

[17 February, 2006]

RAJYA SABHA

BCG (Bacillus Calmetter-Guerin)—Birth

DPT (Diphtheria, Pertussis and Tetanus Toxoid)—6, 10, 14 weeks and at 18-24 months of age

OPV (Polio)—6, 10, 14 weeks & 18-24 months of age and birth dose for institutional delivery

Measles—9-12 months of age

DT (Diphtheria and Tetanus Toxoid)—5 years of age

TT (Tetanus Toxoid)—10 years and 16 years of age

TT—for pregnant woman two doses or one dose if previously vaccinated within 3 years.

(b) and (c) Yes Sir,

i. Hepatitis-B vaccination started in 15 cities and 33 districts in the year 2002-06, on pilot basis. After successful implementation of the pilot project the programme will be expanded to 11 better performing States.

ii. JE-Vaccination campaign in 11 high risk districts in five States has been planned in 2006 followed by integration of the JE vaccine in the Routine Immunization within the same districts.

(d) Does not arise.

Health service for poor

63. SHRI PYARE LAL KHANDELWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a World Bank survey has revealed that beneficiaries of government health services are more the rich than the poor;

(b) whether the poor are being considered while formulation of planning of public health programmes by Government;

(c) if so, the details of the report thereto, and measures proposed to be taken by Government for treatment of the poor people in the country;

(d) whether it is also a fact that the said report cautions against the flows in propagation of health services; and

(e) if so, the details thereof?

† Original notice of the question was received in Hindi.

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