

varieties of the Airbus which can be used in the shorter run-way so that the maximum number of passengers and the cargo can be taken.

**SHRI JAGDISH TYTLER :** With the run-way available, we are utilising the Aircraft, and best Aircraft, the latest Aircraft and I think the maximum number of passengers are being by pay-load penalties because the run-way is only 6000 feet. I think the Airbus—which is a modern aircraft—if you have in mind, cannot be taken. I have already given in my first supplementary the two alternatives in front of us. Unless and until we extend the run-way, we will not be able to use the Airbus. As soon as we get all the information, we will be able to use the Airbus.

#### **Research Projects of Indian Council of Medical Research**

\*604. **SHRI C. MADHAV REDDI :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Indian Council of Medical Research abandoned any scheme/project on its being outdated or unproductive;

(b) if so, the details thereof; and

(c) the lines of research which are in progress for over three years, five years and ten years and above and the salient points of achievements so far ?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) :** (a) to (c). A statement is laid on the table of the Sabha.

#### **Statement**

The Indian Council of Medical Research (I.C.M.R.) takes up research projects which cover a wide range of problems in several important areas of health care such as communicable diseases, environmental and non-communicable diseases, nutrition, maternal and child health, reproductive biology, indigenous drugs and basic medical sciences. The procedure of evaluation of research schemes prior to sanction is comprehensive. A detailed methodology is in vogue for scienti-

fic scrutiny of research proposals before they are sanctioned and finally approved by the Scientific Advisory Board. The subsequent funding is based on periodical scrutiny of the progress and monitoring by a competent group of experts in specified areas of research. The research schemes are generally sanctioned for a period of three years and only in a few cases are they sanctioned for a period of two years or shorter duration. The term of some of the schemes is extended for a period of six months or more beyond their normal term depending upon the progress of the work and the nature of the results obtained. It has been the endeavour of the I.C.M.R. to ensure that the objectives of the researches are more than fulfilled within an accepted time-span.

2. The I.C.M.R. has reported that five research schemes have been terminated. These are the following :

- (i) An experimental study on parental administration of fat (lipid).
- (ii) The use of methyl acrylo-asitates an agent for occlusion or blocking of falopian tubes—a multicentric study in women.
- (iii) An investigation on RIA tests for antigen circulating in tuberculous patients in comparison with conventional tests for tubercul bacilli in sputum.
- (iv) Metabolites in human and experimental cataractous Lenses.
- (v) Antigenic analysis of Chlamydia Trachomatis Serotypes.

3 The research efforts of the I.C.M.R. have had significant impact in the areas of health programmes such as control of leprosy, tuberculosis, iodine deficiency and Vitamin 'A' deficiency. Integrated vector control, particularly to control malaria and filariasis has been a notable achievement by the ICMR. Similarly, encouraging results have been obtained through research studies on control of rheumatic heart diseases. An extensive programme of cancer detection and prevention is being initiated. The I C M R. have taken the initiative in developing different programmes for evaluation of intra-uterine contraceptives devices, hormonal contraceptives, etc. Apart from the applied

aspects, considerable work is being done in basic medical sciences.

**SHRI C. MADHAV REDDI :** Sir, the Statement says that certain research projects have been terminated. My question was whether these projects have been abandoned. There is a difference in abandoning a project and terminating a project, after successful completion. I would like to know that these five projects which have been terminated, have been terminated after the successful completion—because every project has got three years or so and after that it is supposed to be terminated successfully. I would like to know as to whether they have been abandoned or terminate because they are unworkable or useless or not fit further processing or so...

**THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P.V. NARASIMHA RAO) :** In the spirit in which the question was asked : these five projects were those abandoned mid-way before they were terminated or before they were allowed to run their course for the simple reason that even mid-way, it was found that either they were becoming infructuous or there was very little hope of their succeeding or certain findings were arrived at which pointed to the inevitable failure of the project eventually. So, that is how for these reasons, for different reasons, they were abandoned mid-way—only five of them while many others are still in operation.

**SHRI C. MADHAV REDDI :** I am very happy that a large number of research projects are being taken up by the ICMR in several areas of health care. But, has it come to the notice of the Government that several of these projects are in the blue-sky area *i.e.* fundamental research and very few are the applied type ?

**SHRI P.V. NARASIMHA RAO :** That is not strictly true. There is need for a blue-sky area also because unless we have a good grounding in fundamental research, the applied side will not take us very far. But as far as I have studied the scheme, each of them, has some very important bearing on the health aspects of the country, of the people on the applicational side. I do not think that there is any project which

has no applicational-side at all and is only meant as an Ivory-Tower exercise. I do not think so. But, if the hon. Member can point out any such scheme, I will certainly look into it.

#### Expenditure on Medical care in Rural and Urban Areas

\*605. **SHRI PARASRAM BHARDWAJ :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what percentage of amount is being spent on medical care in urban and rural areas; and

(b) what steps Government propose to take to remove the imbalance, if any ?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) :** (a) and (b). A Statement is laid on the table of the Sabha.

#### Statement

While Plan funds are not allocated in terms of rural and urban areas, the Minimum Needs Programme has been designed for ensuring adequate allocation of funds for rural areas. In the VII Five Year Plan, an allocation of Rs. 1,096 crores out of Rs. 3,393 crores allocated for health, is intended for the Rural Sector. Apart from this, a major portion of the allocation of Rs. 1,000 crores intended for control of communicable diseases like Malaria, Leprosy, T.B. and Blindness will also be available to the rural areas.

The scheme of Primary Health Care Services was introduced mainly with a view to ensuring availability of preventive, promotive and curative care facilities in rural areas. This programme aims :

- (i) to provide one Health Guide for every village and atleast one trained Dal in every village;
- (ii) to provide a sub-centre and one male and female multi-purpose worker for every 5,000 rural population in general and for every 3,000 population in tribal and hilly areas;