

[4 August, 2003]

RAJYA SABHA

Director-Professors in the Teaching Sub-cadre of CHS who are eligible to function as the Principal of a Medical College according to M.C.I. norms; and

(b) if so, the pressing reasons to keep a non-teaching Specialist continuing as the Principal of Vardhman Mahavir Medical College in violation of M.C.I. norms?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) Since Vardhman Mahavir Medical College was being set up in Safdarjung Hospital, New Delhi, the Medical Superintendent of Safdarjung Hospital was made the Principal as a temporary arrangement to expedite the process of establishment of the Medical College. However, the issue of qualifications of the Principal being in conformity with the MCI guidelines is being examined in consultation with the MCI.

#### **AIDS Control Programme**

†1546. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have evolved any strategy to treat the patients of AIDS during the last three years;

(b) if so, whether any programme has been formulated for treatment of AIDS patients;

(c) if so, the details thereof; and

(d) the number of cases of AIDS detected in the country, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) Yes, Sir. Government provides free medical treatment to AIDS patients for management of opportunistic infections through the State AIDS Control Societies in Government hospitals. As tuberculosis is the most common opportunistic infection, linkages have been developed with the Revised National Tuberculosis Control Programme in the six high HIV burden

---

† Original notice of the question was received in Hindi.

States to ensure free availability of good quality anti-tuberculosis drugs for HIV/AIDS patients suffering from tuberculosis. Government also provides anti-retroviral drugs for prevention of parent to child transmission of HIV. Anti-retroviral drugs for Post exposure prophylaxis of health care providers in case of accidental occupational exposure have also been provisioned under the NACP.

(d) The State-wise list of the reported number of AIDS cases (cumulative) detected in the country is enclosed as Statement.

**Statement**

*State-wise list of the reported member of AIDS cases (cumulative)  
detected in the country (as on 30th June, 2003)*

Sl. No.	State/UT	AIDS Cases
1.	Andhra Pradesh	3707
2.	Assam	171
3.	Arunachal Pradesh	0
4.	A&N Islands	27
5.	Bihar	152
6.	Chandigarh (UT)	733
7.	Delhi	807
8.	Daman & Diu	1
9.	Dadra & Nagar Haveli	0
10.	Goa	194
11.	Gujarat	2660
12.	Haryana	271
13.	Himachal Pradesh	112
14.	Jammu & Kashmir	2
15.	Karnataka	1707
16.	Kerala	267
17.	Lakshadweep	0
18.	Madhya Pradesh	996
19.	Maharashtra	9234

Sl. No.	State/UT	AIDS Cases
20.	Orissa	82
21.	Nagaland	331
•22.	Manipur	1238
23.	Mizoram	50
24.	Meghalaya	8
25.	Pondicherry	157
26.	Punjab	248
27.	Rajasthan	751
28.	Sikkim	8
29.	Tamil Nadu	24667
30.	Tripura	6
31.	Uttar Pradesh	983
32.	West Bengal	930
33.	Ahmedabad Municipal Corporation	267
34.	Mumbai M.C.	2404
TOTAL:		53171

#### **Tibetan Herbal Medicine Research Centre**

1547. SHRI RUMANDLA RAAMACHANDRAYYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Tibetan Herbal Medicine Research-cum-Treatment Centre is being set up on the outskirts of Visakhapatnam;

(b) which organization is setting up this Centre;

(c) whether Government are providing any help for this Centre; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.