14 COMMITTEE ON GOVERNMENT ASSURANCES (2014-2015)

SIXTEENTH LOK SABHA

FOURTEENTH REPORT

REVIEW OF PENDING ASSURANCES PERTAINING TO MINISTRY OF HEALTH AND FAMILY WELFARE (DEPARTMENT OF HEALTH RESEARCH)

Presented to Lok Sabha on 23 *July,* 2015

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LOK SABHA SECRETARIAT
NEW DELHI

***June*, 2015/*Jyaistha*, 1937 (*Saka*)**

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(2014-15)

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2. Shri U.B.S. Negi — *Director*
3. Shri T. S. Rangarajan — *Additional Director*
4. Shri Nagendra Suman — *Committee Officer*

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* The Committee was constituted *w.e.f.* 01 September, 2014 *vide* Para No. 633 of Lok Sabha Bulletin Part-II, dated 02 September, 2014.

** Nominated to the Committee *vide* Para No. 1281 of Lok Sabha Bulletin Part-II, dated 05 February, 2015.

INTRODUCTION

I, the Chairperson of the Committee on Government Assurances, having been authorized by the Committee to submit the Report on their behalf, present this Fourteenth Report of the Committee on Government Assurances.

2. The Committee (2014-15) at their sitting held on 30 October, 2014 took oral evidence of the representatives of the Ministry of Health and Family Welfare regarding pending assurances upto the 15th Lok Sabha pertaining to the Department of Health Research.

3. At their sitting held on 08 June, 2015, the Committee (2014-15) considered and adopted their Fourteenth Report.

4. The Minutes of the aforesaid sittings of the Committee form part of this Report.

5. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the Report.

NEW DELHI;
8 *June*, 2015
18 *Jyaistha*, 1937 (*Saka*)

DR. RAMESH POKHRIYAL "NISHANK"
Chairperson,
Committee on Government Assurances.

REPORT

I. Introductory

The Committee on Government Assurances scrutinizes the assurances, promises, undertakings etc., given by the Ministers from time to time on the floor of the House and report the extent to which such assurances, promises, undertakings have been implemented. Once an assurance has been given on the floor of the House, the same is required to be implemented in a period of three months. The Ministries/Departments of Government of India are under obligation to seek extension of time required beyond the prescribed period of fulfilment of the assurance. Where a Ministry/Department is unable to implement an assurance, they are bound to request the Committee for dropping it. The Committee consider such requests and approve dropping, in case, they are convinced that grounds cited are justified. The Committee also examine whether the implementation of assurances has taken place within the minimum time necessary for the purpose and the extend to which the assurances have been implemented.

2. The Committee on Government Assurances (2009-10) took a policy decision to call the representatives of the various Ministries/Departments of the Government of India, in a phased manner, to review the pending assurances, examine the reasons for pendency and analyze operation of the system prescribed in the Ministries/Departments for dealing with assurances. The Committee also decided to consider the quality of assurances implemented by the Government.

3. The Committee on Government Assurances (2014-15) decided to follow the well established and time tested procedure of calling the representatives of the Ministries/Departments of Government of India, in a phased manner and review the pending assurances. The Committee on Government Assurances (2014-15) took a step further and decided to call representatives of the Ministry of Parliamentary Affairs also as all the assurances are implemented through them.

4. In pursuance of the *ibid* decision, the Committee (2014-15) invited representatives of the Ministry of Health and Family Welfare (Department of Health Research) and the representatives of the Ministry of Parliamentary Affairs to render clarifications with respect to delay in implementation of the pending assurances made upto 15th Lok Sabha. The Committee examined the following 21 assurances during the sitting of the Committee held on 30 October, 2014:—

Sl. No.	SQ/USQ No. dated	Subject
1	2	3
1.	SQ No. 380 dated 20.4.2005 (Shri Kirti Vardhan Singh, M.P.)	Guidelines for use of stem cell (Appendix-I)
2.	USQ No. 2490 dated 22.07.2009	Lead in paint products (Appendix-II)
3.	USQ No. 1480 dated 27.11.2009	Cases of heart diseases (Appendix-III)
4.	USQ No. 1516 dated 27.11.2009	Stem cell research and therapy (Appendix-IV)
5.	USQ No. 4792 dated 18.12.2009	Metal Content in toys (Appendix-V)
6.	USQ No. 3575 dated 16.4.2010	Effect of contaminated Toys on Child Health (Appendix-VI)
7.	USQ No. 230 dated 26.07.2010	Chinese toys in Indian Markets (Appendix-VII)
8.	USQ No. 5147 dated 27.08.2010	Surrogacy (Appendix-VIII)
9.	USQ No. 5256 dated 10.12.2010	Study of Epidemiology (Appendix-IX)
10.	USQ No. 1502 dated 04.03.2011	Lead in paints (Appendix-X)
11.	USQ No. 2109 dated 12.08.2011	Fertility clinics (Appendix-XI)
12.	USQ No. 4704 dated 04.05.2012	Research to control vector-borne diseases (Appendix-XII)
13.	USQ No. 4744 dated 04.05.2012	ART bill (Appendix-XIII)
14.	USQ No. 4750 dated 04.05.2012	Medical research (Appendix-XIV)
15.	USQ No. 7072 dated 18.05.2012	Transfer of ICMR Land (Appendix-XV)
16.	USQ No. 412 dated 23.11.2012	Neglected tropical diseases (Appendix-XVI)

1	2	3
17.	USQ No. 444 dated 23.11.2012	Cancer risk near thermal stations (Appendix-XVII)
18.	USQ No. 460 dated 23.11.2012	Toxic substances in paints (Appendix-XVIII)
19.	USQ No. 3613 dated 14.12.2012	Stem cell research and therapy (Appendix-XIX)
20.	USQ No. 4212 dated 22.03.2013	Sickle cell disease control programme (Appendix-XX)
21.	USQ No. 2373 dated 23.08.2013	Fertility clinics/agencies (Appendix-XXI)

5. The Extracts from Manual of Practice and Procedure in the Government of India, Ministry of Parliamentary Affairs laying guidelines on the definition of an assurance, the time limit for its fulfilment, dropping/deletion and extension, the procedure for fulfilment etc., besides maintenance of Register of Assurances and periodical reviews to minimize delays in implementation of the assurances are reproduced at Appendix-XXII.

Observations/Recommendations

6. The Committee note that out of 21 pending assurances pertaining to the Ministry of Health and Family Welfare (Department of Health Research), one assurance at Sl. No. 1 is pending for nearly a decade since 2005. Four assurances from Sl. No. 2 to Sl. No. 5 are pending for around five years and another four assurances from Sl. No.6 to Sl. No. 9 are pending for 4 years or more. The remaining assurances are pending from one year to 3 years. The inordinate delay in fulfilment of the assurances clearly reflects that little attention is being given by the Ministry in the matter of implementation of assurances. The review of the pending assurances also indicate that the existing mechanism put in place by the Ministry is not effective in facilitating timely implementation of the pending assurances. The Committee are deeply concerned over the extent of pendency and are of the view that the utility and relevance of an assurance are lost if there is inordinate delay in the implementation of the same. The Committee, therefore, recommend that the existing mechanism/ system may be strengthened and streamlined with a view to avoiding inordinate delays in the implementation of the pending assurances. The Committee also observe that lack of coordination with the Ministry of Parliamentary Affairs, the nodal Ministry, is one of the major reasons behind delays in the implementation of certain assurances. The Committee, therefore, desire that the Ministry should adopt a pro-active approach and coordinate with Ministry of Parliamentary Affairs for early/timely implementation of the pending assurances.

II. Review of Pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health Research)

7. During oral evidence of the Ministry of Health and Family Welfare (Department of Health Research) held on 30 October, 2014, the Committee examined 21 pending assurances up to 15th Lok Sabha. The Starred/Unstarred Questions and replies thereto treated as assurances are given at Appendices I to XXI. Some of the important assurances critically scrutinized by the Committee are given in the succeeding paragraphs.

A. Lead in Paints

(i) USQ No. 2490 dated 22 July, 2009, regarding Lead in Paint products and reply thereto reproduced at Appendix-II;

(ii) USQ No. 1502 dated 04 March, 2011 regarding Lead in Paints and reply thereto reproduced at Appendix-X; and

(iii) USQ No. 460 dated 23 November, 2011 regarding Toxic substances in Paints and reply thereto reproduced at Appendix-XVIII.

8. In reply to USQ No. 2940 dated 22 July, 2009, it was stated that lead in paints had already been banned in many developed countries. A study by an NGO "Toxics Link" conducted in 10 developing countries including India, Sri Lanka and other African countries found high level of lead (more than 600 ppm) in enamel paints in almost 65% of samples. The maximum level of lead found in India was 49,592 ppm in one of the enamel paints. In this context, it was assured that data on the steps taken by the Government to effectively regulate or ban lead in paint products would be collected and laid on the Table of the House. A similar assurance of collecting the information and laying on the Table of the House was made in reply to USQ No. 1502 dated 04 March, 2014 which involved equally important issue of approved permissible limits of presence of metallic content in decorative paints and connected studies undertaken by various organizations including the remedial measures taken by the Government. Subsequently in November, 2012, in response to USQ No. 460, the Committee were again assured that the information on aspects relating to reported cases of manufacturing and marketing of paints with high/more than permissible limits of lead and other toxic substances and the steps taken by the Government thereon, were being collected and would be laid on the Table of the House.

9. On the status of assurances, the Ministry explained the position in writing as under:—

> "Bureau of Indian Standards (BIS) has informed that there are 61 Indian Standards on paints out of which 27 standards prescribe the limit of lead. Eight Indian Standards out of 27 Indian Standards on Paints in which the limit for Lead has been specified are given licences under the Certification scheme of BIS on voluntary basis. 51 licences pertaining to these eight Indian Standards were

issued. BIS has received 380 test reports pertaining to 51 licences in the last 3 years and current year and none of the samples was found failing in the requirement of Lead content. No Licence has been granted for ECO Mark on paint so far."

10. During the course of evidence, the Secretary of the Ministry explained the position as under:—

"Sir, the assurance has been fulfilled. There was an assurance to regulate the lead content in the paints. That has been done by Bureau of Indian Standards. Orders for 61 Indian Standards on paints have been worked out, 27 have already been laid out, and they have already issued licences to 51. They have followed the matter for three years. They have taken 380 samples from them."

11. On being observed by the Committee that views given by the experts have to be followed, the representative of the Ministry responded as under:—

"Sir, these standards are actually formulated through the Technical Committee in which we have participation of experts from the industry, from Government organizations, from individuals. They participate in the Technical Committee and on the basis of their deliberations the standard is formulated and these levels are prescribed."

12. On being pointed out that the assurance was about the steps taken to regulate or ban toxic lead being manufactured or marketed in the country, the representative of the Ministry replied as under:—

"Sir, there are 61 standards of paint products. From these 44 standards have been identified as they come under decorative and household use. Out of that as per international standards, lead content has been specified in 37 standards. Standards prescribed by us are at par with international requirement."

The representative further added as under:

"Sir, these Standards are not mandatory, they are voluntary in nature. The Government will take decision on this."

13. In this context, the representative of the Ministry of Consumer Affairs (Department of Consumer Affairs) and Department of Industrial Promotion and Policy clarified as under:—

"Sir, Question No. 2 has not been referred to us. Question No. 10, which is on the same subject, has been referred to us. As regards the issue of implementation is concerned, Shri Das is trying to tell that after making these, the powers of its implementation are not with the Bureau, till the time it is not mandatory."

14. The Committee were informed in December, 2014 that the implementation statements on the assurances made in reply to USQ No. 2940 dated 22 July, 2009 and USQ No. 460 dated 23 November, 2011 have been laid on the Table of the House *vide* SS-20/1/10.12.2014 and SS-7/5/10.12.2014 respectively.

Observations/Recommendations

15. The Committee note that lead in paints had already been banned in many developed countries. A study by an NGO "Toxics Link" conducted in 10 developing countries including India, Sri Lanka and other African countries found high level of lead (more than 600 ppm) in enamel paints in almost 65% of samples. The maximum level of lead found in India was 49,592 ppm in one of the enamel paints. In this context, it was assured that information on the steps taken by the Government to effectively regulate or ban lead in paint products would be collected and laid on the Table of the House. A similar assurance of collecting the information and laying on the Table of the House was made in reply to USQ No. 1502 dated 04 March, 2014 which involved equally important issue of approved permissible limits of presence of metallic content in decorative paints and connected studies undertaken by various organizations including the remedial measures taken by the Government. In November, 2012, in response to USQ No. 460, the Committee were again assured that the information on aspects relating to reported cases of manufacturing and marketing of paints with high/more than permissible limits of lead and other toxic substances and the steps taken by the Government thereon, were being collected and would be laid on the Table of the House.

The Committee were informed that the Bureau of Indian Standards (BIS) is responsible to regulate lead contents in paints. According to BIS, there are 61 Indian Standards on paints out of which 27 standards prescribes the limit of lead. Eight Indian Standards out of 27 Indian Standards on Paints in which the limit for Lead has been specified are given licences under the Certification scheme of BIS on voluntary basis. 51 licences pertaining to these eight Indian Standards were issued. BIS had received 380 test reports pertaining to 51 licences and none of the samples was found failing in the requirement of Lead content. The Committee were also informed that out of 61 standards of paint products, 44 standards come under decorative and household use. However, the Committee regret to note that Bureau can not enforce prescribed standards of lead contents in paints unless and until the prescribed standards for the same are made mandatory. The Committee are of the strong view that since lead contents in paints are health hazardous, the same need to be strictly regulated as per international standards. It is, therefore, imperative that prescribed standards which are hitherto voluntary are made mandatory and enforced effectively by BIS in the country.

The Committee, however, note that the assurances pertaining to USQ No. 2490 dated 22.07.2009 and USQ No. 460 dated 23.11.2011 have since been fulfilled by the Ministry and the Implementation Report of the assurances have since been laid on the Table of the House in December, 2014. The Committee are, however, surprised to note that the similar assurance given in response to USQ No. 1502 dated 04.03.2011 has not been implemented. This only shows the casual approach of the Ministry and lack of effective supervision and coordination in implementation of the pending assurances pertaining to them. The Committee,therefore, desire that the assurance be fulfilled forthwith and the implementation report be laid on the Table of the House without any further delay.

B. Cases of Heart Diseases

USQ No. 1480 dated 27 November, 2009, regarding Cases of Heart Diseases and reply thereto reproduced at Appendix-III.

16. The assurance in reply to USQ NO. 1480 dated 27 November, 2009 primarily pertains to collection of information on the funds allocated to the States and spent by them to reduce the risks of heart diseases. The assurance had been partly implemented and part implementation report was laid on the Table of the House on 18 August, 2011.

17. In a written note, the Ministry have furnished a statement showing the release and expenditure of 10 States for National Programme for Prevention and Control of Diabetes, Cardiovascular diseases and Stroke. The Committee were apprised that the information pertaining to the expenditure incurred on heart diseases is still awaited despite being vigorously pursued with the concerned Division in the Department of Health and Family Welfare.

18. During the course of evidence, the Secretary of the Ministry explained the position as under:—

> ".....The main issue was that how many people were affected with heart diseases..... on this research was undertaken in 1990, 1998 and thereafter again in between we monitored this till 2004. .....in this we undertook study in the whole country and found that this has increased consistently.
>
> Secondly, the main issue was that the Government had launched a National Programme for prevention and control of Diabetes, Cardiovascular Diseases and Strokes (NPDCS) in 2008 and thereafter what happened in rural areas of the States? Separate data were needed for these areas. We have been unable to collect this data from all States. I will personally deal with Chief Secretaries of the State Governments."

19. When the Committee observed that the funds are being given by the Ministry but they are not asking as to how much funds have been spent and if the funds have not been spent then why it was not spent and where that fund is, the Secretary of the Ministry responded as under:—

> "Sir, we admit our shortcomings. We have been asking other Department that you inform us after ascertaining as the funds are allocated by them. We have not dealt with directly. That is our deficiency. We are admitting that. This work will now be dealt with by us."

Observations/Recommendations

20. The Committee note that the assurance given in reply to USQ No. 1480 dated 27 November, 2009 primarily relates to collection of information on the funds allocated to the States and spent by them to reduce the risks of heart diseases. The Committee are distressed to note that this assurance is pending for the last more than 5 years simply because the Ministry has failed to collect the requisite information from the States. This clearly explains the lack of seriousness, coordination and lackadaisical approach of the Ministry in dealing with the assurances which is highly

deplorable. The Secretary of the Ministry was candid enough to admit that they were too dependent upon other Department for the information. The Committee are of the strong view that if the Government of India provides funds to the States under National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke, then it is imperative for the States to furnish the requisite information without any delay. However, if the requisite information is not being given by the States then nothing prevented the Ministry to raise the issue at the highest level or in the meetings of Health Secretaries of the States or States Health Ministers conference, to get the requisite information from them. The inordinate delay for more than five years in collecting the requisite information from the States clearly indicate that no serious and concerted efforts have been made by the Ministry on the issue. The Committee strongly deplore their casual approach and their failure to accord priority to the issue. The Committee, therefore, recommend that the Ministry should actively and vigorously pursue the matter with all concerned and collect the requisite information from the States so that assurance on the issue be fully implemented without further delay.

C. Metal Content in Toys and its impact on Children Health

21. The Committee then reviewed the assurances made in reply to the following Unstarred Questions involving the issue of metal content in toys, their impact on children health and threat from unsafe and hazardous Chinese toys available in Indian Markets:—

(i) USQ No. 4792 dated 18 December, 2009 regarding Metal content in Toys and reply thereto reproduced at Appendix-V;

(ii) USQ No. 3575 dated 16 April, 2010 regarding Impact of toxic toys on health of Children and reply thereto reproduced at Appendix-VI; and

(iii) USQ No. 230 dated 26 July, 2010 regarding Chinese toys in Indian markets and reply thereto reproduced at Appendix-VII.

22. In response to the above three USQs, it was stated that the Ministry of Health and Family Welfare has constituted an expert committee constituted under the chairpersonship of Dr. Y.K. Gupta, Professor of Bio-chemistry of All India Institute of Medical Sciences (AIIMS), New Delhi to look into the presence of harmful elements in toys. Under the guidance of the Committee, a study for examining the presence of some heavy metals and phalates in the plastic toys in the market is underway.

23. In its written reply, the Ministry has stated the status of the assurance as under:—

> "ICMR has informed that report of the committee constituted by the Ministry of Health and Family Welfare under the chairmanship of Dr. Y.K. Gupta, Professor of Bio-chemistry of All India Institute of Medical Sciences, New Delhi to look into the presence of harmful elements in toys is yet to be finalized. ICMR has again been reminded on 16.10.2014 to finalise the report early...."

24. During the course of evidence, the Secretary of the Ministry explained the position as under:—

> ".....under the chairmanship of Professor Y.K. Gupta and his expert in the field, a study has been completed. We have also conducted a meeting with them on this. They have given the time till December, by December we will get the full report on this."

The Secretary also added as under:

> ".....Sir, the Committee was probably constituted in January, 2009."

25. When the Committee observed that the committee constituted under the chairmanship of Guptaji might have been asked to give the report within the stipulated time period, the Secretary of the Ministry replied as under:—

> "Sir, 18 months time was given."

26. On being enquired by the Committee as to what action was taken for not submitting the report in 18 months period, the representative of the Ministry responded as under:—

> "We had written to the Ministry at that time that it would not be possible to give the report in 18 months because there were a lot of procedural problems."

He further added as under:

> "We planned on collecting toys and even in the collection of toys there were many problems such as which toys to be selected because there are a wide variety of toys, wider material of toys and wider types of toys."

27. When the Committee emphasized on the point as to why the report was not given in 18 months and what is the present status, the Secretary of the Ministry replied as under:—

> "Sir, I will give the reply. When this committee was constituted, in between on what days it was reviewed, I do not know the dates for that. A decision was taken to conduct the studies. This was the report in which we ourselves gave project funds to collect data, analyse and give report. Thereafter the study began. Analysis is conducted at least twice in a year.....thereafter the study kept on extending because either the full numbers were collected or representatives were not there. In this, two more questions were added. Earlier there were only one type of toys, then other type of toys were included. This study was again further expanded. In this at least three different studies were funded, collecting data of all the three, even though there was only one committee which was appointed by the Ministry. There was delay in conducting the study as all this took time. What happened on what days, I will give the report by making the table. I will give full explanation that how many studies were funded. How many studies we have funded and how much time it took for those to be studied to be completed."

28. On being asked by the Committee as to when the report will be given, the Secretary of the Ministry responded as under:—

> "Sir, I had a meeting personally with Dr. Y.K. Gupta day before yesterday and he was told that we want the Report by the end of December this year."

Observations/Recommendations

29. The Committee note that an expert committee was constituted in January 2009 under the chairpersonship of Dr. Y.K. Gupta, Professor, Bio-Chemistry of AIIMS to examine the presence of some heavy metals and phalates in plastic toys within a period of 18 months. However, the Committee are anguished to note that the committee has yet to finalise its report. While explaining the delay in the submission of the report, the Ministry informed the Committee that ambit of the study was expanded as earlier there was one type of toys but subsequently other types of toys were also included in the study. However, the Committee are not convinced with the explanation of the Ministry as the study relates to the presence of harmful elements in toys affecting the health and the future of our children. The Committee feel that the issue under study is very serious but the same has been taken very lightly due to inactiveness of all concerned. The Committee deplore the laxity and lackadaisical approach of the Ministry on the issue. The Committee, therefore, stress that the committee under the chairpersonship of Dr. Y.K. Gupta should be asked to expedite the report so that assurance in the matter could be implemented without further delay.

D. Surrogacy and Fertility Clinics

30. The Committee reviewed the status of the assurances made in reply to the following Unstarred Questions:—

(i) USQ No. 5147 dated 27.08.2010 regarding Surrogacy and reply thereto reproduced in Appendix VIII.

(ii) USQ No. 2109 dated 12.08.2011 regarding Fertility Clinics and reply thereto reproduced in Appendix XI.

(iii) USQ No. 4744 dated 04.05.2012 regarding ART Bill and reply thereto reproduced in Appendix-XIII.

(iv) USQ No. 2373 dated 23.08.2013 regarding Fertility Clinics/Agencies and reply thereto reproduced in Appendix-XXI.

31. In replies to the above mentioned USQs, it was assured that a draft Assisted Reproductive Technology (ART) (Regulation) Bill and Rules, 2010 has been prepared which addresses the issue related to surrogacy in context of ART Clinics. The draft Bill has been sent to the Ministry of Law and Justice for examination.

32. During the course of evidence, the Secretary of the Ministry explained the position as under:

> ".....All the three questions are related to surrogacy. This Bill after finalization is being introduced in the Winter session. On this we are holding nation-wide discussions because the issue was very contentious. Ultimately, this has come into final shape....."

33. When the Committee asked as to when this will be completed, the Secretary of the Ministry responded as under:—

> "Efforts are being made to introduce in winter session."

Observations/Recommendations

34. The Committee note that the ART Bill covering all the three assurances relating to surrogacy and fertility clinics has been finalised and is pending cabinet approval before it is introduced in the winter session of Parliament. Notwithstanding the position stated above, the fact remains that the first assurance given on the issue in 2010 still remains unfulfilled despite the lapse of over a period of four years. The Committee, therefore, stress that the Ministry should actively and vigorously pursue the matter with all concerned so that the Bill in the matter is introduced and passed in the Parliament and the assurances on the issue be implemented at the earliest.

E. Study of Epidemiology

> USQ No. 5256 dated 10.12.2010 regarding Study of Epidemiology and reply thereto reproduced at Appendix-IX.

35. In reply to the above USQ No. 5256 dated 10.12.2010, an assurance was made that the details of expenditure on a national programme to safeguard the people from modern life style diseases and set up cells for communicable and non-communicable diseases including health awareness programmes about such diseases, being collected and will be laid on the Table of the House.

36. During the course of evidence, the Secretary of the Ministry explained the position as under:—

> "Question .....is related to Epidemiology of disease, which require data on communicable and non-communicable diseases and what was its affect on the Life-style, that data is also in the final stages. Data on cancer and many other diseases has been collected. After analyzing this, the assurance will be completed before December."

37. When the Committee enquired that it was clearly a question of statistics only but even then four years have passed in collection of statistical data, the Secretary of the Ministry responded as under:—

> "Sir, I agree with that. I feel bad about it because I have to personally take care of it. Earlier we always thought of getting it through our Sister department, but they are also bogged down by too many things, but that is not an excuse every time. We have to assure the Committee."

38. When the Committee observed that the Ministry have given the money to the States and if the States are not responding then how can the Ministry give them money again and again, the representative of the Ministry responded as under:—

> "The money is given by other Department, the Department of Health and Family Welfare and we have to get details from that Department."

39. When the Committee further observed that the Department of Health and Family Welfare is not a different Department as the same comes under one umbrella, the Secretary of the Ministry responded as under:

> "Sir, we accept that. As a Secretary, I do not pass on the buck to others. It is my failure that I could not do that. I apologize for that."

Observations/Recommendations

40. The Committee regret to note that assurance given in reply to USQ No. 5256 dated 10.12.2010 is pending for the last more than four years although it was simply a question of statistics only. In this regard, the Ministry tried to explain that the money is given by the other Department *i.e.* the Department of Health and Family Welfare and so the details have to be collected from that Department. However, the Committee were not satisfied with the explanation of the Ministry for the simple reason that the Department of Health and Family Welfare is not a different Department as the same comes under one umbrella *i.e.* under the Ministry of Health and Family Welfare. It rather establishes the casual approach of the Ministry, lack of coordination among Departments under the Ministry and failure to raise the issue with the States at the highest level. Nevertheless, the Ministry have informed during the course of evidence that the data on communicable and non-communicable diseases including cancer and other diseases has been collected and is pending analysis. The Committee now expect that the data so collected by the Department will be processed/analysed expeditiously and the assurance will be fulfilled without further delay.

F. Research to Control Vector-Borne Diseases

> USQ No. 4704 dated 04.05.2012 regarding Research to control Vector-Borne Diseases and reply thereto reproduced at Appendix-XII.

41. In reply to USQ No. 4704 dated 04.05.2012, an assurance was given that Indian Council of Medical Research (ICMR) has established a Task Force on Acute Encephalitis Syndrome to undertake studies on aetiology and development of clinical guidelines and management of Japanese Encephalitis (JE)/Acute Encephalitis syndrome (AES) and that a research-cum-intervention project on JE/AES was stated to be under development.

42. While furnishing the status of the pending assurance in writing, the Ministry stated as under:—

> "ICMR has informed that reports of the five studies set up under the Task force on AES and development of clinical guidelines and management of JE/AES are yet to be finalized...."

43. During the course of evidence, the representative of the Ministry further explained the position as under:—

> ".....This question is on malaria, Japanese Encephalitis. What are the achievements of the National projects on this, the question was regarding this. Director National Vector Borne Disease, is present here and there are ten Institutes of our sciences that work on these subjects separately. Institute on Malaria has come up with several treatment methods that are listed. They are approved and have also been introduced in the system. Their departments have also included after analysis. Thereafter the changes occuring around the malaria parasites; changes inside the vectors and the extent of their spreading in tribal area, we have done lot of science. We have provided complete guidelines on malaria. For Japanese Encephalitis, guidelines from Ministry of Health, for treatment, are standard. But for changing it by scientific method we have started research on the mentioned project. It has completed one and a half years. For obtaining rest of the results at least one year more will be required. Its guidelines will be given later on. It will take a minimum one year to bring in improved guidelines on JE. Answers for the rest are available with us....."

44. When the Committee asked to give part report in the matter, the Secretary of the Ministry admitted to proceed accordingly.

Observations/Recommendations

45. The Committee note an assurance was given in reply to USQ no. 4704 dated 04.05.2012 that Indian Council of Medical Research (ICMR) has established a Task Force on Acute Ecephalitis Syndrome to undertake studies on aetiology and development of clinical guidelines and management of Japanese Encephalitis (JE)/ Acute Encephalitis Syndrome (AES) and that a research-cum-intervention project on JE/AES was stated to be under development. The Committee are happy to note that a substantial amount of work has been accomplished on the subject and clinical guidelines on malaria have been formulated and introduced in the system. For Japanese Encephalitis, guidelines from Ministry of health, for treatment, are standard but a research project has been started for changing it scientifically. Research project on JE is underway to obtain results which will take another one and half years and only thereafter guidelines on JE are expected to be available. In view of the foregoing, the Committee desire that the Ministry should prepare a part implementation statement on the tasks accomplished till date and proceed further to achieve full implementation of the assurance in a time-bound manner.

III. Implementation Reports

46. As per the Statements of Ministry of Parliamentary Affairs, Implementation Reports in respect of the assurances given in replies to the following SQs/USQs have since been laid on the Table of the House on the dates as mentioned against each:

Sl. No. 1	SQ No. 380 dated 20.04.2005	10.12.2014
Sl. No. 2	USQ No. 2490 dated 22.07.2009	10.12.2014
Sl. No. 14	USQ No. 4750 dated 04.05.2012	10.12.2014
Sl. No. 17	USQ No. 444 dated 23.11.2012	10.12.2014
Sl. No. 19	USQ No. 3613 dated 14.12.2012	04.03.2015

NEW DELHI;
08 *June*, 2015
18 *Jyaistha*, 1937(*Saka*)

DR. RAMESH POKHRIYAL "NISHANK"
Chairperson,
Committee on Government Assurances.

APPENDIX I

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA STARRED QUESTION NO. 380

ANSWERED ON 20.4.2005

Guidelines for use of Stem Cell

*380 SHRI KIRTI VARDHAN SINGH:
SHRI S.D. MANDLIK:

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

(a) whether the Indian Council of Medical Research has submitted draft guidelines for use of stem cell in the country as reported in the Hindustan Times dated March 19, 2005;

(b) if so, the details thereof;

(c) whether the Government has approved the same;

(d) if not, by when it is expected to be approved;

(e) whether a lucrative trade pertaining to use of Stem Cell is on in the country in the absence of any guidelines or law; and

(f) if so, the present status in this regard?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (f) A statement is laid on the Table of the House. It would not be correct to say that the stem cell research and its use is unregulated in the country. The issues of research involving the use of stem cells are addressed in the "Ethical Guidelines for Bio-medical Research on Human Subjects" as part of chapters on Specific Principles for Research in Transplantation including Foetal Tissue Transplantation, Assisted Reproductive Technology, use of embryonic and foetal tissue, prepared by Indian Council of Medical Research (ICMR). These guidelines provide for informed consent and also provide that use of embryonic and foetal tissue must be approved by local scientific & ethics Committee and also referred to National or Central Ethics Committee for final approval. These guidelines have been accepted by the Government and have been circulated to all concerned research and diagnostic institutions. These guidelines are in the process of being legislated.

In view of recent developments in the area of stem cell research, the Indian Council of Medical Research (ICMR) has examined the research and therapeutic procedures

involving the use of various stem cells. Consequently, a Draft Guideline on stem cell research/regulation prepared by an expert Committee constituted by ICMR has been put on the ICMR website for inviting suggestions and comments. The said Draft Guidelines provide for promotion as well as regulation of stem cell research and its clinical applications in the country. The ICMR has received comments and suggestions on the said draft guidelines and is in the process of its finalisation.

APPENDIX II

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 2490

ANSWERED ON 22.7. 2009

Lead in Paint Products

2490. SHRI VARUN GANDHI:

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

(a) whether use of lead in paints has been banned in foreign countries after the World Health Organisation (WHO) report on the possible exposure of lead in children;

(b) if so, the levels of lead present in enamel and exterior paint manufactured and marketed in the country; and

(c) the steps taken by the Government to effectively regulate or ban lead in paint products sold in India?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Lead in paints has already banned in many of the developed countries. A recent study by an NGO Toxics Link conducted in 10 developing countries including India, Sri Lanka, and other African countries has found high level of lead (more than 600 ppm) enamel paints in almost 65% of samples. The maximum level of lead found in India was 49,592 ppm in one of the enamel paints.

(c) The information is being collected and will be laid on the Table of the Lok Sabha.

APPENDIX III

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1480

ANSWERED ON 27.11.2009

Cases of Heart Diseases

1480. SHRI RAVINDRA KUMAR PANDEY:
SHRI RAYAPATI SAMBASIVA RAO:
SHRI L. RAJA GOPAL:
SHRI BHAUSAHEB RAJARAM WAKCHAURE:

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

(a) whether studies have been conducted by the Indian Council of Medical Research (ICMR) or any other agency/organisation on the rise of heart diseases in the country;

(b) if so, the details and the findings thereof;

(c) the number of people suffering from heart diseases in the rural and urban areas of the country separately, State/UT-wise and those who die and are rendered physically incapacitated due to heart strokes during the last three years and the current year;

(d) the funds allocated to the States and spent by them during the above period to reduce the risk of hearts diseases, State/UT-wise; and

(e) the further steps proposed to be taken by the Government to control heart diseases in the country?

ANSWER

THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) to (c) Yes. Indian Council of Medical Research had conducted prevalence studies on coronary heart diseases at Delhi and Vellore during 1990. The age adjusted prevalence rates in urban parts of Delhi and Vellore ranged from 6.5 to 9%, whereas it was 3 to 5% in rural areas. Multiple epidemiological studies performed in India shows increasing trend in urban and as well as rural population. As per the study on 'Assessment of Burden of Non-Communicable Diseases' carried out by the Indian Council of Medical Research (ICMR), the number of Ischemic Heart Disease (IHD) was estimated to have increased from 18.6 million in 1998 to 23.37 millions in 2004 whereas the number of deaths are projected to have increased from 2.56 lakh to 5.54 lakh. The study did not make a State-wise assessment.

(d) The information is being collected and will be laid on the Table of the House.

(e) The Government has launched pilot phase of National Programme for Prevention and Control of Diabetes, Cardio Vascular Diseases and Strokes (NPDCS) on 4th January, 2008.

APPENDIX IV

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1516

ANSWERED ON 27.11.2009

Stem Cell Research and Therapy

1516. SHRI RAJU SHEETI:

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

(a) the details of the guidelines issued in respect of Stem Cell Research and Therapy therefor in the country;

(b) whether Stem Cell Research Therapy are being carried out in the Government Medical Colleges and Hospitals in the country;

(c) if so, the details thereof and if not, the reasons therefor;

(d) whether the facility of molecular diagnostic is available in the Government hospitals in the country; and

(e) if so, the details of the hospitals where such facility is available?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) Indian Council of Medical Research in collaboration with Department of Bio-Technology has formulated guidelines for Stem Cell Research Therapy. The salient features of these guidelines are as under:

(i) Two tier mechanism for review and monitoring of research and therapy in the field of human stem cells, one at the national level and another at institutional level.

(ii) compulsory registration of all institutions and investigators with NAC-SCRT through IC-SCRT.

(iii) Prior approval of NAC-SCRT or IC-SCRT, as applicable, for conducting any research in human stem cell.

(iv) All new human stem cell lines shall be created with the prior approval of NAC-SCRT or IC-SCRT, as the case may be.

(v) All established human stem cell lines from any source, imported or created in India should be registered with IC-SCRT and NAC-SCRT.

(vi) Permission for import/procurement from other Indian laboratories shall be obtained from IC-SCRT.

(vii) All clinical trials with any stem cells shall have prior approval of IC-SCRT, institutional Ethics Committee and Drug Controller General of India for marketable product; and shall be registered with the NAC-SCRT, international collaborations shall also have prior approval of NAC-SCRT and funding agency as per its procedure/or Health Ministry's Screening Committee.

(b) to (e) Information is being collected and will be laid on the Table of the House.

APPENDIX V

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION 4792

ANSWERED ON 18.12.2009

Metal Content in Toys

4792. SHRI ANANDRAO ADSUL:
SHRI ADHALRAO PATIL SHIVAJI:

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

(a) whether any study has been conducted by the Government/Non-Governmental Organisations (NGOs) on the ill effects of metal content in toys on health;

(b) if so, the details thereof; and

(c) the corrective measures taken or proposed to be taken by the Government in this regard?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) A non-governmental organization namely Toxics Link conducted a study in 2006 in Delhi, Mumbai and Chennai and reported presence of high levels of cadmium and lead in PVC used in soft toys. Lead is known neuro and haematological toxin and may lead to delayed development and lower Intelligence Quotient in children. Cadmium affects the kidney.

(c) The Ministry of Health and Family Welfare has constituted an expert Committee under the chairmanship of Dr. Y.K. Gupta, Professor of Bi-chemistry of All India Institute of Medical Sciences, New Delhi to look into the presence of harmful elements in toys. Under the guidance of the Committee, a study for examining the presence of some heavy metals and phthalates in the plastic toys in the market, is underway.

APPENDIX VI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 3575

ANSWERED ON 16.04.2010

Effect of Contaminated Toys on Child Health

3575. SHRI A.T. NANA PATIL:
SHRI ABDULRAHMAN:

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

(a) whether the Government is aware of the studies of some NGOs which reveal that many local and foreign made toys are contaminated with harmful chemicals which have adverse health effect on children;

(b) if so, the details thereof;

(c) whether the Government has set up any agency to monitor the quality of such toys;

(d) if so, the details thereof and if not, the reasons therefor; and

(e) the corrective measures taken/proposed to be taken in this regard including the ban on such toys?

ANSWER

THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) & (b) A non-governmental organization namely Toxics Link conducted a study in 2006 in Delhi, Mumbai and Chennai and reported presence of high levels of cadmium and lead in PVC used in soft toys.

(c) to (e) The Ministry of Health and Family Welfare has constituted an expert Committee under the Chairmanship of Dr. Y.K. Gupta, Professor of Bio-chemistry of All India Institute of Medical Sciences, New Delhi to look into the presence of harmful elements in toys. Under the guidance of the Committee, a study for examining the presence of some heavy metals and phthalates in the plastic toys in the market, is underway.

APPENDIX VII

GOVERNMENT OF INDIA

MINISTRY OF COMMERCE AND INDUSTRY

DEPARTMENT OF COMMERCE

LOK SABHA UNSTARRED QUESTION NO. 230

ANSWERED ON 26.7.2010

Chinese Toys in Indian Markets

230. SHRIMATI DEEPA DASMUNSI:
SHRI MAHABAL MISHRA:

Will the Minister of COMMERCE AND INDUSTRY be pleased to state:

(a) whether substandard and unsafe Chinese toys have been flooding Indian markets;

(b) if so, the details thereof;

(c) whether Indian companies are returning back the consignment of such toys to China;

(d) if so, the details thereof;

(e) whether any assessment has been made to know the impact of hazardous toys on children in India; and

(f) if so, the details thereof and the response of the Government thereto?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF COMMERCE AND INDUSTRY (SHRI JYOTIRADITYA M. SCINDIA): (a) to (d) While details of individual cases of import of any substandard and unsafe Chinese toys are available only with concerned field formations of Customs, 23 such cases of seizure/adjudication in case of import of Chinese toys have been reported by Customs Commissionerate, Ahmedabad.

Based on growing concerns relating to safety of Chinese toys and their likely adverse impact on children in India, the Government banned import of Chinese toys on 23.1.2009. Subsequently, the matter was examined by the Government and presently, the import of toys from all sources is subject to the following conditions:—

(i) Certificate of conformation to the standard prescribed in ASTM F 963 or ISO 8124 (Parts I-III) or IS 9873 (Parts I-III) or EN 71.

(ii) Certificate of conformance from the manufacturer that the toys being imported have been tested by an independent lab which is accredited under ILAC, MRA and found to meet the specifications indicated above.

Any consignments of toys, which are found not conforming to prescribed standards and specifications, are not permitted to be imported.

(e) and (f) The Ministry of Health & Family Welfare has constituted an Expert Committee to look into the presence of harmful elements in toys. Under the guidance of this Committee a study has been initiated which is examining the presence of some heavy metal and phthalates in the plastic toys in the market.

APPENDIX VIII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 5147

ANSWERED ON 27.8.2010

Surrogacy

5147. SHRI HARIBHAU JAWALE:
SHRI C. RAJENDRAN:

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

(a) whether there are proper regulation for surrogacy and the monitoring mechanism to check the practices of In Vitro Fertilisation (IVF) centres in the country;

(b) if so, the details thereof;

(c) if not, whether the Government proposes to bring any legislation to regulate surrogacy and monitor the practice of IVF centres in the country;

(d) if so, the salient features of such legislation; and

(e) the other steps taken by the Government to regulate the surrogacy and check illegal practices of the clinic involved therein?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) "National Guidelines for Accreditation, Supervision and Regulation of Assisted Reproductive Technology (ART) Clinics in India (2005)" describe the possible minimum standards at clinics, hospitals and organizations dealing In Vitro Fertilisation (IVF) in India.

(c) to (e) A draft Assisted Reproductive Technology (ART) (Regulation) Bill & Rules—2010 has been prepared which addresses the issue related to surrogacy in context of ART Clinics. The draft Bill has been sent to the Ministry of Law and Justice for examination.

APPENDIX IX

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 5256

ANSWERED ON 10.12.2010

Study of Epidemiology

5256. SHRI LAL CHAND KATARIA:
SHRI C. SIVASAMI:
SHRI P.L. PUNIA:
SHRI NISHIKANT DUBEY:

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

(a) whether the Government has conducted any study of epidemiology to ascertain the causes, distribution and control of diseases including mental and physical disorder in the population across the country;

(b) if so, the details alongwith the outcome thereof;

(c) whether the Government proposes to start a national programme to safeguard the people from modern life style diseases and set up cells for communicable and non-communicable diseases across the country;

(d) if so, the details thereof;

(e) whether the Government has launched/proposed health awareness programmes about such diseases; and

(f) if so, the details thereof along with the funds provided and utilised for the purpose during each of the last three years and the current year?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Government has supported and undertaken several Epidemiological surveys from time to time in the area of Non-Communicable Diseases including cancer, mental health, hearing impairment, musculoskeletal disorders, blindness, neurological disorders, cardio-vascular diseases, diabetes, road traffic injuries to name a few. There have been large-scale epidemiological studies through Indian Council of Medical Research (ICMR) in large population on specific problems with methodological advancements focusing on issues of prevalence, risk factors, cause definition, screening, diagnosis and classification.

The National Cancer Registry Programme of ICMR is collecting data on cancer occurrence through its network of 26 Populating Based Cancer Registry and 6 Hospital Based Cancer Registry.

(c) to (f) Government has developed the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular disease and Stroke. The activities include creating health awareness for these diseases and their major risk factors. The Government implements IEC strategies involving Electronic, Print & local media at Central level and through State Governments to create awareness about various programmes. Details of expenditure are being collected and will be laid on the Table of the House.

APPENDIX X

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1502

ANSWERED ON 04.03.2011

Lead in Paints

1502. SHRI UDAY SINGH *ALIAS* PAPPU SINGH:
SHRI NISHIKANT DUBEY:

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

(a) whether the Government has approved any permissible limit regarding the presence of metallic contents in the decorative paints being manufactured and marketed in the country;

(b) if so, the details thereof and if not, the reasons therefor;

(c) whether the Government has taken note of various studies including those conducted by the National Centre for Lead Poisoning in India and the Consumer Society of India which state that decorative paints manufactured in India contain excess amount of lead content which are hazardous to human health;

(d) if so, the details along with the facts thereof; and

(e) the corrective measures taken/proposed by the Government in this regard?

ANSWER

THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) to (e) The information is being collected and will be laid on the Table of the House.

APPENDIX XI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 2109

ANSWERED ON 12.08.2011

Fertility Clinics

2109. SHRI VIRENDER KASHYAP:

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

(a) whether the Government has laid down any norms and policies to regulate fertility clinics in the country;

(b) if so, the details thereof;

(c) if not, the manner in which these fertility clinics are being regulated in the country; and

(d) the steps taken by the Government to check exploitation of issueless couples by such clinics?

ANSWER

THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) to (c) Yes. To regulate fertility clinics in the country, the Indian Council of Medical Research (ICMR) has developed norms and guidelines *viz.* National Guidelines for Acreditation, Supervision and Regulation of ART Clinics in India which has been accepted by the Ministry of Health and Family Welfare. These guidelines are available on the ICMR website: *www.icmr.nic.in.*

(d) To effectively implement these guidelines, a draft legislation titled 'Assisted Reproductive Technology (Regulation) Bill' is under formulation.

APPENDIX XII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 4704

ANSWERED ON 4.05.2012

Research to Control Vector-Borne Diseases

4704. SHRI VARUN GANDHI:
SHRI ASHOK TANWAR:
SHRI RAJAIAH SIRICILLA:

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

(a) whether the Government has taken up any research project to control vector-borne diseases including Malaria and Japanese Encephalitis (JE) and develop new and affordable drugs for their treatment in the country;

(b) if so, the details thereof along with the achievements made as a result thereof;

(c) whether the Government has collaborated with certain countries and signed any memorandum of Understanding (MoU) for the purpose; and

(d) if so, the details thereof?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) & (b) **Malaria—**The National Institute of Malaria Research (NIMR) is the principle ICMR Institute conducting research in malaria epidemiology, parasite biology and vector control strategies. The Institute collaborates with the Directorate of National Vector Borne Disease Control Programme (NVBDCP) for carrying out operational research. A significant research achievement was the therapeutic efficacy studies which provided evidence for switchover to artemisinin-combination therapies for *P. falciparum* malaria. Phase-III trial of new combination of artemisinin antimalarials namely Artesunate+Amodiaquine, Artesunate+Mefloquine, Arterolane Maleate+Piperaquine, Dihydroartemisinin+Piperaquine, Artesunate+Pyronaridine combination have been done. Among these following have been registered with Drugs Controller General of India (DCGI) namely Artesunate+Amodiaquine; Artesunate+Mefloquine, Arterolane Maleate+Piperaquine.

The NIMR has also developed a national network of sentinel sites for monitoring anti-malarial drug resistance, which now suggests low efficacy of chloroquine in treatment of *P.f.* malaria. NIMR has also successfully evaluated non invasive methods for malaria diagnosis using saliva (multiplex PCR based assay and LAMP); and filed a patent for immunodiagnostic reagent for the detection of *P. vivax*. Village wise

Geographic Information System (GIS) mapping has been carried out for 27 problematic districts identified by National Vector-Borne Disease Control Programme. Using PRECIS regional climate model, projection of transmission windows of malaria by 2030 with emphasis on Himalayan, North-eastern, coastal and Western Ghats was done. Disease burden studies for malaria were conducted by NIMR in 2008 and 10.03 million estimated cases by Fever Model was proposed in the study against 1.52 million reported cases, for the entire country. The Malaria Parasite Bank now has a collection of 1200 isolates of human *Plasmodia.*

In addition, the ICMR's Regional Medical Research Centre for Tribals at Jabalpur has been conducting malaria research among tribal population of the country. The studies conducted to evaluate bivalent malaria kits showed 90% sensitivity and specificity for *P. falciparum* and marginally lesser for *P. vivax,* suggesting its potential role in epidemiological surveillance. The National Vector-Borne Disease Control Programme has accepted the recommendations of Centre and has replaced the monovalent RDTs with bivalent kits for malarial diagnosis in various States of India.

Japanese Encephalitis (JE): The ICMR has established a Field Unit of National Institute of Virology (NIV) at Gorakhpur (Uttar Pradesh) for carrying out research on Japanese Encephalitis/Acute Encephalitis Syndrome and to provide diagnostic support to the State Government for investigations of outbreaks in the region. The NIV Unit at Gorakhpur compiles information on AES/JE cases/deaths and provides a weekly line list of cases/deaths investigated in BRD Medical College, Gorakhpur to State Government health authorities and to the National Vector-Borne Disease Control Programme. *The ICMR has established a Task Force on Acute Encephalitis Syndrome to undertake studies on aetiology and development of clinical guidelines and management of JE/Acute Encephalitis Syndrome. A research-cum-intervention project on JE/AES is currently under development.*

(c) & (d) No. Only Clinical Trial Agreements are signed with institutions in other countries after approval from Health Ministry Screening Committee (HMSC). The National Institute of Malaria Research has signed Clinical Trial Agreement with Public Private Partnership agencies like the Medicines for Malaria Venture (MMV), Drugs for Neglected Diseases Initiative (DNDI) after approval of Health Ministry's Screening Committee.

APPENDIX XIII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 4744

ANSWERED ON 4.05.2012

ART Bill

4744. SHRIMATI TABASSUM HASAN:

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

(a) the details of provisions made in the Assisted Reproductive Technology (Regulation) (ART) Bill to prevent the selection of foetus through selective foetal reduction technique;

(b) whether this technique encourages female foeticide;

(c) whether in most of the cases the surrogate mothers are not even provided a copy of the agreement;

(d) whether there is no provision in the ART Bill for providing additional economic benefits to the surrogate mothers in case of twins; and

(e) the provisions in the ART Bill for spot-natal care of surrogate mothers?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) to (e) The draft of the legislation entitled Assisted Reproductive Technology (Regulation) (ART) Bill is under finalization in consultation with the Ministry of Law and Justice. The provisions of the Bill will be known only after the final draft is vetted by the Ministry of Law and Justice.

APPENDIX XIV

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 4750

ANSWERED ON 4.05.2012

Medical Research

4750. SHRI KIRTI AZAD:

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

(a) the details of major research works/projects undertaken in the field of medical science by the Indian Council of Medical Research (ICMR) and various premier medical institutes under the Union Government during the last three years;

(b) the funds allocated and spent on the above research projects/works during the said period, State/UT-wise;

(c) the major achievements made as a result of these medical research in the country during the said period;

(d) whether there has been delay in the completion of any of these medical research projects;

(e) if so, the details thereof along with the reasons therefor; and

(f) the steps taken/proposed by the Government for timely completion of medical research projects in the country?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) to (f) Information is being collected and will be laid on the Table of the House.

Statement referred to in parts (a) to (f) in column 4 of the assurance to the Lok Sabha Unstarred Question No. 4750 for 4.5.2011 regarding medical research.

Indian Council of Medical Research

(a) A total of 1440 new research projects were sanctioned during 2009-10 to 2011-12 in the area of Epidemiology and Communicable Diseases (374), Reproductive & Child Health (273), Non-Communicable Diseases (336), Basic Medical Sciences (320) and other areas such as Health System Research, Socio-behavioural Research, Medicinal Plants, etc. (137). Details are given in Annexure-I.

(b) a total of Rs. 213.19 crores were allocated on the above said projects, State-wise break-up detail is given in Annexure-I.

(c) Achievements made are listed (Annexure II).

(d) to (f) There has been no delay in the completion of these projects.

All India Institute of Medical Sciences, New Delhi

(a) & (b) The details about the number of research works/projects, funds allocated and funds utilized are as under:—

Year	Number of research works/projects	Funds allocated (Rupees)	Funds utilized (Rupees)
2009-10	119	10,80,56,385	4,24,61,779
2010-11	138	12,06,25,297	4,13,87,525
2011-12	124	13,14,25,158	5,28,20,128

(c) The All India Institute of Medical Sciences has comprehensive facilities for teaching, research and patient-care. Research is conducted in many disciplines and the AIIMS received funds from all the major funding agencies of Government of India. Even though AIIMS is not a technology institution, it has many patents and products attributed to research workers in the last decades. Indigenous, cheap and reliable diagnostic kits, and new diagnostic techniques, for disease relevant to our population, have been designed by AIIMS researches.

- Faculty of AIIMS has also contributed to National Tobacco Control Programme, National Blindness Control Programme and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases by providing evidence base, concept and policy direction.
- The National Programme for Health-care of Elderly one of the unique programmes in the world also has its roots in AIIMS. The following is a short list of major achievements in recent years:—

Vaccine	• Rota Virus vaccine
	• Vi polysaccharide conjugated vaccine
Diarrheal disease	• Formulation of a new oral rehydration solution
	• Zinc as a treatment of acute diarrhoea
Diagnostics	• Molecular analysis of Dengue
	• Human Papilloma virus infection
	• Meningitis by molecular and serological analysis
	• Bird flu

	• Kala azar
	• Development of plague diagnostics
	• Tuberculosis
	• Hepatitis C screening of Blood products.
Policy formulation	• Integrated in high risk newborns
	• Micronutrient deficiency in children
	• Control of diarrheal diseases
	• Emergency contraception
	• Introduction of unleaded petrol
	• Injection Practices
	• Hepatitis B Vaccine in universal vaccination programme.
National Programme	• Integrated Child Development Services (ICDS)
	• National Iodine Deficiency Disorders Control Programme
	• National Tobacco Control Programme
	• National Blindness Control Programme
	• National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases
	• Technology Mission on Safe Drinking Water (Fluorosis control programme)
	• National Programme for Health Care of the Elderly.

(d) to (f) By the very nature of the fixed duration of the project, these needs to be completed in time. Accordingly, most of the projects were completed with-in fixed tenure sanctioned by the funding agency. Rarely extension was sought by the Project Investigators which was then sanctioned by the funding agency.

Jawaharlal Institute of Post-graduate Medical Education and Research, Pondicherry

(a) & (b) The details about the number of research works/projects, funds allocated and funds utilized are as under:—

Details of the projects	Time period	Funds allocated and utilized
1	2	3
NK cell response diversity and cytokine/transcription factor profiles in SLE and RA South Indian Patients	1.12.2009 to 31.3.2012	Rs. 57.72 lakhs
Centre for advanced research in pharmacogenomics	17.4.2007 to 28.2.2013	Rs. 2.01 crores

1	2	3
Influence of CYP2C9, VKORC1 and CYP4F2 gene polymorphisms on plasma warfarin levels and development of an algorithm for initiating warfarin therapy in South Indian population	15.11.2010 to 14.5.2013	Rs. 22.49 lakhs

The details of the projects and achievements are as under:—

Details of the projects	Achievements
NK cell response diversity and cytokine/transcription factor profiles in SLE and RA South Indian Patients	• Established State-of-the art diagnostic and research facility in Clinical Immunology. • Started DM and Ph.D programmes in the speciality. • Improved understanding of immunological disorder and their management with reference to Indian population.
Centre for advanced research in pharmacogenomics	• Established normative frequency data of CYP3AS, CYP2A6, CYP2E1, TPMT, UGTIAL, MDR1 and OCT1 genes in South Indians.
Influence of CYP2C9, VKORC1 and CYP4F2 gene polymorphisms on plasma warfarin levels and development of an algorithm for initiating warfarin therapy in South Indian Population	• Manpower development. • Trained a total of 150 scientists from various medical and research institutions from all over India through annual pharmacogenomics workshop. • Produced 4 Ph.Ds, 12 postgraduates (MD and MS), 11 Senior Research Fellows and 10 Lab Technicians. • Publications. • The outcome of the research projects have been published in 18 peer reviewed journals (11 International and 7 National). • The outcome of the research results have been presented at 27 International conferences and received 8 best paper awards.

(c) & (e) Two projects were completed on time and one project was going on.

(f) Head of the institution is expected to ensure that the projects are completed on time.

Post Graduate Institute of Medical Education and Research, Chandigarh

Year	Number of research works/projects	Funds received (Rupees)
2009-10	211	18,37,03,434
2010-11	155	17,81,86,393
2011-12	202	24,32,77,153

The following indexed publications were published during the following three years towards the major achievements:—

Year	Number of indexed publications published
2009-10	585
2010-11	737
2011-12	850

(d) & (e) No delay in the completion of any of the research projects has been reported by any funding agency. Thus, all the research projects were completed as per approved schedule of the funding agencies.

(f) Head of the institution is expected to ensure that the projects are completed on time.

ANNEXURE I

State-wise Number of New Projects sanctioned and Funds allocated during 2009-2010 to 2011-2012

Sl. No.	State/Union territory	Number of Projects	Funds Released (Rs. in crores)
1.	Andaman & Nicobar	8	2.95
2.	Andhra Pradesh	54	9.02
3.	Arunachal Pradesh	03	0.58
4.	Assam	54	6.66
5.	Bihar	07	1.10
6.	Chandigarh (UT)	104	12.51
7.	Chhattisgarh	02	0.37
8.	Delhi (UT)	358	58.41
9.	Goa	03	0.07
10.	Gujarat	27	2.83
11.	Haryana	08	0.69
12.	Himachal Pradesh	18	2.18
13.	Jammu & Kashmir	14	1.32
14.	Jharkhand	01	0.16
15.	Karnataka	116	17.14
16.	Kerala	32	5.20
17.	Madhya Pradesh	24	2.65
18.	Maharashtra	120	21.38
19.	Manipur	04	0.42
20.	Meghalaya	05	1.30
21.	Mizoram	02	0.19
22.	Odisha	24	4.93
23.	Puducherry (UT)	13	1.81
24.	Punjab	13	1.58
25.	Rajasthan	28	5.02
26.	Sikkim	01	0.08
27.	Tamil Nadu	164	18.90
28.	Tripura	09	0.57
29.	Uttar Pradesh	136	23.45
30.	Uttarakhand	07	0.87
31.	West Bengal	81	8.85
Total	India	1440	213.19

ANNEXURE II

Major Scientific Achievements during the above said period (2009 to 2012)

Technology Development

- Development of indigenous H1N1 reagents & facilitation of development of indigenous H1N1vaccines.
- Partnering with International Vaccine Institute for the development and evaluation of cholera vaccine, now being introduced in public health programme in Odisha.
- Demonstrated that home based care is useful in reducing the infant mortality.
- Indigenous production of monoclonal antibodies PfHRPII and pLDH for improved diagnosis of malaria.
- A real time RT-PCR assay for early diagnosis of dengue fever.
- New rapid molecular methods for detection of rifampicin, isoniazid and ethambutol resistance in Tuberculosis.
- A new DNA fingerprinting method for diagnosis of TB and other mycobacterial infections.
- Immuno-chromatographic dipstic kit for the rapid diagnosis of cholera.
- Monoclonal antibody based indigenous diagnostic assay for diagnosis of Chlamydia infection.
- Rapid IgM ELISA and latex Agglutination test for Leptospirosis.
- Technology for the production of mosquito larvicide, Bacillus thuringiensis vir. israelensis transferred to industry.
- Development of magnivisualizer, a simple device for detection of cervical cancer.
- Molecular test for diagnosis of thallesemia & sickle cell anemia.
- Indigenous vaccines.
- Assay for Vitamin A & ferritin estimation (Iron).
- ELSA kit for identification of paragonimiasis (lung fluke) after characterization of Paragonimus species in NE India.

Clinical Trials for National Health Programmes

- Developed and proved the concept of common regimen for treatment of leprosy, now adopted as Uniform Multi-drug Therapy Regimen (UMDT) by WHO.
- Showed that Co-administration of albendazole with DEC is operationally feasible, safe for community use and has an edge over DEC lone for the

Lymphatic Filariasis (LF) elimination programme. Accepted and implemented by the National Programme.

- Demonstrated better efficacy of reduced osmolarity ORS in young children and adults in dehydrating diarrhoea as compared to that of standard ORS.

Epidemiological/Operational Research

- Daily zinc supplementation IRDA (5mg.) dose had no beneficial effect in preventing severe disease (diarrhoea, ARI) in low birth infants.
- Registry of People with Diabetes in young established to monitor prevalence of diabetes.
- Developed a Mental Health Needs Scale' of the people living with HIV-AIDS (PLHAs), now being used by National AIDS Control Organization (NACO).
- Flagship Programmes launched include Tribal Health Research Forum, Vector Science Forum, Special Support to Medical College & Translational Research.
- Three new Institutes, 9 Field Stations and network of 13 virology laboratories established.
- Human Resource Development for Health Research and Grant-in-aid Schemes strengthened.

APPENDIX XV

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 7072

ANSWERED ON 18.05.2012

Transfer of ICMR Land

7072. ADV. A. SAMPATH:

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

(a) whether the Government has taken note of the alleged irregularity in transfer of land by the Indian Council of Medical Research (ICMR) to a Group Housing Society, non-commencement of works for thirteen years and wasteful expenditure as a result of delayed decisions by the ICMR;

(b) if so, the details thereof;

(c) whether the Government has considered the legality of transfer of the land by ICMR to the Group Housing Society;

(d) if so, the details alongwith the outcome thereof; and

(e) the steps taken by the Government for early resolution of the above issue to ensure timely completion of works within the estimated cost?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) to (e) At present case of the transfer of a plot in Sector 35 Noida by the Indian Council of Medical Research to ICPO-ICMR Co-operative Group Housing Society is with CBI which is investigating the matter.

APPENDIX XVI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 412

ANSWERED ON 23.11.2012

Neglected Tropical Diseases

412. SHRI S. PAKKIRAPPA:

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

(a) the prevalent tropical diseases in the country;

(b) whether the Government has taken note of large number of cases of Neglected Tropical Diseases (NTDs) in the country;

(c) if so, the estimated number of cases and deaths due to these diseases reported during each of the last three years and the current year in the country, State/UT-wise;

(d) the reasons for high prevalence of these tropical diseases in the country; and

(e) the steps taken/proposed to protect the people from NTDs and develop new drugs, diagnostics and vaccines therefor?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (ABU HASEM KHAN CHOUDHURY): (a) & (b) Neglected Tropical Diseases (NTDs) are Dengue, Trachoma, Leprosy, Guinea Worm, Lymphatic Filariasis, Soil-transmitted Helminthiases, Rabies, Leishmaniasis and Kalazar.

(c) The information is being collected and will be laid on the Table of the House.

(d) The prevalence of Neglected Tropical Diseases (NTDs) are due to socio-economic conditions, climatic conditions, lack of access to safe drinking water and sanitation and environmental pollution.

(e) Following National Programmes are implemented to control or eliminate these diseases:—

1. National Vector Borne Disease Control Programme
2. National Leprosy Elimination Programme
3. National Programme for Control of Blindness
4. Under School Health Programme, services are provided for the prevention of soil-transmitted Helminthiases.

Besides, Indian Council of Medical Research (ICMR) promotes research in different NTDs through its various research activities and its institutes.

APPENDIX XVII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 444

ANSWERED ON 23.11.2012

Cancer risk near Thermal Stations

444. SHRIMATI MANEKA GANDHI:

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

(a) whether the Government has taken note of a recent study according to which the dietary exposure to contaminated vegetables grown near thermal stations in Delhi in Particular Rajghat, Badarpur and Indraprastha stations can lead to lifetime cancer risk among the consumers;

(b) if so, the details along with the facts in this regard; and

(c) the steps taken/proposed by the Government to arrest the situation?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (ABU HASEM KHAN CHOUDHURY): (a) & (b) Indian Council of Medical Research (ICMR) has informed that as per a recent study published, six different vegetables grown in the vicinity of three thermal power plants and a background site in Delhi reported very high polyaromatic hydrocarbon and metal levels in vegetables at power plant sites in Delhi.

(c) Information is being collected and will be laid on the Table of House.

APPENDIX XVIII

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 460

ANSWERED ON 23.11.2012

Toxic Substances in Paints

460. SHRI SAJJAN VERMA:

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

(a) whether the Government has laid down any provisions in respect of maximum permissible level of lead and other toxic substances in paints being manufactured and marketed in India as per the norms in certain developed and developing countries;

(b) if so, the details thereof and if not, the reasons therefor;

(c) whether cases of manufacturing and marketing of paints with high/more than permissible level of lead and other toxic substances have been reported in the country;

(d) if so, the details of such cases which have come to the notice of the Government during the last three years and the current year; and

(e) the action taken/proposed by the Government thereon?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (ABU HASEM KHAN CHOUDHURY): (a) & (b) The Department of Industrial Policy and Promotion has informed that Bureau of Indian Standards has contstituted a Technical Committee to identify specification of Indian standards in Paints.

(c) to (e) The information is being collected and will be laid on the Table of the House.

APPENDIX XIX

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 3613

ANSWERED ON 14.12.2012

Stem Cell Research and Therapy

3613. DR. M. THAMBIDURAI:
PROF. SAUGATA ROY:
DR. M. JAGANNATH:

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

(a) the agency put in place by the Government for the regulation and approval of projects relating to stem cell research and therapy in the country;

(b) whether a few projects have recently been approved for conduct of stem cell therapy on complete paraplegics and quadriplegics in the country;

(c) if so, the details thereof;

(d) the details of other such projects received and approved during the last three years and the current year indicating the outcome thereof including that of recently conducted stem cell therapy on a Multiple Sclerosis (MS) patient in AIIMS; and

(e) the steps taken/proposed by the Government to encourage and regulate stem cell research and therapy in the country?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY): (a) to (e) The information will be collected and will be laid on the Table of the House.

APPENDIX XX

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 4212

ANSWERED ON 22.03.2013

Sickle Cell Disease Control Programme

4212. SHRI RAMSINH RATHWA:
SHRIMATI DARSHANA JARDOSH:
SHRI PRADEEP KUMAR SINGH:
SHRI HANSRAJ G. AHIR:
SHRI C.R. PATIL:

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

(a) whether the Government proposes to launch a national programme to control Sickle Cell disease in the country;

(b) if so, the details thereof;

(c) whether the National Human Rights Commission (NHRC) has made certain recommendations to the Government with regard to Sickle Cell and certain other genetic blood disorders;

(d) if so, the details thereof; and

(e) the action taken/proposed by the Government thereon?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY): (a) & (b) Health being primarily a State subject, diagnosis and the management of these diseases are to be provided by the concerned State.

Central Institutes like AIIMS, PGI Chandigarh, Dr. RML Hospital, JIPMER Puducherry provide facilities for diagnosis and treatment of these diseases.

Under the Reproductive Child Health component of NRHM, the State and UTs can submit area specific proposal for strengthening of hospitals for inclusion of services for haemophilia, sickle cell anaemia and thelassemia/genetic diseases in the State Programme Implementation Plan for the particular year.

(c) to (e) The National Human Rights Commission has informed that the Commission *vide* its communication dated 22.02.2013 has recommended examination of the issue of inclusion of sickle cell disease in the Schedule to the Rights of Persons with Disabilities Bill, 2012.

APPENDIX XXI

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH RESEARCH

LOK SABHA UNSTARRED QUESTION NO. 2373

ANSWERED ON 23.08.2013

Fertility Clinics/Agencies

2373. SHRI LALUBHAI BABUBHAI PATEL:
SHRI BHAUSAHEB WAKCHAURE RAJARAM:
SHRI HAMDULLAH SAYEED:

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

(a) whether the Government is aware that due to lack of enough legal provisions to safeguard the interests of poor surrogate mothers they are being exploited by the fertility clinics/agencies in the country;

(b) if so, whether the Government is also aware that a surrogate mother receives only a paltry sum for being a surrogate mother, while the clinics/agencies involved take huge amount of money from the Non-Resident Indian (NRI) parents from western countries;

(c) if so, the details of such cases reported so far during each of the last three years; and

(d) the steps taken by the Government to evolve and formulate a regulatory mechanism for fertility clinics/surrogacy industry with the provision to safeguard the interests of surrogate mother and children and also fix a payment structure for surrogate mother?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) & (b) Yes. The Government is aware through media reports that surrogate mothers are exploited by fertility clinics/agencies in the absence of legal safeguards.

(c) No such data is maintained.

(d) A draft assisted Reproductive Technology (Regulation) Bill is under consideration of the Government to regulate fertility clinics and banks and to safeguard the interests of the stakeholders.

APPENDIX XXII

(*Vide* para 5 of the Report)

Extracts from Manual of Practice and Procedure in the Government of India, Ministry of Parliamentary Affairs, New Delhi

1	2
Definition	**8.1** During the course of reply given to a question or a discussion, if a Minister gives an undertaking which involves further action on the part of the Government in reporting back to the House, it is called an 'assurance'. Standard list of such expressions which normally constitute assurances and as approved by the Committees on Government Assurances of the Lok Sabha and the Rajya Sabha, is given at *Annex 3*. As assurances are required to be implemented within a specified time limit, care should be taken by all concerned while drafting replies to the questions to restrict the use of these expressions only to those occasions when it is clearly intended to give an assurance in these terms.
	8.2 When an assurance is given by a Minister or when the Presiding Officer directs the Government to furnish information to the House, it is extracted by the Ministry of Parliamentary Affairs from the relevant proceedings and communicated to the department concerned normally within 10 working days of the date on which it is given.
Deletion from the list of assurances	**8.3.1** If the administrative department has any objection to treating such a statement as an assurance or finds that it would not be in the public interest to fulfil it, it may write to the Lok/Rajya Sabha Secretariat direct with a copy to the Ministry of Parliamentary Affairs within a week of the receipt of such communication for getting it deleted from the list of assurances. Such action will require prior approval of the Minister.
	8.3.2 Departments should make request for dropping of assurances immediately on receipt of statement of assurances from the Ministry of Parliamentary Affairs and only in rare cases where they are fully convinced that the assurances could not be implemented under any circumstances and there is no option left with them but to make a request for dropping. Such requests should have the approval of their Minister and this fact should be indicated in their communication containing the request. If such a request is made towards the end of the stipulated period of three months, then it should invariably be accompanied with a request for extension of time. The department should continue to seek extension of time till a decision of the Committee on Government Assurances is received

1	2
	by them. Copy of the above communications should be simultaneously endorsed to the Ministry of Parliamentary Affairs.
Time limit for fulfilling an assurance	**8.4.1** An assurance given in either House is required to be fulfilled within a period of three months from the date of the assurance. This time limit has to be strictly observed.
Extension of time for fulfilling an assurance	**8.4.2** If the department finds that it is not possible to fulfil the assurance within the stipulated period of three months or within the period of extension already granted, it may seek further extension of time direct from the respective Committee on Government Assurances under intimation to the Ministry of Parliamentary Affairs as soon as the need for such extension becomes apparent, indicating the reasons for delay and the probable additional time required. Such a communication should be issued with the approval of the Minister.
Registers of assurances	**8.5.1** The particulars of every assurance will be entered by the Parliament Unit of the department concerned in a register as at *Annexure 4* after which the assurance will be passed on to the concerned section.
	8.5.2 Even ahead of the receipt of communication from the Ministry of Parliamentary Affairs, the section concerned should take prompt action to fulfil such assurances and keep a watch thereon in a register as at *Annexure 5.*
	8.5.3 The registers referred to in paras 8.5.1 and 8.5.2 will be maintained separately for the Lok Sabha and the Rajya Sabha assurances, entries therein being made session-wise.
Role of Section Officer and Branch Officer	**8.6.1** The Section Officer incharge of the concerned section will:— (a) scrutinise the registers once a week; (b) ensure that necessary follow-up action is taken without any delay whatsoever; (c) submit the registers to the branch officer every fortnight if the House concerned is in session and once a month otherwise, drawing his special attention to assurances which are not likely to be implemented within the period of three months; and (d) review of pending assurances should be undertaken periodically at the highest level in order to minimise the delay in implementing the assurances.
	8.6.2 The branch officer will likewise keep his higher officer and Minister informed of the progress made in the implementation of assurances, drawing their special attention to the causes of delay.

1	2
Procedure for fulfilment of an assurance	**8.7.1** Every effort should be made to fulfil the assurance within the prescribed period. In case only part of the information is available and collection of the remaining information would involve considerable time, an implementation report containing the available information should be supplied to the Ministry of Parliamentary Affairs in part to scrutinize the assurance, within the prescribed time limit. However, efforts should continue to be made for expeditious collection of the remaining information for complete implementation of the assurance at the earliest. **8.7.2** Information to be supplied in partial or complete fulfilment of an assurance should be approved by the Minister concerned and 15 copies thereof (bilingual) in the prescribed proforma as at *Annexure 6,* together with its enclosures, along with one copy each in Hindi and English duly authenticated by the officer forwarding the implementation report, should be sent to the Ministry of Parliamentary Affairs. If, however, the information being furnished is in response to an assurance given in reply to a question etc., asked for by more than one member, an additional copy of the completed proforma (both in Hindi and English) should be furnished in respect of each additional member. A copy of this communication should be endorsed to the Parliament Unit for completing column 7 of its register. **8.7.3** The implementation reports should be sent to the Ministry of the Parliamentary Affairs and not to the Lok/Rajya Sabha Secretariat. No advance copies of the implementation reports are to be endorsed to the Lok/Rajya Sabha Secretariat either.
Laying of the implementation report on the Table of the House	**8.8** The Ministry of Parliamentary Affairs, after a scrutiny of the implementation report, will arrange to lay it on the Table of the House concerned. A copy of the statement, as laid on the Table, will be forwarded by the Ministry of Parliamentary Affairs to the member as well as the department concerned. The Parliament Unit of the department concerned and the concerned section will, on the basis of this statement, make a suitable entry in their registers.
Obligation to lay a paper on the Table of the House *vis-a-vis* assurance on the same subject	**8.9** Where there is an obligation to lay any paper (rule/order/ notification, etc.) on the Table of the House and for which an assurance has also been given, it will be laid on the Table, in the first instance, in fulfilment of the obligation, independent of the assurance given. After this is done, a report in formal implementation of the assurance indicating the date on which the paper was laid on the Table will be sent to the Ministry of Parliamentary Affairs in the prescribed proforma (*Annexure 6)* in the manner already described in para 8.7.2.

1	2
Committee on Government Assurances LSR 323,324 RSR 211-A	**8.10** Each House of Parliament has a Committee on Government Assurances nominated by the Speaker/Chairman. It scrutinized the implementation reports and the time taken in the scrutinized of Goverment Assurances and focuses attention on the delays and other significant aspects, if any, pertaining to them. Instructions issued by the Ministry of Parliamentary Affairs from time to time are to be followed strictly.
Reports of the Committee on Government Assurances	**8.11** The department will, in consultation with the Ministry of Parliamentary Affairs, scrutinize the reports of these two committees for remedial action wherever called for.
Effect on Assurances on dissolution of the Lok Sabha	**8.12** On dissolution of the Lok Sabha, all Assurances, promises or undertakings pending implementation are scrutinized by the new Committee on Government Assurances for selection of such of them as are of considerable public importance. The Committee then submits a report to the Lok Sabha with a specific recommendation regarding the assurances to be dropped or retained for implementation by the Government.

ANNEXURE I

MINUTES

THIRD SITTING

MINUTES OF THE SITTING OF THE COMMITTEE ON GOVERNMENT ASSURANCES (2014-15) HELD ON 30.10.2014 IN COMMITTEE ROOM NO. '139', PARLIAMENT HOUSE ANNEXEURE, NEW DELHI

The Committee sat from 1500 hours to 1800 hours on Thursday, 30 October, 2014.

PRESENT

Dr. Ramesh Pokhriyal Nishank — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Shri E. Ahamed
4. Shri Bahadur Singh Koli
5. Shri Prahlad Singh Patel
6. Shri C.R. Patil
7. Shri Sunil Kumar Singh
8. Shri K.C. Venugopal
9. Shri S.R. Vijay Kumar

SECRETARIAT

1. Shri R.S. Kambo — *Joint Secretary*
2. Shri T.S. Rangarajan — *Additional Director*
3. Shri Kulvinder Singh — *Committee Officer*

Ministry of Health and Family Welfare (Department of Health Research)

1. Dr. V.M. Katoch, Secretary
2. Dr. Nagesh Prabhu, Joint Secretary
3. Smt. Sunita Sharma, Deputy Secretary
4. Shri Amarjit Singh, Under Secretary
5. Shri R.K. Ahluwalia, Under Secretary
6. Shri B.B. Gupta, Consultant

ICMR

1. Dr. Meenakshi, (Heart Disease), Scientist E (NCD)
2. Dr. R.S. Dhaliwal, (Toxic Metal/Lead Toys), Scientist F (NCD)
3. Dr. R.S. Sharma, Scientist G (ART)
4. Dr. Geeta Jotwani, Scientist E (Stem Cells)

Other Ministries/Departments

1. Shri Anshu Prakash, Joint Secretary (NCD) —Department of Health and Family Welfare
2. Shri Manoj Kumar Parida, Joint Secretary — Ministry of Consumer Affairs
3. Dr. Mohammad Shaukat, Deputy Director General (NCD)
4. Dr. A.C. Dhariwal, Director (NVBDCP)

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Ministry of Parliamentary Affairs

1. Shri A. Manoharan, Deputy Secretary
2. Shri A.B. Acharya, Under Secretary

At the outset, the Chairperson welcomed the Members and apprised them about the day's agenda. The Chairperson also expressed his anguish about the absence of the Secretary, Ministry of Parliamentary Affairs in spite of the fact that they were conveyed about the sitting of the Committee on 16 October, 2014 that is before he proceeded abroad on 26 October, 2014.

2. The Committee then took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health Research) and examined 21 assurances pertaining to them up to 15th Lok Sabha as contained in **Annexure-A.** Brief of some of the assurances examined may be stated as detailed below:

i. SQ No. 380 dated 20.4.2005 regarding Guidelines for use of Stem Cell (Sl. No. 1)

The Committee were informed that Implementation Report (IR) of the above assurance was furnished to Ministry of Parliamentary Affairs for being laid on the Table of the House on 05.08.2014. However, the representative of the Ministry of Parliamentary Affairs refused to have received any such communication. The Committee viewed the non-receipt of the IR seriously and directed the representative of the Ministry to take action against the officer responsible for the lapse.

ii. USQ No. 2490 dated 22.07.2009 regarding Lead in Paint Products (Sl. No. 2), USQ No. 1502 dated 04.03.2011 regarding Lead in Paints (Sl. No. 10) and USQ No. 460 dated 23.11.2012 regarding Toxic substance in Paints (Sl. No. 18)

The Committee were informed that there are 61 Indian Standards on paints, out of which 44 standards have been indentified which are for decorative and household use. Out of that lead content has already been specified in 37 standards as per international requirement. The Committee pointed out that the information given in writing in quite different from what that is now being conveyed to the Committee. The Committee directed to furnish the details within one week and to implement the assurance by the next sitting of the Committee.

iii. USQ No. 1480 dated 27.11.2009 regarding Cases of heart diseases (Sl. No. 3)

The Committee noted that the Ministry provides funds to the States to reduce the risks of heart diseases since 2007-08 but no information is sought from the States about the funds spent or the reasons, if the funds have not been spent for the purpose. The Committee, therefore, directed that the Ministry should immediately take up the issue with the Chief Secretary of the respective States.

iv. USQ No. 1516 dated 27.11.2009 (Sl. No. 4) and USQ No. 3613 dated 14.12.2012 regarding Stem Cell Research and Therapy (Sl. No. 19)

The Committee were informed that the requisite information has been collected from the concerned medical colleges and hospitals and it was assured that the IR will be laid on the Table of the House during the forthcoming session of Lok Sabha.

v. USQ No. 4792 dated 18.12.2009 regarding Metal content in Toys (Sl. No. 5). USQ No. 3575 dated 16.04.2010 regarding Impact of Toys on Health of Children (Sl. No. 6) and USQ No. 230 dated 26.07.2010 regarding Chinese Toys in Indian Market (Sl. No. 7)

The Committee noted that the Ministry constituted an Expert Committee under the Chairmanship of Dr. V.K. Gupta, Professor of Bio-chemistry of AIIMS, New Delhi to look into the presence of harmful elements in toys and to submit their report. However, the said committee has yet to submit its report in the matter. A reminder has been issued to the said committee for early finalization of the report. The Committee observed that it is a very sensitive issue and a policy in the matter needs to be formulated. The Committee, therefore, desired that the said report be finalized and assurance on the subject be implemented at the earliest.

vi. USQ No. 5147 dated 27.08.2010 regarding Surrogacy (Sl. No. 8), USQ No. 2109 dated 12.08.2011 regarding Fertility Clinics (Sl. No. 11), USQ No. 4744 dated 04.05.2012 regarding ART Bill (Sl.No. 13) and USQ No. 2373 dated 23.08.2013 regarding Fertility Clinics/Agencies (Sl. No. 21).

The Committee informed that the draft Assisted Reproductive Technology (ART) (Regulation) Bill and Rules, 2010 have been prepared which address issues Related to surrogacy in the context of ART clinics and will be introduced in the winter session of Parliament.

vii. USQ No. 5256 dated 10.12.2010 regarding Study of Epidemiology (Sl. No. 9).

The Committee were unhappy to note that the Department could not collect information regarding expenditure incurred on National Programme for Prevention and control of cancer, diabetes, cardiovascular disease and stroke even after four years. The Secretary of the Department informed the Committee that the data has been collected and after its analysis, the assurance will be implemented before December, 2014.

viii. USQ No. 4704 dated 04.05.2012 regarding Research to Control Vector Borne Diseases (Sl. No. 12).

The Committee noted that the ICMR had established a Task Force on Acute Encephalitis Syndrome to undertake studies on aetiology and development of clinical guidelines and management of JE/Acute Encephalitis Syndrome. The Committee were informed that the Department have provided complete guidelines relating to malaria. For JE, they have standard guidelines but a research project has been initiated to change it scientifically which will take another one year at least for improved guidelines. The Committee directed that they can furnish a part report thereon.

ix. USQ No. 4750 dated 04.05.2012 regarding Medical Research (Sl. No. 14).
The Committee were informed that the IR for fulfilment of the assurance has been sent to the Ministry of Parliamentary Affairs.

x. USQ No. 7072 dated 18.05.2012 regarding Transfer of ICMR Land (Sl. No. 15).

The Committee were informed that the case of transfer of a plot in Sector 35 NOIDA by the ICMR to ICPO-ICMR Co-operative Group Housing Society was being investigated by CBI which has since charge sheeted several officers on 31.12.2012 and the matter is before the Court.

xi. USQ No. 412 dated 23.11.2012 regarding Neglected Tropical Diseases (Sl. No. 16).

The Committee were assured during the evidence that the IR will be given in December, 2014.

xii. USQ No. 444 dated 23.11.2012 regarding Cancer risk near thermal stations (Sl. No. 17).

The Committee were informed that IR has been sent to Ministry of Parliamentary Affairs.

xiii. USQ No. 4212 dated 22.03.2013 regarding Sickle Cell disease control Programme (Sl. No. 20)

The Committee were informed that the examination of the issue of induction of sickle cell disease in the schedule to the Rights of Persons with Disabilities Bill, 2012 pertains to the Ministry of Social Justice and Empowerment and they have been requested to accept the transfer of the assurance. In this regard, the Committee directed the Ministry of Parliamentary Affairs to look into the matter and the assurance be transferred to the Ministry of Social Justice and Empowerment.

The representatives of Ministry of Health and Family Welfare thereafter withdrew.

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A verbatim record of the proceedings has been kept.

The Committee then adjourned.

ANNEXURE A

Statement of Pending Assurances of the Ministry of Health and Family Welfare (Department of Health Research) (upto 15th Lok Sabha)

Sl. No.	SQ/USQ No. dated	Subject
*1.	SQ No. 380 dated 20.04.2005 (Shri Kirti Vardhan Singh, M.P.)	Guidelines for use of stem cells
2.	USQ No. 2490 dated 22.07.2009	Lead in paint products
@3.	USQ No. 1480 dated 27.11.2009	Cases of heart diseases
4.	USQ No. 1516 dated 27.11.2009	Stem cell research and therapy
5.	USQ No. 4792 dated 18.12.2009	Metal content in toys
6.	USQ No. 3575 dated 16.04.2010	Impact of toxic toys on health of children
7.	USQ No. 230 dated 26.07.2010	Chinese toys in Indian markets
8.	USQ No. 5147 dated 27.08.2010	Surrogacy
9.	USQ No. 5256 dated 10.12.2010	Study of Epidemiology
10.	USQ No. 1502 dated 04.03.2011	Lead in paints
11.	USQ No. 2109 dated 12.08.2011	Fertility clinics
12.	USQ No. 4704 dated 04.05.2012	Research to control vector-borne diseases
13.	USQ No. 4744 dated 04.05.2012	ART Bill
14.	USQ No. 4750 dated 04.05.2012	Medical research
15.	USQ No. 7072 dated 18.05.2012	Transfer of ICMR Land
16.	USQ No. 412 dated 23.11.2012	Neglected tropical diseases
17.	USQ No. 444 dated 23.11.2012	Cancer risk near thermal stations
18.	USQ No. 460 dated 23.11.2012	Toxic substances in paints
19.	USQ No. 3613 dated 14.12.2012	Stem cell research and therapy
20.	USQ No. 4212 dated 22.03.2013	Sickle cell disease control programme
21.	USQ No. 2373 dated 23.08.2013	Fertility clinics/agencies

*Partly Implemented on 09.03.2006.
@Partly Implemented on 18.08.2011.

ANNEXURE II

MINUTES

ELEVENTH SITTING

MINUTES OF THE SITTING OF THE COMMITTEE ON GOVERNMENT ASSURANCES (2014-2015) HELD ON 08.06.2015 IN COMMITTEE ROOM 'C', PARLIAMENT HOUSE ANNEXE, NEW DELHI

The Committee sat from 1500 hours to 1630 hours on Monday, 08 June, 2015.

PRESENT

Dr. Ramesh Pokhriyal 'Nishank' — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Shri Naran Bhai Kachhadia
4. Shri Bahadur Singh Koli
5. Shri Prahlad Singh Patel
6. Shri A.T. Nana Patil
7. Shri C.R. Patil
8. Shri Sunil Kumar Singh
9. Shri Tasleem Uddin
10. Shri K.C. Venugopal

SECRETARIAT

1. Shri R.S. Kambo — *Joint Secretary*
2. Shri U.B.S. Negi — *Director*
3. Shri T.S. Rangarajan — *Additional Director*
4. Shri Kulvinder Singh — *Committee Officer*
5. Shri Nagendra Suman — *Committee Officer*

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At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them regarding the day's agenda. Thereafter, the Committee considered and adopted the following Four (04) draft reports:

(i) Fourteenth Report regarding "Review of pending assurances pertaining to the Ministry of Health and Family Welfare (Department of Health Research)".

(ii) Fifteenth Report regarding "Review of pending assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)".

(iii) Sixteenth Report regarding "Requests for dropping of assurances (Acceded to)".

(iv) Seventeenth Report regarding "Requests for dropping of assurances (Not acceded to)".

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The Committee then adjourned.

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