

Help to the Indian Health Organisation (IHO)

276. CHOWDHRY HARI SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that \$ 1,80,000 has been provided recently to the Indian Health Organization (IHO) by the AIDS Task Force (ATF), European Commission with its headquarters in Brussels, Belgium; and

(b) if so, how the above money is proposed to be utilized?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) According to the information available with the Government, Indian Health Organisation (IHO) has been sanctioned funds worth Rupees Forty-eight lakhs Forty Thousand Three hundred Eighty from the European Commission.

(b) The funds are to be utilised for the purchase of vehicles for mobile clinics, medical and health education equipments, supplies to drugs, laboratory and condoms and for project management.

राजस्थान में तपेदिक और "एड्स" के मामले

277. श्री शंति त्यागी: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे:

(क) क्या यह सच है कि राजस्थान की कुल आबादी का पाँचवाँ हिस्सा तपेदिक से प्रभावित है;

(ख) क्या यह भी सच है कि राज्य में "एड्स" के रोगियों की संख्या में लगातार वृद्धि हो रही है;

(ग) यदि उपरोक्त भाग (क) और (ख) का उत्तर "हाँ" हो तो सरकार ने इन रोगों पर काबू पाने के लिए क्या उपाय किए हैं; और

(घ) क्या यह भी सच है कि राज्य सरकार का तपेदिक नियंत्रण कार्यक्रम बर्दाश्तजामी और लापरवाही का शिकार है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी. के. थारु देवी सिद्धार्थ): (क) से (घ) राजस्थान राज्य में कुम्भुसीय क्षयरोग से लगभग 1.5 प्रतिशत जनसंख्या पीड़ित है।

क्षयरोग के फैलाव को रोकने के लिए राजस्थान के 26 जिलों में क्षयरोग केन्द्र कार्य कर रहे हैं। केन्द्र और राज्य सरकारों के मध्य 50:50 के अंश के आधार पर राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रम के अंतर्गत सभी पहचाने गए क्षयरोगियों को क्षयरोग निरोधी औषधी निःशुल्क उपलब्ध कराई जाती है।

क्षयरोग अस्पताल/क्षयरोग केन्द्र का रख-रखाव करना मुख्य रूप से राज्य सरकारों का उत्तरदायित्व है।

बेहतर निगरानी के साथ अधिकाधिक संख्या में एच आई वी लक्षण-युक्त मामलों का पता लगाया जा रहा है। भारत सरकार ने देश में एड्स की रोकथाम और नियंत्रण के लिए विश्व बैंक/विश्व स्वास्थ्य संगठन की सहायता वाली केन्द्रीय रूप से प्रायोजित योजना शुरू की है जिसमें मुख्य बल एड्स की रोकथाम पर दिया गया है चूंकि अभी तक एड्स का कोई इलाज नहीं है। इस कार्यक्रम के घटकों में उपचार-व्यवस्था को सुदृढ़ करना, समुदाय और लोगों में जागरूकता के स्तर को बढ़ाना, रक्त और रक्त उत्पादों की निरूपदता में वृद्धि करना, यौन संचारित रोग नियंत्रण कार्यक्रम में वृद्धि करना और चिकित्सीय उपचार और निगरानी को सुधारना शामिल है।

Authority to Medical Council of India

278. DR. ABRAR AHMED: SHRI JAGIR SINGH DARD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to give adequate authority to Medical Council of India to deal with erring doctors, non-resident Indians wanting to practice here and raising the capitation fees in private medical colleges in the country; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) and (b) The Medical Council of India have adequate powers to deal with erring

doctors under the provisions of the Indian Medical Council Act, 1956. Provisions also exist in the Indian Medical Council Act, 1956 for granting permission to doctors to practise in India, possessing qualifications included in the schedules to the Indian Medical Council Act, 1956. The matter regarding Capitation Fee in Private Medical Colleges in the country is subjudice before the Supreme Court of India.

Deputation of Doctors and other staff in rural and backward areas

279. SHRI S.S. SURJEWALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps taken/proposed to be taken by Government in coordination with various State Governments to ensure that the hospitals, health centres and dispensaries situated in rural and backward areas are manned by doctors and paramedical staff as almost all these institutions are without doctors and adequate staff;

(b) whether it is a fact that about Rs. 10 lakhs are incurred on the education of a single doctor from the public exchequer, if so, what steps Government have taken to stop brain drain in this sphere;

(c) whether it is also a fact that the amenities existing in the rural areas are not conducive for the stay of the doctors;

(d) whether Government also failed to enforce its rules and instructions for the posting of the doctors in rural areas; and

(e) if so, whether Government contemplate to start a two year medical course for preparing rural doctors?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDHARTHA): (a) Health being a State subject, it is for the State Governments to post doctors and paramedical staff according to the requirement of the hospitals and health centres in rural areas. It is not a fact that

almost all the Health Institutions in rural areas are without doctors and adequate staff.

(b) The cost of training one medical student for the entire course varies from Rs. 3 lakhs to Rs. 5 lakhs depending upon the institution where the student is trained.

Incentives which, *inter-alia*, include better promotional avenues and allowances have been provided to Central Government doctors. Modern equipment and research facilities have also been provided in tertiary hospitals to make better use of the specialisation of doctors.

(c) The general complaint of the medical practitioners is about poor communications, inadequate educational and medical facilities, non-availability of latest technology, equipment etc. in rural areas. The young doctors seldom opt to serve in rural areas, though many rural areas have facilities like transport, roads, educational institutions, housing, medical facilities etc.

(d) The matter was reviewed by the Central Council for Health & Family Welfare in 1989 and the Council passed the following resolution: "the council considers that while the merits of a two year compulsory rural service for undergraduates are debatable, it considers it appropriate that the Central & State Governments should make it compulsory for all those joining Govt. service to serve for 2 years in rural areas without any exception. The council is of the view that there is need for exposure of senior faculty of medical colleges to rural conditions and in this context recommends that the possibility of attachment of senior faculty of medical colleges and senior State Health Officers with the Primary Health Center for short periods should be examined by the Central and State Governments.

During this period the senior doctors should also supervise and guide young students while providing patient care to the rural population."