

Government of India is implementing National Mental Health Programme with the objectives of augmenting the mental health care capacity of the States/UTs detect and treat depression and other mental illness.

Lack of access to essential medicines

2043. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that nearly 50 to 80 per cent people in the country still do not have access to essential medicines;
- (b) if so, the details thereof;
- (c) whether the factors responsible for not having access to a large percentage of population in the country of essential medicines have been ascertained; and
- (d) if so, the details thereof and the steps taken by Government to ensure access of essential medicines to every citizen?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The Central Government only supplements the efforts of States in procurement of medicines. However, the Common Review Mission of NRHM in December 2009 had observed the practice of prescribing branded drugs even when generic alternatives were available.

(c) Unsatisfactory system of procurement and logistics, low per capita drug budget and practice of prescribing branded drugs, are some factors responsible for lack of access.

(d) NRHM provides for reforms in procurement and logistics to ensure access to essential drugs. NRHM promotes development of Essential Drug list of generic drugs and rational drug use.

Clinical research in the country

2044. SHRI A. ELAVARASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that our country is among the fastest growing clinical research destination in the world and the country's clinical market is valued at Rs. 14000 crores with a compounded annual growth rate of 30 per cent according to Federation of Indian Chambers of Commerce and Industry (FICCI);
- (b) if so, the details thereof;
- (c) whether it is also a fact that human drug trials are not monitored closely;
- (d) whether Government proposes any law on human clinical research that would have an ethical guidelines and tougher penalties for violators; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per report 'Enabling Clinical Research, New Frontiers for India' prepared by FICCI in collaboration with the Department of Pharmaceuticals, India is one of the fastest growing clinical research destination.

(c) Clinical trials are regulated under Drugs and Cosmetics Act and Rules there under. Clinical trials are required to be carried out in accordance with requirements and guidelines specified in Rules and Schedule Y of Drugs & Cosmetic Rules. The clinical trial is conducted as per Good Clinical Practices Guidelines issued by CDSCO, Directorate General of Health Services. Clinical trials can be initiated in the country only after approval from DCG(I) and respective ethics committee.

(d) and (e) A Bio Medical Research on Human Participants (Promotion and Regulation Bill) as well as the incorporation of penal provisions for misconduct in clinical trials in the Drugs & Cosmetics Act is at the draft stage.

Absenteeism among doctors in rural hospitals

2045. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that the absenteeism of doctors working in the rural hospitals has become a serious problem; and

(b) if so, what drastic steps have been taken so far for preventive health services from being crippled?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No State has reported large scale absenteeism of doctors under National Rural Health Mission [NRHM]. 'Health' is a 'State' subject and health manpower is in the domain of States. The service matter including recruitment, posting and disciplinary matters are the concern of the respective State/UT's Governments. Action in this regard is taken by the respective State/UT Governments as per rules. However, NRHM has attempted to strengthen their accountability to PRIs/Rogi Kalyan Samitis etc. It has also encouraged institution specific contractual employment based on local criteria to ensure availability of resident health workers.

Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States/UT Governments. This include multi-skilling of doctors and para-medics, provision of incentives, to serve in rural areas like blended payments, difficult areas allowances, PG allowance, case based payments, improved accommodation arrangements, provision of AYUSH doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non government sector for underserved areas, provisioning of untied and flexible funds etc.