

Standing Committee Report Summary

Cancer Care Plan and Management

- The Standing Committee on Health and Family Welfare (Chair: Mr. Ram Gopal Yadav) presented its report on ‘Cancer Care Plan and Management: Prevention, Diagnosis, Research and Affordability of Cancer Treatment’ on September 12, 2022. Key observations and recommendations of the Committee include the following:
 - **Cancer prevention:** The Committee noted that tobacco use accounts for almost 50% of all cancers in India. It noted the high incidence of tobacco related cancer in the north eastern region. While such cancer cases are preventable, desired focus has not been given to reduce tobacco consumption. The Committee recommended the government to focus on campaign against tobacco consumption and formulate strategies to stop the teenage population from getting addicted to tobacco. Certain common cancers such as cervical and vulvar cancer can be prevented with vaccination. The Committee noted that it was necessary to raise awareness regarding symptoms of cervical cancer. It recommended to conduct more tests to ascertain the efficacy of the Human Papilloma Virus (HPV) vaccine against cervical cancer. If the results are satisfactory, the government may include the HPV vaccine in the vaccination programme.
 - **Cancer screening and detection:** The Committee noted that screening of common cancer under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) is volunteer based and thus lacks the follow up strategy for further investigation and treatment. There is a need for the central government to sponsor national screening programs for cancer in India. 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. Each PHC should be responsible for screening people in its area. Mechanisms should be developed to link screening programmes to cancer registries across the country for better management. NPCDCS only covers three common cancers (oral, cervical, and breast). The Committee recommended that the government must consider including other prevalent cancers under the NPCDCS.
 - **Cancer diagnosis:** Cancer diagnostic procedures are expensive and patients have to rely on private hospitals due to lack of diagnostic facilities in public hospitals. The Committee recommended capping diagnostic testing charges. It also recommended the Ministry of Health and Family Welfare to assess diagnostic facilities in all district hospitals and establish a decentralised diagnostic testing network.
- **Cancer registries:** The Committee noted that only 10% of India’s population is covered by population-based cancer registries (PBCRs) under the National Cancer Registry Programme. It observed that there is an urgent need to have more rural based PBCRs to get information about the incidence and type of cancers across India. It recommended the National Centre for Disease Informatics and Research to set up cancer registries in rural areas in states such as Uttar Pradesh, Madhya Pradesh, Andhra Pradesh, and Rajasthan.
- **Pradhan Mantri Jan Arogya Yojana (PM-JAY):** Under PMJAY, beneficiary families get an annual defined health cover of five lakh rupees per family for secondary and tertiary health care. The Committee recommended that the scheme should be expanded to include diagnostic tests and other services for cancer care. It was also noted that all forms of medication and latest therapy are not covered under the scheme. The Committee recommended the Ministry to regularly update the list of medication under the scheme.
- **Price negotiation for anti-cancer drugs:** Anti-cancer drugs and equipments are very expensive. Cancer care centres may find it difficult to negotiate competitive prices with equipment manufacturers and pharmaceutical industry. The Committee noted that National Cancer Grid (created for uniform standards of cancer care) has worked on a price discovery method by aggregating the demand for commonly used, high-value items from several centres and then negotiating with the industry. This has helped to reduce costs of cancer care while maintaining the quality of drugs. The Committee recommended that the government should: (i) take measures to encourage such group negotiations for cancer drugs through a central tendering platform, and (ii) extend such negotiations to equipments and consumables also.
- **National Pharmaceutical Pricing Authority (NPPA):** The NPPA fixes, revises and monitors the prices of scheduled drugs under the National List of Essential Medicines (NLEM). Prices for drugs in NLEM allow a 16% margin for retailers. The Committee noted that this margin was too high. It recommended the government to either reduce the 16% margin for retailers or provide subsidy to the retailers/consumers. It also recommended that the 10% annual increment allowed in the prices of non-scheduled drugs should be reduced to 5%.

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