SHRI RAVULA CHANDRA SEKAR REDDY Sir, apart from conducting free and fair elections, the main request was to see to it that the officers who are actually involved in this should be immediately removed. *(Interruptions)* We have been demanding this for a long time. *(Interruptions)* sir, there should be a high level inquiry...

MR. DEPUTY CHAIRMAN: The Minister has given assurance on all the points which you wanted, especially on conducting elections in a free and fair atmosphere. *(Interruptions)* You know that law and order is a State-subject. He cannot intervene on that. Please sit down. *(Interruptions)*

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, IPS officers, who are involved in the case, are from All India service. There should be a high level inquiry so as to create confidence among the masses. *(Interruptions)*

MR. DEPUTY CHAIRMAN: The Minister has given an assurance on whatever he deems fit. Beyond that, the Chair cannot say. Beyond that Chair cannot say anything...*(Interruptions)...*

SHRI C. RAMACHANDRAIAH: We need not expect anything more than that...*(Interruptions)...*

PRIVATE MEMBERS' RESOLUTION

Need to regulate and control the problem of spurious drug formulation in Government Hospitals (Contd.)

SHRI VAYALAR RAVI (Kerala): Firstly, I fully endorse whatever Shri Manoj Bhattacharya has said. Secondly, I want an answer from the hon. Minister on the sentence: 'The Government should immediately initiate effective...*(Interruptions)* I do not want to repeat what I have already submitted. I fully endorse the views expressed by Mr. Manoj Bhattacharya and we stand by what he has state. The first sentence of the Resolution is that the Government should immediately initiate effective legislative and executive measures. In this connection, I have to submit that the Minister has to do something in this regard. As he knows very well, we do not have any effective machinery. So, what is the effective machinery to control this menace and what is the strength of law in this regard? Let him follow the

example of FBI of the United States, which is one of the strongest institutions, which is very fair and very firm. In a similar way, we must create such an institution to check, control, prosecute or whatever other action it can take. This is one suggestion. I did not want to go into the issue of prices. Mr. Paswan is sitting here. Therefore, I would say that you start with the Report of the Hathi Committee itself. Both of you should work in coordination to see that medicine are available. Lastly, medicines cannot be a monopoly. I would say only one sentence about Kerala. There is a wholesale monopoly group in Kerala. Nobody in Kerala can buy medicine without paying extra money and without their permission. So, people in Kerala demand better medicines. I would like the Minister to have some regulation on these wholesale dealers, which is a corrupt institution. The Minister should ensure that there is no monopoly. Even they do not allow the Kerala Government to purchase medicines without their knowledge. This is a very serious problem, which the people of Kerala are facing. I hope the Minister will look into it. I also hope that the Minister will make a commitment to whatever Mr. Bhattacharya has stated because it is a very, very important issue and we stand by it.

Thank you.

डा. प्रभा ठाकुर (राजस्थान) : उपसभापति जी,मनोज भट्टाचार्य जी ने यह एक बहुत ही महत्वपूर्ण विषय उठाया है ।चूंकि यह एक जनहितकारी और महत्वपूर्ण संकल्प है, इसलिए हम इसका स्वागत करते हैं । आज देश में जो मौत के सौदागर हैं, वे धन के लिए दवा के नाम पर जहर बेच रहे हैं । देश में आज घटिया दवाइयों का, नकली दवाइयो का, आऊटडेटेड दवाइयों का भरमार हैं । आए दिन हम अखबारों में पढ़ते हैं कि कितने ही बच्चे, कितने ही आम गरीब लोग इसका शिकार होता हैं । बड़ी मुश्किल से तो वे इतना मंहगा इलाज करवाते हैं, दवाइयां खरीदते हैं और होता यह है कि मर्ज बढ़ता ही गया , ज्यों ज्यों की, क्योंकि वे दवाइयां ऐसी होती हैं , जो विपरीत असर करती है ।

महोदय, मैं माननीय मंत्री जी से यह कहना चाहूंगी , जो सदन में बैठें हैं, कि वे इस मामले को देखे, क्योंकि जितना विकास होता जा रहा है, तरक्की होती जा रही है, उतने ही ये रैकेट, राष्ट्रीय और अंतर्राष्ट्रीय के जो अमानवीय रैकेट हैं, घटिया दवाएं बचे रहे हैं और लोगों की जिंदगी के साथ खिलवाड़ कर रहे हैं । कई ऐसी फैक्टरियों पर पीछे छापे मारे गए हैं, जहां नकली दवाइयां बरामद हुई हैं, उनमें कार्रवाई हई हैं, लेकिन आप गृह मंत्रालय से पता करके बताएं कि कितने लोगो को साज हुई और कितनी सजा हुई है,तब आपके सामने सारे कानूनों की हकीकत आ जाएगी । चाहे जितने भी कानून बना दीजिए,संविधान में कितने ही अमेंडमेंट्स कर दीजिए, लेकिन होता यह है कि ऐसे

लोगों के हौसले इसलिए बुलंद होते हैं , इसलिए फल-फूल रहे हैं, क्योंकि दरअसल में आपस में मिलीभगत करके ये सब लोग छूट जाते हैं और इन पर कार्रवाई नहीं होती । इसी कारण ऐसे अपराध बढ़ते जा रहे हैं और मैं इस अपराध को हत्या की श्रेणी में रखना चाहूंगी, क्योंकि यह अपराध सफेदपोश लोगों के द्वारा किया जाता है, जो खुद को कहते हैं कि हम बड़े ईमानदार दवा के सौदागर हैं, मानवीय कार्य कर रहें हैं । ...(**व्यवधान**)...

महोदय, सदन में एक महिला बोल रही है, मैं कृपया माननीय सदस्यों का ध्यान इस ओर चाहूंगी, क्योंकि यह एक बहुत महत्पूर्ण विषय है । नकली दवांए और घटिया दवांए बेचने के लिए ये जो गिरोह काम कर रहे हैं, इसमें यह हो ही नहीं सकता है कि मिलीभगत न हो । अब या तो इच्छा-शक्ति की कमी है या फिर कहीं व्यवस्था में कमी है, जिसमें संबंधित अधिकारी, संबंधित जांचकर्ता, इंसपेक्टर , नकली दवा निर्माता , उनके एजेंट, उनके बिक्री करने वाले, पुलिस अधिकारी और डाक्टर, इन सब की मिलीभगत से ये रैकेट चल रहे हैं और यह बात सदन में सभी जानते हैं । महोदय, यह कहा जाता है कि डॉक्टर का एक नोबेल प्रोफेशन होता हैं, लेकिन आज स्थिति यह हो गई है कि प्राइवेट अस्पताल पांच सितारा या तीन सितारा होटलों की तरह हो गएं, जहां गंभीर बीमारियों का आम आदमी तो खैर इलाज करा ही नहीं सकता और कोई गरीब आदमी अगर भूले-भटके किसी निजी अस्पताल में पंहुच भी जाता है ,तो वहां स्थिति यह होती है कि उसे अगर सिर में भी दर्द हो तो डॉक्टर उसे कह देगा कि एम.आर. आई. टैस्ट कराओ । ऐसे अस्पतालों में उनसे मनामानी फीसें वसूल की जाती है, छोटी सी बीमारी को बडा करके कोशिश यह की जाती हैं कि उस गरीब आदमी को भर्ती करके किसी तरह अपना बिल बनाया जाए । जिन लोगों के निजी अस्पताल हैं, उनकी आज यह नीयत हो गई है । मैं कहना चाहूंगी कि यह बहुत गंभीर मामला है और उन प्राइवेट अस्पतालों में गरीबों का इलाज नहीं होता, बल्कि गरीबों को फंसाया जाता है और देखा जाता है कि किस तरह से उनकी जेब काटी जाए । मैं मंत्री जी से जानना चाहूंगी कि उन पर निगरानी करने के लिए, उनकी मॉनिटरिंग के लिए क्या व्यवस्था है ? खुलेआम गरीब या आम आदमी की जेब काटी जा रही है । ब़ड़ी बीमारी की इलाज तो नकली दवाओं के कारण हो नही पाता, मर्ज बढ़ता ही जाता है और गरीब अगर छोटी सी बीमारी वाला भी हैं तो उसे बड़ी राशि का भुगतान करना पड़ता है । छोटी सी बात होगी है, तब भी निजी अस्पताल वाले चाहते हैं कि उसे भर्ती कर लिया जाए ।

मैं मंत्री जी का एक और गंभीर बात की ओर ध्यान आकर्षित करना चाहती हूं कि हम आए दिन अखबारों में बड़े-बड़े विज्ञापन देखते हैं-डायबिटीज़ का इलाज़, अस्थमा का इलाज.अर्थराईटिस का इलाज, ब्लड प्रेशर और सब तरह के इलाज़ । ये सब बड़े-बड़े विज्ञापन इस रूप में आते हैं कि लोगों को पढ़ने में ऐसा लगता है जैसे कि वह अखबार की ही कटिंग हो, वह अखबार का ही हिस्सा हो और जैसे वह जानकारी अखबार की तरफ से ही दी जा रही हो । यह भी एक तरह की चीटिंग हैं ।

आते हैं, क्या उन दवाओं की स्वीकृति हैं ? क्या वे दवाएं पूर्णतया सुरक्षित है ? क्या उनकी जांच कर ली गई है ? क्या उन दवाओं को बेचने के लिए सरकार की तरफ से उन्हें अधिकृत किया गया हैं, स्वीकृति दी गई है ? मैं चाहूंगी कि इस ओर भी सरकार ध्यान दें ।

महोदय, जो जीवनदायिनी दवाएं है, चाहें वे टी.बी. के लिए हों, चाहे कैंसर हों. किडनी या लीवर से संबंधित हों, अस्थमा या इसी तरह की गंभीर बीमारियों के लिए हों, आम आदमी उन दवाओं से वंचित न हो , आम आदमी उन दवाओं से वंचित न हो, इसके लिए बहुत जरूरी है कि सरकार को ऐसी नीति चाहिए जिससे कि उनके मूल्यों पर नियंत्रण हो, वे हर जगह आसानी से उपलब्ध हों और इस देश में गरीब आदमी बिना इलाज के मरने की स्थिति तक न पहुंचे सके । इस बात को सोचने की बहुत आवश्यकता है । महोदय, एक कहावत है – पहला सुख, निरोगी काया, जिसको तकलीफ होती है, वह व्यक्ति जानता है कि शारीरिक स्वास्थ्य क्या चीज हैं ।

इसलिए मै माननीय मंत्री जी से कहना चाहूंगी कि एक तो इसकी पड़ताल होनी चाहिए ताकि नकली दवाओं की रोकथाम हो । लोग तो कबाड़खाने से सिरिंज और वेस्टेज लाकर, बोतलें और शीशियां लाकर उन तक में नकली दवांए भरकर बेच देते हैं । सरकार क्या करती है, प्रशासन क्या करता है, इसको देखने की बहुत जरूरत हैं । यह बहुत गंभीर विषय है, लोगों के जीवन का सवाल है, आदमी के जीवन का सवाल है, इसके ऊपर बहुत ध्यान देकर पूरी गंभीरता से विचार करने की और कड़े कदम उठाएं जाने की जरूरत हैं ।

यह कहते हुए मैं अपनी बात समाप्त करती हूं । धन्यवाद ।

SHRI JAIRAM RAMESH (Andhra Pradesh): I want to make the use of the presence of the Minister to raise two issues and extract an assurance from him that he would give these proposals serious consideration. Firstly, whenever an issue of spurious drugs is considered, whether in Question Hour or whether in Consultative Committee or Standing Committees, the response has always been that this is a State subject and that there are FDAs in every State, the Drug Controller here has limited powers, we can give them money. But ultimately, it is the responsibility of the State Government. I want to ask the Minister a straight question: Is the prepared to come to the House with legislation for setting up a National Food and Drug authority which will have an over-riding responsibility for enforcement of standards on drug purchases and drug distribution; and for once and for all we get away with this charade of the State subject argument that we have been giving for the last thirty years? Will he in the next Session of Parliament come with legislation to establish a National Food and Drug Authority along the lines of the Food and Drug Authority, along the

lines of the Food and Drug Administration in the US and other countries which will have-I underscore the word—'over-riding responsibility,' of course, in association with State Governments, laboratories and so on and so forth but the unifocal responsibility will be that of this National FDI. This is my first request. My request number two is this. Will the Minister give us an assurance that the system of procurement of drugs, which persists in public health systems all over the country, is not based on the lowest tender route? This is okay for building bridges and building roads. But, for procurement of medicines, for heaven's sake, let us not insist, blindly, on the lowest tender route. There must be better systems of procurement. So, is he willing to give us an assurance that in the next two to three months he will review the system of procurement to ensure that only safe and standard drugs are distributed through the public health system? Thank you. (Ends)

श्री विजय जे. दर्डा (महाराष्ट्र) : उपसभापति महोदय, धन्यवाद । सर्वप्रथम मैं श्री मनोज भट्टाचार्य जी को धन्यवाद देता हूं । हमारी सरकार आम आदमी की सरकार है और हमारा नारा भी यही है । क्या मैं मंत्री जी से जान सकता हूं कि क्या वे यह व्यवस्था करेंगे और यहां पर वादा करेंगे कि देश की आम जनता को सस्ती दवाएं दिलवाई जाएं । सस्ती दवा के साथ ही साथ क्वालिटी दवाओं के निर्माण की भी देश में व्यवस्था की जाए । आज सरकारी अस्पतालों में नकली दवांए मिलती हैं, यह बहुत ही चिन्ता की बात है, इसे रोकने के लिए आप क्या करेंगे ? मैं आपसे प्रार्थना करना चाहता हूं कि आप सस्ती और सच्ची क्वालिटी की दवा दें । मैं श्री जय राम रमेश जी का भी धन्यवाद करता हूं क्योंकि उन्होनें वे दो मुद्दे सदन के समक्ष रखे जो बहुत ही अहम है । धन्यवाद ।

DEPUTY CHAIRMAN: They are,really cooperating.

श्रीमती सरला माहेश्वरी (पश्चिमी बंगाल) : उपसभपति महोदय, आप डरिएगा नहीं, मैं भी ज्यादा समय नही लूगीं ।

श्री उपसभापति : नहीं, नहीं , आपको ज्यादा समय देंगे, पूरे पांच मिनट देंगे ।

श्री मती सरला माहेश्वरी : उपसभापति जी, इस सभा कि एक सदस्य होने के नाते , माननीय श्री मनोज भट्टाचार्य जी जिस संकल्प से इस सभा को संकल्पित करवाना चाहते हैं, मैं भी उस संकल्प के साथ अपने आप को प्रतिबद्ध करती हूं, सम्बद्ध करती हूं । जैसा कि इस प्रस्ताव में तमाम महत्वपूर्ण चीजों को और हमारे स्वास्थ्य के साथ किस तरह से खिलवाड़ किया जा रहा है, उन सभी विषयों को बहुत ही महत्व के साथ उठाया गया है और इस पर काफी गंभीर चर्चा भी हुई है, मैं माननीय मंत्री जी से सिर्फ यह कहना चाहूंगी कि यह मनुष्य की जिन्दगी और मृत्यु का प्रश्न है और

इसलिए इस प्रश्न के साथ ढीले-ढाले ढंग से बर्ताव नहीं किया जा सकता । मनुष्य का जो जिन्दगी का सपना है, उस सपने को तोड़ा नहीं जा सकता इसलिए मैं माननीय मंत्री जी से सिर्फ इतना ही कहना चाहूंगी कि

रात और दिन के बीच सपना जिन्दा है ।

मरी नहीं ये दुनिया, अभी जिन्दा है ।

आपको इस बात को साबित करके दिखाना है । धन्यवाद ।

MR. DEPUTY CHAIRMAN: Mr. Bhattacharya, the Minister of Chemicals and Fertilizers is here.

SHRI MANOJ BHATTACHARYA (West Bengal): Sir, he should have been present when the debate started. Because of his absence, I could not take up my issues. I have very important issues. You kindly assure me that you would allow me to raise them.

SHRI DIPANKAR MUKHERJEE (West Bengal): Sir, he has left some points for hon. Minister of Chemicals and Fertilizers. He has to reply to the Resolution. He will place those points then and he will take half-an-hour more, सर, मेरा नाम भी था, उसका क्या हुआ ? क्या आपने मेरा नाम काट दिया ?

श्री उपसभापति : आपका नाम ऑटोमेटिकली कट गया है ।

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): Hon. Deputy Chairman, Sir, firstly, I would like to thank and commend Mr. Manoj Bhattacharya, for bringing this very important issue before this House. I commend him personally for his in-depth preparation in bringing this issue before the House. I also appreciate the pains that he has taken to go deep into research, of the practices and also assurances given in the other House. Today, he has put before me very valid queries. I would be happy to reply to them. Not just that. We are going to take a lot of action not only on these but also on other points raised by other hon. Members. Sinoe this is a very important issue, a very vital issue, and as this issue has been going on for quite sometime in our country, and the credibility of the country is at stake, I would like to clarify what was the situation earlier, what is today and what is going to be in future, on the question of spurious drugs in the country. Before that, I would like to reiterate the commitment of the UPA Government that we have to give a quality health care. And, of course, this issue come under the quality

health care- both qualities of the drugs as well as the prices of the drugs. My colleague, Paswanji, is here. Together, we are for the common man, for the poor people in the country. They need quality as well as cost-effective drugs. That is our foremost concern.

Now, I come to the queries of Mr. Bhattacharya. According to him, one-fifth of the total pharmaceutical industry in the country is spurious. I vehemently deny that. The spurious drug business is a clandestine operation. The Government has been taking steps to prevent such activities. There are two issues-spurious drugs and sub-standard drugs--that are involved in it. The sub-standard drugs are the drugs that are manufactured, following the GMP's norms. But during transportation; or, due to temperature; or, due to light, the quality of the drugs may reduce. These are sub-standard drugs. But the spurious drugs could be a mixture of other drugs, or charcoal, or lime powder, which may cause grievous injury to patients. Nevertheless, both of these practices need to be condemned. We need to eradicate this practice. Mr. Bhattacharya says that this practice is more prevalent in the North India. I accept that this practice is more prevalent in the Northern part of the country. But, then, I deny that one-fifth of the total pharmaceutical industry is spurious. For the last so many year, we have been conducting laboratory testing of drugs. However, this testing has not been sufficient. But, during the year 2001, we had lifted about 38,000 samples of different drugs. In the year 2002, we had lifted about 43,000 samples. And, in the year 2003, we had lifted about 40,000 samples. So, on an average, about 35,000-40,000 samples were lifted. These samples were lifted and tested all around the country. In 2001-2002, there were 96 samples; and in 2002-03, there were 129 samples; and in 2003-04, there were 118 samples; which were found to be spurious, out of 35,000-40,000 samples. This comes to about 0.33 per cent in 2001-02 0.29 per cent in 2002-03; and 0.28 per cent in 2003-04. But, Sir, then I accept that these sample were small in number. We need to lift more samples. I also accept that the infrastructure, human as well as material, for regulating the drug industry is tax. I accept that it is lax. We need to do more on that count. So, we are going in for a number of measures. We will be subsequently informing him as to what measures we would be taking. The Indian pharmaceutical industry is the fourth biggest in the world. It is a growing industry. We have the highest FDI-approved pharmaceuticals in India, outside the US. So, it

is a growing market and this is one of the biggest resources for our economy. We need to regulate that structure because of the quality and worldwide reputation that we have. But without impinging on the functioning of it, we are not going to put spanners into its functioning, we have to regulate it strictly. It is our concern.

So far as the conditions of the drug-testing labs are concerned, I accept that most of the drug-testing labs in the country, both the Central as well as the State labs, need a lot more modernization; modern equipments; personnel, trained in modern amenities. We are engaged in the capacity-building process, with a well-done funding of Rs. 356 crores, which we are putting in, whereby the food as well as the drug labs are being modernized all across the country. We are also putting in more efficient manpower, more professionals into the system.

Sir, I now come to Pharma-co Vigilance Programme. Sir, we have inaugurated a new programme, called, the Pharma-co Vigilance Committee Programme, about a couple of months ago, whereby, we are now trying to go for these ADRs, that is, Adverse Drug Reactions. This Pharma-co Vigilance Committee, basically, comprises of the pharmacology unit in all the medical colleges in the country. We have, roughly, about 233 medical colleges. So, we are using all those resources in the pharmacology departments in these medical colleges, and the professors of pharmacology. Not only they, but, there are pharmacists as well as doctors also. There are a lot of paramedics, Public, NGOs, especially, reputed NGOs are included in the Pharma-co Vigilance Committee Programme, whereby, any drug reaction, occurring due to a drug use, either during the clinical trial phase or during the post manufacturing surveillance phase; PMS phase. So, this should be, immediately, reported to the Pharma-co Vigilance Committee Programme. Then, we will take immediate action against the erring company or the local pharmacist or the local manufactures.

I now come to the issue of used vials. I think, this is totally banned, and nobody can reuse those vials to manufacture that. Since this a clandestine operation, we are taking steps to prevent this also.

An hon. Member mentioned about the WHO issue and the UN issue where they had said, in 2001 that they had thought the issue about the problems of procurement. I would like to get more information from the hon. Member so that we could see what action has been taken. If not, we

will try to take action against the erring pharmaceuticals. But, there was another issue, whereby, people quoted in the Press that the WHO had said that 30 per cent or 35 per cent of the Indian pharmaceuticals are spurious. We asked for a explanation from the WHO, they had denied making any of the statements and they have given us a reply to that, so, these statements are being misquoted in the Press. Again, I would like to deny strongly that WHO did not make that statement.

On the Pharmacopoeial Committees meet, Sir, in 1996, it was initiated, then, subsequently, in 2000 they had one addendum, in 2001-2000, they had one more addendum. Now, this year, Sir, we have now formed a National Pharmacopoeial Commission in the third month of this year. This Commission is going to look into what the whole activity of the pharmacopoeial drugs, and updating all the drugs in the country.

Then comes the issue of drug inspectors and the, so-called, corruption of some of the drug inspectors. I am sure, most of them are efficient and hard working, and there are some black sheep in every sector. Through the capacity building programme we are re-training all the drug inspectors, both the Central as well as State drug inspectors. They are going through a lot of processes of professionalism which is now lacking. So, we are putting in more of professional inputs into the system of training and a lot of seninars have been occurring under that, Sir.

As far as the budget for drug inspectors is concerned, I will let the hon. Member know as soon as possible. I am not having the details now. I will let him know.

As regards the percentage of spurious drugs, which I have mentioned, these are very minimal percentages. But this needs more testing to be done so that we can get comprehensive percentage. Once the world Bank Capacity Building Project,~about which I said more than Rs. 350 crores are being spent in enhancing and modernizing drugs as well as food labs - once that in place, we are confident that about, yearly a minimum of about 1,00,000 samples would be picked up around the country, tested, and then the quantum of these spurious and sub-standard drugs could be ascertained on a daily basis. In that capacity building project, we are having a wide network. We are computerizing the network between the States as well as the Centre. Mr. Jairam Ramesh said, "Whenever an issue comes up, we say it is a State subject." We are not going to say

that, Sir. We are responsible. For both Central and State Governments, we are responsible for that. We are going to take up this issue. There is going to be networking. We are going to have central monitoring on all these issues.

Then I come to the issue of pricing, Sir, which my colleague, Mr. Paswan has raised. As I said earlier, we are reiterating that we have a commitment to the poor people in the country, and we will take all steps that the pricing of the drugs won't be above the normal purchasing capacity of the common public.

And individual problems, which you said, SIMS and NIMS. They are not authorized for the pricing. The SIMS and the NIMS, they are not authorized to have these pricing listed. We do not take into account their pricing on that.

Sir, there is the issue of arbitrary pricing. There was another local issue of Kerala regarding us of latrocol drugs, which is used for breast cancer. Some gynaecologists are using it for infertility and also for ovulation and all that.

Then there is the issue of use of irrational drugs. The pharmacists were being stopped from supplying these drugs to the Kerala Gynaecologists. There are other issues. The Drug Controllers have asked the Gynaecologists not to use these. These are issues which we will be deliberating with the Indian Medical Association, and there are other wider issues which are being still deliberated like Nimesulide and metociopramide. Nimesulide again has been banned in some countries. In finland and spain, the issue was brought up, and they had banned it. Then, the European Commission had taken up the issue. There were a lot of deliberations in India. There was a PIL filed in the High court. A high-level committee was formed, the Drug consultative Committee. They had gone into the issue. They had said that this drug could be used in India. In a lot of developed countries including some countries in Europe, Nimuselide is still used by Paediatircians as well as as adult does. So, it is not that if a drug is banned in one country, it can't be used in other countries. Wo have our own technology, we have our own specialists to go into the merits and the demerits of each and every drug. As I said, one drug phamco genomics could be metabolized with me in a better way, and in Jairam Ramesh another drug could be metabolished in a better way, because it depends on the strength of the body or the capacity of the body. I said it earlier

also. So, these are different issues. There is no drug which is globally banned, and there is no authority who can ban a drug globally. So, according to the individual merits of each country, we take up this. Shri Meena mentioned that licences are not in their names. Sir, we have a policy of loan-licensing patterns. Sir, because of the small-scale manufacturers, we have to consider them. And, in fact, due to the liberalization policy, they are also closing down a lot of their units, and we have to take them provided that they follow the GMP, Good Manufacturing Practices. We are strictly enforcing that. All the Manufacturers have these Good Manufacturing Practice licences. There is a system where they could loan licence. Then, Mr. Natchiappan brought about the patent problems. Sir, again, this is a wider issue where my colleague, Shri Kama) Math, had, in fact, assured in the Parliament, that today 97 per cent of all the drugs come below pre-95 drugs. They don't come under the patent formulation. If any new drug comes, there is system in the Government mechanism whereby there is a fliexibility, and cushioning, whereby we could regulate some of the prices through compulsory licensing, with parallel marketing, and other resources in the Patent Act. Mr. Vayalar Ravi had mentioned whether quality of FDA, Federal Drug Authority, America, could be followed. I would like to answer that later on, when I come to my conclusion. And, about the prices once again, Mr. Paswan is here, and we once again reiterate it. And there is an issue in Kerala where the wholesale dealers have the monopoly. I would, definitely, look into the issue, Sir. In consultation with my colleague, I would look into the issue and see what the Government can do on this issue.

Sir, Dr. Prabha Thakur asked how many people have been prosecuted. Sir, time and again, there are many people who have been prosecuted and, in fact, they have been jailed. In fact, life imprisonment has also been given to them. And, then, she made a query about the advertisement placed in the newspapers. Sir, she is right. There are some misleading advertisements, 'One for cure'. Some hospitals say we cure diabetes, we cure HIV AIDS.' These are different issues, Sir. Some medicines are also advertised like these medicines are used for this therapy and knee problem, and all that. Sir, we are, in fact, amending the Drugs and Magic Remedies Act, so that hospitals could not blatantly say that we are curing this and we are curing that. They should avoid that. Today, Sir,-no prescription drugs are allowed to be advertised in the country. In fact, we are going to

amend the Drugs and Magic Remedies Act for general medicines also, so that the manufacturers can't mislead the common people. So, we are revising all those things. -

Mr. Jairam Ramesh has raised very valid, and important question whether the Government is having any policy on the National Food and Drug Authority; as recommended by the Hathi Committee, way back in 1974, whether there could be an NDA- it is not National Democratic Alliance, but it is a National Drug Authority; and whether they could have that at that time. As the Government could not come to any conclusion, a lot of discussions followed in subsequent Governments.

DR. ANBUMANI RAMDOSS: Sir, I would like to reply to Shri Jairam Ramesh's question. The Government is trying to go in for a National Drug Authority, an independent authority, for drugs in the country. We are already building a Food and Drug Administration Bhawan; about Rs. 15 crores is being spent. The foundation stone was laid about two months ago. Within 15 months, there is going to be a beautiful building where the Drug Authority is going to be place. By such time, we are trying, and we will, bring in an amendment.

There are some recommendations of the Mashelkar Committee. Dr. Mashelkar had made some recommendations in 2003 as to how we could strengthen the drug structure and industry. An integrated food law is about to come and so, we need to delink drugs and food at this point of time.

Sir, apart from the Mashelkar Committee's recommendations, we have already introduced a Bill in this august House for the penal and legal provisions. We are trying to made the laws more stringent. Previously, the penalty was only about Rs. one lakh or ten thousand. Now, we propose that Rs. Ten lakhs should be the penalty for any grievous injuries or hurt caused to the patients. Also, we are trying to make it a cognizable offence. We are trying to have special courts for looking into these offences. We are compounding the measures. We are looking into all these and taking a lot of steps. Once we have deliberated on ail this, we are going to have a committee constituted to look into the recommendations made by the Mashelkar Committee.

Sir, Mr. Jairam Ramesh was talking about the procurement system. We have different parameters for procurement such as the WHO parameters, the UN parameters and also, our own parameters. We have

our own procuring agency, which looks into this aspect. I would like to request Mr. Jairam Ramesh to provide any other inputs, which he could, for the better functioning of these parameters.

Sir, having said this, I would, once again, like to say that the Government is very seriously looking into this very, very vital issue. We have been getting lots of queries on this issue. The country's name is at stake and so, we are taking a lot of measures to prevent and check this menace of spurious drugs.

Once again, I would like to assure this House that we are very committed and we are going to take a lot of steps. I would like to oppose the Resolution given by Shri Manoj Bhattacharya by saying that the Government is taking a lot of steps and is committed, too.

I would request Shri Manoj Bhattacharya to withdraw the Resolution.

MR. DEPUTY CHAIRMAN: Shri Manoj Bhattacharya, are you withdrawing the Resolution?

SHRI MANOJ BHATTACHARYA (West Bengal): Sir, I would do that after saying a few words.

Sir, the Resolution moved by me could not be discussed in its totality, because the hon. Minister for Chemicals and Fertilizers was unable to be present in the House. There must have been some compelling reasons for that. You have, very kindly, assured me that regarding that part of the Resolution, an arrangement may be made so that a Calling Attention Motion could be moved in the forthcoming Monsoon Session.

SHRIMATI SARLA MAHESHWARI (West Bengal): Sir, let the hon. Minister give the assurance in the House.

SHRI MANOJ BHATTACHARYA: Sir, I would just say that this is a very dynamic issue. I would request the hon. Minister for Health & Family Welfare that he may call the interested Members of Parliament and have a meeting with them, because it concerns the people's health. It is a very, very serious matter. The Government of India, today is committed. I must thank the hon. Minister that he has acceded to the points that we have raised. He has also assured that he would be taking steps to take care of our apprehensions. Since he has assured us, and since you have kindly assured that there would be a Calling Attention Motion to take care of the remaining part of the Resolution, I withdraw the Resolution.

5.00 P.M.

I must also thank the hon. Members who have kindly associated themselves with this issue and have expressed their very valued opinions, thank you very much.

The Resolution was, by leave, withdrawn.

(MR. CHAIRMAN in the Chair)

VALEDICTORY REMARKS

MR. CHAIRMAN: Hon. Members, we have come to the close of this 204*' Session of Rajya Sabha which commenced on Friday, the 25th February with Presidents' Address to the Members of both the Houses. As usual, this has been a long Session with interregnum from 25* March to 18th April when the Department-related Standing Committees worked hard to examine the Demands for Grants of various Ministries and Departments.

Being the Budget Session, the prime business of the House related to the Railway Budget and the General Budget of the Union. The House also had this time the opportunity to have a discussion on the Budgets of Goa and Bihar as these States are under President's Rule. Besides the Budget, the House also transacted substantial legislative and other business.

During the Session, 26 Bills were considered and passed or returned. Apart from the Money Bills, the other notable Bills passed by the House were the Patents (Amendment) Bill, 2005, the Code of Criminal Procedure (Amendment) Bill, the University of Allahabad Bill, 2004, the Private Security Agencies (Regulation) Bill, 2005, the Special Economic Zones Bill, 2005 and the most important of all, the Right to Information Bill, 2005. The passing of these Bills would provide improved policy and statutory framework for economic growth as well as better governance for the people.

Hon. Members, it has always been my sanguine hope and wish, as also my very sincere endeavour that the conduct of the business and House should purposefully address the problems of the people. I have, therefore, always actively encouraged and lent full support to discussion and debate on important issues and challenges of overcoming underdevelopment and promoting people's welfare. I am happy that in this