that the out-station patients can complete the treatment without being forced to spend on accommodation in hotels or hostels in the city.

(Para 3.8.8 ibid)

Action Taken:

3.11.2 Chittaranjan National Cancer Institute, Kolkata and National Cancer Institute, Jhajjar have accommodation facilities for the patient's relatives.

Further Recommendation:

3.11.3 The Committee recommends that State Governments may be persuaded to establish subsidized or free accommodation for patients and their relatives near cancer hospitals.

3.12 PROVISION FOR DIAGNOSTIC TESTS UNDER PMJAY

Recommendation:

3.12.1 The Committee finds that AB-PMJAY is the flagship scheme of the Government that aims to provide comprehensive healthcare services to the beneficiaries, nevertheless, lack of awareness and poor screening services have been major challenges in providing cancer care under the Scheme. The Committee observes that PMJAY provides support for medical treatment for underprivileged families, however, the Committee believes that the Scheme should be extended to include diagnostic tests and other services. The Committee notes that initial investigations can be very expensive and is often the reason that leads to delay in treatment. The Committee, accordingly, recommends the Ministry to include various types of necessary diagnostic tests under the Scheme so that timely detection of cancer can improve the cancer mortality rate.

(Para 3.9.11 ibid)

Action Taken:

3.12.2 NHA has informed that the Governing Board of the National Health Authority has approved the inclusion of diagnostic tests which are useful for staging and treatment planning in the confirmed cases of cancer. The diagnostic packages introduced are with respect to Breast, Cervical and Oral cancers. This will help beneficiaries in reducing out-of-pocket expenditure.

3.12.3 Further, it is important to note that NHA has introduced e-RUPI, a cashless and contactless instrument that will be used for making digital payments for diagnostics services.

Further Recommendation

3.12.4 The Committee appreciates that in compliance with the Committee's recommendations NHA has approved inclusion of diagnostic tests under AB-PMJAY with respect to Breast, Cervical and Oral Cancer. However, the Committee recommends that NHA should consider including all type of cancer diagnostic tests under AB-PMJAY.

3.13 CLINICAL RESEARCH AT CNCI

Recommendation:

3.13.1 The Committee further notes that CNCI is one of the 25 Regional Cancer Centres in India and was envisaged as a cutting-edge cancer research centre, however, the Institute must take effective steps to expand its activities in basic and clinical research so as to draw conclusion out of translational cancer research.

(Para 3.10.5 ibid)

Action Taken:

3.13.2 CNCI has informed that presently, 17 scientists of CNCI are working on 52 Extramural projects funded by different agencies. However, to enhance research facilities, the procurement of advanced research equipment is needed. CNCI has procured 50% of the total research equipment in last three years only and more research equipment are planned to be procured at the earliest.

Further Recommendation:

3.13.3 The Committee recommends the Ministry to make adequate financial provision for CNCI to procure requisite research equipments at accelerated pace.

3.14 TELEMEDICINE SERVICE

Recommendation:

3.14.1 The Committee further recommends the Ministry to incorporate telemedicine services from the Primary Health Centers to the District / Sub-Divisional Hospitals to the referral hospitals. The Committee is of the opinion that proper linkages between the PHCs and Cancer Care Centres is missing. As a result, many of the referred people skip receiving

treatment. The Committee, therefore, recommends the Ministry to strengthen the existing referral mechanism which will not only ensure a robust treatment plan but also facilitate better documentation of cancer related data.

(Para 3.10.7 ibid)

Action Taken:

3.14.2 National Tele consultation Service of Ministry of Health and Family Welfare i.e., e-Sanjeevani is first of its kind online OPD service offered by the government to its citizens. National Tele consultation Service aims to provide healthcare services to patients in their homes. eSanjeevani has two variants.

i. e-Sanjeevani Ayushman Bharat-Health and Wellness Centre (AB-HWC): A Doctor-to-Doctor telemedicine service in a Hub & Spoke Model under Ayushman Bharat-Health and Wellness Centres scheme of the Government of India, to provide general and specialised health services in rural areas and isolated communities.
ii. e-Sanjeevani OPD: This is a patient-to-doctor telemedicine service to enable people to get outpatient services in the confines of their homes.

3.14.3 Both variants of e-Sanjeevani are utilised for NCD related services by beneficiaries and further it can be expanded to the whole of the country.

Further Recommendation:

3.14.4 The Committee has noted that Ministry has established e-Sanjivini Ayushman Bharat- Health Wellness Centre (AB-HWC), where doctor to doctor telemedicine service in a Hub and Spoke model. The Committee further recommends that this model may be strengthen so that experts opinion may be provided to the cancer patients in isolated and backward areas.

3.15 TRANSFER OF FACILITIES TO NCI-JHAJJAR

Recommendation:

3.15.1 The Committee takes into consideration the submission of the Ministry that there is adequate space & infrastructure available at NCI-Jhajjar and majority of cancer services currently offered at AIIMS, New Delhi can be shifted to NCI-Jhajjar. The Committee, accordingly, recommends the Ministry of Health and Family Welfare to explore transferring certain facilities at NCI so that the waiting list at AIIMS Delhi is reduced.

(Para 3.12.11 ibid)

Action Taken:

3.15.2 AIIMS New Delhi has informed that faculty and residents from various departments at AIIMS, New Delhi are regularly going to NCI and providing services to reduce waiting lists for various procedures and ensure smooth functioning of all services.

Further Recommendation:

3.15.3 The Committee feels that since NCI-Jhaijar has adequate space and infrastructure available, therefore, the majority of cancer services currently at AIIMS, New Delhi, may be shifted to NCI. The Committee also feels that measures so taken would reduce inconvenience to patients seeking cancer treatment at NCI-Jhajjar and also save the travelling time of faculties and residents from AIIMS, New Delhi and NCI-Jhajiar.

3.16 UPGRADATION OF FACILITIES AT RIMS, MANIPUR

Recommendation:

3.16.1 The Committee notes that Manipur has one of the highest incidences of cancer in the North-Eastern area. M.D. in radiation oncology was started in 2001 in RIMS Manipur and the Institute was upgraded to Regional Cancer Centre in 2006. The Institute was envisaged as a specialized cancer centre, however, the Committee observes that RIMS has very limited facility in terms of infrastructure and trained manpower. Cancer Patients from the North-Eastern Region have to go to other parts of the country for cancer treatment.

(Para 3.13.6 ibid)

3.16.2 The Committee notes that irrespective of Regional Institute of Medical Sciences (RIMS), Manipur serving as a Regional Institute of Medical Cancer Center (RCC), Departments of Surgical Oncology, Medical Oncology and Nuclear Medicine are nonfunctional in RIMS. The Committee also observes that RIMS had applied for up gradation to Tertiary Cancer Care Centre in 2014 and the approval has not yet been received. The Committee is appalled to note that the Institute does not even have the facilities of Positron Emission Tomography (PET) scan. The Committee strongly recommends the Ministry to ensure that the Institute starts functioning as a Tertiary Cancer Care Centre and various Departments of Oncology are made functional in the Institute along with the desired number of human resources.

(Para 3.13.7 ibid)

3.16.3 The Committee believes that for strengthening of Institutional arrangement, the key concern areas as highlighted by RIMS must be adequately addressed. The Committee in its 126th Report had also examined the status of vacancies in RIMS and noted that the patient load has increased many fold in the last 20 years. However, the sanctioned strength of faculty has remained the same. The Committee reiterates that the Ministry must take concrete steps for creation of new Posts and expedite the recruitment process to fill up the vacant posts.

(Para 3.13.8 ibid)

Action Taken:

3.16.4 RIMS, Imphal has informed that cancer treatment facility viz. Radiation Therapy (Conventional/2D Telecobalt), Chemotherapy and Palliative Clinic are available. Further, development of Departments of Surgical Oncology, Medical Oncology and Nuclear Medicine at RIMS, Imphal and facilities of PET scan is being processed.

3.16.5 As regards cancer treatment equipment in RIMS, Imphal, it is informed that a Cobalt Teletherapy (780C) and Conventional Radiotherapy Simulator (2D) are functional. Upgardated Equinox-100 Cobalt Teletherapy and HDR Brachytherapy are installed and in the process of commissioning. LA (Linear Accelerator), CT Stimulator and HDR with Cobalt Source are being processed for procurement.

3.16.6 The Department of Radiation Oncology of RIMS itself is imparting PG (MD) course in Radiation Oncology as the first Department in North-East since 2001. Number of PG intake is 4 students per year – 50% students from North-East States, another 50% come from All India Quota (from the rest of the country). For academic purposes, so far more than 56 Doctors had been awarded MD (Radiation Oncology) from many states of the country.

3.16.7 Filling up of the other vacant posts is under process.

Further Recommendation:

3.16.8 The Committee is of the considered view that RIIMS, Manipur must start functioning as a Tertiary Cancer Care Centre so that cancer patients from NER need not visit cancer speciality hospitals located in other parts of the country for their treatment. The Committee recommends that Government should ensure that at RIMS basic facilities and infrastructure, including adequate manpower and services are available at the Institute itself *viz.* PET, LA (Linear Accelerator), CT Stimulator and HDR with Cobalt Sources, besides filling up of vacant posts without further delay.

3.17 GROUP NEGOTIATION FOR CANCER DRUGS

Recommendation:

3.17.1 The Committee takes into account that anti-cancer drugs as well as equipment are very expensive, and the Cancer Centers would find it difficult to negotiate competitive prices with equipment manufacturers and the pharmaceutical industry. The Committee has also been informed that the exploiting the volumes of individual cancer centres, the NCG has negotiated with pharmaceutical companies for high value cancer drugs. By aggregating the demand from many centres, the NCG worked on a solution wherein "price discovery" of commonly used, high-value items are negotiated with industry, thereby passing on the benefits to member centres and onwards to patients. Using transparent policies for tendering and a web-enabled e-tendering platform, this initiative has brought down current costs of cancer care significantly (average of 55% discount on MRP) while maintaining the quality of drugs.

(Para 3.14.4 ibid)

3.17.2 The Committee believes that Group negotiation for cancer drugs would facilitate better price for the anti-cancer drugs by increasing the bargaining power. The Committee accordingly recommends the Government to take measures to encourage such group negotiation for cancer drugs through a transparent central tendering platform. The Committee notes that such group negotiations by TMC have led to a 20 to 80 % discount on cancer drugs. The Committee further recommends the Government to extend such price negotiation to equipment & consumables also.

(Para 3.14.5 ibid)

Action Taken:

3.17.3 National Pharmaceutical Pricing Authority (NPPA) fixes the ceiling price of scheduled medicines specified in the first schedule of the Drugs (Prices Control) Order, 2013 [DPCO] in accordance with the provision of DPCO. All manufacturers of scheduled medicines (branded or generic) have to sell their products within the ceiling price [plus applicable Goods and Service Tax (GST)] fixed by the NPPA. A manufacturer is at liberty to fix the Maximum Retail Price (MRP) of a non-scheduled formulation branded or generic launched by it. However, as per the DPCO, the manufacturers of non-scheduled formulations are not allowed to increase the MRP of such formulations by more than 10% per annum.

3.11.4 The NPPA has fixed the ceiling prices of 86 anti-cancer scheduled formulations under the National List of Essential Medicines, 2015 (NLEM, 2015) for making these medicine affordable for patients. It, vide order S.O. 1041[E] dated 27th February 2019, has put a cap on Trade Margin of 42 selected non-scheduled anti-cancer medicines on pilot basis under 'Trade Margin Rationalization' approach. Under this approach, the Maximum Retail Price [MRP] of 526 brands of anti-cancer medicines have been reduced by upto 90%.

Further Recommendation:

3.17.5 The Committee recommends that the Ministry concerned should instruct the NCG to explore Group Negotiation of commonly used high value cancer drugs with pharmaceutical industry through a transparent central tendering platform to have substantial discount on cancer drugs and thereby passing the benefits to Group Members for onward transmission to the patients. The Committee again recommends the Government to extend such price negotiation to equipment & consumables also.

3.18 INSTITUTIONAL FRAMEWORK FOR CANCER CARE AND MANAGEMENT

Recommendation:

3.18.1 The Committee is of the opinion that Public Health Programmes aimed at Cancer Control are crucial for improving the cancer burden in the country. A National Cancer Control Plan that is aimed at adopting evidence-based strategies for cancer prevention, early diagnosis, treatment and palliative care and implementing the National Cancer Policy across the States forms the keystone in developing the desired Institutional Framework for Cancer Care and Management.

(Para 3.15.2 ibid)

Action Taken:

3.18.2 National Workshop on "Roadmap for Cancer Treatment" was conducted on these aspects on 23rd August 2022.

Further Recommendation:

3.18.3 The Committee recommends the Ministry to chalk out a National Cancer Control Plan having detailed evidence-based strategies for cancer prevention, early detection and treatment besides Institutional Framework for Cancer Care and Management, etc.

3.19 REDUCTION IN RETAILERS'MARGIN FOR LIFE SAVING MEDICINES

Recommendation:

3.19.1 The Committee observes that 16% margin for retailers in determining prices of the medicine under National List of Essential Medicines (NLEM) are too high as the same must have bearing on the price of the lifesaving medicines. The Committee is not in agreement with the argument of the Secretary, the Department of Pharmaceuticals that since a margin of 10 to 15% is provided in Government contracts or other line of business, therefore, 16% retailers' margin stands rationale. The analogy between the retailers 16% margin and the profit margin of 10 to 15% margin in Government contracts or other line of business is absolute and out of context as the Government while providing healthcare services to the cancer patient should not be guided by the profit motive as in the case of the other business line. Being a welfare state, the Committee urges upon the Government to rationalize the retailers 16% margin in the interest of the patients who are struggling for their life. In case it is not possible to reduce retailers margin Government can subsidy to retailers or consumers.

(Para 4.2.10 ibid)

Action Taken:

3.19.2 Deptt of Pharmaceuticals have informed that the mandate of National Pharmaceuticals Pricing Authority (NPPA), an associated office of Department of Pharmaceuticals (DoP), is to ensure availability of drugs at affordable prices and it was noted that while ensuring affordability, access cannot be jeopardized, and the lifesaving essential drugs must remain available to the general public at all times.

The percentage of retailer's margin i.e., 16% is provided in line with the National Pharmaceutical Pricing Policy (NPPP), 2012 and provisions of Drugs Prices Control Order (DPCO), 2013. The margin of 16% for retailers is added in Price to Retailer (PTR), while calculating Ceiling Price for Scheduled Formulation under Para 4 & 6 and Retail Price for New drug under Para 5.

Further Recommendation:

3.19.3 The Committee is of the considered opinion that since the mandate of National Pharmaceuticals Pricing Authority is to ensure availability of drugs at affordable prices. The Committee reiterates that, being a welfare state, pricing of cancer drugs should not be guided by the profit motive as in the case of the other business line. If it is not possible to reduce the profit margin of such drugs the Government may subsidize it.

3.20 RATIONALIZATION OF ANNUAL PRICE HIKE OF CANCER DRUGS

Recommendation:

3.20.1 The Committee observes that 10% annual increment in the price of the non-scheduled drugs is allowed to the manufacturer that gives undue liberty to the manufacturer to enhance the price of the non-scheduled drugs. The Committee, while taking into account the submission of the Secretary, the Department of Pharmaceutical, that over a period of about 8 years or so the actual price increase in the drugs had been only between 2 to 4%, recommends the Government to rationalize the annual limit of 10% increment to 5% annual

increment in order to rescue the poor cancer patients and their family from the dipping into scourge of poverty. The Committee recalls the submission of the Secretary, the Department of Pharmaceuticals that due to market competitive pressure the actual price increase is rarely 10%, however, it is not to say that each manufacturer keeps the price of the drug below 10% and it is also not to say that every drug utilizes the entire 10% ceiling. The Committee, accordingly recommends the Government not to allow sweeping 10% annual increment ceiling, thereby giving the manufacturer the undue scope for "Profit Motive engineering /mongering" for skyrocketing the price of the lifesaving anti-cancer drugs and thus compelling the patient's pressure on out of pocket expenditure thereby pushing them below the poverty line. The Committee, therefore, recommends the Government to have better approach/mechanism of regulation of anti-cancer formulation/drugs.

(Para 4.2.14 ibid)

Action Taken:

3.20.2 Dept. of Pharmaceuticals has informed that as specifically stated in NPPP, 2012 and provisions of DPCO, 2013, an annual increase in Ceiling Price of Scheduled Formulations is allowed as per Wholesale Price Index (WPI) and up to 10% in Maximum Retail Price (MRP) of Non-Scheduled Formulations. These are the maximum increase permissible, which may or may not be availed by the manufacturers, who decide the prices, based on market dynamics, within the above limits.

Further Recommendation:

3.20.3 The Committee feels that the submission made by the Secretary, Department of Pharmaceutical before the Committee that over a period of about 8 years or so the actual price increase in the drugs had been only between 2 to 4%, does not mean that each manufacturer keeps the price of the drug below 10%, as the mechanism permits them to make the hike up to 10%. Accordingly, the Committee reiterates that the Government should rationalize the annual price hike limit of cancer drugs from 10% to 5% in order to rescue the poor cancer patients.

3.21 SUBSIDIZED HEALTHCARE FOR CANCER PATIENTS

Recommendation:

3.21.1 The Committee understands that the cost of cancer treatment is not only the price of the medicine but the cost of healthcare for any patient in the country includes a variety of charges viz. doctor consultation and nursing fee, room charge, pathological and maintenance charges thereby increasing the overall cost of the treatment. The Committee finds that Government is providing subsidized food, heavily subsidized power, however, inaccessible and increasing cost of cancer treatment is a matter of concern for the Committee, as not only the patient but the whole family undergoes tremendous psychological and economic pressure in bearing the cost of the treatment and sailing through troubled phase of life. The Committee, therefore, considers it pertinent, on the part of the Government, to take suitable measurers not only for regulation of medicines having focus on reducing the cost of the medicine but to provide subsidized healthcare by regulating the cost of diagnostic and treatment kits and service charges for various components of healthcare rendered not only in Government Hospitals but also in the private hospitals.

(Para 4.5.2 ibid)

Action Taken:

3.21.2 Treatment for cancer is available free of cost at subsidised rates at government health facilities. Further, quality generic medicines are made available at affordable prices to all under PMBJP in collaboration with the State Governments.

Further Recommendation:

3.21.3 The Committee, while commending the Government for providing free of cost cancer treatment at government health facilities, urges the Ministry to provide subsidized healthcare by regulating the cost of doctor's consultation, diagnostic tests, treatment kits and service charges for various components of healthcare rendered by the private hospitals and diagnostic centres also as they cater to majority of the cancer patients.

3.22 DECLARING RADIOTHERAPY AS AN AESSENTIAL COMMODITY

Recommendation:

3.22.1 The Committee takes into consideration the high cost of radio therapy resulting into unaffordable cancer treatment. The Committee is in agreement with the argument of Secretary, the Department of Pharmaceuticals that NPPA is mandated only to control drug charges through DPCO and not the service charge because radio therapy service has not been declared an essential commodity/service under the Essential Commodities Act-1955 or by NLEM. The Committee, therefore, recommends the Government to examine as to the types of services should be regulated in terms of price and therefore be made provision of the Essential Commodities Act-1955. The Committee hopes that the Ministry of Health & Family Welfare would take the matter on board for final decision.

(Para 4.5.3 ibid)

Action Taken:

3.22.2 Dept. of Consumer Affairs have informed that under Section 2A of the Essential Commodities Act, 1955, the Central Government may amend the schedule of the Essential Commodities Act, 1955, in consultation with the State Governments, so as to:

a. Add a commodity to the said Schedule;

b. Remove any commodity from the said Schedule;

3.22.3 As per the Allocation of Business Rules, 1961, Ministry of Health and Family Welfare is the administrative ministry of 'Drugs' specified as an essential commodity in the Schedule of the EC Act, 1955. Therefore, Ministry of Health and Family Welfare is authorized to declare radiotherapy service as an essential commodity.

Further Recommendation:

3.22.4 Since the Ministry of Health and Family Welfare is authorized to declare radiotherapy service as an essential commodity, the Committee recommends that the Ministry should take the matter on board immediately and declare the radiotherapy

service as an essential commodity so that patients can get some relief from bearing the high cost of the service.

3.23 MANUFACTURING OF RADIOTHERAPY MACHINES INDIGENOUSLY

Recommendation:

3.23.1 The Committee notes that lack of adequate number of equipment in the hospital increases the waiting period for treatment. During the course of the examination of the subject, the Committee noted that the country imports radiotherapy machines from other countries and there is gross shortage of radiotherapy machines in the medical colleges. The Committee further observes that the cost of radiotherapy is very high in private sector largely because of the fact that radio therapy machines are not manufactured in our country. The Committee accordingly recommends the Ministry to work on a mechanism under which either the machines are assembled in the country or are indigenously manufactured in the country. The Committee further strongly recommends the Ministry to ensure that radiotherapy machines are made available in the Hospitals/Medical Colleges that have Radiation Oncology Department.

(Para 4.6.2 ibid)

Action Taken:

3.23.2 DAE has stated that in order to reduce the equipment cost, the Government should consider reclassifying Radiation Therapy Equipment & Accessories as a separate category (e.g. Life Saving Devices) and reduce the customs duty significantly so that the cost of treatment can be reduced substantially with benefits passed on to patients.

Further Recommendation:

3.23.3 The Committee is in agreement with the views of DAE that Radiation Therapy Equipment & Accessories may be classified as Life Saving Devices and the customs duty be significantly reduced so that the cost of treatment can be reduced substantially and benefit is passed on to the patients. However, the Committee reiterates that the Ministry should work on a mechanism under which either the machines are assembled in the country or are manufactured indigenously.

3.24 PUBLIC-PRIVATE PARTNERSHIP IN THE FIELD OF CANCER RESEARCH

Recommendation:

3.24.1 The Committee observes that Public-Private Partnership in the field of cancer research activities should be taken up on the format of the National Cancer Institute, USA. The Committee hopes that it will encourage investigators to come forward and do research based on the cancer scenario in India and therefore will be more useful in the Indian clinical setting. This should not be confined to the research activities only, but provision should also be there for support for publication in journals as well as circulation of results of these research activities.

(Para 5.11.6 ibid)

Action Taken:

3.24.2 ICMR has constituted India Cancer Research Consortium (ICRC) in which public and private entities working in cancer research are on board. ICRC's focus is on India Centric Cancers with 06 thematic areas viz. (1) Prevention & Epidemiology; (2) Diagnostics; (3) Therapeutics; (4) Basic Biology; (5) Palliative Care and (6) Innovation. Call is placed in priority areas of research involving both government and private set up.

Further Recommendation:

3.25.3 The Committee opines that outcome of the research activities may not only be published in journals and shared with all the Public-Private cancer care centres/institutes but it may also be brought in use.

3.25 A UNIFIED DATABASE CANCER PATIENTS

Recommendation:

3.25.1 The Committee expresses its concern that the National Cancer Registry Program covers just 10% of the population of India as of 2020 data and feels that the data is very crucial in the research activities. The Committee, therefore, recommends that the Government should build a unified database through systematic collection, analysis and use of epidemiologic data which will further help to define sustainable frameworks for Cancer control in the community and help in bringing out the desired researches. The Committee feels that through Cancer registries, the systematic tracking of Cancer outcomes can contribute to incredible advances in understanding the epidemiology of Cancer. Even greater potential exists in tracking the costs and benefits of therapies, stage of diagnosis, follow-up data on outcome and long-term survival after the Cancer diagnosis in a real-world setting.

(Para 5.13.1 ibid)

3.25.2 The Committee expresses the imminent need to build interoperability between the population based and hospital-based Cancer registries by adopting digitization of healthcare, which will improve the quality of data collection through standardization and by removing the duplications.

(Para 5.13.2 ibid)

Action Taken:

3.25.3 ICMR-NCDIR has been working towards expansion of the population-based cancer registries (PBCR) network in the country. At present the PBCRs' cover 16% of the Indian population. ICMR-NCDIR has signed an MoU this year, with the State govt of Rajasthan for setting up of a cancer atlas for a three year period. The states of Andhra Pradesh, Odisha and Uttarakhand have expressed an interest to initiate cancer atlases in their respective states with technical support from ICMR-NCDIR. A communication has been shared with Ministry of Health & Family Welfare regarding permission for States/UTs to use the required budget from the Innovative head under the NCD flexipool funding of NHM to initiate registry activities in the state. This will facilitate States/UTs to set up their registries. ICMR-NCDIR is working on setting up more PBCRs' as per need.

Further Recommendation

3.25.4 The Committee taken note that currently PBCRs' cover 16% of Indian population only, therefore, it is quite necessary that National Cancer Registry Programme cover the population of India extensively, in order to have a Unified National Database for scientific understanding o epidemiology of cancer. The Committee reiterates the Ministry to encourage interoperability between the population based and hospital-based Cancer registries by adopting digitization of healthcare, which will improve the quality of data collection through standardization and by removing the duplications.

3.26 INCREASING THE NUMBER OF PG SEATS IN ONCOLOGY

Recommendation:

3.26.1 The Committee is of the view that there is a need of increasing the number of postgraduate seats and Super Specialty Seats in Oncology. The Committee, accordingly, recommends the Ministry of Health and Family Welfare to increase the number of seats in various disciplines of oncology along with increase in seats in MD in radiotherapy, M.Sc. in radiological physics etc. The Committee also recommends the Ministry to explore the introduction of two years' post graduate fellowship programme in various disciplines in oncology that are duly accredited by National Medical Commission.

(Para 5.18.3 ibid)

Action Taken:

3.26.2 National Medical Commission has informed that the matter was contemplated in a meeting chaired by Secretary Health in which Chairman, NMC and representatives from all the States / UTs had participated. It was felt that increase in numbers of seats of various courses relating to oncology could be considered depending upon the available infrastructure and the faculty, otherwise the education would be compromised which will have a bearing on the proper treatment of the patients.

Further Recommendation:

3.26.3 The Committee is in agreement with the view of the NMC that increase in numbers of seats of various courses relating to oncology should be considered only after upgradation of infrastructure and the faculty, so that the quality of the education is not compromised. Accordingly, the Committee recommends that the Govt. should earmark fund out of Rs.64,100 crores PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) fund to fill up critical gaps in health infrastructure and health research. The Ministry, thereafter, may increase the number of post graduate and super speciality seats in Oncology. Similarly, the Government may consider to explore the introduction of two years' post graduate fellowship programme in various disciplines in oncology.

3.27 FILLING UP THE SANCTIONED POSTS IN CANCER CARE UNITS

Recommendation:

3.27.1 The Committee further notes that there is lack of adequate manpower to make the cancer centres fully operational. In the absence of specialized healthcare force, many super

specialties remain defunct even after the establishment of the physical infrastructure. The Committee accordingly recommends the Ministry of Health and Family Welfare to take effective measures to fill the sanctioned posts in these Cancer Care Units. To avoid such delays in making the centres fully operational, the Ministry must make manpower provision at the time of sanctioning a project. The Committee is of the view that the State Governments must also play an active role in ensuring that the manpower in State-run Cancer Institutes is adequate. The Committee also notes that very few institutions conduct technical courses that produce paramedics and technicians that can take care of increasing load of cancer patients. The Committee accordingly recommends the Ministry to increase such courses as the trained manpower is fundamental to providing value-added-services to the patients which will help improve their quality of life.

(Para 5.18.4 ibid)

Action Taken:

3.27.2 The Strengthening of Tertiary Cancer Care Centres Facilities Scheme supports for infrastructure development with Radiotherapy equipment. The concerned States/UTs need to fill up with trained human resources through local recruitment.

Further Recommendation:

3.27.3 Since the Strengthening of Tertiary Cancer Care Centres Facilities Scheme supports for infrastructure development with Radiotherapy equipment, the Committee strongly recommends that the Government should take effective measures to fill the sanctioned posts in all the Cancer Care Units. In future, the Ministry may make manpower provision at the time of sanctioning a project. The Committee further recommends that the Ministry of Health and Family Welfare may persue with the State Governments to play an active role in ensuring that the manpower in State-run Cancer Institutes is adequate.

3.28 INCREASING THE NUMBER OF BEDS IN THE EXISTING HOSPITAL TO MEET THE NMC REQUIREMENT FOR INCREASE OF SEATS

Recommendation:

3.28.1 The Committee also recommends the Ministry to explore 25% reservation for in service candidates for degree courses with agreement to serve cancer Institute for minimum 5 years. The Committee also recommends the Ministry/National Medical Commission to revisit the Teacher, Student ratio to accommodate PG/Super speciality students. The Ministry must also increase the number of hospital beds in the existing hospital to meet the NMC requirement for increase of seats. The Government may also explore providing stipendiary supports to all centers conducting PG/Super specialty courses.

(Para 5.18.5 ibid)

Action Taken:

3.28.2 National Medical Commission has informed that the matter was contemplated in a meeting chaired by Secretary Health in which Chairman, NMC and representatives from all the States / UTs had participated. It was felt that increase in numbers of seats of various courses relating to oncology could be considered depending upon the available infrastructure

and the faculty, otherwise the education would be compromised which will have a bearing on the proper treatment of the patients.

Further Recommendation:

3.28.3 The Committee reiterates its views that the National Medical Commission to revisit the Teacher, Student ratio to accommodate PG/Super speciality students in oncology. Further, the Government should increase the number of beds in the existing hospital to meet the NMC requirement for increase of seats. The Government should also explore 25% reservation for in service candidates for degree courses with agreement to serve the Cancer Institute for minimum 5 years.

3.29 ADEQUATE HUMAN RESOURCE IN CANCER CENTERS UNDER THE HUB AND SPOKE MODEL

Recommendation:

3.29.1 The Committee notes that cancer cases in India are diagnosed at a later stage which is a major cause of high mortality to incidence ratio and increase in cancer care expenditure. The Committee strongly believes that a strong network of cancer care centres across the country would facilitate early diagnosis of cancer cases and greatly reduce the burden of cancer cases in India. The Hub and Spoke Model is an efficient distribution model of providing comprehensive cancer care by creation of hubs and spokes in all the States of the country. The Committee notes that TMC has worked in close contact with the State Governments to create hubs and spokes in States. The Committee believes that such collaborations will enable in further strengthening the cancer care infrastructure along with knowledge, skill and resource sharing. The Committee appreciates the work done by TMC and DAE and strongly advocates the need for establishing government funded hub and spoke model of cancer care across States. The Committee further believes that ensuring adequate human resource in Cancer centers under the hub and spoke model is also crucial for complete operationalization of the Centers.

(Para 5.18.8 ibid)

Action Taken:

3.29.2 Strengthening of Tertiary Cancer Care Centres Facilities under NPCDCS had been rolled out as Hub & Spoke Model, in which State Cancer Institute (Rs. 120 Cr) act as Hub and Tertiary Care Cancer Centre (Rs. 45 Cr) act as a spoke. The concerned States/UTs need to fill up with trained human resources through local recruitment.

Further Recommendation:

3.29.3 The Committee has already noted the work done by TMC and DAE and have strongly advocated need for establishing Government funded Hub and Spoke model of cancer care across the States. The Committee feels that some of the States may not be in a position to implement this model, therefore it suggests that Ministry may come forward for implementing the model from Center's resources.

3.30 PRIORITIZATION OF CONTEXTUAL AND RELEVANT CANCER RESEARCH

Recommendation:

3.30.1 The Committee observes that cancer research in India should be contextual and relevant to the needs of the country. Reliance only on research done in high income countries should reduce as they differ in the types of cancers, the socio-cultural and economic context, and health systems. The Committee recommends that all the medical institutions across India should prioritize research in addition to patient care and education as is being done at TMC.

(**Para 5.19.9 ibid)**

Action Taken:

3.30.2 DAE has informed that TMC has a strong focus on cancer research that is contextually relevant, evaluates cost effective interventions and studies cancers that are either common or unique to India. TMC and NCG also funds cancer research based on these criteria; this funding may be augmented by additional funds from other granting organizations like the ICMR, DBT, and DST.

Further Recommendation:

3.30.3 The Committee, while acknowledging that the TMC has a strong focus on cancer research that is contextually relevant, evaluates cost effective interventions and studies cancers that are either common or unique to India, reiterates that in addition to patient care and education, all the medical institutions in India should prioritize contextual relevant cancer research as is being done at TMC.

3.31 REPLICATION OF INITIATIVES TAKEN BY THE CNCI IN RESEARCH FOR CANCER TREATMENT

Recommendation:

3.31.1 The Committee notes the initiatives taken by the CNCI in the field of research for cancer treatment by taking several measures for promoting clinical research and recommends that such initiatives and measures should also be replicated in all the government institutions to boost the research and outcome in the country.

(Para 5.19.12 ibid)

Action Taken:

3.31.2 CNCI has taken several initiatives like procurement of advance research equipment to promote clinical research in the field of cancer. The lateral entry of Scientist at higher level has also been proposed to get experienced scientists in the field of Cancer research.

Further Recommendation:

3.31.3 The Committee reiterates that initiatives taken by the CNCI in the field of research for cancer should also be taken by all the Government institutions to boost the research and outcome in the country.

3.32 OPENING OF MORE CANCER RESEARCH CENTRES IN THE COUNTRY

Recommendation:

3.32.1 The Committee is given to understand that TMC research has resulted in practice-changing protocols that reduce cost and are said to be a policy for the country, however the Committee feels that the opening of TMC centres in various parts of India will stimulate the percolation of practice-changing results in various parts of the country. Moreover, the large cancer workforce being trained at TMC will help to disseminate the evidence-based cost-effective solutions that have been discovered at TMC. The Committee further recommends that the Government should focus on opening more research centres throughout the country and earmark 20% of the research budget on oncology.

(Para 5.20.7 ibid)

Action Taken:

3.32.2 The suggestion is shared with DHR/ICMR for necessary action.

3.32.3 DAE has informed that TMC has research units in all the centres and that it has started increasing funds earmarked for cancer research would further promote development of cost-effective measures for cancer control in India.

Further Recommendation:

3.32.4 The Committee reiterates that cancer research activities may be taken up at other cancer institutes on the lines of TMC and sufficient budgetary provisions/allocations may be earmarked for the purpose.

3.33 PROMOTING RESEARCH FOR EARLY DETECTION OF CANCER

Recommendation:

3.33.1 The Committee appreciates the efforts of the scientists at BARC in developing products for affordable cancer treatment and notes that the indigenously developed products by BARC is made available at fraction of the imported cost. The Committee recommends that the government should encourage more such researches by providing more opportunities and funding to the scientists. Research should also be prioritized for early detection of cancer cases so that the spread of the disease can be nipped in the bud and lot of human and financial resources of the country is saved. The number of research is of paramount importance in the present context because the number of new cases and types of cancer is growing. If the scientists are able to develop diagnostics for multiple types of cancer at an affordable price the vast Country like India can be better placed for checking this growth trajectory.

(Para 5.21.1 ibid)

Action Taken:

3.33.2 ICMR has informed that ICMR supports all medical research activities subject to peer review

Further Recommendation:

3.33.3 The Committee reiterates that the Government should encourage more BARC like research and development by providing more opportunities and funding to the scientists. The research should focussed on early detection of cancer cases so that the spread of the disease can be nipped in the bud and lot of human and financial resources of the country is saved

3.34 LACK OF A ROBUST NATIONAL PALLIATIVE CARE POLICY

Recommendation:

3.34.1 The Committee notes that Palliative care in India is still at a very nascent stage except the State of Kerala that boast of a comprehensive Palliative Care Services. The Committee takes into account that lack of a robust National Palliative Care Policy and institutional arrangement in palliative care across States has resulted in neglect of the Palliative care in India. The Committee understands that with increasing incidence of chronic lifestyle diseases and cancer, there is a need to change the approach to palliative care and bring in a comprehensive policy.

(Para 7.4.7 ibid)

Action Taken:

3.34.2 The Ministry of Health and Family Welfare has been making efforts to address the growing need for palliative care in the country. The National Cancer Control Program was launched in India in 1975, wherein palliative care was provided as a part of the cancer care. Later, the Ministry constituted an expert group on palliative care which submitted its report Proposal of Strategies for Palliative Care in India in November 2012. Subsequently, National Program for Palliative Care (NPPC) was launched in 2013-14, which is now a part of the National Health Mission (NHM). It caters cancer patients, HIV /AIDS patients, chronic or end stage renal disease, Alzheimer dementia patients, frail bedbound elderly, inclusive of all those who require respite care and end of life care.

Further Recommendation:

3.34.3 The Committee is of the considered view that India needs a robust National Palliative Care Policy that must take care of fast changing contours of Palliative care and management.

CHAPTER-IV

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF THE MINISTRY HAVE NOT BEEN RECEIVED

4.1 APPROPRIATE BUDGETORY ALLOCATION FOR NPCDCS

Recommendation:

4.1.1 The Committee in its 134th Report on Demands for Grants 2022-21 of the Department of Health and Family Welfare had also noted that Rs. 175 crore was approved in BE 2021-22 for NPCDCS which was later reduced to Rs. 146.88 crore. The Committee believes that the allocation of funds should also be considerably increased for tackling cancer and other lifestyle diseases. The Committee reiterates that the Ministry must make a realistic requirement of funds to support the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke. The Committee would also recommend the Ministry to assess the continued relevance of the Scheme and the progress made towards achieving the envisaged objectives under the Scheme.

(Para 3.3.8 of 139th Report)

Action Taken:

4.1.1 Periodic review of Strengthening of Tertiary Cancer Care Centres is being done. Last meeting was conducted on 09.11.2022.

4.2 SWOT ANALYSIS OF NPCDCS

Recommendation:

4.2.1 The Committee would also like to be apprised of SWOT analysis of the Scheme and recommends the Government to work upon the weakness and threats of the Scheme and take advantage of strength and opportunities of the Scheme for better result.

(Para 3.3.9 ibid)

Action Taken:

4.2.2 This Ministry takes note of the recommendation of the Committee.

4.3 UPDATION OF SECC DATA TO PROVIDE FINANCIAL ASSURANCE TO CANCER PATIENTS

Recommendation:

4.3.1 The Committee notes that SECC data is the criteria for the beneficiaries under the PMJAY and some States have expanded the list of entitled beneficiaries under similar schemes. The Committee desired that SECC data not only need to be updated to broad base

the scheme but PMJAY and other similar schemes as operational in various states should also aim at to provide financial assurance to patients suffering from cancer and other diseases.

(Para 3.9.15 ibid)

Action Taken:

4.3.2 NHA has informed that Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is the largest publicly funded health assurance scheme in the world which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to 12 Crores poor and vulnerable families.

4.3.3 Beneficiary families have been identified from Socio Economic and Caste Census (SECC), 2011 database based on 6 deprivation and 11 occupational criteria in rural and urban areas respectively. The States and Union Territories implementing AB PM-JAY have further expanded the beneficiary base to nearly 15.5 Crores families, at their own cost. Additionally, NHA has provided complete flexibility to States/UTs to use non-SECC beneficiary family database for tagging against the leftover (unauthenticated) SECC families. Accordingly, many States have shared database of poor and vulnerable families against unidentified SECC families. These databases have been integrated with NHA's IT system.

4.3.4 As of 20.12.2022, approximately 21.4 lakh hospital admissions worth Rs 3,916 crores have been authorised exclusively for the treatment of cancer under the scheme.

4.4 PLATFORM TO SHARE EACH OTHERS BEST PRACTICES

Recommendation:

4.4.1 The Committee also recommends the Ministry to create a platform where these Institutions can interact and learn from the best practices followed in each Institute on the novel initiatives taken for making cancer care affordable. Such a platform will also facilitate a comprehensive assessment of the affordability as well as the efficacy of the treatment protocols.

(Para 3.14.3 ibid)

Action Taken:

4.4.2 Once completed, the SCIs/TCCCs can integrate with NCG for the purpose.

4.5 ONCOLOGY WING IN DISTRICT HOSPITALS

Recommendation:

4.5.1 The Committee accordingly recommends the Ministry to strengthen every District hospital with Oncology Wing and conduct more awareness programme on utilization of central financial assistance to public & doctors for cancer treatment. The Ministry must also ensure that more cancer patient accommodation and transportation centres in every district are opened. The Ministry must also conduct specific programs for increased awareness among public and health workers about certified generic anti-cancer drugs.

(Para 3.15.1 ibid)

Action Taken:

4.5.2 No response was received from the Ministry regarding this recommendation of the Committee. .

4.6 DEVELOPMENT OF CHIMERIC ANTIGEN RECEPTOR (CART-CELL) THERAPY

Recommendation:

4.6.1 The Committee takes into consideration that since the cost of newer therapies are expensive, therefore, the Government should leave no stone unturned in making the cancer treatment affordable. In this regard, the Committee recommends that a concerted effort must be continuously made to bring clinician scientists, industry & academicians, biotechnologists, cell biologists, bioinformatics, immunologists to develop Chimeric Antigen Receptor (CART-cell) therapy in the country. The Committee endorses the views of the Department of Biotechnology for the implementation of two projects, namely:

i. *Development of genetically engineered „off-the-shelf" and inducible CAR T-cell for cancer therapeutics.*
ii. *Research on glioblastoma stem cell-targeted T-cell immunotherapy using nongenetically engineered mesenchymal stromal cells.*

(Para 4.9.8 ibid)

Action Taken:

4.6.2 Department of Biotechnology has been informed of the views of the Committee.

4.7 SERVICES OF SCTIMST FOR NEURO-ONCOLOGY RELATED AILMENTS

Recommendation:

4.7.1 The Committee takes into consideration that the various departments in SCTIMST provide comprehensive surgical and interventional treatment as part of oncology related services. The Committee believes that the Patients especially from the economically weaker section of the society from all states of country would avail the benefits of the services of SCTIMST for neuro-oncology related ailments.

(Para 4.12.8 ibid)

Action Taken:

4.7.2 No response was received from the Ministry regarding this recommendation of the Committee. .

4.8 MINIMUM GST ON CANCER DRUGS

Recommendation:

4.8.1 The Committee observes high Tariffs and Taxes on Cancer medicines as a matter of concern. As compared to other Asian countries in similar stages of development, import

duties in India are very high although the basic import duties for pharmaceutical products average about 10 percent but as a result of the integrated GST (5 – 12%) imposed on imports, the effective import duty often exceed 20 percent. Furthermore, excessive duties on the reagents and equipment imported for use in research, development and manufacturing of biotech products make the cost of manufacturing cancer drugs too high. While certain essential and life-saving medicines may be granted exemptions from some of the taxes, the eligibility criteria are vague and subject to constant revision. The Committee, therefore, recommends that drugs and vaccines used in the prevention and treatment of cancer should carry minimum GST and should be exempted from customs duties. Such measures will bring down prices significantly and the benefit would be passed onto the patients directly.

(Para 4.14 ibid)

Action Taken:

4.8.2 The suggestion is shared with Dept. of Revenue for necessary action.

4.9 Public Procurement Order (PPO)

Recommendation:

4.9.1 The Committee has been apprised that under the Public Procurement Order (PPO) of the government non-local suppliers are not eligible to bid in government procurement, except for some high value orders. Due to manufacturing complexities around patented, specialty the proprietary drugs are manufactured in select locations only and indigenization of these medicines in a short time span is impractical and will severely impact availability of these critical drugs. The Committee has been given to understand such ineligibility on the part of non-local suppliers is creating a major access barrier for a lot of patented, specialty and proprietary drugs to be reaching out to the patients in need. The Committee, therefore, recommends the Government to consider for allowing a PPO exemption for non-local suppliers in case of patented, specialty and proprietary drugs not produced in India.

(Para 4.15 ibid)

Action Taken:

4.9.2 The Procurement Policy Division of Dept. of Expenditure has informed that (i) The Rule 161 (iv) of the General Financial Rules, 2017 read along with the Public Procurement (Preference to Make in India) Order, 2017, restricts procurement from nonlocal suppliers

(ii) Dept. of Expenditure (DoE) has been issuing instructions, on the basis of recommendations of Ministry of Health and Family Welfare (MoHFW), exempting certain drugs [refer DoE OM No. F.4/1/2022-PPD(pt.) dated 25.11.2022, copy enclosed, exempting 90 drugs] from the application of restrictions referred to in para i above. In case, in view of any limitation of local production capacity of certain drugs, a proposal is received from MoHFW, DoE shall consider amendment to the existing instructions.

4.10 ESTABLISHMENT OF INDIAN COUNCIL OF CANCER RESEARCH

Recommendation:

4.10.1 The Committee is in agreement with the suggestion of Regional Institute of Medical Sciences (RIMS), Imphal Manipur for establishment of Indian Council of Cancer

Research/State Cancer Epidemiology Centres to undertake & promote Cancer Research in India, contextual and relevant to the needs of the Country. The Committee is of the view that the proposed Indian Council of Cancer Research would create suitable research environment and provide appropriate infrastructural support. Besides that, the said council would also formulate framework for periodic training in research methods and good clinical practices for investigators.

(Para 4.16 ibid)

Action Taken:

4.10.2 The suggestion is shared with ICMR for necessary action.

4.11 UPGRADAION OF HOSPITALS FOR CANCER TREATEMNT

Recommendation:

4.11.1 The Committee recommends the Government to undertake the following strategic course of action for enhancing affordability of cancer treatment:

i. Strengthening of every District hospital with Oncology Wing (Surgery, chemotherapy & palliative care)
ii. Upgradation of the existing RCC to Cancer hospital
iii. More awareness programme on utilization of central financial assistance to public & doctors for cancer treatment
iv. Opening of cancer patient accommodation and transportation centres in every district under Govt.support or NGOs.
v. Increased awareness among public and health workers about certified generic anti cancer drugs
vi. Increased availability of certified generic anti-cancer drugs in the market.

(Para 4.17 ibid)

Action Taken:

4.11.2 Under NHM, day care centres are set up for chemotherapy.

4.11.3 Under PM Bharatiya Janaushadhi Pariyojana (PMBJP) generic anti-cancer drugs are available at affordable prices to all.

4.12 AGREEMENT BETWEEN PRIVATE AND PUBLIC SECTOR HOSPITALS CANCER RESEARCH

Recommendation:

4.12.1 The Committee is given to understand that some Institutes of Eminence in the private sector are conducting research activities in the field of cancer - but that is confined to the aspect of basic sciences only. The Committee opines that it needs to be translated to the clinics for the benefit of the patients. The government should encourage agreements between these institutes in the private sector and hospitals in the public sector treating cancer patients where footfall of cancer patients have been found to be massive so that trials can be carried out resulting in "real-world" data useful for the cancer scenario in India.

(Para 5.11.7 ibid)

Action Taken:

4.12.2 The suggestion is shared with ICMR for necessary action.

4.13 CONCENTRATION OF CLINICAL TRAILS OF NEW CANCER DRUGS IN HIGH INCOME COUNTRIES

Recommendation:

4.13.1 *The Committee feels that clinical trials of investigational new cancer drugs remain disproportionately concentrated in High Income Countries and the under representation of racial and ethnical population such as India reduces the generalizability.*

(Para 5.13.3 ibid)

Action Taken:

4.13.2 CDSCO has informed that the opinion of the committee has been noted.

4.14 STRENGTHENING RESEARCH CAPACITY IN INDIA

Recommendation:

4.14.1 The Committee notes that the gaps in the research from Indian perspective include the scarcity of reliable data, a paucity of clinical trials and lack of an environment conducive to research in academic institutions (Public), including research infrastructure, trained human resources, funding and willingness to conduct the research. The Committee, therefore, recommends that efforts to strengthen research capacity in India should be expanded to individual, organizational and institutional levels as working on all three levels is more likely to yield long-term results. The Committee also feels that building cancer research network and collaboration can work efficiently on shared problems and common research priorities locally and globally.

(Para 5.13.4 ibid)

Action Taken:

4.14.2 The observation of the Committee is noted.

4.15 FOSTERING AN INNOVATION-BASED ECOSYSTEM IN THE COUNTRY

Recommendation:

4.15.1 The Committee observes that several interventions are required for fostering an innovation-based ecosystem in the country.

(Para 5.13.5 ibid)

Action Taken:

4.15.2 The observation of the Committee is noted.

4.16 ESTABLISHING A MEANINGFUL R&D ECOSYSTEM IN INDIA

Recommendation:

4.16.1 The Committee recommends that for establishing a meaningful R&D ecosystem in India, it is critical to have a robust IP environment which does not allow frustration of

patents. An effective IPR regime is an essential pillar to promote innovation. Therefore, IP protection and enforcement must find place in the National R&D Policy.

(Para 5.14 ibid)

Action Taken:

4.16.2 Dept. of Pharmaceuticals has informed that after detailed inter-departmental and industry stakeholders' consultations, the Final Cabinet Note on R&D policy has been sent to the Cabinet Secretariat/PMO on 5th August 2022 for consideration of the Cabinet.

4.17 NEED TO IMPROVE RESEARH QUALITY IN THE COUNTRY

Recommendation:

4.17.1 The Committee endorses the views of the CNCI and recommends that to improve the research quality in the country, the Government must ensure creation of good research environment, sophisticated instruments, collaboration of researchers and clinicians and a state-of-the-art library in all the institutions conducting research in cancer diagnostics and treatment.

(Para 5.19.1 ibid)

Action Taken:

4.17.2 CNCI has informed that CNCI has been in continuous discussion with Ministry of Culture for an introspection to upgrade the CNCI library from Category-II to Category-III. The response is yet awaited.

RECOMMENDATIONS/OBSERVATIONS - AT A GLANCE

CHAPTER-III

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH REPLIES OF THE MINISTRY HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

1. POPULATION BASED CANCER REGISTRIES IN RURAL AREAS

The Committee strongly feels that for better policy formulation on cancer treatment and uniform distribution of cancer care there is an urgent need to have realistic information about the incidence and type of cancers across the country. The Committee reiterates that the Ministry should take appropriate steps to persuade all the State Governments to participate in cancer atlas so that 100% of Indian population is covered under PBCRs which will help in data driven evidence based policy formulation.

(Para 3.1.4)

2. INTEGRATION OF THE REAL-TIME HEALTH RECORDS ON A DIGITAL PLATFORM

The Committee suggests that PBCRs could be linked to Ayushman Bharat Digital Mission to record data of cancer patients to get real time data on cancer related illness.

(Para 3.2.4)

3. POLICY TO CONTROL CONSUMPTION OF TOBACCO AND ALCOHOL

The Committee feels that raising taxes on tobacco products will increase their market price which would make tobacco products less affordable and its consumptions would certainly decrease, resultantly, risk of tobacco-related diseases including cancer, especially in low-income groups people will also decrease. Accordingly, Committee recommends the Ministry to pursue with Department of Revenue to expedite the decision on raising taxes on tobacco products.

(Para3.3.5)

4. ROBUST SCREENING MECHANISM FOR CANCER

The Committee suggests taking up the issue at 'Jan Andolan Pace', a mass-movement fights against Cancer by timely screening. A day in a month may be fixed for cancer screening on the lines of Reproductive and Child Health (RCH).

(Para 3.4.3)

5. LESS MEDICALLY CERTIFIED DEATHS

The Committee insists on adopting a better system of reporting the causes of death. The software adopted by State Tamil Nadu may be studied adopted with required custamisation by other States also.

(Para 3.5.3)

6. TARGETED PLAN FOR TACKLING CANCER

The Committee appreciates the Government's impetus on institutional framework for cancer care and management and financial support for combating the cancer disease, however, it opines that cancer must be dealt separately instead of being a part of other life style and non-communicable diseases. Accordingly, the Committee recommends de-merger of NCCP from NPCDS to have better focus on screening, early diagnosis and management of cancer.

(Para 3.6.4)

7. NCD CLINICS FOR CANCER SCREENING

The Committee recommends that in all the left over districts NCD Clinics may be set up at the earliest and more health care professionals may be trained for screening of common cancer.

(Para 3.7.4)

8. MONITORING OF SCIs AND TCCCs

The Committee reiterates that all efforts may be made by the Centre and States in tandem to complete all the 19 SCIs and 20 TCCCs within the revised schedule i.e. by as been by 31.03.2024. The Ministry may hold Regular Work Monitoring Meetings with the States for timely completion.

(Para 3.8.3)

9. CANCER TREATMENT FACILITIES IN ALL HEALTH INSTITUTIONS

The Committee recommends to follow up the progress of opening Oncology Department in every AIIMS like Institutes and Government Medical Colleges and fix a timeline in this regard.

(Para 3.9.3)

10. HUB AND SPOKE MODEL FOR CANCER CARE

The Committee believes that adequate human resource in Cancer Centers is crucial for complete operationalization of the Cancers Centers. The Ministry have acknowledged that in many of the States/UTs the cancer care facilities are inadequate. Accordingly, the Committee again recommends that the matter may be taken up with all the States for implementation of Assam Cancer Care Model/TMC Models as per their state specific adaptation.

(Para 3.10.5)

11. SUBSIDIZED ACCOMODATION FOR PATIENTS AND THEIR REALTIVES NEAR CANCER CENTERS

The Committee recommends that State Governments may be persuaded to establish subsidized or free accommodation for patients and their relatives near cancer hospitals.

(Para 3.11.3)

12. PROVISION FOR DIAGNOSTIC TESTS UNDER PMJAY

The Committee appreciates that in compliance with the Committee's recommendations NHA has approved inclusion of diagnostic tests under AB-PMJAY with respect to Breast, Cervical and Oral Cancer. However, the Committee recommends that NHA should consider including all type of cancer diagnostic tests under AB-PMJAY.

(Para 3.12.4)

12. CLINICAL RESEARCH AT CNCI

The Committee recommends the Ministry to make adequate financial provision for CNCI to procure requisite research equipments at accelerated pace.

(Para 3.13.3)

13. TELEMEDICINE SERVICE

The Committee has noted that Ministry has established e-Sanjivini Ayushman Bharat- Health Wellness Centre (AB-HWC), where doctor to doctor telemedicine service in a Hub and Spoke model. The Committee further recommends that this model may be strengthen so that experts opinion may be provided to the cancer patients in isolated and backward areas.

(Para 3.14.4)

14. TRANSFER OF FACILITIES TO NCI-JHAJJAR

The Committee feels that since NCI-Jhaijar has adequate space and infrastructure available, therefore, the majority of cancer services currently at AIIMS, New Delhi, may be shifted to NCI. The Committee also feels that measures so taken would reduce inconvenience to patients seeking cancer treatment at NCI-Jhajjar and also save the travelling time of faculties and residents from AIIMS, New Delhi and NCI-Jhajiar.

(Para 3.15.3)

15. UPGRADATION OF FACILITIES AT RIMS, MANIPUR

The Committee is of the considered view that RIIMS, Manipur must start functioning as a Tertiary Cancer Care Centre so that cancer patients from NER need not visit cancer speciality hospitals located in other parts of the country for their treatment. The Committee recommends that Government should ensure that at RIMS

basic facilities and infrastructure, including adequate manpower and services are available at the Institute itself *viz.* PET, LA (Linear Accelerator), CT Stimulator and HDR with Cobalt Sources, besides filling up of vacant posts without further delay.

(Para 3.16.8)

16. GROUP NEGOTIATION FOR CANCER DRUGS

The Committee recommends that the Ministry concerned should instruct the NCG to explore Group Negotiation of commonly used high value cancer drugs with pharmaceutical industry through a transparent central tendering platform to have substantial discount on cancer drugs and thereby passing the benefits to Group Members for onward transmission to the patients. The Committee again recommends the Government to extend such price negotiation to equipment & consumables also.

***(Para* 3.17.5)**

17. INSTITUTIONAL FRAMEWORK FOR CANCER CARE AND MANAGEMENT

The Committee recommends the Ministry to chalk out a National Cancer Control Plan having detailed evidence-based strategies for cancer prevention, early detection and treatment besides Institutional Framework for Cancer Care and Management, etc.

(Para 3.18.3)

18. REDUCTION IN RETAILERS'MARGIN FOR LIFE SAVING MEDICINES

The Committee is of the considered opinion that since the mandate of National Pharmaceuticals Pricing Authority is to ensure availability of drugs at affordable prices. The Committee reiterates that, being a welfare state, pricing of cancer drugs should not be guided by the profit motive as in the case of the other business line. If it is not possible to reduce the profit margin of such drugs the Government may subsidize it.

(Para 3.19.3)

19. RATIONALIZATION OF ANNUAL PRICE HIKE OF CANCER DRUGS

The Committee feels that the submission made by the Secretary, Department of Pharmaceutical before the Committee that over a period of about 8 years or so the actual price increase in the drugs had been only between 2 to 4%, does not mean that each manufacturer keeps the price of the drug below 10%, as the mechanism permits them to make the hike up to 10%. Accordingly, the Committee reiterates that the Government should rationalize the annual price hike limit of cancer drugs from 10% to 5% in order to rescue the poor cancer patients.

(Para 3.20.3)

20. SUBSIDIZED HEALTHCARE FOR CANCER PATIENTS

The Committee, while commending the Government for providing free of cost cancer treatment at government health facilities, urges the Ministry to provide subsidized healthcare by regulating the cost of doctor's consultation, diagnostic tests, treatment kits and service charges for various components of healthcare rendered by the private hospitals and diagnostic centres also as they cater to majority of the cancer patients.

(Para 3.21.3)

DECLARING RADIOTHERAPY AS AN AESSENTIAL COMMODITY

Since the Ministry of Health and Family Welfare is authorized to declare radiotherapy service as an essential commodity, the Committee recommends that the Ministry should take the matter on board immediately and declare the radiotherapy service as an essential commodity so that patients can get some relief from bearing the high cost of the service.

(Para 3.22.4)

21. MANUFACTURING OF RADIOTHERAPY MACHINES INDIGENOUSLY

The Committee is in agreement with the views of DAE that Radiation Therapy Equipment & Accessories may be classified as Life Saving Devices and the customs duty be significantly reduced so that the cost of treatment can be reduced substantially and benefit is passed on to the patients. However, the Committee reiterates that the Ministry should work on a mechanism under which either the machines are assembled in the country or are manufactured indigenously.

(Para3.23.3)

22. PUBLIC-PRIVATE PARTNERSHIP IN THE FIELD OF CANCER RESEARCH

The Committee opines that outcome of the research activities may not only be published in journals and shared with all the Public-Private cancer care centres/institutes but it may also be brought in use.

(Para 3.25.3)

23. A UNIFIED DATABASE CANCER PATIENTS

The Committee taken note that currently PBCRs' cover 16% of Indian population only, therefore, it is quite necessary that National Cancer Registry Programme cover the population of India extensively, in order to have a Unified National Database for scientific understanding o epidemiology of cancer. The Committee reiterates the Ministry to encourage interoperability between the population based and hospital-based Cancer registries by adopting digitization of healthcare, which will improve the quality of data collection through standardization and by removing the duplications.

(Para 3.25.4)

24. INCREASING THE NUMBER OF PG SEATS IN ONCOLOGY

The Committee is in agreement with the view of the NMC that increase in numbers of seats of various courses relating to oncology should be considered only after upgradation of infrastructure and the faculty, so that the quality of the education is not compromised. Accordingly, the Committee recommends that the Govt. should earmark fund out of Rs.64,100 crores PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) fund to fill up critical gaps in health infrastructure and health research. The Ministry, thereafter, may increase the number of post graduate and super speciality seats in Oncology. Similarly, the Government may consider to explore the introduction of two years' post graduate fellowship programme in various disciplines in oncology.

(Para 3.26.3)

25. FILLING UP THE SANCTIONED POSTS IN CANCER CARE UNITS

Since the Strengthening of Tertiary Cancer Care Centres Facilities Scheme supports for infrastructure development with Radiotherapy equipment, the Committee strongly recommends that the Government should take effective measures to fill the sanctioned posts in all the Cancer Care Units. In future, the Ministry may make manpower provision at the time of sanctioning a project. The Committee further recommends that the Ministry of Health and Family Welfare may persue with the State Governments to play an active role in ensuring that the manpower in State-run Cancer Institutes is adequate.

(Para3.27.3)

26. INCREASING THE NUMBER OF BEDS IN THE EXISTING HOSPITAL TO MEET THE NMC REQUIREMENT FOR INCREASE OF SEATS

The Committee reiterates its views that the National Medical Commission to revisit the Teacher, Student ratio to accommodate PG/Super speciality students in oncology. Further, the Government should increase the number of beds in the existing hospital to meet the NMC requirement for increase of seats. The Government should also explore 25% reservation for in service candidates for degree courses with agreement to serve the Cancer Institute for minimum 5 years.

(Para 3.28.3)

27. ADEQUATE HUMAN RESOURCE IN CANCER CENTERS UNDER THE HUB AND SPOKE MODEL

The Committee has already noted the work done by TMC and DAE and have strongly advocated need for establishing Government funded Hub and Spoke model of cancer care across the States. The Committee feels that some of the States may not be in a position to implement this model, therefore it suggests that Ministry may come forward for implementing the model from Center's resources.

(Para 3.29.3)

28. PRIORITIZATION OF CONTEXTUAL AND RELEVANT CANCER RESEARCH

The Committee, while acknowledging that the TMC has a strong focus on cancer research that is contextually relevant, evaluates cost effective interventions and studies cancers that are either common or unique to India, reiterates that in addition to patient care and education, all the medical institutions in India should prioritize contextual relevant cancer research as is being done at TMC.

(Para3.30.3)

29. REPLICATION OF INITIATIVES TAKEN BY THE CNCI IN RESEARCH FOR CANCER TREATMENT

The Committee reiterates that initiatives taken by the CNCI in the field of research for cancer should also be taken by all the Government institutions to boost the research and outcome in the country.

(Para 3.31.3)

30. OPENING OF MORE CANCER RESEARCH CENTRES IN THE COUNTRY

The Committee reiterates that cancer research activities may be taken up at other cancer institutes on the lines of TMC and sufficient budgetary provisions/allocations may be earmarked for the purpose.

(Para3.32.4)

31. PROMOTING RESEARCH FOR EARLY DETECTION OF CANCER

The Committee reiterates that the Government should encourage more BARC like research and development by providing more opportunities and funding to the scientists. The research should focussed on early detection of cancer cases so that the spread of the disease can be nipped in the bud and lot of human and financial resources of the country is saved

(Para 3.33.3)

32. LACK OF A ROBUST NATIONAL PALLIATIVE CARE POLICY

The Committee is of the considered view that India needs a robust National Palliative Care Policy that must take care of fast changing contours of Palliative care and management.

(Para 3.34.3)