

Mercury in Central Government Hospitals and Health Centers were released by Ministry of Health and Family Welfare in March 2010. The aforesaid guidelines have been included in the Indian Public Health Standards for Health Care facilities as revised in the year 2012.

Central Pollution Control Board (CPCB) has prescribed guidelines for Common Bio-Medical Waste Treatment Facilities as well as for design and construction of Incinerators, environmentally sound management of Mercury Waste generated from HCFs, etc.

Over the last three years, there is a considerable progress in compliance to the BMW Rules in view of the actions initiated by the Ministry of Health and Family Welfare/CPCB/Ministry of Environment and Forests and State Governments in the form of issuing guidelines, organizing trainings or awareness workshops, interactions with the monitoring of Common Biomedical Treatment Facilities (CBWTFs) Operator, directions issued to some of the Health Care Facilities (HCFs) and CBWTFs for violations of the provisions of the BMW Rules.

It is also evident that there is a decrease in quantity of Bio-medical waste generation from 405 tons per day in the year 2009 to 355 tons per day in the year 2010 to which can be attributed to the proper segregation of waste at source of generation of the Bio-medical waste.

Also, as per the annual report for the year 2010, 302 out of 355 tons per day of bio-medical waste generated is treated and disposed of in compliance with the BMW Rules. About 20,228 HCFs are having captive treatment facilities and at present, 188 number of Common Bio-medical Waste Treatment Facilities (CBWTFs) are in operation (17 CBWTFs, under construction) which are providing treatment services to 98,764 number of HCFs.

#### **List of life saving drugs**

†1936. SHRI MAHENDRA SINGH MAHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the medicines included in the list of life saving drugs, prepared by the Ministry during the decade;

(b) whether the list has been published;

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† Original notice of the question was received in Hindi.

- (c) the reasons behind the requirement for preparing the list;
- (d) if the reasons for preparing the list is to reduce the prices of life saving drugs, the reasons for not taking a decision yet; and
- (e) whether the poor families are not able to avail the benefit of life saving drugs because no action has been taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e) There is no such list of life saving drugs. The Government has, however, published a National List of Essential Medicines (NLEM), 2011. The objective of the NLEM is that the drugs included in it are adequate to meet the common contemporary health needs of the general population of the country. It is the general obligation of the health administrators to ensure abundant availability of these drugs in the country. The primary purpose of NLEM is to promote rational use of medicines considering the three important aspects *i.e.* cost, safety and efficacy. Furthermore, it promotes prescription by generic names. The NLEM is revised and updated from time to time in the context of contemporary knowledge of therapeutic products.

The NLEM, 2011 consists of 348 medicines belonging to 27 therapeutic categories such as antineoplastic, anti-cancer, immunological, anti infective Cardiovascular, ophthalmological preparations, Diuretics, anti-allergic etc. Department of Pharmaceuticals under Ministry of Chemicals and Fertilizers have been requested to bring all drugs in NLEM, 2011 under the price control regime of Drugs Price Control Order (DPCO).

#### **Gender-sensitive health policy**

1937. SHRI D. BANDYOPADHYAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether attention of Government has been drawn to the report of the High Level Expert Group on Universal Health Coverage for India wherein there are clear indications of gender insensitivity and gender discrimination undermining the frame-work and principles of Universal Healthcare;
- (b) if so, whether Government framed any gender sensitive health policy to address this problem; and
- (c) if not, the interim measures being proposed/to be taken to deal with this issue?