

(d) when Rifampicin is available at Rs. 1800 per Kg. in the international market what are the reason- for not importing it; and

(e) wViat are the reasons for rion-consideration of this proposition and what steps have b«n taken to enquire into the whole matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORAV- (a) The scheme of supply of anti-TB drugs is one of the schemes approved by the Platnnine Commission for

implementation during 7th Plan Period ,is in the ea:lie, plan, so as to ensure availability of sufficient quantity of -T.B, drugs in all the Districts for treatment of all diagnosed TB cases.

IM Anti-TB drugs are purch used on DOS. & D. Rate Constract as per budgetary provision made available each year and following strictly the Govern ircent Rules und regulations on the subject, As snch, the Question of money pay off coes not arise.

fc) The requisite information is as under:—

Name of the company	Rate per 100 Caps Rifampicin 150 mg.	Qua ntitv orderyj
1987-88		
(il M's. Hindustan Antibiotic Ltd.. Pune	Rs. 534 00	65 hkh.
(ii) M/s. S.C.I. Lahorntoi ies, Calcutta	Rs. 534.00	15 likhs
1988-89		
(i) M/s. Indian Drugs & Pharmaceuticals \ Ltd., Gurgaon	Rs. 555.00 less 5 <sup>0</sup>	80 lakh,,
(ii) M/s. Radicura Pharmaceuticals Pvt. Ltd., New Delhi	Rs. 517-50 less 1.5%	20 likhs
(Hy M/s. Alpine Industries. New Delhi	Rs. less discount 520.00 1.5%	20 lakhs
(iv) M/s. Everest Chemicals Industries, Vatva	PvS. less discount 530.00 4%	30 Likhs

(d) and (e) The information regarding price of Rifampicin in international market is not available in this Ministry. Many a time import of raw-materials is discouraged to encourage local production.

#### Kelkar Committee's Recommendations

535. SHRI RAOOF VALIULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4201 given in the Rajya Sabha on 31st August. 1988 and state:

(a) whether it is a fact that recom mendations made by the Kelkar Committee to the effect that Category-I list would be excluded out of the list iecom niendej by t'ne committee is contained in Pai;, 4 Chipier III of the report;

(b) whether it is a fact that when the Kelkar Committee submitted its report, list of Category-I drugs was not available to the committee:

fc) when lus Ministry recommended category-I list based on the criteria given by the Depaitment of Chemicals;

(d) what are the reasons for omitting the drugs from the list;

(e) whether the Ministry ascertained the reasons for the omission so what are the details thereof;

whether it is a fact that an expert committee has been set up to identify drugs for category I;

(g) whether it is also a fact that the list of programmes have not been provided to the committee; and

(h) if so, the reasons thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): *Yes* and *hi* Yes, Sir.

(c) and (d) The recommendations were made to the Department of Chemicals & Petrochemicals by Ministry of Health and Family Welfare in June/July (1987). Vaccines and Sera were not omitted from this list.

(e) Department of Chemicals and Petrochemicals has stated that Vaccines and Sera were omitted on the consideration that availability of the drug is more important than price.

(f) to (M Yes, Sir. A list of eleven identified National Health Programmes was provided to the Expert Committee.

#### Diabetic Control Programme

536. SHRI ASHOK NATH VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have not communicated the name of diabetic control programme to the expert committee for identification of drugs for category-I list;

(b) if so, what are the reasons therefor;

(c) whether it is a fact that diabetes is one of the causes which lead to blindness;

(d) whether it is also a fact that control of blindness is one of the National Health Programme; and

(e) if so, what are the basis on which Government have not advised to identify drug, for control of diabetes?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) to (e) A list of eleven National Health Programmes identified for the purpose of categorisation of drugs under Category-I of the Drugs Prices Control Order, 1987, is communicated to the Expert Committee. Control of Diabetes does not figure in this identified list of National Health Programme. In very few cases diabetes, manifesting as diabetic retinopathy can lead to blindness. It is a fact that control of Blindness is one of the National Health Programmes whereas Diabetes has not been identified as such.

#### Procurement of drugs for National Health Programme

537. SHRI ASHOK NATH VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4206 given in the Rajya Sabha on 31st August, 1988 and state:

(a) whether it is a fact that states are procuring and distributing drugs needed for National Health Programme out of the funds provided by centre and states;

(b) whether it is also a fact that large purchases of Dexamethasone, Chloramphenicol, Framycetin, Gentamycin and Polymixin eye preparations are made for National Health Programme by different states;

(c) if so what is the quantity of each procured by each state during last three years, year-wise; and

(d) what are the basis on which these drugs have been excluded from the Category-I?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) Drugs for national health programmes are procured and distributed by the Central Government as well as the State Government.

(b) to (c) No such information is available with the Ministry..