

To facilitate setting up of more medical colleges, the Medical Council of India Regulations have been reviewed and amendments made in the criteria of land requirement, teacher-student ratio, bed-strength and incentives given to doctors serving in the rural areas. There is a scheme for strengthening and upgradation of State Government medical colleges through Central assistance of Rs. 1350 crore during Eleventh Plan for starting/increasing PG courses. The funds are envisaged to be allocated to the eligible State Government Medical Colleges after the finalization of the scheme.

Spurious Chinese malaria drugs

†2097. MISS ANUSUIYA UIKEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has received any information that China is manufacturing spurious generic drugs for the treatment of malaria and selling the same by using 'made in India' labels on them;

(b) whether these drugs have been seized by Drugs Regulatory Authority;

(c) if so, the details thereof; and

(d) the measures being taken by Government to check the recurring of such incidents?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (c) Government of India's attention has been drawn to the press release issued by NAFDAC, Nigerian Government Drug Regulatory Authority, about detention and seizure of a large consignment of fake anti-malarial generic pharmaceuticals labelled "Made in India" but produced in China. Taking serious note of the contents of NAFDAC's Press Release, a strong protest was lodged with concerned Chinese authorities with a request to take stringent action against such unscrupulous elements. Consequent to India's strong protest, the Chinese Government conducted an investigation and found a nexus between Chinese drug manufacturers and importers in Nigeria. The principal suspects have been caught and their factories sealed. The Chinese Government is taking action against the accused as per their law.

(d) Indian Missions abroad have been sensitised to be vigilant against such incidences.

Vigilance cases against officials of AYUSH

2098. SHRI DHARAM PAL SABHARWAL:

SHRI KAMAL AKHTAR:

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

(a) whether it is a fact that vigilance cases are pending since May, 2005 against some of the Directors of the various Councils under the Department of AYUSH;

†Original notice of the question was received in Hindi.

(b) if so, the details thereof and the reasons why no final decision has been taken thereon so far; and

(c) whether Government proposes to fix responsibility on the officers who are responsible for not taking action on the report?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) Yes.

(b) and (c) One vigilance case against Dr. BTC Murthy, former Director, National Institute for Naturopathy [presently Director, Central Council for Research in Yoga and Naturopathy (CCRYN)] is pending. As per the advice of the Central Vigilance Commission dated 18.05.2005, major penalty proceeding was initiated in November, 2005. The Inquiry Report dated 17.8.2007 was processed and referred to the CVC for its 2nd stage advice. The Commission had given its advice on 07.08.2009. The advice of the Commission is presently under consideration of the Government.

Profiling of rural and urban smokers

2099. DR. ABHISHEK MANU SINGHM:

SHRI VIJAY JAWAHARLAL DARDA:

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

(a) whether Government is aware of the serious observations made by American Cancer Society and World Lung Foundation during August 2009 that female smokers in India die on an average 8 years earlier than their non-smoking peers;

(b) if so, whether any urban and rural profiles of smokers, both men and women have been prepared; and

(c) whether resorting to smoking is a situational compulsion or need-based requirement?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) Yes. As per the Tobacco Atlas (third edition-2009) released by American Cancer Society and World Lung Foundation, female smokers in India die on an average 8 years earlier than their non-smoking peers;

(b) As per National Family Health Survey-3 (2005-06), Tobacco use is more prevalent in the rural areas than in urban areas, among men and women. 35% of rural men in age 15-49 smoke cigarettes/bidis compared with 29% of urban men. About 40% of rural men chew tobacco while around 31% of urban men do so. 10% rural women chew tobacco in rural areas compared to 6% in the urban areas.

(c) As per available evidence, initiation into smoking particularly by Youth is influenced by several factors including smoking by parents, friends/peer group and watching celebrities smoking in films.