

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The World Bank has not undertaken any health survey *per se* but had commissioned a study to the National Council for Applied Economic Research to understand equity in health service use. This study has revealed that the beneficiaries of government health service are more the rich than the poor. It found that the poorest 20% of the population captured about 10% of the total net public subsidy. The richest quintile benefited three times more than the poorest. Further, the data also showed that the rich are more likely than the poor to use hospital-based services both in-patient and out-patient care though out patient care from PHC facilities showed a pro-poor distribution. Further, benefit incidence at State level showed only Kerala to have pro-poor curative healthcare services while all other States exhibited pro-rich curative services.

The National Rural Health Mission (NRHM) launched by the Government in April, 2005 basically aims at an architectural correction of the health system through strengthening public health management and service delivery and provide effective, accessible and affordable healthcare to the rural population with special focus on States having weak public health indicators and/or infrastructure.

Drug testing facilities

64. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry is working on enhancing the drug testing capacity at the Central and State levels;

(b) if so, the guidelines worked out, so far;

(c) whether Government have finalized any World Bank assisted project with a cost of Rs. 110 crores;

(d) if so, whether Government had signed any MoU in this regard;

(e) if so, the details thereof;

(f) whether the models of public-private partnership and NGO involvement to increase community ownership are also on the cards; and

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(g) if so, the role of these organisations at the Centre and State level?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Yes, Sir. Under the World Bank Assisted Capacity Building Project for food and Drugs, the Ministry is working on enhancing the drug testing capacity at the Central and State levels.

The primary objectives of the project, are to ensure high standards of quality, safety and efficacy of drugs; enhance capacity and capability of laboratories in Central and State Sectors; promote Good Manufacturing Practices (GMP) in industry, ensure uniform enforcement capabilities for State Drugs Regulatory Agencies; train regulatory staff and industry personnel, undertake consumer education, establish appropriate infrastructure for new drug approvals to meet global safety, efficacy and rationality standards, and strengthen surveillance system for adverse drug events.

(d) and (e) The Government of India has signed the Credit Agreement in September, 2003 with the World Bank.

(f) and (g) The project framework envisages increased consumer awareness on drug quality and safe use through consumer organizations and information, education and communication strategy.

Winding up of CGHS

**65. SHRI MANOJ BHATTACHARYA:
SHRI KARNENDU BHATTACHARJEE:**

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

(a) whether the Central Government Health Scheme is being wound up in its present form;

(b) if so, the details thereof and reasons therefor;

(c) the details of any alternative viable scheme evolved in its place;

(d) by when the new scheme is likely to be put in place; and

(e) what provisions have been made therein to ensure quality medical attention to the existing life time beneficiaries who have already made whole-life contribution for the existing CGH Scheme?