SHRI C.P. THIRUNAVUKKARASU (Pondicherry) : Sir, it has appeared in a section of the press that ammunition would be supplied, if asked for. It was reported in one of the national newspapers. We would like to know from the Minister whether there is any such intention before the Government.

DR. ALLADI P. RAJKUMAR : Sir, it was reported by one of the national newspapers.

SHRI JAWANT SINGH: I will answer that. You will appreciate, Mr. Vice-Chairman, Sir, and I appeal to all hon. Members; there is a possibility that the press does not have all correct reports.

DR. ALLADI P. RAJKUMAR: We are anxious to know about the genuineness of report since we have read that report.

SHRI JASWANT SINGH: To suggest that we supply ammunition would really be stretching the point. Really, there is no such thing.

DISCUSSION ON THE WORKING OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

SHRI KAPIL SIBAL (Bihar) : Mr. Vice-Chairman, Sir, I consider it a privilege to initiate the discussion on the working of the Ministry of Health and Family Welfare. Mr. Vice-Chairman, Sir, I do believe that the health of a nation depends on the physical and mental well-being of its citizens. This is a bipartisan issue and I do think that the Government and all the political parties would sit together and first of all analyse the problems facing the country in this regard and the possible solution with respect thereto.

It was the dream of our founding fathers, and that dream was expressed in various articles of the Directive Principles of State Policy - that the State would be oblidged to take care of the health and well - being of its citizens. I, particularly, draw the attention of this House to article 41 of the Constitution which talks about public assistance in cases of old age, sickness and disablement, and in other cases of undeserved want. I also draw the attention of this House to article 42 which talks about the State making provisions for maternity leave; to article 45 which talks about compulsory education for all children until they attain 14 years of age; to Article 46 which talks about promoting, with special care, the educational

interests of the weaker sections of the society; and the last, but most important, article 47 which talks about improvement of public health, as amongst the primary duties of the State. I dare say, Mr. Vice-Chairman, Sir, that ever since independence we have not been able to realise these dreams. In fact, if you look back, at the time of independence the total population of this country was 360 million. Now, we have joined the billionaires club. On May 11, one year after Pokhran II, the population of our country became one billion. Yet, 38 per cent of that one billion population still continue to live below the poverty line. If you calculate that in terms of numbers, it comes to 380 million. It means, 380 million people of this country live below the poverty line, which is more than the total population of India, when it became independent. It is a mammoth task that we are faced with. In the context of that, Mr. Vice-Chairman, Sir, I am happy to note that the Government, in fact, announced a policy in February, 2000, that is, the National Population Policy. The National Population Policy enunciated certain short-term goals, certain medium-term goals and certain long-term goals. In terms of the short-term goals, the Population Policy enunciated the proposition that we would, in a very short term, be able to deal with the national health infrastructure problem, health personnel and, in particular, provide services for the integrated reproductive and child health care programme. That is the short-term policy enunciation. The medium-term policy enunciation contemplated that the population would achieve the replacement figures, namely, there would be zero growth by the year 2010. The long-term policy statement is that by the year 2045, the population in India will stabilize. Now, what we have to analyse today is, does the ground reality, in fact, match to the policy statement of the Government; what has been the experience in the past; and what is likely to happen in this regard? First of all, I might wish to say that as far as stabilisation of population is concerned, we don't talk about population control any more, we don't talk about targets any more. I am very happy about that. But still we do not know what destabilisation of population means. What does this Government consider to be a stable population so that the resources of this country match the population? So, there is a lack of enunciation in that regard. As far as the issue of family welfare is concerned, there is a proposal, and we will look into some statistics because they are important. The Department of Family Welfare, in fact, wanted a sum of Rs. 6,056 crores, which was the projected demand to meet the present needs of the department.

The outlay that has been granted to this Department for the year 2000-01 is, in fact, a paltry Rs. 3520 crores, which is far below the Department's minimum requirements for planned expenditure. Of course, the non-plan expenditure is only Rs. 21.47 crores. Now, this amount, obviously, does not meet even the existing needs for maintenance of the infrastructure that we have in various parts of the country. In fact, I might want to point out in this House that there has been no increase in the infrastructure in the health sector since 1980, and 80% of the entire expenditure in the Department goes towards payment of salaries. For the year 1999-2000, there had to be a supplementary grant for allocation of an additional Rs. 400 crores for payment of salaries. The arrears of salaries for the previous years 1997-98, 1998-99 and the arrears of this year, will require another Rs. 900 crores. So, I do not know where the policy is going to take us. If the allocation is only Rs. 3520 crores which does not even meet the infrastructure demand, then for the population policy to make a statement that population will stabilise, and that there will be zero growth by 2010 and that we will take forward the programme of reproductive and child health, seem to be only promises which are difficult to achieve. There is another aspect that I want to point out at this moment. There is hardly any expenditure in this area on the capital account. For the year 1998-99, the actual expenditure was only Rs. 57 crores in the capital account. For the year, 1999-2000, the budget allocation was Rs. 19.73 crores which was less than the previous year, and the revised estimate was only Rs. 10.48 crores. For the year 2000-2001, the budget allocation for medical and public health is only Rs. 12.57 crores for capital expenditure. So, how do you take forward the health policy? How do you take forward the reproduction and child health care, if your capital allocation is only Rs. 10 crores in an overall budget of Rs. 3600 crores? That means that most of your budget is attempted to take care of maintenance. If your expectation was Rs. 6000 crores and you get only Rs. 3500 crores, even the maintenance targets could not be met. So, I do not see how this Government, which has formulated a population policy, intends to meet its requirement if these are the figures that I have placed before you.

In fact, Mr. Vice-Chairman, Sir, a lot of these expenses go to the States for purposes of implementation. If you look at the performance of the States in this area, it is pathetic, to say the least. As you know, most of these programmes are to be implemented at the level of primary health

centres, at the level of sub-centres, at the level of community health centres and a lot of these grants, in fact, go to the States for the purpose of implementation. I just want to point out some Figures, some targets which were placed before the States and which were not achieved. I will just give you some figures with respect to 1998-99 both in terms of sub-centres and primary health centres. Sir, in Bihar alone, the target was 257 sub-centres to be set up - I am from that State - and what is the achievement - zero. In Maharashtra, the target of sub-centres was 202 - achievement, zero. In Orissa the target was 112 - achievement, zero. In Uttar Pradesh, target 546 - achievement, zero. In West Bengal, there is an improvement. The target was 621 sub-centres and the achievement was 253. This is regarding sub-centres. Let me now go to the primary health centres. In Bihar, the target was to provide 107 additional primary health centres, but the achievement is zero. In Madhya Pradesh, target 52 - achievement, zero. In West Bengal, target 43 - achievement, zero.

In Maharashtra, it is 15, and the achievement is zero. So, what health policy are we talking about? Why don't we, for once, be honest to the nation? I am not saying that my Government in the past succeeded in it. But, at least, let us have an honest policy which sets realistic targets, and you decide that you will achieve them, come what may.

Let me give you some figures of the reproductive child and health care programmes. I will give you some figures of some States. These are for the year 1998-99, and the amounts are in lakhs. Andhra Pradesh got Rs.463.44 lakhs as allocation. What did it spend? Rs. 1.98 lakhs. Bihar is a little better. It got Rs.728 lakhs, and it spent Rs.287 lakhs. Karnataka got Rs.383 lakhs and spent Rs.22 lakhs. Orissa got Rs.5.60 lakhs and spent Rs. 1.82 lakhs. West Bengal got Rs.579 lakhs and spent Rs. 121 lakhs. Himachal Pradesh got Rs.383 lakhs and spent Rs. 104 lakhs.

What do these figures tell us? One thing is very clear that policy statements are for the public: implementation is something that we do not disclose to the public. This is a beautiful document. It tells us what our goals are. But the reality is that neither in the Department at the Centre nor, in fact, in the implementation process in the States is this issue taken up with any seriousness.

Sir, it is very important at this point of time to indicate that the only investment that will multiply in geometric proportions is the investment on

health and education. In fact, today, we have an integrated approach. This is the policy of the Government, and I support this policy. We believe that unless we improve our human development index, we will not be able to generate the kind of economic growth that is necessary to take this country forward into the 21st century. You may get any amount of FDI from abroad. You may give any sops to the Information Technology Department. You may give any sops to the industry. You may give them excise concessions. You may reduce the customs duties or you may increase the customs duties and protect the industry. You may give people tax holidays, sales-tax holidays. But, unless you invest in human rsource development, you will not get the kind of growth that is necessary for this country.

I just want to mention this because this is very important. In a study carried out in the US in the year 1998 by a very known individual, called "Shultz", he said,

> "In the US, one-third of the output growth during 1941 to 1981 was attributed to growth by labour and capital, while the remaining two-third was attributed to education, innovation, economies of sale and scientific advancement. In Japan, the Japanese economic wealth consists of 1 per cent attributed to capital and 14 per cent to physical capital, but 85 per cent to human and social capital."

This is a World Bank study that I am putting before you.

As far as East Asia is concerned, in another study, the World Bank states:

"Primary education explains 60 to 90 per cent of the productive growth in the East Asian Tigers."

I wanted to place these figures before the House because this gives you a linkage between the investment in education and health and its relationship to economic growth. If the economic growth of the nation is directly linked to investment in this sector, then, we must now decide to prioritise our investments. Indeed, the only priority that is available to this country to march into the 21st century is to give this maximum attention. I am afraid that we do not have a bipartisan approach in this regard.

I wish the Government would deal with this matter with all political parties and approach in that fashion. There is no point at investing or increasing the Defence Budget by 28 per cent, if you are not going to give half of the demands, which the Ministry of Family Welfare wants from the Government in this regard.

I would now like to touch upon another issue. It is related to old age policy and the social security. Some demographic facts will demonstrate that as we go on increasing our population, the number of people above the age of 60 will also increase. So, we have to have a long-term policy about the aged. In 1991, there were 54 million people above the age of 60 years; in 2016 there will be 113 million people and in 2026 there will be 179 million people. This is an increase of 13.3 per cent. Now, how are you going to deal with these aged people in the year 2026? What is your long-term arrangement for the aged peop,e because the longivity will increase from 60 years to 75 years and the people who retire at 60 years will have to be given some kind of social security during these 15 years i.e. between 60 years and 75 years. What is your policy? As far as the Government is concerned, the rise in the number of the aged causes a corresponding increase in the Government expenditure on non-contributory pensions and health services. This will put an extra strain on your revenues. How is the Government going to deal with that? We do not have an enunciation of a policy. 49 per cent of the salaried people in non-Government jobs i.e. workers and in 177 industries are covered by pension. The balance, 51 per cent are not even covere4d. 28 per cent of salaried employees are covered by pension. How are you going to deal with them. Pension rates are between Rs.30 and Rs.250. Can any person survive with Rs.30 or even with Rs.250 in times of rising prices?

What is the Government's policy in that regard. I am afraid for the 380 million people, "who are going to live below the poverty line, there is no pension at all. There is no social security at all. Has any policy been initiated by the Government to deal with this problem? I am afraid the answer is no.

Let us now look at the state of the Indian children. What is our policy towards them? We have female foeticide in 27 of the 32 States in the country. In Bihar and Rajasthan, the ratio between the male and female is 100:60. It is all because of female foeticide. India has the 49th highest

under five mortality rate in the world. 53 per cent of children under the age of five years suffer from underweight when they are born. 52 per cent suffer from moderate and severe stunting. 29 per cent of the rural population enjoys acces to safe water. The balance 71 per cent does not. Only 14 per cent enjoy acces to adequate sanitation. If this is the state of the rural poor in the country, how then are you going to deal with the problem of health?

Let me look at another aspect. How are you going to deal with the polio programme which the Ministry of Health has undertaken?

The total number of cases in the world is 5000 and 70 per cent of those polio cases are in India. The polio campaign is short by 300 million dollars. Though the funds can be arranged, we have not got the funds because we insist on oral polio vaccine as opposed to injectible polio vaccine. The number of polio patients is growing in India because there is now a virus that is coming from Bangladesh into India. We have the problem of shortage of funds. We have the problem of re-entry of polio from Bangladesh. We have the insistence of the choice of the people and the choice of the Government to use the oral polio vaccine programme rather than go in for the injectible polio vaccine. This is one of the problems. But, unfortunately, we have not been able to eradicate polio.

The other aspect that I wanted to deal with, Mr. Vice-Chairman, is empowerment of women. I think that is one of the most important subjects that is exercising the nation when we talk about women, we really talk about the fundamentals of the family. The male may be the bread-earner. It is the woman who is the soul of the family. It is the woman who keeps the unit of the family together. It is the woman who inculcates moral values. It is the woman who inculcates discipline. It is the woman who inculcates the highest values that make a society great. And it is unfortunate that it is the women in this country who are treated the worst. All political parties, I am sorry to say, pay only lip-service to the empowerment of women. When we talk about the *panchayati raj,* when we are hoping that women, more and more women, will get involved in *the panchayati* raj movement, that is not happening. When we talk about the Women's Bill which was introduced, all political parties in this House, the other day when the matter came up, got up and said, "Yes, something should be done." But no political party is willing to go out of its way to do something for women. I believe, I

think, 1 am speaking from my heart now, that there is a kind of hypocrisy that is within us. That makes us say one thing and do just the other. Remember, fifty per cent of the population of this country consists of women and unless the woman is made a productive unit in the progress of the society, no society will ever flourish. So, I appeal to all political parties. There may be some problems in the Women's Bill. I do not say that there are no problems. But let us accept the fact that there are problems. Start the dialogue by accepting the fact and then prove to the people of this country that we are in a position and we have the political will to do something for women. There are people and there are parties who have different concepts. I accept that.

THE VICE-CHAIRMAN (SHRI SURESH PACHOURI): Please come to the subject.

SHRI KAPIL SIBAL: I am sorry, Mr. Vice-Chairman. Empowerment of women is fundamental to family welfare. That is the subject. It is fundamental to family welfare. It is fundamental to the health of the society. That is the subject of the day. ...*(Interruptions).* I mean it. This is an issue which is fundamental to the society, fundamental to the Indian society. How many rural women, of a certain community, in India are even allowed to fetch water, fetch fresh drinking water, to drink? How many women can walk the same path as traced by other communities? If that is the level of inequality and prejudice in our society, how will the woman be a productive unit in our society?

No amount of investment can get the kind of growth which is available when you invest in humans. Sir, I am sorry to say this. Now, I want to take you to article 243G of the Constitution which says, "subject to the provisions of the Constitution, the Legislature of a State, by law, endow Panchayats with such powers and authority as may be necessary to enable them to function as institutions of self-government." Under article 243W of the Constitution similar powers are available with the municipalities. Article 243G sub-clause (b) says, "the implementation of schemes for economic development and social justice as may be entrusted to them including those in relation to the matters listed in the Eleventh Schedule". If you look at the Eleventh Schedule, you will find that the matters with respect to which the powers should go to the Panchayats, for which a legislation will have to be made by the States, are drinking water, poverty allevation programme,

education, including primary and secondary schools, health and sanitation, including hospitals, primary health centres and dispensaries, family welfare, women and child development, etc. These are the subjects of legislation, which if the State enacts, the powers can be devolved on the Panchayats for these basic developments in the field of education and health. Which State in the country has passed a law under article 243G? The answer is, none. Which State in the country has passed a law under article 243W? The answer is, none. What is the reason? There is no political will. There is no political will to devolve these powers on Panchayats because then the finance will go into the hands of the Panchayats for development activities instead of being siphoned away for other purposes. This is an issue of Constitutional importance which I am raising. The issue is this. If you have amended the Constitution and if you have envisaged in the Constitution devolution of financial powers for the purposes of investments in the area of health and social welfare, let us be true to the Constitution. I am sure the Minister will look into the matter and do something about it.

Another aspect which I want to touch is with respect to education. Why do I say education? Because today the policy in respect of health and family welfare is an integrated policy. Just as the mind directs body to do certain things, it is only through an informed mind, through education, that the health of scoeity will improve. An educated mother would know that she will have to space her children. An educated mother would know how to bring up her child in a healthy condition. An educated mother would take care of the environment? It has a compounding effect. Therefore, it is important that the human development index must be improved. The World Bank published a list of human development index. Out of 174 countries, we were ranked at 124th and to bring it to the rank of 50th by 2007 we need to raise our life expectancy by another 10 years, reduce infant mortality by two-thirds and raise adult literacy by 90 per cent. That is an impossible task. The ESCAP published the figures for 1999 as social and economic indices that make up the HDI. In the scale of 0-1 we were 0.451, China was 0.651 and Japan was 0.940. We will soon overtake China in population If you compare the HDI figures for China and India, in India the fertility rate is still 3 per cent and in China it is 1.8 per cent. The rate of population growth in India is 1.6 per cent, in China it is 0,9 per cent. The use of contraceptives in India is 38.5 per cent, in China it is 85 per cent. Infant mortality in India is 2 per cent, in China it is 4 per cent. The literacy

rate in India is 64 per cent, though the international organisation says it is only 52 per cent and in the below poverty line area the literacy rate is only 36 per cent. We were to spend, in fact, 6 per cent of the GDP on education. But, have we spent that money?

It is not even two per cent. The total number of illiterates - this is very important and I want to inform the Members of this House -is 424 million in India . Do you know that it is more than the combined population of the US, Japan and Canada? The total population of the US is 263 million, of Japan, 125 million; and of Canada, it is 30 million, which is less than 420 million. This is the enormity of the task and let us be honest with the people of this country. This is an enormous task and priority has to be fixed, whether you want to invest in human resources, or, in military expenditure, or in any other expenditure. That is the issue, that is the fundamental issue, facing the country. We have set examples in Tamil Nadu, in Kerala where literacy rate has gone up, where at the same time, poverty has also increased. The other aspect which I would like to point out is this. I was going through some figures regarding the number of medical institutions that have been set up in the country. In fact, 1 did a case the other day in the Supreme Court of a private medical institution that was set up in that context. We got all the figures of various States. Do you know that in the State of UP, which probably has a population of 100 million and more, there are only eleven medical colleges? The total number of medical colleges in India is about 200. In one year, the total number of students who pass out are 18,000. If you look at the figures, you will find that if we take an average of 18,000 doctors per year, then in the last ten years, we have got only two lakh doctors. And what is the population of India - one billion. Can two, three or four lakh doctors serve a population of one billion? The average of doctors to a million population would be something below five. In other words, less than five doctors serve a million people in this country. This is the enormity of the task that I am placing before the House. How to deal with that task? Well, first of all, the Government does not have the resources to deal with it. Now, I will come to solutions and I will give four or five solutions. First of all, we must involve the private sector in a major way. We must involve NGOs in a major way. We must also see that these schemes are implemented at local level through local administration. We must provide technical help to NGOs to formulate schemes. We must impart technical training at local level Daies to. the Daayis, the ladies who

help deliver babies. Unless we do that, we will not be able to educate our people. The next point is about primary health centres. The smallest unit is the sub-centre. You have only one doctor serving 5,000 people in one sub-centre in the country. And you have one to three doctors serving 30,000 people in primary health centres. In fact, this is a very interesting thing that in the district of Mahaboobnagar in Andhra Pradesh, somebody did a study on the kind of equipment that is available in some of *the* hospitals as also in some of the sub-centres. It is a very interesting thing to note; I am reading from this book, Health and Family Welfare by Krishna Reddy, published in the year 2000; it says, "In a study in Mahaboobnagar, the supply of thermometer was found to be available only in 71% of the sub-centres." - only one thermometer. Twenty-nine per cent of the sub-centres do not have a thermometer; not even one; sub-centre serving five thousand people has only one thermometer. Now I come to gloves. One glove is possessed by 54% of the sub-centres. Five thousand people to be served and only one doctor. This is the situation of an area where you have sub-centres. What will be the situation in areas where there are no sub-centres? This study also says, "When women are asked; "why don't you use sub-centres; why don't you use primary health centres", the answer is, "how do we reach from our house to the sub-centre, there is no bus service."

How do we reach there? When we reach there, the doctor prescribes some medicine. But where is the medicine? There is no medicine. Many of the sub-centres are not located in Government buildings. They are located in private buildings. There are no bathrooms. They say, "We would rather go to the private doctors." But what do the private doctors do? They exploit them. I do not want to say much about it because the time is very short. My colleagues would also be contributing in the debate. Let us for once be honest to the nation. Let us be truthful and say that this is the state of affairs. This, as I said, is not a party issue. It is a bipartisan issue. We will share the burden with you. We will march along with you. We will try to fulfil the dreams that we have along with you. Thank you.

श्रीमती सुषमा स्वराज (उत्तर प्रदेश) : उपसभाध्यक्ष महोदय, आज हम सदन में स्वास्थ्य एवं परिवार कल्याण मंत्रालय की कार्यशैली पर चर्चा कर रहे हैं। इस मंत्रालय के अंतर्गत इतने कार्यक्रम और इतने विभाग आते हैं कि अगर हम उन सब पर अलग-अलग चर्चा

करने लगे तो बहुत विस्तार से घंटों इस पर चर्चा हो सकती हैं। महोदय, जिस समय मैंने लिस्ट ऑफ बिजनैस मे देखा कि इस मंत्रालय की कार्यशैली पर चर्चा की शुरूआत श्री कपिल सिब्बल करने जा रहे हैं तो मन में एक आशा जगी कि वे उन तमाम कार्यक्रमों पर थोड़ी- बहुत टिप्पणी करेंगे और शायद इन विभागों की कार्यशैली पर अपनी पार्टी का दृष्टिकोण, अपनी पार्टी का नजरिया रखेंगे लेकिन मुझे अफसोस के साथ कहना पड़ता हैं कि केवल स्टैडिंग कमेटी की वह रिपोर्ट जो फैमिली वैलफेयर के बारे में सदन में प्रस्तुत की गई थी, केवल वही उनके हाथ लगी और उससे उन्होने चर्चा की शुरूआत की। उन्होने पापुलेशन पालिसी का जिक्र किया लेकिन उसके बाद वे कभी संविधान की धाराएं पढ़ने लगे, कभी ऐमपावरमेंट ऑफ वीमैन की बात करने लगे, कभी शिक्षा की बात करने लगे। मैं मानती हूं कि परिवार कल्याण के अंतर्गत स्त्री सशक्तीकरण, ऐमपारवरमेंट ऑफ वीमैन आता हैं लेकिन जैसा मैंने कहा कि हम आज यहां फैमिली वैलफेयर सब्जैक्ट की चर्चा नहीं कर रहे हैं, हम चर्चा कर रहे है हैल्थ और फैमिली वैलफेयर मिनिस्ट्री की वर्किंग की।

महोदय, सिब्बल साहब से यह कहना चाहती हूं कि पब्लिकेशन काउंटर पर और भी बहुत सी चीजें उपलब्ध थीं—ऐनुअल रिपोर्ट थी मिनिस्ट्री की, परफॉरमेंस बजट था, डिमांड्ज फॉर ग्रांट्स थी और इनके अलावा देश में और बहुत सी रिपोर्ट्स उपलब्ध है। अगर उनके ऊपर एक निगाह उन्होने डाली होती तो शायद और ज्यादा सशक्त चर्चा वे इस मिनिस्ट्री की कर सकते थे। लेकिन उन्होने पहले ही फैमिली वैलफेयर की रिपोर्ट दिखाते हुए एक दुर्दशा का जिक्र करते हुए बात शुरू की। महोदय, मैं आपके माध्यम से उनसे यह कहना चाहूंगी कि हमारी सरकार केवल 1998 में सत्ता आई है। हमें केवल 2 वर्ष हुए हैं शासरन में आए हुए और आपने देश की दुर्दशा का जो चित्र सदन के सामने रखा हैं, वह चित्र उन 2 वर्षो का नतीजा नहीं हैं। वह चित्र उन 50 वर्षो का नतीजा हैं जिसमें बहुत ज्यादा समय तक या तो आपकी अपनी पार्टी की सरकार या आपकी पार्टी द्वारा समर्थित सरकारें शासन में रही हैं। जो सिस्टम हमें विरासत मे मिला है, वह सिस्टम कितना कमजोर हैं और स्वास्थ्य का जो परिदृश्य हमें विरासत में मिला हैं, जो हैल्थ सिनेरियों हमें विरासत में मिला हैं, वह कितना बुरा हैं। इसकी एक झलक मैं आपके सामने दिखाना चाहती हूं। महोदय मेरे पास एक रिपोर्ट हैं- The Repot of the independent Fomissionm of Health in India

महोदय, यह रिपोर्ट 1997 मे प्रकाशित हुई है, हमारी सरकार के आने से पहले प्रकाशित हुई है। इसलिए जो भी टिप्पणी मैं इसमें पढ़कर सुनाउंगी, वह उन सरकारों पर हैं जो 1997 से पहले इस देश में रही और कैसा सिस्टम उन्होने यहां पैदा किया, यह इस रिपोर्ट से पता चलता है। महोदय, रिपोर्ट बहुत बड़ी हैं। मैं केवल इसकी प्रस्तावना में से कुछ लाईनें पढ़ रही हूं। इसका पहला वाक्य इस प्रकार हैं-

"We have observed with considerable consternation the gradual but sure decay in the health services of the country over the last two decades. Regretably the response of the system to the situation has mostly been sporadic, feeble and often unprofessional. The system wakes up from its slumber when there is an outbreak of a particular crisis and then returns to its formal state of inactivity as soon as the situation improves slightly."

महोदय, एक और टिप्पणी इस प्रकार है

"The large widespread health infrastructure that has been set up throughout the country seems to be nonfunctional and unresponsive in many parts. Instead of moving forward to meet the new health challenges, it is sliding backward."

मैं चाहूंगी कि अगला जो वाक्य हैं कपिल जी, आप उस पर गौर फरमायें और पूरा सदन भी ध्यान से सुने। 50 वर्ष में जो सिस्टम यहां तैयार हुआ उसके बारे में यह टिप्पणी है "over-centralised and lopsided planning,"-- I repeat 'over-centralised and lop-sided planning - "inadequate and unbalanced financial outlays, lack of accountability to communities, low moral values and, very often, dereliction of duty by medical and nursing professionals plagued this system." यह वह सिस्टम हैं जिसकी धरोहर को लेकर हम आगे बढ़े है। एक अच्छे हैल्थ सिस्टम की कुछ विशेषताएं होती है। वह सर्वसुलभ होना चाहिए, सबको उपलब्ध होना चाहिए यानी एक्सीसिबल होना चाहिए। वह सस्ता होना चाहिए यानी एफोर्डेवल होना चाहिए ताकि सबकी पहुंच उस तक हो सके। वह एफीसियेंट होना चाहिए यानी एक ऐसा कुशल जो काम कर सके और वह गुड क्वालिटी का होना चाहिए, अच्छी गुणवत्ता वाला होना चाहिए तब वह डेलीवर करता हैं। लेकिन मुझे अफसोस के साथ कहना पड़ता है कि जो सिस्टम हमें विरासत में मिला है उसमें ये चारों चीजें नदारद थीं। इस सिस्टम को लेकर हमें दोहरी लडाई लड़नी थी। आप कहेंगे कि दोहरी लड़ाई कैसे ? उपसभाध्यक्ष जी, विश्व के लगभग काफी देशों से कम्युनिकेबल डिसीस खत्म हो गई। उन्होन एक लड़ाई लड़ ली, उनसे छुटकारा पा लिया। अब वे देश, अपने सारे संसाधन जो स्वास्थ्य के सिलसिले में दिए जाते है उनको लेकर लाइफ स्टाइल डिसीसिस के खिलाफ लड़ रहे हैं और उनको रोकने की बात कर रहे हैं। लेकिन हमारायह देश अभी भी इतना अभाग हैं कि हम इस सिस्टम के साथ कम्युनिकेबल डिसीसिस को रोकने की बात

करते हैं और उन्ही संसाधनो के साथ हम लाइफ स्टाइल डिसीसस जैसे-मधुमेह है, ह्दय रोग हैं, नशा हैं, इन तमाम की लड़ाई भी हम इन्ही संसाधनों के सहारे से लड़ रहे हैं। लेकिन फिर भी मैं सरकार को बधाई देना चाहूंगी कि हमारा जो परफोरमैस बजट है उसके चैप्टर दो में हमारा नेशनल हैल्थ प्रोग्राम हैं, उनके आंकड़े दिए गए हैं। अगर उन आंकड़ो को आप पढ़े तो निश्चित तौर पर एक संतोष जरूर होता हैं कि संतोषजनक ढंग से काम चल रहा है। मैं यहां एक बात जरूर कहना चाहूंगी, स्वास्थ्य मंत्री जी यहां पर बैठे हैं, नेशनल हैल्थ प्रोग्राम के नीचे हम मलेरिया से लड़ाई लड़ रहे हैं, एड्स से लड़ रहे हैं, लेकिन कुछ चीजें इसमें चिन्ताजनक पैदा हुई हैं। एक तो मलेरिया वापस लौट रहा हैं और यह मलेरिया वापसी की बात अपने आप में खतरनाक है। हो सकता है कि इसका जबाव यह दे दें कि कुछ स्थानीय कारण ऐसे रहे जिनके कारण मलेरिया की वापसी हो रही हैं। इसके साथ ही एक और चिन्ताजनक पहलू हैं- रेसिसटेंट टीबी के केसेज में बढ़ोतरी हो रही हैं। नेशनल हैल्थ प्रोग्राम के संबंध में स्वास्थ्य मंत्री जी से मैं कह रही हूं कि मलेरिया की वापसी तो चिन्ताजनक है ही, लेकिन रेसिसटेंट टी.बी. के केसिस का बढ़ना बहुत खतरनाक हैं। रेसिसटेंट टी.बी. के केसिस बढ़ने का सीधा संबंध गरीबी से है और किसी चीज से नहीं हैं क्योंकि टी.बी. ठीक होने के लिए ९ महीने तक लगातार दवाई खाई पड़ती हैं और गरीब आदमी के पास इतना पैसा नहीं हैं कि वह ९ महीने तक दवा खा सके। थोड़े दिन तक दावा खाने के बाद जब उसको लगता हैं कि वह ठीक हो रहा हैं तो वह दवा खाना छोड़ देता हैं। इसका नतीजा यह होता हैं कि जिन बैक्टीरियाज को ९ महीने के बाद मर जाना चाहिए था वे बैक्टीरियाज ताकतवार हो जाते हैं और अधमरे सांप की तर फुंकार करके उस मरीज पर वार करते है और सिवाय उसके कि वह मौत के मुंह में चला जाए कोई दूसरी चीज घटती नहीं है। इसलिए मैं कहना चाहूंगी कि नेशनल हैल्थ प्रोग्राम में जहां हम टी.बी. पर जोर दे रहे हैं वही हम रेसिसटेंट टी.बी. के जो केसिस आ रहे है,उनका एक आकलन भी हम करे और उसको रोकने की बात करें, वरना यह बहुत खतरनाक रूप ले लेगा। अभी पिछले दिनों एक भंयकर रोग देश में आया हैं जो नेशनल हैल्थ प्रोग्राम के नीचे चलाया जा रहा है और वह एड्स का है। यह एक ऐसा घातक रोग हैं जो केवल समाज मे फैलता ही नहीं हैं, समाज को तोड़ता भी हैं , जो समाज की विकृतियों को उभारता है, जो समाज को घिनोने रूप को सामने लाता है। यह जितना खतरनाक रोग हैं, इसको उतने ही आक्रामक तरीके से रोकने की जरूरत है। लेकिन एड्स के आंकड़ो को लेकर यानी एड्स से ग्रस्त लोगों के आंकड़ो को लेकर और उन आंकड़ो के इकट्ठा करने के तरीकों को लेकर भी देश मे विवाद उठ खड़ा हुआ है। एड्स को रोकने के उपायों को लेकर और एड्स को रोकने की सरकारी दृष्टि को लेकर भी विरोध हो

रहा है। एड्स पर खर्च हो रही राशि को लेकर और उस राशि को खर्च करने के लिए खड़े किये गये ढांचों को लेकर आज देश में शंकाएं पैदा हो रही हैं। स्वास्थ्य मंत्री जी यहां बैठे है, मैं उनसे कहना चाहूंगी कि ये विवाद या ये विरोध ऐसे नहीं हैं जो यूं ही डिसमिस किये जा सकें, जिनके बारे में अनदेखी की जा सकें, उनमें से बहुत से तर्क बहुत वजनी हैं, बहुत से तथ्य ऐसे सामने आए है जिनकी अनदेखी नहीं की जा सकती। उपसभाध्यक्ष जी, अभी कुछ दिन पहले मुझे एक ज्ञापन मिला था। एक दस्तावेज जो ज्ञापन के रूप मे प्रधान मंत्री जी को दिया गया हैं और उसमें हमारी तीन सदस्याओं के साइन हैं, इस सदन की सदस्याओं के – जयाप्रदा जी के हस्ताक्षर हैं, मैबल रिबैलो- वह कांग्रेस पार्टी की है, उनके हस्ताक्षर है, निर्मला देशपांडेय उस समय यहां सदस्या थीं, उनके हस्ताक्षर हैं, श्रीमती सुमन कृष्णकांत के हस्ताक्षर हैं, इला भट्ट के हस्ताक्षर है, रमी छाबड़ा के हस्ताक्षर हैं। यानी अपने-अपने क्षेत्रों में काफी प्रतिष्ठित मलिलाएं जो हैं, उन्होने यह ज्ञापन उनको दिया हैं और उसमें जो तथ्य दिये है वे बहुत ही चौकाने वाले हैं। वे प्रधान मंत्री से इस ज्ञापन को लेकर मिली तो प्रधान मंत्री ने कहा कि इस पर वाकई समीक्षा करने की जरूरत है और उन्होने स्वास्थ्य विभाग को कहा कि इसकी समीक्षा करो। समीक्षा के लिए एक बैठक भी हुई मगर आधी-अधूरी होकर रह गयी। आज मैं हैल्थ मिनिस्टर से कहना चाहती हूं, वह यहां बैठे हुए हैं, बहुत आवश्यकता है कि वह इस बारे में एक मिटिंग स्वयं अपनी अध्यक्षता में बुलाएं ताकि आमने-सामने बैठकर बात हो सकें। ये चीजें ऐसी नही हैं, जिनकी अनदेखी हो जैसा मैंने कहा यह जो सारी की सारी विपरीत राय बन रही है इसको समझने की जरूरत हैं, इसको देखने की जरूरत हैं। जो खामियां इस पूरे कार्यक्रम में आ गयी है, उनको दुरूस्त करने की जरूरत हैं और जो शंकाएं उठ रही हैं, उन शंकाओं का निवारण करने की जरूरत हैं। अगर कही इस पूरे एड्स कंट्रोल प्रोंग्राम में हमसे गलती हो रही है तो उस गलती को सुधारने की भी जरूरत हैं। इसलिए मैं स्वास्थ्य मंत्री जी से कहना चाहूंगी कि इस ज्ञापन को वह अपने मंत्रालय से निकलवाकर एक मीटिंग बुलाएं और पूरी की पूरी आमूल-चूल समीक्षा करें ताकि एड्स कंट्रोल प्रोग्राम जिस तरह से हम चला रहे हैं, उसके विवाद और विरोध शांत हो सकें, यह मै उनसे कहना चाहूंगी। नेश्नल हैल्थ प्रोग्राम के बारे में एक आसैर बात यह भी कहना चाहूंगी कि हमारे यहां बहुत सोर्सिज और बहुत चैनल है। हर प्रोग्राम में अलग-अलग पैसा आता है। जब इतने सोर्सिज और इतने चैनल्स से बांटा जाता है तो उसका बहुत थोडा भाग ही पहुंचता है। अगर हम नेशनल हैल्थ प्रोग्राम को चलाने के लिए सोर्स रखें, एक चैनल रखे तो गरीब जनता को ज्यादा लाभ भी पहुंचेगा, कई तरह के ढांचे खड़े नहीं करने पड़ेगे, पैसा व्यर्थ नहीं होगा और नेशनल हैल्थ प्रोग्राम्स की ज्यादा उपयोगिता हमारे देश की जनता तक पहुंच सकेगी। उपसभाध्यक्ष महोदय, इसके बाद मैं एक बिन्दू लेना चाहूंगी। स्वास्थ्य मंत्री जी, जो कार्यक्रम आपके मंत्रालय के अन्तर्गत चलाया

जाता हैं, वह है मातृ सुरक्षा अभियान का कार्यक्रम, जिसके तहत गर्भवती मां और गर्भस्थ शिशु यानी जच्चा और बच्चे की देखभाल का कार्यक्रम चलाया जाता हैं। बहुत अच्छी तरह से यह कार्यक्रम चल रहा हैं, आंकड़े बहुत अच्छे आए है। इनफैंट मोर्टेलिटी रेट कम हुआ हैं, एम.एम.आर. मैटर्नल मोर्टेलिटी रेट कम हुआ है और काफी ज्यादा कम हुआ हैं। 51 से 61 के दशक मे जो आंकड़ा 146 का था, वह 72 पर आ गया हैं। यानी एक हजार बच्चे जो पैदा होते थे उनमे से 146 मर जाते थे, अब उनकी दर घटकर 72 रह गयी हैं। इसी तरह से एम.एम.आर. हैं। अगर एक लाख महिलाओं में से 800 मर जाती थीं, वह कम होकर 437 पर आ गयी हैं। यह एक अच्छी सफलता है लेकिन एक और आंकड़ा अगर मैं आपके सामने रखूं तो बहुत दर्दनाक पहलू आपके सामने नजर आएगा और वह आंकड़ा क्या हैं? वह आंकड़ा हैं—हमारे यहां गर्भवती महिलाओं में से साढ़े 87 फीसदी यानी 87.5 प्रतिशत प्रैगनेंट वूमैन एनीमिया की शिकार होती हैं और उन साढ़े 87 फीसदी में से 13 फीसदी महिलाएं सीवियर एनीमिक होती हैं। महोदय, आप यह जानते हैं कि एनीमिक महिला कोई बहुत अच्छे शिशु को जन्म नहीं दे सकती, स्वस्थ शिशु का जन्म नहीं दे सकती। यही कारण हैं कि हमारे यहां 67 फीसदी शिशु केवल ढाई किलो के पैदा होते है, 2500 ग्राम वजन केवल 67 फीसदी शिशुओं का होता हैं। हालांकि अपने आपमें ढाई किलो भी बहुत ज्यादा नहीं हैं लेकिन ढाई किलो का वजन भी केवल 67 फीसदी शिशुओ का होता है। मैं आपसे पूछना चाहती हूं कि जो शिशु ढाई किलो से भी कम वजन के होते है—कम वजन के शिशु बहुत जल्दी संक्रामक रोग से ग्रस्त हो जाते है, अपाहिज हो जाते हैं। मानसिक रूप से अविकसित रह जाते हैं और शायद किसी भी राष्ट्र के लिए यह बहुत दुख और शर्म की बात होनी चाहिए कि एक तरफ हम आधुनिक प्रगति और उन्नति की बात करें और दूसरी तरफ हमारी भावी पीढ़ी कमजोर और बीमार पैदा हो। उपसभाध्यक्ष जी, इस विषय की गंभीरता को समझते हुए राष्ट्रीय मानवाधिकार आयोग ने एक पहल की। आप हैरान होगे कि वे इसमें कैसे आ गए लेकिन एन.एच.आर.सी. ने कहा कि लाइफ का मतलब "लाइफ विद डिग्निटी" है, लाइफ का मतलब "लाइ फ विद गुड हेल्थ" है और राष्ट्रीय मानवाधिकार आयोग ने अभी एक सेमिनार किया। आई.आई.सी. में यह सेमिनार इसी 26-27 अप्रैल को हुआ। खुद हेल्थ मिनिस्टर इसके उद्घाटन सत्र में गए थे और हेल्थ सेक्रेटरी उसके समापन सत्र में गए थे। दो दिनों तक बहुत विस्तृत चर्चा हुई। जस्टिस जे.एस.वर्मा. जो चेयरमैन हैं एन.एच.आर.सी. के पूरे दो दिन के सत्र में वे उपस्थित रहे, उस सेमिनार में उपस्थित रहे। देश के बहुत प्रतिष्ठित डॉक्टर्स, जजेज़, एडवोकेट्स, सोशल वर्कर्स ने उस सेमिनार में भाग लिया। उन दो दिनों की चर्चा में, मैं आपको यह बताऊं की वह चर्चा, वह सेमिनार केवल एनीमिया पर हुआ, मैटरनल एनीमिया पर—पूरे मातृ सुरक्षा अभियान की बाकी चीजों पर नहीं, मतलब कितनी गंभीरता से उन्होने इस विषय को लिया। विषय कितना

छोटा मगर कितना स्पेसिफिक । केवल मैटरनल एनीमिया पर हुआ वह सेमिनार और वहां कुछ रिकमेंडेशन्स की गई, कुछ अनुशंसाएं की गई और उन अनुशंसाओं को एन.एच.आर.सी. ने स्वीकार किया। उनमें से कुछ अनुशंसाएं मैं आपके सामने पढ़ना चाहूंगी। इसमें अलग-अलग विभागों से संबंधित अनुशंसाएं भी है जैसे एच.आर.डी. से संबंधित, एजुकेशन से संबंधित लेकिन मैं उन अनुशंसाओ में से किसी को यह नहीं पढूंगी, केवल जो तीन रिकमेंडेशन्स उन्होने हेल्थ मिनिस्ट्री से संबंधित की हैं, वे पढ़ना चाहूंगी और उससे पहले एक टिप्पणी, केवल एक टिप्पणी आपके सामने पढ़ना चाहूंगी।

यह तीस वर्षो से हमारे नेशनल एनीमिया कंट्रोल प्रोग्राम पर टिप्पणी हैं कि केवल बीस फीसदी टार्गेट पॉपुलेशन को ये डोजेज मिल सके। यह ऑब्जर्वेशन हैं और उसके बाद उनकी रिकमंडेशन्स हैं, 5.1 से ये रिकमंडेशन्स शुरू होती हैं। Now, 5.2 जो सीधे इनके मंत्रालय से संबंधित है।

अब ये रिकमंडेशन्स जो एन.एच.आर.सी. ने दी हैं, सीधे भी मंत्री जी के पास पहुंचेंगी और जो बाकी विभागों से संबंधित हैं, वे भी उनके पास पहुंचेगी लेकिन मैं यह चाहूंगी कि एन.एच.आर.सी. द्वारा स्वीकृत की गई रिकमंडेशन्स को जिन्हें मैने सदन में पढ़ा हैं, जिस समय स्वास्थ्य मंत्री जी जवाब दें तो कम से कम सदन को इतना जरूर आश्वस्त करें कि एन.एच.आर.सी. की इन रिकमंडेशन्स को वे केवल मंजूर ही नहीं करेंगे बल्कि जल्दी से जल्दी उन पर अमल भी करेंगे ताकि जो नेशनल मेटरनल एनीमिया कंट्रोल प्रोग्राम चल रहा हैं, वह सुचारू रूप से चल और यह जो टिप्पणी की गई हैं इस प्रोग्राम के बारे में इस टिप्पणी से हम बरी हो सकें और हिन्दुस्तान के अंदर कम से कम गर्भवती माता की इस तरह से देखभाल हो सके कि वह एक अच्छे शिशु को , स्वस्थ शिशु को जन्म दे सके। उपसभाध्यक्ष जी, इसके बाद मैं पॉपुलेशन कंट्रोल पर थोड़ी सी बात कहना चाहूंगी। कपिल जी ने इस संबंध मे काफी बातें रखी है। यह जो फैमिली वेलफेयर की रिपोर्ट आई है, उसके इंट्रोडक्शन का पहला सेंटेंस ही देखने वाला हैं

हम विश्व की जनसंख्या का सोलह फीसदी हैं यानी दुनियाभर के लोग अगर खड़े कर दिए जाए तो हर सोलहवां व्यक्ति हिन्दुस्तानी हैं भारतीय है।

इस 11 मई को यानि आज से कुछ दिन बाद भारत सौ करोड़ का देश हो जाएगा। स्वास्थ्य मंत्रालय ने कुछ ऐसी गर्भवती माताओं की पहचान की है जो 11 मई को शिशुओं को जन्म देंगी क्योंकि वे इसको एक इवेन्ट मान रहे हैं, यह देखने के लिए कि वह कौन सा शिशु होगा जो हमें सौ करोड़ का बनाएगा। यह बहुत खुशी की बात नहीं हैं।

जनसंख्या का बढ़ना हमारे देश की सारी विकास योजनाओं मे बाधक हैं। धरती रबड नही हैं जिसे आप जरूरत के अनुसार खीचतें चले जाएंगे। अनाज के स्रोत सीमित हैं, पानी के स्रोत सीमित हैं इसलिए हमारी विकास योजनाएं जनसंख्या की वृद्वि के चलते असफल हो जाती हैं। आज हमें जरूरत है एक बहुत अच्छे पॉपुलेशन कंट्रोल प्रोग्राम की, एक जनसंख्या नीति की। यहां इतनी बड़ी बात कपिल जी ने कही लेकिन मैं उनसे पूछना चाहती हूं कि आपके समय से बीच-पच्चीस वर्षो से जनसंख्या के कार्यक्रम में बदल गई। आप पॉपुलेशन पॉलिसी की बात कर रहे हैं, किसने इस बारे में ग्रुप का गठन किया था? मैं उन्हे याद दिलाना चाहती हूं कि 1993 में आपकी सरकार थी और जुलाई, 93 में एम.एस. स्वामीनाथन कमेटी का गठन हुआ, एक्सपर्ट ग्रुप का गठन हुआ और उससे कहा गया कि राष्ट्रीय जनसंख्या नीति तैयार करो। शायद ऐसा कभी नहीं हुआ होगा महोदय, दस महीने से काल में, एक वर्ष से भी कम समय में स्वामीनाथन कमेटी ने नीति का प्रारूप मार्च, 1994 में दे दिया, तत्कालीन प्रधान मंत्री को दे दिया, तत्कालीन स्वास्थ्य मंत्री को दे दिया। जुलाई, 1993 मे ग्रुप गठित होता हैं, मार्च 1994 में उसकी रिपोर्ट आ जाती हैं। उसके बाद दो साल 1996 तक आपकी सरकार रही और उसके बाद आपने द्वारा समर्थित सरकारें रही। क्या हुआ उस प्रारूप का? अलमारियों में वह फाइली घूल चाटती रही। इस सरकार को श्रेय जाता हैं जिसने अलमारी से वह रिपोर्ट निकाली हैं। केवल मंजूर ही नहीं किया बल्कि चर्चा के बाद मंजूर करके उसको सदन में प्रस्तुत किया गया। आप उस नीति को पढ़िए उसने पूरा नजरिया बदल दिया जनसंख्या की तरफ। जोर-जबर्दस्ती के बजाए व्यक्ति की पसंदगी-नापसंदगी और एक समग्रनीति बनाई। शिक्षा, जन जागरण, पंचायतों की इन्वाल्वमेंट इन तमाम चीजों को लेकर एक जनसंख्या नीति सदन के सामने रखी गई। लेकिन जनसंख्या नियंत्रण अपने आप में एक ऐसा मुद्दा है जो दलीय परिधियों में नहीं बंध सकता और शायद कम से कम इस मुद्दे पर हमें दल से ऊपर उठकर बात करनी होगी। जो मुद्दा कपिल जी ने यहां रखा हैं और स्टेंडिंग कमेटी के पृष्ठ संख्या बीस पर स्टेंडिंग कमेटी ने स्वयं कहा है कि प्रधान मंत्री जी एक सर्वदलीय बैठक बुलाएं और उसमें एक कनसेंसस बनाएं और एक सर्वानूमति बनाएं। मैं उस सुझाव का स्वागत करती हूं और सदन में इस बात को कहना चाहूगी कि प्रधान मंत्री जी जल्दी बैठक को बुलाएं, जिससे तमाम दलों के लोग बैठकर उनके साथ चर्चा करें कि किस तरह से हम जनसंख्या नियोजन कर सकते हैं। महोदय, आप मेरी तरफ संकेत कर रहे हैं, आप संकेत मत करिए क्योंकि मैं बहुत ज्यादा समय नहीं लूंगी और बहुत थोड़े समय में अपनी बात कहूंगी। मैं अपनी बात को इतना नहीं बढ़ा रही हूं कि उसे थोड़े समय में समेट न सकूं। लेकिन संक्षेप में कुछ बिन्दुओं पर अपनी टिप्पणियां कर रही हूं। महोदय, इंडियन सिस्टम आफ मैडिकल एंड होम्योपैथी का विभाग

चाहूंगी। आप इस बात के साक्षी होगे और मेरी इस बात को स्वीकार करेंगे कि देश में आज जो स्वास्थ्य का बुरा परिदृश्य दिखाई दे रहा हैं उसका प्रमुख पहलू यह है कि हमारी सरकारें केवल एलोपैथी पद्धति को लेकर चल रही थी और भारतीय चिकित्सा पद्धतियों की पूरी उपेक्षा कर रही थी। केवल उपेक्षा ही नहीं बल्कि भारतीय चिकित्सा पद्धतियों को रेशनल और अनसांइटिफिक कहकर उनका अपमान भी किया है। लेकिन मैं यह कहना चाहती हूं कि जिन्होने इन पद्धतियों को इरेशनल और अनसाइंटिफिक कहा, वे इनका अपमान नहीं कर रहे थे, बल्कि वे अपने अज्ञान का प्रदर्शन कर रहे थे। ऐसा कहने वालों को शायद पता नहीं जब एलोपैथी आसपास भी नहीं थी तब महर्षि धनवन्तरी ने आयुर्वेद की स्थापना की थी। जिस समय एलोपैथी की एक किताब भी उपलब्ध नहीं थी उस समय चरक संहिता बन गई थी और आज भी रोगी की नब्ज पर हाथ रखकर बिना उससे बात किए रोग के लक्षण जान लेना यह सौथाग्य केवल आयुर्वेद वालो को ही नसीब हैं, एलोपैथी वालों का नसीब नहीं हैं। लेकिन हमने तो कोलिनियल हैल्थ पोलिसी इनहेरिट की थी। अंग्रेजी की बात समझ में आती है। उनका वेस्टेड इंट्रस्ट था, उनका एक निहित स्वार्थ था हमारी चिकित्सा पद्धतियों को पनपने न देना। उन्होने तो तय करके योजना बनाकर हमारी पद्धतियों को मारा। लेकिन स्वतंत्रता आंदोलन के बाद जब हम अपना स्वयं संचालन कर रहे थे, अपनी सरकार चला रहे थे तब तो इन चिकित्सा पद्धतियों की तरफ निगाह डाल सकते थे। लेकिन नहीं। यही कारण है कि "हैल्थ फॉर ऑल बाई 2000" का सपना एक दिवास्वप्न बनकर रह गया। मैं आज भी कहना चाहती हूं कि अगर हमारी भारत सरकार इन चिकित्सा पद्धतियों को साथ लेकर एक समग्र स्वास्थ्य नीति बनाकर चलती तो देश का स्वास्थ्य परिदृश्य इतना खराब नहीं होता। हमारे यहां आयुर्वेदिक है, यूनानी हैं, सिद्धा हैं, योगाभ्यास हैं, प्राकृतिक चिकित्सा हैं और अब तो उसमें होम्योपैथी भी मिल गई हैं। ये अपने आप में बहुत प्रभावी पद्धतियां हैं, बहुत प्रभावित पद्धतियां हैं लेकिन इनकी तरफ ध्यान नहीं दिया गया। हमारे स्वास्थ्य मंत्री तमिलनाडु से आते हैं, वहां सिद्धा प्रणाली बहुत प्रचलित हैं। वे स्वयं इससे परिचित होंगे। एक बात की मुझे खुशी हैं, कहते हैं कि "देर आए दुरूस्त आए: 1995 मे हमारी सरकार चेती और उसे लगा कि नहीं इन पद्धतियों की भी उपयोगिता हैं और एक अलग विभाग बना दिया जिसे "इंडियन सिस्टम ऑफ मेडीसिन एण्ड होम्योपैथी" का नाम दिया गया। जिसे हम एबीर्विऐशन में आई.एस.एम.एच. बोलते हैं। यह विभाग बहुत अच्छी तरह से काम कर रहा हैं। लेकिन मैं इस बात के लिए वर्तमान सरकार को बधाई देना चाहती हूं कि वर्तमान चिकित्सा पद्धतियों के प्रभाव को इस सरकार ने पहचाना और इस बार कुल बजट में से सौ करोड़ का बजट केवल आई.एस.एम.एच. के लिए रखा। उपसभाध्यक्ष जी, और केवल बजट की बात नहीं हैं। मैं एक

टिप्पणी की ओर आपका ध्यान दिलाना चाहूंगी , दो दिन पहले अखबार मे आपने भी पढ़ा होगा "श्री राम नारायण वैद्य" पुरस्कार देने के लिए प्रधानमंत्री जी गए थे। वहां उन्होने एक बात कही कि काफी समय से वे एलोपैथी ड्रग्स ले रहे थे ठीक नहीं हुआ जब आयुर्वेदिक दवाई लेनी शुरू की तो ठीक हुए। यह एक वाक्य नहीं हैं, एक टिप्पणी नहीं हैं। प्रधानमंत्री जी के मुंह से कहा गया यह वाक्य सौ करोड़, सैकड़ो करोड़ के बजट से ज्यादा प्रभावी रहेगा क्योंकि यदि ये पद्धतियां राज्याश्रय के अभाव में, राज्य के आश्रय के अभाव में भी बची रहीं तो लोकाश्रय के कारण बची रही। पब्लिक का आश्रय निहित था। जब राज्याश्रय नही मिलत, लोकाश्रय मिलता है तब भी एक चीज चलती रहती हैं। पब्लिक की अपनी आस्था, लोगों का विश्वास उसमें था। यह लोकाश्रय प्रधानमंत्री जैसे व्यक्ति के माध्यम से आए तो आम आदमी की आस्था उसमें बढ़ती हैं। जो उसे नहीं अपनाते थे वे भी उसे अपनाते हैं और आज की सरकार ने यह प्वाइंट नहीं था। आम तौर पर एलोपैथी ड्रग्स के बारे में लोगों की आस्था है कि बहुत अच्छी दवाइंया बनकर आती हैं। लोगों को लगता हैं कि आयुर्वेदिक पद्वति की दवाइंया अच्छी नहीं आ रही हैं। इस बार इन्होने जी.एम.पी. भी लगाया ताकि बहुत अच्छी क्वालिटी और अच्छी गुणवत्ता की दवाइंया इसमें आ सके। जैसा मैं आपसे कह रही हूं जो दृष्टि और नजरियां यह सरकार हमारी चिकित्सा पद्धतियों के प्रति लेकर चल रही हैं उससे हमारे स्वास्थ्य परिदृश्य मे एक बहुत बड़ा परिवर्तन आएगा। एक बात और चिकित्सा पद्वति के बारे में मैं स्वास्थ्य मंत्री जी से जानना चाहूंगी कि जहां हमारे पास आयुर्वेदिक की विरासत हैं वही हमारे पास औषध संपदा की भी अपार संपत्ति हैं। मेडिकल प्लांट, हर्ब्स, जो जड़ी-बूटियां हैं, जिन पर हमारे ग्रामीण भाई, आदिवासी भाई-बहिन आश्रित हैं और उनके माध्यम से जो लोग इलाज करते हैं, मैं चाहूंगी कि ट्रिप्स के माध्यम से, इंटेलेक्चुअल प्रोपर्टी राइट के माध्यम से हम अपनी औषध संपदा को बचाएं । इतनी बड़ी संपदा हैं, इतनी बड़ी धरोहर हैं कि यदि उसे बचाकर रखेंगे तो भारतीय चिकित्सा पद्धतियों को और ज्यादा प्रभावी बनाने में हम कामयाब हो पाएंगे। मैं बहुत छोटे-छोटे बिंदुओ मे अपनी बात कहना चाहूंगी संस्थानों की। एक बहुत लम्बी लिस्ट परफोर्मेस बजट में दी गई हैं। इसमें एक संस्थान जो स्वास्थ्य मंत्रालय के नीचे चल रहा हैं उसके कार्यकलाप पर भी टिप्पणी की गई हैं। मैं सब को नहीं लेना चाहूंगी। केवल दो संस्थानों जिनके बारे में प्रामाणिक जानकारी मुझे हैं केवल उनके बारे मे कहना चाहती हूं। इनमें एक हैं ऑल इंडिया इंस्टीट्यूट आफ मेडिकल साइसेंज दिल्ली और दूसरी है पी.जी.आई. चंडीगढ़। इन दोनों के साथ मेरा सीधा रिश्ता रहा हैं। मुझे लगता हैं कि पी.जी.आई. की बात कपिल जी को करनी चाहिए थी क्योंकि वे चंडीगढ़ से आते हैं। लेकिन मैने कहा कि अगर वे बजट पढ़ते तो पता चलता कि वह भी इस मंत्रालय के नीचे हैं ....(**व्यवधान**)...

श्री कपिल सिब्बल : मैं समझता हूं कि ऐसे विषय पर आपको पार्टी से ऊपर उठना चाहिए। ....(**व्यवधान**)...

श्रीमती सुषमा स्वराज : पार्टी से ऊपर उठकर ही बात कर रही हूं। मैं तो मंत्रालय पर ....(**व्यवधान**)...

उपसभाध्यक्ष (**श्री सुरेश पचौरी**) : आपकी पार्टी के 8 मिनट है। अपनी बात जल्दी समाप्त कर दीजिए।

श्रीमती सुषमा स्वराज : मैं ज्यादा से ज्यादा तीन मिनट में अपनी बात समाप्त कर दूंगी। मैं आपसे समय नहीं मांगूगी। जहां तक पी.जी.आई. और "एम्स- का सवाल हैं यह हमारे देश के प्रतिष्ठित संस्थान हैं, इसलिए मैं इनके बारे में बात कर रही हूं। पी.जी.आई. की इमारत 38 साल पुरानी हैं और वहां के उपकरण 25 साल पुराने हैं। इमारत की मरम्मत की जरूरत हैं और उपकरण बदलने की जरूरत हैं। इसी तरह से आल इंडिया इंस्टीट्यूट आफ मेडिकल साइंसेज में ट्रोमा सेंट खोलने की बात बहुत दिनों से लंबित पड़ी हैं। सब जानते है कि दिल्ली को सबसे बड़ा एक्सीडेंट प्रोन सिटी घोषित किया गया हैं। जहां इतनी दुर्घटनायें होती हों वहां आल इंडिया इंस्टीट्यूट में ट्रोमा सेंटर न हो यह आश्चर्य की बात हैं। यह ऐसा मामला हैं जो बहुत दिनों से लंबित है। इसलिए मैं कहना चाहूंगी इसके लिए आप उनको धन उपलब्ध करायें। डिजाइन तैयार हैं केवल पैसे का सवाल है। यहां पर आप ट्रोमा सेंटर खुलवाइए और वहां उनकी इमारत की मरम्मत करवाइए, उपकरण बदलवायें तो ये संस्थान बहुत प्रतिष्ठा प्राप्त कर सकते हैं। मैं यह भी कहना चाहूंगी कि हमारे यहां कुछ संस्थान इंटरनेशनल स्तर के भी होने चाहिएं। इंटरनेशनल सर्टिफिकेशन जिनको मिल सकता हैं। हम हास्पिटल स्टैडर्डाइजेशन शुरू करें मूवमेंट अगर आईएसओ 9002 इन संस्थानों को मिले, अगर आईएसओ 4001 इन संस्थानों को मिले तो यह हमारे लिए एक बहुत बड़ी बात होगी। ये दोनों संस्थान इंटरनेशनल स्टैडर्ड के हैं स्थान उपलब्ध हैं और कुशल प्रबंधन हैं, बहुत मेहनती डाक्टर है, इन संस्थानों पर लोगों को विश्वास है। इनको थोड़े से पैसे की आवश्यकता हैं—वैसे बजटरी एलोकेशन में, कपिल जी कह रहे थे कि 6 हजार करोड़ क्यों नहीं दिया। अगर आप ध्यान से देखते तो 2900 करोड़ से 3500 करोड़ कर दिया गया है। इसमें 600 करोड़ बढ़ाया गया हैं। जिसे कमेटी ने भी सब्स्टैंशियल एनहांसमेट माना हैं, उसी रिर्पोट में, जिस रिपोर्ट को आप पढ़ रहे थे, सब्स्टैंशियल एन्हांसमेंट के रूप में ये 600 करोड़ दिए हैं। लेकिन इस 600 करोड़ रूपए से मैं नहीं मानती कि सब काम हो जाएगा। पैसे की बहुत आवश्यकता हैं और क्योंकि एन डी ए की सरकार प्रतिबद्व हैं, भारत को स्ट्रांग और प्रास्परस राष्ट्र बनाने के लिए। वह प्रतिबद्व है, भारत को मजबूत और समृद्व राष्ट्र बनाने के लिए। मैं यह वाक्य

कहकर अपनी बात समाप्त करूंगी स्वास्थ्य मंत्री जी कि स्वस्थ भारत से ही समृद्ध भारत बनेगा। एक स्वस्थ भारत ही मजबूत भारत बनेगा, एक स्वस्थ भारत ही सुखी भारत बनेगा और एक स्वस्थ भारत ही सुन्दर भारत बनेगा। इसलिए जितना भी पैसा इस काम के लिए चाहिए भारत के स्वास्थ्य के संवर्द्धन के लिए दे ताकि एक एक पैसा जो हम खर्चे वह स्वास्थ्य की दिशा में मील का पत्थर साबित हो, इस विश्वास से मैं अपनी बात समाप्त करती हूं।

[THE VICE-CHAIRMAN (SHRI RAMA SHANKER KAUSHIK) in the Chair]

DR. Y. RADHAKRISHNA MURTY (Andhra Pradesh): Thank you, Mr. Vice-Chairman, Sir. I am asked to speak after two gifted speakers have spoken, and both of them are professional speakers - one is an advocate and the other is a politician. I am, therefore, diffident to speak after both of them because I am only a medical man. As a student, we are asked to speak less and listen more. I have had forty years of practice, but unfortunately, after coming to this House, I am asked to speak. Sir, I would like to make one more point before I begin my presentation. I have no intention of blaming this party or that party because a free-market economy has come into our political field also. And, of course, these measures and acquisitions have taken place; so, there is no point in differentiating these people.

Sir, I only speak on the points which pertain to health. But, unfortunately, health is not a very glamorous topic. There is nothing sensational about it. So, it does not attract the media; it does not attract the politician; it does not attract the people; the people are reconciled to their fate and they suffer silently, without grudging, without agitations and without demonstrations. This has become the fate of our people. This is the condition of the masses. I would like to deal with the subject under three topics. This is a vast area. I will confine myself to three topics; and on each topic, I would like to take five minutes. I think, Mr. Vice-Chairman, you will be kind enough to give me a little more time. The first topic relates to the status of health, policies, perception, practice, etc. I will talk about the reality. The second topic is regarding the drug and the pharmaceutical industry, the policies, ISM, etc. The third topic is with regard to the population policies, the evolution and the evaluation of these policies. Sir, In India, we do not have health as a fundamental right. Of course, my friend, Shri Kapil Sibal, quoted so many articles. I will not go into those details or into the statistics. Both the hon. Members who

preceded me have given a lot of statistics. I will not go into that because both the hon. Members had exhaustive statistics. Sir, I would like to tell you one point. Health is not a fundamental right in India. In the socialist countries — both the collapsed as well as the continuing variety — health is a fundamental right. In some of the welfare States like the Norwegian countries, and also in some of the capitalist countries, like the UK, Canada etc., health has been nationalised. We do not have any such facility here. This is one point which I would like to mention. Sir, the World Health Organisation had stated, "Health is a state of complete physical, mental and social well-being, not just an absence of disease."

This is one of the points which you will have to keep in mind while discussing health. It is also said, The enjoyment of the highest attainable standard of health is one of the fundamental rights. Here, I am stressing on the point 'fundamental right'. I quote from a WHO document, "Health is one of the fundamental right of every human being, without distinction of race, religion or social condition." Sir, both the hon. Members have mentioned about the level of poverty in our country. Poverty leads to malnutrition, malnutrition leads of disease, and disease leads to malnutrition again. This is a vicious circle in which our country has been placed. I would like to give a little bit of historical account. We had started in 1946, a little before we attained Independence. Sir Joseph Bore headed a Committee which was dealing with health. He gave a very beautiful report which is valid even today. He is the person who gave us this concept of primary health care and primary health centres. We have made a little alteration afterwards. We also have some institutions like the AIIMS, and some concepts like minimum health needs, etc. In 1948, our Health Ministers" Conference endorsed these concepts. But, Sir, all these things remained inadequate due to low allocations, which my friend had referred to. I will not talk in percentage terms. I will also not go into absolute terms and other details. We started in the first Five-Year-Plan with 3.2% of GDP for health, family-planning, etc. Then, in the 9th Plan, we had come down to 2.6% of the G.D.P. This is how we are allocating funds for the health sector.

Then, Sir, my sister mentioned about "Health for All by 2000 A.D." I would like to take a minute or two on this. The Alma Atta Declaration which was signed in 1978, gave us the slogan. "Health for All by 2000 A.D." India is a signatory to this Declaration. This Declaration has stressed

on health as a fundamental right again. It has also stressed, "Primary health care as a vehicle to the health of the country and the people." Thirdly, it has also pointed to the basic needs programme of nutrition, safe drinking water, sanitation and other things. My friend has dilated on that. I will not go much into that because, I know, no repetition will be liked by the House.

Then, Sir, it has emphasised on the Universal Immunisation Programme for six diseases. If the. Universal Immunisation Programme is implemented properly, the next generation will not have six diseases which are major killers in our country. Then, the "Health for All" Programme emphasised on prevention, the preventive aspects of the diseases, not the curative ones. I think, our emphasis on these five or six points have been lopsided. I will come to that later.

Now, we are in 2000 A.D. The question is: did we attain the state of "Health for All by 2000 A.D.? If not, why not? Whom to blame? Which party to blame? Which Government to blame? I told you in the beginning itself that I am not going to blame any party or Government. Government is a continuous affair. For the last fifty years, we have been following lopsided policies, and the spirit of "Health for All by 2000 A.D." has not been followed properly. That is why, we are not speaking about it for the last five years. My sister said that "Health for All by 2000 A.D." is a dream. I think it has remained a dream. I do not know, maybe, after 10 years or 15 years, it will become a reality.

Then, Sir, the next milestone in our Health Policy is the formulation of the National Health Policy in 1983. This Policy stresses the point of transfer of knowledge and skills to health volunteers. Till today, this has not been emphasised, and this has not been followed. That means, you can transfer the knowledge and the minimum skills to even those people who are unqualified but dedicated to this work, as China has done, calling them "Barefoot Doctors" who served the maximum number of people in their country. We have never followed this point.

Then, it talks of decentralisation of health care. We are building very big hospitals in major cities, but the Primary Health Centres have been neglected vey much. I will come to that later.

Then, it talks of the Referral Systems, the First, the Second and the

Third Referal Systems. The three categories of the Referral System are very badly managed in our country. I am not going into those details.

Then, it talks of inter-sectoral co-operation. That means that there are sectors in the country, which have to co-operate and help so that the health programmes become successful. This co-operation and this coordination of different sectors is required in different fields of, what we call,"infrastructure." My friend was speaking of the roads to go to the Primary Health Centres. This forms one of the inter-sectoral problems. Then, water supply is another. All these things were not taken care of.

My sister was speaking of utilisation of the traditional system. Even in 1983, the Programme was speaking of utilisation of the traditional system of medicine. It was not altogether forgotten. My friend has put it correctly. But, Sir, unfortunately, nobody read about all these Polices, the "Health for All by 2000 AD." and the 1983 Policy. Nobody listened to them. Nobody implemented them. So, Sir, as somebody has pointed out, there is a very very important need for a policy on literacy and educating the administrator.

Where are we now? The "Health for All by 2000" Programme has been silently buried during the last five years.

We have got the demographic health indicators. My friend has elaborately cited them. I would just like to refer to only three indicators to show the state of health in which we are placed now. The infant mortality rate (IMR) was 104. We have reached 69 or 70, but the target was 60. Deaths under the age of 5 years: The target was 70, but we are at 105. Life expectancy target was 64 and we are reaching at that. But the most disturbing indicator is the maternal mortality rate. The target was 200 and we are at 410. One hundred per cent of the children were to be immunised under the immunisation programme. This programme included polio and other diseases. But if you take all the diseases, we could cover only 75 per cent. In regard to the training of *daies,* the target was to train one hundred per cent daies. We have yet to reach that target.

In regard to the number of Primary Health Centres, the number of sub-centres, the number of doctors, the statistics indicate our major inadequacies. They lack in all the infrastructures. Fifty per cent of the Primary Health Centres fal short of requirements. One third of Primary

Health Centres are non-functional. They are over-burdened with vertical programmes. Then there is a shortage of doctors. Every Primary Health Centre should have three doctors - one for health, one for family planning and yet another for vertical programmes. Have we got all the three doctors? It is not so even in 30 per cent of the P.H.Cs. That is why they have lost their credibility. As a result private practitioners are flourishing.

When we count from amongst the 189 countries, India is 49th in providing health care.

The basic needs programme is in a shamble. Primary health care is in its skeleton state. Referral health centres are inadequate to deal with the problem. Diseases like plague have reappeared. People remember it reappeared two or three years back. Cholera is raising its head. I will come to AIDS later on.

Innumerable beauty parlours are coming up, but there is inadequacy in the number of Primary Health Centres.

SHRI V.P. DURAISAMY (Tamil Nadu): Why are you linking up the two?

DR. Y. RADHAKRISHNA MURTY: I am doing so to show the gap between the elite and the poor, the urban and rural division. The difference between these two has to be taken into account. I am not against anybody going to beauty parlours, but the point is to show the gap between the elite and the poor, the gap between the two in our health care system. We have slimming centres in every corner. But, the question is why our people are becoming fat? It is because of over-eating. Then there is mal-nutrition. Polio is now raising its head. Yesterday the 'Times of India' had reported: Polio Red Alert in Four States. This was the headline in yesterday's 'Times of India'.

There is a surge in the number of traditional diseases like tuberculosis, malaria, filaria etc. We were able to eradicate small-pox. It was not our achievement alone. It was an achievement gained the world over.

Sir, our hon. Prime Minister has said recently, in the context of a convocation address to the AIIMS, "Our record of healthcare is far from satisfying and calls for a reform in the healthcare system"-'Reform' has

become a fashionable word now"to ensure that the advances in medicine that have taken place and the vast infrastructure for healthcare created over the past five decades and accessible to the masses at an affordable cost." That means we are not having this now. And the Ninth Plan speaks of increasing expectations of the people, rising cost of diagnosis and treatment and the diminishing resources that have brought to the fore this issue of how to meet these rising health costs. The Ninth Plan also speaks of the essential need that the National Health Policy undergoes a re-appraisal and re-probation so that it provides a reliable and relevant policy framework. We see now a retreat, a total retreat, from the above policy declaration because of the structural adjustment policies and reducing the fiscal deficit and all our compulsions which are coming from our lending agencies. Now, we are forced to cut down allocations on our social services, social welfare measures. Our new value is profitability of the health industry, profitability of the medical profession and we give only treatment, medicine and healthcare, not as a fundamental right, but as a safety net or at the best as a charity to the poor. The major problem of funding by bilateral agencies is the equipment which is over-priced and the charges made for supplies, training, etc., at the discretion of the lending agency, not at our discretion. This is the state of affairs.

Then, Sir, I have a few points about the tuberculosis which my friend was talking of. We have started a National Tuberculosis Control Programme in 1962. It is about 40 years now. But now, what is the state of affairs? About 1.4 crore of people suffer from tuberculosis. There are six lakh deaths every year, 25 per cent open cases, 13 per cent resistant to multi-drug therapy. And now the World Health Organisation has said that TB is a global emergency and not merely a medical crisis, but a socio-political crisis. And then, Sir, we come to malaria which has had a resurgence, which has now afflicted 20 million people. AIDS was mentioned. One per cent of our total adult population are now having AIDS and about 10,000 have fully blown AIDS. Five lakhs are HIV positive. It is a most explosive situation. In the world, we stand first. We are ten times more than China. We are far ahead of China. Then, there are the Japanese encephalitis, filariasis, leprosy, etc. I have got the figures. But I am not quoting them as you are in a hurry. I will not go into the Basic Needs Programme also. I told you about the Drug Policy and our self-reliance on pharmaceuticals also. I will just take one or two minutes on that. We have

constituted a Committee in 1994 to give us a policy framework. That is why a Committee called the Hathi Committee was formed under the stewardship of Mr. Jaisukhlal Hathi who happened to be a Member of Parliament, with six M.Ps. and so many experts. It gave its report. It is a very beautiful report. I would just mention three or four points which the Committee had given. A National Drug Authority should be established. The public sector should be given a leading role. I am repeating, Sir. The public sector should be given a leading role. Now, we do not place orders to IDPL. No Government hospital places orders to the IDPL.

Sir, I am sorry to say that I wrote a letter to the Health Minister, who is here, to place some orders with the IDPL so that the IDPL survives. It is in Hyderabad, in my State. The answer thereto is, "we are not in a position to take any action in the matter. The issue of purchase preference to IDPL has also been examined in detail in this Ministry. But the same was not found to be practical due to various reasons". This is the reply that an MP gets from the Minister of Health. What are those various reasons which prevent the Government institutions from placing orders with a public sector undertaking? But, unfortunately, it was signed by the Minister. I know that the letter was drafted by some bureaucrat and he had signed it. I think he will take proper action on that.

The Hathi Committee Report says that, as a matter of fact, the MNCs have to be taken over. Now, what are we doing? The MNCs are taking over our health field. It says that the foreign equity has to be reduced. Now, we are making it up to 74 per cent or 100 per cent. It says that the ICMR should concentrate on research and development. The most important recommendation, which the Hathi Committee had made, was to identify 117 essential drugs. The rest of the drugs are not so essential for the country. We cannot afford the luxury of 60,000 formulations which are not in the market. The Hathi Committee said that 177 drugs were enough for the primary health centres. You have forgotten it. Why was this essential drug list not followed? The World Health Organisation, taking a cue from us, has published 236 drugs as essential drugs. We have not followed it. We have not respected it. Why? Because pressure is coming from the pharmaceutical industry to have these 60,000 formulations on this poor country's head and shoulders.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : अब कृपया समाप्त करें।

DR. Y. RADHAKRISHNA MURTY: Thank you.

SHRI VAYALAR RAVI (Kerala): Sir, 1 was listening to our "new old" Member, Shrimati Sushma Swaraj. Unfortunately, our friend has got a wrong impression that she must start speaking opposing what the Congress Members have said. In fact, I was expecting that she would congratulate Mr. Kapil Sibal for his non-partisan approach to the issues. It is a fact that the Congress was ruling the country for so many years. But Sushmaji is always having a wrong impression that we ruled for 50 years. Please reduce 10 years. We had ruled only for 40 years. They were there for ten years altogether. What is the real point? I have to sympathise with one of the comments, which she has made - the Prime Minister's speech at the Ayurveda Award giving function was gaining importance. 1 only want her to understand that our former President Giri had undergone ayurvedic treatment in Kerala for so many years. It was popular. The former Prime Minister of Sri Lank, Sirimavo Bandaranaike, was in Trivandrum many years ago for ayurvedic treatment. It shows that the popularity of ayurvedic treatment has crossed the borders of India before Mr. Vajpayee became the Prime Minister. That is the only thing which I am saying. Don't consider it the other way. I want to congragulate Sushmaji because she has admitted that malaria is coming back. The Congress has eradicated it. It is coming back. I don't say that it is because of your Government. It is natural. I don't blame the Minister or the Government. It is natural. So, there is nothing partisan in it. Eradication of malaria is a common cause for everyone of us. 1 don't want to bring politics into it. That is understandable. Now, 1 come to the point. The Government should have a full-time Cabinet Minister for this Ministry. I hope things will come through. We can be happy when he is elevated as Cabinet Minister. I have confidence in your competence. But I want a Cabinet Minister there because of the importance of the subject. Health care is an important component of social security and human development in the country.

Unfortunately, we are spending only .7% of the GNP. I do not want to go into the statistics and waste the time of the House. Sir, the world has advanced to a great extent and we have to cope with it. So much advancement has been made by the world; still we are very much lagging behind. In this respect, I would like to refer to All India Institute of Medical Sciences, one of the major institutions.- I do not want to waste the time of the House, but will the hon. Minister pay his personal attention to

correct certain wrong things there? My friend, Mr. Reddy, spoke about medicines, patenting and all other things. I do not want to repeat what' he said. I fully endorse what he said. 1 appeal to the Minister. 1 know your commitment to the downtrodden people; please do not succumb to the pressures of the multinationals. You can take a firm position. I think that position will help the poor people whom you represent. That is what I want to say. Now I come to commercialisation. First liberalisation, followed by commercialisation of the medical profession. Unfortunately, even the President of the BJP, Shri Kushabhau Thakreji, himself was a victim. I read in the papers. I do not know whether it is correct or not. But this is not the only case. Here, the point is, if we go to foreign countries, we find that patients are given a charter, ' the rights of the patients'. This is a law to protect the rights of the patients. But in India, it is not so. So, I would suggest that an enactment to protect the right of the patients should be made, as you rightly said. This way, a comprehensive law must be brought forward. This is my first point. Now 1 come to Code of Ethics. Nowadays, there is no ethics in the medical profession. Unfortunately, it has gone. Charging low from the poor people is gone. Now I come to malaria. I agree with Smt. Sushma Swarajji that there are two million cases of malaria now; 653 deaths took place because of malaria two years ago. 1 believe, under the programme, called the National Malaria Eradication Programme, 100 tribal villages, where most of the tribal people got infected with malaria, were selected. The work is going on. I want the Minister to make an evaluation of the project, the Malaria Eradication Project, which was taken up earlier. What happened to those hundred districts which were selected, where more tribal people are living? I want it to be reviewed. I also want you to come back with a report to Parliament. I agree that the World Health Organisation has made a very alarming revealation that of the total TB patients all over the world, about 30% are in India. It is a very alarming situation. According to a report, " five lakh people die every year in India because of TB and about 14 million people are infected with it." I believe, there was a revised National Tuberculosis Control Programme (RNTCP). Yes; they are doing a good job. I am not denying that. I want that the Minister should take personal interest because this is very alarming, as young people are infected with this disease. Just look at the pathetic condition; there are only 446 district TB centres and only 330 clinics. This is a major disease and great men like Jinnah and

Smt. Kamla Nehru and many other people who were affected with this disease, once upon a time. It is a curable disease. Unfortunately, our attempts to prevent it or to cure it are very slow. 1 am not blaming the Minister. It has been slow for many years. The RNTCP is doing good work. But do something more and see that it is prevented. Now 1 come to leprosy. 1 may not be wrong if I say that 67% of the total leprosy patients all over the world are in India. There is a need for involving NGOs. There is a National Leprosy Eradication Programme and a modified Leprosy Elimination Campaign, all this needs to be strengthened.

This is a major disease that is haunting the Indian people. Leprosy, TB, malaria; these are the diseases which occur mostly in rural areas. So, the Government is required to pay more attention, in collaborataion with State Governments, because health is primarily a State subject. I am not denying that fact also. But a coordination, an understanding, between the States, and the Centre needs to be established. There is also a need for involving NGOs.

My next point is regarding the HIV patients. The number of HIV patients is increasing. The number of AIDS patients is increasing. Mr. Minister, you have got all the statistics. How many tests have been conducted and how many HIV patients have been identified, you are having these figures. It is the duty of the Government to look into this matter. You cannot leave it to the State Governments. The Government of India should take the initiative in preventing such a disease. They should take some preventive action, Some preventive measures must be taken because it is a killer disease. There is no cure for this disease. The Government must adopt some methods to prevent this disease. They have to adopt all kinds of methods. There is the National AIDS Committee. I believe the hon. Minister is the Chairman of that Committee. I would like to know as to how many times do they meet. The Minister is the Chairman of many Committees. I am not accusing him or charging him. But these kind of things can be delegated to other people. Involvement of NGOs is necessary. I hope the Minister would take note of these facts. I would request the Minister to involve NGOs and the State Governments in these programmes. Then awarness programme should be taken up in a big way not only in the cities but also in rural areas. Sir, I have already talked about drug prices. The rural health programmes have to be strengthened.

Now I would like to talk about the population explosion. The explosion of population is now the biggest danger before the country because we are today one billion people. It has been reported that by 2015 we would reach 1.5 billion. We will be the first country in the world so far as population is concerned. China would stand at 1.4 billion. This is the major problem. This is the challenge before the nation. Sushmaji was talking about the Population Policy and the Swaminthan Committee Report. Sushmaji, don't forget that in 1977 many leaders, including you made vociferous speeches all over the country about 'Nasbandi'. Your Government, when Shri Atal Bihari Vajpayee was the Minister, changed the name of family planning to family welfare. It was the biggest setback to the family planning programme in this country. In 1977 a political campaign was made against the family plannning programme. That is why even after 25 years we have not been able to make any advancement in the area of family planning. It is not because something is lacking in the Swaminathan Committee Report. It is because the whole issue was politcised. Now I would request all of you to forget politics. Let us look at the problem of population explosion. It is a national problem. It is not a problem of any political party. We should fight it out together. We should come together and evolve a method to make the people understand this problem, make the people control themselves. I have no doubt that a national consensus on this matter would emerge. We should all come together and evolve some method.

SHRI M. VENKAIAH NAIDU (Karnataka): But not revert back to 1977.

SHRI VAYALAR RAVI: Naiduji, when I was a Member of the Lok Sabha, at that time, Shri Raj Narayan said, "I will pay Rs. 10,000 if any family comes forward and says that they had compulsory operation." We asked, "How much money did you pay?" He said, "Only Rs. 1 lakh." That means only ten people came to him. Then food security is another problem. I am worried about food security. If we are not able to control the population, food security would become a big problem. Because of population our *per capita* availability of land has come down to 0. 07 hectares. This is also one of the problems. So food security has also become a problem. Then availability of land is another problem. I would request the Minister to look into this matter.

5.00 P.M.

Sir, I had the privilege of attending the ASEAN Forum of Parliamentarians for Population Development. Parliamentarians are doing a very good job all over the world. There was an International Conference of Parliamentarians at the Hague. It was the second conference. The first conference was held in Cairo. Our delegation also went there. We are doing a good job. These kind of organisations can carry this work forward.

Sir, I don't want to argue with the TDP Members, we all know how an old man was hired into vasectomy in Andhra Pradesh. I don't want to enter into any controversy.

Sir, I wish to make a mention abort one more thing. In fact, it was shown on television as to how medical equipments like syringes and things like that, have been taken in an ambulance, used in some hospital for some money, and brought back. As the Minister of Health, you kindly look into this matter and take action. It has been stipulated that every hospital must use disposable syringes. If the hospitals are not using them, kindly ensure that they do.

Another point which I would like to make is regarding the exemplary work being done by the Mahila Swasthya Sangh (MSS). The Central Government has adopted the rural health programme which includes activities of the MSS. They are very well organised in Kerala. In every State, some 10-15 ladies have been attached to each primary health centre. These ladies are not taking any salary; they take only some allowances; it is a voluntary service that they are rendering. These ladies educate the people, especially females who are otherwise shy, and would not mix freely, about the various family planning methods. These ladies can go to their houses and talk to them. It is a very educative method. I want that the Government should strengthen the MSS activities throughout the country. The States should take initiatives in this regard You have to evolve a method to help these volunteers. They are not demanding any salary. You don't have to pay them. But give them some compensation, like some travelling allowance, so that they could be encouraged to do the work vigorously. So, in order to popularise family welfare methods, in order to curb population growth, especially in rural areas, the Mahila Swasthya Sangh can play a major role:

Lastly, Sir, I would say, health care is one of the most important factors of social development. Mr. Minister, in the constituency which you represent, there are poor people. They don't have money. Even CGHS is not accessible to some of them. Or, some UDC may be sitting at the counter, and he would not know anything. At least the medical bills that these people submit should be reimbursed in time. I would also say that rural health care is the health of the nation. And, health care includes children and family welfare. Population must be controlled. Please achieve-the targets. I assure you, on our side, we are all with you. With these words, Sir, I conclude.

SHRI RAMA MUNI REDDY SIRIGIREDDY (Andhra Pradesh): Thank you, Mr. Vice-Chairman, Sir, for giving me this opportunity to participate in the discussion on the working of the Ministry of Health and Family Welfare.

Health of the people is one of the indicators of a nation's progress. One of the objectives of development is health. Furthermore, good health is one of the basic requirements of development. But, in our country, unfortunately, this has not happened. This is mainly because of the weak policy formulations, inappropriate delivery systems and insufficient budgetary allocations, and I don't have to specially mention about the slow implementation.

Health service in the country will be greatly affected in the days and years to come. This is mainly due to shortfall in health care centres and manpower. I am not saying this. The Government of India itself admitted this fact in the Delhi High Court recently in a PIL. Another weak link in our health delivery system is underutilisation of funds. The utilisation of funds during 1995-96 to 1997-98 was to the tune of 90 to 92 per cent. The World Health Organisation in its March 1999 report, reportedly criticised the Health Ministry for failing to properly utilise $142.4 million given by it for the Tuberculosis eradication programme. This has to be observed, Mr. Vice-Chairman Sir.

We lag substantially behind our neighbour China. A cursory look at the health care statistics presents an unfavourable picture for India. As against 2,460 inhabitants per doctor in India, China has 648 inhabitants per doctor. Similarly, in terms of Crude Birth Rate, India at 29.1 lags behind China's 18.5.

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I do agree that we have made many steps forward in providing health care delivery. After independence, we had to start from the scratch. Efforts have been made to improve the access to health care for the poor, rural and under-privileged. A network of sub-centres, Primary Health Centres and Community Health Centres has been created for providing health and family welfare services in rural areas. Health care services are provided in the urban areas through the hospitals and dispensaries. Recently, Government has also started the National Illness Assistance Fund to give financial assistance to patients living below the poverty line.

Sir, in spite of the multifarious efforts in the health sector, the efforts have not yielded the desired results. The target of Leprosy Eradication Programme to reduce the prevalence of the disease to one in 10,000 has remained elusive. Reportedly, 58 per cent of leprosy cases recorded world-wide are in India, and at the end of 1998 the figure stood at 5.3 persons affected per 10,000 persons. Likewise, there are 40 million patients with coronary heart diseases in India; there are 30 per cent of World TB cases from India; of the total estimated 30 million blind persons in the world, six million are in India. Prevalence of blindness is high in States like Madhya Pradesh, Uttar Pradesh and Rajasthan. The goal was to reduce the prevalence of blindness from 1.4 per cent to 0.3 per cent by 2000 A.D. Likewise, in India, at any given time, it is estimated that there are about 20 million cases of cancer and about seven million new cases occur every year. Mr. Vice-Chairman, Sir, we have to come forward to prevent all these things. Apart from politics, we have also to look after these things.

Sir, once we felt happy that the malaria was eradicated from the country. But I am constrained to note that the disease has reappeared in a big way. In 1998, about 21 lakh cases were reported across the country. Even the gastro enteritis has become uncontrollable. We have started the National AIDS Control Programme in a big way. But there is no let up in the number of HIV+ve and AIDS cases. Enough measures are not being undertaken to educate the people and prevent the spread of the AIDS virus.

The National Health Policy was formulated in 1983 as a sequel to the Alma Ata Strategy. The main aim of the policy was 'Health for All by 2000 A.D.' It is constraining to note that realising that this goal was unlikely to be achieved, it was restated as 'Health for Under-privileged by 2000 A.D.' We have all along been making adjustments like this only.

The main problem with our health sector is investment. It is true that there has been a substantial increase in the level of investment in health sector over the years. It increased from Rs.65.2 crores in the First Plan to Rs.7582.20 crores in the Eighth Plan. But the outlay has remained less than 2.5 per cent of the overall plan investments except in the first and second Plans in which it was more than 3 per cent. In fact, from the Fifth Plan to the Eighth Plan, it was less than 2 per cent. Only 1.75 per cent of the GDP gets allocated to health as against 7 to 15 per cent in some countries of the world. The Government has, therefore, to seriously consider the issue of investment in the health sector. It needs to be substantially raised. Unless this Government increases the budget allocation, this cannot be cured.

Another malady the health sector is inflicted with is the urban rural disparities in health infrastructure'. Despite planned network of PHCs, rural sub-centres, urban bias is still considerable. About ten per cent of the PHCs are without doctors. The PHCs without doctors are mostly located in remote areas where health care facilities under voluntary or private sector are also limited. Most of the medical services are concentrated in urban areas. The number of hospital beds per lakh population is 20 in rural areas as against 218 in urban areas. Similarly, unlike the rural health services, urban health services have not been well-planned. In urban areas, as a result of ill-planned services, there is under utilisation of facilities with over-crowding.

The other problems that are plaguing our health sector are: gaps between need and availability of medical staff; backlogs in provision of buildings for PHCs and sub-centres; sub-optional functions of infrastructure; non-availability of essential drugs; over-crowding, etc.

The Government will have to give a serious thought to all these problems and find appropriate solutions. The increase in population by leaps and bounds is the main reason for the inability of providing the desired services in the health sector. We are likely to cross one billion in this month. This problem also has to be addressed very seriously. The efforts made since the first Five-Year Plan have not yielded the desired results.

After many years of deliberations and consultation, the National Population Policy has been presented. The immediate objective of the National Population Policy is to address the unmet needs of contraception, health infrastructure, health personnel and to provide integrated service

delivery for basic reproductive and child healthcare. The medium-term objective is to bring the total fertility rates to replacement level by 2010 through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirement of sustainable economic growth, social development and environmental protection. A number of new structures, that is, the National Commission on Population, State/UT Commissions on Population, Coordination Cell within the Planning Commission and a Technology Mission, are proposed. The objective behind these proposed structures are laudable. Only with the active participation of dedicated personnel, both at the Government and at the NGOs at the State and Central levels, can the desired goals be achieved. Considerable efforts are required to monitor and guide the planning and implementation of the comprehensive, multi-sectoral, National Population Policy.One of the major challenges in the new millennium is to enhance the outlay for health, to ensure its equitable distribution between States, narrow the rural-urban gap, and remove the lacunae impeding effective delivery of health-care services at the community level, both in rural and urban areas, whereas a sizeable population living in slums **has** no access to affordable medicare, despite proliferation of private practitioners, nursing homes and corporate hospitals.

The Indian systems of medicine and local health treaditions should be encouraged so that medicare can be made affordable and easily accessible to all Finally, I would say that a comprehensive approach to health is needed, not only to combat diseases, but also to prevent their occurrence. Greater emphasis should be laid on preventive health-care.

श्री राजनाथ सिंह "सूर्य" (उत्तर प्रदेश) : धन्यवाद, उपसभाध्यक्ष महोदय, स्वास्थ्य के मामले में अभी तक हमारी जो नीति रही हैं वह दावा करने की अधिक रही हैं और उस कहावत के अनुसार "ज्यो-ज्यों दवा की मर्ज बढ़ता गया"। स्वास्थ्य की चिंता बढ़ती जा रही हैं क्योंकि हमारी पूरी स्वास्थ्य नीति उपचार पर आधारित है। "सर्वे संतु निरामया" का जो उद्देश्य हैं, जो मोटो है, जिसके अनुसार सभी को निरोग रहना चाहिए उस आधार पर हमारी स्वास्थ्य नीति कार्य नहीं कर पा रही हैं और इसलिए उपचार की स्थिति के संबंध में जितने हमारे प्रयत्न होते जा रहे हैं उनका सभी को स्वस्थ रखने के अनुरूप परिणाम नहीं निकल रहा हैं। अनेक सदस्यों ने जो विचार व्यक्त किए उससे दो-तीन बातें सामने आई हैं। एक माननीय सदस्य ने कहा कि प्राइमरी हैल्थ सेंटर्स की स्थिति बहुत दयनीय हैं। हमारे देश में प्राइमरी स्कूलों की जो स्थिति हैं वही प्राइमरी हैल्थ सेंटर्स की स्थिति हैं। जिस प्रकार से पब्लिक

स्कूलो के नाम पर शिक्षा का व्यापार हो रहा है उसी प्रकार से नर्सिग होम्स के नाम पर स्वास्थ्य का भी व्यापार हो रहा हैं। बीच-बीच में हमारे पास कुछ बुलेटिन्स आती रहती हैं जिसमें फाइव स्टार कल्चर, सेवन स्टार कल्चर के आधार पर दवा करने की चिकित्सा सुविधा उपलब्ध कराने की सूचना दी जाती है। कहां कहां आप इस प्रकार की सुविधायें प्राप्त कर सकते हैं। ये सुविधायें भी सरकार की ओर से नहीं दी जाती परन्तु जैसा मैंने बताया नर्सिग होम के नाम पर, जिस प्रकार से पब्लिक स्कूलों के नाम पर शिक्षा का हाल हो रहा हैं उसी तरह नर्सिग होम के नाम पर चिकित्सा व्यवस्था बहुत बदलती जा रही हैं। यह हमारे लिए एक चिंता कारण होना चाहिए क्योंकि हमारे सरकारी अस्पतालों में या तो मरीज जाते ही नहीं है और अगर जाते भी है तो उनका ठीक प्रकार से उपचार नहीं होता।

श्रीमन्, जैसा कि मैंने प्रारंभ में कहा कि स्वास्थ्य नीति उपचार पर आधारित हैं आरोग्य पर आधारित नहीं हैं, निरोगिता पर आधारित नहीं हैं। इसमें उपचार की ही व्यवस्था की जाती हैं। मैं उदाहरण के लिए आपके सामने और सदन के सामने प्रश्न रखना चाहता हूं कि सूखा पड़ा हुआ हैं। सूखे के कारण चारो तरफ पानी का अभाव हैं, प्रदूषित जल लोग पी रहे हैं। इसके कारण लोगो को बीमारियां हो रही हैं। भूख से मौत हुई या नहीं हुई यह तो एक विवादास्पद प्रश्न हैं लेकिन जो बीमारियां पैदा होती हैं उनके कारण मौतें होती हैं। बाढ़ जब आती हैं तो शुद्व जल उपलब्ध नहीं होती। हम परम्परागत ढंग से खानपान के माध्यम से अपने को रखते थे उस खानपान की स्थिति भी हमारी बिगड़ गई हैं। फास्ट फूड और इसी तरह की अनर्गल चीजों का प्रचार होता जा रहा हैं जो हमको स्वस्थ रखने के बजाय अस्वस्थ कर देते है। दूध का उपयोग, घी का उपयोग अब हमारे देश में कंट्रोवर्सियल हो गया है। कहा जा रहा हैं कि घी खाने से नुकसान होगा। इतने वर्षो से हम घी खाते चले आ रहे है लेकिन डाक्टर यह कहते हैं कि घी मत खाइए। घी खाओगे तो कोलस्टरॉल बढ़ जाएगा, पता नहीं क्या क्या होगा। मुझे कुछ समझ में नहीं आता हैं। हम बराबर घी खाते रहे हैं और उससे कोई खराबी नहीं हुई। इसी तरह से और खाने की चीजें जिनका हम प्रयोग करते थे उनका प्रयोग चौपट हो रहा हैं, कम हो रहा हैं। मसलन आजकल गैस की बीमारी बहुत हो गई है। जिसे देखिए पेट पकड़े हुए रहता हैं। हींग का प्रयो्र, अजवॉयन का प्रयोग खत्म हो गया हैं इन परम्परागत चीजों का जो हम प्रयोग करते थे, जिन चीजों की हमारी परम्परागत जानकारी थी उनका प्रयोग समाप्त हो गया हैं और लोग एलोपैथी चिकित्सा पद्वति की तरफ चले जा रहे है। अब केवल उपचार का महत्व हैं और खानपान की चीजों की निरन्तर उपेक्षा हो रही हैं। इसका परिणाम यह हैं कि हम उपचार की तरफ निरन्तर भागते चले जा रहे है और आरोग्यता पर हम ध्यान नहीं दे रहे हैं।

श्रीमन्, यहां पर इस बात का उल्लेख आया कि आयुर्वेद के लिए इस बार बजट में सौ करोड़ रूपए दिए गए हैं। जो दिया गया हैं उसका ठीक प्रकार से सदुपयोग होना चाहिए। लेकिन मैं एक बात की तरफ आप सब का ध्यान आकर्षित करना चाहता हूं। ऐलोपैथी चिकित्सा की हमारे आसपास बहुत अच्छी व्यवस्था हैं। जब हमने इस बात का प्रस्ताव किया और जानना चाहा कि जो हमारी पार्लियामेंट एनेक्सी हैं, जहां ऐलोपैथी चिकित्सा की बहुत सुन्दर व्यवस्था हैं वहां पर आयुर्वेदिक चिकित्सा की भी व्यवस्था की जाए तो इसके लिए बड़ी कठिनाइयों का जिक्र किया गया। ऐसा लगा जैसे कि बहुत बड़ी डिमांड की जा रही है। आयुर्वेदि डाक्टर और आयुर्वेदिक दवा उपलब्ध कराने के लिए जब स्थायी समिति में चर्चा आई तो कई सदस्यों को बोलने पर अधिकारियों ने उसे स्वीकार तो किया लेकिन इस दिशा में कोई कदम नहीं उठाया गया। तो यह जो हमारी परम्परगत चिकित्सा पद्वति हैं इसकी बहुत उपेक्षा हो रही है। महोदय, आजकल उपचार महंगा होता जा रहा हैं जो कि लोगों के बस में नहीं हैं। अनेक तरह की नई नई बीमारियां आ रही है और उन बीमारियों की रोकथाम के प्रयत्न भी हो रहे हैं। श्रीमन् मैं एम तथ्य की तरफ आपका ध्यान आकर्षित कराना चाहता हूं। इस समय एड्स की बहुत चर्चा हैं। एड्स की रोकथाम के लिए कुछ स्वास्थ्य संस्थायें भी काम कर रही हैं। महोदय, अभी मै गढ़वाल गया था। एड्स के नाम पर नहीं बल्कि उन्होने यौन संबंधों के नाम पर एक रिपोर्ट दी जिसमें लिखी बातों का मैं यहां पर उल्लेख नहीं कर सकता हूं। इस रिपोर्ट में जो बातें लिखी हुई हैं एक सम्य समाज में उनका उल्लेख भी नहीं किया जा सकता। लेकिन उसके एक वाक्य का मैं यहां पर उल्लेख करना चाहता हूं। वह भी सभ्य समाज में उल्लेख करने लायक नही है। उसमें यह लिखा गया हैं कि इस क्षेत्र में पिता-पुत्री और भाई-बहन के बीच मे यौन संबंध आम बात हैं। अब एड्स के नाम पर इतना रूपया खर्च कर के स्वायत्तशासी स्वयंसेवी संस्थाओं को काम पर लगा रहे हैं, वह वहां जा कर के किस प्रकार के कार्य कर रहे है, इसकी भी छानबीन करने की आवश्यकता है। स्वयंसेवी संस्थाओं को अनुदान दिया जा रहा हैं परन्तु उसका सदुपयोग नहीं हो पा रहा हैं। सदुपयोग तो दूर रहा, उसका दुरूपयोग हो रहा है। इसके बारे में भी छानबीन करने की आवश्यकता है। मैं स्वास्थ्य मंत्री जी से अनुरोध करूंगा कि ऐसी जो संस्थाएं काम कर रही हैं, उनकी तरफ भी ध्यान देना चाहिये।

श्रीमन्, एक बिंदु और ले कर मैं समाप्त करना चाहूंगा। कुष्ठ रोग निवारण-संबंधी जो हमारी सरकार ने रिपोर्ट रखी हैं, उसके अनुसार यह कहा जा रहा हैं कि कुष्ठ रोगियों की संख्या कम हो रही हैं। एक कुष्ठ रोग सेवा केन्द्र मैं भी चलता हूं। मेरा जो अनुभव हैं, उसके आधार पर मैं यह कह सकता हूं कि रोगियों की संख्या बढ़ रही है। प्रतिदिन जिस प्रकार से दवा लेने के लिए लोग आते हैं, जितनी उनकी संख्या हैं, उसको देखने के बाद ऐसा लगता

नहीं हैं कि जो सरकारी आंकड़े है, वह सही हैं। मैं नहीं जानता अन्य रोगों के बारे में और उनकी रोकथाम के बारे में जो आंकड़े है, वह कितने सही होगे। परन्तु आजकल रोगों के प्रसार और प्रकोप का स्वरूप भी बदलता जा रहा हैं। पहले मलेरिया होता था, अब कहीं डेगूं हो रहा हैं, कहीं मस्तिष्क ज्वर हो रहा हैं। उसके प्रकोप का स्वरूप एक ही है, उसी प्रकार से सर्दी लग कर बुखार आ जाता है, उसी प्रकार सारी चीजे होती हैं, मौते हो रही है। एकदम मलेरिया के रूप मे आता हैं, अचानक आ जाता है। गर्मी के मौसम हो रहा है जैसे ही बरसात आती है, मलेरिया फैलता चला जाता है। इस मलेरिया की रोकथाम के लिए जैसे मलेरिया के लिए कहा जाता हैं कि न मच्छर रहेंगे, न मलेरिया रहेगा, अब यह कहा गया हैं कि मच्छर भी रहेंगे और मलेरिया भी रहेगा। मलेरिया लौट रहा हैं। मच्छर इतने इम्यून हो गये हैं कि हमारी दवाओं से मर नहं रहे हैं। चाहे आप मच्छरदानी लगा कर सोंएं या गुडनाइट का प्रयोग करे, मच्छरों पर कोई असर नहीं पडता हैं। अब यह स्थिति होती जा रही हैं। इसलिए इसके बारे में विचार करना बहुत आवश्यक है कि इस रोग का जो प्रसार बढ़ रहा हैं, इसको किस प्रकार से कम किया जा सकता है। लेकिन उससे अधिक आवश्यकता इस बात की हैं कि आरोग्यता की स्थिति हैं, जितना भी हम धन उपलब्ध कराएंगे, वह धन कम पड़ेगा। हम उपचार के अनुरूप धन की उपलब्धता करा भी नही सकते हैं। इसलिए निरोग होने की दृष्टि से लोगों को प्रशिक्षित किया जाए। यह हमारी स्वास्थ्य नीति की प्राथमिकता होनी चाहिये। इस समय जब स्वास्थ्य नीति के बारे में सम्पूर्ण विचार हो रहा हैं तो उसमें इस बात को प्राथमिकता दी जानी चाहिये ताकि धन का नियोजन जो हमारी स्वास्थ्य नीति मे बाधक पड़ रहा हैं, उससे हम अपनी इस नीति को प्रभावित न होने दें।

श्रीमन्, एक बात और कह कर मै अपनी बात समाप्त करना चाहता हूं। पापुलेशन एक्सप्लोजन की बात की गई, जनसंख्या बढ़ रही हैं। हमारी जो नयी स्वास्थ्य नीति हैं, उसमें स्वेच्छा की बात कही गई हैं। कुछ राज्यों में कुछ चीजों के बारे मेमं प्रतिबंध लगाया गया हैं। मसलन पंचायतों के चुनाव में ऐसे लोग खड़े नहीं हो सकते जिनकी दो से अधिक संतानें होंगी। कुछ इस प्रकार के प्रतिबधात्मक कदम उठाने की बड़ी आवश्यकता है। उसके बिना हम अपनी जनसंख्या के विस्फोट को रोक नहीं सकेंगे। सरकार को प्रतिबंधात्मक कदम उठाने की दिशा में भी विचार करना चाहिये। धन्यवाद।

श्रीमती सरोज दुबे (बिहार) : माननीय उपसभाध्यक्ष महोदय, आपने मुझे स्वास्थ्य और परिवार कल्याण जैसे महत्वपूर्ण विषय पर बोलने के लिए अवसर दिया है, इसके लिए मैं आभारी हूं। यह अत्यंत गम्भीर और महत्व का विषय हैं। किसी भी राष्ट्र की प्रगति तभी हो

सकती हैं जब उसके नागरिक उनकी सामजिक, आर्थिक और राजनीतिक कार्यो में अहम भूमिका अदा करें और रचनात्मक भूमिका अदा करें। कहा गया है कि स्वस्थ शरीर में स्वस्थ मस्तिष्क बसता हैं। शरीर स्वस्थ तभी रह सकता हैं जब आवश्यकता पड़ने पर उसे बुनियादी स्वास्थ्य सेवाएं तुरंत उपलब्ध हो सकें। जिस देश का बचपन कुपोषण के कारण कमजोर होगा, जिस देश के नागरिकों का स्वास्थ्य खराब होगा, वह राष्ट्र अपने आप रूग्ण हो जाएगा और विकास की राह पर तुरंत लड़खड़ा कर गिर जाएगा। इसलिए किसी भी देश के नागरिकों का स्वास्थ्य सेवाएं भी अति आवश्यक है। लेकिन मुझे दुख के साथ कहना पड़ता हैं कि आजादी के 50 साल के बाद भी हमारे देश में गरीबी की रेखा के नीचे जो लोग रह रहे हैं उन्हे आज भी बुनियादी सेवाएं उपलब्ध नहीं हैं और वे एक एक दवा की गोली के लिए तरस रहे हैं। गरीबी, अशिक्षा, अज्ञानता, अंधविश्वास, कुपोषण, अशुद्व पेयजल, इन सारी चीजों के काराण उन्हे गंभीर रोगों का शिकार होना पड़ता हैं और लोग असमय ही काल के गाल में समा जाते हैं। दूसीर ओर बढ़ता हुआ प्रदूषण, खाद्य पदार्थो में मिलावट और अशुद्व पेयजल-नयी बीमारियां हमारे देश में देने में अपना योगदान दे रहे हैं। आसमान छूती दवाओं की कीमतों के कारण गरीबी की रेखा के नीचे रहने वाले लोग तड़प कर जान दे देते हैं लेकिन उन्हे जरा सी भी दवा मुहैया नहीं होती हैं क्योकि एक तो हमारे यहां अस्पतालों में दवा की व्यवस्था नहीं है और अगर दवा किसी तरह डाक्टर लिख देता हैं तो गरीब आदमी दवा खरीद नहीं पाता हैं क्योंकि दवाओं की कीमते आसमान छूती है। पोलिटिकल एण्ड इक्नामिकल वीकली ने व्यापार युग में दवाओं की कीमतों में वन थर्ड की वृद्धि हो गयी हैं। जब दवाएं इतनी महंगी हो गयी हैं तो गरीब आदमी के पास केवल झाड़-फूंक, टोना टोटका और झोला छाप डाक्टरो की शरण मे जाने के अलावा और कोई रास्ता नहीं होता हैं। एक ओर झोला छाप डाक्टर, टोना टोटका वाले उनका बैग भी खाली करवा लेते हैं तो दूसरी ओर उनको अपनी जान से भी हाथ धोना पड़ता हैं।

महोदय, आजकल नकली दवाएं भी बाजार में बड़े धड़ल्ले से बिक रही हैं। यह नकली दवाओं का अंदाज तब लगा जब बड़ी जानी मानी कंपनियों की दवाओं की बिक्री में 20 से 30 प्रतिशत की कमी आ गयी। तब यह अंदाज लगाया गया कि बाजार मे बहुत सी नकली दवाएं बिक रही हैं। अभी आगरा में कुछ माह पहले छापा पड़ा। वहां बहुत सी दवाइंया बरामद हुई। दिल्ली में 12 लाख रूपए के मूल्य की दवाएं बरामद हुई और बिना लाइसेंस के लोग नकली दवाओं का धडल्ले से व्यापार कर रहे हैं। उनके अंदर बहुत सी महत्वपूर्ण दवाएं हैं। बच्चों की दवा, तपेदिक की दवा और तमाम ऐसी महत्वपूर्ण दवाएं हैं। नकली दवाओं के रूप में

लोगों को जहर पिलाने का काम किया जा रहा है, इसके लिए अत्यंत कड़े कदम उठाने पड़ेगे। निरीक्षण और निगरानी की पूर्ण व्यवस्था करनी पड़ेगी। अगर यह चुस्त दुरूस्त नहीं होगी तो लोगों के स्वास्थ्य को हम लोग ठीक नहीं बना पाएंगे। गुणवत्ता जांच प्रणाली को भी फिर से कारगर कदम उठाकर ठीक करना पड़ेगा।

महोदय, एक तरफ तो गरीब आदमी को पहले तो डाक्टर नहीं मिलता, अगर किसी तरह डाक्टर मिल गया तो उसको दवा नहीं मिलती हैं। अगर दवा लेने वह बाजार में जाता हैं तो उसको नकली दवा मिल जाती हैं। एक गरीब आदमी जो देश का निर्धन आदमी हैं जो इस देश के लिए पसीना बहाता हैं वह आदमी कैसे अपना जीवन बचाए। यह स्वास्थ्य सेवा योजना के लिए एक प्रकार की चुनौती हैं। हर वक्त हम गरीबी की रेखा के नीचे के लोगों को लाभ पहुंचाने की बात करते हैं लेकिन उनके लिए कुछ नहीं कर पाते हैं। यह हमारे लिए एक चिंता का विषय हैं। ऐसा नहीं हैं कि पिछली सरकारों ने कुछ नहीं किया। लेकिन जो भी योजनाएं चलीं या तो भ्रष्टाचार की भेंट चढ़ गयीं या अव्यवस्था के कारण दम तोड़ गयीं। अस्वस्थता और मृत्यु का प्रमुख कारण समझे जाने वाले संक्रामक रोगों की रोकथाम के लिए कई राष्ट्रीय कार्यक्रम चलाए गए और कई केंद्र प्रायोजित योजनाओं को क्रियान्वित करने का प्रयास किया गया। राष्ट्रीय मलेरिया उन्मूलन, क्षय रोग उन्मूलन, एड्स के उन्मूलन के लिए और कुष्ठ, अंधता, डायबिटीज, किडनी खराबी के तमाम रोगों के लिए राष्ट्रीय कार्यक्रम चलाए गए। मुझे बड़ा अफसोस हैं कि कुछ दिनों तक ये कार्यक्रम ठीक चले लेकिन बाद में ये सारी बीमारियां वापस आ गयीं। इन कायर्क्रमों के चलाने से मृत्यु दर में तो कुद कमी हुई लेकिन जो महामारी के रूप में फैलने वाली बीमारियां थी वे फिर से वापस आ गयी। एक ओर जहां पिछले वर्षो से स्वास्थ्य क्षेत्र में होने वाले योजना निवेश में वृद्वि हो रही हैं वहीं सभी क्षेत्रों में होने वाले कुल योजना निवेशों की तुलना में इसके अनुपात में कमी आई हैं। सकल घरेलू उत्पाद का केवल 1.45 ही इसमें आवंटित किया गया। महोदय, एक तरफ तो बीमारी बढ़कर चुनौती के रूप में हमारे सामने आ रही हैं, दूसरी तरफ आवंटन कम किया जा रहा हैं।

महोदय, मलेरिया के उन्मूलन के ऊपर करोडो रूपए खर्च हो चुके है, लेकिन जैसा कि हमारे बहुत से साथियों ने भी बताया, अभी तक हम मलेरिया का उन्मूलन नहीं कर पाए हैं और मलेरिया रोग फिर से एक महामारी के रूप में देश में आ रहा हैं। महोदय, पांचवे दशक के पूर्व भाग में 7.5 करोड़ व्यक्ति मलेरिया रोग से पीड़ित थे और मलेरिया से प्रति वर्ष मरने वालों की संख्या 8 लाख थी और जब 1976 में मलेरिया पुनः फैलने लगा तो मलेरिया के 64 लाख 67 हजार मामले पुनः हमारे सामने आ गए। महोदय, गांव में मलेरिया बुरी तरह से फैलता हैं क्योकि वहां मच्छरों के मारने का कोई इंतजाम नहीं रहता, वहां इस की दवा

क्लोरोक्वीन को पहुंचाने का कोई इतजाम नहीं रहता और न ही खून की जांच का कोई इंतजाम रहता हैं। जब लोगों को मलेरिया रोग होता है तो उसे वायरल की दवा के रूप में एक-दो गोलियां दे दी जाती है जिस का नतीजा यह होता हैं कि मलेरिया बिगड़ जाता हैं और मलेरिया से कांपता हुआ किसान जब अपने खेत में काम करने जाता हैं तो बीमारी बिगड़ जाती हैं और उस के लिए जानलेवा भी बन जाती हैं। महोदय, बार-बार नारे लगाए गए कि न मलेरिया रहेगा और न मच्छर रहेगा" लेकिन मलेरिया अभी भी मौजूद है और मच्छर तो दोगुने रूप मे मौजूद हैं। हुआ यह है कि सरकारी खजाना खाली हो गया और कुछ लोगों के घर भर गए हैं। मॉस्क्युटो रैपलेट्स चले, लेकिन ये केवल शहरी लोगों के लिए हैं, गांव वालों के लिए नहीं हैं। महोदय, जिन के पास खाने को रोटी नहीं हैं। वे इस तरह की चीजें इस्तेमाल नहीं कर सकत हैं और न ही वे मच्छरदानी इस्तेमाल कर सकते हैं। इसलिए मलेरिया महामारी के रूप में फिर से उभरने लगा हैं और उसे रोकने की ओर सरकार का पर्याप्त ध्यान नहीं गया। राष्ट्रीय स्वास्थ्य नीति में मलेरिया को कोई स्थान नहीं दिया गया।

राष्ट्रीय क्षय उन्मूलन कार्यक्रम भी बड़े जोर-शोर से चला, लेकिन वही ढाक के तीन पात वाली बात हुई। महोदय, एक सर्वेक्षण के मुताबिक देश में हर एक मिनिट में एक व्यक्ति क्षय रोग से मर जाता हैं और देश के 50 प्रतिशत लोग इस रोग से पीडित है। हर साल 30 लाख लोग तपेदिक रोग से पीड़ित हो जाते हैं और तपेदिक आज भी जन-स्वास्थ्य के लिए गंभीर समस्या बना हुआ हैं। महोदय, वर्ष 1962 में राष्ट्रीय क्षय रोग नियंत्रण कार्यक्रम प्रारंभ हुआ था जिस के अतंर्गत 446 क्षय रोग केन्द्र खोले गए और एक डोटस की नीति भी बनायी गयी थी जिस का नियम यह हैं कि मरीज को अपने हाथ से दवा पिलाना, लेकिन मरीज को जब अस्पताल में दवा नहीं दी जाती तो मरीज को खोजकर उस का इलाज करना हम लोगों के लिए एक सपने जैसी बात है। इस का नतीजा यह हुआ हैं कि

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : आप एक-दो मिनिट में कनक्लूड कीजिए।

श्रीमती सरोज दुबे : महोदय, टी.बी. एक खतरनाक मर्ज हैं और अगर इसे आधे इलाज में छोड़ दिया जाए तो यह ला-इलाज बन जाता हैं, जानलेवा हो जाता हैं। लेकिन टी.बी. नियंत्रण का जो हमारा कार्यक्रम था, वह करीब-करीब असफल हो चुका हैं।

महोदय, कालाजार रोग एक भंयकर और महामारी के रूप मे बिहार और बंगाल में फैलता हैं जिस में तमाम लोगों की जानें चली जाती हैं। बिहार के गुमला, कोडरमा, हजारीबाग, चतरा, जमशेदपुर आदि जैसे 36 जिलो में इस का बड़ा प्रकोप है और बंगाल में भी बड़ा प्रकोप हैं। वहां मच्छरों को मारने के नाम पर हजारों, करोंडो रूपए दवा के छिड़काव के नाम पर लिये जाते है, लेकिन छिड़काव कहीं नहीं होता है।

महोदय, आजकल एड्स जैसी बीमारी का बड़ा जोर हैं और उस के प्रचार पर बहुत खर्च किया गया, लेकिन उस की रोकथाम के लिए गंभीरतापूर्वक जो बुनियादी इंतजाम होने चाहिए थे, वे नहीं किए गए। वर्ष 1986 में 3 मिलियन लोगों की जांच की गयी जिन में 50 हजार लोग इस रोग से पीड़ित थे। महोदय, यूनीसेफ की हाल ही रिपोर्ट तो चौकाने वाली हैं जिस में प्रसवपूर्ण क्लिनिक में जाचं के दौरान 40 महिलाओं में से एक महिला को एच.आई.वी. पीड़ित पाया गया। महोदय, जब गर्भवती महिला पीड़ित होती हैं तो उस का बच्चा अपने आप ही एड्स का शिकार हो जाता हैं। इस तरह यह रोग शहर से गांवों में भी पहुंच रहा हैं। जहां कि एच.आई.वी. जांच का कोई प्रबंध हीं नहीं हैं। न तो हमारे प्राथमिक स्वास्थ्य केन्द्र ही ठीक से काम कर रहे हैं और न वहां इस तरह की जांच के लिए कोई इंतजाम ही किया गया हैं।

महोदय, छूत की बीमारियां देश में सैकड़ो लोगों की जानें ले लेती है। इस विषय में वर्ल्ड बैंक ने विकासशील देशों की सरकारों को कुछ सुझाव दिए है और कहा हैं कि वह गरीबो को महत्वपूर्ण चिकित्सा सेवा उपलब्ध कराएं।

स्वास्थ्य अनुसंधान वैज्ञानिक फोरम की रिपोर्ट के अनुसार विश्व की आबादी के सबसे गरीब 20 प्रतिशत हिस्से में आज भी मलेरिया, डायरिया, तपेदिक जैसी छूत की बीमारियों की भरमार हैं। उसने कहा हैं कि विकासशील देशों की सरकारों को अपना ध्यान छूत की बीमारियों की ओर केन्द्रित करना चाहिए, सम्पन्न तबकों की बीमारियों की ओर नहीं । उसने कैंसर, मधुमेह, ह्दयरोगों को सम्पन्न तबको की बीमारियों ने माना हैं, क्योकि सम्पन्न लोग तो इलाज करा लेते हैं लेकिन गरीब लोगों के लिए छोटी-छोटी बीमारियां, डायरिया जैसी बीमारियां भी जानलेवा बन जाती हैं।

उपसभाध्यक्ष (श्री रमाशंकर कौशिक) : अब आप कृपा करके समाप्त कीजिए।

श्रीमती सरोज दुबे : बहुत संक्षेप में अपनी बात कहकर मैं समाप्त कर रही हूं। गरीबों को तो डायरिया हो जाने पर जो पानी, ओ.आर.एस. पिलाया जाता हैं, वह पानी तक नसीब नहीं हो पाता।

महोदय, सबसे ज्यादा दयनीय दशा महिलाओं की हैं। प्रसव के समय हमारी महिलाओं को सबसे ज्यादा तकलीफ होती है। महिलाओं की हर दास्तान आंसुओं और सिसकी से लिखी जाती हैं। यही प्रसव-वेदना के समय होता है। हर पांच मिनट में एक महिला की मौत हो जाती है। शिशु के रूप में नया जीवन देने की प्रक्रिया में भारत में 1,20,000 महिलाएं असमय काल के गर्त में समा जाती हैं। इनमें से कम से कम 20 प्रतिशत गर्भवती महिलाओं को हम बचा सकते हैं क्योंकि फौलिक एसिड और ऑयरन की गोलियां, जो पूरे गर्भावस्था में

केवल 150 रूपए की होती हैं, अगर हम इन्हे उन महिलाओं को दे दें तो उन महिलाओं की जान बच सकती हैं और हमारे बच्चे कुपोषण से बच सकते हैं। हमारी महिलाओं की यह दशा हैं कि वह पहले घर पर काम करती है, फिर कार्य-क्षेत्र में जाकर काम करती हैं- पथर कूटती हैं, सड़क बनाती हैं, खेत में जाकर काम करती हैं और जब प्रसव पीडा का उसको अनुभव होता है तो अपने कार्य-क्षेत्र के बगल मे ही, कहीं नाले के बगल में, कहीं मिट्टी के ढेर के बगल में, कहीं बालू के ऊपर जाकर बिना किसी दाई के, बिना किसी नर्स के, बिना किसी डाक्टर की सहायता के वह बच्चे को जन्म देती हैं। उसके पास वहां न कोई गर्म पानी होता है, न डाक्टर होता हैं, न ब्लेड होता हैं, जिस फावडे से वह काम करती हैं उसी फावड़े से या गंडासे से वह बच्चे की नाल को काट देती हैं और उसी चिथड़े में लपेटकर बच्चे को गंदी जगह पर लिटा देती हैं तथा खुद दो-तीन घंटे आराम करने के बाद काम करने चली जाती हैं क्योंकि अगर वह काम पर नहीं जाएगी तो उसका परिवार भूखा रहेगा। यह दयनीय दशा हमारी महिलाओं की हैं। उनको पौष्टिक आहार पहले नहीं मिलता हैं, प्रसव के बाद नहीं मिलता है जिससे वे महिलाएं कुपोषण का शिकार हो जाती हैं

उपसभाध्यक्ष (श्री रमाशंकर कौशिक) : बहुत-बहुत धन्यवाद।

श्रीमती सरोज दुबे : महोदय, मैं एक मिनट में समाप्त कर रही हूं।

महोदय, जनसंख्या हमारे देश में एक चुनौती के रूप मे आ खड़ी हुई है। हम 11 मई, 2000 को एक अरब हो जाएंगे। जो नई जनसंख्या नीति आई हैं, हमारी बहन सुषमा जी ने बड़े जोर-शोर से उसकी वकालत की, वह स्वैच्छिकता पर जोर देती हैं। किसी भी सरकार ने जनसंख्या नियंत्रण पर कोई ध्यान नहीं दिया, केवल स्वैच्छिकता पर जोर दिया गया और यह कहा गया कि बच्चों का बीमा कराया जाएगा और जहां लड़की होगी वहां 500 रूपए इंसेटिव दिया जाएगा। महोदय, लड़की के लिए 500 रूपए का इंसेटिव कोई ज्यादा नहीं है, यह कम से कम 50,000 रूपए होना चाहिए और लड़की की ऐजुकेशन फ्री होनी चाहिए तो शायद इस बारे में हमारे ग्रामीण लोग, हमारी जनता सोचेगी। तो यह जो जनसंख्या नीति हैं, यह बहुत सफल नीति हैं और इसके साथ ही मैं कहना चाहती हूं कि देश को एक नई स्वास्थ्य नीति की जरूरत है। इन्ही शब्दों के साथ मैं अपनी बात समाप्त करती हूं। धन्यवाद

SHRI S. SIVASUBRAMANIAN (Tamil Nadu): Thank you, Sir, for giving me an opportunity to speak. I start with the great saying of Iyyan Thiruvalluvar in Thirukural: which In English, it translates to: Unfailing health, fertility and joy, sure defence and wealth are nation's gems.

We all know that health is one of the most important objectives of

development for a welfare state. Our national policy is "Health for All."

According to the World Health Organisation:

> "Health is a state of complete physical, mental and social well-being, and the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, belief, economic or social conditions."

During the Eighth Plan, realising that the goal of "Health for All for by 2000" was unlikely to be achieved, the goal was restated as, "Health for the Under-privileged by 2000."

From the statement of the Prime Minister one can infer that even this is unlikely to be fulfilled. Then the question arises when will the health for all be achieved. I would request the hon. Minister to take positive steps to achieve this goal. There should be an effective coordination between the linking of health and health related services and the activities like nutrition, safe drinking water, sanitation, housing, education, information, communication, environment protection and social welfare.

I would also like to emphasise one factor. There is a need to increase the involvement of the Indian Systems of Medicine and Homoeopathy practitioners in meeting the health care needs of the population. The National Health Programmes are being implemented as Centrally sponsored schemes aimed mainly at reduction of mortality and morbidity caused by major diseases like Leprosy, STDs. and AIDS. Moreover, diabetes is also serious of all diseases. Medical practitioners have already rung an alarm bell. They say, in another ten years India is expected to constitute 50 per cent of its population suffering from diabetes. It is slated to become a number one epidemic in India.

So far as AIDS is concerned, the programme on AIDS Prevention and Control is being implemented in Tamil Nadu by the State Government through various voluntary health services with the assistance of the USAID.

The Indian systems of Medicine and Homoeopathy consist of Ayurveda, Siddha, Unani and Homoeopathy and includes therapies like Yoga and Naturopathy. In Tamil Nadu it is very familiar with its population. ISM and H practitioners work in remote rural and urban slums and play an

important role in improving the quality of the health care. The practitioners are close to the community, not in geographical sense. There is a genuine need for providing support to the individual practitioners doing a good work for the growth of the Indian Systems of Medicines. The Prime Minister in a speech has said that Ayurveda is making a place for itself in the medical scenario. I am now taking Ayurveda medicine, which seems to be curing my problems.

The Siddha system is not getting proper attention it deserves. I request suitable steps in this direction and allotment of sufficient funds, and proper steps be taken up for its propagation. In Tamil Nadu, every Primary Health Centre has a Siddha doctor. For the successful implementation of the system, both the Centre and the State Governments should take steps to protect medicinal plants and herbs. Even after the Planning Commission has constituted a task force and a core group on conservation, cultivation, sustainable use and legal protection of medicinal plants, the foreign invasion in the field of herbal products is alarming. Some of the well-known medicinal plants of India have been patented abroad. Therefore, this system needs to be protected.

Apart from the National Health Policy being implemented, the National Population Policy and Family Welfare schemes should also get their due importance. The immediate objective of the National Population policy is to address the utmost needs of contraceptives, health infratructure, health personnel, and provide integrated service delivery for the basic reproductive, and women and child health care. The issue of family planning and family welfare should be given top priority as various development projects would have no meaning in view of the high rate of population growth. When I was Chairman of the Panchayat Union in my district, for the successful implementation of the family planing schemes, I got the first prize for my district.

Our State also stands first in the implementation of the family welfare schemes because of which we are losing on the number of M.Ps. Health being a State subject, the Government of Tamil Nadu, under the leadership of Kalaignar, like in other fields, has announced and implemented the scheme of "Varumun Kappom", meaning "Prevent rather than cure". Poor people go to the doctors or Government hospitals for medical treatment to get relief from pain and agony due to health disorder. Such

state of mental orientation to approach doctors or Government Hospitals should be changed among the people. To enable them to understand the concept of "Prevent rather than cure", the hon. Chief Minister of Tamil Nadu, Dr. Kaiaignar, announced a plan known as Free Multi-Medical Check-Up and Curative Plan for all people among the poor sections of our society. In this scheme, tests for ENT, dental, gastro, diabetes and heart problems are done by experts and the nature of the disorder is found before it afflicts the person. Preventive or curative medical advice as also medicines is given free of cost. The camp is conducted in all Primary Health Centres simultaneously all over Tamil Nadu every month. In this connection, I would like to add that there are 1400 Primary Health Centres in Tamil Nadu. There are 364 District and Block Medical Hospitals. Almost all the Primary Health Centres are in their own buildings.

There are many more welfare schemes announced by the Tamil Nadu Government under the leadership of Kaiaignar. For girls of poor families, at the time of marriage, Rs. 10,000/- is given. Pregnant women get Rs.500 before and after the delivery for four months. Old-age pension for aged people is given at Rs.200 per month. There is the mid-day meal scheme in all the schools. Free shelter is given for leprosy-affected people. Rs.500 is given for girls receiving education from Illrd to Vth classes. For girls studying in Standards VI, Rs.100 is given per month.

Good health of people is one of the nation's charm. The Government of Tamil Nadu approaches people with this noble goal, noble motto.

DR. (MS.) P. SELVIE DAS (Nominated): Mr. Vice-Chairman, Sir, I thank you very much for giving me this opportunity. My special thanks are due to you for pushing me ahead of the other group, taking my personal problem into account.

Health does not belong to any particular Government or any particular party. It is the right and responsibility of every citizen. It is a fundamental right, I feel. And every citizen should feel that he should have

good health and every citizen around him should have good health. We all should work for it. With this note, Sir, I would like to start what I want to say about health.

Sushmaji spoke about land. The statistics are given in the Annual Report and the Performance Budget. I need not go into those details. Every hon. Member, being interested, would have seen it. We constitute 2.4 per cent of the world's land mass. Our population is 16 per cent of that of the world. We can easily see that our land is not just enough compared to the rest of the land in other parts of the world.

About population, I will say only one sentence. Everybody has spoken about it. We are going to reach nearly one billion population very shortly. That is really very alarming to us. The main effects of this are unemployment, poverty, illiteracy, etc. We have to really concentrate on that. I know that there are several programmes for family planning. The Family Planning Department and the Ministry are implementing them. There is no criticism about it. But with a number of other problems around, they are not able to reach the targeted group and the targeted figure. It is said that the growth rate of population seems to be declining. If you take into account the total population, that is, the rural, urban, educated, uneducated, etc., it is fair to say that the growth rate of population is declining. If you take only the rural and illiterate people, 1 think it is really very alarming and I don't think the rate is declining. This is one thing which I would like to point out. Of course, the crude birth rate per thousand population has come down and the death rate has also come down. So, it is naturally compensated. The infant mortality rate has really come down to 47 in 1998, it was 156 druing the period 1951-61. But the maternal mortality rate is still high. Though it has come down, it is still high. Everybody knows and everybody has talked about how the women of our country, whether they are in the rural areas or in the urban areas or anywhere else, are neglected. I am very happy that Mr. Kabil Sibal has dealt with the empowerment of women. It is very necessary. If you really empower them with literacy and employment opportunities, I think the situation would improve. I don't want to go into the other details.

Sir, I will concentrate only on the girl child and women's health. The girl-children are the most neglected group, the most disadvantaged group, in our country. Among the women population, 17.83 per cent are

girl-children. If you take the total child population, the population of the girl-children comes to 39.62 per cent. We have completely neglected a large number of girl-children in terms of enough food, nutrition, health, etc. Of course, nutrition and health are interlinked closely. In the case of health, they are neglected. Even the parents do not take care of the health of the girl child. They are really being neglected. Why should we take only the community? Why should we take only the Ministry? Individuals do not care for the girl child. Due to the biased attitude of the society, as a whole, they are forced to face deprivation and ill-health. I feel that the Integrated Child Development Schemes should be revamped.

Now, I would like to say a few words about the health of women. There is no awareness at all. The health of women compared to the health of men is really very poor. We know that the studies, which have been done, have shown that they are far below the men, as far as health is concerned. I feel, awareness is very necessary because the women suffer a lot, as far as health is concerned. As a result of low age at marriage, risk factor in pregnancy, frequency of pregnancy, their health is very poor. Members have spoken about the Primary Health Centres in the rural areas. They are not well equipped. That should be taken care of. I would like to know from the hon. Minister, through you, Sir, what the general level of awareness about the various Government programmes is. We have various programmes. What is the level of our people's awareness, not only in the rural areas but also in the urban areas?

Number two; what steps are being taken to increase the awareness about the programmes amongst the targeted groups? When it comes to monitoring these programmes, what is the mechanism available with the Government to monitor the various programmes to ensure that funds released are properly utilised and the people , particularly, the targeted groups, are benefited? Now I come to the point of effectiveness. To what extent these programmes have proved effective? My opinion is, nearly hundred crores of women who are in the targeted group have not been benefited, though we say we give Rs.500/- after pregnancy, and other things. I don't think these targeted people are being benefited. The maternal mortality rate, as 1 already said, is rather high, 437 per thousand live births. It shows that the programmes have not reached the targeted people. .What are the reasons? Why it has not reached the targeted group? What problems do we face in going to them? What changes in the formulation, planning and

implementation, accounting for the whole thing, and the attitude of the people, are required to be made so that these programmes become result oriented? How does the Ministry promote professionals for effective implementation? Now I come to coordination. How does the Ministry of Health coordinates with other Departments, Ministries and agencies? This is very important. Everybody is doing, Sir. Now, primary education. How is the Ministry of Health coordinating with the Ministry of Human Resource Development? This morning also a discussion took place about the girl-child. We have to coordinate with the Ministry of Labour. To what extent are we coordinating with them? How is the Ministry of Health coordinating with every other Ministries? What mechanism is available for coordination? Then, finally, I would like to say about the assessment of the programme. Has the Ministry made any assessment of the impact of the health and family welfare programmes during the last five years, particularly in the rural sector? What research, evaluation and review studies have been done? These are some of the things about which I would like to know from our hon. Health and Family Welfare Minister. He is a very good friend of mine and I regard him very much. But I made a few statements. I do not want to talk about malaria etc. There are other things also. How are the programmes being implemented, how is it being coordinated, how is awareness being created among the people, to what extent are they effective.? These are some of the questions. Thank you very much, Sir, for giving me this opportunity.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : कुमारी मैबल रिबैलो। कृपया इतना ध्यान रखें कि आपके दल के पास अब केवल सात मिनट बचे है बोलने के लिए।

कुमारी मैबल रिबैला (मध्य प्रदेश) : सात मिनट में मैं क्या बोलूंगी?

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : सात मिनट हैं और उसमें भी आप दो सदस्य हैं, एक आप हैं और एक और सदस्य बोलने के लिए।

कुमारी मैबल रिबैलो : तो मैं नहीं बोलूंगी। सात मिनट में मैं क्या बोलू?

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : क्या करें, सिस्टम ऐसा बना हुआ हैं।

कुमारी मैबल रिबैलो : ऐसा नहीं हैं सर।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : आपके पीछे जो सदस्या बैठी हैं, वे भी बोलने वाली हैं।

कुमारी मैबल रिबैलो : वह ठीक हैं लेकिन अभी तो एक घंटा हैं सबके बोलने के लिए।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : नहीं, नहीं, वह सब आपके लिए नहीं है।

कुमारी मैबल रिबैलो : हम लोगों को यदि आप सोशल सेक्टर पर नहीं बोलने देंगे तो हम लोग कब बोलेंगे? सोशल सेक्टर पर तो महिलाओं को स्पेशली बोलने का मौका देना चाहिए क्योकि हम लोग ज्यादा इंटरेस्ट लेते हैं।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : आपको इनीशिएट करना चाहिए था।

कुमारी मैबल रिबैलो : मौका देना था, हम कर देते इनीशिएट?

SHRI VAYALAR RAVI: We are discussing this kind of a subject for the first time. I agree, Sir, that very limited time has been allotted. Anyway, we are sitting here till 7 O'clock or 7.30. You can allow other Members also.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : तो हम कहां साढ़े तीन मिनट के लिए कह रहे हैं?

SHRI M. VENKAIAH NAIDU (Karnataka): You have given first chance to a mahila.

MISS MABEL REBELLO : Thank you, Venkaiah Naiduji, for your suggestion. Mr. Vice-Chairman, Sir, despite all the socio-economic development gains that we claim to have achieved during the last fifty years, it is sad to note that the indexes of health are alarming. They are really shocking. According to the data of NSS, 1999, in India, infant mortality rate is very high, *i.e.,* seventy-two per thousand live births. Maternal mortality rate is still at an unacceptable level of 440 per thousand population.

Only 35 per cent of the maternity cases have access to trained health workers at the time of delivery. This shows what type of situation we have. It is difficult to make any generalisation of the health situation in India. I am aware that health is a State subject. But why is it that the State luYe Kerala have done wonderfully well in comparison to the developing

countries? Whereas Uttar Pradesh and Bihar are slightly above the Sub Saharan Africa. This shows that health is definitely corelated with education. No doubt, India has made impressive gains in the field of infrastructure in the health sector in the last five decades, but only in the physical aspect. It means it has made fast expansion in health infrastructure. Community health Centres have come up all over the country. For every one lakh people, we have got one community health centre. There is one primary health centre for every 33,000 people. There is one sub-centre for every 5,000 people. In short, in 1999 this country had 2,962 community health centres, 23,226 primary health centres and 1,37,027 sub-centres. This shows that we have got the physical infrastructure. There are not only buildings but also cement mortars which are supposed to give health care. But health care is not at all there. What is our attitude towards health care? What do our doctors do? What is our work culture? Over the years our attitude towards health has deteriorated. The doctors who are supposed to be in the hospitals and in PHCs are not found there. If they are there, they are only interested in private practice. Whenever any patient comes there, they say, "All right, you come to so and so clinic. I will attend to you there." They do not attend to patients well in hospitals. Similarly, the para-medical staff, whether they are nurses or lab technicians or X-ray technicians or peons, they are hardly found there. They are callous. They are not bothered at all It has become a disincentive for the patients specially when they go to PHCs in the rural and tribal areas. When they go there, they get a cold shoulder. The doctors do not attend to them. That is why they go to the private practioners. It is not that they have got a lot of money. They don't have money. Although, we say that 30 per cent of the people are below the poverty line, I think almost 50 per cent of the people are below the poverty line. Many of them are women who are the most affected. They have to spend 20 per cent of their wages on medicine. They have to cut down on their food and spend on medicine and for going to private practioners. This is really very sad. We need more committed doctors. We need more committed nurses. We need to change our attitude. Here the Government also should take stringent measures. The Government should ban private practice. The Government doctors should not be allowed to do private practice. Unless and until, the Government bans private practice and punishes the defaulters, nothing will happen. The situation will not improve. Sir, in Madhya Pradesh doctors

were recruited exclusively for tribal areas. Till they get the appointment letters, they say "Yes, we will go to the tribal areas." Once they get the appointment letter, they join duty and then they use all the means at their disposal, political means, bureaucratic means and other means, to get themselves transferred to urban areas to live comfortably. They are not ready to go to the tribal and rural areas. That is why the Government is not able to look after the people. I am sorry to say that sometimes, even a doctor belonging to a tribal community, or a doctor belonging to the SC category, does not want to have his posting in a tribal or a rural area. They want to be posted in urban areas. It is very sad. The progress that we have made in the health sector does not compare very favourably with other countries which were, more or less, similarly place a few decades ago.

Countries like Sri Lanka, China, Indonesia and Thailand have done far better than us. Of course, we have the satisfaction of doing slightly better than, maybe, Pakistan, Bangladesh and Nepal. But that is no satisfaction for a country of our magnitude, of our literacy level and of our resources. Why is it so? It is because we are not spending a good percentage of GDP on health. In India, only 5.6 per cent of GDP is spent on health. How much does the Government spend? It spends only 1.3 per cent on the health sector. This shows the Government's attitude. We are talking of education. We say, 6 per cent of GDP should be spent on education. Similarly, I would say that six per cent of GDP should be spent on health. Unless and until health and education are given a major boost, they are really looked after, I don't think the coming generations of our country will do well Many Members have spoken about T.B. and AIDS. And, AIDS is going to be a curse of our nation. The young, energetic people are having AIDS. With AIDS, we are losing people who are indispensable to our country. The U.S. is supposed to be the richest country in the world. How much does it spend on health? It spends 14 per cent of GDP on health. In U.K., nine per cent of GDP is spent on health. In China, maybe, only 3.5 per cent of GDP is spent on health, but the Government there spends almost 2.5 per cent of GDP on health. That shows that they are more committed towards health care than us. So, it is very necessary that we really spend a large amount of money on health. I think, this year, we are spending four per cent of our Budget on health. This is, definitely, grossly inadequate. I urge upon the Minister to prevail upon the Finance Minister and get more allotment, and specially see to it that

the money is spent on health not just in the urban sector, but that it is spent on tribals in the rural areas because 70 per cent of the people live in rural areas. Medicines are very expensive; consultancy service is expensive; they cannot afford to go to private doctors. Therefore, the Government should see to it that the PHCs really give good health care, and that the people are given incentives to go there. Otherwise, the people just don't go there. PHCs are just set up in remote areas. Nobody comes; there are no drugs; there is no electricity, the toilets are not cleaned and they stink. This is the state of affairs. Nearly 100 PHCs all over the country are in a bad state. I request the hon. Minister to prevail upon the State Governments to improve the state of affairs of the PHCs. In our country, we have something like seven per cent of tribal population, and as Mr. Vayalar Ravi mentioned, 100 blocks in the tribal areas have been taken up for eradicating malaria. We say that our country does not have any more cases of malaria. But this is not so, I am told, every year, three lakh people suffer from malaria. I would like to know from the hon. Minister whether he has got separate allocations for tribal areas. If not, I would request him that at least 7 per cent of the amount should be earmarked for tribal areas towards health care. They need it because they are living it. inaccessible areas. There is no communication facility. One of the reasons why the people die there is lack of communication facilities. So, it is very necessary that area development is done for which this special allotment has to be made. It is only then the tribals can have a healthy life. Otherwise, doctors don't go there. They don't have any access to medicines. And they are left to fend for themselves. This is not fair after 52 years of independence. Sir, I want to give here an example of a health care institution being managed by one NGO in Madhya Pradesh. It is called Raigarh, Ambikapur Health Association (RAHA). This has been working for the last 15 years in the tribal areas in four districts, namely, Raigarh, Sarguja, Jasspur and Vaikuntpur.

They are looking after one lakh tribals. What do they charge? They charge hardly fifty rupees per annum per family. They have got something like 120 dispensaries and three hospitals. Tribals are really happy with them because they have been very successful. They have been attending to them for the last fifteen years. Sir, I request that you should ask the hon. Minister to depute a team to that area and that team should see the functioning of this agency. It is an NGO. The team should see how

they are functioning and how they are rendering the services. I wish the Government of India prevailed upon the State Government to replicate this type of insurance because it is very cheap and the service is also excellent. I have seen it. In fact, I had occasion to sleep in one of their dispensaries in a remote area. There was no guest house or a circuit house. I couldn't find even a forest guest house. But I found this dispensary and I could get a room there. I slept there at night. It was absolutely clean and good. People were very happy there. I spoke to a number of people. They were very happy with them. We need these type of small insurance schemes for our country. Sir, wherever NGOs have been successful, the Government should take their assistance and the Government, must learn from their involvement. The World Health Organisation has taken cognizance of this organisation and the Organisation invited this NGO to attend an international seminar in Indonesia. They spoke to them. But, I think this NGO has never got any recognition here in India. So, whatever good is being done in our country, whoever is doing it, we must learn from them and we must replicate it for the benefit of our people.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : आप कृपया समाप्त करिए।

कुमारी मैबल रिबैलो : मैंने पांच मिनट भी नहीं बोला हैं।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : आपको बारह मिनट हो गए हैं।

MISS MABEL REBELLO: The public health system has not been able to cope with the growing numbers and due to lack of resources and inefficiencies, a large section of the population, even the poorest, have been compelled to take recourse to private sector services which have grown dramatically. We have got world-class health services in this country. People are spending a lot of money. It is like a Five Star culture. But what about the poor? They don't have any access to these services. Who are now getting AIDS? Earlier, we thought that HIV and AIDS were urban diseases. But it is not so. Because of the influx and because of many other things, people in the rural areas are getting affected by AIDS. AIDS and TB, I think, are co-related. If people have TB, and also HIV, and once HIV develops into AIDS, then there is no cure at all. People will die. Somebody, who has projected some figures, says that in the year 2010, five million people in India are bound to die of AIDS and TB. It is a shame, Sir, that this is the situation even after fifty or fifty-two years. That is why I want

to request once again that the Minister should concentrate more on the rural areas, the tribal areas, the people who really do not have the money, and f जिनके पास रोटी, कपड़ा और मकान भी नहीं हैं for such people, the Minister should have a special budget carved out only for them and he should concentrate on them and leave the urban people, who can afford, to fend for themselves.

SHRI N. THALAVAI SUNDARAM (Tamil Nadu): Thank you, Mr. Vice-Chairman, Sir, for giving me this opportunity to participate in this discussion. The main objective is to undertake a national programme of health and to take measures for the prevention and control of communicable diseases. That is one. The second is to promote education, research and training in various medical dispensaries, medical colleges, and the delivery of the health services in the rural areas.

(3) To prevent adulteration of food as well as drugs; (4) To provide primary health care at the doorsteps of the people and to train the required number of persons for this purpose; (5) To take steps for the better implementation of the health care programme for tribals and other weaker sections of the society; (6) To collaborate with a number of countries of the UN and international agencies like WHO and to initiate in the matter related to health promotion. These are the objectives of the Health Ministry of our country.

There are two types of schemes. One is fully funded by the Central Government. Under this come National Scheme for Prevention of Visual Disability and Blindness, including trachoma, National Leprosy Eradication Programme and National Aids Control Programme. These are fully funded by the Government of India. The other type of schemes are 50:50 funding between the Centre and the States. Under this come National Malaria Eradication Programme, National Sexually Transmitted Diseases Control Programme, National Tuberculosis Control Programme and Kala Azar Control Programme. These are the two types of programmes supported by the Central and the State Governments.

As far as the legal position and the Constitutional obligations for this Ministry are concerned, health is not a fundamental right. Under article 39, under the Directive Principles of the State Policy, the Constitution directs the State to frame policy for the health care of the people, while article 47 provides for improvement of nutrition and health. These are

among the primary duties of the State. This is the legal position as far as the health care is concerned.

Now, I would like the hon. Minister to note a fact. Recently, there was a case against the Department of Health. The startling revelation was that the health services in the country would be greatly affected in the coming years due to a huge shortfall in the health care centres. The Government admitted this fact in an affidavit filed before the High Court. The affidavit filed by the Director General of the Health Services, before the Chief Justice says that there would be a shortfall of nearly 30,000 health care centres in the next two years. The affidavit was filed in reply to a Public Interest Litigation filed by an advocate. The advocate had said that the Union Health Minister had failed to properly use the grant received by the international agencies for health programmes.

In his affidavit, the Director-General of Health admitted not spending the money allocated to them during the last three years. This is the essence of the case filed by a PIL. What has the Government admitted? The Director-General filed that the health care was in a bad shape.

My learned friend, Shri Vayalar Ravi, has clearly mentioned about two schemes - the Central and State Government schemes. As far as TB control is concerned, 30% of cases are in India as compared to the world figure. In China, it is 15%; in Indonesia, it is 10%' in Pakistan, it is 4%; in Bangladesh, it is 4%; Nigeria is 3%; South Africa is 2%; and Russia is only 1%. Mr. Minister, what steps have you taken as 30% of the people suffering are in India?

In the Central Government Health Scheme, there is need for improving the quality of services provided at all dispensaries. As far as CGHS is concerned, there is lack of medicines, cleanliness and services. As far as hospitals are concerned, the behaviour of the staff is not good. Sir, quality of drugs is a State subject and the concerned States issues the licences for this purpose. As far as quality control of drugs is concerned, there are variations. Sir, the hon. Minister comes from our State. I would like to bring to his notice that 35 teaching cadre posts are lying vacant at JIPMER, Pondicherry. I request the hon. Minister to see that these posts are filled up because these have been lying vacant for the last ten years.

As far as hospital waste management is concerned, I have to make

a few observations. A lot of waste is coming out of the hospitals. There is an order by the Supreme Court in this regard that there should be a proper disposal of this waste by the hospital management. Sir, Mr. Sivasubramanian said that the Chief Minister of Tamil Nadu has introduced a lot of health schemes. Sir, there is a scheme in Tamil Nadu known as " Varumun Kappom Thittam", prevention is better than cure. Sir, whenever the Chief Minister goes on any election tour, he announces schemes like this. ...*(Interruptions)*... That is true. ...*(Interruptions)*... These schemes are only for election purposes. When the Chief Minister goes back to Madras, there is no doctor or medicine. ... *(Interruptions)*...

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) : अब समाप्त करें

SHRI S. VIDHUTHALAI VIRUMBI(Tamil Nadu): He should not . give wrong information. ...*(Interruptions)*...

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) : कृपया समाप्त करें।

SHRI N. THALAVAI SUNDARAM: I have not given any wrong information. This scheme was introduced for election purposes and not for the public welfare. ... *(Interruptions)*...

SHRI S. VIDHUTHALAI VIRUMBI: Please allow me to say something. ...*(Interruptions)*... Sir, since he has referred to the Varumun Kappom Thittam, I would like to quote from the Budget of Tamil Nadu. ...*(Interruptions)*... "The Varumun Kappom Thittam, under which the doctors from the Health and Family Welfare Department go to the villages and conduct camps to examine and treat the poor has been widely welcomed. In the four months since the scheme commenced, till 21.3.2000, 17.4 lakh persons have been benefited."

उपसभाध्यक्ष (**श्री रमा शंकर कौशिक**) : आप कृपा करके बैठिए। मैंने उनको बुलवा दिया हैं। अब इसका जवाब मंत्री जी देंगे .....(**व्यवधान**)... मंत्री जी जवाब देंगे आप कृपया बैठिए .....(**व्यवधान**)...

श्री परमेश्वर कुमार अग्रवाला (**बिहार**) : महोदय, मैं आपका धन्यवाद ज्ञापन करता हूं कि आपने मुझे स्वास्थ्य एवं परिवार कल्याण मंत्रालय के बजट 2000-2001 की मागों के संबंध में बोलने का अवसर प्रदान किया। विभिन्न मदों में इस मंत्रालय की समस्त मांगों का कुल योग 4,900 करोड़ रूपए के लगभग हैं .....(**व्यवधान**)...

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : कृपया करके बैठिए। वे अपनी बात कह रहे हैं .....(**व्यवधान**)... वे यील्ड नहीं कर रहे हैं।

श्री परमेश्वर कुमार अग्रवाला : इस विषय में संक्षिप्त रूप से उपसभाध्यक्ष जी, आपका एवं इस माननीय सदन के सदस्यों का ध्यान आकर्षित कराना चाहता हूं। सबसे प्रमुख बात यह हैं कि आजादी के समय हमारी जनसंख्या जो 33 करोड़ थी अब कुछ समय बाद बढ़कर 100 करोड़ होने जा रही है। इस समस्या ने विकराल रूप धारण कर लिया हैं। हमारे लिए यह समस्या एक खतरा बन चुकी हैं। इस क्षेत्र मे जो प्रगति हो रही है उसको बेतहाशा बढ़ती आबादी ने एक तरह से असफल और प्रभावहीन कर दिया हैं। शायद हमारा देश पहला देश हैं जहां व्यवस्थित ढंग से परिवार नियोजन की कार्रवाई प्रारम्भ की गई थी, पंरतु इस क्षेत्र में राजनीतिक हस्तक्षेप होने के कारण परिवार नियोजन कार्यक्रम, कुछ राज्यों को छोड़कर लगभग पूरे देश में असफल हो गया हैं। यदि समय रहते हम लोगों ने इस समस्या के व्यावहारिक पक्ष की ओर ध्यान नहीं दिया और इसका समाधान न निकाला तो यह देश के लिए एक अभिशाप साबित होगा तथा हमारे समाज के हर क्षेत्र में व्यवधान उत्पन्न करेगा। अतः माननीय स्वास्थ्य एवं परिवार कल्याण मंत्री जी से मेरा निवेदन हैं कि इस समस्या से निपटने के लिए व्यावहारिक कदम उठाएं।

महोदय, राष्ट्रीय स्वास्थ्य नीति, 1983 के तहत स्वैच्छिक प्रयास से छोटे परिवार द्वारा जनसंख्या को नियांत्रित करने की नीति पर बल दिया गया हैं और स्वास्थ्य नीति को स्वीकार करते हुए अलग राष्ट्रीय जनसंख्या नीति बनाने पर बल दिया गया हैं। इसके लिए स्वामीनाथन जी की अध्यक्षता में एक समिति का गठन भी किया गया। इस समिति की सिफारिशों पर संविधान 79वां (संशोधन) विधेयक वर्ष 1992 में राज्य सभा मे पेश किया गया था जिसके तहत यह प्रावधान था कि भविष्य मे कोई भी व्यक्ति जिसके दो से अधिक बच्चे हों, उसे संसद तथा राज्य विधानमंडलों की सदस्यता के अयोग्य करार दिया जाएगा और प्रावधान ग्राम-पंचायतों एवं नगरपालिकाओं पर भी लागू होगा। इसमें अब तक जिनके दो या दो से अधिक बच्चे हो या कानून लागू होने के एक वर्ष के अंदर जिनके दो बच्चे हों, उन्हे इस कानून की परिधि से बाहर रखने का प्रावधान भी रखा गया था। परंतु राजनीतिक कारणों से राष्ट्र हित के इस संविधान संशोधन विधेयक को ठंडे बस्ते में डाल दिया गया। अब समय आ गया हैं कि उसका पुनः विवेचन किया जाय। माननीय स्वास्थ्य एवं परिवार कल्याण मंत्री जी से मेरा निवेदन हैं कि इस समस्या से निपटने के लिए व्यावहारिक कदम उठाएं। मेरा ऐसा मानना हैं कि इस कार्य में हर दल के लोगों का पूर्ण सहयोग मंत्री जी को प्राप्त होगी। जिस तरह बीमारी दूर करने के लिए कड़वी-से-कड़वी दवा का प्रयोग करना पड़ता हैं उसी तरह

इस मुख्य राष्ट्रीय समस्या से जूझने के लिए कड़ा-से-कड़ा कदम उठाने की आवश्यकता है। यदि हम ऐसा नहीं कर पाए तो मेरा ऐसा मानना हैं कि सारी प्रगति,सारे विकास के अच्छे कार्यकलाप इस समस्या की चपेट मे आ जाएंगे। जन स्वास्थ्य एवं जन सुविधाओं का भी कभी पूरा विकास नहीं हो सकेगा।

हमारे यहां ऐसा माना जाता हैं कि मनुष्य जीवन का पहला सुख स्वस्थ शरीर होता हैं। यों तो शरीर को स्वस्थ रखने के लिए हमारे यहां बहुत सी मान्यताएं प्रचलित है और समय-समय पर इनका अध्ययन भी होता रहा हैं, लेकिन मनुष्य स्वस्थ रहे और बीमार न पडे यह अच्छा हैं या बीमार पड़कर औषधि द्वारा स्वस्थ रहना अच्छा हैं? इनमें कौन सी स्थिति अच्छी हैं? महोदय, मेरी समझ में बीमार न पड़ना अच्छा हैं। इसलिए मेरा माननीय मंत्री जी से निवेदन हैं कि स्वस्थ किस तरह रहा जाए, इस विषय की जानकारी बच्चों को प्राथमिक स्कंल के स्कूल पर दी जानी चाहिए। लड़कियों को स्कूल और कालेजों में भी स्वास्थ्य संबंधी जानकारी दी जाने के लिए बजट में प्रावधान करने की आवश्यकता है।

महोदय, हमारे यहां स्वस्थ्य रहने के बहुत से प्रयोग किए गए हैं। इन प्रयोगों के कारण लोगों की आयु लंबी होती थी। हमारे यहां ऐसी बहुत सी औषधिंया एवं खाद्य पदार्थ हैं जिनके सेवन से बहुत कम खर्चे में स्वस्थ रहा जा सकता है। उपसभाध्यक्ष जी, आवश्यकता इस बात की है कि हमारा स्वास्थ्य एवं परिवार कल्याण मंत्रालय किस तरह स्वस्थ रहा जाए, इस संबंध में जानकारी संकलित करे और उन जानकारियों को जनता तक पहुंचाने के लिए विभिन्न माध्यमों से प्रचारित एवं प्रसारित करे।

मैं माननीय मंत्री महोदय का ध्यान एक बहुत ही अहम पहलू की ओर आकृष्ट करना चाहता हूं। महोदय, विश्व के अधिकांश देशों में सकल घरेलू उत्पाद के 7 ये 15 प्रतिशत की राशि स्वास्थ्य सेवाओं पर खर्च की जाती हैं जबकि हमारे देश में यह राशि मात्र 1.75 प्रतिशत हैं। मैं सरकार से इस पहले पर भी गंभीरता से विचार करने का आग्रह करूंगा

जहां तक एड्स जैसे घातक रोगों का सवाल है तो 32.98 लाख संदिग्ध लोगों में से मार्च, 98 तक 74960 व्यक्ति एच.आई.वी. से प्रभावित पाए गए हैं। महोदय, एक अनुमान हैं कि हमारे देश में 30 से 50 लाख लोग एच.आई.वी. से प्रभावित हैं जो विश्व में सबसे अधिक है। अंतः सरकार एड्स निरोधक प्रयासों मे गति लाने के गंभीर प्रयत्न करे। महोदय, सफाई और स्वास्थ्य ये दोनों आपस में मिले हुए विषय हैं। हमारे यहां जिस तरह जनसंख्या की बढ़ोतरी हो रही है और सफाई को अनदेखा किया जा रहा हैं, यह भी अस्वस्थता का एक बहुत बड़ा कारण हैं। सरकार इस विषय पर भी विचार करे और सफाई किस तरह रखी जाए, इसके लिए लोगों को उत्साहित करे। हमारे यहां पहले कुछ लोगों को मेहतर कहा जाता था,

जो लोग समाज में साफ-सफाई एका काम करते थे। समाज में जब इस तरह से गंदगी फैली तो लोगों ने कहा कि अपनी गंदगी को कौन साफ करेगा, तो जो लोग अपनी गंदगी को साफ करने के बाद समाज में आकर मिल जाते थे ऐसे लोगों को मेहतर कहा जाता था-वे समाज सेवा का काम करते थे। आज भी आवश्यकता हैं कि हम अपनी सफाई की व्यवस्था खुद करें।

महोदय, मिलावटी खाद्य पदार्थ एक बहुत बड़ा कारण है अस्वस्थता के और मैंने बजट के कुछ फिगर्स देखे है, मैं उनके विवरण में नहीं जाना चाहता, परन्तु बहुत छोटी सी रकम रखी गई है तीन करोड़ कुछ लाख रूपए की। इतनी बड़ी मिलावट की समस्या को रोकने के लिए यह बहुत कम रकम हैं। आज सारे देश में 92 से 100 प्रतिशत तक लोग इस बीमारी के कारण ग्रस्त हैं। पांच सितारा होटल हो या ढाबा, कही पर भी सफाई की या मिलावट की रोकथाम की कोई व्यवस्था नहीं हैं। मैं चाहता हूं कि इस पर भी सरकर गंभीरतापूर्वक विचार करे।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : कृपया अब आप समाप्त कीजिए।

श्री परमेश्वर कुमार अग्रवाला : बस, मैं एक मिनट मे समाप्त कर रहा हूं।

विश्व स्वास्थ्य संगठन के अनुसार "स्वास्थ्य मानव जीवन की एक ऐसी परिस्थिति है, जिसमें पूर्ण दैहिक, मानसिक एवम् सामाजिक विकास देखने को मिलता है। स्वास्थ्य के उच्चतम स्तर का उपभोग करना हरेक मानव का मूलभूत अधिकार हैं जो जाति, धर्म, विश्वास, आर्थिक स्थिति तथा सामाजिक परिस्थितियों से बिल्कुल परे हैं। इन विचारों को ध्यान में रखते हुए सर जोसेफ मोरे ने स्वतंत्रता पूर्व स्वस्थ जीवन के लिए उचित आवास, साफ-सुथरा वातावरण, शुद्ध पेयजल, रोजगार की व्यवस्था, हरेक मजदूर के लिए उचित मजदूरी, औद्योगिक तथा कृषि उत्पादों की गुणवत्ता में विकास तथा संचार माध्यमों के विकास पर जोर दिया था।

देश में आज कुल 2850 अस्पताल तथा 21,800 डिस्पेंसरीज, जहां भारतीय चिकित्सा पद्धतियों से इलाज किए जाते हैं। 295 महाविद्यालय तथा 47 स्नातकोत्तर संस्थान है जहां इनकी पढ़ाई होती हैं तथा शोध-कार्य किए जाते हैं। इन आंकड़ो को देखने से यह पता चलता हैं कि ये हमारी जनसंख्या तथा इन पद्धतियों की उपयोगिता के हिसाब से काफी कम करने चाहिए ताकि हमारे देश की इन पद्धतियों को बल ---------- ये सस्ती तथा सबकी पहुंच के भीतर हैं।

साथ मैं इस मंत्रालय की मांगों का समर्थन करते हुए अपनी वाणी
धन्यवाद।

*श्री शरीफ-उद्-दीन शरीक (जम्मू और कश्मीर) : जनाबे सदर नशीन, एक बहुत ही अहम बहस हुई सुबह से और हमारे बहुत से मेहरबानों और करमफरमाओं ने हमारे इत्तेलाआत में जबर्दस्त इजाफा किया और अपनी मुताले की और अपनी इल्मी वाकफियत की बात उठाई। अपने आदादो शुमार से यह साबित कर दिया कि हमारी सेहतेआम के चल-चलाव में कौन-कौन सी कमियां हैं और कौन-कौन सी तरक्कियां हो चुकी है। मिर्जा गालिब कोई साइंसदान नहीं थे, लेकिन बहुत पहले वे कह चुके है—तंगदस्ती गर न हो गालिब, तंदरूस्ती हजार नेमत हैं"। बीमारियों की सबसे बड़ी वजह आज हमारे मुल्क में या किसी भी दूसरे मुल्क मे तंगदस्ती हैं, लाचारी हैं, गरीबी हैं। गरीब लोग तालीम हासिल नहीं कर सकते, अपनी बारे में उनको इल्म ही नहीं होता, अपनी सेहत के बारे में वह कसंशियस नहीं होते।

रहा सवाल हमारी मेडिकल ऐजुकेशन का, इसमें कोई शक नहीं हैं कि हमारे मुल्क ने बहुत खूब काम किया हैं इस सिलसिले में, बहुत पेशरफ्त हुई हैं, बडी कामयाबियां मिली हैं। हमारे डॉक्टर्स ने दुनिया में नाम पैदा किया है, इसमें कोई शक नहीं हैं लेकिन एक कमी जो महसूस होती हैं, वह यह है कि आम तौर पर पैसे का चलचला हमारे ज्यादातर डॉक्टर्स के जेरे-नजर है। कोई गल्फ जाता हैं, कोई सऊदी अरब जाता हैं, कोई ईरान जाता ह
हैं डॉलर कमाने के लिए और यहां काम में उनका जी नहीं लगता। तो ज्यादातर डॉक्टर मुल्क से बाहर जाने की कोशिश करते हैं। इस सिलसिले में विजारते-सेहत को ज्यादा तवज्जह देनी चाहिए और आम तौर पर डॉक्टरो को मुल्क से बाहर जाने की इजाजत नहीं देनी चाहिए अगर हमें यहां उनकी जरूरत हो तो ।

इस वक्त देखा गया हैं कि डुप्लीकेट और फेक अदबियात का कारोबार हमारे मुल्क में हो रहा है। बड़ी-बड़ी कंपनियां हैं जो जालसाजी से फेक अदवियात जो मुजिरें सेहत हैं, जो कौमी सेहत पर जबदरस्त बुरे असरात मुस्तब करती हैं, वे चलती हैं। वे क्यों चलती हैं और विजारते-सेहत इस सिलसिले में क्या इंजजाम कर रहे हैं, यह पता चलना चाहिए। गांवों की बात तो आप छोड़ दीजिए, आज दिल्ली में हर गली-कूचे में, बाजारों में नकली डॉक्टर सड़को पर बैठे हैं। वे एक ही शीशी में लाल दवाई छोड़कर हर बीमारी का इलाज करते हैं और हजारो लोग सड़को पर खरीदते हैं वह दवा। उनको देखने वाला कोई नहीं हैं। आज हम बेशक दफ्तरो में बैठकर स्कीमें बनाते हैं, जो बहुत अच्छी बात हैं लेकिन लगता हैं कि आम आदमी जहर खाने के लिए मजबूर हैं, जो जहर उसको बड़े मीठे अलफाज में चालक लोग सड़को पर खिलाते हैं। सेहते-आमा के महकमे को इस सिलसिले में तवज्जह देनी चाहिए।

*Transliteration of the speech in Persian Script is available in the Hindi version of the debate.

सर, तारीखी तौर पर यह बात साबित हुई कि हमारे यूनानी, हमारे हिंदुस्तानी तर्जे-इलाज बहुत कामयाब हैं लेकिन उनकी तरफ खास और खातिरख्वाह और तसल्लीबख्श तवज्जह नहीं दी गई हैं। हाल ही में एक कान्फ्रेंस यहां हुई थी जिसमें प्रधान मंत्री जी तशरीफ लाए थे और उन्होने भी इस बात पर जोर दिया था कि यूनानी और होम्योपैथ और आयुर्वेद सिस्टम पर ज्यादा तवज्जह देंगे। मेरा ख्याल हैं कि चूंकि हिंदुस्तान के इंसानों को उस पर विश्वास हैं, उस तर्जे-इलाज पर विश्वास हैं, इसलिए अगर इसकी तरफ तवज्जह दी जा सके तो शायद उससे ज्यादा फायदा होगा।

वाईस चेयरमैन साहब, बढ़ती हुई आबादी का तो हरेक ने रोना रोया, आबादी बढ़ रही हैं, आबादी का सैलाब आ रहा हैं, पापुलेशन ऐक्सप्लोजन हो रहा हैं लेकिन इसमें कसूर हमारा हैं। जब हम बच्चे थे तो किताबों में पढ़ करते थे कि हमारा देश दिन दूनी और रात चौगुनी तरक्की कर रहा हैं। फिर जब हम बाहर आए तो हमने बड़ी-बड़ी सड़के देखीं, बसें चलती देखीं, पुल बनते देखे तो यह दिन दूनी तरक्की हमारी समझ में आ गई लेकिन यह रात चौगुनी तरक्की हमारी समझ में नहीं आई। फिर जब दिल्ली में हमने लोगों की भीड़ देखी, सांस रूक गई तो हम समझ गए कि वाकई हमारा देश रात चौगुनी तरक्की कर रहा हैं। इस रात चौगुनी तरक्की से हमें माफ कीजिए और इस पर कोई रोक लगा दीजिए ताकि हम यह रात चौगुनी तरक्की न करें। दिन दूनी तरक्की हम बेशक करें लेकिन यह रात चौगुनी तरक्की न करें। बढ़ती हुई आबादी का सैलाब जब तक नहीं रोक जाएगा,तब तक आपकी सारी स्कीमें, सारे प्लान कामयाब नहीं हो पाएंगे। इस सिलसिले में तालीमी इदारों को, दूर-दराज के गांवों में औरतों और मर्दो को वीडियों फिल्म्स के जरिए इसके बुजिर इदारों से आगाह करने की बच्चों की निगाहदाश्त बहुत जरूरी है। अगर मुमकिन हो सके तो स्कूलों और कालेजो में जहां बच्चों की तादाद बहुत ज्यादा हो, वहां डिसपेंसरीज खोली जाए ताकि हमावक्त उनका तिब्बी मुआयना होता रहे। हम आए दिन सुनते रहते हैं कि डॉक्टरों ने हड़ताल की, नर्सो ने हड़ताल की, पैरा-मेडिकल स्टाफ ने हड़ताल की। उनकी मांगों की तरफ देखा जाए। फारसी का एक शेर हैं—"मजदूरे खुशदिल, कुनदगारे पेश"। अगर मजदूर दिल से खुश हैं, काम करने वाला खुश है तो वह ज्यादा काम करता है। अगर उनकी मुश्किलात से आप नहीं देखेंगे तो वे दिल से काम नहीं करेंगे। उन मुश्किलात को आप साथ-साथ देखते चले जाइए। दिल्ली जैसे शहर में और हिंदुस्तान के चंद शहरों में मेडिकल फैसिलिटीज हैं, इसमें कोई शक नहीं हैं लेकिन वे खातिरख्वाह नहीं हैं। दूर-दराज के लोगों को न जीने की खबर हैं, न मरने का पता है। इस सिलसिले में कोई वसी प्रोग्राम आप बना दीजिए। हमारे आदिवासी इलाकों में, हमारे बैकवर्ड ऐरियाज में जाकर हमारे हैल्थ वालंटियर्स मेहनत से, मिशन से, लगन से काम करके उन लोगों को अपनी सेहत के बारे में बताएं।

अगर कोई कौम तंदुरूस्त कौम नहीं हैं, उसका जिस्म तंदुरूस्त नहीं हैं तो उसका दिमाग भी तंदुस्त नहीं हो सकता है। लिहाजा यह जरूरी हैं कि उसका जिस्म, उसका बदन, उसका शरीर तंदुरूस्त बनाने के लिए कुछ उपाय कर दिए जायें।

दूसरी एक वबा हैं जो हम देख रहे हैं कि कमसिनी की शादी, छोटी उम्र की बच्चियों की शादी या बच्चों की शादी कर दी जाती हैं और वे बेचारे बेखबर होते हैं, उनको इसका कोई इल्म नहीं होता है, उनको शादी का कोई तसव्वुर भी नहीं होता हैं। लेकिन हम उनकी शादी करके उनको बेडियां पहना देते हैं जिससे उन्हे तमाम बीमारियां लग जाती हैं, तमाम रोग उनके पीछे पड़ जाते हैं। इस पर भी कानूनी तौर पर नजर डालने की जरूरत हैं और सारे हाउस को सोचने की जरूरत हैं। इन्ही गुतारिशात के साथ मैं अपनी यह मामूली अर्जदास्त खत्म करता हूं और मंत्री जी से गुजारिश करता हूं कि वह इन मामूली सी गुजारिशात पर ध्यान देंगे।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : माननीय सतीश चन्द्र सीताराम प्रधान। आप कृपया 4 मिनट में अपनी बात कह दें।

श्री सतीश प्रधान (महाराष्ट्र) : महोदय, मैं 4 मिनट में अपनी बात पूरी करने की कोशिश करूंगा। अगर लगा तो एक-आध मिनट ज्यादा लगेगा। उपसभाध्यक्ष जी, मैं अभी-अभी कुछ समाचार-पत्रों की कटिंग देख रहा था तो एक कटिंग मेरे हाथ में आ गई हैं जो टाइम्स ऑफ इंडिया की 31 मार्च की हैं।

"Is Safdarjung the death bed for AIIMS' dying?"

सफदरजंग के डाक्टर से जब मुलाकात की गई तो उन्होने बताया हैं t, It says:

> "Safdarjung doctors say they have come across many patients who may have undergone follow up treatment at AIIMS for years but when the time comes for these people to be admitted, AIIMS conveniently sends them across the road."

एक्रोस दा रोड का मतलब सफदरजंग के उधर ए.आई.एम.एस. से भेजा जाता हैं। इसी विषय में आगे बताया जाता है।

> "Medical Superintendent R N Salhan says: AIIMS actually has a special ambulance which it has kept only for transporting patients from its premises to our hospital. This ambulance makes at least 30 to 40 trips each day."

मैंने इसलिए पढ़कर यह न्यूज बताई हैं कि आदरणीय मंत्री जी तो अभी-अभी मंत्री बने हैं। इनके पहले और भी आरोग्य मंत्री थे। स्वतंत्रता मिलने के बाद इतने साल हो गए इस देश को आरोग्य सम्पदा देने का वचन पंडित जवाहरलाल नेहरू जी ने दिया था। पंडित जवाहरलाल नेहरू जी ने 1951 में वर्ल्ड हैल्थ असेम्बली में कहा था-

> "In India we should like health to go to homes instead of large numbers gravitating towards centralised hospitals. Services must begin where people are and where problems arise."

सर, पंडित जवाहरलाल नेहरू जी ने यह कहा था, लेकिन तब से लेकर आज तक यह जो व्यवस्था आरोग्य के संबंध में रही हैं, यह चिंताजनक है। हैल्थ मिनिस्टर जी की उसमें सुधार करने की जिम्मेदारी हैं और अटल बिहारी जी प्रधान मंत्री हैं, उनके नेतृत्व में पूरी व्यवस्था को सुधारने की जिम्मेदारी उनके ऊपर हैं। मैं देखता हूं कि उन्होने इस बजट भाषण में बजट के संदर्भ में अपनी तरफ से बहुत सारी कोशिशें की है। सभी जगह पर यह बताया जाता हैं और वर्ल्ड हैल्थ आर्गनाईजेशन भी इस विषय में यह कहती हैं-

> "According to the World Health Organisation health is a "state of complete physical, mental and social well-being and not merely the absence of disease or deformity. One of the fundamental rights of every human being without distinction of race, religion, political belief, etc. is the enjoyment of the highest attainable standard of health. "

For that "...lack of health consciousness, low per capita income, lack of adequate education, non-availability of proper sanitary conditions and safe drinking water, unhealthy social taboos and the like, the health status of the average Indian leaves much to be desired." यह सब बताने की आवश्यकता इसलिए हुई क्योंकि स्वतंत्रता मिलने के बाद, 52 साल बीत जाने के बावजूद इस विषय में हमें जितना संपर्क होकर आगे बढ़नें की आवश्यकता थी, उतना हम नहीं बढ़े हैं। यह हकीकत है और उसकी जिम्मेदारी एक दूसरे के ऊपर डालने से इसका कोई इलाज नहीं होगा। हम मलेरिया के बारे में बहुत सारी बातें करते हैं। मलेरिया के बारे में जब हम बात करते हैं तो मैं बताना चाहता हूं कि हमें पार्लियामेंट की लाइब्रेरी से जो समय-समय पर आंकड़े प्रदान किए गये, उसके मुताबिक परिस्थिति ऐसी थी कि 1958 में 7.5 करोड़ लोग हिन्दुस्तान में मलेरिया से पीड़ित थे। 1965 में एक लाख तक इस फिगर को लाया गया। उस दौरान हिन्दुस्तान में मलेरिया के संबंध में सतर्क होकर इतना काम किया गया जिसके लिए हमें गर्व होना चाहिए।

लेकिन बाद में उसके लिए जो काम होना चाहिए था, वह अचानक होना बंद हो गया। उसके बाद 1976 में 6.47 मिलियन केसिस मलेरिया के हो गये और 1987 में 1.66 मिलियन हो गये। आज की तारीख में पूरे हिन्दुस्तान में 203 मिलियन केसिज पर इयर हो गये हैं। हम एड्स के बारे में बात करते हैं लेकिन साथ-साथ बाकी जो डिसीज बढ़ गये हैं, उस विषय में सतर्क होकर हम क्या कर रहे हैं, इस बारे में सोचने की आवश्यकता हैं। साथ ही यह भी देखने की आवश्यकता हैं कि जो हम डॉक्टर्स ट्रेंड करते हैं, मिड वाइफ्स ट्रेंड करते हैं, नर्सिज ट्रेंड करते हैं उनको जो शिक्षा दी जाती हैं, उस शिक्षा को प्राप्त करने के बाद क्या आज की तारीख में वे लोग हिन्दुस्तान के किसी दूर दराज क्षेत्र में, हिन्दुस्तान के किसी गांव में जाकर काम करने को तैयार हैं? कोई तैयार नहीं होता हैं जिसका परिणाम यह है कि हमारे हिन्दुस्तान में प्राइमरी हैल्थ सैंटर्स की संख्या 1947 से लेकर आज तक बहुत बढ़ गयी हैं लेकिन 1947 से लेकर आज तक इतनी संख्या बढ़ने के बावजूद आज की तारीख में हिन्दुस्तान में कम से कम 10 परसेंट ऐसे प्राइमरी हैल्थ सैंटर्स हैं जहां एक भी डॉक्टर नहीं हैं, जहां एक भी मिड वाइफ नहीं हैं, जहां एक भी नर्स नहीं हैं- वहां सिर्फ प्राइमरी हैल्थ सैंटर्स बने हुए है। इसके लिए डॉक्टर्स को, मिड वाइफ्स को, नर्सिज को शिक्षा प्रदान करते समय जो संस्कार देने की आवश्यकता थी, वह नहीं दिये गये। इस देश के प्रति हमारी भी कुछ जिम्मेदारी हैं, देहातों में जाने की हमारी जिम्मेदारी हैं, उस जिम्मेदारी को हमें उठाना चाहिए। अभी तक उस जिम्मेदारी को हम सही तरह से नहीं निभा पाए हैं जिसकी वहज से वहां कोई जाने के लिए तैयार नहीं हैं। इस परिस्थिति को बदलने की आवश्यकता हैं। सरकार अलग-अलग समय पर निर्णय ले लेती हैं। टॉयफॉयड का जो इंजैक्शन आता था, जो इंजैक्शन बनता था, उसे बंद करने का निर्णय किया गया हैं। उसका परिणाम यह हुआ कि महाराष्ट्र में टॉयफॉयड के वैक्सीन के लिए हापकिन्स इन्स्टीट्यूट बनाया गया था, उसे कहा गया कि इस वैक्सीन इस वैकसीन को नहीं बनाना हैं। लेकिन आज भी आन्ध्र प्रदेश में या और जगहों पर यह वैक्सीन बनाया जाता हैं। हॉपकिन्स इंस्टीट्यूट द्वारा इस वैक्सीन को न बनाने की परिणाम यह हुआ कि वैक्सीन का जो डोज एक रूपये में मिलता था, वह दो सौ रूपये तक पहुंच गया। इसलिए इस विषय पर सतर्क होकर विचार करने की आवश्यकता हैं। मैं आदरणीय मंत्री जी से अनुरोध करूंगा कि आप तुरंत इस विषय पर ध्यान दें क्योंकि बताया जाता हैं कि इसी वजह से तीन सौ करोड़ रूपये विदेशी मुद्रा खर्च करनी पड़ रही हैं।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : कृपया समाप्त करें।

श्री सतीश प्रधान : सर, मैं समाप्त ही कर रहा हूं। बस दो मुद्दे और हैं। एड्स के बारे में बहुत बात की जाती हैं लेकिन एड्स के विषय में डॉक्टरों को सतर्क होने की

आवश्यकता है। मेरे पास महाराष्ट्र के एक मराठी डेली की कटिंग हैं जिसमें बताया गया है- दिल्ली से न्यूज हैं कि सुखविन्दर नाम का एक आदमी था और उसको एड्स था। उसकी बीवी मर गई और उसका एक बच्चा था। जब वह बच्चा बीमार हो गया तो उसके बच्चे को हाथ लगाने के लिए कोई भी डॉक्टर तैयार नहीं था। तो इस ओर भी ध्यान देने की आवश्यकता हैं।

इसी विषय पर मैं और भी कुछ बताना चाहता हूं, जो बहुत महत्वपूर्ण हैं। एच.आई.वी. हैं या नहीं, इसकी टेस्टिंग के लिए हिंदुस्तान में जहां-जहां सुविधा उपलब्ध करवाई गई हैं, यह इस ढंग से होनी चाहिए कि जहां कहीं ऑपरेशन होने वाला हैं, जहां ब्लड की जरूरत पड़ सकती हैं, जहां ब्लड दिया जाता हैं, वह एच.आई.वी. पॉजिटिव या नेगेटिव जो भी हैं, उसका टेस्ट करने की पूरी सामग्री वहां होनी चाहिए। आज हिंदुस्तान में यह व्यवस्था सब जगह पर नहीं हैं। देहातों में ऑपरेशन किए जाते हैं और वहां ऑपरेशन करने के लिए कहीं से भी ब्लड लाया जाता हैं, नहीं हो डायरेक्ट ब्लड ले लिया जाता है और ऑपरेशन किया जाता हैं। इसमें बहुत बड़ा धोखा हो सकता हैं। तो इस विषय पर सतर्क होकर कुछ विचार करने की आवश्यकता हैं और सावधान होने की आवश्यकता हैं।

महोदय, हमारे हॉस्पिटल्स में टी.बी. के पेशेंट्स की परिस्थिति ठीक नहीं हैं, वह बहुत गंभीर हैं। टी.बी. के विषय पर बहुत से माननीय सदस्यों ने कहा हैं इसलिए मैं इस विषय पर ज्यादा समय नहीं लूंगा लेकिन टी.बी. के पेशेंट्स हमारे यहां प्रतिदिन बढ़ रहे हैं। पुराने जमाने में हॉस्पिटल्स में टी.बी. पेशेंट्स के लिए जगह होती थी, उनके लिए बेड रिजर्व रहते थे लेकिन आजकल हॉस्पिटल्स में उनके लिए कोई जगह नहीं हैं। हमारे देश में बहुत बड़ी संख्या में टी.बी. पेशेंट्स है, लगभग 14 मिलियन लोगों को हमारे देश में टी.बी. हैं तो इस विषय पर हमें सतर्क होकर उनके लिए अलग से प्रावधान करने की आवश्यकता है और इस दिशा में आगे बढ़ने की आवश्यकता हैं।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : कृपया समाप्त करें।

श्री सतीश प्रधान : सर, पूरा समाप्त कर लूं, बस मैं कनक्लूड ही कर रहा हूं।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : हो गया, आपने 12 मिनट ले लिए हैं। देखिए, और भी सदस्य हैं बोलने के लिए।

श्री सतीश प्रधान : महोदय, सिर्फ आधा मिनट ही लूंगा। हमारे यहां जो ऑपरेशन थीएटर्स है, वहां काफी सुविधाएं दी जाती हैं। ऑपरेशन थीएटर्स एयर कंडीशन्स होते हैं लेकिन यदि कभी इलेक्ट्रिसिटी फेलियोर हो जाए तो ऑपरेशन थीएटर खोलकर ऑपरेशन किया जाता हैं जिससे कि ऑपरेशन थीएटर की स्टेरेलाइज्ड पोजिशन नहीं रहती। सरकारी

हॉस्पिटल्स में भी यही स्थिति हैं और प्राइवेट हॉस्पिटल्स में भी यही स्थिति हैं। तो इस विषय पर भी सरकार को ध्यान देने की आवश्यकता हैं। मैं इतना ही कहना चाहता हूं। महोदय, आपने मुझे बोलने के लिए समय दिया, इसके लिए बहुत-बहुत धन्यवाद

SHRI SHANKAR ROY CHOWDHURY (West Bengal) : Mr. Vice-Chairman, Sir, this discussion on Health and Family Welfare, though is, in essence, a discussion on the functions of the Ministry, it is also a disucssion on the national health system of this country. Now, this discussion we are having here in Parliament, is slightly out of focus because basically, the public health system is a responsibility of the State Government and any deficiencies, that all the members have spoken about, are actually the responsibility of the State Governments. The Ministry of Health and Family Welfare functions basically in a supportive role. So, what can we ask the Ministry of Health and Family Welfare today? Firstly, we would urge the Government to allot 6-7 per cent of the GDP for Health and Family Welfare programmes. Secondly, we would ruge the Central Government to ensure that the institutes under its control, like the AIIMS, the PGI, Chandigarh, the School of Tropical Medicine, Calcutta and many such institutes of our country, function at the highest level of efficiency and effectiveness. Thirdly, we would ask the Central Government to ensure that the laboratories under the Central Ministry of Health throughout the country have a very high degree of research.

As regards the next point of family planning, we have been compared unfavourably with all countries in the world, particularly, with China. I would like to remind the House as well as the Government that China has achieved its family planning ends through a combination of education, persuasion, as well as caution. Now, in our country, after the excesses of the family planning programme during the Emergency, there has been a reaction to this entire subject of family planning. It has become a sensitive issue which no Government wishes to tackle seriously. Therefore, while we have the Kerala model, the Tamil Nadu model, which is based essentially on persuasion and female education, I feel, the Government, whichever Government it is, has also to adopt a scheme, not of coercion but certainly, of disincentives. For example, as is done in other countries, is it possible to restrict the ration card of every individual family to husband, wife and two children and not more than that? This would be a disincentive. Is it possible to organise the tax structure in such a way that

7.00P.M.

there will be a disincentive for additional children? Unless the Government considers disincentives as a serious alternative, I am afraid, all the family planning programmes are doomed to fail.

The other problems have been put across by the other speakers. But I would like to focus on one point, that is, the total non-functioning of all hospitals which are held to ransom by the Class-Ill and Class-IV staff. It is destructive trade unionism at its worst. I can speak of a State which I am familiar with. I think the picture is the same in all the States. Can we arrive at some sort of a political consensus with trade union leaders so that the staff of the hospitals and health organisations are persuaded not to go on strike? If we fail in that, we can adopt effective compulsive measures. We have tried to use ESMA in the case of doctors. It didn't work. It didn't work and the State had to back out. So, we have to arrive at some methodology whereby the workers in this sensitive public sector are either educated, persuaded and motivated or coerced into not to go on strike. An alternative has to be worked out by the Government.

As regards the standard of training of nurses and paramedical staff, according to my experience, it is deplorable. Can some efforts be made by the Government through the States? It is the responsibility of the State Governments. I don't know what influence, beyond advising the State Governments, the Central Government can exert to ensure that the standard of training is improved.

About medicines, much has been said. You are aware of the problems. There are spurious medicines. There is deficiency of medicines. There are outdated medicines. The entire system of demand and supply, whether in the private sector or in the public sector or through the Government channels, has to be toned up. Again, I hesitate to put the responsibility on the Central Government. It is the responsibility of the State Governments. The spread of diseases has been brought out. AIDS has been particularly identified as the killer disease of the 21st century and it will have to be tackled on a national basis. It has to be funded by the Central Government and effectively undertaken. Thank you.

SHRI DRUPAD BORGOHAIN (Assam): Thank you very much, Sir, for giving me a few minutes. I would like to read out my few points to

keep pace with the time. Please don't mind. Sir. Health care is a very important point, as it has a direct relation with the development of the country. In other words, all-round economic growth and development of a nation has a relationship with the health-care of the people of that nation. So, to achieve a proper economic growth and advancement of a nation, health care is an utmost necessity. But, unfortunately, the relationship of economic growth and development with health care is not properly maintained in our country. In spite of these weaknesses, we have noticed some advancement and improvement in health care and implementation of disease-control programmes. Firstly, the death rate has fallen from 25.1 to 9.0 in 1996. Secondly, life expectancy has increased from 32 years in 1947 to 62 years in 1996. Yet, the general scenario of health is still not very encouraging, despite these important advances made in the field. Morbidity due to non-communicable diseases like cancer and cardio-vascular diseases is on the increase. Epidemics of communicable diseases are quite serious in certain parts and in certain seasons. An uncurable disease like AIDS is also taking its toll. All these things are happening; the reasons being growth in population, urbanisation, unplanned growth of towns and slums in the country, migration, changes in the life style of the people, poverty, malnutrition, degradation of the environment, etc. During the last fifty-two years of Independence, the health infrastructure has been expanding in our country. Yet, the planning of manpower engaged in this sector has been dismally poor. Health workers, technicians, nurses, midwives, etc. are quite short of the essentialities required for health care. This is stark reality. If we take the scenario of investment in the field of health care by the Government, the statistics reveal that it has been steadilly declining. While 3.3% of the total plan allocation was earmarked in the first Five Year Plan, it came down to 1.75% in the Eighth Plan and just went up to 2.25% in the Ninth Plan. Sir, we have a comprehensive National Health Policy which was adopted in 1983. A massive exercise was undertaken to adopt this policy. The World Health Organisation has rightly pointed out, "Health is a state of complete physical, mental and social well being and the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, belief, economic or social conditions." So, to attain good health is a fundamental right of every citizen. But I am sorry to say that health is still not a fundamental right in our country. This is a serious weakness on the part of the Central

Government. As good health has a linkage with the development of the country, the Ministry of Health must take steps to transform the right to good health into a fundamental right in our country. 1 request our hon. Minister to do so. Now 1 come to the National Health Policy. Before adopting the National Health Policy, several committees on Health were formed and every such committee had given its recommendations. These committees were : The Bore Committee of 1946, the Mudaliar Committee of 1961, the Kartar Singh Committee of 1973, the Srivastava Committee of 1975 and the Ramalingaswami Committee of 1981. After these massive exercises, the Central Government had formulated and adopted the National Health Policy in 1983. This new Health Policy has also a connection with the Alma Ata Declaration of 1978. The recommendations of different committees had given an impetus to the development in the medical field. The All-India Institute of Medical Sciences (AIIMS) is the product of the Bore Committee, strengthening of primary health centres was recommended by the Mudaliar Committee; the Kartar Singh and Srivastava Committees made recommendations for multipurpose health workers, for medical education and for support of manpower, with emphasis on community health workers, and the Ramalingaswami Committee gave shape to the "Health for All" declaration. Apart from these recommendations, a number of health initiatives taken since independence have also influenced the present health scenario of the country. The National Health Policy mainly stressed "Health for All" by 2000 A.D. Priority was given to the expansion of rural health care infrastructure, through a network of community health centres, primary health centres and sub-centres. High priority has been given to the development of primary health centres located close to the people. The primary health centres should be located very near.

THE VICE-CHAIRMAN (SHRI RAMA SHANKER KAUSHIK): Please conclude.

SHRI DRUPAD BORGOHAIN: Though the target was 'Health for All' by 2000 AD, it could not be achieved within the time frame and the slogan had to be changed to 'Health for the underprivileged' by 2000 AD. This was proposed to be achieved through the strengthening of the infrastructure for primary health care with about 30,000 people as the basic unit. As the statistics show, this target is also not going to be achieved in the year 2000. As per the slogan 'Health for All' there are not adequte sub-centres, primary health centres and community health centres. As per

the 1991-Census, the requirement of sub-centres, PHCs, and CHCs was 1,34,108, 22,349 and 5,587 respectively. In 1996 the number of sub-centres was 1,32,730. The number of PHCs was 21,854 and the number of CHCs was 2424. So there is a lot of gap. According to the Health Policy of 1983, primary health care was the key area. But the Health Ministry has failed in many respects. There are many primay health care centres but the activities are lagging behind. Buildings are in a very bad shape. Doctors are not available in required number. There is a shortage of nurses. Thank you.

SHRIMATI BIMBA RAIKAR (Karnataka): Mr. Vice-Chairman, Sir, as everybody knows, health is wealth. If one person in a family is not well, there is no peace in the family. It can be any diseases, physical or mental disease, T.B. or cancer. As compared to the people in other countries, we are not very particular about our health. There are so many reasons for that. The main reason is poverty. Sir, 80 per cent of the people in our country are poor. They are not getting even two meals per day. When they are not in a position to have proper food, how can they think of nutrition or how can they think of badam or pista and such other things? Due to lack of proper family planning programme, the size of the family becomes very big. The second aspect is lack of education. Sir, I don't want to repeat everything which has already been said. Unfortuantely, yesterday also I was the last speaker. Sir, I am a new Member. They should have given me a chance to speak earlier because we have to learn so many things. Anyway, it does not matter. I will get many more chances. Due to lack of educaiton, we are careless about our health. If both the husband and wife are working, the wife has to work throughout the day. Then she has to take care of her children, her husband and other members of the family. When the husband comes in the night, he is fully drunk. He starts beating his wife and children. There is no peace in the family. Whatever he earns, 50 per cent of his salary goes waste. This is how the woman suffers in the family as I am suffering here. Women always suffer.

In such cases, when she gives birth to children, as Sushmaji said, they are born anaemic. It is quite natural. Another thing is, because of financial problems, when people do not have the money, how can they go to the doctor? That is why I think, in rural areas, people still believe in *tantras* and *mantras.* They don't go to the doctor immediately. They take a patient to the doctor only when he is about to die. And, in such cases, even

the doctor cannot do anything. It is no doubt that we have a large number of Government hospitals. But look at the conditions prevailing there. On top of it, medicines may not be available. The previous speakers have mentioned about this aspect. There is also a feeling that lady doctors do not want to stay in rural areas. I would ask: How can she be expected to live in rural areas, away from her husband, when there is no security for her there, when there are no schools for her children, when there is no transport facility? That is why doctors are not available in rural areas. Then, everybody has spoken about diseases like T.B., malaria, cancer and so on. I don't want to take the time of the House in repeating them. I want to stress upon a new aspect which has not been mentioned by anybody here. And this is about road accidents. As we all know, in every 500 kms. on the national highways, there are three to four accidents taking place in the nights. I am not making any reference to any news report. I can tell you my own experience. I met with an accident four years back on a national highway. The van in which I was travelling met with a heavily loaded truck, and we were 16 people in that van. All of us were thrown on the road, and it was at night that this happened. Four persons died, and I was the fifth one in the most critical stage. 1 had a terrible head injury and multiple fractures. So many people came there, but nobody was willing to touch us. We were simply lying on the road helpless. Luckily, some MLA from that area passed by - I was also a sitting Member of the Council at that time - he came and took us all to a nearby hospital. Sir, I should tell you, --I don't blame any doctors or anybody - no facility whatsoever was available in the hospital. There was nobody to help us. Doctors came. But what can the doctors do without any equipment? There was no scanning machine. CT-scan was not there. Blood could not be arranged. Not even a needle was there. And this was supposed to be the Accident Relief Centre. I don't wish to give the name of that hospital. That was the condition.

I think, in my case, they required a ventilator and the ventilator that was available there, was not in the working condition. If the machinery in a hospital is not in the working condition, even after the Government has spent lakhs and lakhs of rupees on it, when the technicians are not there, what can a doctor or a nurse do? Then, I was compelled to leave the hospital. I had to be taken to a private hospital where I had to spent lakhs of rupees on my treatment. I could manage somehow. But what about the

condition of poor people of our country? So many accidents take place on the roads. Has the Government at any time thought about it? Are there any facilities? There are rural hospitals where there are no ambulances. If the patients are to be carried to a hospital in a city or a town, it involves a journey of about hundred Biometers. And even after going to that hospital, there is no guarantee whether the machinery will be in proper working condition. How can the poor people get these benefits? Where will they go? That is why I request the Government to have some mobile vans, mobile ambulances which should be moving on roads at night because, unlike five-lane and six-lane roads in America, Japan and other developed countries, we have got only one lane roads and you have trucks and other heavy vehicles running on those roads and accidents on these roads are very common. I am making this request in the light of my own experience. I was in coma for 19 days. I don't know. I was about to die. But, I think, only because I had to come to this House and speak in these words before you that by God's grace I was saved. I really pray that you should take these precautions in regard to the facilities in the hospitals. You must pay the doctors adequately. You must give them sufficient pay so that they do not go to private hospitals and clinics. They go there because we are not paying them sufficiently. We are not paying adequately to even Class IV employees, because of which they harass the poor patients. The poor women are forced to put even their mangalsutras in their hands and request them for their attention and help. This is the condition in the hospitals. There are no proper beds, no medicines, no doctors, no machinery. Only four walls, which we call a hospital or a rural health care centre, are there. So, it is very easy to talk about these things, about AIDS and diseases like that. But the Government has to spend crores and crores of rupees on this particular aspect so that our people in the country are happy. Thank you, Sir! You have given me sufficient time. I hope next time you will definitely give me more time.

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N. T. SHANMUGAM): Mr. Vice-Chairman, Sir, I am pleased to reflect upon the suggestions and the remarks made by the hon. Members of this august House regarding the functioning of my Ministry. I was pleased to hear the hon. Members on the working and the shortcomings of my Ministry and their expectations from my Ministry. In my reply I would like to make my points regarding the

suggestions made by the hon. Members.

Sir, the Ministry of Health and Family Welfare consists of three departments - the Department of Health, the Department of Family Welfare and the Department of Indian System of Medicine. Over the past five decades, there have been a marked improvement in the health status of our people. Life Expectancy has shown a remarkable increase from 37 years to 62 years. There has also been a significant reduction in the infant mortality rate, from 146 per thousand in 1951 to 72 per thousand live births in 1998; and the death rate from 25 in 1951 to 9 in 1998. For this, the Ministry of Family Welfare deserves appreciation. Sir, the hon. Members are reminding me of 'Health for All by 2000 AD.' 1 accept it. The Government had a historical talk about health for all by 2000 AD. Health is a state of mental and physical well being. I do not claim to provide disease-free India in the near future. However, we shall attempt to provide health facilities to our people by strengthening the infrastructure and engaging timely manpower. The Ministry of Health is preparing a National Health Policy, which will have to take into account several suggestions made by our hon. Members. The Annual Plan Outlay for 2000-01 is Rs. 4,920 crores. It has shown an increase of 18.87% when compared to last year. A major portion of outlay is earmarked for the National Health Programme to control communicable diseases and towards implementation of Centrally-sponsored schemes. For a number of disease-control projects, substantial assistance has been mobilised to ensure appropriate funding to State Governments in tackling the diseases and improving the health infrastructure. You will appreciate, Sir, that we have mobilised Rs. 1,760 crores as external aid this year, which is nearly 50%, in addition to what we obtained during 1999-2000

However, I must admit that the level of investment on health has remained almost stagnant over the years, around 3.33% of the total Plan investment. The level of investment has increased to 4.01% in the Ninth Plan. 1 entirely agree with my hon. Friend, Shri Kapil Sibal, about the importance of investment in health. I will try to further increase the allocation to health sector. The utilisation of funds has also improved during the last year.

We have developed a huge primary health infrastructure, that is, 1,37,000 sub-centres, 23,000 primary health centres and 29,000 community health centres in the country to provide health care to all the people. As

some of the Members have pointed out, we have a major shortfall in the infrastructure, which is more acute in hills, deserts and tribal areas. There are also shortfalls in providing medical and para-medical staff for primary health centres. We are constantly advising the State Governments to improve the infrastructure under Reproductive and Child Health Programme. We have made provisions for contractual appointment of doctors and para-medical staff. 1 have already had a national consultation on anaemia with experts. As suggested by hon. Smt. Sushma Swaraj, I will pursue the matter on the recommendation of NHRC. We are supplying free tablets for pregnant women under a programme. We are also educating the pregnant women regarding anaemia. The other day, I also participated in a conference on maternal anaemia in Delhi. In that, a serious concern was expressed about maternal anaemia. We are thinking that we will have to give much importance for the same and we are going to implement a very good programme to see that maternal anaemia patients will be getting calcium tablets and iron tablets till the delivery of the child. In an effort to prevent and control morbidity and mortality due to vector-borne diseases like Malaria, the implementation of anti-malaria programme has resulted in the total Malaria cases coming down from 6.47 million cases in 1976 to 2 million cases annually since 1984. To give a focussed attention to Malaria endemic areas with a sizeable tribal cover population, an enhanced Malaria control project was launched to cover hundred districts. Recently, there is some outbreak of encephalitis in Andhra Pradesh, West Bengal, Bihar and other areas. You would appreciate that a Central team was sent there, as requested by hon. Members, to supplement the efforts made by State Governments. We are trying to combat recurrence of malaria by strengthening surveillance, selective vector control, increased IEC programmes and promoting medicated mosquito nets in the endemic areas.

India contributes over 60% of world's leprosy burden. In an effort to eliminate leprosy, a 100% Centrally-sponsored scheme was launched to see that the cases are dropped. We have witnessed that - 57 persons per thousand in 1981 to 5.19 persons per thousand in 1999. We have conducted house-to-house search in the last two years to detect leprosy. 6.5 lakh hidden cases were detected. Elimination levels have already been achieved in Nagaland, Punjab, Meghalaya, Haryana. Himachal Pradesh, Mizoram, Tripura and Jammu & Kashmir, divisions. 1 hope we will achieve the elimination of its prevalence at the rate of one per 10,000 in the country by

the end of 2003. The study was undertaken regarding multi-drug therapy. The aim of this is to cure people fully. That is why we are repeatedly expanding the R&D activities. Sir, the Government has accorded a high priority to the revised National Tuberculosis Eradication Programme. We have already covered 180 million of population. It is expected that this number will go up to 250 million in the near future. This Programme has a cure rate of 80 per cent which used to be 45 per cent earlier. Since I 1994-95 with the World Bank assistance the National Programme for Control of Blindness has been strengthened in seven major States which account for nearly 70 per cent of the total blindness. During the last year eye care infrastructure has been improved by completing construction of 250 eye operation theatres. Sir, 150 eye surgeons have been trained. The IOL technology has to be provided to 600 hospitals. Out of these, 120 hospitals in the targeted States were provided with this facility last year as a result of which the number of cataract surgery operations has doubled from 33 lakh to 60 lakh in the last six years. There has been a significant increase of IOL surgery and it has increased from three per cent in 1994-95 to 35 per cent in 1999 For the current year, 2000-2001, it is proposed to expand the programme to cover the entire country. With this effort it is hoped that the prevalence of blindness will be brought down from 1.49 per cent to 0.7 per cent by 2010.

Sir, a red alert was declared by the Ministry in four States - Uttar Pradesh, Bihar, West Bengal and Delhi - where the polio-virus is still transmitting while in the rest of the country only a few cases have been reported during 1999. Sir, injection polio vaccine is not suitable where wild polio-virus is in circulation. It did not work in Egypt. Thus, the World Health Organisation recommended the oral polio vaccine for India. The oral vaccine also provides protection.

In the field of cancer control, I submit that we have established seventeen Regional Cancer Centres and twenty medical colleges have been given assistance for setting up of Oncology wings. As an initiative to control the tobacco consumption, a two-day conference was organised at Delhi and was attended by the hon. Prime Minister of India and the Director General of the World Health Organisation. I wish to submit that my Ministry is committed to evolve a strategy to control the use of tobacco and its products. The Central and the State Governments have done a commendable work in the field of eradicating Guinea Worm. The W.H.O.

may declare that India is a Guinea Worm-free nation. The Government is determined in eradicating polio with the sole aim of making India soon a polio-free country. We are happy to note W.H.O.'s observation that the State of Orissa is a polio-free State. This reminds me of the super cyclone which hit Orissa, leading to large-scale deaths and destruction. There were speculations about spreading of a major epidemic in the aftermath of the super cyclone. I am pleased to inform you that due to timely intervention and close monitoring of the situation by our Ministry of Health, we were able to prevent the spreading of an epidemic. I also wish to convey my gratitude to the Red Cross Society. They also helped the people at the time of the super cyclone in Orissa.

Sir, HIV, as it is, is an emerging medical crisis. The Government has, recently, launched the second phase of the National Aids Control Programme with an outlay of Rs. 1,425 crores over the next five years. The programme aims at preventing infection through targeted infectors among the specified group of population, spreading awareness among the general community through family health awarness campaign, care and support of the HIV infected people, decentralisation of service delivery to the States and local bodies and active participation of NGOs and the private sector. Mother to child transmission is called vertical transmission. Now, it is around 25 per cent to 30 per cent. This can be reduced to 8 per cent by giving AZD. Under the National Aids Control Programme, we are providing AZD to all such cases to reduce vertical transmission.

Regarding the issues raised by some of the lady hon. Members, I would like to submit that the Secretary of Health had held several rounds of discussions and clarified the issues. I participated in a brainstorming session to settle these issues. However, we will keep these issues in mind.

Coming to the Blood Safety Programme, I would like to inform the House that 815 Blood Banks in the Government and in the voluntary health centres have been modernised. Mandatory testing of blood for HIV, Hepatitis-B, Malaria, and Cephalese was introduced. Professional blood donation banks are also introduced. The hon. Prime Minister announced the setting up of a premier institute with a 500-bed hospital and with teaching facilities in 35 super-specialities and nursing colleges at Shillong with an estimated cost of Rs. 422 crores during his visit to the North-Eastern Region this year. The project is expected to be completed within five years.

The Department is going to establish a trauma care centre at Ram Manohar Lohia Hospital for which we have engaged the services of the Hospital Services Consultancy Corporation.

The plastic surgery ward at Safdarjung Hospital is equipped with latest equipments. The All India Institute of Medical Sciences and the Post-Graduate Institute of Medical Research, Chandigarh, are two autonomous organizations under the Ministry of Health and Family Welfare. These institutes are one of the most coveted reference points and medical teaching institutes in the country. The Ministry has to revise the project for trauma care centre at the AIIMS. A trauma care centre has already been cleared for the PGIMR, Chandigarh. The objective of the Central Government Health Scheme is to cover comprehensive medical care to the families of Government employees. As regards the Central Government Health Scheme, the system of reimbursement of costly medicines, purchased in an emergency, has been modified and decentralised for the benefit of subscribers. The Scheme covers 18 cities, 10 lakh card-holders, 44 lakh beneficiaries of the CGHS.

The ICMR, with a network of 26 institutes, spread throughout the country, has started the National Disease Surveillance Programme in 45 districts. The research efforts of the ICMR have led to detection of newer infections, like normal strain of Cholera, Rotavirus and Measles virus.

The issue of food safety is increasingly becoming an important concern. For consumers' safety, we have recently issued a draft notification, under the PFA rules, for the manufacturers to display 'best before' label, on package of food products. We are finalising the standards for mineral and sealed drinking water. We are making a provision for compulsory certification for manufacturing units, in these products. We have banned irrational brands made on labels of manufacturers of edible oils.

The Indian pharma industry is an important and growing area. The department is strengthening the drug regulatory structure by proposing a new registration scheme for import of drugs in line with those existing in other countries. The department proposes to strengthen the existing Centra! laboratories and to set up a new laboratory to provide increased testing capacity. The Ministry has a unit, called, Hospital Service Consultancy Corporation of India Ltd. (HSCC), engaged in major projects, like, setting up a hospital each at Shillong and Itanagar.

So far as public-private partnership is concerned, the National Population Policy, 2000, has a number of interventions for public-private partnership, involving the voluntary sector, the non-governmental sector and the private corporate sector. These interventions are both, innovative and feasible. The hon. Members will agree that population explosion is one of the most serious problems faced by our country, with our population crossing one billion mark during the month of the discussion. Our Government has come out with the National Population policy, 2000 to curtail the problem of rising population. The medium-term objective of the Policy is to address the non-maintenance of contraception, strengthening the health care infrastructure, and to provide integrated service delivery for basic reproductive child health care. The policy has rejected the compulsion and coercion in the administration of RCH and provided an inter-sectoral coordination and strengthening the primary health care services. The medium-term objective is to bring the total fertility rate to 2.1 per cent by the year 2010. The long-term objective is to achieve stable population by the year 2045. According to latter's services, institutional delivery has now gone up to 35 per cent and safe delivery to about 45 per cent. I am happy to see that during 1999, we were able to pay nearly all the arrears, due to the State Governments, in respect of the Family Welfare Programme. We will soon have a meeting of the National Commission on Population, headed by the hon. Prime Minister when important issues like inter-sectoral coordination, additional investment on proper strengthening of the provisions of the family welfare and other population related programmes would be reviewed in detail.

With regard to the IDPL, 1 would like to say that the purchase of drugs is as per the bids received in open tenders. The lowest bid gets the order. I have already conducted a meeting of all the political parties regarding the two-child norm for parliamentarians and legislators.. However, there is no consensus on this issue. The policy of compulsion is not acceptable. The Indian Systems of Medicine, such as, Ayurveda, Yoga, Sidhdha and Homoeopathy are extremely effective and well documented. However, there is a great lack of awareness in the public regarding the effectiveness and efficacy of the systems. The Department of Indian Systems of Medicine has taken several initiatives to develop and propagate the Indian systems of medicine and homoeopathy. Recently, a seminar Golden Millennium: Challenges for Indian Systems of Medicine

and Homoeopathy" was jointly organised by the Department of ISM&H and Confederation of Indian Industry. The hon. Prime Minister inaugurated the seminar and announced the setting up of a National Board of Medicinal Plants by June, 2000. He has also emphasised the need for introduction of basic principles on concepts of Ayurveda, Yoga, Unani, Homoeopathy and Sidhdha in the MBBS course. The hon. Prime Minister has also laid emphasis on standardisation of quality control, sustained research and growth of Ayurveda and other systems of medicine and homoeopathy. The Indian industries responded by agreeing to make available large tracks of land to grow medicinal plants. We will encourage companies to set up Yoga facilities for the benefit of employees and workers and to establish ISM&H dispensaries for the benefit of the employees. As suggested by some hon. Members, the Department of ISM&H has requested the Lok Sabha Secretariat for providing space for starting Ayurvedic facilities. We are expecting a reply from the Secretariat soon. The ISM drugs are proposed to be incorporated in the RCH programme of the Department of Family Welfare. Good manufacturing practices have now been finalised by ISM drugs. T,he Government wishes to project these systems of medicine as effective, affordable and highly-efficacious which can strengthen our efforts to provide, health care to the masses of our country. Sir, now, 1 would like to reply to the specific questions that have been raised by the hon. Members. Some hon. Members expressed concern that some NGOs are not working properly. They are not being monitored. The NGOs are important partners in the National Aids Control Programme. On April 20th, a national convention was held which was attended by 100 NGOs from all the State of our country. Sir, the NGOs are being funded directly by the Societies because in every State there is a State Aids Control Society. The NACO gives the fund directly to these Societies. These State Societies select the NGO's and give money for the project. The money is given two times, at a period of six months. The Society keeps a watch on these NGOs. If they do not do their work properly, the second instalment is not released. Shri Thalavai Sundaram spoke about the vacancies that have to be filled in the JIPMER Hospital.

There are 35 vacancies. I have advised the UPSC to fill up the vacancies as early as possible. There are some vacancies in Groups "C" and "D". Interviews are being conducted to fill up these vacancies also. Doctors are going to be selected through the UPSC.

Hon. Member, Dr. P. Selvie Das, asked whether there is any mechanism to monitor the various programmes of the Health Department. There is a regular system of monitoring the Family Welfare Department. There are process indicators. The couple production rate is worked out every year. The State Governments send their monthly performance reports to the Central Government. A monthly review is prepared, which is sent to the PMO, the Planning Commission and the Cabinet Secretariat. The impact indicators, the crude birth rate, the infant mortality rate and the total fertility rate are prepared annually and reviewed. Regular meetings with the State Secretaries of Health and Family Welfare are conducted. Regular field inspections are held by regional evaluation teams about quality and services. District surveys have been introduced since 1998, covering 50 districts in a year. They go to every house, and the household survey is conducted.

Some of the Members said that before the Resident Doctors' strike, we will have to sit and talk to them and settle their demands. The Government has considered the various demands of the Resident Doctors. One is that they are in Group "C". Therefore, they wanted reorganisation of doctors. We have done this. We have also ordered for leave encashment. The original grant for the writing of a thesis was Rs.250/-. Now we have increased it to Rs.5,000/-. The matter of House allowance is pending before the High Court of Delhi. Therefore, it is *sub judice*. We are trying to speak to the leaders of the trade unions, and we are making necessary arrangements to settle these issues.

Spurious drugs are being sold in the market. Under the Drugs and Cosmetics Act, the State Governments are taking action on this. We are constantly advising them to be vigilant in this regard.

They typhoid vaccine was stopped on the advice of experts. It was found to be not effective in providing protection. I have asked the ICMR to conduct tests for different types of new typhoid vaccines and suggest an effective vaccine to prevent this disease.

It is true that the requirement of funds to meet the reproductive and child health needs of our population is much higher than the allocation. However, our Government has been making tremendous efforts to meet this requirement. The budget has been more than doubled in the past three years. In 1998-99 it was Rs.2,489.35 crores.

For 1999-2000 the amount allocated was Rs.2,920 crores and for 2000-2001, it was Rs.3,520 crores. Even then this amount is not sufficient. We would like to get more funds to improve the health status of the people.

SHRI DIPANKAR MUKHERJEE (West Bengal) : Kindly reply to the queries raised by the Members who are present in the House. You should not reply to the points raised by the Members who are not present in the House.

SHRl KAPIL SIBAL: Sir, we are fully satisfied with the reply given by the Hon. Minister.

SHRI N.T. SHANMUGAM: Sir, in the Primary Health Centres Doctors are not available. That is a very big problem in the rural, tribal and hilly areas. We are now advising the State Governments that after the completion of the M.B.B.S. course, they should see to it that they work in the rural and hilly areas at least for two to three years. Some of the State Governments have already started following this practice and have issued orders in this regard. In some of the States, when doctors apply for a post graduate degree, they are compulsorily required to work in the rural areas at least for two to three years. Other States have to follow this practice. Then only the rural and hilly area people will be able to get the benefit of their services.

Sir, with your cooperation we will be able to get more allocations for this Department. With these words, I conclude.

SHRI KAPIL SIBAL: Sir, I would not ask any question. I would just like to make a comment. This was the hon. Minister's maiden speech. Therefore, we did not consider it appropriate to interrupt him. This was a wonderfully worded bureaucratic statement prepared possibly by a bureaucrat. But, the hon. Minister may not count on our patience next time when he comes to the House. Many Members have raised important issues. He has certainly projected what his Department has done. But, 1 do request him to go back to his Department, look at some of the issues raised by the hon. Members, and even though those issues may not have been answered in the House in his speech, he should go into them and reply to the Members. Kindly communcate with the Members so that we are at least assured that our concerns are taken care of. That is the only request I make.

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : माननीय स्वास्थ्य मंत्री के सार्थक वक्तव्य के बाद स्वास्थ्य और परिवार कल्याण मंत्रालय के कार्यक्रम पर वाद-विवाद समाप्त होता है।

श्री मूलचन्द मीणा (राजस्थान) : महोदय, मैं भी कुछ कहना चाहता हूं।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : नहीं मीणा जी, अब वाद-विवाद समाप्त हो गया हैं। अगर सदनर की सहमति हो तो माननीय रक्षा मंत्री ने भरतपुर स्थित आयुध भंडार में लगी आग के संबंध में जो वक्तव्य दिया था ...

श्री कपिल सिब्बल : महोदय, आज इस समय यहां सभी मेम्बर्स नहीं हैं। इसलिए इस पर ऐसे दिन बातचीत होनी चाहिए जब यहां सब लोग हों और हम मंत्री जी से सवाल पूंछें। महोदय, आप एडजोर्न कर दीजिए और यह मामला कल ले लें या मनडे को ले लें।

श्री मूलचन्द मीणा : महोदय, जब सारे लोग सदन में होंगे तो मंत्री जी को भी पता लग जाएगा कि उन्होने क्या बात कहीं थी।

उपसभाध्यक्ष (श्री रमा शंकर कौशिक) : सदन की कार्यवाही कल शुक्रवार 5 मई, 2000 प्रातः 11.00 बजे तक के लिए स्थागित की जाती हैं।

The House then adjourned at fiftyfive minutes past seven of the clock till eleven of the clock on Friday, the 5th May, 2000.