

(b) whether it is also a fact that the prices of drugs used to tackle such nature of TB disease is considerably higher than the normal TB drugs; and

(c) the steps being taken by Government regarding the growing menace of multi drug resistance TB and overpricing of its medicines?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) No, as per the WHO Global Report 2010 there were an estimated 99000 cases of drug resistant TB in 2009 in India. Also as per Drug Resistance Surveillance surveys conducted in Gujarat and Maharashtra it is estimated that the prevalence of Multidrug resistant TB (MDR-TB) is –3% in new cases and 12-17% in retreatment cases and also these surveys indicate that the prevalence of drug resistant TB is not increasing in the country.

(b) Yes.

(c) The Government is taking following steps regarding the growing menace of multi drug resistance TB and overpricing of its medicines.

- (i) The Revised National TB Control Programme (RNTCP) widely known as Directly Observed Treatment Short-course (DOTS), which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the entire country among the urban as well as rural areas.
- (ii) Advocacy for rational use of anti-TB drugs is taken up with the health care providers.
- (iii) Quality-assured diagnosis and drugs for treatment of drug-resistant TB cases are provided free of cost to all confirmed drug-resistant TB cases registered under the programme.
- (iv) Services of network of 43 quality assured culture and drug susceptibility testing laboratories, equipped with rapid diagnostics are being utilized for diagnosis and follow up of drug resistant TB patients across the country.

Reopening of closed vaccine units

1460. SHRI R.C. SINGH:

SHRI D. RAJA:

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

(a) whether it is a fact that the Central Research Institute (CRI) at Kasauli, one of the major vaccine manufacturing public sector undertaking, has restarted production;

(b) if so, the details thereof;

(c) the measures being taken for restarting the other two vaccine manufacturing units *i.e.* the Pasteur Institute of India at Conoor in Tamil Nadu and the BCG Vaccine Laboratory at Chennai which were closed due to not complying with Good Manufacturing Practices (GMP); and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes. Production of vaccines has restarted in the existing manufacturing facility of CRI, Kasauli.

134.55 lakhs doses of DPT vaccine have been produced in CRI Kasauli till date since the revocation of suspension of license in February, 2010.

(c) and (d) Central Government in exercise of its powers under Sub rules (3) of Rule 85 of the Drugs and Cosmetics Rules, 1945, ordered revocation of suspension of the licenses of these Institutes vide order dated 26/2/2010. These Institutes have also been asked to ensure that the production line is made fully compliant with GMP standards within three years.

Production of vaccine has restarted in the existing manufacturing facilities at BCG VL, Guindy and PII, Coonoor.

The upgradation of vaccine manufacturing facilities at BCG VL, Guindy has been approved at an estimated cost of Rs. 64.72 crore. The upgradation of DPT group of vaccine manufacturing facilities at PII, Coonoor has been approved at an estimated cost of Rs. 149.16 crore.

Rising cost of medical treatment

†1461. SHRI RAMCHANDRA PRASAD SINGH:

SHRI RAVI SHANKAR PRASAD:

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

(a) whether it is a fact that the country has witnessed huge rise in cost in the medical system over the years;

(b) if so, what is Government's reaction in this regard;

(c) the increase in this rise in cost in 2011-12 as against 2000-01; and

(d) whether it is also a fact that treatment has been made costly even in Government hospitals on the line of private sector hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) The impact of rising health costs has been engaging the attention of the Government. The Government has taken several steps to provide accessible, affordable and accountable health care facilities to all sections of the people that, *inter-alia* include:

- Launching of National Rural Health Mission with a view to provide accessible, affordable, accountable, effective and quality healthcare services, especially to the poor and vulnerable sections of the population.
- Implementation of programmes for control of communicable and non-communicable diseases.

†Original notice of the question was received in Hindi.