

Rajya Sabha on the 31st August, 1988 and state:

(a) what are the details of the authority or the expert who gave the opinion that Tetracycline is a preferred antibiotic for treatment of Trachoma and other diseases which lead to blindness;

(b) what steps have been taken to rectify the situation; and

(c) whether it is a fact that usage of eye preparations based on Tetracycline are the minimum as compared to Betamethasone, Betamethasone, Chloramphenicol, Framycitin, Genta-mycin and Polymixin?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) and (b) Identification of the commonly used effective drugs for trachoma control have been done by experts on the basis of effectivity of the medicine, its easy availability and related safety. Under National Programme for Control of Blindness only the funds are released to the States/Union Territories for the purchase of antibiotic, eye ointments for Trachoma Control.

(c) The choice of the drug for treatment of a disease depends upon its nature, stage, severity and judgement of the attending physician.

O.J.F. price of Rifampicin

1558. SHRI DHARANIDHAR BASUMATARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4229 given in the Rajya Sabha on the 31st August, 1988 and state:

(a) whether it is a fact that Government are aware of the C.I.F. Price of Rifampicin as they are recorded with Assistant Drug Controllers;

(b) whether it is a fact that they are also aware of C.I.F. Price of drug intermediate being imported for the production of Rifampicin;

(c) if so, what was the C.I.F. Price per Kg. of the drug as well as intermediate in respect to last five consignments;

(d) whether it is a fact that both Rifampicin and its intermediate are exempted from customs duty; and

(c) whether it is also a fact that Drugs Controller (India) is a member of D.P.R.C. and is aware of the bulk drug price on which finished medicine prices were fixed after the announcement of D.P.C.O. 1987?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) The latest average C.I.F. price of Rifampicin as recorded with Air Port Office, Delhi is Rs. 2092.53 per kg.

(b) The import of drug intermediate being used for the production of Rifampicin is not being monitored by this Ministry.

(c) The C.I.F. price per kg of Rifampicin in respect of last five consignments is given in the Statement (*See below*).

(d) Ministry of Finance, Department of Revenue has informed that Rifampicin, when imported into India for this manufacture of "Rifampicin capsules/syrup/tablets and Rifampicin INH capsules/tablets" is totally exempted from customs duty with effect from 12-10-1988. Similarly, three specified intermediates, namely, (i) Rifampicin S; (ii) 3-Formyl-Rifampicin SV; and (iii) 1-amino-4 methyl Piperazine, are also totally exempted from customs duty with effect from 17-3-85.

(e) Drug Controller (India) is not a member of Drug Prices Review Committee. However, Director General of Health Services is a special invitee to its meetings.

Statement

•C.I.F. price of Rijampicin of last five consignments

1. Rs. 2049.46 per kg.
2. Rs. 2049.46 per kg.
3. Rs. 2247.35 per kg.
4. Rs. 2049.46 per kg.
5. Rs. 2093.86 per kg.

Drugs' required under National Health Programme

1559. SHRI CHITTA BASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4229 given in the Rajya Sabha on the 31st August, 1988 and state:

(a) whether it is a fact that his Ministry was required to draw up a list of drugs required for National Health Programmes:

(b) whether it is a fact that Rifampicin is required for the National Health Programme and so far no company is producing this drug from basic stages in the country;

(c) whether it is also a fact that present production from penultimates involves large outgo of foreign exchange *vis-a-vis* import of the drug.

(d) what are the conditions; and safeguards suggested in its shifting from category I to category II; and

(e) what are the reasons, basis and justification to overstep its authority in taking this anti-consumer decision?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) Yes, Sir.

(c) Foreign exchange involvement in production of the drug is not monitored by the Ministry.

(d) and (e) Recommendations for reclassification was made on the advice of the Directorate General of Health Services to encourage local

production from the basic stage. The Company has given an Assurance that for the purpose of Government purchases it is prepared to supply at the rates stipulated for Category I drugs.

1560. [Cancelled]

Inclusion of Mental Health Programme in National Health Programme

1561. SHRI ASHOK NATH VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 1202 given in the Rajya Sabha on the 29th April, 1987 and state:

(a) whether it is a fact that his ministry informed that Mental Health Programme falls under National Health Programme;

(b) whether it is a fact that his ministry intimated the drugs which are needed for Mental Health Programme;

(c) whether it is a fact that his Ministry has not forwarded this programme to expert committee for identification of drugs needed for National Health Programmes under Category-I;

(d) whether it is a fact that his ministry recommended for price decontrol of drugs needed for Mental Health Programme; and

(e) if so, by when the decision is likely to be reversed and committee informed to identify drugs? - -

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) No.

(b) Yes.

(c) The National Mental Health Programme as approved by the Government, in its essence, aims at promoting Community Mental health services at primary health care level through health education and training of peripheral level health workers. The intention is to have an integrated