

श्रीमती वृन्दा कारत (पश्चिमी बंगाल) : सर, हाउस में eclipse हो रहा है।...(व्यवधान)...

श्री गुलाम नबी आजाद (जम्मू और कश्मीर) : सूर्य ग्रहण की वजह से बिजली पर भी असर पड़ता है।  
...(व्यवधान)...

श्री एस.एस. अहलुवालिया : सर, इससे हेल्थ पर भी असर पड़ता है।...(व्यवधान)...

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

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): Mr. Deputy Chairman, Sir, at the outset I would like to thank the hon. Members for very useful discussion on the working of my Ministry. Hon. Members made some very valuable suggestions. I would like to assure all of you that I have taken note of all the points made by you for improving the working of the Ministry of Health and Family Welfare. I am particularly pleased that the thrust on "Health-for-all" by our UPA Government has been endorsed by all the Members of Parliament cutting across all political parties. It shows how strongly the nation feels the need for an accessible, affordable and accountable public system on health care in our country. Sir, hon. Members have rightly expressed their concern over the inadequate public expenditure on health. I completely agree with the sentiments expressed by the hon. Members in general and Shrimati Brinda Karat, the one who initiated the discussion, in particular, that public expenditure on health must go up considerably. Sir, the UPA Government has tried to do so over the last five years, though much more is yet to be done. I am pleased to report that the Economic Survey 2008-09 indicated the public expenditure on health as a percentage of GDP as 1.41 per cent in 2007-08 as against 1.27 per cent in 2005-06. So, in 2005-06, it was 1.25 per cent which went up to 1.41 per cent. In spite of the fast rate of growth in GDP, the expenditure on health has increased ever since the UPA Government prioritise the need for investing in health with the launch of National Rural Health Mission in April, 2005. I would also like to impress upon the hon. Members that health is a State subject and I would like to request the hon. Members of all the political parties to exhort their respective State Governments also to raise public expenditure on health. It is only through partnership of the Centre and the State Governments that the objective of 2 to 3 per cent GDP public expenditure can be achieved. Our commitment can be seen in the increase in allocation of Central Plan expenditure during the last five years. We will strive to provide even higher allocation for health care to provide quality service to the poor households of our country.

While initiating the debate, Shrimati Brinda Karat rightly raised the issue of inaccessibility of health care. The National Rural Health Mission is a very concerted effort to provide quality health care services to the poorest households in the remotest regions of the country.

Hon. Members, Dr. C.P. Thakur, Ms. Mabel Rebello, Shrimati Maya Singh, Dr. Prabha Thakur, Shri Tariq Anwar, and Shri Rajeev Shukla have raised the issue of inaccessibility, inadequate infrastructure, and the need for far more human resources for health in the rural areas.

The National Rural Health Mission has given most attention to reaching out to the remotest rural areas. The Accredited Social Health Activist (ASHA) is a representative of the village community whose role is to connect households to health facilities.

She is not the last tier of Government employee. She is, in fact, the key representative of the community securing entitlements of the poor to quality services. It is for this reason that her entitlement has been performance based on the satisfaction of the community for whom she works.

It was on the suggestions of the experts that performance-based payment, instead of a wage, was provided for ASHAs. Shrimati Karat strongly raised this issue yesterday and said that it might be linked with the performance, but, at the same time, there should be some honorarium.

In the beginning, I was feeling that there should have been some honorarium. But we made a provision for her qualification as class eight passed. I personally feel that it should be 10+2 with honorarium, and then you could have given her more responsibility. But here the class eight is the basic qualification for her. This is a village-based scheme. And you know there are not enough teachers. Some people are getting certificates without even attending classes. It is easy these days. I think with this qualification, we may have to think later on whether we need to enhance the qualification and give more responsibilities to ASHA.

Each year the performance-based payments are being further enlarged to ensure that every ASHA gets a reasonable payment for services rendered. My Ministry will try and work with the States to ensure a further widening of performance-based payments for public health services rendered to enable a decent livelihood for ASHA.

For the first time since Independence, the Central Government is providing resources to the State Governments for physical infrastructure, maintenance, human resources and equipments. The National Rural Health Mission, in partnership with the States, is completely revamping the primary health care system in India. The National Rural Health Mission is attempting to provide a fully functional platform for health care from the village to the sub-centre, the Primary Health Centre, the Community Health Centre, the sub-district and district hospital.

The success of the National Rural Health Mission is leading to the improvement in performance of all programmes for child health, maternal health, population stabilisation, disease control, disease surveillance, etc. The efforts of the National Rural Health Mission are leading to filling up of gaps in basic provision for health services.

The Mission has demonstrated in its short journey of four years how significant changes can be brought about in the number of outpatient cases, inpatient cases, institutional deliveries, drug availability, diagnostic services, nurses, paramedics, doctors, specialists and emergency ambulance services. Maternal Mortality Rate is down from 301 per lakh live births in 2001-03 to 254 in 2004-06

and Infant Mortality Rate is down from 58 per thousand live births in 2005 to 55 in 2007. Institutional deliveries have increased from 40.9 per cent in 2002-04 to 47 per cent in 2007-08. Though it is not that much, but, at least, there is some increase of six per cent. And full immunization coverage of children up to 2 years has gone up from 45.9 per cent in 2002-04 to 54.1 per cent in 2007-08. It is almost ten per cent which is a sharp increase. The performance in family planning services has also registered improvement. I think, you will be wondering that for the first time after 32 years, I am using family planning. ...*(Interruptions)*... I don't think it is a slang. It is how you present a particular case. It is not the name, but, it is how you perform and how you project a particular way of working. So, the performance in family planning services has also registered improvement after going down in earlier years.

I would like to assure Brindaji and Thakur Saheb that the MMR figures are provided once in three years by the Registrar General of India, based on the Sample Registration System, only to ensure a large sample and reliability of figures.

I can assure the hon. Members that the efforts made under NRHM in partnership with the States will lead to an even larger reduction in IMR, MMR and TFR in the years to come. Public health is a marathon and not a sprint and with the cooperation of hon. Members and the State Governments, India can achieve the national goals that it has set for itself under NRHM.

Sir, the Janani Suraksha Yojana, which has been praised by most of the Members, has shown phenomenal growth in the last four years. The Janani Suraksha Yojana is a safe motherhood intervention with the objective of promoting institutional delivery among the poor pregnant women and has reached 84.26 lakh beneficiaries in 2008-09.

The expenditure under the scheme has risen from Rs.39 crores in 2005-06 to Rs.1241 crores in 2008-09. The allocation for the year 2009-10 under the scheme is Rs.1525 crores.

On the issue of infrastructure and human resource, I would like to inform the hon. Members that NRHM has made relentless efforts to ensure expansion of the system over the last five years. Sir, I think, this part has not been highlighted so far. Most of our hon. Members are thinking that it is only that human resource has been strengthened at the lower level. But, for the information of the hon. Members, I would say that more than 1,45,000 Health Sub Centres, 22370 Primary Health Centres, 4045 Community Health Centres and 565 District Hospitals have received financial assistance as untied grant for improvement of their infrastructure and its maintenance.

Besides this, Rs.20 lakhs was given to every Community Health Centre and District Hospital as an *ad hoc* grant for upgradation before detailed facility survey could be completed. A total of Rs. 7914 crores for the last 5 years have been provided for upgradation of physical infrastructure alone under the NRHM. Forty four hundred twenty six district hospitals and 2794 community health centres have undertaken major upgradation of their facilities under the NRHM over and above the basic grant available to all health facilities. A total of over 5000 primary health centres have been taken up for the

construction and renovation, including construction of residential quarters under the NRHM. Nearly 28005 health centres buildings have also been taken for the construction. National Rural Health Mission has added 6.96 lakh ASHAs, over 60,000 nurses and ANMs and 15,000 MBBS doctors and specialists and nearly 5,500 paramedics to the health system on contract basis with partnership of States.

Hon. Members have raised the need for setting up AIIMS-like institutions in every State to ensure that poor people have access to the best tertiary care in their own States. The Ministry of Health and Family Welfare has the proposal for eight AIIMS-like institutions and 19 institutions for medical colleges for upgradation under Phase-I and Phase-II Pradhan Mantri Swasthya Suraksha Yojana. These AIIMS-like institutions will have 960-bedded hospital, 500 beds for the medical college hospital, 3 beds for speciality, super-speciality, 100 beds for intensive care and accident trauma, 30 beds for physical medicine rehabilitation and 30 beds for AYUSH, having 39 speciality and super speciality disciplines. Undergraduate medical education with 100 students' intake capacity per year and also for the postgraduate and post-doctoral courses shall also be made available in these AIIMS. Hon. Members will appreciate that the AIIMS-like institutions would require the highest quality of faculty and staff. My Ministry will try its best to develop systems that will help in such efforts. Many Members of Parliament have rightly voiced their concern about the high cost of the healthcare in the private sector, including the Leader of the Opposition. I share their anxiety that there is a need for ensuring quality care at the reasonable cost. In this regard, I would like to set up an expert group to look at the issue of high cost of health and to see what measures will mitigate the sufferings of the poor patients.

As regards immunization, the universal immunization programme that started in 1985 has been providing 6 antigens against tuberculosis, diphtheria, Pertussis, tetanus, polio and measles targeting approximately 2.7 crore children and 3 crore pregnant women every year since the launch of NRHM and reproductive child health programme-II. The Government of India is providing support to the States for strengthening the service delivery component of routine immunization by organizing village health and nutrition days once a month at every village where children and pregnant mothers are given vaccine under the given routine immunization. These efforts have led to considerable improvement in the full immunization with 54.1 per cent coverage in recently concluded district level household surveys 2007-08, surveys from 45.9 per cent district level household survey 2002-04. I am determined that our children should get the best vaccines for all diseases that are vaccine preventable. I would like my Ministry to re-engineer the Universal Immunisation Programme in a manner that every child can be reached with quality services and through a reliable and sustainable supply chain management.

Revival of vaccine institutes. I would like to draw the attention of the hon. Members and the hon. Leader of the Opposition towards this issue. So, this is the one issue where, unfortunately, my

predecessor has been misunderstood. I am very sorry for that. I have seen, since I have taken over, a lot of people coming to me and holding him responsible, and holding the Ministry responsible. He wanted to raise this issue, but I requested him that he should not do it; instead, I should do it because why should he take something on him, for he has not done anything wrong. Brindaji has also raised this issue. Maybe, she might not be knowing the background of this closing up of PSUs. She went to the extent of fixing the responsibility on a person who was responsible for the closure of PSUs producing a vaccine. So, I would like to go into that. The hon. Members have raised concern about the closure of PSUs. It is a longish answer, but I would like to settle this issue once and for all because every day, one correspondent or the other would come to me and would like to interview.

The Public Health System in the country, through its Universal Immunisation Programme is sourcing vaccines, both from the public and private sector units, to meet its requirements.

The three Central Public Sector Units – (i) the Central Research Institute (CRI), Kasauli, Himachal Pradesh, (ii) the BCG Vaccine Laboratory, Chennai, Tamil Nadu, and (iii) the Pasteur Institute of All India, Coonoor, Tamil Nadu, – were producing vaccines. So, what happens is, the Drugs and Cosmetics Act, 1940 and the Drugs and Cosmetics Rules, 1945, Schedule M, regulates the import, manufacture, distribution and scale of Drugs and Cosmetic. Schedule M of the Rules pertaining to good manufacturing drugs (GMPs) was amended in 2001 to make it at par with the international standards. It became mandatory for the existing drug manufacturing units, be in private sector or in public sector, in India, since August 1, 2004. The objective of this revised Schedule M is to ensure that facilities engaged in manufacture of vaccines and Pharmaceuticals have inbuilt quality system for assuring safety, efficacy and quality of pharmaceutical/biological products. This was applicable to, both, public and private sector units. W.H.O. has a scheme of assessing National Regulatory Authority – they assess our National Regulatory Authorities also, whether they are performing their job – in order to monitor the quality of vaccine supplied, globally, to various U.N. agencies and for exports.

Now, Brindaji will raise why they are doing, why they are concerned! Their concern may not be because of us, but because India is exporting a large number of Pharmaceuticals and vaccines to other parts of the world. For that, I think, they would like to have a quality assurance.

India went through this evolution, for the first time, in the year 2001, next in 2004, and, lastly, in August, 2007. The WHO team observed in 2007– because at that time they might have been going to the private units only – that the National Regulatory Authority (NRA) has not been in a position to ensure compliance of Good Manufacturing Practices requirements in the three common vaccine

manufacturing units. This was considered and it was noted that lack of ability of the NRA to implement uniformly the compliance to the GMP requirements may lead to de-recognition of the NRA – now the question is not de-recognition of the units; now they are thinking of de-recognition of the National Regulatory Authority which is regulating the whole system of India which could have a serious implication for export of drugs from the country.

These three public sector units were inspected in August, 2007 by an Inspection Team consisting of Central Drugs Standard Control Organisation, Drug Inspectors and State Drug inspectors along with the experts in the presence of WHO experts. The Team concluded that these three public sector units were not complying with the Good Manufacturing Practices norms, as per Schedule M of the Drugs and Cosmetics Rules.

A show cause notice was issued by the Drug Controller General to vaccine institutes on 14th December, 2007. These institutes were inspected in January, 2008. As they were found still non-compliant and were not in a position to comply immediately, their licences were suspended with effect from 15th January, 2008 by the Drugs Controller General under the provisions of rule 85 of the Drugs and Cosmetics Rules, 1945.

For the revival of these units, an Expert Committee under the Chairmanship of DCGI was constituted by the Government of India to study *inter alia* the existing infrastructure facilities available with these institutes explore the feasibility of conversion of the existing laboratories into testing laboratories, utilisation of the existing facilities for setting up residential training facilities, and having some of the vaccines or anti-sera production in these institutes. The Committee inspected and assessed the units. The Committee *inter alia* recommended production of anti-rabies vaccines and anti-sera by PII and CRI. Setting up of testing laboratories at PII and BCG and expansion of the testing laboratories at CRI were recommended. These institutes have been advised to take up further follow-up action for implementation.

In January, 2009, a WHO team visited the CRI, Kasauli and reported that the new building - now, in-between the construction work started – can be upgraded to meet the GMP norms to manufacture the DPT group of vaccines which it was producing, but not fulfilling the norms. In view of the above, an Oversight Committee has been constituted comprising members from WHO and DCGI. The Oversight Committee has prepared a road map for revamping the manufacturing facility at CRI, Kasauli. The action plan, as per the road map, envisages the following: the tender for procurement of GMP compliant equipment and machinery has been floated by the CRI, Kasauli; the CRI has Rs.4 crores for the procurement; the orders for procurement shall be placed by the end of the month; the lay-out plan of the building shall be approved by the Ministry in July, 2009; the project shall be completed by 30th June next year. One unit shall, ultimately, after reconstruction, rebuilding and fulfilling all the norms, start production next year. So far as the other two units are concerned, we will gradually move towards those two units also.

In the President's Address to the Joint Session of Parliament on 4th June, 2009, it was indicated that vaccine producing units in the public sector will be revived to support the immunisation programme. The action plan for revival of production of the DPT group of vaccines at CRI Kasauli has been indicated above. The project reports are being prepared for the revival of the two other projects also.

Now, I would like to mention about communicable diseases. Many hon. Members have expressed....

SHRIMATI BRINDA KARAT (West Bengal): Sir, will you permit me after his speech to raise certain points on this issue?

SHRI GHULAM NABI AZAD: Many hon. Members have expressed their concern about communicable diseases, for example, malaria, TB, HIV/AIDS, etc., emerging and re-emerging. The Ministry is committed to preventing and controlling such diseases and infections through various measures. Under the National Vector Borne Disease Control Programme, malaria prevention and control has been strengthened by providing focused and innovative interventions in the most endemic areas. The programme has also started US \$ 250 million World Bank assisted Vector Borne Disease Control Project which will provide assistance for malaria control programme and also for elimination of Kala-Azar in the country. The Kala-Azar elimination programme has up-scaled the use of new diagnostic tool like Rapid Diagnostic Kit and has also introduced oral medicine treatment instead of intravenous month long course.

For the strengthening of surveillance of Japanese Encephalitis, diagnostic facilities have been strengthened in 51 Sentinel Surveillance Hospitals and 13 Apex Referral Laboratories. For strengthening the surveillance of dengue and chikungunya in the country, sentinel surveillance sites have been established in hospitals and apex referral laboratories in the country.

The Revised National Tuberculosis Control Programme has also achieved treatment success rate of 87 per cent and new sputum positive case detection rate of 72 per cent in 2008, which are in line with global targets for TB control. The programme has initiated over one crore patients on treatment thus saving more than 18 lakh lives. The programme has also started directly observed treatment short-course for the treatment of multi-drug resistant TB, which is emerging as a problem in the country.

For the rehabilitation of leprosy-affected persons, the Government of India has expanded the services of reconstructive surgery for correction of disability of hands, feet and eyes. These services have been expanded to 63 centres, 27 Government and 36 non-Governmental organisations free of cost.

Now, I come to establishment of a network of virus diagnostic laboratories in the country. There is acute shortage of laboratories. This is one of the most important things. We have seen H1N1. We had only two testing laboratories, one was located at Pune and the second was located at Delhi. Then within one month, we had to create some areas out of the existing laboratories in different parts of the country and train the manpower and put up some equipment there. Now these viral diseases

are re-emerging. There is an acute shortage of laboratories for diagnosis of viral diseases in most parts of the country. The National Institute of Communicable Diseases, New Delhi and the National Institute of Virology, Pune are involved in these investigations so far. In view of this, the Department of Health Research proposes to establish and strengthen facilities, for diagnosis of viral infection, across all States of the country. ...*(Interruptions)*...

SHRI S.S. AHLUWALIA (Jharkhand): How many pages more are there?

SHRI GHULAM NABI AZAD: It depends upon the size of the Ministry. In this Ministry, every two years, one Department is created. Ten years back, we used to have only one Department. Now, we have four Departments, and next year, when I come, there may be the fifth Department too.

SHRI S.S. AHLUWALIA: I would like to know whether the written reply has an index or not. He can lay the speech on the Table so that it will come on record. And, he can respond to pointed questions raised by hon. Members.

SHRI GHULAM NABI AZAD: If I have to come to pointed questions, I can come straight away ...*(Interruptions)*...

SHRIMATI BRINDA KARAT: Please give me your written answer...

SHRI GHULAM NABI AZAD: Sir, we are discussing about the working of the Ministry. We are not having a Calling Attention Motion. In a Calling Attention Motion, I just need to reply straight to the points. But when you talk of the working of the Ministry, it has to cover all the aspects of the Ministry. Otherwise, I have no problem. I can come straight to the points.

SHRIMATI BRINDA KARAT: Please give me your written answer. I am not impatient like Shri Ahluwalia. आप written answer मुझे दे दीजिए।

**श्री गुलाम नबी आजाद :** मैंने कुछ answers इसी में रखे थे जो छूट गए थे, वे अलग से रखे थे। अब जो इसमें छूट गए थे, वे छूट जाएंगे और जो उसमें आए हैं, वे ही आएंगे। ...*(व्यवधान)*... कुछ इसमें आएंगे और कुछ उसमें आएंगे। जो कुछ answers ...*(व्यवधान)*...

MR. DEPUTY CHAIRMAN: Shri Ahluwalia wants pointed reply, and Shrimati Brinda Karat wants the written reply which you are reading so that she can have more information. If it is feasible, it can be circulated to the Members.

SHRI GHULAM NABI AZAD: I will circulate the whole speech...

MR. DEPUTY CHAIRMAN: You circulate it to all the Members.

**श्रीमती वृंदा कारत :** सर, आप समझ लीजिए कि एक precedent आप establish कर रहे हैं! इनको भुख लग रही है, इसलिए वे पूछ रहे हैं कि कितने pages हैं? ...*(व्यवधान)*...

**श्री एस.एस. अहलुवालिया :** नहीं, नहीं, आप गलत समझ रही हैं।...**(व्यवधान)**...

**श्री उपसभापति :** मुझे इसके ऊपर बहस नहीं चाहिए।...**(व्यवधान)**...

**श्रीमती वृन्दा कारत :** सर, ये malnutrition के शिकार होने वाले नहीं हैं!...**(व्यवधान)**... हमारे दोस्त malnutrition के शिकार होने वाले नहीं हैं।...**(व्यवधान)**...

**श्री उपसभापति :** नहीं, भूख की बात नहीं है।...**(व्यवधान)**...

**श्रीमती वृन्दा कारत :** आप हमें answer दीजिए।...**(व्यवधान)**...

**श्री एस.एस. अहलुवालिया :** भूख लगेगी तो कच्चा थोड़ी ही...**(व्यवधान)**...

SHRIMATI BRINDA KARAT: I am worried about the health of my friend ...**(Interruptions)**...

SHRI S.S. AHLUWALIA: I simply want to know whether there is an index in the written speech which he is reading, if it is there, then, he can respond to the pertinent questions which we had put. I am aware that we are discussing about the functioning of the Ministry, and the Ministry covers all the subjects under the sun. But, Members, who participated in the discussion, have put pertinent questions, and we want answers for them.

MR. DEPUTY CHAIRMAN: Just a minute. The hon. Minister is prepared to give a detailed reply on the functioning of the Ministry. And, that can be circulated to all the Members, not selectively, but to all the Members.

PROF. P.J. KURIEN (Kerala): The questions, which we had raised, should be replied.

SHRI GHULAM NABI AZAD: Now, I cannot reply to all the questions. Some questions were incorporated in the speech...

MR. DEPUTY CHAIRMAN: That can be circulated.

SHRI GHULAM NABI AZAD: Those questions, which could not be incorporated in the speech, I will deal with them separately. Now, Mr. Arun Jaitley and Prof. P. J. Kurien talked about establishment of medical colleges. There is a problem. They are not able to have more medical colleges. I totally agree with you that most of the medical colleges are located in one part or region of our country. I am very happy to say that not only does the Southern part have medical college, but they also have an excellent health care system. The State Governments of Tamil Nadu, Andhra Pradesh, Maharashtra, Gujarat, Kerala and Karnataka are not only interested in having medical colleges, but also good public health care. Almost 80 per cent of the medical colleges are located in the South western part of the country. One of the greatest problems that we shall be facing, and which we are facing, is human resources. Even in NRHM we are facing this problem. We are now going to set up All India Institute of Medical Sciences and also upgrade medical colleges. So, this problem is not confined only to the NRHM, that is, in the rural areas, it is there in bigger cities also.

So, we are taking some steps. But I do not know to what extent it would help us. Mr. Arun Jaitley talked about rationalisation of requirement of land, and change in the teacher-student ratio, which as of now, is 1:1, that is, one teacher per student. We would like to increase it to 1:2, one teacher per two students. This will help us in a great way because at the moment, there are almost 11,000 students who opt for super-specialities. It is 1:1, if we increase it from one to two...

SHRI S.S. AHLUWALIA: There is something wrong in your reply. This, 1:1, was never the student-teacher ratio.

SHRI GHULAM NABI AZAD: Super specialists के लिए बता रहा हूँ।

SHRI S.S. AHLUWALIA: That is for research, I think.

SHRI GHULAM NABI AZAD: So, 1:1 के बजाए हम 1:2 करने वाले हैं। Then, talking of land, in hilly States, the North-Eastern States – I think the Leader of the Opposition mentioned it – tribal areas in the country, and even in cities, it is not possible to have land. I totally agree with you; in major cities, it is not possible to have 25 acres of land; in hill States, there is hardly any land; rather, the whole area may not come to that much. We are going to deal with this land issue also. Then, talking of the age of the faculty members, that also needs to be increased. As for utilising district hospitals, we are thinking of the PPP mode. Wherever we have district hospitals with a 300-bed capacity or more, we are thinking of setting up medical colleges in the PPP mode, at least, in the Government sector, to start with, whereby in northern and central India, we can have more and more medical colleges.

SHRI K.B. SHANAPPA (Karnataka): What about the advisory boards for setting up these hospitals? Are the MPs and MLAs a part of it?

**श्री गुलाम नबी आज़ाद :** अभी तक तो एमपीज़ और एमएलएज़ के कॉलेजिज़ हैं, फिर और आ जाएंगे। आप इन कॉलेजिज़ को एमपीज़ और एमएलएज़ से बाहर निकलने दो। ...**(व्यवधान)**... Brindaji and Kurienji, आपने female foeticide के बारे में बोला था लेकिन मैं समझता हूँ कि इसके लिए अभी कानून है, लेकिन कानून से कोई चीज़ बनती नहीं है। मेरे ख्याल से जो मेंटल ब्लॉक लोगों के बीच में है, उसे निकालना होगा। आज हमारे नॉर्दर्न पार्ट में, हरियाणा में, पंजाब में जो प्रॉब्लम आ रही है कि लड़का चाहिए, उससे दो नुकसान हो रहे हैं। एक तो आबादी बढ़ती जा रही है क्योंकि इंतज़ार करते हैं कि कब लड़का होगा, तब तक 6-7 बच्चियाँ पैदा हो जाती हैं। बड़ी lopsided स्थिति हो जाती है। दूसरा, यह जो ज़हन में है कि लड़की अच्छी नहीं है, लड़का अच्छा है, इसके लिए ख्याल में कानून से ज्यादा - कानून का प्रोविजन वहां है....। हम कानून में आपसे भी निवेदन करेंगे, मेंबर्स ऑफ पार्लियामेंट से भी गुजारिश करेंगे, लेकिन उस कानून के साथ-साथ समाज में परिवर्तन लाने की सबसे बड़ी जरूरत है। ...**(Interruptions)**... We should be able to catch hold of the people. यह तो कनाएवेंस से होता है। जैसे मर्डर होता है, मर्डर तो कोई करता है किसी के क्राइम से हो जाता है। इसके लिए समाज में हमको जहन बदलने की कोशिश करनी होगी। दूसरे, वृंदा जी, आपने सवाल पूछा था तथा आपने इंजेक्टेबल कंटासेप्टिव की बात की और कहा कि यह बहुत ही खतरनाक है और नुकसानदेह है। मैं आपको भी यकीन दिलाता हूँ और हमारे देश की तमाम बहनों को, बच्चियों को यकीन दिलाता हूँ कि कोई भी ऐसा कंटासेप्टिव या कोई भी ऐसी दवाई या कोई भी ऐसा

वेक्सीन जो नुकसानदेह हो किसी चीज के लिए, औरत के लिए, बच्चे के लिए और बूढ़े के लिए, तो उसका उपयोग बिल्कुल नहीं होने दिया जाएगा। जो आपने बताया है, हम उसकी फिर दोबारा से, जो जानकार हैं, उनसे जानकारी कराएंगे, एक दफा कराएंगे, दो दफे कराएंगे और जब हम बिल्कुल सेटिस्फाइड हो जाएंगे तब इस तरह की दवाई को या कंट्रासेप्टिव को बाजार में लाएंगे।

शोर्टेज ऑफ वेक्सीन की बात हुई थी। आज कोई वेक्सीन की शोर्टेज नहीं है। यह उस वक्त जैसा मैंने कहा कि कुछ लाइसेंस कैंसिल किए गए थे पब्लिक अपीलस यूनिट्स के, उस वक्त टेम्पोरेरी तीन-चार महीने के लिए वेक्सीन की कमी आई थी। स्वाभाविक है कि जब तीन यूनिट बंद हो जाएं, तो उसका असर तो कुछ पड़ना था। लेकिन इस वक्त या उसके बाद भी वेक्सीन की कोई कमी नहीं है। माया सिंह जी ने और वृंदा ने इस बात का जिक्र किया है कि जो ऑल इंडिया मेडिकल इंस्टीट्यूट जैसी संस्थाएं हैं, इनके बनने में बहुत देरी लगी रही है। उनमें दो पार्ट में अभी काम चालू हो रहा है। ये जो मेडिकल इंस्टीट्यूट हैं, आपको मालूम है कि इसमें एक सौ एकड़ जमीन का सबसे कठिन काम होता है। सौ एकड़ का मतलब 800 कनाल जमीन ढूंढना है। फिर आप जमीन ढूंढो, फिर उसकी कार्रवाई शुरू करें। तो दो पार्ट में इसमें काम चल रहा है।

**श्री एस.एस. अहलुवालिया :** जमीन तो उसी टाइम मिल गई थी।

**श्री गुलाम नबी आज़ाद :** अब उसको मत बताइए, मैं उस बारे में पहले ही बोल चुका हूं। I do not want to bring that credit and discredit ! Please do not raise that. ...*(Interruptions)*... क्योंकि आप उठाएंगे तो मुझे कहना पड़ेगा कि तीन साल के बाद यह एप्रूव हुआ। मैं यह मामला नहीं उठाना चाहता कि कब हुआ, किसने उठाया और कैसे हुआ। सवाल है हिन्दुस्तान के गरीब लोगों को यह सुविधाएं प्राप्त होनी चाहिए। मैं महसूस करता हूं कि यह बहुत पहले होनी चाहिए थी और मैं भी यह महसूस करता हूं कि आठ मेडिकल इंस्टीट्यूट से भी काम नहीं बनेगा, जब तक छोटे राज्यों में एक और बड़े राज्यों यू.पी., बिहार और मध्य प्रदेश, तमिलनाडु, आंध्र प्रदेश, वेस्ट बंगाल जैसे राज्यों में दो से तीन तक रखने होंगे, क्योंकि जो दिक्कत आज दिल्ली में आती है, सर, मैं जानता हूं कि एक महीने से हमारा क्या हाल हो रहा है, कितनी सिफारिशें ऑल इंडिया मेडिकल इंस्टीट्यूट में दाखिल होने के लिए आती हैं। बहरहाल शुरू देर से हुआ, अब यह जल्दी हो जाए इसमें विलंब पहले ही हुआ है। इनकी जो दूसरी हॉस्टल बिल्डिंग व बाकी बिल्डिंग्स हैं, वे अगले साल तक सब तैयार हो जाएंगी। लेकिन जहां तक असली बिल्डिंग होने का सवाल है, कॉलेज की बिल्डिंग और हॉस्पिटल की बिल्डिंग अभी तक शुरू नहीं हुई हैं, अभी तक टेंडर प्लोट नहीं हुए हैं। अभी डी.पी.आर. वह सब जो कंस्ट्रक्शन से जुड़ी हुई है, इनके इंजीनियरिंग के टेक्नीकल तमाशे वे अब पूरे हो गए हैं और अब अगस्त में ये पहली दफे जो मेन बिल्डिंग है, उनके टेंडर प्लोट हो रहे हैं।

**श्रीमती वृंदा कारत :** आपकी एनुअल रिपोर्ट में लिखा है कि कंस्ट्रक्शन स्टार्ट है। ...*(व्यवधान)*...

**श्री गुलाम नबी आज़ाद :** मैंने कहा है कि यह दो पार्ट्स में है। एक कंस्ट्रक्शन है हॉस्टल्स का, डॉक्टर्स के लिए रेजिडेंशियल कॉम्प्लेक्स का, ये भी बहुत बड़े-बड़े हैं। ये शुरू हो गए हैं और अगले साल तक मुकम्मल हो जाएंगे। कोई 80 परसेंट, कोई 70 परसेंट, कोई 60 परसेंट और कोई 50 परसेंट से तकरीबन ऊपर हैं और अगले साल बनकर तैयार हो जाएंगे। एक हिसाब से यह ठीक भी है। नार्मली देखा जाता है कि हॉस्पिटल बन जाता है और फिर, कभी भी डॉक्टर्स के लिए accommodation नहीं बन पाती है, इसलिए डॉक्टर्स वहां नहीं रहते हैं। इस चीज में कम से कम यह हुआ है कि अब तक डीपीआर और दूसरी चीजें कर रहे थे, तब तक तो उनके रहने के लिए सुविधाएं हैं,

वे तैयार हो रही हैं। एक दफा वहां पर डॉक्टर आएगा, तो वह भागेगा नहीं कि उसको जगह नहीं मिल रही है। इस साल मैन बिल्डिंग के लिए, मैं मानता हूं कि विलम्ब हुआ है, देरी हुई है, अब इनको अगले दो-ढाई साल में मुकम्मल करना होगा। सरदार तरलोचन सिंह जी ने कहा है कि भटिंडा और मानसा में ज्यादा लोग कैंसर से पीड़ित हैं। National Cancer Control Programme is being revamped to provide for early detection of common cancer through screening at PHCs and CHCs level. All districts will be clustered into a group of six with five districts having facilities for chemotherapy and one district having facilities for radiotherapy. झारखंड के बारे में हमारी मेम्बर ऑफ पार्लियामेंट सुश्री मैबल रिबेलो ने कहा है कि यहां आल इंडिया मेडिकल इंस्टीट्यूट होना चाहिए। Under Phase-I, the Government of India is upgrading NIGREM with an outlay of Rs. 120 crores. आपका जो रांची का इंस्टीट्यूशन है, वह 120 करोड़ रुपये की लागत से अप-ग्रेड हो रहा है और मुझे पूरी उम्मीद है कि यह जल्दी से तैयार हो जाएगा। The process of upgradation, civil work of Super Speciality Block and equipment procurement will be completed in 2011. उसके बाद आपने कहा है कि नर्सिंग हॉस्पिटल या नर्सिंग का कोई न कोई कॉलेज वहां पर होना चाहिए, यह कल आपने बताया है। हम आपकी मांग पर जरूर ध्यान देंगे। झारखंड भी एक बहुत गरीब और पिछड़ा राज्य है, वहां पर ट्रायबल्स हैं। वहां पर जितनी स्वास्थ्य सुविधाएं होनी चाहिए थीं, उनमें कमी है। उन कमियों को दूर करने के लिए आने वाले वक्त में जो कुछ भी हो सकता है, वह हम पूरा करेंगे। एम्स वाला अभी आपकी मदर स्टेट बिहार में है, तो अभी सिस्टर स्टेट में तो छोटा ही इंस्टीट्यूशन होगा। आने वाले वक्त में जब सभी स्टेटों में एक-एक होगा, तो जरूर आपके लिए आएगा। Shrimati Vasanthi Stanley ने कहा है कि Upgradation of Medical College, Madurai, तो मैं उनको बताना चाहता हूं कि The Government College, Madurai, has been taken up for upgradation under Phase-II of PMSSY, and earlier one medical college, that is, Salem, has already been undertaken for upgradation and it is going to be completed in December this year.

**श्री एस.एस. अहलुवालिया :** सर, मंत्री जी ने अपने जवाब में झारखंड के बारे में कह दिया कि वह बिहार का सिस्टर स्टेट है। वह बिहार का सिस्टर स्टेट नहीं है, वह ब्रदर स्टेट है।

**श्री गुलाम नबी आज़ाद :** चलो, ब्रदर स्टेट है। नार्थ-ईस्ट में हम कभी-कभी ऐसा बोल देते हैं। ...**(व्यवधान)**... क्योंकि सिस्टर ने सवाल उठाया था, इसलिए सिस्टर बोल दिया। अब बिहार ब्रदर स्टेट हो गया। ...**(व्यवधान)**...

**श्री एस.एस. अहलुवालिया :** आप सिस्टर, ब्रदर स्टेट मत बोलिए। आप नेबरिंग स्टेट बोलिए। ...**(व्यवधान)**...

**सुश्री मैबल रिबेलो (झारखंड) :** मंत्री जी, आपने मध्य प्रदेश को और छत्तीसगढ़ को एम्स के बराबर इंस्टीट्यूशन दिए हैं और जब झारखंड की बारी आती है, तो ब्रदर स्टेट को दे दिया। जब आपने बिहार को दिया है, तो झारखंड को भी देना चाहिए। क्योंकि आपने मध्य प्रदेश और छत्तीसगढ़ दोनों को दिया है। यह कैसी पार्शियलिटी है? ...**(व्यवधान)**...

**श्री गुलाम नबी आज़ाद :** अरे, सिस्टर को दहेज में कुछ मिल जाएगा। ...**(व्यवधान)**...

**सुश्री मैबल रिबेलो :** अरे, यह सब छोड़िए। ऐसे तो सिस्टर तब तक मर ही जाएगी। ...**(व्यवधान)**... आप नैचुरली मार ही डालेंगे। ...**(व्यवधान)**... कोई नहीं रहेगा। ...**(व्यवधान)**...

**श्री एस.एस. अहलुवालिया :** उन्होंने कहा है कि शादी नहीं करेंगे, तो दहेज में क्या दीजिएगा? ...**(व्यवधान)**... रक्षाबंधन पर दे दीजिएगा। ...**(व्यवधान)**... राखी में दे दीजिएगा। ...**(व्यवधान)**...

**सुश्री मैबल रिबैलो :** आप कैसे भाई हैं? झारखंड के होते हुए यहां खड़े होकर मानते भी नहीं है।...(व्यवधान)... आप चिल्ला रहे हो...(व्यवधान)... और कुछ चीजें बोलते भी नहीं हो।...(व्यवधान)...

**श्री उपसभापति :** ठीक है, आप बैठिए।

**SHRI GHULAM NABI AZAD:** Brinda Karatji, Bhagwati Singhji and Prof. Kurienji and Anbumani Ramadossji have spoken about the need for a law for improving transplantation of human organs. The Transplantation of Human Organs Act was enacted in Parliament in 1994. Many shortcomings have been observed in its implementation to overcome the shortcomings. A Bill to comprehensively amend the Act will soon be introduced in the Parliament.

**SHRIMATI BRINDA KARAT:** Sir, bring the forms for donation of organs. We can all fill it up here.

**SHRI GHULAM NABI AZAD:** Jaitleyji spoke about the autonomy of AIIMS. I totally agree that there should be autonomy of AIIMS but the question is to what extent. But, it depends from time to time and person to person, but, I think, autonomy to some extent should be there because sometimes you might think, 'if Minister goes berserk'. What if the Director will go berserk? At least a Minister by virtue of being a Member of Parliament is answerable to the country through the Parliament. He is answerable to the public. He is answerable to the Parliament. He is answerable to everybody. So, if he goes wrong as Minister he can be taken to task by the public, by the Parliament. But, should he have a very inconvenient Director of the Institute who is not responsible neither to the public nor the Parliament you will have no means whatsoever to dislodge him. So, I think, to some extent I agree that autonomy of the Institute should be maintained to the extent that the Minister should not interfere in the day-to-day functioning of the institute. The Minister as President of the Institute should confine to the policies of the overall health care, not in the day-to-day functioning.

**श्री रवि शंकर प्रसाद (बिहार) :** सर, AIIMS के डॉक्टर्स बड़ा अच्छा काम करते हैं, प्राइवेट प्रैक्टिस नहीं करते। वे बड़े विद्वान हैं और यह बात पूरा देश जानता है, तो कम से कम उनकी इज्जत का सम्मान तो होना चाहिए। जो AIIMS के डॉक्टर्स हैं, उनकी विशेष चिंता आप जरूर करें। Don't feel humiliated or insulted.

**श्री गुलाम नबी आज़ाद :** मैं इन से भी एग्री करता हूँ, लेकिन साथ ही साथ यह बात भी है कि अगर इंस्टिट्यूट का कोई डॉक्टर आएगा, तो फिर आप किसको पूछोगे? यहां पार्लियामेंट में रोते रहोगे, कोई जवाब देने तो आएगा नहीं। Now, Arunji has also talked about the increase in cost of life saving drugs due to product patents. As a matter of grave concern, I don't think we can do anything to this. The product patent is only applicable on new chemical entities that have come in after 2005. So, we shall have to see that all those drugs which have come before 2005 into existence, at least their cost should be cost-effective. But having this Act come into...

**THE LEADER OF THE OPPOSITION (SHRI ARUN JAITLEY):** Even though it is applicable with effect from the 1st of January, 2005, what is happening today is, that the life of a patent, let's say is about 20 years. Now, the moment you exhaust the life of 20 years – because you have to balance

research and development with public health considerations, - towards the end of those 20 years in the 17th or the 18th year most pharmaceutical companies will make a minor change in the existing drug and then ask for a fresh patent so that the monopoly continues for another 20 years.

Now, this will mean, monopoly by only one supplier! And, one supplier means, price will go up. That is why, today, you can find the cost of an injection may be Rs. 80,000 in life saving situations. What is happening is, patent is country-centric. It is not universal all over the world. Therefore, our patent offices, when this kind of an ever-greening is done by a company by making marginal changes and ever-greens the product for another period and then you go it for another 20 years and 60 years and increase the monopoly, our patent offices have to be alerted, our scientific researchers have to be alerted, our analysts have to be alerted that patents are not merely granted for the asking. There is a very strict scrutiny and if there is a new invention only then patent has to be granted. This will benefit the mankind. We should not just grant for the asking. Sir, prices of medicines for Cancer, etc., are skyrocketed because of this. So, something has to be done in this regard.

SHRI GHULAM NABI AZAD: Sir, I totally agree with the hon. Leader of the Opposition that patent should not be perennial and become patent for all time to come. Patent should be for a particular time.

Sir, the Shri Arun Jaitley, has also raised an issue about the private healthcare. He said that private healthcare is very expensive and health insurance not being very popular. I would like to submit that the Government of India has introduced the Rashtriya Swasthya Bima Yojna, which will cover all unorganised households. It will cover Rs. 30,000 per year to each individual.

SHRI TAPAN KUMAR SEN (West Bengal): It is applicable to only those people who are below the poverty line, not to all the unorganised sector workers.

SHRI GHULAM NABI AZAD: It is applicable across the country.

SHRI TAPAN KUMAR SEN: That means, 90 per cent is out.

SHRI GHULAM NABI AZAD: Sir, Brindaji was interested about the clinical trials. We have strengthened the regulatory regime for conduct of clinical trials and I would like to assure the hon. Members that we would not allow any person to be used as Guinea Pig, as has been mentioned by Smt. Brinda Karat.

She has mentioned that the Drug Controller has granted permission for Letrozole. Since Mrs. Karat has raised some issues on drugs, I will ask the Drug Technical Advisor to look into all these issues. Sir, the spurious drugs is one of the issues where all of us have to put our heads together on two things - family welfare and to check spurious drugs. I would like to mention here that the size of the Indian pharmaceutical industry is about Rs. 85,000 crores. Out of which, exports account for Rs. 35,000 crores. India ranks 4th in the world in terms of volume production and 12th in terms of value. This is because we manufacture high quality medicines at low cost. The Indian pharmaceutical

industry is registering a steady growth of 15-20 per cent annually in order to match the growth and keep pace with the latest developments. We are in the process of strengthening and modernising the regulatory framework. We wanted to adopt the best practices into our regulatory system to make it at par with the best in the world. A lot of initiatives have been undertaken. So, this is with regard to initiatives.

With regard to legislative amendments, amendment to rules and regulations, framing of standard operating procedures, augmentation of manpower and infrastructure, training and development of regulatory personnel and e-governance, Sir, I would like to submit that I am soon going to bring amendments to the Drugs and Cosmetics Act for creating the Central Drug Authority. This will pave the way for making the regulatory mechanism a robust one.

Many hon. Members have raised the issue of spurious and sub-standard drugs. Let me apprise the august House about the steps taken and proposed to be taken. A country-wide survey has been undertaken by the Ministry to assess the extent of spurious drugs. Recently, the Drugs & Cosmetics Act has been amended, providing stricter penalties for the offences under the Act, particularly to those who are engaged in making spurious, adulterated, mis-branded and sub-standard drugs. The maximum penalty goes up to the imprisonment and a fine of rupees ten lakhs, or, three times the value of the confiscated goods. ...*(Interruptions)*...

SHRI VIRENDRA BHATIA (Uttar Pradesh): How much imprisonment?

SHRI GHULAM NABI AZAD: Life imprisonment. ...*(Interruptions)*... Short of capital punishment. ...*(Interruptions)*...

SHRI VIRENDRA BHATIA: But there should be capital punishment. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: I am for capital punishment, but I don't think that, these days, it is. ...*(Interruptions)*...

SHRI VIRENDRA BHATIA: It is much more heinous than murder.

SHRI GHULAM NABI AZAD: I don't think that, these days, capital punishment for these things is allowed. But what is most important is that we have to bring the culprits to books. Even if you are able to give life imprisonment to one or two, I think, no spurious drugs will be there. But, that too we have not been able to achieve. ...*(Interruptions)*...

SHRI VIRENDRA BHATIA: That's why I had asked for simplifying the procedure.

MR. DEPUTY CHAIRMAN: He has promised that there will be an amendment in the Act. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: For speedier trials, there will be special designated courts. So, we shall have to try these people in special courts. That is the only way that you can bring these culprits to the books. I also propose to introduce a whistle-blowers policy to attract involvement of public to

provide information. There will be an award of rupees two lakhs to twenty lakhs. We are still in the process of making some procedure. We will definitely do something because whenever someone is involved in making spurious drugs, there must be some workers. So, if any whistle-blower is given twenty lakh rupees for the information, I think, a lot of people will come forward. ...*(Interruptions)*... Members of Parliament can also do that to get the reward. ...*(Interruptions)*...

DR. (SHRIMATI) NAJMA A. HEPTULLA (Rajasthan): I hope it will not be misused ...*(Interruptions)*...

**श्रीमती वृंदा कारत :** सर, यह office of profit हो जाएगा।

**श्री गुलाम नबी आज़ाद :** Spurious drugs के बारे में मैं आपसे गुजारिश करूंगा कि ज्यों ही हमारी यह पॉलिसी बनेगी, उस वक्त हम सब एमपी साहिबान को दे देंगे। आप हर जगह उसकी चर्चा करिए और हर मीटिंग में चर्चा करिए, तब यह होगा।

अन्त में मैं family welfare के बारे में बताना चाहूंगा। 32 साल से family welfare के बारे में, family planning के बारे में कोई चर्चा नहीं होती। ...*(व्यवधान)*...

**श्री एम. वेंकैया नायडु (कर्णाटक) :** चर्चा होती है, लेकिन कुछ नहीं होता है।

**श्री गुलाम नबी आज़ाद :** Family planning का कोई नाम ही नहीं लेता है, चर्चा होने की क्या बात है ...*(व्यवधान)*... हम चीज की तरह या किसी दूसरी country के हिसाब से law नहीं बनाना चाहते। हम अपने देश में कोई जोर-जबरदस्ती या कोई नया कानून नहीं बनाना चाहते हैं। लेकिन इसके लिए सबसे बड़ी जरूरत प्रचार करने की है। हमारी सबसे बड़ी कमी यह रही है कि हम लोगों ने प्रचार करना ही बन्द कर दिया। कोई political party हो, उस तरफ की हो या इस तरफ की हो, Left, Right या Centre हो, कोई भी political party population control के बारे में aggressive campaigning नहीं करती है। हमें यह देखना होगा कि हमारे मुल्क की जो जमीन है, वह दुनिया की सिर्फ 2 per cent है और आबादी दुनिया की 17 per cent है। दुनिया की आबादी का 17 per cent हिन्दुस्तान में है और दुनिया की जमीन का सिर्फ 2 per cent, इसलिए carrying capacity already कम है। 2 per cent पर 17 per cent आबादी रह रही है। यह 17 per cent बढ़ता जा रहा है और 2 per cent घटता जा रहा है। इस 2 per cent पर हर साल बिल्डिंगें बनती हैं, हर साल स्कूल बनते हैं, रोड बनते हैं, पुल बनते हैं, रेलवे स्टेशंस बनते हैं और करोड़ों मकान बनते हैं।

तो 2% घटता जा रहा है और 17% का आंकड़ा बढ़ता जा रहा है, यह एक बहुत बड़ा मिसमैच है। एक तरफ आबादी बढ़ती जा रही है और दूसरी तरफ जमीन घटती जा रही है। ऐसे हालात में अगर हम सब यह सोच कर चुप बैठे रहेंगे कि हमें वोट मिलेंगे या नहीं मिलेंगे, कोई नाराज तो नहीं हो जाएगा, यह उचित नहीं होगा। हमारे देश में यह जो एक धारणा पैदा की गई है कि कोई एक धर्म या जाति आबादी के ज्यादा या कम होने के खिलाफ है, यह गलत धारणा है। यह डराने की धारणा है। मैं नहीं समझता कि किसी भी मजहब में यह लिखा है कि कम बच्चे पैदा मत करो, ज्यादा ही करो। तरीके पर विवाद हो सकता है, इम्लिमेंटेशन पर विवाद हो सकता है कि जबरदस्ती करना है या प्यार से करना है, पार्टी भी पर विवाद हो सकता है, घर के अंदर भी मतभेद या विवाद हो सकता है, लेकिन उसमें धर्म की बात नहीं आ सकती। किसी भी कानून से या जोर-जबरदस्ती से नहीं, मेरा मानना यह है कि अगर हम प्रचार के माध्यम से इसे लोगों तक पहुंचाएं तो वह बहुत कारगर सिद्ध होगा। आज अगर इस देश में सबसे ज्यादा इफैक्टिव प्रचारक कोई है, तो वह पॉलिटिशियन है। पांच साल के बाद जब इलेक्शन होते हैं, चाहे नेशनल

लैवल पर हों या स्टेट लैवल पर, चाहे एक ही पार्टी सत्ता में आए, लेकिन एक महीना हमको एग्रेसिव कैम्पेनिंग के लिए मिलता है। उस कैम्पेनिंग के समय एक महीना हम खाना-पीना, सोना, सब भूल जाते हैं, 24 घंटे बस कैम्पेनिंग करते हैं। ऐसे समय में कभी-कभी होता यह है कि एक जीतने वाला कैंडिडेट हार जाता है और हारने वाला कैंडिडेट जीत जाता है। जिसकी कैम्पेनिंग एग्रेसिव होगी, जिसकी कन्वेंसिंग पावर ज्यादा होगी, जिसकी आउटरीच ज्यादा होगी, वह जीत जाता है, चाहे वह कम फेमस ही क्यों न हो या फिर उसने कम काम ही क्यों न किया हो। दूसरी तरफ, एक दूसरा व्यक्ति उसके मुकाबले में ज्यादा काम करने वाला हो, लेकिन वह घर पर बैठ जाए कि मैं कैम्पेनिंग नहीं करूंगा, लोग मुझे घर बैठे ही वोट देंगे, वह कैंडिडेट हार जाता है। इसका मतलब यह है कि लोगों पर कैम्पेनिंग का बहुत असर होता है। ये वही लोग हैं, जो साधारण तरीके से नहीं आते हैं, लेकिन हम अपने तथ्य देकर उनको 60%, 80% या 90% पोलिंग पर लाने में सफल हो जाते हैं। इसी तरह सभी मैम्बर ऑफ पार्लियामेंट, सभी पॉलिटिकल पार्टीज, जिसके सदस्य एक बड़े परिवार के सदस्यों की तरह नैगेटिव और पॉजिटिव क्वालिटीज लिए हुए हैं, अगर हम 365 दिन इसके संबंध में बोलने में और समझाने में सफल हो गए कि इसके कितने फायदे और कितने नुकसान हैं, तो मेरे ख्याल में फैमिली प्लानिंग का काम अपने आप ही हो जाएगा। इस संबंध में किसी को कोई कानून लगाने की जरूरत ही नहीं पड़ेगी। आज सरकार से ज्यादा नुकसान उस व्यक्ति का स्वयं का है, जिसके ज्यादा बच्चे हैं, क्योंकि आज जमीन घटती जा रही है, मवेशियों के चरने के लिए कोई जगह नहीं बची है, नौकरियां नहीं हैं। इसलिए वह व्यक्ति, जो ज्यादा बच्चे पैदा कर रहा है, वह स्वयं के लिए भी और अपने बच्चों के लिए भी मुसीबत खड़ी कर रहा है। मेरे ख्याल में लोगों को अगर हम यह समझाने में सफल हो गए कि यह मुसीबत सरकार की नहीं है, आप उस बच्चे का भविष्य भी खराब कर रहे हो और साथ-साथ अपना भविष्य भी खराब कर रहे हो, तो हम इस कार्य में बहुत प्रगति कर सकते हैं।

मेरा आप सबसे निवेदन है कि cutting across the party lines, मुद्दा बनाकर नहीं, अगर हम हर सभा में, हर जगह, हर विषय के साथ फैमिली वेल्फेयर और पॉपुलेशन स्टैबलाइजेशन के बारे में भी चर्चा करेंगे, तो मुझे पूरी उम्मीद है कि एक साल के अंदर-अंदर हमको इसका असर पूरे देश में दिखाई देने लगेगा। इन्हीं शब्दों के साथ मैं एक बार फिर आप सबका बहुत-बहुत धन्यवाद करता हूँ कि आपने मुझे अपनी मिनिस्ट्री के बारे में कुछ मुद्दों को आप सबके सामने रखने का मौका दिया। बहुत-बहुत धन्यवाद।

SHRIMATI BRINDA KARAT: Sir, I have to seek two clarifications...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: No, I cannot allow this. ...*(Interruptions)*... Already, a detailed reply has been given. ...*(Interruptions)*... नहीं-नहीं, कितने ...*(व्यवधान)*... No, no, I cannot allow this. ...*(Interruptions)*...

SHRIMATI BRINDA KARAT: Sir, I have to seek only two clarifications. ...*(Interruptions)*...

SHRI M. VENKAIAH NAIDU: Sir, I have to seek one small clarification. ...*(Interruptions)*...

**श्री उपसभापति :** अच्छा ठीक है, बोलिए ...*(व्यवधान)*...

**डा. प्रभा ठाकुर (राजस्थान) :** सर, मैंने भी बोला था, मैं मंत्री जी से सिर्फ दो बातें जानना चाहती हूँ ...*(व्यवधान)*...

**श्री उपसभापति :** नहीं-नहीं, देखिए सबने बोला था ...*(व्यवधान)*... Nearby 40 Members have participated in the discussion और उनका डिटेल्ड रिप्लाय भी दिया गया है ...*(व्यवधान)*...

**डा. प्रभा ठाकुर :** सर, मैं जानना चाहती हूँ ...**(व्यवधान)**...

**श्री उपसभापति :** आप बैठिए, अभी मैं आपको बुलाता हूँ ...**(व्यवधान)**...।

**माननीय सदस्य :** डिप्टी चेयरमैन सर, हमको भी मौका दीजिए ...**(व्यवधान)**...

**श्री उपसभापति :** नहीं, प्लीज, आप बैठिए ...**(व्यवधान)**... आप बैठिए ...**(व्यवधान)**... आप बैठिए ...**(व्यवधान)**...

**श्रीमती वृन्दा कारत :** सर, मैं मंत्री जी को धन्यवाद देती हूँ कि उन्होंने बहुत-सारे सवालों का बहुत अच्छा जवाब दिया है। विशेष कर Expert Committee on the Private Sector के बारे में उन्होंने जो आश्वासन दिया है ...**(व्यवधान)**...

**श्री उपसभापति :** आप वह धन्यवाद छोड़ दीजिए! ...**(व्यवधान)**... अपनी बात पर आइए ...**(व्यवधान)**...

SHRIMATI BRINDA KARAT: But, Sir, there are three main clarifications which I want to seek. One is on the vaccine issue. I am sorry and I regret that you have not taken into account the very serious points made by the Standing Committee of Parliament. The DGCI-led Committee has already taken a decision in the terms of reference, if you see, that these units should be closed. That is why they said, without even going into the details, that how it can be converted. They never said, as a terms of reference, how the production can be done.

MR. DEPUTY CHAIRMAN: Please be brief.

SHRIMATI BRINDA KARAT: Therefore, that was already a pre-determined bias. ...**(Interruptions)**...

**श्री उपसभापति :** नहीं, आप बैठिए ...**(व्यवधान)**... वह बोल रही हैं और आप ...**(व्यवधान)**... What is this procedure?

SHRIMATI BRINDA KARAT: Sir, it was a pre-determined bias which was reflected in the terms of reference. Therefore, Sir, I had requested you to kindly take all these things into consideration and have an enquiry into it. I again, Sir, request you to please consider this point to have an enquiry into it. This is one clarification.

MR. DEPUTY CHAIRMAN: Please be brief.

SHRIMATI BRINDA KARAT: Sir, I am only asking clarifications. Second is about ASHA. You have said, 'because of Class VIII ...'

MR. DEPUTY CHAIRMAN: You are asking it again and again.

SHRIMATI BRINDA KARAT: One minute, Sir. But you have given them a certificate saying, 'they are doing very good work.' You have also said that the work they have done has expanded to every single programme that is there in the rural areas. ...**(Interruptions)**... I have said that they have given a certificate. ...**(Interruptions)**... Therefore, Sir, when this is a reality, minimum wage does not require Class VIII or Class X or Class XII qualifications. Minimum wage is for every unskilled worker. Therefore, what I am saying is, Class VIII or Class X has got nothing to do with the minimum wage qualification. They need to work full time. Sir, kindly see that and give them this thing.

And the last point which you did not touch at all, Sir, is regarding your most successful Programme, Janani Suraksha Yojana. I made a point, in the rural areas why are you discriminating against women who are going to institutional deliveries in so-called high performing State and low performing State. ...*(Interruptions)*...

**श्री उपसभापति :** नहीं, नहीं। यह नहीं हो सकता। ...*(व्यवधान)*... You see, I can't open another debate.

SHRIMATI BRINDA KARAT : So, you must consider, Sir, giving uniform Suraksha, uniform *Janani Suraksha Yojana* to all.

**श्री उपसभापति :** वृंदा जी, ...*(व्यवधान)*... इसमें इतना नहीं हो सकता। ...*(व्यवधान)*... You cannot again put all your questions. Next, श्री एम. वेंकैया नायडु जी। ...*(व्यवधान)*... देखिए, आप सब ने इस डिबेट में हिस्सा लिया। इसके बाद फिर क्लैरिफिकेशंस भी करेंगे। ...*(व्यवधान)*... इसे कब तक carry करेंगे? ...*(व्यवधान)*... We have to start another Ministry. श्री वेंकैया नायडु जी, please be brief.

SHRI M. VENKAIAH NAIDU : Sir, the hon. Minister has rightly raised the issue of population control, Normally, I would not have intervened, but it is a very, very important issue which is concerning the entire country. Unfortunately, the political parties or even Parliament, none of us, were able to do anything. I would like to know from the hon. Minister, is it merely going to be an educative campaign or something else is there in the mind of the Government by way of giving some incentive. Why I am saying it, Sir, is because the population control is a programme that has to be stressed more for the poorer sections of the country. That is the real issue. So, can we think of some incentives? Forget about the disincentives because of the reactions, etc. Do you have any programme or you simply want to go for only an educative programme to educate the people on need for family planning and birth control, etc? Do you have any specific programme other than this?

The other day I heard that the hon. Minister has given a suggestion that the people can watch Television beyond night, 12 o'clock, and the population will be reduced. Can he enlighten us how it be reduced? ...*(Interruptions)*...

**श्री उपसभापति :** डा. प्रभा ठाकुर।

**डा. प्रभा ठाकुर :** सर, आपका धन्यवाद कि ...*(व्यवधान)*...

**श्री उपसभापति :** आपने नहीं बोला है? ...*(व्यवधान)*...

SHRIMATI BRINDA KARAT : Please don't use the words "Population Control."

**श्री उपसभापति :** वृंदा जी, यह ठीक नहीं है ...*(व्यवधान)*... Please. You can't take everybody's time, please.

**डा. प्रभा ठाकुर :** सर, अफसोस की बात यह है कि हमारे विपक्षी दल के साथी और वामपंथी साथी जो इतनी concern दिखा रहे हैं, वे कल इस विषय पर वाक-आउट कर गए थे, जब इस विषय पर debate चल रही थी तब आप लोग वाक-आउट कर गए थे।

MR. DEPUTY CHAIRMAN : Don't raise controversial issues. टोका-टाकी मत कीजिए।

**डा. प्रभा ठाकुर :** सर, मैं मंत्री महोदय से दो बातें जानना चाहती हूँ जोकि बहुत सीरियस हैं। सर, अखबारों में रोज ब्लड प्रेसर के लिए, अस्थमा के लिए, Arthritis के लिए, सुगर के लिए, वजन कम करने के लिए विज्ञापन आते हैं और उनके लिए सैकड़ों दवाइयां लिखी जाती हैं। मैं माननीय मंत्री जी से जानना चाहती हूँ कि क्या वे दवाइयां

सुरक्षित हैं, कारगर हैं? क्या उसके लिए उन्हें मंत्रालय द्वारा या आप के विभाग द्वारा स्वीकृति दी जाती है, लाइसेंस दिया जाता है? सर, दूसरी बात मैं यह जानना चाहती हूँ कि हमारे सरकारी अस्पतालों में जांच की मशीनें खराब पायी जाती हैं और डॉक्टर्स मरीज को रेफर करते हैं कि सामने के प्राइवेट क्लीनिक में जांच करा लीजिए और वहाँ मरीजों के हजारों रुपये लग जाते हैं। तो वे जांच की मशीनें ठीक हालत में काम करें, व्यवस्थित ढंग से काम करें ताकि गरीब मरीज को उन प्राइवेट अस्पतालों में न जाना पड़े, इस के लिए मंत्री जी क्या व्यवस्था करेंगे?

MR. DEPUTY CHAIRMAN: Shri Syed Azeez Pasha. Please, be brief. Put only one question.

**श्री सैयद अजीज़ पाशा** (आंध्र प्रदेश) : सर, मैं मंत्री जी से कॉर्पोरेट हॉस्पिटल्स की malfunctioning के बारे में एक सवाल पूछना चाहता हूँ। सर, जो employees सी.जी.एच.एस. की कवर में आते हैं, ये लोग वहाँ जाते हैं। उन्हें बीमारी तो एक होती है लेकिन thorough medical check up के लिहाज से जो बिल State exchequer पर डाला जाता है, वह बहुत ही unbearable होता है। अगर आप इस बारे में random check up कराएंगे तो मालूम होगा कि उस में डॉक्टर का एक नाम होता है, मगर अंदर कोई patient नहीं होता। उस में अगर 10 हजार का बिल है तो उस के लिए 2 लाख का बिल पेश किया जाता है। क्या आप इस तरह की malfunctioning के बारे में एक कमीशन appoint करेंगे?

SHRIMATI VASANTHI STANLEY (Tamil Nadu): Sir, the hon. Minister has said that eight AIIMS-like institutes would be set up. I would like to know if Tamil Nadu is one among them. Our State has been implementing the Family Planning programme very effectively. But the Members... (Interruptions) Is there any effective way that the Ministry is ... (Interruptions)...

MR. DEPUTY CHAIRMAN: Please, do not disturb. ... (Interruptions)...

SHRIMATI VASANTHI STANLEY: No, I meant only for family planning. ... (Interruptions) ... Only one more thing, Sir. ... (Interruptions)...

MR. DEPUTY CHAIRMAN: Please, sit down. You have already sought the clarification.

SHRIMATI VASANTHI STANLEY: Sir, I have just one more question. ... (Interruptions) .. The hon. Leader of Opposition had said something about patents. I have my own medical company. I would like to suggest something to the hon. Minister. The patent rights are being changed every now and then. Now that the Department has its own research unit, they must create their own patents so that the problems of patents could be put an end to. I would like the Ministry to make use of their research unit very effectively.

**श्री कलराज मिश्र** (उत्तर प्रदेश) : सर, वाराणसी हिंदू विश्वविद्यालय में जो सुंदरलाल चिकित्सालय है, उस के बारे में पूर्व शिक्षा मंत्री ने यह घोषित किया था कि उसे AIIMS के बराबर का दर्जा देते हुए उस के उन्नयन का प्रयत्न किया जाएगा, लेकिन अभी उस संबंध में कुछ नहीं हुआ है। मैं चाहूंगा कि मंत्री जी इसे प्राथमिकता के आधार पर लेकर विचार करें।

**श्री उपसभापति** : कलराज जी, यह difficult है क्योंकि आप ने debate में participate नहीं किया है और आप न्यू इश्यू रोज कर रहे हैं और clarification पूछ रहे हैं। इस तरह तो मुश्किल हो जाएगा। A new debate would be started.

**श्री कलराज मिश्र** : सर, मैंने इसे information की दृष्टि से raise किया है, मैं चाहूंगा कि इस संबंध में मंत्री जी विचार करें।

MR. DEPUTY CHAIRMAN: Prof. Kurien ...*(Interruptions)*... Mr. Seelam, you did not participate in the debate.

SHRI JESUDASU SEELAM (Andhra Pradesh): Sir, I wish to raise a point regarding HIV/AIDS.

MR. DEPUTY CHAIRMAN: That is all right. It will be covered. ...*(Interruptions)*... The hon. Minister's reply which will be circulated to the Members covers all the points.

SHRI JESUDASU SEELAM: Sir, HIV/AIDS is something very important. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: if any of the points is not covered, please, write to the Minister; the Minister would reply to them. ...*(Interruptions)*...

PROF. P. J. KURIEN: Please, let me seek clarification. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: No, no. Please. ...*(Interruptions)*... Mr. Seelam, every hon. Member has some query for the hon. Minister, but new issues will come up. That was not. ...*(Interruptions)*...

SHRI JESUDASU SEELAM: Sir, this is an important issue. I am not asking about. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: I know that it pertains to the Ministry but. ...*(Interruptions)*...

PROF. P.J. KURIEN: Why did you not speak? ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Why did you not participate? What can I do?

SHRI JESUDASU SEELAM: I was not given time. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: It is for your Party to do that. Don't blame the Chair.

PROF. P.J. KURIEN: Sir, the fault is mine, not Seelam's.

MR. DEPUTY CHAIRMAN: Let us not go into this.

PROF. P.J. KURIEN: Sir, I have suggested: Why do you not consider giving incentive for vasectomy and tubectomy in addition to campaign?

But he did not mention it. This is one. Secondly, the previous Health Minister had announced that Yoga, which is very good for mental and physical health, will be compulsorily taught in schools. He announced that. Why shouldn't the hon. Minister consider that also?

MR. DEPUTY CHAIRMAN: Mr. Kurien, the hon. Minister has given a detailed statement. ...*(Interruptions)*...

PROF. P.J. KURIEN: But he must react also. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: He also made it very specific that he will not be able to give reply to all questions and he will reply to only specific questions. So, I request the hon. Members to go through

the detailed statement. The Health Ministry is making available the entire text, which will be circulated. If your points are not covered, you write to the hon. Minister. I request from the Chair that he should reply to all such letters written by hon. Members for clarifications. ...*(Interruptions)*...

**एक माननीय सदस्य :** सर, मंत्री जी ने जो जवाब दिया है ...*(व्यवधान)*...

**श्री उपसभापति :** आपने participate नहीं किया है न ...*(व्यवधान)*... आपको जवाब भेज दिया जाएगा। आप जो पूछना चाहते हैं, आप मिनिस्टर को खत लिखिए, वह उसका जवाब दे देंगे।

**श्री मोती लाल बोरा (छत्तीसगढ़) :** सर, माननीय मंत्री जी को मेरा एक सुझाव है कि स्वास्थ्य मंत्रालय के द्वारा परिवार नियोजन का कार्यक्रम सभी राज्यों में - मैं 21 साल पहले स्वास्थ्य मंत्री था, and I know that the Ministry of Health and Family Welfare have started this programme and every State Government was asked to conduct it properly मैं माननीय मंत्री जी से कहूंगा कि स्वास्थ्य मंत्री ने नाते आप हर राज्य सरकार को इस बात का निर्देश दें कि वे परिवार नियोजन कार्यक्रम को सख्ती से नहीं समझाइश से पालन करें। स्वास्थ्य मंत्रालय के द्वारा ये आदेश पूर्व में जारी किये गये हैं। मुझे यह नहीं मालूम कि आज ये आदेश हैं कि नहीं, लेकिन मुझे विश्वास है कि जिस प्रकार माननीय गुलाम नबी आजाद जी ने आज सबका जवाब दिया है, उस जवाब में वह निहित नहीं है, फिर भी उन्होंने परिवार नियोजन के बारे में जो चिन्ता व्यक्त की है, उस चिन्ता को ध्यान में रखते हुए हर राज्य सरकार के स्वास्थ्य मंत्रालय हर महीने में न सही कम से कम तीन महीने में इस बात की जानकारी मांगे कि उनके राज्य में परिवार नियोजन के कार्यक्रम में क्या प्रगति हुई है?

MR. DEPUTY CHAIRMAN: I request the hon. Minister to give reply to all the clarifications sought by hon. Member.

SHRI GHULAM NABI AZAD: Sir, not now.

MR. DEPUTY CHAIRMAN: You send the reply. The House is adjourned for lunch to meet at 2.30 p.m.

The House then adjourned for lunch at forty-eight minutes past one of the clock.

The House re-assembled after lunch at thirty-two minutes past two of the clock.

(THE VICE-CHAIRMAN (PROF. P.J. KURIEN) in the Chair)

#### DISCUSSION ON THE WORKING OF THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

SHRI D. RAJA (Tamil Nadu): Sir, I rise to initiate the debate on the working of the Ministry of Social Justice and Empowerment. Sir, the Ministry of Social Justice and Empowerment is the nodal Ministry for overall policy, planning and co-ordination of programmes of development of Scheduled Castes and Other Backward Classes. As per the 2001 Census, the population of the Scheduled Castes is 16.67 crores. Other Backward Classes, as per the estimates of the Mandal Commission, are 52 per cent. The Scheduled Castes and the OBCs, together, comprise of more than 68 per cent of India's population. These are the people who are socially oppressed, discriminated, economically exploited and politically continue to be at disadvantage. Here, the Ministry will have to focus its functioning on the welfare of these sections.

Sir, I would like to raise some of the issues. I understand the Ministry, over these years, has been lacking vision. It has been lacking a missionary zeal. It has been lacking focus. I would like to bring