

(a) whether international agencies have refused to give financial assistance because of irregularities found in health projects in the country;

(b) if so, the details thereof including the reaction of Government thereto;

(c) the action taken by Government in this regard; and

(d) the outcome of such action?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) Government is not aware of any international agencies having refused to give financial assistance in health sector because of irregularities found in the health projects in the country.

(b) to (d) Do not arise.

One-time grant for Government medical colleges in Kerala

3673. SHRI P. RAJEEVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Ministry has received proposal for a one-time grant for supporting State Government Medical Colleges in Kerala with increasing student intake in various para-medical streams; and

(b) if so, the status of this proposal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) Yes, proposals received from Health and Family Welfare Department, Government of Kerala, for supporting State Government Medical Colleges through one-time grant for starting/increasing intake of students in various paramedical streams, have been referred for technical examination to DGHS.

Steps to create awareness of tobacco abuse

3674. SHRI A. ELAVARASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that deaths due to tobacco in India are expected to rise from 1.4 per cent in 1990 to 13.3 per cent in 2020 according to a survey carried out by the Indian Council of Medical Research;

(b) whether it is also a fact that one in every five male deaths and one in every twenty deaths of female are caused by tobacco smoking; and

(c) if so, the details thereof and the steps taken by Government to ensure that tobacco abuse is stopped?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) As per the World Health Organization Report Tobacco or Health: First Global Status Report, Geneva 1996, also quoted in Tobacco Control Report in India, 2004, the estimated tobacco attributable toll will rise from 1.4 percent in 1990 to 13.3 percent in 2020.

(b) As per information furnished by Indian Council of Medical Research, New Delhi, one in every five male deaths and one in every twenty deaths of female are caused by tobacco smoking. The Estimated adult mortality from smoking versus total deaths in 2010 is given in Statement (See below).

(c) Government of India enacted "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA) to protect citizens, with special attention to risk groups such as pregnant women and children, and to discourage consumption of cigarettes and other tobacco products. The salient features of the Act are as under:-

- i. Ban on smoking in public places. (Section 4)
- ii. Ban on direct/indirect advertisement, promotion and sponsorship of tobacco products. (Section 5)
- iii. Ban on sale of tobacco products to children below 18 years & ban on sale of tobacco products within 100 yards of the educational institution. (Section 6)
- iv. Mandatory display of Specified health warnings on all tobacco products. (Section 7)

The National Tobacco Control Programme (NTCP) was launched in 2007-08 with the objective of enforcing the provisions under COTPA, 2003, creating awareness about the harmful effects of tobacco use and as an obligation to FCTC. Presently, the NTCP is under implementation in 42 districts of 21 States. The programme broadly envisages-

National level

- i. National level public awareness/mass media campaigns for awareness building & for behavioural change through various medium.
- ii. Establishment of tobacco product testing laboratories, to build regulatory capacity, as required under COTPA, 2003.
- iii. Mainstreaming the program components as a part of the health delivery mechanism under the NRHM framework.
- iv. Mainstream Research & Training - on alternate crops and livelihoods with other nodal Ministries.
- v. Monitoring and Evaluation including surveillance e.g. Adult Tobacco Survey.

State level

- i. Dedicated tobacco control cells for effective implementation and monitoring of Anti Tobacco Initiatives.

District level

- i. Training of health and social workers, NGOs, school teachers etc.
- ii. Local IEC activities.
- iii. School programme
- iv. Setting up tobacco cessation centres
- v. Monitoring of tobacco control Act.

Statement

The Estimated adult mortality from smoking versus total deaths in 2010

Age range and disease group	Women		Men	
	000s of deaths attributed to Smoking ('000 of total deaths)	% attributed to smoking	'000s of deaths attributed to smoking '000 of total deaths	% attributed to smoking
1	2	3	4	5
Age 20-29	2/280	1	9/319	3
Age 30-69, by cause				
Tuberculosis	14/155	9	120/315	38

1	2	3	4	5
Respiratory disease	26/259	10	109/353	31
Stroke	5/182	3	42/223	19
Heart disease etc.	8/281	3	110/548	20
Neoplasms	9/228	4	67/211	32
Peptic ulcer	2/27	8	11/40	28
Other medical causes	28/730	4	119/851	14
Injuries	0/141	-	0/341	-
Sub total: ages 30-69	93/2002	5	579/2882	20
Age 70+	33/1735	2	219/1628	13
Total ages 20+	128/4017	3	807/4829	17

**Non-indentation of prescribed medicines
by CGHS Dispensary**

3675. SHRIMATI KUSUM RAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the medicines prescribed by the doctors of Dr. RML hospital are not indented by the CMO-incharge of CGHS dispensary, Dwarka, New Delhi;

(b) if so, the reasons therefor; and

(c) by when the CGHS beneficiaries would get the indented medicines as prescribed by the doctors of Dr. RML hospital?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) No. Chief Medical Officer (CMO) Incharge of Dwarka dispensary indents and issues medicines against the prescriptions made by doctors of RML Hospital provided the prescriptions are complete in all respects.

(b) In view of 'a' above, question does not arise.

(c) Indentable medicines as prescribed by doctors of Ram Manohar Lohia Hospital are generally made available to the beneficiaries within 24 to 48 hours of placement of indents.