

- 1) whether it is a fact that a decision to spend 3 per cent of gross domestic production (GDP) on medical services in the country was taken;
- 2) if so, when the decision was taken;
- 3) what percentage of GDP has been spent on medical services during 2007-08; and
- 4) until when the amount as per the above decision is likely to be spent on medical sector?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) Under the National Common Minimum Programme (NCMP) of the Government, health care is one of the seven thrust areas. The NCMP released in May, 2004, mandates that public spending will be raised to at least 2-3% of Gross Domestic Product (GDP) over the next five years with focus on primary health care. Presently, public spending on health as % of GDP is in the vicinity of one percent. However, according to the Economic Survey 2007-08, public spending on health inclusive of social determinants like drinking water and nutrition is 1.39% of Gross Domestic Product (GDP) for the year 2007-08.

During the Eleventh Plan (2007-12), emphasis will be given to access to clean drinking water, sanitation, diet, hygiene and feeding practices and the public spending on health is proposed to be raised to at least 2% of GDP.

#### National Agriculture Biosecurity System

\*239. PROF. M.S. SWAMINATHAN: MS.

MABEL REBELLO:

Will the Minister of AGRICULTURE be pleased to state:

- 1) the proactive steps being taken to build an effective national agricultural biosecurity system, in the context of the second outbreak of Avian Influenza (H5N1 strain) in the country;
- 2) whether Government has examined the detailed recommendations given by the National Commission on Farmers (NCF) in their 4th Report submitted in April, 2006, on building a National agricultural biosecurity system; and
- 3) if so, what action has been taken, so far, to implement the NCF recommendations designed to insulate our country from the ravages of trans-boundary pests and diseases?

THE MINISTER OF AGRICULTURE (SHRISHARAD PAWAR): (a) to (c) Government of India has an elaborate system of agricultural bio-security enforced through its Plant and . Animal Quarantine organizations. In fact, an effective nation wide surveillance, early warning, testing, culling a capacity building in handling poultry and migratory birds have been undertaken to control the outbreak of Avian Influenza recently. However, bio-security is a dynamic subject with new challenges. Therefore, in order to strengthen the bio-security \* system further, in the National Policy for Farmers, 2007 approved by the Government of India, the recommendations on agricultural bio-security made by the National Commission on Farmers were suitably incorporated. This policy has approved the establishment of an Integrated National Agricultural Bio-security System (NABS) covering crops, animal husbandry, fisheries, forestry and agriculturally relevant micro-organisms, with the objectives, *inter-alia*, to safeguard the income and livelihood security of farmer families and enhance national and local capacity in initiating proactive measures in monitoring and early warning education and international cooperation. The policy includes further strengthening of

quarantine and testing facilities for imported livestock, birds and vaccines and gives priority to the development of environmentally safe and effective pesticides.

### Poor performance of NGOs in AIDS control

\*240. DR. M.A.M. RAMA SWAMY: Will the Minister of HEALTH AND FAMILY " WELFARE be pleased to state:

(f) whether a number of Non-Governmental Organisations (NGOs) which have been active in HIV/AIDS prevention programme have been sacked by Government after their non-performance or poor performances;

1) if so, the details of such NGOs State-wise; and

(g) the details of NGOs which have been active in the field of HIV/AIDS prevention programme of the National AIDS Control Organisation (NACO) since its inception and have now been sacked on the basis of their poor performance or non-performance?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) Under the National AIDS Control Programme phase-III, the strategy was based on a sharp focus of Targeted Interventions (TIs) only among High Risk Groups (HRGs) viz. Female Sex Workers (FSWs), Injecting Drug Users (IDUs), Men who have Sex with Men (MSM), Migrants and Truckers to saturate HRGs coverage. Based on this strategy, of the 1220 TIs being implemented by NGOs, 262 TIs which were not focusing on HRGs (e.g. slum dwellers, street children etc.) were discontinued based on NACO's detailed Operational Guidelines. Subsequently an independent evaluation of the remaining 958 non-governmental organizations implementing Targeted Interventions among HRGs was conducted between April to June 2007. Of these 176 TIs were found to be unsatisfactory based on the criteria used for the evaluation. Funding to these organizations has been discontinued. The state wise list of the NGOs which were discontinued after evaluation is given at Statement-I (*See below*).

The functioning of 122 community care centres were also assessed and 48 were found to be unsatisfactory. These NGOs did not have adequate infrastructure and trained manpower as per requirements. The state wise list of the NGOs implementing community care centres is given at Statement-II.

#### Statement-I

State	List of NGOs which were discontinued
<u>1</u>	<u>2</u>
Goa	Positive People (composite)
MDACS	SNS Foundation (Migrant workers) People Health Organization (Taxi drivers) Humsaya Welfare Society (MSM)*
Karnataka	Bhoruka Charitable Trust-Truckers Sri Maitrai Association People's Education Society
Himachal Pradesh	Survival for Women Awareness and Tribal Idara Ishahul Fikr Society for Social Reforms (IIFSSR) Education Society, Kalsuin, Chamba Friends Club Rey, Kangra