

(c) No death due to delayed diagnosis has been reported from Govt, hospitals upto September, 1999.

(d) Blood testing facilities to diagnose the diseases are available with all Government hospitals and some CGHS dispensaries in Delhi.

(e) Does not arise.

### Life Expectancy

447. SHRI SANTOSH BAGRODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what was the life expectancy during the last five years; and

(b) what is the expected life expectancy during the next ten Years?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE SHRI NT. SHANMUGAM: (a) The estimates of life expectancy of birth for India for the last 5 years (1991 to 1995) are stated below:

Period	Life expectancy	at birth (in years) Females
1987-91	58.1	58.6
1988-92	58.6	59.0
1989-93	59.0	59.7
1990-94	59.4	60.4
1991-95	59.7	60.9

(b) The projected values of the expectation of life at birth for India during the periods 1996-2001 and 2001—2006 as estimated by the Technical Group on Population Projections constituted by the Planning Commission are as follows:

Period	Males	Females
1996-2001	62.36	63.39
2001-2006	64.11	65.43

### Primary Health Care System

448. SHRI KRISHNA KUMAR BIRLA: Will the Minister for HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have been neglecting the primary health care System in the country, which is the backbone of the developing country;

(b) if so, the number of Primary Health Centres set up in each of the States during the past three years;

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(C) whether the total number of primary health centres in the country is sufficient in proportion to the population of the country; and

(d) if not, the steps Government proposed to take to set up more PHCs in the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) No, Sir.

(b) Statement-I is enclosed (See below).

(c) There is a shortage of primary health centres in some parts of the country. Statement-II showing the primary health centres required as- per 1991 population norms and in position as enclosed. (See below).

(d) During the 9th Plan period highest priority is being given for bridging the gaps between the number of primary health centres in position and the number required to meet the 1991 population norms. In this connection, Planning Commission in consultation with Ministry of Health and Family Welfare and the States has formulated a set of guidelines and strategy to be adopted by the States. The funds are available under State annual plan (Health sector), Basic Minimum Services outlays and Additional Central Assistance for Basic Minimum Services apart from the externally aided or externally funded projects. The States/Union territories are also expected to achieve this through revamping and strengthening of the existing infrastructure and redeployment of existing staff to integrate all existing rural health care facilities with in the ambit of three tier system of subcentre/Primary Health Centre/Community Health Centre.

**Statement-I**

Establishment of Primary Health Centres during the last 3 years

SL No.	States	1996-97	1997-98	1998-99
1.	Andhra Pradesh	—	—	—
2.	Arunachal Pradesh	—	—	—
3.	Assam	—	—	—
4.	Bihar	—	—	—
5.	Goa	—	—	—
6.	Gujarat	3	—	—
7.	Haryana	2	1	—
8.	Himachal Pradesh	16	52	—
9.	J&K	—	2	—

Sl. No.	States	1996-97	1997-98	1998-99
10.	Karnataka	37	—	—
11.	Kerala	—	4	—
12.	Madhya Pradesh	—	—	—
13.	Maharashtra	—	4	—
14.	Manipur	—	—	—
15.	Meghalaya	2	4	—
16.	Mizoram	—	—	—
17.	Nagaland	—	—	—
18.	Orissa	—	250*	—
19.	Punjab	—	—	—
20.	Rajasthan	20	30	16
21.	Sikkim	—	—	—
22.	Tamil Nadu	—	—	—
23.	Tripura	2	3	—
24.	Uttar Pradesh	—	47*	—
25.	West Bengal	—	—	—
26.	A & N Islands	—	—	—
27.	Chandigarh	—	—	—
28.	D & N Haveli	—	—	—
29.	Daman & Diu	—	—	—
30.	Delhi	—	—	—
31.	Lakshadweep	—	—	—
32.	Pondicherry	17*	—	—
AH India		99*	397	16

\* Year of establishment/achievement are not known.

**Statement-II**

Primary Health Centres required as from 1991 Population and the position  
as on

30.11.1999

SL No.	States/UTs	Primary Health Centres		
		R	P	S
1.	Andhra Pradesh	1707	1690	17
2.	Arunachal Pr.	37	45	*
3.	Assam	726	619	107
4.	Bihar	2637	2209	428
5.	Goa	23	17	6
6.	Gujarat	1028	968	60
7.	Haryana	414	401	13
8.	Himachal Pradesh	162	312	*
9.	J&K	196	337	*
10.	Karnataka	1072	1591	*
11.	Kerala	721	962	*
12.	Madhya Pradesh	2020	1690	330
13.	Maharashtra	1756	1752	4
14.	Manipur	57	69	*
15.	Meghalaya	77	86	*
16.	Mizoram	20	43	*
17.	Nagaland	54	33	21
18.	Orissa	1062	1352	*
19.	Punjab	476	484	*
20.	Rajasthan	1247	1674	*
21.	Sikkim	14	24	*
22.	Tamil Nadu	1237	1410	*
23.	Tripura	96	57	39
24.	Uttar Pradesh	3723	3808	*
25.	West Bengal	1726	1556	170
26.	A & N Islands	7	17	*
27.	Chandigarh	2	—	2

SI. States/UTs No.	Primary Health Centres		
	R	P	S
28. D & N Haveli	7	6	1
29. Daman & Diu	2	3	*
30. Delhi	32	8	24
31. Lakshadweep	1	4	*
32. Pondicherry	10	39	*
All India	22349	-: 23266	1222

(Figures are provisional).

— : Nil. , '.

R : Required P: fo Position . ' S: Shortfall.

\* : Surplus Infrastructure.

\$ : Ignoring the States with Surplus (\*) infrastructure.

#### **PenslAgreement with Tobacco Companies**

449. SHRI K.R. MALKANI: Will the Minister of HEALTH AND FAMILY

WELFARE be pleased to state:

(a) whether Government are aware of the multi-billion dollar agreement worked out by the U.S. Government with American tobacco companies, for causing grievous damage to human health;

(b) whether Government are considering a similar panal agreement with Indian and foreign tobacco companies doing business in India; and

(c) if not, what are the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a)The press reports refer to some agreement between the US Government and American Tobacco Industry.

(b) and (c) There is no such proposal under consideration with the Govt, of India at present. However, Government is examining the feasibility of bringing about comprehensive legislation to reduce tobacco consumption in the country.

#### **High Court Directive for Cleanliness in Safdarjung Hospital**

450. SHRI P. PRABHAKAR REDDY; Will the Minister of HEALTH AND FAMILY

WELFARE be pleased to state:

(a) whether it is a fact that the Delhi High Court directed the Safdarjung Hospital authorities on 5th November, 1999 to clean the hospital within a period of two weeks;