

[Translation]

MR. SPEAKER : Madam, if you give it in writing, I will consider it.

[English]

KUMARI MAMATA BANERJEE : Okay, Sir.

[Translation]

MR. SPEAKER : Please sit down. You speak.

12.08 hrs.

# CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

[Translation]

Reported outbreak of Kala-Azar in  
various parts of the country

SHRI RAMASHRAY PRASAD SINGH (Jahanabad) : I call the attention of the hon. Minister of Health and Family Welfare to the following matter of urgent public importance and request him to make a statement thereon :

"Reported outbreak of Kala-Azar in various parts of the country and the remedial measures taken by Government in that regard."

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTILAL VORA) : Kala-azar is a major public health problem in the States of Bihar and West Bengal. It is spread by the Sandfly vector, which is predominantly seen in the Gangetic belt. The population exposed to risk in the endemic areas is about 40 million. The number of cases and deaths during the last three years is as under :

| Year                     | Cases  | Deaths |
|--------------------------|--------|--------|
| 1985                     | 16,277 | 42     |
| 1986                     | 17,761 | 72     |
| 1987                     | 20,971 | 103    |
| 1988 (upto<br>27-7-1988) | 11,659 | 47     |

12.09 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

There has been an increase both in the number of cases and deaths due to Kala-azar during the last three years in the country. Bihar alone accounts for both the increase in the number of cases as well as deaths. The endemic areas comprise of 26 districts of Bihar, 8 districts of West Bengal and 2 districts of U.P. Based on the reported incidence of Kala-azar during the last 10 years, it is clear that there is no outbreak in Bihar or in any part of the country. However, the endemicity of the disease has been established in Bihar and West Bengal. Some of the States like U.P., Assam, Tamil Nadu, Meghalaya and Pondicherry have reported sporadic cases.

The Control measures for Kala-azar consists of the following :

- Indoor residual spraying with insecticides (DDT) to interrupt transmission.
- Health education for disease prevention through improvement of general sanitation in and around the houses to eliminate breeding ground of Sandfly.
- Case detection and management of all patients.

I am very glad to report that the Government of Bihar has sanctioned a scheme for Rs. 2.46 crores and agreed to contribute Rs. 1.23 crore for Kala-azar control activities. The spraying operations has commenced.

The standard drug of choice for the treatment is sodium antimony gluconate which is manufactured indigenously and is readily available in the market. A few cases may fail to respond to this drug and require imported drug such as Pentamidine Isothionate, which is costly and should be administered under medical supervision. In order to deal with the large number of cases, the Government of Bihar has recently procured 10,000 vials of Pentamidine.

The Government of India has been having periodic consultations with the State Govern-

[Shri Motilal Vora]

ments regarding control of Kala-azar. The Government of India has been providing assistance to the affected States by supplying insecticides out of NMEP budget, arranging supply of drugs, monitoring the incidence and providing necessary technical guidance in addition to frequent visits of officers from NMEP/NICD Directorates to the affected areas. The officers from the States have also been trained by organising courses at the National Institute of Communicable Diseases, Delhi, and the School of Tropical Medicines, Calcutta. The ICMR and NICD have established research Centre and Unit respectively exclusively for Kala-azar.

The need for an integrated approach to control of all vector borne diseases such as Malaria, Filariasis, Kala-azar and Japanese Encephalitis was recognised by the Central Council for Health and Family Welfare in the meeting held in February, 1988. Based on the Resolution of the Central Council for Health and Family Welfare, the Government is considering the adoption of control measures for Kala-azar within the outlay approved for the Malaria Eradication Programme. The endemic blocks will be covered under the integrated plan for control of vector borne diseases and will be funded by the State Governments and Government of India in equal proportion.

I would like to assure the Members that the Central Government is constantly monitoring the incidence of Kala-azar and we would be keeping a close watch and intervene where necessary in consultation with the State Governments for adopting control measures. I am grateful to the Members for raising this issue as control of Kala-azar is an integral part in the overall strategy for control of communicable diseases.

**SHRI RAMASHRAY PRASAD SINGH :** Mr. Deputy-Speaker, Sir, in connection with the statement of the hon. Minister regarding Kala-Azar I want to submit that it has been the result of the short-sightedness of the Bihar Government. It is due to the wrong public health policies of the State Government that Kala-Azar is turning into an epidemic in Bihar, Bengal and Assam today. Lakhs of people are suffering from this disease and thousands of them are dying

everyday. The number of deaths given in the Statement, is less than the actual number. These deaths are occurring due to the non-availability of proper medicines. Is the Government aware of the unanimous opinion of the doctors belonging to the All India Medical Association that particularly, the labour class and the poor are exposed to this disease. The Government should also understand that this disease has spread among such people because they are too poor to save their own lives and the members of their families also cannot afford to provide them with best medical aid. Government claims to be the well wisher of the poor. But how far is it true? Even nature has not spared them. In 1985, under the direction of the Central Government, a team of Kala-Azar experts after having consultations with the Planning Commission had recommended that if under the Kala-Azar Control Programme, Kala-Azar is not controlled in time, the situation will become critical and it was also recommended that D.D.T. spraying should be undertaken in every block. It was stated that the total expenditure will come to Rs. 8.64 crores out of which Central Government will provide Rs. 4.5 crores. But the State Governments have refused to provide their share on the plea that they are in financial crisis and therefore, they cannot afford it. In this connection it has been stated that the State Governments have started spraying work. So far we are in the dark about it. Facilities for the correct diagnosis of Kala-Azar are neither available in the primary health centres nor at the district hospitals and in regard to medicines you have stated that 10 thousand vials have been purchased. This medicine is manufactured in England and its cost in the black market Rs. 2000 per vial. The victims of this disease cannot afford to pay Rs. 2000. The second medicine which is to be administered is given according to weight and if one injection is given every day, it would take 40 days for the course to be completed. This medicine used to be sold at Rs. 2 per vial in 1976 and now the cost is Rs. 40. You can imagine as to how much the cost has escalated. Kala-Azar is particularly endemic in Bihar, Bengal and Assam. It has even spread to areas like Jahanabad, Gaya, Bhojpur, Sasaram etc. It was stated that this disease has been controlled. But you can see the condition of the people. The

report which has been submitted should be studied in its proper perspective. According to my information 13024 people in 1985, 14 thousand people in 1986, 17,500 people in 1987 died in this epidemic. But according to your figures the number of deaths were only 200 or 250.

DR. G.S. RAJHANS (Jhanjharpur) : One thousand people have died in my constituency alone.

SHRI RAMASHRAY PRASAD SINGH : He has misled the House by giving incorrect figures. I want to request him that this matter should not be left to the State Government. The Central Government should help the States because the labour class and other poor are dying in thousands. This is the time to test whether the Government is the well-wisher of the poor or not. If the Central Government helps them we will be convinced that it is serious about the upliftment of the poor. This is our request to you. Please do not leave this task in the hands of the State Governments. If this is done, the poor cannot be saved. They can't even afford medicines. A survey should be conducted. A survey was conducted by the World Health Organisation in 1970. At that time, 5 lakh people were estimated to have been affected but considerable time has passed since then. Now it is time to see as to how many more people have been affected by this epidemic.

[English]

SHRI C.P. THAKUR (Patna) : Mr. Deputy-Speaker Sir, I wish to call the attention of the hon. Minister to the pitiable condition of the story of Kala-Azar in Bihar and its adjoining States.

The story of Kala-Azar is a story of neglect, carelessness and inefficiency. Kala-Azar disappeared from India in 1950 not due to any active effort but because of a side effect of malaria eradication programme. Then, Dr. Charles Napier who was working in Tropical School in Calcutta predicted that this epidemic will recur every fifteen years. Since then, no effort was taken to prevent this epidemic. In early '70s, one Doctor from Raj Mahal Block in Vaishali District reported a large number of cases of enlarge-

ment of liver, spleen and fever in that area and reported to the Health Department about this. But they did not take any notice of that. In 1977, there were at least one hundred thousand cases of Kala-Azar in Bihar only. This was one fourth of the total cases of Leishmaniasis, which is occurring in the world. Seven per cent of the people have died due to this disease. This was the survey conducted by NICD and others. National Press also highlighted this. Then, the Government, WHO and other agencies came to the help of Bihar Government and started this spraying programme. Then the disease came down a little. After sometime, spraying was discontinued. This created a rise in the case of Kala-azar. Almost all districts in Bihar are affected by Kala-azar. It entered into West Bengal. Now it has entered into West Bengal, U.P. and Nepal also.

As one hon. Member has pointed out, this scheme is beyond the capacity of the State Government. So, the Central Government should take over the control of the whole programme. The traditional treatment for Kala-azar is, antimony treatment should be given for six days. This was very inadequate. We suggested that the treatment should be prolonged. There was an expert committee meeting in ICMR. But they did not agree. They suggested that there should be ten days gap between the two courses of ten days treatment. We from Patna reported recently that the treatment should be given at least for forty days. Now, WHO has accepted our recommendation. In the recent article, we suggested that this treatment should be given for at least not less than forty days.

The first line drug antimony was manufactured by five companies in India, three from Bihar and two from West Bengal. Three companies of Bihar have discontinued manufacturing this drug. Only Albert David of Calcutta and Gluconate are manufacturing this drug. Therefore, this drug fell short. In 70s, it was costing only Rs. 2/- per vial. Now it is selling at Rs. 33/- or Rs. 34/-. We suggested that this drug should be given at least for thirty days.

This means spending of Rs. 6 per day or Rs. 180/- per month besides coming and going to the doctor. This is beyond the

[Shri C.P. Thakur]

capacity of the poor people of Bihar. You know, in per capita income Bihar is the lowest in the country. And poorer sections of society are affected by this. The people are dying not in hundreds but in thousands. Nobody would have liked that cholera should erupt in Delhi. But 250 and odd persons died in Delhi and many heads rolled. And in Bihar thousands of persons are dying—in steamer accident they die in hundreds, by Kala-azar they die in thousands—nobody is stirred by these deaths in Bihar. I would like the Minister to take note of this and I hope, he will do something for Bihar.

Regarding pentamidine, it was raised last year and we were assured that the drug would be made available. There was a question in this House. Since then the Bihar Government also assured that the drug would be made available. Now one course of this drug is available in black-market in Rs. 4000 to Rs. 5000. So they cannot afford the second line drug like pentamidine or lemidine. If the Government wants, these drugs can be imported within two days or within 24 hours because Mayer and Baker Company has got its branches here also. There may be a difficulty in getting lemidine because that is manufactured by a French company which perhaps, is not doing business here.

Kala-azar is the problem of India. Much research work should have been done. But so far ICMR and other agencies which are the white elephants of the Government of India, are doing nothing. They have done nothing on Kala-azar. The credit goes to China because they have at least discovered some medicine for malaria. But a country like ours which has got a large number of doctors, scientists and institutions, has done nothing in this field.

The Central Government has got two units in Bihar. One is the Rajendra Memorial Institute which has been taken over by the Central Government. We thought that this Institute will come up and help the people suffering from tropical diseases like Kala-azar, malaria, etc. in Bihar. Again they also joined the same herd of white elephants. Another unit is the Kala-azar unit. But in spite of that, nothing is

happening. If I say 75,000 are affected by this disease, it is just a guess work. Whatever the figures the hon. Minister has given, it is just paper report. No survey, nothing of that kind has been done. I would request the hon. Minister that the whole scheme should be taken over by the Central Government. There should be Kala-azar control programme. Drugs like pentamidine and lemidine should be made available. Research work on Kala-azar should be stepped up. If we depend on America or England and other countries for doing research on tropical diseases, it is shameful for us.

Since the people who are affected, are very poor, they have got no means to travel long distances. Some five or six advance centres at Patna, Dharbhanga, Muzaffarpur, Bhagalpur, Purlia and one in West Bengal, should be opened so that those patients who have become resistant to Kala-azar, to first-line drug, they should be treated.

Previously it was suggested by some foreign doctors that only six days treatment of this disease is adequate. This belief is still prevailing in mofussil and rural areas. They give drugs only for six days or nine days or ten days. And the patient becomes unresponsive to drugs. Next time, they do not respond to the first line drug. Therefore, there should be wide publicity from the Central Government that these drugs should be given at least for 20 days, and if these are given for 30 days, it is all the better. Antimony should be provided to all block dispensaries in Bihar and West Bengal and some portion of UP where this disease has erupted. This requires very urgent attention of the Central Government.

Last year many people came to me and I promised them that lemidine or the pentamidine will be made available very soon because there was a question here in the Parliament. One year has passed and now they have come again to know when will this drug be available. So, certainly they have lost faith in most of the legislators, in most of the Parliamentarians sitting here. They feel that we cannot do anything. They have lost faith even in the Government of Bihar because they have not been able to provide medicines. I wish they should not lose faith in this Parliament, in this august body. So, here I call the attention of the

Minister and urge upon him to assure that the drugs will be made available and the whole thing will be taken over by the Central Government.

[Translation]

SHRI RAM BHAGAT PASWAN (Roseria) : Mr. Deputy-Speaker, Sir, Kala-azar is posing a serious problem in the country. It has already spread in many States of the country and it is gradually spreading further. As the hon. Minister has also said, it has affected many parts of Bihar. As per the official figures, 24 out of 40 districts are affected. But, I think it has affected all the 40 districts in Bihar. If we take Statewise figures, we find that despite the preventive measures it is increasing every year. But, these are the official figures, position appears to more worse there.

Mr. Deputy-Speaker, Sir, my constituency is a flood effected area where the soil is damp. Almost all the villages in my constituency are affected by this deadly disease. The official figures are 39 cases in 1985 while the real figures are 13029 cases.

I think thousands of people have died of it. The incidences reported are like this ; 14079 cases in 1986, 17045 in 1987 and 5 thousand cases till April 1988, out of which 14 have died. But these figures are not correct.

Hon. Minister may kindly visit the place, then he will find that so many people are suffering from Kala-azar in the villages. He has stated that preventive measures have been taken, which include spraying and arrangement of insecticides etc. You are arranging medicines and the doctors, but I want to tell you that there is no proper medicine to control this disease. Doctors, have prescribed 'Pentamedine', but it is not manufactured indigenously, it is imported. The medicine has not reached the interior villages where it should have been available. One who suffers from this disease dies because of non-availability of medicine there. He leaves the village and comes to the district headquarter where also there are no arrangements. Thus, the people are dying in agony. You have told in your

reply that disease has broken out in 24 districts like Patna, Nalanda, Bhojpur, Siwan, Gopalganj, Samastipur, Gorakhpur, Kalihar etc. But I say that Kala-azar has broken out in all the 40 districts of Bihar. There is no cure for it. It is a very painful thing. The Government, therefore should open at least one health centre at the affected place exclusively for the treatment of Kala-azar patients. Medicines also be sent there so that the poor people can be saved from death due to Kala-azar.

A unit to treat Kala-azar is already functioning in Dr. Rajendra Prasad Memorial Institute and a considerable amount of money is being spent on it. I have not seen any other institute for the treatment of this deadly disease. Officers, and the director of the Rajendra Prasad Memorial Institute prepare figures while sitting in their houses and submit them to the hon. Minister. But I can say with confidence that the figures given by them are not correct. I asked to take them to the affected places, but they did not agree to it. Neither do they try to go nor do they attend any patient and thus they are neglecting them. The Government is spending 37 lakhs to 50 lakhs per year, but no benefit is accruing out of it. The hon. Minister said that medicines are being sent but Malaria and Filaria have also broken out along with Kala-azar. It is a flood affected area, Malaria was eradicated but it has again broken out and is spreading fast. The hon. Minister agreed to it that there are many medicines which do not have any effect.

At present, there are many medical companies which are manufacturing spurious medicines and are selling them. Vials bearing the name of medicine meant for Kala-azar contains the medicine meant for the treatment of cholera.

You have said in the House in reply to one of my questions that there are 14 bogus medical companies which are manufacturing bogus medicines. The Government conducted raids and these companies engaged in manufacturing of spurious medicines were unearthed but no action has so far been taken against them. The medicines supplied by 'Gratus Pharma' were found to be fake in Safdarjang Hospital and still no action has been taken against the firm. Similar is

[Shri Ram Bhagat Paswan]

the case with Civil Drug Laboratories, Alpines, Associated Pharma, B.R. Surgicals, Subhas Trading, Agarwal Pharmaceuticals etc. The medicines supplied by these firms have been found to be spurious but not action has been taken against them so far. This was the reply of the Minister in the House and hon. Speaker had ruled that action should be taken against them but no action has been taken so far.

Besides, I would like to give certain suggestions. Medicines for the treatment of Kala-azar should be sent without delay so that the poor people may get proper treatment. At present these medicines are available in black market which they cannot afford to purchase.

[English]

MR. DEPUTY-SPEAKER : Nothing will go on record.

(Interruptions)\*

[Translation]

SHRI C. MADHAV REDDI (Adilabad) : Mr. Deputy-Speaker, Sir, I have given this Calling Attention Notice because I know that the diseases Kala-azar which has broken out in Bihar, West Bengal, Assam at present will break out in Madhya Pradesh tomorrow. The turn of Andhra Pradesh and Orissa will come next. I know it. I submit that this is a type of disease, for which, as stated by Shri Thakur, we should adopt a similar programme as adopted for Malaria eradication during fifties and sixties, this does not need I.C.M.R. to open a research centre in Bihar. People like us, who are not doctors ; do not know much about the disease. We do go through the literature. I will request the hon. Minister that he should go through the Encyclopaedia and find out as to what this disease is. Is it restricted to our country only ? It has appeared in South America and West Africa. This disease has appeared again after 20 to 25 years at the places where had been the incidences of Malaria and the disease was eradicated by spraying D.D.T. It does not require any research work to be undertaken. The Government should spend more money on it because it has to be eradicated. Rs. 2 crore is a

meagre sum. Bihar Government has sanctioned a sum of Rs. 2 crore and also arranging for medicines. This will not eradicate the disease. Medicines for this disease should be heavily subsidised.

[English]

The Central Government must subsidise this particularly costly medicines Pentamidine.

[Translation]

'Pentamidine', which is a costly medicine, should be subsidised by the Central Government upto 90 per cent. Otherwise the result will be that this disease will spread in the entire country. There is great similarity between this disease and Malaria. There is enlargement of spleen in this disease. I have seen 2-3 cases where the stomach bulges out. If spleen expands then no medicine will prove effective.

Secondly this disease spreads specially among the tribals. This disease spreads out on the tribal areas of Bihar and Assam, and then covers the entire tribal area because of too much of flies there.

There was a time when we thought that the tribals were dying of Malaria and due to that there population was decreasing. We imported DDT in 1950 in huge quantity in order to eradicate Malaria from the country. D.D.T. powder was not being manufactured indigenously at the time. We have spent crores of rupees on it. We thought that we have succeeded in eradicating it but it was not so. This was a success in one generation, but the disease appeared in another form in the next generation. It is a deadly disease. I would like to say that the Government should not shirk in spending more money. The medicine for the treatment of the disease should be heavily subsidised. Besides, we should make efforts to study the steps taken in South Africa to control this disease. After such a study is made we should take all possible steps to control this disease. This is my request to you.

[English]

DR. G.S. RAJHANS : I should be



given two minutes, Sir, to speak on this.

KUMARI MAMATA BANERJEE (Jadavpur) : Sir, you please allow him to speak on this very important subject.

(Interruptions)

SHRI R.S. KHIRHAR (Sitamarhi) : Sir, I may be given a chance to speak.

MR. DEPUTY-SPEAKER : When I called you, you were absent. Okay, I will give you one minute. You may speak.

[Translation]

SHRI R.S. KHIRHAR (Sitamarhi) : Mr. Deputy-Speaker, Sir, the subject under discussion i.e. Kala-azar is a matter of great concern. I hail from the northern end of Bihar which is adjacent to the border of Nepal. Our area is always struck by floods or drought and comes especially in the grip of floods every year. Its adjacent districts such as Motihari, Darbhanga and Madhubani also fall a prey to drought every year. They are very low lying areas and water logging takes place there. Therefore such an epidemic spreads there almost every year. So far as Kala-azar is concerned, 14 people died of this disease in my Assembly segment Sonrasi during last July. When the officials there were requested to spray insecticide, they visited the spot for the same. I do not intend to create any doubt about the efficiency of Bihar Government or the Central Government but the quality of the spraying material sent there was too inferior to kill even a single fly. Later on a huge rally was held in its protest. God knows whether the insecticide was genuine or mere an ordinary powder. It should be investigated as to what kind of powder was it and it should be probed whether the insecticide which was sprayed there was genuine or not and if it was genuine then why was it so ineffective. The life and the property of the poor people there have been risked. Even today, this epidemic is terribly spread in those areas and in North Bihar. I do not know whether the Government will pay attention to these points? I hope that you will hold enquiries from the Bihar Government without delay and a solution should be sought out.

[English]

MR. DEPUTY-SPEAKER : Hon. Minister.

(Interruptions)\*

MR. DEPUTY-SPEAKER : Nothing goes on record except that of the Minister. You take your seat. I cannot deviate from the rules.

KUMARI MAMATA BANERJEE : Last time, you allowed him. (Interruptions)

MR. DEPUTY-SPEAKER : That is an exception.

(Interruptions)

MR. DEPUTY-SPEAKER : Don't waste time. Listen to the Minister.

(Interruption\*)

MR. DEPUTY-SPEAKER : Please, Order.

[Translation]

SHRI MOTI LAL VORA : Mr. Deputy-Speaker, Sir, hon. Members Shri Ramashray Prasad Singh, Dr. C P Thakur, Shri Paswan, Shri Madhav Reddi and Shri R.S. Khirhar have expressed deep concern over spread of Kala-azar. I share their deep concern because this epidemic is not confined to West Bengal and Bihar alone but has affected many other States also.

I have furnished the figures after getting all the information fully verified. I am happy to inform, as I said that the Health Secretary and some officials of the Bihar Government were summoned to Delhi only yesterday and they have accepted what the Central Government had said a few months back and the medical council had given a suggestion that the Central Government should provide matching assistance to the State for the prevention of Kala-azar. The West Bengal Government agreed to the proposal then and there. It has not been mentioned in the State Budget the amount which has been allocated for the purpose but it was clearly stated yesterday that the State Government

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Government was proposed to provide an amount of Rs. 1,23,00,000 immediately and that the Central Government will also provide an equal amount of the State Government as its share. The assistance will be provided to all the State Governments in the same proportion and such instructions have been issued with regard to all the areas from where complaints of Kala-azar are received. On the basis of these instructions, it can be said that the State Governments of Bihar and West Bengal have paid attention to it and I can say on behalf of the Central Government that we have also taken this subject quite seriously.

I do not want to go in the controversy with regard to number of persons died due to it. The main issue is that we have to check the spread of Kala-azar at any cost. Death due to it is painful for all of us. A malaria eradication programme was started in our country. The Government had made a provision of Rs. 370 crores in the Seventh Five Year Plan for eradication of malaria and filaria. An amount of Rs. 3359300000 for the eradication of malaria and Rs. 6 crores, 26 lakh for the eradication of filaria has been given to these State Governments during these four years.

Besides, I would also like to submit that the amount which was given to Bihar in the years 1985-86 and 1986-87 should also be utilised. I fully agree with Shri Madhav Reddi that this epidemic spreads chiefly among the tribal and the poor people and since the medicines for its cure are quite expensive they are unable to make use of them. Due to the lack of adequate provision of these medicines in the Primary Health Centres, proper treatment is not provided and a few days back Shri Paswan informed me about out-break of Kala-azar in Bihar on a large scale. The Central Government had sent a team of experts in Bihar. After inspection of local Primary Health Centres, it was found that there was scarcity of medicines at some places. The appointment of the Malaria Officers have not been made in the required number. It has also been concluded after inspection that a provision of the medicines which should be available at Primary Health Centres, should also be made. Yesterday only, the Health Secretary

has informed that the Government has under taken a massive programme for the spray of D.D.T. and this programme will be undertaken in two stages between 1st July and October.

As I said earlier, as many as 10 thousand vials of Pentamidine have been procured by them for the control of Kala-azar (*Interruptions*).

SHRI RAM BHAGAT PASWAN : I have a point of order.

[English]

SHRI BHADRESWAR TANTI (Kalia-bor) : I am on a point of order. I want a clarification.

MR. DEPUTY-SPEAKER : No point of order. Not allowed.

SHRI RAM BHAGAT PASWAN : I am on a point of order.

MR. DEPUTY-SPEAKER : Under what rule ? No. Nothing on record.

[Translation]

SHRI MOTI LAL VORA : This team left on 3rd July. Dr. A.N. Chakravarty, the Assistant Director incharge Kala-azar unit visited Patna and made on the spot enquiry at Rajmer, Taljhakari, Parihar etc. (*Interruptions*).

DR. G.S. RAJHANS : This is an eye wash. Thousands of people are dying in my constituency.

SHRI MOTI LAL VORA : As the hon. Member said...(*Interruptions*). The hon. Members are aware...(*Interruptions*) I want to assure the hon. Members that a team will be sent again by the Central Government to the places mentioned by them.

I want to extend my thank to Dr. Thakur for the information given by him. He has done a great job in the direction of preventing Kala-azar. As Shri Madhav Reddi said that medicines can be made available at a very cheaper price. We are paying attention not only to research but also to the fact as to what other steps should be taken to prevent this epidemic. We have issued orders



as per Dr. Thakur's directions.

[English]

The State authorities are being informed that the Ministry of Health and Family Welfare has accepted the findings of the trial conducted by Dr. Thakur for taking appropriate administrative action regarding the duration. The drug is available in adequate quantities at all levels of Health services in Bihar. Only proven drug resistant cases need be given Pentamidine. Supplies of Pentamidine reach Calcutta. I am really thankful to Dr. Thakur who has done a very valuable and commendable work in the field of Kala-Azar. We hope that we will be able to take up this issue with the State Government of not only Bihar but also with all the State Governments in the country where there are cases of Kala-Azar.

Sir, a number of suggestions have been made by hon. Members also. I want to assure them that we will definitely take action as Shri Madhav Reddiji, Shri Paswanji and all other hon. Members have suggested. They have suggested about the number of actions to be taken. We are going take action on those lines also. Anxiety has been shown by our hon. Members belonging to Bihar, West Bengal and others also. We are concerned about it. We will take concrete action to eradicate Kala-Azar.

[Translation]

I would once again thank all the hon. Members, especially Dr. Thakur for performing such a grand task. We are not only considering but are making research about it also. Whatever Dr. Thakur has done in this regard deserves appreciation and I feel that if we provide vaccine and medicines to the poor tribal people at a low price then we will certainly be able to prevent it in the near future and cure it properly. Therefore, I would like to thank Dr. Thakur through you.

12.56 hrs.

# MATTERS UNDER RULE 377

[English]

- (i) Need for strict implementations of order banning certain drugs

SHRIMATI KISHORI SINHA (Vaishali) : Mr. Deputy-Speaker, Sir, though fixed EP combination drugs were banned on June 15, 1988, they still continue to be available across the counter in many drug shops. In Maharashtra, consumer group had to approach the High Court to force the Government to get the drug withdrawn. This shows that there is a gap of many weeks between the ban on a drug and its withdrawal from the market, during which chemists make a fast-buck playing on the gullibility of the public. It is also seen that while the fixed dose Estrogen-Progesterone drug is banned in tablet form, it still remains available and sold in injectible forms. Thus the very reason why the drug has been banned remains flouted. There is conspicuous lack of earnestness in implementing the ban on dangerous drugs. The Government can achieve the aims of such ban on irrational drugs and harmful ones only when it simultaneously forces the manufacturers on severe penalty to withdraw their stocks from the market.

- (ii) Need to formulate Master Plan for development of Inland Navigation in Orissa

SHRI LAKSHMAN MALLICK (Jagat-singhpur) : Sir, the State of Orissa is endowed with rivers, lakes and creeks with perennial flow. At present, the usage of the waterways has been limited to operation of some passenger launch services in the Chilka Lake, Chandabali, Aradi and Rajanagar. The proposal for the introduction of launch services on Satpada-Nuapada route is under the consideration of the Government. Still there is tremendous scope for introduction of launch services on some other routes like Balimela Reservoir and from Chandbali to Talchuna in the river Brahmani. The State Government of Orissa has requested the Inland Waterways Authority of India to approve and sanction funds for survey of navigational potential in Mahanadi from Dholpur to Cuttack and for development of Orissa Coast Canal. It is requested that it should