self-employed people for earning their livelihood. That is a good amendment and we support it.

About the safety of public, you have brought in a new amendment and we welcome it.

About more district forums, even the Supreme Court had suggestion that for Delhi, there should be a separate court and it was a necessity.

About the monetary jurisdiction of district fora, State Commissions and the National Commission, we welcome your suggestion.

Then, about the Selection Committee, again I have given an amendment. As far as the selection is concerned, now it will not be only a Government endeavour; there will be Selection Committees. But, at the same time, for the appointment of members of the District Committees, State Committees or the National Commission, the President of the National Commission is fully ignored. I feel that the President of the National Commission should be included when you are taking help of all others.

Avoiding the help of the President of the National Commission, I think, will not be in the fitness of things. So, this is one important amendment which I have suggested.

About the limitation period, there is no reason whatsoever for acepting the limitation of two years in place of three years. It should be three years because it is a general practice. It was demanded by the working group, by everyone and I feel that you should accept this amendment also about three years because even the guarantee period, sometimes, is for one year.

Many a time people feel that we should go in for consumer protection; but at the same time your time limitation comes in their way. So, please accept the suggestion of limitation of three years.

Then there are some recommendations of the Council which you should take into account. One is about the separate legislation on the pattern of Freedom of Information Act, 1966 in the U.S.A. That is not a suggestion of the working group but the Council. The Council had suggested it and the hon. Minister, Shri Antony, had almost welcomed that suggestion. But when we went through the amendments, we do not find that. I would again suggest to you that a legislation on the pattern of Freedom of Information Act should be there for the consumers. That will go a long way to help the consumers. That is one suggestion of the Council.

Then another suggestion is about the Public Utility Regulatory Commission Act. If public utility service is made responsible, private organisations' attitude will also change and further Railways, Posts, Telephones, LIC etc. all these should be brought into its purview. This Act will also help the consumer movement.

As on today the consumer movement needs the help of the Government, of the social organisations and at the same time it should be publicised. For that the Government should come forward and accept all these suggestions in the interest of the consumers.

Thank you very much.

MOTION RE : REVIEW OF DRUG POLICY

[*English*]

15.08 hrs.

MR. CHAIRMAN : Now we take up discussion on drug policy.

[*Translation*]

SHRI MOHAN SINGH (Deoria) : Mr. Chairman, Sir, when this discussion will be taken up again ?

MR. CHAIRMAN : It will be discussed next day. Now the drug policy will be discussed. Four hours have been allotted for this.

[*English*]

THE MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI EDUARDO FALEIRO) : Sir, I beg to move :

"That this House do consider the Background Note on Review of Drug Policy,

1986, laid on the Table of the House on the 12th August, 1992."

Sir, at the outset permit me to express my gratitude to the hon. Speaker and to all the Members of this House for having found time to discuss this subject.

Now, as the motion itself says, the background note was laid on the table of the House on 12th August, 1992, that is just a little more than one year ago. In fact, when we wanted this to be discussed, some members were telling us why were we wasting the time in implementing this policy as so many months—one year—have passed and it was not necessary for us for go to Parliament as policy is a matter that the Government does and after the policy is made, Parliament has authority and full powers to ask questions on it and to debate it; but before the policy is finalised it is not necessary for the Government—that was the argument advanced—to get the views of Parliament. We respectfully disagreed with this view because it is not just another policy of the Government. It is a policy which affects the life and health of the people of the country and of every citizen. On such an important policy, we were extremely keen that the wisdom of Parliament should come to bear upon it before we finalise it.

Therefore, I am happy that the discussion is taking place because we had decided that—in spite of our best desire to postpone it until Parliament finds time—we were constrained not to implement it but to implement it after the session. And it is, therefore, most opportune that Parliament is discussing it before we implement it.

MR. CHAIRMAN : Sir, as I have mentioned, the hon. Members have been showing great concern on various aspects pertaining to drug sector. A number of questions have been raised from time to time expressing concern on the various aspects of medicines like availability, price situation, the status of Research and Development, quality etc. Hon. Members are also aware that the review of the drug policy has been going on since long and there is all-round expectation that this exercise should now be finalised soon. Let me make this clear that when we are speaking of a new drug policy, this is not something new as far as objectives are concerned. The objectives continue to be the same as they were from the days of Mr. Hathi and from the days of the Hathi Committee Report, viz, medicine is a thing which is vital, it is not like a car for some luxury which a person may or may not buy, everybody must buy medicine for his health as and when required, life of a person must depend on them and therefore, even the poorest of the poor is entitled to life and entitled to health and, therefore, it is important that medicines should be available at prices that the humblest people can afford or the Government must give the money for them or they must be such that the patient whatsoever is his or her economic status, should be able to afford and therefore, I say that these are the objectives of the Hathi Committee and these objectives are varied today, namely, (i) make medicines available to people at prices that people can afford, even the humblest can afford and (ii) make medicines available. They should be available and there must be, therefore, a reasonable profit for the industries to make medicines. It is a thin line, but it must be a very clear line between the reasonable profit and profiteering. We must see that the industries—they are not after all social workers, they are making those medicines so that they make some profit, reasonable profit, yes, it is necessary; profiteering, unreasonable profit at the cost of people, no, and therefore, when they are discussing the drug policy and then when they are discussing the question of prices, whatever system you would like to suggest, let us all keep in mind that (i) the industry must have a profit, but then (ii) profit must be reasonable and not unreasonable, and steps must be, therefore, to see that the industry has the profit and steps must also be there to see that the industry does not profiteer because our people just cannot afford very high prices.

As explained in the background note, the need for modification in the drug policy, 1986, has arisen mainly because of the following factors :

(i) The changes in the new industrial policy announced in July 1991.

(ii) to make the price control mechanism easy to operate and at the same time make it more realistic so as to encourage new investment for meeting the growing requirements of medicines in the country, and

(iii) as I mentioned, to see that medicines are available in a reasonable manner.

Drug is a sensitive area and there are a number of interest groups whose perceptions vary on how the sector can best serve the common man. From the consumers' point of view, in a country like India, the bulk of the population has very low purchasing power. Medicine prices have to be kept under check. However, availability and quality of medicine are equally important and to ensure this, the prices have to be remunerative to the manufacturers on the lines that I have respectfully submitted to this House. Therefore, to assess the situation in realistic terms a series of discussions were held with different associations both from the industry and from the medical profession and from the consumers.

The views expressed were further debated by the Standing Committee at the official level under the Chairmanship of the Secretary of the Department. One of the important aspects, Mr. Chairman, in the review of the Drug Policy of 1986, is the need to liberalise the industrial licencing mechanism to bring it in line with the New Industrial Policy announced in July, 1991. As at present, the drugs and pharmaceuticals sector of the industry is being subjected to controls on the industrial licencing side which are more rigid than those prevailing before the announcement of the New Industrial Policy. What has happened is this.

Mr. Chairman, as you are aware, from 1986 liberalisation started and we went on liberalising and actually the New Industrial Policy was announced in 1991. The benefits of liberalisation from 1986 onwards or thereabout were also available to the drug industry, but in 1991, when the New Industrial Policy came into force, it did not apply to the drug sector because there was a separate, special policy and as a result thereof, even the liberalisation which was available in 1991 before the New Industrial Policy, ceased to be available when the New Industrial Policy came into force, because it was linked to the earlier policy. And this is the greatest contradiction. So, there are inherent contradictions in the present situation. There are also some aspects of the existing drug policy which cannot be implemented. That is the other side of it, as a result of coming into force of several measures, for instance, like Exim Policy with the New Industrial Policy. And therefore, there is urgency also in regard to taking a view towards delicensing, with whatever degree is the matter to be discussed, as far as the drug industry is concerned. This, apparently, is being viewed as a retrograde step, that is, the New Drug Policy coming into effect and at the same time, the backtracking as far as the liberalisation is concerned on the drug industry and the drug sector. This, apparently, is being viewed as a retrograde step in as much as presently its entire activity has to follow the delicencing regime in place of the earlier simplified schemes of legislation. This situation has made the pharmaceutical projects as unattractive proposition, *vis-a-vis*, the projects in other sectors of the industry, thus, hampering new investments. The modification proposed in the background note has taken into account the important fiscal policies prevailing at that point of time, namely, in August, 1992. Since then, these policies have undergone a sea change, particularly regarding actual user conditions in imports and easy availability of foreign exchange at the market rate. The provisions of the Drug Policy, 1986 have necessarily to be in consonance with these changes so as to retain only such of the controls as are practical and meaningful. It has, in fact, become necessary to do away with some of the restrictive provisions contained in the earlier proposals as these have become superfluous in the changed context.

Coming to the pricing aspects, the pricing mechanism in drug was one of the important features examined as part of the review of the Drug Policy, 1986. Some of the aspects have been considered relate to span of control, the consumption of drugs for purpose of price control and simplification of the present procedures of bulk drugs and formulations. As I have mentioned a little while ago, a large number of representations were received by the

Government on the existing list of price control drugs pointing out the anomalies and aberrations as I have also mentioned, a Standing Committee at the official level was created to look into this and its recommendations are incorporated now in the background note.

It has, therefore, been our endeavour to make the price control mechanism more simple and easy to operate. We would like to manage the situation without increasing the complexities and without the need for extra administrative machinery. Another important objective kept in view is to make the policy transparent, easy to comprehend and non-controversial and when the policy is not transparent, then the people do not know as to why the particular drug that I am making is under price control and the drug that the other man is making is not under price control. Then, the reactions and the representations start coming. If the policy is transparent, if the policy is open and if there are some objective criteria, I am quite sure that whoever may be affected one way or the other, would understand the policy well which is applied evenhanded to everybody and so, the people are not particularly unhappy in such circumstances.

May I mention here one important aspect. We are living in an age where we are all going by decontrol. Everybody is talking of decontrol, liberalisation. These are the great slogans of the day. I am sure, there is tremendous amount of substance in these things. But while we can talk about decontrol, rightly so, there is one area in this drug sector where there cannot be any question of decontrol, where there is need for greater and greater, more effective and stronger control and that is, quality control. There is need to strengthen quality control. There is need to make quality control mechanism more effective, both at the Central as well as at the State levels. The quality aspects of drug is an important area. We are in constant touch with the Ministry of Health and the Drug Controller administration at the Central level and in the States would be strengthened expeditiously.

I do not want to take much time of the House at this stage Let me say that I am glad that it has become possible for this matter to be taken up for discussion today. I have just given a few ideas here. We have tried to explain in the background note some of the key issues involved in the modifications that are under consideration. The background note is just a paper, on which your views are sought.

I look forward to very valuable discussions which will be a major input when we ultimately finalise the policy and I hope that we do the finalisation as soon as possible, after this Session of Parliament.

DR. LAXMINARAYAN PANDEYA (Mandsaur) : Mr. Chairman, Sir, today we are going to discuss a very important topic. We are discussing proposed drug policy. It is true that health care is necessary for a healthy life and the Government also have its role to play in this regard. The Government's participation is determined through medicines, health programmes and health measures.

The Government has resolved to provide health facilities to all by 2000 AD. The Government has to do a lot in this direction. Although this matter relates to the Ministry of Health to some extent. We may make available the medicines in whatever quantity, we may keep an eye on quality to any extent, we may make the licensing rules, stringent or liberalize them, but this target cannot be achieved until and unless the Ministry of Health fulfills its responsibility. Keeping this in view it is necessary that we consider it in its entirety.

I had suggested that some Drug Authority like institution may be set up with the coordination of the Ministry of Health and Chemicals Industry. But I have been informed two days back that the Government has no such proposal at present. It is necessary that quality drugs should be produced. We are following the recommendations of Hathi Committee and this policy is not away from those recommendations. There are certain amendments and alterations in it, but the basic principles recommended by the Hathi Committee are being followed. If we follow those principles, it would be in the fitness of things to think over the contents therein. But even after

the production of quality drugs, its utility is not proved and distribution is not up to the mark, we shall not be in a position to derive any benefit. We shall also not derive any benefit if the Inspectors do not perform their duty well in case of quality control. The Government may say that this comes under the jurisdiction of the State Governments, but I would say that the Central Government have also have its responsibility in this regard. The change in the policy or making amendments will be of no use unless the Government admit this fact.

This question relates to common people and that is why it is essential that every person is provided quality medicines in time and at reasonable prices.

Our drug industry is lagging behind as compared to other countries. We are not producing the required quantity of drugs. The hon. Minister was talking about the features of our drug industry. Our drug industry has made tremendous progress during the last ten years and our drug producing companies have done a commendable job. Today we should rise to the occasion. The Government should review the policy in this regard. I have with me the official document of the Ministry of Commerce entitled "Background document for discussion on multilateral trade talks on Urugawe round". Some apprehensions have been expressed in this document. I would quote from page 10. So far as its effects on the prices of drugs are concerned, the apprehension is that due to monopoly of patent rights, the prices of drugs would go up many times. This is a proposal of the Commerce Ministry. You have said that drugs would be available at low costs. You are heading towards the acceptance of Dunkel proposals. The document says that the prices would go up. If the system of patent rights is accepted in case of import, the domestic market will be flooded with imported goods and all possibilities of domestic production will be nowhere. The Government should not give evasive reply by saying that it relates to the Ministry of Commerce or the Ministry of Health. The Government have brought the drug policy and it is being discussed from all angles. If Dunkel proposals are accepted it would create hinderances in the way of research and the produced goods will have an adverse effect on our economy directly. After the acceptance of Dunkel proposals, as the Government have said that in many cases it has accepted the proposals, what adverse or favourable effect will be there on our drug industry and so what extent our domestic production will suffer loss. Afterall what is our health policy and how far we have not been able to fulfil the requirements. How many people die of Malaria, Filaria, Diptheria, Cancer, Diabetes and T.B. ? If their number is counted, it would be in crores. Have the Government made adequate arrangements for the timely supply of medicines in adequate quantity and at reasonable prices to the patients suffering from fatal diseases like T.B., Malaria, Filaria and Meningitis.

15.31 hrs. (Shri Sharad Dighe *in the Chair*)

SHRI CHANDULAL CHANDRAKAR (Durg) : These days many people are suffering from viral infection.

DR. LAXMI NARAYAN PANDEYA : It is true that viral has spread these days, but I did not make its mention because it does not cause instant death. In your preliminary speech you said that drugs would be made available at reasonable rates. But what is the factual position ? I would like to make a reference in this regard. The price of ten tablets of Acidtrone, which was 2.15 paisa before the new policy of liberalisation, is now 26.50 paisa. Glaxo product Saditone which previously cost Rs. 53, is now Rs. 80. A medicine for Ulcer which previously cost Rs. 12 is now Rs. 20. Benedril, a cough medicine which previously was of Rs. 8 is now of Rs. 37. This is all because of the new policy of liberalisation and delicencing. Has the Government ever thought over it ? The Government talks about price control and reasonable profit. Why the IDPL, a public sector undertaking is running in loss ? This industry prepares a medicine named Iodozone which is available at the price of Rs. 4, but when the same medicine is sold with trade name of Dekazone, its price is Rs. 10 and when sold with trade name of Decadrone, its price is Rs. 16. All the three medicines have the same formula, the same quality and same relief. In the same way the said industry

also prepares Analgean, the price of which is 19 paisa. But when the same medicine is sold in the name of Nawalzean, its price becomes 35 paisa. Both the medicines are of the same formula and the same quality. Even then there is difference in the prices. is there any provision in the Drug Policy of the Government to check it ? If not, what are the steps being taken by the Government in this regard ?

There are many such examples. These are life saving drugs. Then why the government is allowing to earn so much profit on these medicines ? Now the Government has excluded many life saving drugs from the Drug Control list. The medicines meant for T.B., Heart problems and Cancer have been excluded from the said list. In such a situation what will be the fate of heart, Ulcer and Cancer patients ? Many medicines have already been decontrolled and their prices are constantly going up in the market. It is, therefore, necessary to think over it.

I would like to quote a news item from the 'Sunday Mail'.

[*English*]

"After the drug companies, it is the Government's turn. In what seems to be a drive to protect consumers of drugs, the Director General of Investigation and Registration (DGIR) of the Monopolies and Restrictive Trade Practices Commission (MRTPC) has written to the Health Secretary asking him to explain the government's drug policy in the matter of pricing".

[*Translation*]

Therefore, what is the price control policy of the Government ? The standing Committee on Petroleum and Chemicals has pondered over the whole issue in detail and has already presented its report on proposed national drug policy. There cannot be two opinions about it. However, all the doubts should be removed. I would like to quote the matter contained in it. On merits, it is mentioned in the report, about patents. Regarding patent laws, which have a duration of 10 years at present, will be extended up to 20 years. There are many doubts regarding which medicines will be covered under the patent laws and which not, which formulae and formulations will be covered and what will be their ingredients and what will be the position of drugs manufactured abroad and whether these could be manufactured in India or not and whether these could be utilised by the Indian markets or not ? Ultimately this will adversely affect Indian pharmaceutical industry. I would like to submit that since India's share in drugs and medicines exports is nominal, therefore, our policy for pricing structure should be very clear. I would like to quote :

[*English*]

About Policy options for the pricing structure, in the National Drug policy, on page 16 it is stated :

The anomalies due to listing of drugs under price control in two categories with different category ;

(b) The span of control could be determined and kept within reasonable limits by adopting suitable turnover limits across the board, including on drugs required for the National Health Programmes. In case of drugs having monopoly situation, the turnover limit can be lowered to suitable limits to tackle the situation.

(c) The Kelkar Committee has given the criteria of exclusion based on market competition. It has been observed that drugs which are having mass consumption, being mostly prescribed for common diseases, qualify under this criteria for exclusion from price control. Market forces are expected to keep their prices under check. However, these can be kept under strict watch.

[*Translation*]

The Government is silent about the amended drug policy and the policy announced by the Hathi Committee.

I was talking about co-ordination. However where is your co-ordination ? Therefore, it has been stated that :

[*English*]

About the co-ordination it is stated in the Policy :

"A Co-ordination Committee for monitoring the areas of key concern in implementation of the Drug Policy and for taking effective and timely action is proposed to be set up. The Committee will consist of representatives of the Ministries of Commerce, Finance, Health, Departments of Biotechnology and Industrial Development and BICP under the chairmanship of Secretary (C&PC)."

[Translation]

That's why I submitted in the beginning that these two things are quite different. Both the Ministries of Commerce and Health are at variance and the latter is stating that within 4-5 years goal for 'Health for All' would be achieved. Drugs will be made available for all. But, how will this be achieved if Indian pharmaceutical industry is made to suffer under the Dunkel proposals. Indian drug export is nominal i.e. 2 per cent of world's total drug exports. Therefore, the Government should ponder over all this and also whether adequate capital is available ? In India there are 18,000 registered companies engaged in drug manufacturing and out of these 250 are in the organised sector. Many companies have their own monopoly. Many foreign companies—Sandoz, Glaxo, Ciba-Giegy—initially and very low capital base, but now their capital base has widened. This is also the reason why IDPL is not growing because foreign companies have got wider leeway like advertising facilities. Medical Representatives give 200—400 samples to doctors. That's why they also prescribe the medicines manufactured by these companies instead of IDPL. As a result public sector company IDPL is suffering. Situation has come to such a pass that any day lockout could be declared. Therefore, I would like to know the decision the Government is going to take in regard to IDPL ?

Both foreign and domestic capital are required. But for expanding capital investment adequate profits are to be ensured. If the Government gives an assurance then our domestic pharmaceutical industry will also be able to compete. It is not so that our domestic companies cannot compete with the foreign companies. If preferential treatment is given to indigenous manufacturers then these can also manufacture quality drugs as Indian manufacturers are also quite competent. Ever increasing demand for medicines in the country should be calculated and all encouragement should be given to new companies for investment by the Government. The other multinational companies willing to work within our laws should be allowed to come and other Indian companies should also necessarily function under the laws of the land. In this connection I would like to give a suggestion :

[English]

"The price control system and the procedure should be minimised to make transparent and workable and ultimately abolished. The existing price control exemption enjoyed by SSI units should continue ; SSI drug units should also be exempted. Actual cost of the production should form basis of the price system. The present patent law should be allowed to continue to encourage indigenous research and development works."

[Translation]

I was making a submission that when the House is discussing the pharmaceutical industry we should also discuss whether the manner in which drug policy is being formulated by the Government is right or not ? We must take into account all these things and then see our weaknesses and mistakes. As a result of the new drug policy in the offing prices of medicines in the market are rising and some medicines are simply not available. The Government has no control over the increasing scarcity of life saving drugs. Newspapers of last 15 days have widely reported about the non-availability of certain drugs in the market. Where have these medicines vanished is not clear ? The Government has no control over all these things and spurious drugs are openly being sold in the market. Since there is no control, therefore, there should be a machinery to check prices of medicines and how do these vanish from the market. Secondly, drugs are not available for shortage of production, due to lack of investments, in pharmaceutical industry. I would like to submit that adequate investment should be made in this industry.

Drug industry has got a total annual turnover of Rs. 5,000 crore in the country and India also exports medicines worth Rs. 500 crores annually i.e., our exports are just 2 per cent of total world exports. Average consumption of drugs in India on population basis, is just Rs. 40 per annum. On an average on monthly basis the figure works out to Rs. 3.50 per person. Shri Shankaranand only gave the slogan of 'Health for all' and not we people. When this is the slogan of the Government all this should not happen. I think this amount is simply nominal and at some places even this much expenditure is not made. Expenditure on drugs remains confined to big cities only and does not reach the villages. I do not want to dwell on this issue at the moment because it is not being discussed in the House. I do not also want to dwell on the availability of the Doctors in the rural areas but simply would like to submit that adequate funds on this account are not reaching the rural areas. Medicines for Malaria like chloroquin, novaquin and chemoquin are not available and their prices also differ. Out of these chloroquin is the cheapest and novaquin's price is still higher and costliest is chemoquin. These are the irregularities and the Government should ponder over all these points. The need of the hour is that the people must get medicines on time and the Government should ensure timely availability of medicines. There is lot of competition in drug industry in India and therefore, quality medicines should be necessarily available. Maximum investment should take place in pharmaceutical industry for its speedy growth. Investment by multinational companies should be regulated so that it does not adversely affect the domestic industry. It is correct that due to liberalisation policy of the Government the multinational companies would come forward to invest in the country. However, if foreign equity rises to 51 per cent then these companies will impose their decisions on India too and will market their products as per their wishes and will also accordingly spend money on marketing. The Government should take note of this thing otherwise lakhs of people employed in pharmaceutical industry will face a lot of problems. I would like to reiterate that India is competent to export medicines and can also boost its exports because ample opportunities are there for research and development in this field. We have been informed that India has made some headway in the field of research and development. It is also correct that some rare medicines have been developed in India.

[*Translation*]

We can move ahead in this direction also. We must ensure that our work in respect of Research and Development does not have an adverse effect.

Before I conclude, I would like to make two submissions. Earlier, I talked about the intellectual aspect. Here again, I would like to submit that it is a matter of regret that the matter of spurious drugs is not taken seriously. All the medicines banned in other countries are being sold openly in our country. What measures are being taken by the Government to prevent the causes underlying it? The drugs which are supposed to be harmful from the health point of view in other countries are being sold without any check in India. Multinational companies have been involved in selling the spurious drugs here and we have not been able to do anything in this regard. Are we not playing with the lives of our people in this manner? I would like the Government to take a rigid stand in this regard and clear its policy with regard to spurious drugs so as to make it clear what measures are proposed to be taken in this regard. I would reiterate to impose restriction on the sale of spurious drugs.

At the same time specific norms should be adopted while giving export orders in this respect. With regard to drug supply also there are certain aspects which must be given attention. For instance, there is a need to strengthen and organise the various pharmaceutical companies. Just as multinational companies have been given certain concessions and facilities to import machinery, indigenous companies should also be given concession in excise duty for importing machinery for the expansion of the concerned industry, which they are not getting at present. If the Government provides such facilities to the indigenous companies. our pharmaceuticals industry would be more strengthened

and capable to fulfil the requirements of people. The IDMA has given appreciable suggestions in this regard.

Besides, before I conclude I would like to submit that all medicines which come under the maximum limit of post production expenditure should be kept in one category. It is very essential to keep all of them in a single category. The drugs sold under price control should be kept in a single list and 100% maximum limit of post production expenditure should be imposed on them. At present the maximum limit of the post production expenditure is 75 per cent which is so much inadequate that neither it is beneficial in increasing the production of medicines nor it is proving beneficial from the point of view of the requirement of medicines. Therefore, the upper limit should be increased. At the time of fixing the prices of drugs, the over all production from the export point of view should also be taken into consideration. At the same time I would like to submit something with regard to bulk medicines also.

The rate of profit should also be increased to encourage production of basic drugs. At present the rate of profit is 14 per cent which should be increased to 18 per cent so that the prospects of capital investment in this field may widen. This would be in the interest of our country.

Finally, I would like to repeat what I submitted in the beginning that so far as the appropriateness of the report of Hathi Committee is concerned, the committee has stressed upon the need to manufacture indigenous life saving drugs to ensure their availability. At the same time, I would also like the Government to keep in view the recommendations given with regard to research and development in this field. Besides, the standing committee with regard to drugs has made an important observation in the report submitted recently. It has given recommendations with regard to Ayurvedic, Unani and Sidh medicines which have been used in our country for a long time. Several Unani and Sidh medicines have been considered most apropriate for keeping fit. There should be no objection if these medicines are also included in the drug policy. Similarly, there are medicines in Ayurved which are useful for saving life, if taken in appropriate proportion but may prove dangerous to life if taken in unrequired quantity. Some medicines have a combination of arsenic which controls the fever if taken in appropriate quantity but may kill a man otherwise. Similarly mercury is also used in many drugs. Drugs manufactured with the combination of mercury are life saving on the one hand but may also kill a man.

Thus Ayurvedic, Unani and Sidh medical systems have been practised in India for a long time, and some of the drugs have proved quite effective for saving human life. It has been suggested that these medical systems should be adopted as a means of beauty aids with a view to give recognition to them. It is not appropriate to adopt them merely as means of beauty aid. Ayurvedic and Unani medicines should also be brought under the drug policy. The reason being that Ayurved is a system which can compete. Under Allopathic system we do not have any treatment for diabetes, tuberculosis, cancer etc. Whereas under Ayurvedic system we do have medicines to prevent all these diseases.

The number of effective drugs available in Ayurved are not available in Allopathic system. The Ayurvedic practitioners take pride to say today that the drugs for which ailments are not available in Allopathy are available with them. Contraceptive medicines are available in Ayurved but not in Allopathy. Therefore, it won't do merely by saying that it may be included as a means of beauty and the Government should think seriously as to how it can be introduced and thus protected and strengthened. 85 per cent of the total population is benefited by the Ayurvedic and Sidh medicines.

Even today, Tulsi, which is planted in homes, not only cures fever but is also effective in cough and many other ailments. I do know the names of many Ayurvedic medicines which cure a number of diseases. 'Asgandh' and 'Moosali' are being adopted as combinations by foreign pharmaceuticals and sold under their own labels. There are many medicines on which research is done in other countries and sold here at double the price under

foreign labels though originally they have been exported from our country itself. 'Asgandh', 'Tulsi' etc. may be sold under the label 'Serpentine' but not under the label 'Sarpgandha'. Therefore, the Government should think seriously in this regard and take appropriate measures to set up and strengthen the pharmaceutical industry. There are many things which still need to be improved. At the same time we must not forget Homoeopathy.

I would also like the Government to keep this industry unaffected from the Dunkel proposals, otherwise it would shatter and the indigenous industry would lose its identity. Therefore, we should adopt a policy which may strengthen the drug industry in India and consequently people may lead a healthy and protected life.

With these words I hope that Government would take into consideration all these facts and formulate the drug policy accordingly.

15 52 hrs.

[*English*]

PROF. K. V. THOMAS (Ernakulam) : Sir, in a developing country like ours, when we think of a new drug policy, our prime aim should be to make available essential drugs to the common man at reasonable price.

Sir, in this House, there have been repeated questions on the spiralling rise of prices of essential drugs and medicines. Government has been repeatedly assuring that the prices of the medicines and drugs will be controlled. But, unfortunately, if we look at the prices of essential drugs in the last one year, it can be seen that the prices have gone up by 50 per cent to 500 per cent. The price of a medicine which is used as an anti-depressant called Orap, has gone up by 140 per cent. The price of Chloromycetin which is the usual medicine used for the treatment of typhoid has gone up by 200 per cent. The price of another medicine Acitrom which is an essential drug for the treatment of cardiovascular diseases has gone up by about 200 per cent. So, if you take any essential drug, we can find a steep rise in the prices. So, the Government has failed completely to control the prices of essential drugs.

Similarly, the essential medicines are very often not available to the common man. The prime importance, this Government has to give when formulating the new drug policy is to make available, to the common man, essential medicines and drugs at reasonable prices.

Similarly, India is the only country where a very large number of formulations are used without any scientific basis. According to the World Health Organisation, just 270 drugs are needed for the treatment of all the ailments. But in India, there are 60,000 combinations. And 60,000 combinations are prescribed by the doctors according to their whims and fancies and according to the pressure put by the medicine manufacturers. Many of the banned medicines abroad are widely prescribed in India, for example, Triominic syrup which is given to the children. Then, there is Tixylix syrup. These are the syrups which are banned outside India, But these are being sold in India everywhere.

Similarly, there are some irrational combinations and unnecessary drugs. Usual tablet is Neurobion. Neurobion is a medicine which costs about Rs. 2 to 2-1/2 per tablet. It is given for improvement of vitamins. This is an unnecessary drug. Combiflam, which is very often prescribed, is not given abroad. Enteroquinol is the medicine always prescribed for diarrohoea. I am a victim of Enteroquinol. Enteroquinol will affect your eyes. The continuous use of Enteroquinol will definitely make you blind. It has been banned everywhere outside India and we are using it very frequently. Its sale has increased. It understand, by 15-30 per cent. What are we doing for this ?

These are unnecessary medicines. These unnecessary combinations have to be banned. There has been a proposal to have an Indian pharmacopoeia. We are still following the British pharmacopoeia. Why don't we have our own paarmacopoeia ? For almost all the diseases in India, which can be cured by the advice of World Heatlth Organization by just 270 drugs, why have we got 60,000 formulations ?

Then I come to the fixing of the price. The same medicine has got different prices by the different companies. What is the mechanism that Government has got to control the price is practically at the hands of the drug manufacturers. We have been questioning in this House several times that the Government has no machinery to control the price of the essential medicines. So, Government has to think of what mechanism they have got to control the price of the medicines.

It is estimated that by 2000 AD, when we think that there will be health for all, we need medicines worth about Rs. 15,000 crores. What do we manufacture ? Now, it is just worth Rs. 6,500 crore . There is no industry that has come in this field. Research work has to be done. R&D has to be developed. In many countries, 5 to 10 per cent of the total sale of the medicines is earmarked for R&D. We are not earmarking even 1 per cent. In India, our drug

16.00 hrs.

manufacturers have got the process patent. But If we are going to adopt the

Dunkel proposals, then we have to accept the product patent. Then, we will be completely finished. The Government has to be very serious about the Dunkel proposal, especially when it is connected with the manufacture of drugs.

It is because America is insisting that there should be product patent. If product patent is accepted, then it will become a monopoly. Secondly, new drugs will not be available for a long time in India and when available, prices will be considerably higher than it would be otherwise available. So, this is a very serious situation. When we discuss Dunkel proposals, these aspects should be looked into depth and seriously

Then, what about quality control ? Then comes intravenous injections and other medicines which are given intravenously. Very often, there had been complaints even in this House about a glucose bottle containing a number of spurious items. What action has the Government taken and what mechanism have they got? So, for quality control, there should be some effective mechanism.

We have got Indian systems of medicine like Ayurveda, Unani and Sidha. These medicines have been developed after years of research. We do not do anything about it and we are not serious about developing the Indian system of medicines. I think Government should think about how to develop the Indian system of medicines. I request the Government to look into these points especially the Dunkel proposals. Unless they are seriously thought of, it will badly affect our drug manufacturers. With these words, I once again urge the Government to look seriously into these proposals

SHRIMATI GEETA MUKHERJEE (PANSKURA) : Sir, the hon. Minister is not present here at the moment. He said very good thing. He said that the drug industry should run at reasonable profit. Secondly, it was clear that he himself is suffering from great contradictions. Here also, our Members have raised those questions. Unless those are clearly indicated here, I think no rational drug policy can be really developed.

With regard to the question of 1986 policy, in my opinion, we started drifting from 1986 policy itself. I was a Member and I took part in the debate and Mr. Virendra Patil was the Minister in charge at that time. At that time itself, the span of price control was reduced from 347 bulk drugs to 166 drugs and there was increase in the mark up in these from 75 to 100 per cent. This increasing of mark up was a very serious thing which was not at all needed. What does it matter whether a particular medicine is in a very beautiful container or a simple container? And at that time, it was raised and we did protest against it. That was in 1986. I am not going into the prices at that time because I do not have the figures of that time. But as a result of that, what happened? Let us see one drug, namely Inderal and since I am a cardiac patient, I am quoting Inderal. Many more drugs have been quoted by many more friends. But let us look at Inderal. The price of ten tablets increased from Rs. 1.73 to Rs. 4.15 between 1992 and 1993.

The increase is more that 150 per cent. Many more things have happenedn this way. As far as the question of reasonable profit is concerned, I was going through a news report which stated that the Directorate General of Investigation and Registration (DGIR) has sent questionnaires regarding price increase of certain important drugs to some of the most important multinational companies which pay a out 20 to 25 per cent dividend. Let us a kebthe case of Hoechst India. The price of ten tablets of *restal* increased from Rs. nine to Rs. 16.75 between 1991-92 and 1992-93. This is one of those companies which pay 20 to 25 per cent dividend ! And what was their response to the questionnaire sent by the DGIR? Well, they never replied. They did not care even to relpy to it ! Such is the situation. In these circumstances, I feel that the question of drug policy has to be very seriously gone into. Everybody has spoken about 'Health for all by 2000 A. D. I, for one, at least, do not see any such indication either in the Health Budget or in the Policy so far pursued. Looking at the trend of the IMF, etc. I am very sorry to state that the suggested changes are reflecting the demands of a section of the drug industry led by multinational companies. No doubt, multinationals are needed in certain areas which are high technology oriented. But they are producing such things which have got nothing to do with high technology. Why are they allowed to do so ? If this is the so called liberatlisation policy, surely, I am totally against it because it is totally against interest of the people. As a result of the multinational companies going into the manufacture of all kinds of drugs the indigenous drug industry will be the loser. Some of the units may even be on the brink of extinction. And our object of self-reliance in drug production will receive a severe blow. Some hon. Members have spoken about the IDPL. I had been a member of the Public Undertakings Committee and I had visited IDPL. IDPL and other public sector undertakings are let down even by Government itself. Government is not placing orders on them. Of late, I also heard that a move is being contemplated to do away with the marketing staff of the public sector undertakings such as the IDPL. How is it that such a step is contemplated? Without the marketing staff, how are the public sector units going to compete with the aggressive multinationals? This has very serious implications and this should not be done. All the available indicators point out to the fact that all these steps will held only the multinationals and workers both on administration side as also marketing personnel will be severely reduced, adding to our growing unemployment problem !

Last but not least, any change in the Indian Patent Act, 1970 on the lines of the Dunkel proposals will throw our country's patients into dire peril as they will be at the mercy of global giant companies. So, it must be clearly stated on the floor of the House that the proposals contained in the Dunkel Draft, insofar as they relate to our Drug Industry and Drug Policy, will totally be rejected off hand. Unless it is very clearly stated, I am sure we will land up in very big trouble.

It has been said that only in agriculture sector some of the Dunkel proposals will not be accepted, but in this sector no promise has been made by the Government. It should be gone into in detail. In my opinion if we want to have a Rationale Drug Policy our aim should be :

1. Making essential Drugs available at tolerable prices. I think man of the drugs are now being sold at intolerable prices.

2. Fighting the super profit of the multinationals. I am afraid you do not have the machinery for that. Just now, before the Minister came, I was talking about the DGIR. What was the fate of the questionnaire sent to a very big multi-national Company ? It did not even care to reply about the super profit.

3. Keeping the public sector intact and improving its performance. This is very important and this should not be given up. I understand that there are some sick public sector units. We should think as to how to revive them and put them back in action. Whatever technological help is possible we should provide this help to them. Our sovereignty in the field of drug will go totally if we give up the public sector units. But, I am afraid this appears to be the general trend of this liberalisation policy.

If the Government is really interested in making a rationale Drug Policy, then a new venture should be made in this direction. I would suggest that the experts in this field—of course by experts, I do not mean the persons belonging to multinationals—like the Doctors, drug manufacturers and the consumers should be consulted. The attention should be focussed on the price and availability of drugs. You should also see that our indigenous industry and the public sector is fully protected. Last bu not the least the protection of our patients should be of paramount importance but I am afraid the way you are going they will be the worst victims.

I, therefore, urge upon the Government to be very very cautious about it. As I said, the hon. Minister himself is in complication. He is in contradiction. I request him to please give up this contradiction and stick to the decision. If in this way you will rame the new Drug Policy then it will be beneficial to the people of our country.

SHRIMATI MALINI BHATTACHARYA (Jadavpur) : Thank you, Mr. Chairman. Today, quite belatedly we are discussing a review of the Drug Policy which was circulated to us some time last year. Anyway, better late than never. We are discussing it but it seems to us that the discussion has been initiated within the Parliament at a stage when the Government seems to have already closed its mind regarding the future of our Drug Policy. Well, it is no use shaking your head, Mr. Minister, you are going to bring, as you yourself said .....

THE MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILISERS (SHRI EDUARDO FALEIRO) : Rather than shaking my head I would like to make it very clear that there is no close mind. In fact there is an open mind. If we had a close mind we had gone and implemented it. There was no need under the Rules of Parliament to come here and obtain approval of Parliament for this type of a policy. This policy is to be made by the Government, but precisely because we have got an open mind .....

[*Translation*]

SHRI DAU DAYAL JOSHI : What is being done in regard to Dunkel proposals ?

[*English*]

SHRI EDUARDO FALEIRO : Dunkel will come. There is an objection in the Dunkel. I will remove it at the appropriate time. But I will come to that, but at this point of time, what I have to say is that we have an open mind and we will look forward to the suggestions of the Parliament and in the light of those suggestions, we will finalise our Policy.

[*Translation*]

SHRI DAU DAYAL JOSHI : The Dunkel proposals will have their impact more on medicines than agriculture. If these are accepted it will be difficult for a common man to purchase medicines.

[*English*]

SHRI EDUARDO FALEIRO : Sir, should I reply to his point ? Shall I reply now ? I can reply at any time.

MR. CHAIRMAN : Not now.

SHRIMATI MALINI BHATTACHARYA : This review is of the Drug Policy which was initiated in 1986. As Mrs. Mukherjee has just now pointed out, many of us had been very critical of the Drug Policy which had been initiated in 1986. We have been calling for a review of this Drug Policy, for tightening up of the Drug Policy for reformulation of the Drug Policy for a very long time. However, when the review element comes, we

find that, instead of moving in the direction in which it can best attain its objective, it seems to be moving futher and further away from the stated objectives of the Drug Policy. What are the stated objectives of the Drug Policy of 1986?

Firstly, availability of drugs at reasonable prices; secondly, quality control; thirdly, new investment into the pharmaceutical industry and fourthly, strengthening the indigenous capability for production of drugs.

I find that in the Report of the Standing Committee, the representatives of the Ministry have stated to the Standing Committee that they have no intention of moving away from these objectives and they are altogether with these objectives. It is only because they want to implement these objectives better that this review has been brought.

Now, I would like to put it before the Minister, in your review, you have both tried to keep your cake and eat it. On the one hand, you have spoken of bringing Drug Policy in tune with the New Industrial Policy, with the New Economic Policy viz. the Policy of Liberalisation and on the other hand, you have not changed the stated objectives of 1986 Drug Policy. This might be understood. If the two interests were to be compatible, if by following the New Economic Policy, if by following the New Industrial Policy, the objectives of ensuring greater availability of drugs, ensuring quality control, ensuring strengthening of the indigenous capability for production of drugs, ensuring that the essential drugs be available to the poorest sections of the population of our country could have been achieved. But if you find that the New Industial Policy is not compatible with providing health for all by A.D. 2000, providing the essential drugs for all by A.D. 2000, providing the requisite drugs for the National Health Programmes, then what will happen ? If he finds that the two things are not compatible, Mr. Chairman, I would like to ask the Minister what would he do; which interest would he sacrificed and whether he will go on trying to bring Drug Policy on line with the New Industrial Policy, the New Economic Policy.

Or would he say that whatever the new industrial policy may be, the area of drug policy should be kept separate. Drug industry is not like any other industry. It is the very basic right of the largest sections of our poople, which are connected with this industry. And therefore, if we find that the new industrial policy cannot enhance the availability of essential drugs for the poorest section of our population, we should not try to bring drug policy in tune with the industrial policy. Does he agree to say that? [*Interruptions*]

THE MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI EDUARADO FALEIRO) : I would like to say that there is no contradiction between the new industrial policy and the policy that we have brought.(2) It is correct that the drug industry is not an industry like any other industry. It is known for special qualities for many-reasons like affecting the health and life of the people. The captive market is there, When you get a prescription, there is no question of demand and supply; no option; you have got to take it as it comes. So, there are specialities in the drug industry which are not available in other industries. I will reply to all other questions at the end.

MR. CHAIRMAN : Why not follow the usual procedure of replying the questions at the end ?

SHRIMATI MALINI BHATTACHARYA : My questions are to be taken as rhetorical. I know the answer. In this review of drug policy, while talking about the review of industrial licensing and related aspects, in the first sentence, it is said that the framework for giving industrial aproval in the drug sector has to conform to the structure laid down in the industrual policy. It seems that there is a certain compulsion in this whereas in the last sentence of the same paragraph, suddenly, the Ministry seems to have become confident and say there is no reason why the drug sector should be excluded from the liberalisation envisaged in the new industrial policy. When I was listening to the Minister's reply, I was rather disappointed to note that in his reply he was laying major emphasis on drug industry as an industry. It was from the point of view of certain industrial interests, not even the industrial interests of the medium and the small sector, not even the interests of the public sector, the drug industry came within the purview of this review or within the purview of the Minister's speech. The parameters within which this review has been formed relates to the interest of a particular section of the drug industry and not to the interest of the people as a whole; and that is why, we are opposed to whatever inkling we can get regarding the reviewed drug policy from this document that has been presented to us.

One of the major points mentioned by the Minister was regarding delicensing of drug industry; and he has said that, as a matter of fact, at the time when the new industrial policy came in force, the system of compulsory licensing was introduced into the drug industry. And therefore, he says, while there was liberalisation in the other sector, there was, as a matter of fact, a degree of deliberalisation in the drug sector.

Now the question that I want to raise here is whether this proposal of decontrolling, and delicensing will help in increasing production of essential drugs in our country. This is one of the big problems. UNIDO had said that India is the only third world country which has the capacity of producing all drugs that are ensstial

for this country by using internal resources. In spite of that, we find that there is a shortfall in the production of essential drugs. There is a shortfall, in particular, in the production of bulk drugs.

Now it seems, from what the Minister has said, that if delicensing is introduced then various drug industries would be encouraged to enhance their production of essential drugs, their production of bulk drugs, in particular. That seems to be the assumption. Is there any ground for this assumption?

Now we find that in 1986 decontrolling of price was there. At once, within a span of one week, price control was reduced from 347 bulk drugs to 166. The policy decreased the number of controlled categories to two and increased the mark up in these to 75 and 100 per cent. Now it had been accepted at that time and it had been advertised with a great deal of fanfare that this would lead to enhancement of production of bulk drugs. As a matter of fact, we find that in the course of subsequent years production of bulk drugs has not gone up; our dependence on import, so far as bulk drugs are cocerned, has, in fact increased. Therefore, the argument that merely by decontrolling the industry the industrialists may be encouraged to enhance the production of bulk drugs is not, I think, an acceptable argument.

What kind of hike has there been in drugs since 1986? In a very large number of cases, we find there has been more than 100 per increase in the case of aquaviron, a hormonal preparation; ovoral, which is an oral contraceptive; alupent anti-asthama drug; ralcidin for cough and cold; chloromycitin and entromycitin. In the case of all these drugs there has been an increase of price by more than 100 per cent.

Now this spiralling of prices has already begun and I think it is a mistake to assume that the drug industries, particularly the multinationals and the large industries are not benefiting, That they are, in fact, losing so much that because of this law they are unable to increase their productive activities. There is no reason to think that these drug industries are losing out because we find them paying handsome dividends.

We find, as a matter of fact, that the profit of the drug industry, particularly the larger drug industries in the private sector has increased and it has not come down. Out of the top 49 drug companies, 34 have declared dividends ranging from five to 35 per cent. The sales turnover of all large companies has increased and so also the gross profit earning.

So, how can we say that it is because they are unable to make sufficient profit that the private industries are unable to invest more to produce more ? As a matter of fact, we also find that so far as the multinational companies are concerned, these are making more profits than are due to them by not utilising their installed capacities as much as it should be used. This shortfall in utilising installed capacity so far as the multinationals are concerned, hides the total profit that they are making out of cheating the Goverrtment, by violating the rules that have been imposed upon them by the Government. As a matter of fact, there has been a court order by which reveals socalled unintended profits of certain drug companies running to serveral hundred crores are still lying to be collected by the Government. Ever since this review of drug policy has been presented to us, we have been getting all kinds of letters from all the big drug manufacturing lobbies saying how important it is that the prices of the drugs should be decontrolled. We find as a matter of fact that it is not the case. It is not due to lack of sufficient profits that they are not producing the essential drugs to the extent that they should produce.

Therefore, this decontrol of drug prices is likely to have a deleterious effect on our public health system which is very frail anyway if you withdraw price control and production control at the same time. This is the other point which seems to us to be very ominous when we read the review of the drug policy.

It has been said in the Review of Drug Policy which has been circulated to us :—

> "New Industrial Policy and Drug Sector : The pharmaeeutical sector has been temporarily placed under the ambit of compulsory licensing to meet the requirements of the Drug Policy. These requirements relate to manufacture from the prescribed basic state and supply of the percentage of the bulk drugs produced through non-associated formulators in the case of bulk drugs and compliance of ratio parameters between bulk drugs and formulation actually."

Now, there are certain requirements according to the conditions of the licences that drug industries have to fulfil. As I have said already, these requirements are already being violated particularly by the multinational companies. They are not complying with these regulations.

Now by way of legalising these violations, the Government is proposing to withdraw these ratio parameters and the other requirement regarding the minimum amount of production of bulk drugs, the percentage of bulk drugs to formulations. All these requirements are going to be abolished in the name of simplifying the process. Can we accept that by allowing this, the Government can attain its objective, can achieve its objective, of ensuring the greater availability of essential drugs, the greater production of essential drugs ? Is there any guarantee? There is no guarantee. In fact

it seems to us from our previous experience that exactly the opposite is likely to happen as a result of this.

It has also been said that as a result of the New Industrial Policy, 51 per cent foreign equity is being allowed; automatic approvals can be given for equity upto 51 per cent in certain areas. So far as the recommendations of the Hathi Committee are concerned, the equity was sought to be reduced. I think, to 24 per cent. It was not. It had been at the level of 40 per cent. Now, in tune with the rest of the New Industrial Policy, if you allow foreign equity of 51 per cent in the drug sector also, what will happen? One thing that will happen is that we will not be able to see many multinationals. They will not be visible as multinationals, if their equity share is somewhat lower than the requirement that they have. So far as foreign exchange regulations are concerned, these would be further relaxed, these would be further liberalised. And, therefore, there would be a further drainage of foreign exchange through the drug sector as a result of drug policy being made to conform with the industrial Policy in general.

Sir, there are one or two other points that I would like to make.

In the Review of the Drug Policy, it has been said that according to the new EXIM Policy—I think, the Minister has also mentioned this in his speech- except for few items placed under negative list under the EXIM Policy of 1992–97 any item can be imported without any restriction since there is no actual users' condition. In view of the UNIDO statement regarding the capacity of India to manufacture all essential drugs by using internal resources, do you think it is necessary to follow this EXIM Policy? Is it necessary to enhance imports, to allow imports to be liberalised further? Is not India be able to stand on her own feet? Do we have not enough research scientists and enough workers in the pharmaceutical industry, who are quite capable of developing the technologies? In fact, what we have found is that particularly in the public sector by using new process technologies, the drug industry has been able to develop new drugs.

It is because we have a Patent Act of 1970 which allows us to research in processes where one process is under patent. It is only the process which is under patent at the moment and, therefore, if other processes can be invanted of manufacturing the same product, than there is no bar to that. And by using this provision our drug industry has been able to enhance its activities in the area of research and, therefore, India has become—I would not say because of Government's policy, I would say, in spite of Government's policy—one of the great exporter of drugs. No thanks to the multinationals, thanks to the public sector, thanks to the small-scale and medium-scale drug Industry that India has become a major exporter.

Now there are other interests which are envious of this achievement of India. Therefore, now pressure is being brought upon us to change our Patent Act and to introduce patenting of product as well as of processes. This is the content of the Dunkel Draft on which others have spoken as well, so, I am not going into that in detail. But if this is agreed upon by the Government, then, as my other colleagues have also said, I think that that could be the end of our indigenous drug industry.

Sir, the Minister has left.

THE MINISTER OF STATE IN THE MINISTRY OF URBAN DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRI VIDYA CHARAN SHUKLA) : He has requested me to note down the points.

MR. CHAIRMAN : There is a discussion in Rajya Sabha also which is going on simultaneously. Therefore, MOS has sent a message that he will be skipping the discussion in Lok Sabha. He has requested Shri Thungon to be in the House and take notes.

(Interruptions)

[*Translation*]

SHRI DAU DAYAL JOSHI : He cannot understand it.

THE MINISTER OF STATE IN THE MINISTRY OF URBAN DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRI P. K. THUNGON) : I am noting down his points.

SHRI DAU DAYAL JOSHI : It is not the question of noting down. He should be present in the House. The hon. Member is saying a very good thing. He is not the Minister of the concerned Department. There are as many as three Ministers in this Department, but none of them is present here. (*Interruptions.*) .....

[*English*]

MR. CHAIRMAN : Please conclude now.

SHRIMATI MALINI BHATTACHARYA : Sir, this is one of the books which has been sent, I think, to many of the MPs. This is supposed to be the speech given by Mr. T. Thomas who used to be the Director of Unilever, one of the multinational companies. It is a World Symposium on Intellectual property Rights, it seems. Of course, if it is presided over by Directors and previous Directors of large multinational companies it is bound to be a world symposium.

It is because they represent the world, at least that is what they think. So, in this book we find the kind of pressure that is being brought upon the Government, under which pressure this kind of a review has been brought out by the Ministry. We find it being said that– do not be afraid of changing your Patent Act; do not be afraid of multi-nationals.

It says, and I quote :

"Most drugs which are patented are not novel; they are improvements on existing drugs. You take for instance any antibiotic which is new and which may be patented. It is not a revolutionary new product which is produced once in many many years. They are improvements on existing antibiotics and they still continue."

You see that the suggestion is that if patenting is accepted, then only the latest products will be under patent. These latest products will be only for those who can afford to import their drugs from abroad whereas all the other drugs which have been rendered obsolete, which have been rendered back-dated by new inventions, will be for the ordinary people of India. This is what is being suggested in this symposium on intellectual property rights.

About drug policy it has been said, and I quote :

"What people do not realise is the cost of manufacturing a drug is hardly twenty per cent of the price you pay".

We are very grateful indeed to Mr. Thomas for this information. We are told that the production cost is 20 per cent only of the price we pay. What is the rest that we pay ? He says, and I quote :

'The main cost of the drug, the cost of research which can be up to fifteen per cent and the major cost is in sales and distribution",

It is not for production of bulk drugs but just packing it up attractively. You have nice packages. You have not put any ceiling on the packaging material and that is included in the MAPE. Therefore, you are allowing different kinds of formulations. There is a proliferation of formulations, not at all necessary, but you are allowing them to proliferate and through this proliferation you are allowing the price of drugs to go up simply because of the packaging.

So, from this point of view it seems that the research activities that are highlighted for which the price of drugs is sought to be de-controlled, these research activities of the multi-national companies are nothing but packaging activities.

I would like to say that so far as this review is concerned, it talks of investment for research and development. But the way in which it seeks to promote investment merely by de-controlling the price of drugs by abolishing price control and by abolishing production control, this cannot lead to better quality of drugs being produced. This cannot lead to the multi-nationals, the big concerns shifting from the non-essential areas—in which they like to be at the present moment-to the essential areas of drug production. It cannot make them move from the non-essential areas to the essential areas.

Therefore, this review of drug policy is one which—even though it is still very lazy and rather vague because it is not sufficiently detailed—has certain aspects about it; there are certain suggestions in it which make us suspect that it will lead not to greater production of essential drugs, not to the greater availability of drugs but it will lead to the destruction of our indigenous industry.

And it would lead to the deprivation of the people of our country of whatever drugs they get from the health system. Tuberculosis is increasing in our country, Incidents of Malaria, particularly the lethal kind of malaria is rampant now. If the patenting of drugs is allowed, then it is likely that these new drugs which are under patent would be priced out of our reach altogether. Therefore, Sir, I wish that the Government would re-review this review and they would bring out a different review of the drug policy which would be more in consonance with the stated objectives of making essential drugs available to all sections of the people of our country. Thank you.

16.52 hrs.

PROF. K. VENKATAGIRI GOWDA (Bangalore South) : Mr. Chairman, Sir, I rise to speak on the new drug policy of the Government. The present drug policy was formulated as early as in 1986. With the passage of time, the policy was found to be badly wanting in many respects and needed a close review. Accordingly, the Government of India prepared a background paper on the review of the drug policy and tabled it in both Houses of Parliament on 12-8-1992. However, for reasons best known to God and the Government, the drug policy was not taken up for discussion at all for over a year. The nation is now greatly relieved that it is now taken up for discussion, debate and disposal.

The drug policy must be formulated in such a way as to promote the cause of health-for-all by 2000 A. D. The Government of India has adopted the programme of providing health for everybody by 2000 A.D. and this programme must be strengthened and sustained. The drug policy is a good instrument for supporting this programme.

The drug industry must be enabled to improve its competitive efficiency. This requires that the drug industry must be liberalised. The Government of India adopted a policy of liberalisation in 1990-91. The Government of India adopted a new industrial policy. This Policy is unshackled from the industrial system bureaucratic controls and licensing procedures. But unfortunately, the drug industry is still under licensing and controls and therefore, it is time that the Government of India liberalised the drug industry also in line with other schemes of the industrial sector in order to improve its efficiency, in order to increase production, in order to increase the quality of the products. It is only when the drug industry is liberalised and decontrolled that investment flows in large quantity to

the industry. Otherwise, investors will be reluctant to invest in the drug industry. As a result, production suffers, and quality suffers and therefore, we will not be able to get adequate quantity of drugs of good quality. It must be mentioned that aven after 46 years of Independence, only 30 per cent of population has access to modern medicines. But now the demand for drugs is increasing at a steady rate. India's population which is 88 crores at present will rise to 100 crores by 2000 A. D. because of the addition of 17 million people every year. The growing population generates growing demand for medicines of high quality.

Secondly, there is pollution of all kinds-water pollution, atmospheric pollution, air pollution, noise pollution and so on.

These kinds of pollution make people disease-prone and therefore, they need medicines. So, there is need to increase the supply of medicines of good quality. With the invention of new drugs, the old drugs become obsolete, inefficacious and what are considered to be the lifesaving drugs become life-taking drugs after some time, because the use of these drugs for a number of years makes people bacteria-prone and bacteria become drug-resistent. Threfore, there is need to increasse the investment in the production of drugs of good quality. Now, the investment depends on the rate of return on it. But the rate of return in the drug industsy is very low. The following data indicates the rate of return on investment in different sectors of the Indian economy. For example, in tea and coffee industry the rate of return is 10.99 per cent, in the detergent industry it is 8.29 per cant and in the food products industry it is five per cent and in drug and pharmaceutical industry it is only theee per cent. Therefore, the rate of return in the drug industry is the lowest in the country. The rate of return is the guide to private investment. As the rate of return in the drug industry is very low, the investment does not shift and it goes elsewhere. The Government has not taken any action to attract investment to the drug industry. The Government has dismantled controls in the other sectors of the industry, but the drug industry is still under control even now. The Government feels that the people need medicines at reasonable prices. Reasonable prices are feasible only if the drugs are brought under control. This is a facile assumption.

India spends only 0.8 per cent of its GDP on public health when the developed countries spend 10 per ent of the GDP on public health. The World Health Organisation recommends 7 per cent of the GDP to be spent on health. At present, 40 per cent of the prices of the drugs goes to the Government by way or tax revenue. Thus, while the Government does not provide adequate health services like sanitatio, safe drinking water and so on which cause ill-health to the population, the prices of the drugs are very high and therefore the rate of taxes on the drugs should be reduced so that the drugs become cheaper and are made accessible to even the common man. The competition among the producers results in lower prices. The competition could be realised if greater investment is attracted to the drug industry and competition is encouraged. This calls for foreign investment. Foreign investment brings with it technology also. These two, together, will help the Indian drug industry to grow Improve its efficiency and the quality of the drugs produced.

Foreign economic policy should be based on consideration of enlightened national interests. The policy, in its present form, is restrictive to foreign investment and technology. The drug policy should enable the inflow of fresh, high technology for the production of drugs of good quality. In this way, the problems of the drug industry can be solved by delicensing the drug industry, decontrolling it, by encouraging competition in the industry, by increasing the inflow of foreign capital and technology into the industry and also by encouraging the export of drugs outside the country. At the same time, there is need to form a policy of drug subsidy. At present, the Government is paying food subsidy to enable the poor people to purchase food articles at reasonable prices. But now the prices of drugs are very exorbitant. The poor people cannot afford to buy them and therefore, they die in consequence. An English poet said:"If health is the thing which money can buy, the rich live and the poor die." Therefre, in order to enable the people to produce lifesaving drugs to live longer, the Government should give drug subsidy, especially to the poor people.

There is reference to Dunkel Draft and and its impact on the Indian economy. One group of people say that the Dunkel Draft is going to make India the land of flowing milk and honey. The other group says, it is going to ruin the Indian industry and the economy, in general. Anyway, the truth lies between these two extremes. The Dunkel Draft is good in part, but it is not good in respect of drug industry, The Dunkel Draft insists on India adopting product patenting, but the Indian Patent Act wants process patenting. Threfore, India should reject the productpatenting provision of the Dunkel Draft and insist on observing the process patenting.

17.00 hrs.

Therefore, with these modifications, I support the new drug policy. I want the Government of India to delicense and decontrol the drug industry to enable the industry to manufacture good quality products. I want to Government to pay subsidies on drugs so that the poor people can purchase drugs and lead a longer and happier life.

[Translation]

SHRI RAJNATH SONKAR SHASTRI (Saidpur) : Mr. Chairman, Sir, health is an integral part of human life today. Every body wants to remain healthy. But a man falls in the grip. of different diseases caused

by pollution in the environment. Drugs are an integral part of life. These are very necessary for survival. It is everybody's concern today. Now it is necessary that the Government should provide life saving drugs to every citizen. I am observing that the Government has totally failed to provide life saving drugs which has become a matter of discussion everywhere. Today, the question is how to make it available at reasonable rates. Today, everybody thinks as to how these life saving drugs could be made available to all. Today, to get life saving drug has become a problem. The Government is not paying any attention to it.

Sir, sometimes it so happens that although doctors write prescriptions but medicines are not available in the market. With the result the patients die on hospital beds. No doubt talks are held in big institutes in regard to medicines, but in fact, medicines are not provided to patients even in sub-urban areas. Even if they are available one has to pay very high prices perhaps double or four times the prices.

There was a discussion on drugs in the House. There is no doubt that prices of drugs have gone up by 200 to 300 per cent. The Government has totally failed to control the prices of drugs during last 3-4 years. There are about 250 drugs which come in daily use. The doctors prescribe these drugs and these are made available to one or the other patient. But it has been observed that the prices of about 150 drugs have gone up by 200 to 300 times as compared to what they were in 1986. There are certain drugs over which the Government has control while on some others it has not control. It causes doubt on the manufacturing of such drugs on which the Government has no control.

Sir, here some of our colleagues discussed about the new industrial as well as the drug policy. It appears as if there is no co-ordination between the new industrial policy and the drug policy. I would like to know from the hon. Minister whether the norms being followed in small scale and medium units conform to the criteria being followed in drug policy. Some drugs have been kept beyond the purview of licence while some have been kept under control. Why is it so ?

Sir he hon. Minister talked about liberal policy in manufacturing of drugs. He has also reiterated that certain special drugs are being delicensed. I would like to know about the new outline being adopted for licensing and delicensing.

17.07 hrs.

[Shri Peter G. Marbaniang *the Chair*

Sir, the quality of drugs has been discussed just now: Much has been said about it by the Hathi Committee. I would not like to go into its details. But my hon: colleagues talked about Ayurvedic medicines. It has been observed that no attention is being paidto Goverament policy on Ayurvedic medicines in the country. In 1977, the then Health Minister, late Shri Raj Narain had given an open call to promote Ayurvedic medicines. At that time people's attention was drawn to it. But today the present Government has forgotten it. Today, the Ayurvedic medicines play a significant role in every phase of human life. These are more important than allopathic medicines. In the country, the people have a belief that Ayurvedic medicines ensure a total cure of a disease whereas the allopathic medicines supress the disease. Owing to the Government not giving proper attention to manufacturing of Ayurvedic medicines, the allopathic drug manufacturing companies are functioning arbitrarily.

Sir, Baidnath, Dabar and Onjha manufacture Ayurvedic medicines. But they clash against one another as their qualities differ. Had the Government paid its attention to Ayurvedic industry there would have been a revolutionary change. There are some drugs in Allopathy whose quality is on the decline day by day. A medicine called camaquine was introduced 30 years ago. At that time it was claimed that the use of this medicine would root out mosquitoes as well as malaria. This slogan was given 30 years ago. Latter the slogan was given that malaria would be eradicated but mosquitoes would remain. Now the slogan is that mosquitoes as well as malaria will remain. I would certainly say that the quality of these medicines has declined to such an extent that these are not at all effective today. Through you, I would like to tell the hon. Minister that he should lay emphasis on quality and change his policy accordingly.

There was a discussion on Indian drug industry. The Minister of Finance said that the industry was earning less profit. I would like to inform that out of 49 drug manufacturing companies, more than 30 companies have shown above 100 per cent profit in their capital. There are 250 companies which earned heavy profit and they have announced to pay double or three times bonus to their employees. Sir, our country is marching a head in the matter of manufacturing of drugs. About Indian drugs I would like to reiterate that Dr. Dubey of Sir Sundar Lal Hospital, Banaras has developed a medicine from herbs which would be helpful in improving the talent of mentally retarded children. Those who are mentally retarded must use this medicine. But it is a matter of regret that he has become a Member of parliament. Sir, I have observed that a unit of Sir Sunder Lal Hospital visited a village and experimented that medicine on mentally retarded children there With the use of this medicine, they improved a lot and got high marks in mathematics and science. I would like to request the hon. Minister of Health to experiment it on mentally retarded children of Scheduled Castes and Scheduled Tribes whose women take liquor during their pregnancy period.

SHRI RAMKRISHNA KUSMARIA (Dat moh) : Mr. Chairman Sir, I am on a point of order, Just now Shri Shastri said that this

medicine is very useful for mentally retarded people. I would like to request that generally good intellectuals and educated people become engineers or doctors. But those who cannot do anything else come in politics. Therefore, I request that one such medicine should be invented and experimented at least, on politicians.

[*English*]

MR. CHAIRMAN : That is your view and those are his views. He is on his feet.

[*Translation*]

SHRI RAJNATH SONKAR SHASTRI : Sir, I was just talking about a drug to the hon. Minister of Health. I was saying that during the pregnancy period women belonging to Scheduled Castes and Scheduled Tribes take liquor. That is why their children are born mentally retarded. But recently this drug has been applied to people in forest areas of Mirzapur in Varanasi area. The Head of the Department of Ayurved of Sir Sunder Lal Hospital took some doctors there and distributed these drugs among children. The concept regarding the mentally retardation has proved to be wrong and now with the consumption of this drug children are becoming good scientists and skilled engineers.

Sir, I would like to say that Ayurvedic medicines have proved very effective an indispensable in our country. The Government should pay proper attention to promote manufacture of these drugs. The industries related to these drugs should be given as much facilities as possible and given maximum publicity.

I was saying that companies engaged in drug manufacturing are earning huge profits. Our drug policy should be formulated taking this into consideration so that profit making could be brought under control. Since drugs are purchased from market at quite higher a price, I would like to request the Government to make arrangements so that the poor could get them at reasonable rates.

As some of my colleagues said here during the discussion on Dunkel proposals. I would like to know as to what would be the impact of these proposals on foreign as well as Indian medicines. This should be clarified. Will the proposals applied to them or not? Moreover, the Government should also clarify whether the policy that the Government proposes to formulate on drug manufacturing will be affected by these proposals or not. What is applicable to that policy?

I would like to say that the Government had formulated a drug policy in 1986 which was implemented in the month of August, 1992. The Government had brought amendment to this also. I would like to know as to what does the Government propose to do further in this regard. This also should be clarified as to what amendments are going to be introduced in this policy by the Government.

Today we find that the Government has no control over the drugs manufactured by the Multi-national companies and Indian companies. I would like to say that the Government should pay attention to it and formulate a clear-cut policy on drugs. The Government has paid its attention to it. It is a commendable step. But I would like to know as to the time by which the Government would start implementing the drug policy successfully. It should not be so that the Government takes two years in formulating its drug policy and the poor people of the country continue to suffer the scarcity of drugs and the common people do not get essential drugs.

SHRI MOHAMMAD ALI ASHRAF FATMI : Mr. Chairman, Sir, we are very grateful to the Government that today the drug policy is being discussed here. Although the hon. Minister has left the House, it may be noted that he said here that he could have avoided to bring this issue here and the Government itself could have settled it. Since the issue was related with the common people of the country it must have been brought before the august House. It was essential to present the issue before the country and hold a comprehensive discussion on it.

Mr. Chairman, Sir, while participating in the discussion on this issue the hon. Members expressed concern that Multinational companies are manufacturing drugs on a large scale in the country and I know it because some people from Bombay who manufacture medium class drugs had come to me some days ago.

They said that they are being harassed in many ways as a result of which they are not able to manufacture drugs. They further added that they were capable of manufacturing medicines. They were not inefficient at all, but they were being harassed in many ways. Perhaps it is due to the conflict among big, small and medium class drug manufacturers the drugs become costlier. If we review the Indian drug prices with the global drug prices we find that our drugs are of course cheaper, but there are two main reasons behind their being cheaper, one of the reasons is that so far as no basic research is conducted in a big way in India as it ought to have been. Simply chemical formulas are borrowed from foreign countries and drugs are manufactured.

Mr. Chairman, Sir, the situation is such that the Government is not able to manufacture emergency medicines as yet. For instance 1000 people died of Kala-azar all over Northern Bihar. But the medicine is still brought from Germany. If that medicine is not available, the patients are treated with other sub-standard drugs which claim thousands of lives. I understand that this kind of emergency medicines should be manufactured in India also.

Mr. Chairman, Sir, apart from this I would like to put forth one more serious issue before the august House today. The hon. Minister is not present here. Just now our old friend

Shri Sonkar was talking about Ayurvedic medicines. Various kinds of systems like the Unani Homeopathic and Ayurvedic and a different kind of medicine, used in China, emerged in this world. These medicines worth crores of rupees are sold in India. But we have to understand the basic thing whether the Government recognizes these medicines or it has taken up any research in this field. Just now my colleague was saying that this medicine develops mind. As far as I think that no research has so far been made on modern science in this country. Even the modern science could not be able to have complete knowledge regarding mind as yet but that man from Banaras knows each and every thing about it.

Mr. Chairman, Sir, while making progress the world takes all the good qualities of old things. The world has taken all the effective medicines in use today whether it belongs to Ayurveda. Homeopathy or Yunani medical system. So I urge upon the Government to review its drug policy and know whether these medicines are prescribed by Unani, Homeopathy or Ayurvedic medical system or the people are eating them out of their mere blind faith. People believe in exorcism as just now he has said that it will develop the mind. Can exorcism cure the snake-bite. I do not believe in it as I had been a science student. There is a need to understand and develop the modern science today. There is a need to start research on modern medicines in the country at large scale. Would you like to tell me about the amount of India's Contribution in modern medicines? How many medicines are invented by it? Whatever medicines are prescribed by doctors today, how many medicines out of them are developed and manufactured in the country. We should undertake research work in medicines and prepere them indigenously; it is a good thing; but what we are doing today instead is that we stick to one thing that we would not sign the Dunkel Proposals. You can sign it, as you are pressurised for it but the only way to avoid the Dunkel proposal is that research programme should be launched on a large scale for inventing new medicines.

Secondly, I would like to point out a specific thing that today the medicines available for common people in the country are sold in small shops. We Often get complaints that after consuming some medicines someone becomes unconscious and died lateron. Spurious drugs are being sold openly. It is a clear-cut case of murder, So strict laws should be inacted in this regard. The matter should be taken up seriously in the Drug policy and arrangements should be made that such drugs should not reach the market. These should be confiscated immediately. If such an accident takes place then guilty person should be punished in the same way as the person is charged for murder. If the victim is saved somehow then the guilty should be sued under Article 307. It is an important matter. So the Government should look into it.

Several laws have been enacted in India but their implementation is also necessary. If someone buys an anti-biotic for one rupee and it remains ineffective, then it is useless for him. In the same way if someone buys a drug for ten rupees and becomes fit in three days then at least it will be valuable. There is a need to improve the quality of drugs. If improved quality of drugs is available in the market at some higher prices, I think, there is no harm in it, If Some-medicine is available at cheaper rates—say about 10 paise—but its quality is not good, then it is of no use. It is a fact that sub-standard drugs are being manufacured in India. Doctors do not advise for blood test but prescribe several drugs which are to be purchased from some particular shops. Out of these drugs four or five are antibioties and four or five or other. Their medical shops are fixed and they know that atleast one or two medicines will definitely be effective out of these several drugs. So, I urge the Government to make arrangments for production of quality drugs.

Drugs should be manufactured in the country after conducting proper research works. Through research,it should be ensured whether some alternative medicine is available in existing circumstances or not. Unani and Ayurvedic medicines are available only in India. If these medicines are ever found outside India, there will definitely be some Indian using these medicines for treatment. Modern medicines should also be made available in the market. Useless medicines should be removed from the market after conducting research.

[*English*]

SHRI RAMESH CHENNITHALA (Kottayam) : Sir, at the outset I may compliment the Government for coming forward to review the drug policy. It is a long-standing demand from all quarters of this House and the whole nation that this policy should be reviewed and certain lacunae and impediments which there are should be removed and rectified. The drug policy definitely affects life and the health of our people.

As our Government promised and as it is well-accepted. when we are reaching 2000 AD there will be health for all. On that basis and on that background. we have to review this Drug Policy. When the Minister in his speech rightly mentioned, the Government has an open mind in this regard. the policy should be open for a discussion and the policy should be transparent. When the policy is transparent, there will be no confusion among the people, As it was rightly pointed out by certain other Members also, we are discussing this Drug policy on the shadow of the Dunkel Draft.

About the Drug policy which was announced in 1978 on the basis of the Hathi Committee Report. afer gaining experience. the people of this country and the Members of Parliament were repeatedly asking for a review of the

Drug Policy. After gaining experience, the Government reviewed the working of the Drug Policy in 1978 and replaced with the "measure for ratonalisation, quality control and growth of drugs and pharmaceutical industries in India." Otherwise, that is called as the Drug Policy of 1986. In this review also, it is clearly mentioned that the objectives of the Drug Policy of 1986 will not be changed. The objectives are abundant availability of medicines, reasonable price for essential drugs, quality control and rational usage of drugs, chanalising new investments in the pharmaceutical fields and lastly, the strengthening of indigenous industries.

Sir, there has always been a heated discussion inside Parliament and outside also about the increasing price of the life saving medicines. Everyone will agree that there will be a reasonable price for the lifesaving medicines. The drug industry has been governed by special Drug Price Control Orders, DPCOs of 1987. Even though the drug industries are governed by these orders, it was never implemented properly. That is the complaint by the local drug manufacturers in our country. If you go into the merit of that argument, we can come to the conclusion that this is correct. Even though these orders are there, they were never implemented properly; and because of that, our Indian drug manufacturers are suffering a lot and we can see a disturbing trend in this field. Of course, these manufacturers wanted to get profit out of their business. But, at the same time, it should be reasonable. If the Government want to help them, these DPCOs the orders which were proclaimed in 1987 should be clearly implemented so that our Indian indigenous drug manufacturers will be helped.

The price mechanism is well mentioned in the background paper which is supplied to us. Regarding the Drug Policy and the policy framework in regard to the quality control and rational usage of drugs, etc. etc., as I mentioned here, the Government of India had given more importance and significance for these indigenous industries. For the promotion of these industries, the Government had taken a lot of measures and as a result of that about 250 large units and 8000 small scale units including five Central Public sector units are now established in our country. Seventy per cent of the indigenous demand for formulations is being met through our domestic production.

If you go through the export sector, India is one of the largest exporters of drugs to other countries. In the field of exports, we are now in a better position. I think, the trend will continue like this, in the coming years, we can be able to export more and earn more foreign exchange.

Why is a review needed? As certain other Members have pointed out here, because of new industrial policy of 1991, our drug policy also needed to be reviewed. There was an immediate necessity for that. To make it have to the new industrial policy, Government prepared for a review. A standing committee of the Ministry has examined this. Now, it is presented to the Parliament. Certain provisions in the drug policy relating to industrial licensing for investment, etc., required a review. In the new indistrial policy, delicensing and other incentives were given. We have taken policy decisions regarding investment etc. Now, in tune with that, our drug policy, has to be reviewed.

Secondly, there will be categorisation of drugs for the purpose of price control. The drug industry compelled about price control mechanism. These are the factors before the Government for considering a drastic review of the drug policy.

As we are discussing the drug policy, two or three very important points have to be taken care of. First of all, the Indian manufacturers should be protected. Government should give more facilities for the Indian drug manufacturers who are now competing in the world market, who are competing with the other countries and earning foreign exchange for our country. Their interests should be protected. The indigenous production should be encouraged.

In the background paper, it is mentioned that the Government has taken certain measures for reducing the duty etc. I do not want to go into all the details because these have already been circulated to the Members. Government has taken certain clear measures to help the indigenous production in our country and protection should be given to small scale units. Incentives should be given to the small scale units so that they can produce more.

Unfortunately what is happening in the public sector of our country ? Of course, I am welcoming liberalisation. We have to see the global change. We cannot avoid that. We have to implement the policies rationally. But unfortunately in the name of liberalisation, our public undertakings are completely ignoring. This is a serious issue. Earlier, it was restricted to certain items—heavy investment items. Now, in the review, it is mentioned that it is limiting for a lesser number of items. This will definitely be a bottleneck in the smooth running of the public undertakings. We have already invested crores and crores of rupees in the public undertakings. They have got a very good infrastructure. We have to streamline the activities further to make them more productive.

But, unfortunately, our public sector undertakings were not given proper attention and in the name of liberalisation, we are ignoring and neglecting them and thus, the workers as well as the production is suffering.

Regarding foreign investment, as mentioned in the background paper, automatic approvals can be given for equity upto 51 per cent to high priority areas and if investment is above 51 per cent, it may be considered case by case, that is as per the merits of the case.

Government should act on this very cautiously because there are already indigenous industries, there are Indian manufacturers who are doing well and we have invested crores of rupees in public sector undertakings. If we are not acting cautiously, then our Indian industries will not be in a position to compete with the multinationals. In the coming days, we may have to see stiff competition between multinationals and Indian manufacturers. These multinational companies will try to capture our market. Our indigenous industries and Indian manufacturers are not in a position to compete with huge multinational companies. So, our Indian industries should not be allowed to suffer.

Regarding R & D, we are not giving proper attention to it. Drug sector itself is R & D oriented. There is no other way out expect to improve our R & D. My suggestion is that Government should earmark a percentage of profit earned by the Indian manufacturers for R & D development and more money should be channelised for proper research activities. Honourable Members mentioned about certain new technology which is going to be developed in our country. There are scientists who are intelligent and who are able to develop a new technology for this industry in our country. Due to scarcity of support from the Government, our own scientists are going abroad and working and new technology inventions by them are coming into our country. This is what is happening our country. Proper facilities should be given for R & D activities and Government should give more importance for this aspect. The draft is primarily concerned with pricing and profitability but ignores certain vital issues. I would like to point out them. First comes the non-availability of essential drugs. People are experiencing this situation. Certain essential drugs which are very much necessary for the people are not available in the market. So, the draft itself is silent on that. Secondly, continuous sale of hazardous and useless medicines is also important. Draft is silent on this point also. Thirdly, there is a problem faced by small and medium scale units in public sector. As I mentioned earlier, we have certain public sector units which are small scale and medium scale units. Their problems are not attended to by the Government. This draft is silent on that also.

Sir, you know fully well that pirates drugs is another problem. Complaints are coming about it from all sides. Our Government and manufacturers should take care of it. Government should not give the treatment of foreign companies on par with the local units, as I explained earlier, local units are not in a position to compete with multinational companies.

Unfair competition from multinationals will definitely hamper the prospects of indigenous manufacturers. Therefore, a proper list of essential drugs should be drawn up and incentives that would be given for producing these drugs should also be stated very clearly. Unfortunately, we do not find any of these points in the Drug Policy.

Sir, some hon. Members have spoken about, Homeopathy, Ayurveda, Siddha, Unani, etc. I would like to suggest that price control measures should be made applicable in these system too.

One of the main objective of our drug policy is to make available quality drugs. Many drugs which are available in our country are not up to the mark. So, Government should take adequate measures to see that quality drugs are produced in our country.

Finally, I will come to the Dunkel proposals. Certain proposals contained in the Dunkel draft will definitely affect the Indian pharmaceuticals. Here, I would like to reiterate what Shri P. Chidambaram has stated. According to Shri P. Chidambaram the then Union Minister of State for Commerce, not more than 30 per cent of India's population has access to modern health care, including modern medicines. Prices of medicines in India are among the lowest in the world. According to Shri Chidambaram, if a patent regime as envisaged by the US and other countries and as adumbrated in the Dunkel package is accepted without qualification. it is inevitable that prices of drugs in India will go up five times or ten times. This means that even among the 30 per cent, who have access to modern medical care, half of them will be driven out of this cover. So, it would mean that there would be an increase of 200 to 300 per per cent in the prices. If this Dunkel proposal is accepted, India will be affected badly. These proposals affect adversely not only India but other developing countries as well. I am not disputing the fact that there are certain favourable proposals in the Dunkel package. But as far as our drug industry is concerned. we are going to face a lot of problems. if we accept the package as it is. Our pharmaceutical industry will be in danger. Moreover, the Patent Law is also going to affect our industry. Government of India, of course, has not accepted the Dunkel proposals as such the discussions are still going on. In this regard. I want to say that India should take a leading role and consult other developing countries. Then only, we should take a firm stand on these aspects. I say this because TRIPS would difinitely have an adverse affect on all developing countries and not on India alone. Therefore, India tries should assume a leadership role and fight for this cause in the next Uruguay round of talks.

We hear so many things about these proposals. There are different opinions expressed by various people. Therefore, I urge upon the Government to find out the truth. Some say that the medicines available in India are off-patented. According to the version of the US Administration and

some others, more than 70 per cent of the medicines available in India are half-patented. Some other arguments are also coming forth in this regard. I want to know from the hon. Minister whether we are going to object this. What is the clear policy of the Ministry on this aspect ? If we are going to object it, what is our *modus operandi* ? Are we going for bilateral discussions with other developing countries in this regard ? Otherwise, this will adversely hit our drug industry. If we accept the Dunkel proposals on these aspects, then there is no room for a drug policy or a review of the drug policy. I say this because if we accept Dunkel proposals on TRIPS we have to change everything. We have to change our drug policy, we have to change our patent laws and so on and so forth. Certain other countries, which have accepted the proposals contained in the Dunkel proposal have changed their patent laws. Similarly, India will also be forced to change her drug policy. If we are conducting review, of our drug policy without a clear policy regarding the Dunkel proposals, then we will be in real problem in future.

(Translation)

SHRI DAU DAYAL JOSHI (KOTA) : Mr. Chairman Sir, "Yasya Deshasya Yo Jantu Tagyam Tasyoushoham Hitam" means that medical system should be in accordance with the climatic conditions of the country. It is correct that Britishers have introduced Allopathy system of medicine in the country. Being an Ayurvedic doctor I am happy that inspite of all this our medical system is alive and progressing. Our country has its own culture, language and medical system. Unfortunately, due to constant foreign aggression country's own medical system has diminished. Greek culture has stolen the country's Ayurvedic literature. Charak Samhita is the basic book. There are six prominent books in the name of Laghurtari and Brihartari, Brihartari Charak, Sushrut and Banabhatta etc. In Unani system the name of Charak has been mentioned as 'Sarak' and they started a Unani system of medicine on the basis of 'Charak'. Sushrut Samhita which was known for surgery treatment became 'Sharak' in Unani system. After that Britishers decided to encourage Ayurvedic medical system in a planned way. Last time in the meeting of Health and Family Planning Ministry, it was said that only 3 per cent of total allocation of fund has been allocated for Ayurvedic medicines. It is very sad that out of one rupee only 3 paise has been given for Ayurvedic, Unani, Homeopathy, Siddha and Naturopathy. How Ayurvedic medical system can progress with such a meagre allocation.

Today India is spending Rs. 4000 crore on manufacturing Allopathic medicines and by 2000 A. D. this expenditure will go upto Rs. 15,000 crore. After all why it is so ? Through you I would like to know how the Government would be able to provide health for all by 2000 A. D. I wish to have asked this question from the Hon. Minister if he were present here because he had promised to provide 'Health For all by 2000 A. D.' I would also like to know the percentage of achievement against the target fixed for this period. It is only a slogan I am not ignoring the progress of science because it has contributed much in the progress of society. But the person suffering from side effect of Allopathy medicines knows that it is an abhorring death. 'Poison' is clearly written on the injection of Penicillin. If it reacts, the person will definitely die despite the best attempts to save his life. They die on the table; why? The aim of your Science should not be death of people. Science means gift of life to people. Last time I had enquired from the Ministry of Health and today also I would like to submit that the Government should state as to why all the medicines which are banned in the world, are being used in India ? I put a simple question as to why Entroquinnol is still being prescribed in India while its use has been banned in the whole world because it has direct adverse effect. The person who takes some more dose of it, becomes blind. In response to my question, the Ministry of Health replied to me that it does not have any other alternative medicine which may be the best and the cheapest for treatment of Diarrhoea and Dysentery as the E. Q. is. There is no medicine in Allopathy for these diseases. No matter, people of India may get blind but the use of Entroquinnol will go on. I would like to ask from the Ministry of Health as to why Subnill is in use when the Tendrill has been banned in India. The use of Subnill causes damage to liver; so it has been banned, but due to sinister alliance with the company the use of Subnill is still going on. Today the Analgin is banned in the whole world, but it is going on in India because we do not have any better substitute for headache in place of Analgin. What our Scientists are doing ? You are talking about new inventions. Naturally, this medicine would have been invented by some scientist of the world. Why the Scientists of India do not invent alternative medicines in view of the demerits of this medicine? What they are doing? My submission is that the reactions of antibiotics and sulfa drugs are fatal. In the circumstances, I would like to request you to reconsider it. At any cost Allopathy cannot provide Health for all by 2000 A. D. Only Ayurveda has the capability of doing so. The Government should at least do consider it but today no body is willing to listen about Ayurveda. It has been mentioned in the Report too that "Due to lack of faith in modern medicine and inability to purchase them. people in this country are bound to purchase cheap Ayurvedic medicine." You are downgrading the Ayurvedic medicines in this manner. My submission is that all the medicines of Ayurved

are being pirated rapidly. 4 days before, I went to the hon. Minister of Health and submitted that she should bring an Act for the people of Ayurved because she had put a condition that an allopathy doctor can consult the books of Ayurved but Ayurvedic Doctor cannot consult the books of Allopathy. No doctor in India can claim that he has any medicine for liver. Except LIV 52, there is no medicine in Allopathy; and to which pathy it belongs ? It belongs to Himalaya Laboratories but the name was given as LIV 52. Neo and Phemaplex also belong to Charak Bhandar but their names are given in such a manner as if they belong to allopathy. In my opinion, if such practice prolongs for the next ten years; even the name of Ayurvedic system of medicines will disappear, because a well considered conspiracy is being hatched to downgrade the Ayurvedic system of medicines. All its medicines are being converted and given the names of allopathy and people are not aware of it. On the one hand, people are adopting the Ayurvedic system and on the other, the Government is trying to eliminate this system. It was reported today itself that seven Indian medicines have been invented for the treatment of AIDS and those are the best medicines for the disease.

18.00 hrs.

In our Ayurved, 'Tulsi' is considered as a very useful plant for prevention of AIDS because of Ashvagandha which is found in it. But it is unfortunate that no attention is being paid to it in our country in this regard. We are much concerned about allopathic medicines and try to spend more and more on it. I am neither against allopathy nor I am saying so for the sake of opposition of allopathy. If any new thing comes through allopathy, we are ready to welcome it. I have no objection to it; but at least its effect must be visible at any stage so that we may justify the huge expenditure being incurred on it annually from our Budget, and it may at least prove useful at any stage. Today, we are not getting any advantage out of it.

Now a days, Indian markets are flooded with allopathic medicines. Previously there were about 200 formulations of allopathic medicines but today more than 14 thousand types of medicines of allopathy are available in the market and most of them are false and spurious. One day I was reading a report in the Hindustan Times. It was mentioned in the Report that the largest number of spurious drugs are available in the North India whereas the least number of spurious drugs are found in the Southern and the Western India and Kerala. But spurious drugs are in abundance in U. P. and Bihar. 6 months back in Delhi, a large stock of spurious drugs were seized. In those drugs, there were Becosule capsules also and in those capsules, powder of turmeric were filled and these capsules were being sold openly in the market. The main reason for it is that the Government does not have proper system to stop such things. There are 2 thousand depots and 2 lakh 25 thousand factories, but you have only 700 persons to monitor these depots and factories whereas 5 thousand persons are needed for this big task. Everyone knows as to how these persons are doing.

Allopathy medicines are sold on the basis of commission and the amount of commission on these medicines fixed in the market is known to most of the people; you will not find any other such example of that... *(Interruptions)*....

Mr. Chairman, Sir, I was submitting that a big amount of commission is being given for the allopathy medicines. I can quote a number of such examples here. If any doctor prescribes allopathic medicines worth Rs. 5 lakhs of a particular company to the patients, the company provides him a Maruti car free of cost in lieu of that. At least there should be a limit for such commissions, 25 to 30 per cent of commission is being given to doctors by the companies and they are told to prescribe the medicines manufactured by those companies. Nobody is worried about it whether such medicines are useful or useless. If one prescribes medicines for Rs. 5 lakhs, he will get a Maruti Car from that company.

In this way, substandard and spurious drugs are flooded in the Indian Markets. That is why I am of the opinion that we must definitely give a serious thought on the Ayurvedic Medical system.

Apart from this I would like to submit that in our country an extensive research has been conducted on 'neem' oil. Only few days ago it has come to light that some foreigner will purchase all the neem in India to produce some article from it. It is not known as to what produce he will prepare from it and in what form it will be supplied in Indian markets. No guarantee has been given in this regard. An Ayurvedic research has been conducted on the Neem oil in Jamnagar Institute and it has been proved that no other medicine is as good as Neem oil for family planning but no one is bothered for this.

Apart from this our Jamnagar Institute achieved a remarkable success in regard to control Malaria. In our country, Rs. 4,000 crores have been spent uptil now to eradicate Malaria. 4 days back, in reply to a question, it was stated in this House that a demand of Rs. 700 crores more has been made to the World Bank to check Malaria in the Tribal areas of Bihar and Madhya Pradesh. It means an amount of Rs. 700 crores would be spent on controlling malaria in the Tribal areas of these two States only. I would like to state the effects of quinine which is used for controlling Malaria. Whenever any jaundice patient comes to me, I ask him whether he had Malaria before two months, he replies me in affirmative. When I put the next question

whether he had taken Chloroquine as a medicine for it, he again says yes. I would like to submit that as per Allopathic theory, the cause of fever is the infight of haemoglobin and White cells. If in this infight, haemoglobin increases, Malaria automatically ends. So, I would like to submit as to what is the guarantee that chloroquine will kill only the white cells and not the haemoglobin and when haemoglobin are also killed alongwith the white cells, jaundice is caused; and sometimes, when the haemoglobin and the white cells are killed in huge quantity the Coma stage also comes and the person can die too. After all, how long we will continue to follow this theory ? Can we not study and follow our own system of medicines ? As per the recommendations of Hathi Committee, we formulated a drug policy; but unfortunately we could not be able to give any room to our own indigenous system of medicines in this drug policy. Ayurvedic system of medicines is our own research which has been conducted only by us. I emphasise that the Allopathic system of medicines can never touch the heights of perfection for centuries to come, which has been obtained by our Ayurvedic System.

Mr. Chairman, Sir, I would not like to talk about the surgery department of Allopathic system because in Buddhist era whatever the system of surgery was prevalent in those days under the Ayurvedic System had been banned. This is the main reason as to why the Ayurvedic system of surgery lagged behind. I admit this fact that there is no match of allopathic Surgery in any other system of medicines. But whatever has been taught by an Acharya (my teacher), I can challenge on the basis of my knowledge that whatever allopathic medicines have invented, these are no match to Ayurvedic medicines because whatever has been written in Ayurvedic before 1800 years, it is still true today, as it is a fundamental truth :—

"Surve aive Pramahaastukalena Pratikarana"

"Madhumehtva Mayanti Tadasadhya Bhavanti Hi"

It means that after sometime all types of sugar is converted into blood sugar. The scientist, who invented insulin for diabetic patients, himself died of diabetes. He could not cure himself from this disease. I would like to request that while formulating a new drug policy, we should consider all these points. Through this Dunkel proposal, a ban will be imposed on research of allopathic medicines in our country. No new formula will be sent here. Due to it, the prices of medicines will increase and indigenously prepared medicines such as nevaquin, analgin etc. will cost Rs. 10 to Rs. 15 per tablet, Even these tablets will not be available in the market without the doctor's prescription and the doctor will charge at least Rs. 50 for prescribing the medicines. How this country will go on only on the basis of saridon, novaquin or chloroquin. So, we should review this drug policy and we should encourage our research on ayurvedic medicines.

I had asked a question about the amount of earning in rupees from the export of allopathic and ayurvedic drugs, I was told that ayurvedic medicines worth Rs. 2 crores were exported during the last year and medicines worth Rs. 7 crores were exported in the year before last year. Homoeopathic medicines are not prepared in our country, so homoeopathic medicines worth Rs. 5 crores were imported. I would like to submit that we can manufacture these medicines in our country, so we should progress in this regard. We have faith in this :—

"Sam Doshah Samaagnishch Samdhatu Malkriyah,

Prasannatbhendriya Manah Swastha Itya Vidhiyate".

We have developed a thought to make every one healthy.

I would request the Government to review the drug policy. I would like to praise the Government for reviewing the drug policy in 1986. This policy has been brought in the House after much consultations in the Parliamentary Committee. But the Government should review it for the welfare of the country, otherwise excessive cost of antibiotic and sulfa drugs will prove an excessive burden on the people of this country.

[*English*]

DR. ASIM BALA (Nabadwip) : Sir, the Drug Policy of 1986 was entitled, "Measures for Rationalisation, Quality Control and Growth of Drug and Pharmaceutical Industry in India". The Review of the Drug Policy is going to be adopted here.

The objectives of the Drug Policy should be—

(a) to ensure abundant availability at reasonable prices of essential and life saving and prophylactic, good and quality medicines;

(b) strengthening quality control;

(c) encourage new investment and techno log; and

(d) strengthening indigenous production.

If the Government is going to adopt a new Drug Policy, it should be in relation to the Health Policy. It should be like that, because the Drugs manufactured in the country should be for curing the diseases that are prevalent in our country. They should be manufactured on those lines. The health of the country is in a very bad shape. Only 15 to 20 per cent of the people in our country use the modern drugs and about 70 per cent of the people are suffering from mal-nutrition. They are not using these modern drugs. So, if we adopt a drug policy which is not useful to the people,

then it is useless. That is why my thinking is that the Drug Policy should co-related to the Health Policy.

[*Shri Nitish in the Chair*]

18.12 hrs.

The present Drug Policy is very much related to the New Industrial Policy which my predecessor, Prof. Malini Bhattacharya has also mentioned. It has come up here at present because the Government is going to review to impose the Dunkel proposals and also because the patent law is going to be changed. That is the reason why the New Drug Policy is coming up in this House for discussion and is going to be adopted. It is not very much useful to the people in general.

In our country, bulk drugs are very much essential because bulk drugs constitute the main development of the drug industry. So, in our country we should give more impetus to the production of bulk drugs, because the other brand names, or what are called the formulations number about 65,000 whereas bulk drugs are only 250. So, there is need for increasing the production of bulk drugs in our country.

After the 1986 Drug Policy, our production has gone up. In 1981, we had produced bulk drugs worth Rs. 240 crore but in 1990-91 we produced bulk drugs worth Rs. 700 crore. In the case of drug formulations, the production in 1981 was worth Rs. 1200 crore; whereas in 1990-91 the production was worth Rs. 3600 crore.....(*Interruptions*)

[*Translation*]

DR. LAXMINARAYAN PANDEYA (Mandsaur) : We have been invited to tea at Teen Murti Bhavan....(*Interruptions*) Please carry on the business of the House maximum for 15 minutes more.

MR. CHAIRMAN : According to the Business Advisory Committee, the House should sit upto 7 p.m. today, so it will sit upto 7 p.m..... (*Interruptions*)

DR. LAXMINARAYAN PANDEYA : It is my humble request. When we have been invited, it is necessary that we should reach there by 6·30 p.m. But you are saying that we should not attend that function and should sit in the House..... (*Interruptions*) Please direct us not to attend the tea party....(*Interruptions*)

MR. CHAIRMAN : It cannot be discussed in the House. But the House has to sit upto 7 p.m. today.

DR. LAXMINARAYAN PANDEYA : The programme will end by 7 p.m.

[*English*]

DR. ASIM BALA : Sir, the Indian manufacturers are very much interested in giving the brand names. The brand name could be anything and it could be manufactured in any process. The profit will be more. That is why our manufacturers are more interested in giving the brand names. But the generic name in the drug industry is very important. I request the Government to see that manufacturers in the public sector undertakings give more generic names than the brand names. The Government has to keep a watch over the quality control of these drugs because it is going to delicense the drugs. 'Delicensing' means that more spurious drug will come up and the Government will not have any control over the manufacturers or the industrialists. In this respect, I request the Government to give more impetus to the public sector units.

Sir, in India there are five public sector undertakings in the drug industry. Four are waiting for the BIFR report. Only one is there. The public sector is very important in drug industry. But only due to corruption and mismanagement, the public sector is becoming sick.

They could not make any profit. But sometimes the Government cannot take any action against corruption It is there in the sytsem of marketing. To develop the drug industry, especially in the Government sector, it requires a very good infrastructure for marketing. But the Government, specially the public sector, is not caring for marketing. Sometimes what happens is that for proper marketing, there is a role of the workers, specially of the Medical Representatives. But the Government always tries to suppress those people who try to earn profit for the public sector. So, the Government should look into this aspect for the proper formulation of the Drug Policy.

Specially, I am referring to the new Patents Act which is going to come into force very soon. If the patent drugs are going to be imposed on our country, the drug prices will go up even by one thousand per cent. In some cases the prices may go up by twenty to thirty times. I do not know what the Government will do at that time.

When the patent is going to be adopted in our country certainly, it requires a very good R&D. In our country, only two per cent of the total sales of drugs is spent on R&D, whereas the multinationals are spending from fifteen to twenty per cent of their total sales on R&D. So, we cannot compete with the multinationals in the drug industry.

Our indigenous drugs are having a good quality. In 1980-81, the export of Indian drugs was only to the tune of Rs. 76 crores whereas in 1990-91, it was Rs. 951 crores. So, you can easily guess how our Indian drugs are important for other countries. If we develop our own Research and Development as well as give more importance to our indigenous drugs, then, as Joshiji has said, we will not require any medicine, except in special cases, to be imported from foreign countries. So, the Government should give more importance to indigenous drugs.

As an hon. Member has said, most of our people in the villeges are not using modern medicines. They are still using Homoeopathic, Unani, Ayurvedic and Hakimi medicines. The Government should give more importance to Research and Development in that sector. Then only the people in general will get more help from these drugs.

With these few words, I am opposing this Drug Policy which is not for the people.

SHRI SHRAVAN KUMAR PATEL (Jabalpur) : Mr. Chairman, Sir, the object of the Drug Policy is to make available to the people of this country, essential lifesaving drugs with good quality at reasonable prices. Nobody could have any problem with this object. The aim of the Government is indeed laudable and commendable. With the new liberalised industrial policy of our Government, which came into force in July, 1991, it got rid of regulatory processes in other sectors of industry.

With this a need was felt to bring the drug industry also in tune with the philosophy and the spirit of new industrial policy, the only condition being to obtain drug manufacturing licence under the Drug and Cosmetics Act, 1940. Since the drug industry is highly technical in nature, it cannot be denied that there is still a need to encourage more foreign investment with the objective of making available letest and best drugs to the people of our nation at reasonable prices. However, the fact of the matter is that even today a very small percentage of our population is served by modern and vital life-saving drug because of the low-purchasing capacity of the Indian people. This, to my mind, is the heart of the problem.

[*Translation*]

SHRI SANTOSH KUMAR GANGWAR : The reply will be given tomorrow.

THE MINISTER OF STATE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI MUKUL BALKRISHAN WASNIK) : I agree to what the hon. Member has said. The Business of the House has not yet been completed. we have to complete the discussion on drug policy and its reply before lunch and before taking up the Private Members' Bill tomorrow. We have to pass one or two important Bills after the Business of Private Members' Bill is completed at 6 p.m. Except that, we have no other objection.

[*English*]

MR. CHAIRMAN : The House stand adjourned to meet again at 11·00 a.m. on Friday, 20th August, 1993.

18·27 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Friday August, 20, 1993/ Sravana 28, 1915 (SAKA).