

Placing of antibiotics under a separate schedule

2233. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Ministry is planning to strictly enforce the requirement that drugs are to be sold only on the prescription of a registered medical practitioner;

(b) whether the Ministry is also planning to place antibiotics under a separate schedule H1;

(c) whether there are about 500 prescriptions drugs already under schedule H, including antibiotics;

(d) whether the Drug Controller General of India (DGCI) had a discussion with the drug consultative meeting recently; and

(e) whether the Ministry is also considering the separate colour code for high-end antibiotics needed only in tertiary care?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) The drugs included in Schedule G & H are required to be sold by retail only under the prescription of a registered medical practitioner.

(b) It is proposed to introduce a new Schedule HX under the Drugs and Cosmetics Rules containing certain antibiotics, anti-T.B. and habit forming drugs to be sold only on the prescription of a Registered Medical Practitioner.

(c) and (d) Yes, Sir.

(e) Certain antibiotics are proposed to be allowed to be supplied to tertiary care hospitals only. Such antibiotics are proposed to be labeled with the following words in a box with red border:

'For use in tertiary care hospitals only'.

Measures to curb population explosion

2234. SHRIMATI VASANTHI STANLEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the percentage of growth in the population of the country, State-wise;
- (b) the main reasons for the fast growth in population in the country;
- (c) what preventive measures are being undertaken to control the explosion of the population in the country;
- (d) whether Government plans to bring out various schemes to educate the people about the population programmes;
- (e) if so, whether any special grants are to be given to States to implement these schemes; and
- (f) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The details are given in the Statement [Refer to the statement appended to answer to USQ No. 2227 (a)].

(b) Major factors influencing population growth are unmet need of Family Planning, Age at marriage and first childbirth and spacing between births.

(c) India adopted a comprehensive and holistic National Population Policy (NPP), 2000, which provides a policy framework for advancing goals and prioritising strategies to meet the reproductive and child health needs of the people and to achieve net replacement level *i.e.* Total Fertility Rate (TFR) of 2.1 by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services with Government, industry and the voluntary non-government sector, working in partnership.

(d) A comprehensive mass media campaign to create awareness about the benefits of small families to the people through Electronic and Print media, has been undertaken. Measures are being taken to increase female literacy as States where the rate of female literacy is high are seen to have a low fertility rate.

Population stabilization is also one of the objectives of National Rural Health Mission (NRHM) launched in April, 2005. It gives a thrust on reduction of infant mortality, maternal mortality and fertility rate and seeks to elicit large scale community participation.

The new initiative of NRHM to engage ASHAs in every village has positively contributed towards households seeking health and family planning services. ASHAs who serve as the link between community and the health system have strengthened the public awareness campaign for family planning services.

The JSK Call Centre on Reproductive, Family Planning and Child Health provides authentic information on issues related to reproductive and child health.

(e) and (f) The Government is providing financial assistance to the States under National Rural Health Mission and other schemes for population stabilization. The schemes are as follows:

- (i) National Family Planning Insurance Scheme was started since November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.
- (ii) Compensation Package for Sterilization was increased in September, 2007 *i.e.* in vasectomy from Rs.800/- to Rs.1500/- and tubectomy from Rs.800/- to Rs. 1000/- in public facilities and to a uniform amount of Rs.1500/- in accredited private health facilities for all categories in all States for vasectomy.
- (iii) Promote acceptance of No Scalpel Vasectomy to ensure male participation.
- (iv) Promote IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.
- (v) Fixed day Fixed Place Family Planning Services round the year encouraged through growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.
- (vi) Increase the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme.
- (vii) The Prena strategy (Responsible Parenthood Practices) of Jansankhya Sthirata Kosh (JSK) aims at promotion of delayed marriage (after the legal age) among girls, by rewarding and publically honouring the women who marry after the legal age and ensure proper spacing in the birth of their children.
- (viii) The Santushti strategy provides private sector gynaecologists and vasectomy surgeons an opportunity to conduct sterilisation operations in Public Private Partnership (PPP).