

**Parking Facility Outside Orthopaedic OPD in Safdarjang Hospital**

5051. SHRI UPENDRA KUSHWAHA:

PROF. ANIL KUMAR SAHANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is no parking facility for the orthopaedic patients in Safdarjang Hospital;

(b) if so, the steps taken to make suitable parking space available outside the orthopaedic OPD as the vehicles in which the orthopaedic patients are brought to the OPD cannot be parked in the parking lots located at a far away place; and

(c) the reasons for not shifting the orthopaedic OPD from its present location to the main OPD building or nearby?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) there is parking facility available for the Orthopedic Patients in front of the existing Orthopedic OPD at Safdarjung Hospital.

(c) The space available for the Orthopedic OPD in the new OPD block is not sufficient. Moreover, the present location of the Orthopedic OPD is convenient as it is housed on the ground floor. In addition the plaster room, OTs and Ortho wards are located in the close vicinity. Separate special physiotherapy for ortho patients is also arranged in nearby area for comprehensive care.

**Death of Children Due To Measles**

5052. SHRIMATI VASANTHI STANLEY:

SHRI RAJKUMAR DHOOT:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in its recent report WHO has claimed that India has the highest percentage of deaths of children due to measles in comparison to other countries of the world;

(b) if so, the details thereof; and

(c) the action Government proposes to take on the report of WHO and to reduce deaths of children due to measles, substantially, in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes. As per report of World Health Organization India

accounted for 47% of estimated global measles mortality in 2010, During the period 2000 to 2010, mortality due to measles has not increased and in fact it has actually declined, through relatively slowly. Reasons include (1) provision of only one dose of measles vaccine in the Universal Immunization Program (UIP) till September, 2010 (2) Inadequate coverage of children under measles vaccination in many states.

(c) Various measures to reduce deaths due to measles have been initiated which include (1) Introduction of second dose of measles in UIP (2) increased focus on improving full immunization coverage under UIP (3) focus on improving overall nutritional and health status of children.

#### **Implementation of WHO Framework on Tobacco Control**

5053. SHRI HUSAIN DALWAI:

SHRI PARIMAL NATHWANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is committed to implement the WHO framework Convention on Tobacco Control (FCTC);

(b) if so, the details of the steps taken by Government to implement Article 5.3 of the FCTC and its guidelines;

(c) how public health policy is protected from commercial and other vested interests especially from the tobacco industry;

(d) whether Government is considering to bring a legislation based on FCTC Article 5.3 for its inclusion in the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003;

(e) if so, the details thereof; and

(f) if not the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes: Government of India has ratified the WHO-Framework Convention on Tobacco Control (FCTC) in 2004, and is obligated to take systematic steps for reduction in demand and supply of tobacco and tobacco products.

(b) and (c) The public health policies with regard to Tobacco Control are guided by " Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act,