

recommended by the Techno-Economic Working Group set up to evaluate the various sites proposed by State Governments.

(b) No, Sir. The reports from all the three consultants are expected by the end of February, 1975.

Sending of plasma abroad by some agencies of Bombay

452. DR. SARDISH ROY: Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state:

(a) whether the Government are aware that some agencies in Bombay are clandestinely sending plasma abroad; and

(b) if so, the steps taken against those agencies?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. M. ISHAQUE): (a) The Government are not aware of any such clandestine transaction.

(b) The question does not arise

बीड़ी मजदूरों की मजूरी

453. श्री रामावतार शास्त्री : क्या अन्न मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या वर्तमान महगाई को देखते हुए विभिन्न राज्यों में बीड़ी मजदूरों को प्रति हजार बीड़ी पर मिलने वाली मजूरी बहुत कम है और वह भी सभी राज्यों में एक समान नहीं है; और

(ख) यदि हा, तो क्या सरकार ने उनकी समान मजूरी तथा अन्य सुविधायें निश्चित करने के लिए कोई केन्द्रीय कानून बनाने का निश्चय किया है ?

अन्न मंत्रालय में उपजंत्री (श्री बाल-गोविन्द वर्मा) :

(क) जी नहीं। जनवरी, 1973 में आयोजित की गई राज्य अन्न मंत्रियों की बैठक ने समान और अधिक मजदूरों की ओर

रुद्धे कथन के रूप में, बीड़ी मंत्रियों की उस समय की मजदूरियों की बढ़ाने के लिये सिफारिशों की थी। इन्हें करीब-करीब लागू कर दिया गया था। हाल में 27-28 सितम्बर 1974 को नई दिल्ली में हुए अन्न मंत्रियों के सम्मेलन ने और आगे सिफारिश की है कि बीड़ी उद्योग में 1000 बीड़ियों को स्पेटने के लिए वर्तमान न्यूनतम मजदूरों दरों को 4.50 रु० और 5.00 रु० की सीमा के भीतर संशोधित किया जाए और यह कि नई दरें यथाशीघ्र लागू की जाएं तथा हर हालत में 1 मई, 1975 के बाद नहीं। यह भी स्वीकार किया गया कि उपर्युक्त व्यवस्थाएं किसी भी राज्य में वर्तमान अधिसूचनाओं के अन्तर्गत पहले से विद्यमान उच्चतर मजदूरियों पर बिना प्रतिकूल प्रभाव डालेंगी।

(ख) बीड़ी और सीगार श्रमिक (रोजगार की शर्त) अधिनियम, 1966 पहलें ही बीड़ी उद्योग में कल्याण, स्वास्थ्य और अन्य लाभों की व्यवस्था करता है। न्यूनतम मजदूरी अधिनियम, 1948, न्यूनतम मजदूरी के निर्धारण और पुनरीक्षण की व्यवस्था करता है। इसलिए कोई और विधान बनाने का कोई प्रस्ताव नहीं है।

Visit by Shah of Iran to India

454. SHRI MUHAMMED SHERIFF: Will the Minister of EXTERNAL AFFAIRS be pleased to state the nature and outcome talks held between the Prime Minister of India and the Shah of Iran who visited New Delhi in October, 1974?

THE DEPUTY MINISTER IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI BIPINPAL DAS): The Shahanshah of Iran visited India from October 2 to 4, 1974. During this visit the Shahanshah and the Prime Minister of India exchanged views on a number of international issues of mutual interest and on bilateral matters. The two leaders also reviewed and expressed satisfaction at

the progress of their economic co-operation and agreed on further avenues of such cooperation between Iran and India.

A copy of the Joint Communiqué issued at the end of the visit of the Shahanshah of Iran is laid on the Table of the House [Placed in Library. See No. LT-8471/74].

Increase of malaria cases in Delhi

455. SHRI BHOLA MANJHI: Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state-

(a) whether malaria has reappeared in the country in an epidemic form;

(b) if so, the reasons therefor and steps taken to prevent it;

(c) whether Government are aware of the fact that malaria patients get wrong treatment; and

(d) if so, what Central Government have done for it?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. M. ISHAQUE): (a) and (b). There has been a considerable increase in the incidence of malaria from 1971 onwards. The main reasons for this increase *inter-alia* are:

1. Difficulties in the timely procurement and distribution of insecticides in adequate quantities;
2. Development of resistance to conventional insecticides by certain types of mosquitoes in some areas;
3. Development of resistance to certain anti-malaria drugs in some parts of the country;
4. Shortage of certain anti-malaria drugs, for which raw materials are to be imported;

5. Rapid urbanisation and industrialisation resulting in creation of more mosquitogenic conditions.

The National Malaria Eradication Programme is periodically reviewed and State Governments are advised to take necessary remedial measures as found necessary. Advance action is being taken to procure insecticides. The capacity for the indigenous production of DDT and BHC and anti-malaria drugs is being increased. Research is being intensified to discover alternative insecticides and anti-malaria drugs.

(c) No. The drug regime recommended under the National Malaria Eradication Programme is being followed.

(d) Does not arise

Threat by World General Medical Council to de-recognise Indian Medical Council

456. SHRI DEVINDER SINGH GARCHA:
SHRI NARENDRA SINGH:
SHRI R. S. PANDEY:
SHRI DHAMANKAR:

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

(a) whether the General Medical Council of the World has threatened to de-recognise the Indian Medical Council if it continues to lower the standards of medical education in India; and

(b) if so, what improvements are sought to be made in the system to match with the world standards?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. M. ISHAQUE): (a) and (b). As far as Government of India are aware, there is no organisation known as the General Medical Council of the World. However, there is a General Medical