

श्री मोती लाल वोरा: सर, प्रधान मंत्री जी के कार्यालय को मंत्री जी ने कहा। मुझे इस बात को अफसोस के साथ कहना पड़ रहा है कि एक मरीज, जिसका हॉर्ट का ऑपरेशन होना है, कल मुझे इस बात की चिट्ठी प्रधान मंत्री के कार्यालय से मिली है कि धन की उपलब्धता नहीं है। प्रधान मंत्री के कार्यालय से अगर इस प्रकार का पत्र आया है और उसमें कहा जाए कि धन की उपलब्धता नहीं है, तो मरीज का क्या हाल होगा? ...**(व्यवधान)**...

श्री सभापति: थैंक यू। ...**(व्यवधान)**... प्लीज बैठ जाइए।

श्रीमती रजनी पाटिल: सभापति जी, अस्पताल में भर्ती होना और इलाज करवाना एक आम आदमी के लिए एक दुःस्वप्न हो गया है, एक नाइटमेयर हो गया है। महाराष्ट्र सरकार ने राजीव गांधी आरोग्यश्री योजना के माध्यम से जो गरीब तबके के लोग हैं, बीपीएल के नीचे के लोग हैं उनके लिए डेढ़ लाख रुपए का प्रावधान 900 इलाजों के लिए किया है। क्या केन्द्र सरकार ऐसी कोई योजना बना रही है, जिससे इस देश के गरीब लोगों को डेढ़ लाख या दो लाख रुपए तक की सुविधा मिल सके?

डा. हर्ष वर्धन: माननीय सभापति महोदय, मैंने पहले भी कहा कि केन्द्र सरकार की इसके बारे में पहले से ही व्यापक योजनाएं हैं। गरीब व्यक्ति के लिए स्वास्थ्य मंत्रालय में भी और प्रधान मंत्री कार्यालय में भी एक सिम्पल एप्लीकेशन के तहत एस्टिमेट्स के साथ, अपनी गरीबी के संदर्भ में जो कागजात हैं, उनको देने के बाद, उसका पैसा सैंक्शन किया जाता है। अलग-अलग categories के लिए अलग-अलग slabs हैं। किसी भी गरीब व्यक्ति को पैसे के अभाव में, अगर उसने एप्लीकेशन दी है, तो उसको इलाज से वंचित नहीं रखा जाता है।

Medicines in the formulary of CGHS and Government hospitals

*482. SHRI MOHAMMED ADEEB : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of medicines included in the formulary of allopathic medicines of CGHS and other Government hospitals;

(b) the diseases and ailments for which each of such medicines are used or prescribed, respectively; and

(c) the names of drugs and medicines that can be prescribed over and above the formulary?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN) : (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) and (b) There are two separate formularies, namely generic formulary containing 1447 medicines and propriety formulary containing 622 medicines. These are available on the website www.cghs.nic.in. In allopathic system, medicines have got number of usages in different dosage and combination with multiple indications. It is difficult to indicate the disease and ailment for which each and every medicine can be used. However, the names of medicines in generic formulary contain broad categorization of diseases and ailments for which these can be used. These formularies are being revised to reduce the number of medicines and also to promote generic drugs.

- (c) Instructions are issued from time to time to restrict prescriptions to the medicines listed in the formulary. However, with availability of new and better medicines including chemotherapeutic medicines, at times, Specialists prescribe medicines outside the formulary and these medicines are procured on case to case basis. In addition, life- saving medicines, many of which may not be in the formulary, are also procured. A list of such selected 180 life saving medicines is available on the website www.cghs.nic.in. There is no exhaustive list from where medicines can be prescribed over and above the formularies. The procurement process is being further streamlined to ensure availability of quality generic drugs at affordable prices.

SHRI MOHAMMED ADEEB: Sir, the statement of the hon. Minister says that there are two separate formularies containing 1447 medicines and 622 medicines each. My question to the hon. Minister is this. Have you any mechanism to control the quality of these medicines? There are so many medicines involved in the formulation. I have been told that there is no control on that. This is what is being supplied to CGHS.

DR. HARSH VARDHAN: Sir, for the information of the hon. Member, we are trying to reform the whole system of purchase of these medicines. Firstly, we are going to revise the Essential Drugs List and make it small. Secondly, we are going to promote generic drugs. Wherever a generic drug is available, we are not going to give any preference to a branded drug. Then for procurement also, we are going to introduce a system of two-envelop, whereby there will be a technical bid as well as a rate bid. We will also make sure that drug companies follow the Good Manufacturing Practices. These drug companies will be inspected by people who have credible positions. After one company has qualified the technical bid, the rate bid will be considered and drugs will be purchased through that mechanism to ensure foolproof quality of these medicines. Later on, we are going to have periodic checks on the quality of these drugs. Ultimately, we will make sure that the concern of the hon. Member is addressed appropriately and the drugs which are supplied to CGHS or for that matter to our hospitals, are of absolutely good quality.

SHRI MOHAMMED ADEEB: Sir, the Minister has said that they are going to do these things. But the information I have got is that there are places where it has been found that below standard drugs were supplied and no action has been taken by the Ministry. How many cases of supply of below standard drugs have been detected and what action has been taken by your Ministry?

DR. HARSH VARDHAN: Sir, as I said, if, at all, we get any information, the Department takes action against the concerned company. But we are going to reform the existing system of purchase of drugs in which quality will have precedence over everything else. I can assure the hon. Member, as I said earlier, if any complaint is received, action is immediately taken against the erring persons.

SHRI MOHAMMED ADEEB: Sir, I have asked whether any complaint has been received. The Minister has not replied to it. There are so many complaints which have already been lodged in his Ministry.

MR. CHAIRMAN: The hon. Minister will look into that and let you know.

SHRI D. BANDYOPADHYAY: Sir, some medical practitioners are in the habit of prescribing only commercial names of medicines as a matter of routine. Patients suffer financial loss on that account. Will the Government instruct the medical colleges and schools to teach the students the generic names of common medicines so that they can prescribe those medicines?

DR. HARSH VARDHAN: Sir, we are handling this issue at multiple levels. No.1 is, we are already working on some reforms in medical education where we will, certainly, promote the habit of rational prescribing of drugs amongst medical students, and that habit should start forming at that early stage. Otherwise also, we are going to have multiple workshops for our doctors in all our health facilities, in the coming months, for promoting rational prescribing of drugs. We are also in the process of forming a drug formulary, a pocket one as well as a detailed one, and the framing of standard treatment guidelines which will be given to all our doctors. Now we have instructed that in respect of all resident doctors, house surgeons, or whosoever, who are taken into the system, while they are given appointment letters, there itself, it will be mentioned that they have to ensure that they prescribe the drugs rationally. Simultaneously, we are issuing written instructions to all doctors in CGHS to make sure that their prescribing is rational and that they are prescribing, as far as possible, from the list which is available with the CGHS. Also, in the coming months, you will see that where a generic drug is available, we are not going to allow a branded drug to be there in that list. So, these are some of the few steps which I had mentioned, and if you want, I can elaborate them so as to make sure that the rational prescribing habits of doctors are improved and that they are also regularly monitored.

SHRI SHANTARAM NAIK: Sir, there are some States, including the State of Goa, where there are neither CGHS centres nor dispensaries. The CGHS, as a policy, is supposed to cover all the States and benefit all employees of the Central Government and also Members of Parliament. I would like to know whether the Minister is proposing to have a MoU with any of the reputed hospitals in Goa for the purpose of giving CGHS facility and dispensation of medicines.

DR. HARSH VARDHAN: Sir, if there is a specific request from Central Government employees residing in Goa or from the Government, and if we find that the number of those employees is adequate, then, the Government can always consider the proposal to start a new dispensary there. And that is true for other places also. But there are certain norms according to which CGHS dispensaries are opened at various places. The main criterion is the number of employees which a particular city has.

SHRI ANIL DESAI: Sir, it has been found that doctors, who are there, responsible doctors even in Government hospitals, while treating the patients, tell the patients to move to their private clinics, and then the patient comes to the clinic of the doctor. And, when the medicines are prescribed, instead of going in for generic drugs which go according to the affordability of the patients, it has been found that time and again they have been prescribing branded drugs which are beyond the capacity of the patients and this, directly, affects his health. Also, so many cases have been found where serious lapses have occurred. The problem has become more complex as far as the health of the patient is concerned. Will the hon. Minister take any actions in this regard? And a serious thing, which was reported in one of the T.V. channels yesterday, is that in private clinics, there is a widespread practice of prescribing branded drugs, and for that, open kickbacks are being taken. This has come to the knowledge of the people. So, will there be any action in that regard?

DR. HARSH VARDHAN: Sir, I don't, entirely, disagree with what the hon. Member is saying. It cannot be generalized but, certainly, there are instances where because of old habits, many doctors continue to prescribe branded medicines. And there are, definitely, instances like the one which was reported in some news channels yesterday whereby some doctors are resorting to unethical practices. Earlier also, when there was a report regarding unethical practices of some of the doctors and establishments, we had, immediately, asked the Medical Council to take action through the Ethics Committee. Also, we had formed a very high powered Committee at the Government level to give its Report within six weeks and for the yesterday's appearance on the television channel about some doctors taking something, some sort of an indirect bribe, to prescribe something or to promote some drugs, we have asked our Union Health Secretary, and also the Medical Council of India, once again, to put this issue also in the already existing inquiry for the earlier issue and we will make sure that adequate action is taken against those who are resorting to any of these unethical practices.

Criteria for selection of ASHAs

*483. SHRI TIRUCHI SIVA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the selection criteria for Accredited Social Health Activists (ASHAs) such as educational qualifications and representativeness of local community are not being met in several cases;
- (b) whether an improvement in the quality of the 23 days training schedule for women identified as ASHAs would improve their performance;
- (c) whether an assessment of the information that ASHAs have retained from theoretical and practical training is conducted before they start working in the field; and
- (d) if so, what is Government's action plan to rectify the situation and increase the efficiency of ASHAs?