

(c) to (e) A report of a meta-analysis of cardiovascular events in randomised studies of calcium supplements has been published in "The British Medical Journal" which suggests that calcium supplements without co-administered Vitamin-D are associated with an increased incidence of myocardial infarction. The report further suggested that a reassessment of the role of calcium supplements in the prevention and treatment of osteoporosis (porous bone) is warranted. This meta-analysis has various limitations. It excluded comparative studies that compared co-administered calcium and Vitamin D supplements with placebo (formulation without active ingredient).

Another report of a study entitled "Calcium supplementation, cardiovascular disease and mortality in older women" was published in the journal of "Phannacoepidemiology and Drug Safety," 2010, Vol.19. The report undertook an observational analysis of primary care database of UK population to examine the cardiovascular effects of combined calcium and Vitamin-D supplementation and suggested that cardiovascular harm from calcium supplementation alone may either be a chance finding or represent a true biological effect which is protected against by co-supplementation with Vitamin - D. The findings of the said study also suggest that calcium and Vitamin-D supplementation in older women are not harmful. The report further states that these findings should provide reassurance to women and clinicians who decide to start or persist with the calcium and Vitamin-D supplementation for fracture prevention.

Large scale irregularities in implementation of NRHM

2241. SHRI T.M. SELVAGANAPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that Government has cut down funds under the National Rural Health Mission (NRHM) scheme to many State Governments;
- (b) if so, the details thereof;
- (c) whether it is also a fact that during a recent review by a Central team it has revealed large scale irregularities in a number of States in implementation of the scheme; and
- (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) No. Allocations to the States under the National Rural

Health Mission [NRHM] has gone up every year since its commencement in 2005-06. The allocation to the States under NRHM, which was Rs. 4633.39 crore in 2005-06 has increased to Rs. 14263.72 crore during the Financial Year 2011-12. The State-wise Allocation, Release and Expenditure under NRHM for the period 2005-06 to 2011-12 [up to 30th June, 2011 is given in statement. [Refer to the statement appended to answer to SQ No. 283 (Part C)].

(c) and (d) Central teams are sent from time to time to review the utilization of funds in the States. A Central team reviewed fund management under the Mission in Uttar Pradesh during May, 2011 and the major findings are outlined below :

- (i) Irregularity in award of contract for procurement of Emergency Medical Transport Services and Mobile Medical Units, Management of Hospital cleaning and gardening, procurement of safe drinking water and R.O. systems etc.
- (ii) Supply of poor quality of IECBCC material and poor quality of drugs and consumables etc.
- (iii) In respect of civil construction works, there was mere transfer of funds to various State Government agencies without any formal agreement and without any system.
- (iv) Poor monitoring of progress of the civil construction as well as quality of construction, and no action on the defects in constructions pointed out by JEs/ CMOs.
- (v) Non operationalisation of emergency transport services even after procurement of 779 ambulances.

The report and the observations of the Central team were sent to the State Government for necessary remedial action and for further investigations.

Expenditure on health sector in the country

2242. SHRI PARIMAL NATHWANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the public vis-a-vis private expenditure as percentage of GDP on health in India;
- (b) how do this compare with other countries of Asia and Europe;
- (c) the reasons for low public expenditure on health in India; and