

1	2	3
Arunachal Pradesh	0	0
Lakshadweep	0	0
Manipur	0	0
Meghalaya	0	0
Mizoram	0	0
Nagaland	0	0
Sikkim	0	0
Tripura	0	0
TOTAL	874	559

**Deaths due to consumption of contaminated water**

2326. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether World Health Organisation (WHO) has laid out a report about death of people due to consumption of contaminated drinking water;

(b) if so, details thereof and reaction of Government thereto;

(c) the details of funds released to Himachal Pradesh during 2008-09 under Accelerated Rural Water Supply Programme (ARWSP);

(d) whether it is a fact that allocated funds to Himachal Pradesh are not sufficient for tackling quality related problems in respect of drinking water supply; and

(e) if so, whether Government proposes to increase the share of allocation of funds under ARWSP to Himachal Pradesh, and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (b) As per the report prepared by World Health Organisation (WHO) in 2009, an estimated number of 4,54,400 people die of water-borne diseases and lack of proper sanitation and hygiene every year in India.

Provision of safe drinking water can considerably reduce the risk of waterborne diseases.

(c) to (e) As per the information received from Ministry of Rural Development (Department of Drinking Water Supply), under Accelerated Rural Water Supply Programme (ARWSP) (Coverage, Sub-mission on Water Quality and Swajaldhara), Himachal Pradesh was released Rs. 14,082.00 lakh during 2008-09.

Besides, during 2008-09, under ARWSP (Desert Development Programme Areas), an amount of Rs. 69.00 lakh was released to Himachal Pradesh. Funds under ARWSP, now National Rural Drinking Water Programme (NRDWP), are allocated based on prescribed criteria

viz. rural population, rural populations managing Rural Water Supply (RWS), States under Drought Prone Areas Programme (DPAP), Hill Area Development Programme (HADP) and special category hill states in terms of rural areas.

#### **National Health Insurance Scheme**

2327. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is considering to make comprehensive National Health Insurance Scheme covering diseases, treatment/surgeries classified and broadbased specialities, by extending the coverage of the scheme to all poor and middle income group persons, specially old age persons upto minimum of 75 years;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) No. However, Ministry of Labour and Employment has launched Rashtriya Swasthya Bima Yojana [RSBY] for workers of Unorganized Sector and their families from 01.04.2008. There is no age limit for coverage of the scheme for dependent parents within the definition of family of five members. Details of the Scheme are at the website of RSBY [www.rsby.in](http://www.rsby.in).

#### **Deaths due to trial of Pneumonia Vaccine**

2328. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there has been some deaths of infants due to trial of Pneumonia Vaccine;

(b) if so, the details in this regard;

(c) whether Government has ordered enquiry of the vaccine trial; and

(d) if so, complete details of enquiry report and action taken against the drug firm?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) There was a report of serious adverse events regarding death of a subject involved in a clinical trial of 13-valent pneumococcal conjugate vaccine at one of the site in the country. A team was constituted by the Central Drugs Standard Control Organisation (CDSCO) to investigate the matter, which conducted the inspection at the said site. The Inspection revealed various Good Clinical Practices (GCP) violations. Therefore the concerned investigator, sponsor and monitor were issued warning letters asking for corrective actions to be taken by them to prevent such violations in future. The clinical trial remains suspended at all the twelve sites from 06.11.2008 to 22.04.2009. The sponsor submitted various corrective actions taken to ensure GCP compliance. Central Drugs Standard Control Organisation (CDSCO) scrutinized the same