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2.	M/s Joy Narayan Medical Hall, Maharani Bazar, Udaipur, South Tripura	Show cause notice issued	No
3.	M/s New Das Medical Hall, Gandacharra Bazar, Gandacharra, Dhalai, Tripura	Show cause notice issued	No

4. **Assam :**

One case reported. Show cause notice has been served to M/s New Drug House, Agra Road, Dist. Goalpara. No report of death due to consumption of expired medicine.

**Practice of prescribing branded medicines in NRHM**

†1738. SHRI BALAVANT ALIAS BAL APTE:

SHRI SHREEGOPAL VYAS:

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

(a) whether it has been assessed that in spite of availability of alternative generic medicines, the practice of prescribing branded medicines is widespread as a result of which implementation of the National Rural Health Mission (NRHM) is getting affected;

(b) if so, the details thereof; and

(c) the steps taken by Government to strengthen NRHM by promoting affordable and equally effective generic medicines in lieu of branded medicines?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) to (c) Yes. The Common Review Mission of NRHM in December, 2009 had observed the practice of prescribing branded drugs even when generic alternatives were available, in a few States.

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. However, access to consumable like drugs in the peripheral health facilities has improved significantly.

Central Government only supplements the efforts of States/UTs in procurement of medicines. NRHM provides for reforms in procurement and logistics to ensure access to essential drugs. NRHM

†Original notice of the question was received in Hindi.

promotes development of Essential Drug List (EDL) for the use of generic drugs and prepared guidelines on Standard Treatment Protocol along with rational drug use.

**Poor conditions for PHCs**

1739. SHRIMATI T. RATNA BAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Primary Health Centres (PHCs) in the country are not in a position to deliver better services;
- (b) if so, the details thereof and the reasons therefor;
- (c) the funds granted and the steps taken to fill the posts at each level during the last three years; and
- (d) the future action plan prepared for the remaining Eleventh Plan especially in the rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) No.

(b) Does not arise in view of (a) above.

(c) Statements showing allocation, release and expenditure of funds under National Rural Health Mission [NRHM] including for filling up of posts on contractual basis at each level during the financial year 2007-08 to 2009-10 is given in the Statement-I (See below).

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.

A comparative Statement showing the availability of staff in year 2005 and Year 2009 and increase in those years is given in the Statement-II (See below).

(d) The rural health care infrastructure is being augmented under NRHM by upgrading the existing health centres and opening of new health centres. The State/UT Governments incorporate their requirements for funds for this purpose in their annual Programme Implementation Plan [PIPs]. These PIPs are examined in this Ministry and funds are released to all State/UTs for actual implementation of plan as per the approval of NPCC.