

Population Policy

772. SHRI JAI PRAKASH NARAYAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the policy of Government to control population in the country;
- (b) whether Government is considering to formulate a Population Policy which will give direction for control of population; and
- (c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them according to their choice, without any compulsion.

India adopted a comprehensive and holistic National Population Policy (NPP), 2000, with clearly articulated objectives, strategic themes and operational strategies. The National Population Policy, 2000 provides a policy framework for advancing goals and prioritizing strategies to meet the reproductive and child health needs of the people and to achieve net replacement level *i.e.* Total Fertility Rate (TFR) of 2.1 by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services with government, industry and the voluntary non-government sector, working in partnership.

The Government has launched the National Rural Health Mission (NRHM) on 12th April, 2005 throughout the country. Population stabilization is one of the objectives of NRHM. It provides a thrust for reduction of child and maternal mortality and reduces the fertility rates. The approach to population stabilization is through providing quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for these services. While ensuring full reproductive choices to women. The strategy also is to promote male participation in Family Planning. Population stabilization and Infant Mortality rate requires greater convergent action to influence the wider determinants of health care like female literacy, sanitation, nutrition, gender and social empowerment, early childhood development, marriages after 18, spacing of children and behavioural changes etc. Government is promoting IUD 380 intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs. Fixed day fixed place Family Planning services round the year have been made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities, under NRHM. NRHM has increased the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme.

Indian labelled fake drugs

773. SHRIMATI SHOBHANA BHARTIA:

PROF. ALKA BALRAM KSHATRIYA:

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

(a) whether the Central Drugs Standard Control Organization has recently unearthed a racket at Chennai Port involving the use of fake labels and invoices to ship spurious Chinese drugs into Indian cities;

(b) if so, the facts and details thereof;

(c) whether the consignments of fake drugs have since been seized at Chennai port;

(d) if so, whether Government has taken up the matter with the Chinese Government/firms on fake drugs; and

(e) if so, response of the Chinese Government/firms thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) During the recent past, three cases of import of bulk drugs from unregistered source originating from China were detected at Chennai sea port by the officers of Central Drugs Standard Control Organisation (CDSCO). The following bulk drugs have not been released from Chennai Port:

1. Roxithromycin - 500 Kgs
2. Progesterone - 400 Kgs
3. Cimetidine - 2000 Kgs.

The Central Drugs Standard Control Organization, Chennai office which investigated the matter, has requested "Absolute Confiscation and Prosecution" in these cases to customs authority.

(d) and (e) The CDSCO has taken up the import of these drugs to India with registered manufacturers in China who have informed that they have not manufactured the drugs which have landed at Chennai Port.

Medi-claim policy for Government employees

774. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is considering to provide medi-claim policies to Government employees;

(b) if so, the details thereof;

(c) how the scheme will benefit them and by when it is likely to be implemented; and

(d) which companies have shown interest in the proposal of Government?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) The Sixth Central Pay Commission recommended the introduction of health insurance scheme for Central Government Employees and pensioners. It had recommended that for existing employees and pensioners, the scheme should be available on a voluntary basis subject to their paying