

hospitals for the purpose of making recommendations of the Central Government for grant of permission to establish a new college, or to start new course of study, or to increase intake capacity or for grant of renewal of permission and also for recognition of medical courses and also for maintaining the standard of medical education in the recognized colleges/ institutions. The colleges which are found not meeting the requirements as per the regulations are given opportunity to rectify the deficiencies. In such events the colleges are subjected to re-inspection for verification of compliance report by the MCI. The process of inspection continues till the college fulfills all the requirements as per the regulations. According to MCI, inspections of 262 medical colleges were conducted during the year 2005-06 and 2006-07. In addition MCI has also conducted 25 periodical inspections of recognized colleges to ensure maintenance of standard of medical education.

Eradication of communicable diseases

1883. SHRI O.T. LEPCHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government have taken any steps for the eradication of Hepatitis-B, AIDS, Cancer etc. in the country;
- (b) if so, the details thereof and if not, the reasons therefor; and
- (c) the necessary steps being taken by Government to eradicate the above dangerous diseases in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) In order to control spread of the dangerous diseases like Hepatitis-B, AIDS, Cancer etc., this Ministry is operating various National Disease Control Programmes. Details of these programmes are given in the Statement (See below). Information Education & Communication (IEC) components are also incorporated in each of these programmes to facilitate creation of awareness about disease causing factors/life styles.

Statement

Details of National Disease Control Programme

1. HEPATITIS-B

While the general health care delivery system in the country is well

equipped to handle various diseases, Hepatitis-B is effectively tackled through preventive measures including vaccination. The following measures have been taken to prevent infection of Hepatitis-B:-

- Central Government Hospitals personnel at high risk are being immunized against Hepatitis-B. State Governments have also been advised to take similar steps.
- Guidelines have been issued for mandatory testing of blood in blood banks.
- Promotion of safe sex under National AIDS Control Programme is advocated.
- Health awareness campaign regarding dangers of using non-sterile syringes and needles under National AIDS Control Programme are held.
- Guidelines have been issued to State Health Authorities for use of separate sterile syringes and needles for each injection

Vaccine for Hepatitis-B is available in the country at affordable prices

2. HIV AIDS

The Government of India is implementing a comprehensive National AIDS Control Programme as a Centrally Sponsored Scheme for controlling the spread of HIV/AIDS in the country. Under this programme National AIDS Control Organisation (NACO) is focusing on up-scaling the targeted intervention approach among high risk population groups, total awareness particularly among youth and women group, expanding care, support and treatment to needy patients particularly the opportunistic infection management and mainstreaming the HIV interventions strategies.

3. REVISED NATIONAL TB CONTROL PROGRAMME:

Due to epidemiological situation pertaining to TB disease, presently, it is not feasible to plan for its eradication. However, to control TB, with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, the Revised National TB Control Programme (RNTCP) widely known as Direct Observation Treatment System (DOTS), which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the whole country.

Under the programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established. More than 11500 microscopy centres have been established in the country. Treatment Centres (DOT Centres) have been established near to residence of patients to the extent possible. All Government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs) Sub-Centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi Workers, Women Self Group etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment. To improve quality of services, full requirement of Anti-TB drugs and Binocular Microscopes are supplied by the Centre to the States as commodity grant. For undertaking various activities for implementation of RNTCP in the State, funds as grants-in-aid are provided by the Centre to the State TB Societies. To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, Corporate Hospitals, private practitioners and NGOs in the programme.

4. NATIONAL CANCER CONTROL PROGRAMME:

The National Cancer Control Programme was started in 1975-76 with the following objectives:- (a) Primary prevention of cancers by health education regarding hazards of tobacco consumption and necessity of genital hygiene for prevention of cervical cancer (b) Secondary prevention *i.e.* early detection and diagnosis of cancers, for example, cancer of cervix, breast cancer and of the oropharyngeal cancer by screening methods and patients' education on self examination methods, (c) Strengthening of existing cancer treatment facilities, which were inadequate (d) Palliative care in terminal stage cancer.

The scheme has been revised *w.e.f.* 1.1.2005 with the following components:- (1) Oncology Wing Scheme for financial assistance to Government Medical Colleges & Hospitals for procurement of oncology equipment; (2) Regional Cancer Centre Scheme for financial assistance to Government institutions recognised as Regional Cancer Centres (RCC) for developing infrastructure by providing equipments for cancer treatment;

[11 August, 2006]

RAJYA SABHA

(3) District Cancer Control Programme with focus on prevention, early detection etc. providing financial assistance to the nodal agency (RCC/ well developed Oncology Wings in Medical Colleges) of starting DCCP in identified districts in the country in phased manner; (4) NGO Scheme for involvement of NGOs for creation of cancer awareness, early diagnosis, prevention etc. through the RCCs/Government Medical Colleges and (5) New components of IEC and Research activities at Central level.

Cure for Psoriasis

1884. SHRIMATI HEMA MALINI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that recently two dermatologist of Jaipur have been able to identify proper drug/medicine for permanent cure of Psoriasis which was not possible till date; and

(b) if so, what steps Government are taking to make the drug/medicine available to public to get rid of the disease permanently?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) As per information provided by the Indian Council of Medical Research, a news item published in "The Hindu" pertains to the claim by two dermatologists from Jaipur having treated patients of psoriasis by antibiotic drugs such as penicillin and azithromycin. The dermatologists have claimed permanent cure for psoriasis by this treatment, for which only suppressive therapy is available so far. Large-scale clinical trials would be required to validate their claim using these routine antibiotics used in clinical practice.

Veterinary medicines for patients in Safdarjung Hospital

† 1885. SHRI JANESHWAR MISHRA:
SHRI BHAGWATI SINGH:

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

(a) whether it is a fact that the antibacterial drugs used before operation of patients in Safdarjung hospital has been found to be the one used for veterinary purpose instead;

(b) if so, whether it is also a fact that the officers in the hospital are

† Original notice of the question was received in Hindi