

No. 21 dated 10th January, 2011, prescribed adoption of trace and track features on the export consignments of pharmaceuticals and drugs using bar code technology effective from 1st July, 2011.

In the light of the representations received from Industry, Ministry of Commerce and Industry to give more time for implementation of the trace and track features in a staggered manner *i.e.* tertiary level packaging *w.e.f.* October 2011, secondary from January 2012 and primary from July, 2012.

The consignments are, however, required to comply with the labelling requirements as required under the Drugs and Cosmetics Act and Rules.

#### **Posting of medical officers in States under CGHS**

3667. SHRI JAI PRAKASH NARAYAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of medical officers belonging to CGHS posted in Delhi, along with their dates of appointment and dates of births, as on 18 August, 2011;

(b) the names of medical officers of CGHS who have never been posted out of Delhi during service;

(c) the names of medical officers of CGHS along with period of stay who remained posted in Jammu and Kashmir, Jharkhand, Chhattisgarh and the North Eastern States; and

(d) whether Government would favourably consider to depute each and every medical officer below 55 years posted in Delhi and who have not worked in these States for at least one year in these States of Jammu and Kashmir, Jharkhand, Chhattisgarh and North East for at least one year for the noble cause of National Integration?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) A statement is at Annexure-I [See Appendix 223 Annexure No.22].

(b) A statement is at Annexure-II. [See Appendix 223 Annexure No. 23].

(c) The information is being collected and will be laid on the Table of the House.

(d) CGHS has no presence in Chhattisgarh. CGHS has limited presence in North East, Jammu & Kashmir and Jharkhand and there is no plan to further expand it. Postings in these CGHS cities are made on administrative grounds and in public interest.

#### **Shortcomings in functioning of CDSCO**

3668. SHRI B.S. GNANADESIKAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India's drug regulatory agency, Central Drugs Standard Control Organisation (CDSCO), does not have efficient system to track the status of faulty or mislabelled drugs and medical devices that are available in the domestic market in the country;

(b) if so, the details thereof and actions taken by Government to make CDSCO equipped with an effective system to find out substandard drugs and medical devices; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) to (c) Under the Drugs and Cosmetics Act, 1940, the regulatory control over the manufacture and sale of drugs is exercised by the State Licensing Authorities appointed by the State / UT Governments. In the case of the drug / medical device declared as not of standard quality, the manufacturer is required to provide information in respect of the status of drugs supplied / distributed by him in the country to the drug regulatory authority. However, on the basis of an Order of the Hon'ble High Court of Allahabad in the Criminal (Misc) Writ Petition No. 16212/2008 - Brahmaji vs State of UP and Others, Government has constituted a Task Force to examine the feasibility of networking and tracking the drugs distribution system in the country from the manufacturer to the retailer to secure the entire supply chain and detect spurious drugs available in the market. Different options through the use of information technology have been considered by the Task Force, including providing bar code on the label of the drugs, for identifying and tracking their movement from the manufacturer to the consumer. The recommendations of the Task Force are to be placed before the Hon'ble Court. The matter is *sub-judice*.