

RAJYA SABHA

Monday, the 22nd August, 1983/
31 Shrawana, 1905 (Saka)

The House met at eleven of the clock.

Mr. Chairman in the Chair

OBITUARY REFERENCE

MR. CHAIRMAN: Hon'ble Members must have learnt with a sense of shock and grief about the passing away of Shri Lakshmana Mahapatro, a former Member of this House, in the most tragic circumstances. From what appeared in the newspapers, Shri Mahapatro was killed by miscreants while leading a procession of workers.

Shri Lakshmana Mahapatro was born in June, 1923 at Village Nimakhandi in the Ganjam District of Orissa State and got his education at Vizagapatnam and Cuttack. Shri Mahapatro was a lawyer by profession but was actively associated with the labour movement. He was connected with several labour welfare and trade union organisations. Of him it can truly be said that he was one of veteran political workers and a staunch trade unionist of Orissa. Shri Mahapatro served as a Member of the Orissa Legislative Assembly from 1961 to 1973 and was a Member of this House from April, 1974 to April, 1980. During his membership of this House, Shri Mahapatro took active part in the debates specially concerning the welfare of the labour and the weaker under-privileged members of our country.

We deeply mourn the passing away of Shri Lakshmana Mahapatro.

I request the Hon'ble Members to rise in their places and observe a minute's silence as a mark of respect to the memory of the departed.

(Hon. Members then stood in silence for one minute).

SHRI M. KALYANASUNDARAM: With your permission, Sir, I would say that it is a ghastly murder of an ex-Member and such an important political worker. It shows there is no security. The hon. Minister himself should confirm 862 R.S.—1.

MR. CHAIRMAN: Mr. Kalyanasundaram, the whole proceeding has not yet ended on the obituary note. Please sit down.

Secretary-General will convey to the members of the bereaved family our sense of profound sorrow and deep sympathy.

Mr. Kalyanasundaram, now you can say but after the Question Hour.

SHRI M. KALYANASUNDARAM: Sir, only one sentence I would say. I only request the Chair to convey to the State Government to find out the circumstances under which murder took place, and inform the House.

MR. CHAIRMAN: Quite likely, it will be found out. But it is too early just now.

SHRI M. KALYANASUNDARAM: When he was leading a procession, he is killed....

MR. CHAIRMAN: We have all been touched by that; you are not the only person who is touched by this and said that this is a murder.

SHRI M. KALYANASUNDARAM: But you are in a better position to get the truth. Therefore, I am appealing to you.

MR. CHAIRMAN: There is a time and an occasion for mentioning this. Mr. Kalyanasundaram, you have been a legislator of long standing not only here but in an other House and you should know that nothing comes before Question Hour.

ORAL ANSWERS TO QUESTIONS

Availability of Medicines to TB patients

*381. SHRI MIRZA IRSHADBAIG AIYUBBAIG: Will the Minister of CHEMICALS AND FERTILIZERS be pleased to refer to the answer to Unstarred Question 1580 given in the Rajya Sabha on the 8th August, 1983 and state:

(a) whether it is a fact that availability of medicines to TB patients at cheap prices is one of the items of the Twenty Point Programme of the Prime Minister;

(b) whether the prices of Ethambutol formulations have increased from 17 per cent to 13 per cent on account of change of category of Ethambutol from category II to Category III: if so, why has this step which is contrary to the Prime Minister's Programme been taken; and

(c) whether in consultation with the Ministry of Health, Government propose to reduce custom duty on one of the intermediates required for manufacture of Ethambutol without reducing Ethambutol prices?

THE MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI R. C. RATH): (a) to (c). A Statement is laid on the Table of the Rajya Sabha.

Statement

(a) Point No. 14 of the new 20 point programme announced by the Prime Minister to the nation in January 1982 aims to substantially augment universal primary health care facilities, and control of leprosy, TB and blindness. This point also, inter alia, mentions that the incidence of tuberculosis is still high, and it aims at an integrated approach to the health problem through preventive, promotive and curative measures along with effective linkages with other programmes like safe drinking water supply, improvement in sanitation, nutrition, etc.

(b) Government have, in fact, reduced the price of the bulk drug Ethambutol from Rs. 804/- per kg. to Rs. 750/- per kg. with effect from 4th August, 1983. On the same date, the leader prices of the Ethambutol formulations, based on the revised price of the bulk drug Ethambutol at Rs. 750/- per kg. were also announced. The revised prices of the leader formulations showed an increase from 13 per cent to 31 per cent over the pre-revised prices. The reason of increase in the leader formulation prices was that in most cases, the pre-revised prices of the formulations were based on the bulk drug price of Ethambutol at Rs. 620/- per kg. which was the price prevailing before the revision of price at Rs. 804/- per kg. which was subsequently reduced to Rs. 750/- per kg.

When the Drug (Prices and Control) Order, 1979 was announced on 31-3-1979, Ethambutol Hydrochloride and its formulations were included in Category III of the said Order. In March 1983, it was shifted from Category III to Category II. Subsequently in August 1983, it was shifted back to Category III. The major reason for shifting it back to Category III was to encourage the production of this anti-TB drug in the country.

The manufacturers of Ethambutol formulations have assured the Government that for the Government/Semi-Government Local Bodies/Voluntary Organisations dealing with Tuberculosis, they would continue to sell Ethambutol tablets at prices prevailing before revision and that adequate supply of the required quantity of Ethambutol for the Institutions at such prices would be made.

(c) The question of exemption of customs' duty on the intermediate DL-2 Aminobutanol required for the production of Ethambutol Hydrochloride, has been taken up with the Ministry of Finance. If the proposal is accepted, the price of Ethambutol Hydrochloride would be adjusted and the benefit of any reduction in price would be passed on to the consumers.

मिर्जा इरशाद बेग अयूब बेग : सभापति महोदय, टी० बी० के उन्मूलन का प्रावधान प्रधान मंत्री जी ने बीस सूत्री कार्यक्रम में किया है। आज 10 मिलियन से अधिक लोग टी० बी० से ग्रस्त हैं और रोजाना इसी कारण 14 सौ लोगों की मृत्यु होती है। टी० बी० के रोगियों को रोजाना एक ग्राम एण्टी टी० बी० की ड्रग दी जाती है मानव्यवर उसका खर्च चार रुपये के करीब आता है और प्राथमिक स्तर के टी० बी० के निमूलन को कम से कम 6 महीने की अवधि लगती है अतः इस रोग की इसी गंभीरता के कारण इसे बीस सूत्री कार्यक्रम में सम्मिलित किया गया है। मुझे आश्चर्य है मानव्यवर कि रसायन मंत्रालय ने मार्च 1983 में इसे नान इसेंसियल

कैटेगरी जिसका मार्क अप सो प्रतिशत है से उठाकर इसेंसियल कैटेगरी में जिसका मार्क-अप 85 प्रतिशत है उसमें डाल दिया था। मैं मंत्री जी से जानना चाहता हूँ कि मार्च, 1983 में किन कारणों की बुनियाद पर यह दूसरी कैटेगरी में बदल दिया गया था? जिन कारणों का द्वारा मुझे मालूम है उसकी बुनियाद से मैं संतुष्ट हूँ। लेकिन अगस्त, 1983 में फिर वापिस उसे नान इसेंसियल कैटेगरी में डाल दिया गया। मान्यवर मैं यह भी कहना चाहता हूँ कि जब कैटेगरी बदली गई थी तब इसी के साथ इथम्बुटाल जैसी एण्टी टी० बी० ड्रग की कीमत तय की गयी थी। मान्यवर, कीमत तय न करने पर कैटेगरी चेंब होते हुए भी टी० बी० की दवाइयाँ सस्ती नहीं हुई थीं और उसका बोझ करोड़ों गरीब टी० बी० मरीजों पर पड़ा है। यह एक घिनौने स्वरूप का उदाहरण है। मैं मंत्री जी से जानना चाहूँगा कि मंत्रालय के निर्णय के बावजूद जो अधिकारी इसके जिम्मेदार हैं उनकी जांच करके क्या कोई कदम लेना चाहते हैं।

मान्यवर, विटामिन्स के बारे में जो इनके मंत्रालय ने बोल्ड डिजिजन्स लिये हैं उनके लिये साठे जी और रथ साहब का जो कि हमारे नौजवान साथी हैं अभिनंदन करता हूँ और मैं जानता हूँ कि इस में सदन मेरा साथ देगा और मैं पूछना चाहूँगा कि ...

श्री सभापति : आप तो पूछे ही चले जा रहे हैं मगर जवाब तो होगा कि नहीं ?

मिर्जा इरशाद बेग अयूब बेग : मैं इसी से संबंधित पूछना चाहूँगा कि क्या फिर वापस इसी इसेंसियल कैटेगरी में डालने

के लिये मंत्री जी इस सदन को विश्वास दिलायेंगे ?

श्री सभापति : कीमत कम करनी है और इसका इम्पार्टेंट ... (व्यवधान)

Mr. Sathe, I welcome you. It is nice to see you here again.

SHRI VASANT SATHE: Thank you, Sir.

SHRI R. C. RATH: Mr. Chairman, Sir, I thank the hon. Member for the statement which he has made about the efforts of my Ministry in making medicines available to the poor at reduced prices. Coming to the question, I would like to say, as I said in my main reply, that Ethambutol formulations were in category III of the Drug Price Control Order, 1979, announced in March, 1979. There are 5 other anti-TB drugs which are also in category III. These anti-TB drugs are: Ethionamide, Pyrazinamide, Morphaizinamide, Prothionamide and Reframpicin. The categorisation of these various bulk drugs and formulations in DPCO 1979 was made in consultation with the Ministry of Health and Family Welfare keeping in view the consideration of essentiality, mass consumption, nature and stage of growth and stabilisation and production of these drugs. In March, 1983, Government shifted Ethambutol to category II of DPCO 1979. Also simultaneously, its price was revised to Rs. 804 per Kg. However, there were representations from the manufacturers and associations on the question of price and categorisation. These issues were discussed in the meeting taken by the Minister of Chemicals and Fertilisers on 4th May, 1983. The representatives of the manufacturers and medical experts of the TB association of India were present in the meeting. The manufacturers assured the Government that they would continue to sell Ethambutol tablets to the Government, semi-Government institutions and hospitals and other voluntary bodies involved in TB treatment at the price and that they would maintain adequate supplies of the required quantity of Ethambutol tablets for these institutions. Government accepted their offer and reduced the price of Ethambutol tablets,

bulk drug, to Rs. 750 per kg. from Rs. 804 per kg. and shifted back Ethambutol to category III of DPCO 1979 with effect from 4.8.83. The sales of Ethambutol formulations to the institutions are about 50 per cent of the total sales. Besides, there is need to stabilise Ethambutol production in order to achieve self-sufficiency in this vital drug. There is also need to encourage investment in anti-T.B. drugs like rifampycin which is not produced in this country.

MR. CHAIRMAN: How long is your report? It seems to be a report that you are reading.

SHRI R. C. RATH: Sir, I crave your indulgence, I am giving all these facts because the question is so lengthy that the Member may not appreciate if all the factors taken into account by the Government for shifting Ethambutol to category III are not explained.

Mr. Chairman, Sir, the question was, why the shifting of the category was done and for this I have given all the facts which will convince the Member about the necessity of shifting the category. I have also given all the reasons for this. So, if I am permitted....

श्री सभापति : भाई ठहरों तो उनका दूसरा सवाल भी है। आप तो तैयार ही हैं मैं भी तैयार हूँ मगर वक्त तो मिले।

डा० भाई महावीर : आप मिनिस्टर साहब की तरफ से नजर ही नहीं हटा रहे हैं।

SHRI R. C. RATH: Sir, with your permission I want to assure the House that all through my Ministry's effort has been to give due respect to the wishes of this hon. House, keeping into consideration the need of the poor man of the country. In this very House, Mr. Chairman, I gave one or two assurances and in one case I had said that the multi-vitamin prices will be reduced.

MR. CHAIRMAN: I know that it has been done.

SHRI R. C. RATH: Hon. Members aware that this was the think for which

they were so much agitated in the interest of the poor man of the country. So, the price has been reduced. I had given another assurance also. Although it may be out of context, but the idea is to inform the hon. Members of what we have been trying to do.

So, coming to the question again, we are taking steps about 67 anti-T.B. Rifampycin drugs and we are awaiting price reduction shortly.

About the six reader items, I may mention for the information of the hon. Members that we are considering and the price reduction would be to the tune of about 6 to 20 per cent. If you permit me, I can give...

MR. CHAIRMAN: If you drag in all the medicines and formulations, we will be here for 20 years. You speak about these T.B. drugs.

SHRI R. C. RATH: In T.B. there are about 67 drugs and formulation of these Reframpicin...

MR. CHAIRMAN: How long will you take. (Interruptions). You put it on the Table of the House—the whole of the report.

श्री मिर्जा इरशाद बेग अयूब बेग : सभापति महोदय, मेरा प्रश्न यह है कि जब अग्रस्त में कैटेगरी को बदला गया तो इसी के साथ में उसकी कीमतें भी तय कर लेनी चाहिए थीं। कीमतें न तय कर लेने के बावजूद वहां पर ऐसी बात बनी है कि जो भाव की बढ़ती रही है वह 17—30 प्रतिशत जितनी उसकी आगे बढ़ी है।

तो मेरा प्रश्न यह है कि जब कैटेगरी को बदला गया है तब इमिजेटली उसका यह होना चाहिए था कि इमिजेटली अधिकारियों को चाहिये था कि कीमतों को सिचुएशन के मुताबिक कीमतें फोरन तय कर लेनी चाहिए थीं लेकिन यह कीमतें तय नहीं हो पाई हैं। इस वजह

से इसके लिये जिम्मेदार कौन व्यक्ति है और क्या उन जिम्मेदार व्यक्तियों के ऊपर आप कोई जांच करवाना चाहते हैं ? और अगर उन व्यक्तियों पर जिम्मेदारी की बात साबित होती है तो उन पर आप क्या कार्यवाही लेना चाहते हैं ? यह मेरा प्रश्न था ।

और साथ में मेरा यह भी प्रश्न है—आज आपने दूसरे प्रश्न के जवाब में कहा है जो डी एल 2 अमीनों बुटानोन के बारे में है । तो उस बारे में आपने कहा है कि वित्त मंत्रालय के साथ में इसकी बात-चीत जारी है । तो मैं पूछना चाहता हूँ कि कितनी अवधि में इस बाबत निराकरण लाया जायेगा ?

श्री सभापति : टु क्वेश्चन्स—कैटेगरी बदलो ती कोमत क्यों नहीं कम की श्तना छोटा सा सवाल था ।

दूसरा यह है—पहले का जवाब दीजिये फिर मैं आपको दूसरा बताता हूँ चार लफ्ज का क्वेश्चन होता है और चलता है आधा घंटा ।

SHRI R. C. RATH: Sir, all these questions are of purely technical nature and if brief replies are given, I am afraid the hon. Members would not appreciate the circumstances which led to the present position. So, for the information of the hon. Members I had to give all these details and facts. Of course, I did take longer time of the House. So, about this question, the hon. Member need not have any apprehension and there is no point in raising an accusing finger against anybody. I don't think any one is responsible for taking a decision; it is a collective decision. The decision was taken in the best interests of the people. In certain items. We have been depending on total imports. Ethambutal and Refampicin are the most effective anti-TB drugs. Both these items were imported earlier and Refampicin still continues to be wholly imported but in Ethambutol in the last one and a half years the country has moved towards self-sufficiency...

MR. CHAIRMAN: Mr. Minister, it has nothing to do with the question. The question is, when the category was changed, why did you not take the opportunity to reduce the price which has gone up 17 to 30 per cent? And next question is if there has been anybody at fault, are you going to take steps against him?

SHRI VASANT SATHE: I am sorry I thought I would not have to intervene I was trying to avoid that. Sir, when Ethambutol's price as in Category III was Rs. 837, we decided that by bringing it to Category II, the mark-up would be reduced and therefore the price would be reduced and therefore we shifted it to Category II. The price then came down to Rs. 804. But then there was a representation from the industry saying that this will have an adverse effect on production. So I called a meeting of all concerned parties, including the TB Association representatives, we had a long discussion and as a result of that, actually what happened was that the industry agreed to reduce the price further, from Rs. 804 to Rs. 750 by having the category changed again from II to III so that it falls in line with the, other...

MR. CHAIRMAN: Mr. Minister... just a minute. Mr. Sathe, on the day on which this question was put into the Secretariat of the Rajya Sabha, the price reduction had not taken place. If you compare the dates, you will find that. It was on 4th August.

SHRI VASANT SATHE: And when was this question put?

MR. CHAIRMAN: It must have been much before. (Interruptions)

DR. JOSEPH LEON D'SOUZA: It was in March when it was put in both the Houses (Interruptions)

SHRI VASANT SATHE: Sir, if after the question was placed, we have done some thing in the interest of people, Members should be happy about it.

MR. CHAIRMAN: That is what was pointed out. When the question was asked, the rate was Rs. 800 or so; now it is Rs. 700 or something.

SHRI VASANT SATHE: So it has come down. I thank the Members for

raising this question and we have responded to the Members' request and brought it down to Rs. 750.

MR. CHAIRMAN: Quite right.

SHRIMATI MAIMOONA SULTAN: Sir, the pertinent questions have been covered by the hon. Member and a very comprehensive answer has also been given by the Minister and not much is left for me. So I shall be very brief.

I wanted to tell the Minister that we certainly are not going to point an accusing finger against anyone; but we are just studying the finger prints. Now, this is also correct that the incidence of TB in our country...

MR. CHAIRMAN: We all know that. Your question please?

SHRIMATI MAIMOONA SULTAN: I am asking the question. I have to frame the question. Nobody could speak without framing the words. I think Dr. Bhair Mahavir will do it, but I cannot.

Sir, it is a fact that because of the high incidence of TB in our country, the Hathhi Committee report had recommended that anti-TB drugs should be placed in category I so that the mark-up that is given on these drugs does not exceed 45 per cent, with the result that the consumer could get these cheaper and get the treatment for his ailment. Now, for some reason or the other, when Ethambutol came into the market, it was placed in category III and the price shot up. As was pointed out in the House, in March 1980, perhaps, a notification was issued and Ethambutol was put in category II. Again it was pointed out that though the categories are two, the price remained the same. Now, who are the people responsible for the violation of this policy or the commitment of the Minister made in both the Houses of Parliament? Again, Sir, in August this essential drug which is the only drug that is found to be effective to cure TB was put in category III, 100 per cent. That means the consumers will not be able to get treatment for this ailment because it will be beyond their reach. Now, may I know what are the considerations responsible for making this drug so costly? If you permit me, I shall also

put forth one suggestion. Under the advice of the Drug Development Council, in regard to licensing and pricing a committee has been constituted by the Ministry and that consists of officers and representatives of the multi-nationals and so on and so forth. Would the Minister also consider constituting a Committee of Members of Parliament exclusively for having representation from Parliament also so that they could judge whether there is the correct perspective?

SHRI VASANT SATHE: Sir, a very long question but I will make a short answer. I have already said that it was already in category III. We thought that by changing to category II we will compel...

SHRIMATI MAIMOONA SULTAN: It has not come down.

SHRI VASANT SATHE: I can tell you, it did; what we achieved by...

MR. CHAIRMAN: Is it in category III now?

SHRI VASANT SATHE: It is in III.

MR. CHAIRMAN: Why? That is the question.

SHRI VASANT SATHE: The best thing is, ultimately to bring down the price and make it available to the consumer at reasonable prices and also help growth of the industry. Therefore, two things are achieved. By involving the industry...

DR. JOSEPH LEON D'SOUZA: Why... the institutions...

SHRI VASANT SATHE: My dear friend, please allow me.

MR. CHAIRMAN: Just have patience.

SHRI VASANT SATHE: Sir, the best thing was to get the whole industry involved. We brought down the prices. See what we did. For all institutional consumers, Government hospitals and private institutions dealing with TB patients where poor patients come, we took an undertaking from the industry that they will

give it at the old price, which means less than Rs. 750. This 750 which was agreed was for general other consumers who are not covered by the hospitals, other Government bodies, then, all other institutions. So, Sir, the majority of TB patients are covered. But, some rich people who can afford may be able to buy at Rs. 750. This is what we have able to achieve.

SHRI JOSEPH LEON D'SOUZA: Why?

SHRI VASANT SATHE: I have told you why.. (Interruptions) ..Sir, there is no private Indian company, I would like to tell my friends, which is willing to sell Ethambutol formulation for less than 750. Let them come forward. I will accept that.

MR. CHAIRMAN: What offer? Anybody's offer?

SHRI VASANT SATHE: Yes.

DR. M. M. S. SIDDHU: If nobody comes forward, it is the public sector undertaking which should take it over.

SHRI VASANT SATHE: Public sector undertakings are not meant for charity.

DR. M. M. S. SIDDHU: Agreed—they are only to fleece the public. Sir I would like to know what was the retail price when it was under category II and now, after changing it, what is the retail price to the consumer.

MR. CHAIRMAN: Rs. 750.

DR. M. M. S. SIDDHU: No, Sir. Rs 750 is the bulk price. I am asking for the retail price.

MR. CHAIRMAN: But retail price is very difficult to say.

DR. M. M. S. SIDDHU: No. In this category, the maximum price is quoted on the packing. Therefore I want to know the maximum retail price fixed earlier when it was in category II and now when it is in category III.

SHRI VASANT SATHE: Sir, the retail price per tablet is 11 paise instead of being 9 paise. It will be 9 paise for all

the institutions, but for the private consumers it will be 11 paise.

DR. M. M. S. SIDDHU: Sir, one thing more. May I know about the consumption by the hospitals and institutions and the consumption by the private consumers? It is the private consumers who are the bulk buyers.

MR. CHAIRMAN: He would not have these figures ready.

DR. M. M. S. SIDDHU: In tuberculosis hospitals they are not supplying Ethambutol as a routine, and therefore, the consumption in hospitals is much less as compared to what it is in the market.

SHRI VASANT SATHE: It is not correct. Major consumption is in institutions, including Government hospitals. But I do not have the exact figures.

MR. CHAIRMAN: You may not have the figures. But is there anything you can convey to the House after enquiry?

SHRI VASANT SATHE: Sir, he has asked this question. I will try to get the information percentage-wise and communicate.

DR. JOSEPH LEON D'SOUZA: Sir, I am not convinced by the answer given by the hon. Minister. Sir, I seek a clarification from the Minister. There is an important document known as the New Drugs Policy, which is out of a Cabinet decision and is now the policy of the Government. It categorically states the categories of most essential and other drugs. All T.B. drugs during the time when the policy was being framed, without any exception, whether INH or any other drug of Streptomycin, were in category I. It is strange enough that the very latest anti-TB drug—and I speak as a man bailing from the medical profession—that is in vogue today has been kept away from category I. This is the fine policy of the Government.

MR. CHAIRMAN: May I remind that these are not even in category II. The question of category I does not arise.

DR. JOSEPH LEON D'SOUZA: That is the misery of the whole thing. We

were fighting for category I. After a lot of agitation made by hon. Members both of the Lok Sabha and of the Rajya Sabha, the Minister was pleased to notify the amendment to the Drugs Control order in March that it would be brought into category II. But it is strange to find that hardly six months have passed and he has brought an amendment to put it in category III, for reasons unknown to us. Does he mean to say that the Members of both the Houses were asking for something for the poor people which was not justified?

MR. CHAIRMAN: That is not the reason.

DR. JOSEPH LEON D'SOUZA: All right. Naturally because the mark-up went up from 40 per cent to 100 per cent. As a medical man, I have prescribed this drug. And I can assure the House that considering the price it is not within the reach of the poor people. It is within the reach, as the hon. Minister said, of the institutions and hospitals. But, what about the masses, the poor people, 1400 of whom are dying...? (Interruptions) Just one minute. While I am speaking to you, some poor fellow may be dying.

MR. CHAIRMAN: Why don't you seek some clarification?

DR. JOSEPH LEON D'SOUZA: All right, I seek a clarification from the hon. Minister. I am raising a very pertinent point. When other wings of the same Government are reducing the duty, for example, the Customs duty on this drug is reduced from 105 per cent to 25 per cent, giving a relief of 80 per cent, and finally, the Excise duty of 7 1/2 per cent is waived off, why is it not being done in the form of reduced price for the consumers? Madam Prime Minister gave the 20-point programme, 14th of which was an assurance that they would bring these diseases under control. Bring the prices down. One thing is there. When the Government is giving relief, it is giving relief to the profiteers, not to the consumers. That is my whole point.

MR. CHAIRMAN: Let us get to the answer.

DR. JOSEPH LEON D'SOUZA: Sir, according to the New Drugs Policy, it must come in category I. What powers has anybody to put it in another category? Let this question be answered. Otherwise, Sir, let us scrap the Policy. What powers has anybody to put it in another category? Let this question be answered. Otherwise, Sir, let us scrap the policy.

MR. CHAIRMAN: There is no 'otherwise'. Please sit down.

SHRI VASANT SATHE: Sir, even in the new drug policy it was right from the beginning in category III. As I said, we brought it to category II in the hope that because the mark-up will be lower, the price will get lowered. Therefore, my friend is not correct that it should have been in category I. He has jumped from category III to category I.

DR. JOSEPH LEON D'SOUZA: Is it not strange that all drugs are in category III except this one? (Interruptions)

MR. CHAIRMAN: Please sit down Dr. D'Souza.

SHRI VASANT SATHE: Battling.

MR. CHAIRMAN: Nobody can battle with him.

SHRI VASANT SATHE: It is impossible, Sir. I do not know which kind of patients come to Dr. Leon D'Souza.

DR. JOSEPH LEON D'SOUZA: The poorman. I am proud to announce, it is the poor man. I am not bothered about your rich people.

SHRI VASANT SATHE: For those poor men, he can definitely direct them to the institutions...

MR. CHAIRMAN: Nearest institutions.

SHRI VASANT SATHE... where the price is guaranteed to be lower. And it was assured, as said, in the Ministry. And I will read out. There are two things. I agree with his suggestion that the Finance Ministry should waive

the duty on the ingredient of Ethambutol. I have already taken up the matter. The Finance Minister has told me that he will very sympathetically look at it. But in spite of that fact, whether the Finance Ministry will reduce or waive or not, the agreement signed by the representatives of the industry in my presence, Sir, says that it is the understanding...

DR. JOSEPH LEON D'SOUZA: With whom? (*Interruptions*)

SHRI VASANT SATHE: With whom should I negotiate? With you? It is the industry naturally which will abide by whatever they agree to. They say this. I will read out the small agreement which was entered into "The IDMA representatives of the drug industry through its President and his colleagues, have given an undertaking that the Government, semi-Government, local bodies, voluntary organisations, dealing with TB would sell the 200 mg. tablet of Ethambutol at a price not exceeding 0.25 P. per tablet. In fact, the industry would try to reduce this in national interest. It was also assured that the industry would maintain adequate supply of the required quantity of Ethambutol for the institutions at this price. With this understanding and subject to waiver of the customs duty on DL-2 Aminobutanol it is agreed to revert Ethambutol from category II to category III, with this understanding. However, in the event of the Ministry of Finance not waiving the duty or only reducing it partially, to that extent that price of bulk drug will be adjusted. However, the IDMA assures that the price of Ethambutol for Government, semi-Government, local bodies and voluntary organisations dealing with T.B. institutions, shall not exceed 0.25 P. per 200 mg. tablet." I hope, this should satisfy my colleague.

SHRI DINESH GOSWAMI: As a layman, I would like to know only one thing. If the industry was in a position to reduce the price in accordance with the national policy after discussion with the Government, why was this exercise of bringing it to category III and then reverting it to category II and then reverting to category III necessary. Why could the

Government not have discussion with the industry when it was in category III and try to reduce the price? Does it not mean that some of these concerns are making artificially heavy profits, and because of this exercise of categorising up and down which is absolutely unwanted, the price is going skyrocketing? I would like to know what was the rationale behind this exercise. And the point that has not been answered is: is it a fact that other essential items are in Category I? If so, if you consider that these items are essential items, why don't you put it in Category I? This is a question to which a positive answer should come.

SHRI VASANT SATHE: I will begin with the last. Other items are not in Category I, dealing with TB drugs. They are in Category III. As far as the first question is concerned, in fact, we did this as a leverage by bringing it in Category II. I knew that the industry would start coming running down...

MR. CHAIRMAN: And you bound them by an agreement?

SHRI VASANT SATHE: And then I bound them by an agreement by reducing the price.

MR. CHAIRMAN: You are keeping an eye, I hope.

SHRI VASANT SATHE: We are keeping an eye, always.

DR. BHAI MAHAVIR: Sir, although most of the supplementaries have relate to Ethambutol, the question is of cheap medicines for TB patients in general. My question is, is it not a fact that the first line of treatment is by Streptomycin. IN and PAS? So far as Streptomycin is concerned, the price of an injection was F 1.15 in 1980-81, and now it is Rs. 2.4. The hon. Minister referred to public sector plants not being there for charity. Here the price was raised when the Hindustan Antibiotics Limited appealed for a price rise. They sought for a price rise because their working is inefficient there is a mismanagement and they

use old technology. So because of this, the price was hiked from Rs. 1.15 to Rs. 2.44, whereas the international market price is just 70 paise a piece. This is the first point. The second point that I wish to ask the hon. Minister is about Vitamin C. He will agree that Vitamin C is also an essential part of the treatment against Tuberculosis. In this case, because they fixed a higher leader price, the price of the product of Glaxo Laboratories called Celin has also been increased by 50 per cent. Will he kindly look into this? I ask this because so far as H. A. L. is concerned, they have a plant, I am told, where Vitamin C is being produced but the plant worked to the unbelievable capacity of 2 per cent last year. I would like the hon. Minister to confirm or deny this information also.

SHRI VASANT SATHE: Sir, as far as the most effective drug for TB these days, according to the experts who had met me, is concerned, it is Refampicin and we have reduced the price of Refampicin by 26 per cent on a bottle of 12 tablets of 150 mg, by 25 per cent and on a bottle of 100 tablets by 27 per cent. This is the most effective drug.

MR. CHAIRMAN: He was talking about Streptomycin.

SHRI VASANT SATHE: Now about Streptomycin, it is not only the IDPL but all other units which are producing it, which asked for a rise because of the input price increase. We could not help it. What can you do? Otherwise the industry closes down; they don't produce the essential drug. That is why they had to do it. It is examined by experts. They had to recommend an increase in price and we had to agree to that.

DR. BHAI MAHAVIR: Sir, I am sorry, either he does not have all the information, or he is trying to confuse the issue...

MR. CHAIRMAN: The information is quite correct. I don't want to pun...

प्रश्न आप दिक् न करें ।

[اب آپ دیک نہ کریں]†

DR. BHAI MAHAVIR: The point is, Sarabhai Chemicals are producing Streptomycin at a much lower cost. Because HAL asked for a higher price, they have raised the price from Rs. 1.15 to Rs. 2.44. Is this a part of our 20-point programme which aims at providing cheaper drugs to TB patients? And what about Celin? Has the price of Celin not been raised by 50 per cent because you have fixed a higher leader price?

SHRI VASANT SATHE: Who has stopped Sarabhai from selling it cheaper to the people if they have such a great national interest at heart and champions like my friend here?...

DR. BHAI MAHAVIR: Sir, I protest against this type of aspersion. The Minister does not have the real and correct facts and figures to answer, therefore he is taking a plea behind allegations. I do not even know who Sarabhai people are. I have never seen or known anyone. But my information is that they did not ask for a higher price while HAL asked for it; what is this talk of industrial drug manufacturers asking for a higher price and experts advising him, and all that? Where did the experts start advising?

MR. CHAIRMAN: Mr. Minister, please assure the House that in view of the 14 point in the 20-point programme, you will go into this question of all the necessary drugs for TB and see that their pricing is made as low as possible?

SHRI VASANT SATHE: I take your advice and do the needful.

Foreign Shareholding Companies

*382. **SHRI T. CHANDRASEKARA REDDY:** Will the Minister of CHEMICALS AND FERTILISERS be pleased to state:

(a) what are the names of the drug companies having foreign shareholding ranging from 5 per cent to 40 per cent along with the details of shareholdings;

(b) whether it is a fact that most of these companies do not fulfil ratio parameters required under the New Drug Policy; if so, what are the details thereof;

† [] Transliteration in Arabic Script.