

## RAJYA SABHA

*Thursday, the 19th April, 1962/the 29th Chaitra, 1884 (Saka).*

The House met at eleven of the clock, MR. CHAIRMAN in the chair.

### MEMBERS SWORN

Dr. Jawaharlal Rohatgi (Uttar Pradesh).

Shri Krishna Chandra (Uttar Pradesh).

### ORAL ANSWERS TO QUESTIONS

#### NATIONAL SMALLPOX ERADICATION PROGRAMME

M. SHRI M. P. BHARGAVA: Will the Minister of HEALTH be pleased to state:

(a) when the National Smallpox Eradication Programme is to be launched in 1962;

(b) what would be the main features of this programme; and

(c) the extent to which the programme would be controlled from the Centre?

THE MINISTER of HEALTH (DR. SUSHILA NAYAK) : (a) to (c) A statement containing the requisite information is laid on the Table of the Sabha.

#### STATEMENT

*National Smallpox Eradication Programme and Implementation thereof*

The National Smallpox Eradication Programme was proposed to be launched from February, 1962. Necessary instructions in the matter were also issued to the State Governments on the 3rd January 1962. But a factual survey of the progress made in the various States, however, reveals that only two States namely Madras and Mysore and the Union Territory of Himachal Pradesh have so far started the vaccination prog-

ramme from February, 1962 and the rest of them propose to embark on the programme from September-October, 1962. The reason for delay in launching the programme is stated to be budgetary and personnel difficulties as well as delays in procuring essential supplies and equipment by the State Governments.

2. The salient features of the National Smallpox Eradication Programme are as under: —

- (1) Setting up of a Central Organisation in the Directorate General of Health Services for co-ordination etc. of the programme.
- (2) Setting up of a Headquarters Organisation in each State under an Assistant Director of Health Services in full charge of operations at State level.
- (3) Setting up of district organisations in each State for the execution of mass vaccination campaign, e.g., appointment of supervising medical officers, health educators, vaccinators, inspectors and ancillary staff.
- (4) Procurement of equipment, such as vehicles, lancets, sterilising sets, refrigerators, etc.
- (5) Provision of adequate supplies of smallpox vaccine.

The mass vaccination campaign, if properly organised by the State Governments could be completed in the entire State in two phases, viz.,

- (i) *First Phase:* To cover one half of the districts/area in each State by mass vaccination; and
- (ii) *Second Phase:* To cover the remaining districts/areas of each State by mass vaccination campaign,

Thus, the same staff and equipment could be utilised for the campaign in its two phases.

For the implementation of the National Smallpox Eradication Programme, suitable organisation will have to be set up by the State Headquarters for proper planning, supervision, coordination and evaluation of results. These organisations will have to be set up by the State Governments immediately and continued for a period of about three years.

It is also considered that each unit should be able to cover at least three districts/areas each with a population of not less than 10 lakhs during the two years of the mass vaccination campaign.

3. Necessary steps have been taken by the Central Government for the setting up of a Central Organisation in the Directorate General of Health Services for necessary co-ordination, etc. of the programme. The Government of India have accepted the supply of 250 million doses of freeze dried Smallpox Vaccine as a gift from the Government of the U.S.S.R. The Directorate General of Health Services have made arrangements for its reception, storage and distribution. This gift vaccine is to be received in eight quarterly instalments of approximately 31.25 million doses. The first quarterly instalment has already been received.

4. The financial implications of the programme at the State level are given below.—

- (i) Setting up of headquarters organisation in a State for 3 years @ Rs. 35,000 per annum.
- (ii) Setting up of a District Organisation in a State at an expenditure of—
  - (a) Rs. 72,000—Non-recurring.
  - (b) Rs. 2,08,000 per annum—Recurring.

The pattern of Central assistance to State Governments for the National Smallpox Eradication Programme will be as follows: —

- (i) Non-recurring . . . 100%
- (ii) Recurring . . . 75%

The Central assistance to State Governments will be paid by the Central Government in accordance with the procedure prescribed by the Planning Commission for Centrally aided schemes. The Central and State shares of expenditure will be accommodated within the State Plan ceiling.

A provision of Rs. 688.98 lakhs has\* been made in the Third Five Year Plan for the National Smallpox Eradication Programme. The Government of India have constituted an Advisory-Committee for the purpose. The Committee shall advise the Government on all technical and administrative matters; pertaining to the implementation of the National Smallpox Eradication Programme.

SHRI M. P. BHARGAVA: May I know, Sir, whether there are any localised areas where smallpox cases occur or whether they are all over the country?

DR. SUSHILA NAYAR: Sir, cases of smallpox occur all over the country, but there are certain States where they seem to occur with much greater frequency, and the State of the hon. Member—Uttar Pradesh—is one of those States.

SHRI M. P. BHARGAVA: What is the average number of yearly deaths in the country by smallpox?

DR. SUSHILA NAYAR: I am afraid I do not have the exact numbers, but they run into thousands.

SHRI M. P. BHARGAVA: I see from the statement that only two States have started the scheme. May I know whether the scheme will be taken up by all the States or only by some of the States?

DR. SUSHILA NAYAR: Sir, the scheme was supposed to be taken up by all the States early this year, but they could not start it for reasons of budget, recruitment of personnel and so on. They expect to start it by September.

SHRI FARIDUL HAQ ANSARI: The hon. Minister stated just now that smallpox is very much prevalent in Uttar Pradesh. May I know in which districts of Uttar Pradesh it is mostly prevalent?

DR. SUSHILA NAYAR: At the present time, Six, smallpox cases are reported in about 15 Or 20 districts in U.P. I will supply the list of those districts if the hon. Member so desires.

SHRI A. B. VAJPAYEE: In view of the fact that there is a strong public opinion against compulsory vaccination, may I know if any record is kept of the cases in which death has occurred after vaccination?

DR. SUSHILA NAYAR: Well, Sir, there are rare cases in which smallpox vaccination is known to cause complications, but they are reported to be very rare, one in hundred and fifty thousand or something like that. Record of all such cases, wherever it is possible, is kept. But it is not, as the hon. Member knows that all deaths from all causes are recorded and reported in this country, and therefore, I would not be able to vouch that all deaths resulting from smallpox vaccination are necessarily recorded.

MR. CHAIRMAN: Mr. Morarji Desai, are you for or against vaccination?

SHRI BHUPESH GUPTA: Like prohibition, you mean.

In view of the statement which the hon. Minister made just now that some of the States have not implemented the scheme, may I know whether the Government have instituted an enquiry to find out why this scheme could not have been implemented?

DR. SUSHILA NAYAR: As I have already said, the reasons are that they had not provided for the money in last year's Budget. They had to get it passed by the Legislatures. And after the Budget is passed, the recruitment of the personnel, etc., is necessary.

SHRI BHUPESH GUPTA: That is poor consolation to the victims of smallpox. But may I know why the Government have not taken up the matter with the State Governments when the necessary allocations are not being made for the implementation of this scheme?

DR. SUSHILA NAYAR: Sir, the Directors of some of the States have been invited on the 24th to come and discuss ways and means of expediting this matter.

#### COMMITTEE ON HIGH COST OF MEDICAL EDUCATION

\*2. SHRI M. P. BHARGAVA: Will the Minister of HEALTH be pleased to state:

(a) what are the main recommendations of the expert committee which was appointed to go into the question of high cost of medical education in India;

(b) whether any State Governments have sent their comments thereon;

(c) whether the report of the Committee would be considered at the conference of State Minister of Health; and

(d) what steps Government propose to take to bring down the cost of medical education in the country?

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR) : (a) A statement containing a summary of the main recommendations of the expert committee appointed under the Chairmanship of Col. B. N. Hajra is placed on the Table of the Sabha.

(b) No, Sir.

(c) No decision has been taken so far.

(d) As medical education is a State subject, the recommendations made by the expert committee will be duly considered by the State Governments and economies effected wherever found feasible. A panel for medical colleges and hospitals attached to them has been set up in the Planning Commission under the auspices of the