(b) if so, the details thereof;

(c) whether the Government propose to import petroleum products, crude oil and lubricants during the current year to bridge the gap;

(d) if so, the cost in foreign exchange involved in the imports and the extent to which the gap between demand and supply is likely to be met as a result thereof;

(e) whether there is also a proposal to raise external borrowing for funding the imports;

(f) if so, the details thereof; and

(g) the overall impact on the domestic prices of petroleum items with the imports?

THE MINISTER OF STATE IN THE MINISTRY OF PETROLEUM AND NATURAL GAS (SHRI SANTOSH KUMAR GANGWAR): (a) to (f) The approved Oil Economy Budget (OEB) 1998-99 envisages import of 36.953 MMT crude oil and 23.266 MMT Petroleum products based on the indigenous crude production of 32.792 MMT and crude processing of 67.858 MMT. Depending upon the requirement of quantum of imports, Indian Oil Corporation raises external borrowings for import of POL on a regular basis. During April-September, 1998 IOC raised short term external commercial borrowings of US $2481 million. The total foreign exchange requirement as envisaged in the approved Oil Economy Budget for 1998-99 is to the tune of US$ 8418.1 million.

(g) The Government had decided to dismantle the Administered Price Mechanism in the petroleum sector in phases. Consequently, for all petroleum products other than MS, SKO, LPG, HSD and ATF, oil companies have been allowed to fix the prices based on market consideration effective from 01.04.1998. The consumer price of HSD has been decided to be fixed on import parity basis.

Introduction of Comprehensive Health Insurance Scheme

1557. SHRI K.P. MUNUSAMY:
SHRI PRASAD BABURAO TANPURE:
SHRI S.S. OWAISI:
SHRI CHETAN CHAUHAN:

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

(a) whether the Indian Medical Association has requested the Union Government to raise the health care expenditure from three per cent of GDP to six per cent;

(b) if so, the details thereof;

(c) whether the Association has also suggested to open health insurance sector to private sector;

(d) if so, the other suggestions made by the Association;

(e) whether these steps are commensurate with the NHRC recommendation of right to health as one of the basic human rights; and

(f) if so, the details thereof and the steps taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Yes, Sir. According to World Development Report, 1993 India spends 6% of GDP on Health which represents both the public sector expenditure as well as private sector expenditure on health.

(c) and (d) The Indian Medical Association has made various other suggestions like opening up of health insurance sector, Custom Duty exemption for import of specialised medical equipments etc.

(e) As per National Human Rights Commission right to health is one of the basic human rights. However, the Commission has taken up specific issues connected with human right to health such as quality assurance in mental health care, iron deficiency of pregnant women, malnutrition, the right of disabled etc. These specific issues are not covered under the IMA recommendations.

(f) After several consultations with private sector health providers and others, efforts are underway to articulate a sound and sustainable policy enabling effective utilisation of services of private sector.

Given the problems being faced in the USA and other countries in the area of health insurance, possibilities

are being explored for introducing third party insurance in consultation with Insurance wing of Ministry of Finance.

Custom duty exemptions for import of medical equipment given in the past as well as allotment of land at concessional rates for hospitals have not yielded desired benefits to poor patients.

As per the Ministry of Industry, parity of hospitals with core/infrastructure industries would lead to dilution of emphasis on the infrastructure industries if social sectors are included within the infrastructure sector. Also, health Organisations are unlikely to set up health facilities in the backward areas due to several constraints like non-availability of specialists, paramedics, nurses and low return on investment.

Child Prostitution

1558. SHRI SHANKAR PRASAD JAISWAL:
SHRI MOINUL HASSAN AHAMED;

Will the Minister of SOCIAL JUSTICE AND EMPOWERMENT be pleased to state:

(a) whether the commercial prostitution among the children is increasing;

(b) if so, the percentage of sex workers comprising of minor children in flesh trade, State/UT-wise;

(c) whether any steps have been taken to rehabilitate minor girls and other sex workers;

(d) if so, the details thereof; and

(e) the steps taken against induction of child workers in the flesh trade?

THE MINISTER OF STATE OF THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT (SHRIMATI MANEKA GANDHI): (a) to (e) The information is being collected and will be placed on the Table of the House.

[Translation]

Allocation of Funds under the Child Care/Safe Motherhood Programme

1559. SHRI NARENDRA BUDANIA:
SHRI SURESH CHANDEL:

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

(a) the funds allocated to the states under the child survival and safe motherhood programme during each of the last three years till date;

(b) the details of programmes covered thereof; and

(c) the steps taken for proper implementation of these programmes in the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) A statement showing allocation of funds to States under Child Survival and Safe Motherhood (CSSM) Programme during the last three years is enclosed. Consequent upon launching of the Reproductive and Child Health Programme during 1997-98, the CSSM Programme has now been incorporated into the Reproductive and Child Health Programme (RCH) and therefore no separate allocation for the CSSM Programme has been made during the current year.

(b) The main programmes covered under the CCSM Programme were Universal Immunization Programme. Prophylaxix against nutritional anaemia, Prophylaxix against Vitamin A deficiency, Oral Rehydration Therapy Programme, Acute Respiratory Infection Programme and programmes for safe motherhood and new born care.

(c) For ensuring proper implementation of the CSSM Programme in the country, the implementing staff at various levels the state, district and community level, were trained in the strategies and interventions of CCSM. Drugs and equipment were supplied and the staff were also trained to use the same.

To check the coverage and quality of the interventions, the Department also undertook coverage evaluation surveys, apart from regular monitoring and periodical evaluations of the programme at district, State and Central levels.