

Curbing of sub-standard drugs

1639. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the financial and Administrative schemes offered by Government to minimize the manufacture of sub-standard drugs in the country;

(b) the names of the drug companies and their turnover but which have no manufacturing units of their own;

(c) the value and quantity of imported finish medicines that are allowed to be imported by Drug Controller General of India, year-wise, during the last three years and are also being manufactured indigenously and available at low prices;

(d) the number of meetings taken place and issues discussed at Inter-Ministerial groups which are formed as per recommendations of the 45th Report of Parliamentary Standing Committee on Health; and

(e) the reaction of Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) To minimize the manufacture of sub-standard drugs in the country and making the regulatory control more effective, the Twelfth Five Year Plan contains substantial provision for further strengthening the drug regulatory system both at Central and State level.

(b) and (c) The licensing and regulatory control of manufacture of drugs are the subject matter of the State Licensing Authorities and State Drugs Control Departments. The information about the details of the manufacturers are, therefore, not maintained centrally. Further, the Central Drugs Standard Control Organisation (CDSCO) does not regulate the quantum of production of drugs by the drug companies.

(c) As per the available information, the value of all finished medicines imported during the last 3 years is as under:

April 2010- March 2011	Rs. 2591.23 crores
April 2011-March 2012	Rs. 3893.83 crores
April 2012-February 2013	Rs. 3820.40 crores

(d) and (e) The Department of Pharmaceuticals in the Ministry of Chemicals & Fertilisers had constituted a High Powered Inter-ministerial Coordination Committee (HPIMCC) under the Chairmanship of the Secretary of that Department to implement the Government's commitment to provide quality medicines at affordable prices to the public. As per the available information, the first meeting of the Committee was held on 29.3.2010. Based on the decision taken in that meeting, two Working Groups, viz., Working Group for Quality of Medicines and Working Group for Pricing of Medicines were formed. In its second meeting held on 26.6.2012, the HPIMCC considered the suggestions made in the reports of the two Working Groups. Thereafter, the minutes of that meeting and the Reports of the two Working Groups were conveyed to the Ministry of Health & Family Welfare on 14.9.2013. The suggestions are broadly agreeable.

Healthcare system

1640. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether, as per the survey reports of FICCI and HOSMAC, India's healthcare system has failed miserably;

(b) if so, the details thereof and Government's reaction thereto;

(c) the status of India's healthcare system on various parameters, in comparison to many developed or developing nations;

(d) the public *vis-a-vis* private expenditure as percentage of GDP on health in India in comparison with other countries;

(e) whether the healthcare system in rural India is pathetic and needs drastic improvement; and

(f) if so, the steps Government proposes to take to revamp the overall healthcare infrastructure in the country, which has become commercialized rather than a service sector?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) to (c) An independent study was undertaken by the Federation of Indian Chambers of Commerce and Industry (FICCI) and HOSMAC that compares health delivery system in India *vis-a-vis* United States of America (USA), United Arab Emirates (UAE), United Kingdom(UK), China, Brazil, and Singapore, using five health parameters viz.