

colleges also learn this system of medicines in their curriculum. This will go a long way. I would like to remind you that two weeks ago we held a 'Health Awareness Week' for the hon. Members of Parliament in the Parliament House Annexe building where 365 Members of Parliament took part. I am very happy to say that it was very successful. We had a huge exhibition and in that more than half of the exhibition was reserved for the traditional systems. We had live demonstration of yoga. A lot of Members had gone there and got themselves examined. We are trying to propagate this system.

Joint study by AIIMS and World Bank

***245. SHRI RAMA MUNI REDDY SIRIGIREDDY:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that according to a study jointly carried out by AIIMS and World Bank, 69 per cent of the injections given at Government hospitals are unsafe and contribute in spreading diseases like AIDS, Hepatitis and Malaria;

(b) if so, the other revelations made by the above study; and

(c) the action that has been contemplated by Government on the outcome of the study?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

The assessment of injection practices in India was carried out by India CLEN programme Evaluation Network under Clinical Epidemiology unit under AIIMS, New Delhi. The study was funded by the World Bank. The draft report has been submitted to the Ministry. The final report is still awaited. One of the findings in the draft report is that 35% of injections given at Government hospitals are unsafe because of improper sterilization, whereas another 34% of injections are unsafe because of wrong injection habits of the injection givers.

Some of the other important findings in the above study are as follows:—

- (i) Approximately 300 crore injections are given every year. The number of injections given to infants (less than one year age) is almost twice as compared to older individuals.
- (ii) An average person receives 3-6 injections per year.
- (iii) 74.5% of the injections are administered/given by using plastic syringes, the rest being given by using glass syringes.
- (iv) Injections given with glass syringes are more likely to be unsafe as compared to those administered with plastic syringes.
- (v) Of the total number of unsafe injections, half of them arise because of improper sterilization, the other half owing to wrong injection habits of the injections givers.

In order to ensure injection safety, the injection givers need to be constantly trained. This aspect is emphasized in the training programme of doctors and ANMs. In order to reduce unsafe injection, the Government has also taken a decision to introduce Auto Disable (AD) syringes in all the immunization clinics and Central Government hospitals from 2005.

SHRI ANAND SHARMA: Sir, Question No. 245 is very important.

SHRI MURLI DEORA: Sir, it is a very important question.

MR. CHAIRMAN: Yes, this a very important question. We will take it up. Shri Murl Deora.

SHRI MURLI DEORA: Mr. Chairman, Sir, according to the reply of the hon. Minister, 69 per cent of the injections given are unsafe. The Minister has further said, "Of the total number of unsafe injections, half of them arise because of improper sterilization." There are two types of syringes; plastic syringes and glass syringes. This happens because of the glass syringes. I would like to know from the hon. Minister whether they would do away with the glass syringes. If they do it, there will not be any need to sterilise syringes. The hon. Minister has just now given the example of America. In America, they hardly use injections now. They have converted themselves to the use of oral medicines. I would like to know from the hon. Minister whether we could also adopt this system. I would also like to say

that such awareness should be created among the medical practitioners in the country.

SHRIMATI SARLA MAHESHWARI: It has come in today's newspaper also.

DR. ANBUMANI RAMADOSS: Sir, I can understand the concern of the hon. Members of this House. In fact, being a doctor, I know what is going on in our systems. Actually, this figure of 69 per cent pertains to the Government hospitals. The overall percentage is 60 per cent, both in the private sector and the public sector. I would like to give a little statistics of the number of injections being used every year. Sir, around 300 crores injections are being given every year. Out of that, 210 crore injections are used in the private sector and 90 crore injections are used in the Government sector. In our immunisation programmes, through the public sector and the private sector together, we are using 28 crore injections every year. There are 75 crore glass syringes in the country and most of them are in the Government sector. Sir, three-four months ago, the Government had taken a decisions that in the coming years. We would have all our immunisation programmes using Auto Disable syringes. This is a turn around in the history of the health sector in our country where the government has taken a policy decision to have safe injection practices. All the children in our country are going to be immunised by Auto Disable syringes in the coming years. After that we are going to take a decision whereby we will be using Auto Disable syringes in all the Government hospitals. I am also going to write to all the Chief Ministers to use Auto Disable syringes in their respective States.

The second part of the hon. Member was about patients being converted to oral medicines in America. Sir, I agree with the hon. Member. In our country, 90 per cent of the injections given could be avoided. There are a lot of reasons for the doctors and practitioners to give injections. Most of them are unethical practices. But we are not in a position to control them. Doctors and practitioners need to follows those practices. Sir, we are trying, to a large extent, to create awareness among the healthcare providers about limiting the usage of syringes.

SHRIMATI AMBIKA SONI: While we welcome the reply of the hon. Minister that in the near future, all auto-disposable syringes...

DR. ANBUMANI RAMADOSS: I said, 'auto-disabled syringe'.

SHRIMATI AMBIKA SONI: Okay, You are meaning you are going to eliminate the chance of infection while giving injections. In recent times, several reports have come out prominently in newspapers and other places that even the disposable syringes are being recycled from the waste which hospitals put out; nobody checks it. I would like the hon. Minister to let us know what stringent measures he has taken in the form of punishment for those enterprises, hospitals, private or Government, who are allowing their disposable stock to be re-cycled at the cost of the common citizen.

DR. ANBUMANI RAMADOSS: Once again I understand the concern of the hon. Member. Now, there are two issues. One is disposable syringe and the other is auto-disabled syringe. Auto-disabled syringes can be used only once. There is a self-locking mechanism whereby in case of vaccination, if you need just half c.c. of vaccine, you can draw only half a c.c. It can't go more than that. So, wastage of vaccine as well as re-usage is not there in an auto-disabled syringe; whereas in the case of disposable syringes, you can use them again. Currently, about 75 per cent of the syringes used in our country are plastic syringes. Most of them are disposable syringes, and they are not to be reused actually. But sometimes they are being re-used. They are supposed to be destroyed as per the guidelines of the Central Pollution Control Board; they have guidelines for disposal of bio-medical wastes, where you have to insulate them. You break the needle; in fact, there are a lot of methods to dispose these like the post-shredding treatment and gravity separation, shredding and using chemical reagents to destroy them. Even though we are supposed to use these, some of them are not doing these things. They try to re-use them again. The only solution is using auto-disabled syringes in our country. The Pollution Control Board is monitoring it strictly. But even then this practice of re-using syringes is going on; especially, when it comes to private users, we cannot monitor them in actual capacity.

डा० नारायण सिंह मानकलाव: सभापति जी, मंत्री जी ने अपने जवाब में बताया है कि हर साल लगभग 300 करोड़ इंजेक्शन लगाए जाते हैं जिनमें से 69 परसेंट, यानी 207 करोड़ लोगों को अनसेफ इंजेक्शन लगाए जाते हैं। ये इंजेक्शन लगाने से HIV/AIDS जैसी जानलेवा बीमारियां होती हैं। सरकारी अस्पतालों में एक तरह से इन इंजेक्शनों के माध्यम से HIV/AIDS जैसी बीमारियां हो रही हैं। मैं जानना चाहता हूं कि क्या मंत्री जी ऐसी किसी योजना पर विचार कर रहे हैं, जिससे

subsidised rate पर ये disposable syringes and disposable needles, पेशेंट्स को, अस्पतालों में available कराई जा सकें ताकि यह बीमारी न हो। आज ही आपने बताया है कि यह बीमारी 35 परसेंट तो manual problems से होती है और 35 परसेंट इन equipments के कारण होती है। इसकी रोकथाम के लिए आपके पास कोई योजना है?

DR. ANBUMANI RAMADOSS: Sir, firstly, I would like to say that 69 per cent of the injections are unsafe only in the Government sector; we give about 90 crore injections. Currently, a glass syringe costs about 80 paise; a plastic syringe costs Rs. 1.50, and an auto-disabled syringe costs between Rs. 2 and Rs. 3. And, when we are going to use it in our country, their cost is going to come down. Once all the State Governments start using it, then, it will be like an ordinary syringe, and everybody has to use it. The only problem is disposing it in a proper manner. That is the only problem we foresee in future, for which the Pollution Control Board and the Environment Ministry, with the active participation of the State Governments, must take a more active role in this.

SHRIANAND SHARMA: Sir, besides injections which are being given in the Government hospitals, as the hon. Minister has said, steps are being taken to use auto-disable syringes, which is commendable, what is equally important is the procurement policy. The Government hospitals procure injections, not only syringes, injections itself, as well as medicines, but, there have been many reports from all over the country that the injections which are administered in the Government hospitals are spurious. There are also reports that some of the medicines which are supplied through the Government system, CGHS and other systems, are substandard or spurious. There is a kind of a racket in purchase and procurement where the suppliers, the L-1, the lowest bidders are given orders and what they supply is not worth human consumption. I want to know from the hon. Minister whether the Ministry will ensure that the procurement policy is streamlined, is made foolproof and the medicines and injections which are made available through the Government hospitals are genuine.

DR. ANBUMANI RAMADOSS: Sir, we already have a system of quality supply of medicines and the monitoring mechanism is already there. What the hon. Member has said is that it needs more enforcement. Sir, today, in the health sector, the Central Government makes all the policies and the State Governments implement it. The State Drug Controller

Authority is empowered to regulate and monitor the policies implemented by the Centre and the drug controlling mechanism. They have their own drug inspectors where they could go, seize and test all test all these equipment.

Sir, on the one side, the pharmaceutical industry is growing at a rapid pace, but, on the other, the monitoring and regulatory mechanism in the Government sector is lagging behind. I accept that. Currently, we are trying to improve this whole system of monitoring and regulatory mechanism at the State level, as well as, at the Central level. We are spending more than Rs. 350 crores in a capacity building process for all the State Government laboratories, testing labs and the Central Government labs of both food and drugs, whereby the system will be modernised and more people will have professional training. So, all these things are going on. Things like procurement of medicines, spurious injections will come under its purview. Even in the Central purchase mechanism, spot testing is there; random sample testing is there.

श्री नारायण सिंह केसरी: माननीय सभापति महोदय, मैं माननीय मंत्री जी की बहुत-सी चर्चाओं से सहमत हो सकता हूँ, लेकिन एक बात कहना चाहता हूँ कि इस देश में दोहरी स्वास्थ्य नीति चल रही है और दोहरी स्वास्थ्य नीति के अन्तर्गत, गरीब आदमी, मजदूर आदमी, एस सी और एस टी का आदमी, नर्सिंग होम अटेंड नहीं कर पाता है। ऐसी स्थिति में मेरा निवेदन है कि सरकार ऐसे सस्ते होम्योपैथिक जैसे अस्पतालों को बढ़ाने के लिए प्रयास क्यों नहीं करती? एलोपैथिक के बारे में यह मैं बहुत सच्चाई के साथ कहना चाहता हूँ कि लोग बड़े भयभीत हैं कि इसका रिएक्शन होता है, अच्छी दवाई नहीं मिलती है, महंगी मिलती है।

श्री सभापति: क्वैश्चन करिए, क्वैश्चन करिए। माननीय सदस्य...

श्री नारायण सिंह केसरी: इस सब बातों को ध्यान में रखते हुए क्या सस्ते होम्योपैथी हॉस्पिटल की तरफ सरकार ध्यान दे रही है?

श्री सभापति: मैं माननीय मंत्री महोदय से निवेदन करना चाहूंगा। ... (व्यवधान) ... मेरी सुन लीजिए। मैं समझता हूँ कि यह इतना गम्भीर प्रश्न है कि इस प्रश्न का..... (व्यवधान) ... सुन तो लीजिए... (व्यवधान) ... ये उत्तर दें या सप्लीमेंटरी क्वैश्चन करें, इससे समाधान नहीं होने वाला है। मैं चाहता हूँ कि आप गवर्नमेंट के पास हाइएस्ट लेवल पर आज जो क्वैश्चन्स पूछे गए, उनको ले जाएं और जो कुछ आपने कहा है, उसके आधार पर निश्चित रूप से ऐसी कार्रवाई करें कि जन-स्वास्थ्य की दृष्टि से व्यक्तियों को किसी प्रकार की हानि नहीं हो। आपने यह अच्छा किया कि

इसका अनुसंधान कराया, लोगों की आंखें खुल गईं। मैं इतना ही कह सकता हूँ कि आपने जो कुछ किया है और जिस तरह की बातें आपने कही हैं, इम्पीडिएटली आपको आगे बढ़ना चाहिए। साथ-साथ मैं यह भी कहना चाहूंगा कि जनता को भी सावधान करना चाहिए। जो बातें आपने यहां कही हैं, जितना भी लिटरेचर या किसी सोर्स से भी हम जनता को जानकारी दे सकते हैं, जनता को जानकारी दें।

SHRI DIPANKAR MUKHERJEE: Sir, he does not want injections at all. (*Interruptions*)

श्री शरद पवार: इसलिए सुपारी और तम्बाकू कम खाना चाहिए।

श्री सभापति: इसका कोई इन्जेक्शन नहीं है।

DR. ANBUMANI RAMADOSS: Sir, I would like to thank you personally for your valuable suggestions. Sir, you said that I have to take this to my highest leader. Sir, literally, once a week my Prime Minister discusses all the health issues with me and he is very much concerned about health issues and there is going to be lot of changes—both policy as well as implementation—in the health sector in the days to come and health concern of ordinary citizen is a priority and we are going to give quality health care. The name 'quality' is going to be there and all the issues we are going to take up in the days to come.

Incentives for Rabi production targets

*246. PROF. ALKA BALRAM KSHATRIYA:†
DR. AKHILESH DAS:

Will the Minister of AGRICULTURE be pleased to state:

(a) whether Government have decided to provide incentives to States for meeting Rabi targets;

(b) if so, the steps being taken and incentives that are being provided to States to meet Rabi targets:

(c) whether any concrete programme of action has been prepared to

† The question was actually asked on the floor of the House by Prof. Alka Balram Kshatriya.