

SHRI CHINTAMANI PANIGRAHI: Such extra-departmental employees, as the hon. Minister has said, are not regular employees of the Government. But because their unions have always represented to the Government seeking redressal of their grievances, and because Government has also been considerate to many of their demands, may I know, in view of the work that the extra-departmental employees are doing, whether Government is now considering conferring any further benefit on extra-departmental employees?

SHRI C. M. SEPHEN: If I may say so, out of all the employees in P & T, the extra-departmental employees are the section which, after I assumed charge as the Minister, has got the biggest benefit, because quite a large amount has been given to it from year to year; and another addition also will be announced very shortly—within a few days.

LIFE SAVING DRUGS

*24. **DR. VASANT KUMAR PANDIT:** Will the Minister of PETROLEUM, CHEMICALS AND FERTILIZERS be pleased to lay a Statement showing:

(a) whether it is a fact that there is a scarcity of Life-Saving Drugs in the country;

(b) whether Government have prepared a list of Life-Saving Drugs; if so, the details thereof;

(c) whether all the life saving drugs are available in Government hospitals in all the States;

(d) which life saving drugs are presently imported in India how much and which are manufactured in India;

(e) whether Government have taken steps to increase production of the life saving drugs manufactured in India and to import the life saving drugs in sufficient quantities; if so, the details thereof; and

(f) the details of Government programme to keep sufficient stock of life saving drugs in the country?

THE MINISTER OF STATE IN THE MINISTRY OF PETROLEUM, CHEMICALS AND FERTILIZERS (SHRI DALBIR SINGH): (a) to (f). A statement is laid on the Table of the House.

Statement

(a) to (c). Government have not prepared any list of life saving drugs. However, the following categories of drugs are generally considered to be of a life-saving nature:

1. Antibiotics
2. Anti T.B. Drugs
3. Anti-Malaria Drugs
4. Anti-Diabetic Drugs
5. Cardio Vascular Drugs
6. Anaesthetics
7. Anthelmintics
8. Anti-Filarials
9. Anti-Leptotics

The availability of life saving drugs in the hospitals in the States is primarily the concern of State Governments. However, availability of essential and life saving formulations in the market is monitored on a weekly basis, based on the reports received from the State Drugs Controllers and the Zonal Offices of the Central Drugs Standard Control Organisation. Shortages of specific brands of some essential and life-saving drugs have been reported from time to time from different places in the country and remedial measures have been taken immediately. In several of these cases, however, equivalent products are available. Manufacturers of the drugs reported in shortage as also those of equivalents are advised to rush supplies to the places from where shortages are reported. It can be said that

in general, there is no scarcity of life-saving drugs in the country.

(d) to (f). Such life-saving drugs as are canalised are imported through the canalising agency where ever there is a gap between the demand and the indigenous production. Some of the drugs presently being imported through the canalising agency are Ampicillin, Streptomycin Sulphate; Methyl Dopa, Dapsone, Piperazine Hexahydrate, Tetracycline Hcl. and Chloroquine Phosphate. Drugs falling within the category of life saving drugs which are imported by actual users include Procaine Hydrochloride, Chloroquine Sulphate, Chloramphenicol Sodium Succinate, Frusemide etc.

Some the life saving drugs which are manufactured in India are as follows:

1. Chloramphenicol, 2. Erythromycin, 3. Dapsone, 4. Streptomycin, 5. Tetracycline, 6. Ampicillin, 7. PAS Sodium, 8. I.N.H., 9. Thiacetazone, 10. Chloroquin, 11. Amodiaquin, 12. Quinine, 13. Insulin, 14. Digoxin, 15. Procaine Hcl., 16. Piperazine and its salts, 17. D.E.C. Citrate.

For increasing the production of life saving drugs, the following steps have been taken:—

(i) Public Sector Undertakings are implementing expansion programmes.

(ii) Indian Sector Companies have been granted a large number of registrations (with the DGTD). A large number of licences and letters of intent have been issued to all sectors for bulk drugs and formulations during the last three years.

(iii) Approvals have been given to Public Sector Undertakings to set up joint venture formulation units in various States.

(iv) In cases where it is established that the companies which have been issued letters of intent/industrial licences for production of essential and life-saving drugs, have not implemented them, action is taken to cancel/voke such approvals and the capacity thus released is being given to new applicants. Additional capacities within the frame work of the New Drug Policy are being granted.

(v) Installed capacity as on 4th September 1980 is being recognised subject to certain conditions.

DR. VASANT KUMAR PANDIT:
The hon. Minister has given a long-winding statement which does not make us any the wiser. Even after 34 years of freedom, we have still not achieved self-sufficiency in drugs, leave aside life-saving drugs. They have not even drawn up a list of life saving drugs. They have made similar statements in the past.

MR. SPEAKER: Are not all of them supposed to be life saving drugs?

DR. VASANT KUMAR PANDIT:
Not all. We have seen this endemic cycle of shortages of drugs from year to year, from disease-season to disease-season. And, therefore, I would like the hon. Minister to explain factual things to this House. Our colleagues have also felt it. We have to send our man twice or thrice to the dispensary to get ordinary and regular drugs. Why is it that this endemic shortage continues? The reasons are, according to me, that the manufacturing programme of the drugs is faulty. We are not self-sufficient in the manufacture of our drugs. Multi-nationals are playing with distribution. Periodically, they will not distribute the required quantity, will create artificial shortages and get a lot of money from the black market. These life saving drugs are not available in major Government hospitals, leave aside district level hospitals. Some district hospitals have not received life saving drugs for a year or more. Even in big cities,

we find Government hospitals are short of these drugs, while these drugs are available in plenty in black market. What is the machinery set up by Government for the distribution of life saving drugs? What are your plans for the import of basic ingredients which go to make the live saving drugs? Why is this monitoring machinery set up by your department not working?

During every monsoon, we definitely find that there is this shortage. What are the reasons for the faulty distribution? Whenever there is a shortage, drugs are rushed from one place to another, creating shortage somewhere else. So, will the hon. Minister tell us what machinery has been set up for equitable and sufficient distribution of life saving drugs to all the Government hospitals in all the States? Just passing on the buck to the State Governments will not do, because the State Governments also put their indents but supplies are inadequate. Will the hon. Minister explain the reasons for this periodical shortages?

THE MINISTER OF PETROLEUM, CHEMICALS AND FERTILIZERS (SHRI P. C. SETHI): The Government monitors the availability of essential and life-saving formulations and drugs every week. On the basis of the shortages reported from the State Drugs Controllers and the Zonal Offices of the Central Drugs Standard Control Organisation and also public complaints. There is also a cell and a designated officer in the Ministry, for this purpose, who looks after this. As far as life-saving drugs are concerned, it is true that a list of all the life-saving drugs has not been prepared, but the categories of life-saving drugs are known and they include: (1) Antibiotics; (2) Anti T.B. Drugs; (3) Anti Malaria Drugs; (4) Anti-Diabetic Drugs; (5) Cardio Vascular Drugs; (6) Anaesthetics; (7) Anthelmintics; (8) Anti-Filarials; (9) Anti-Leprotics. Now, with regard to this, I would like to point out that many letters of intent and licences have been given even to the public sector companies for the manufacture, of these important drugs;

it is not as if there is a shortage for all the drugs. For example, there has been an increase in production of Streptomycin; there has been an increase in production of Chloramphenicol Palmitate and powder; there has been an increase in production of Tetracycline; there has been an increase in production of Ampicillin, Erythromycin and Doxycycline. However, Gentamycin, for example, has decreased in production. Wherever there are shortages, imports are allowed and to that extent the shortages are made good by import, and whenever there is a particular shortage of a particular category, there are equivalent products available. If the hon. member is interested or the House is interested and if you permit, Sir, I could give the instances of the alternative medicines which are available.

DR. VASANT KUMAR PANDIT: The hon. Minister has given a list of specific medicines where the production has increased. I have asked a specific question. What is the annual need for life-saving drugs in the country, how much are indigenously produced and how much is the import? As far as Adelphan is concerned, for is not available anywhere in the country. I know that an equivalent drug is available, but why has this happened? Is it due to generic name confusion caused in the drug and pharmaceutical market or is it due to failure of production policy?

SHRI P. C. SETHI: So far as this drug is concerned, this is mostly produced by Ciba Geigy; and the hon. member must be aware that there was a long strike in Ciba Geigy for so many days and it has recently come to an end. However, there is an equivalent product available which is known as Serpazino.

DR. VASANT KUMAR PANDIT: What is the annual requirement of the life-saving drugs, what is their production and how much of them are being imported?

SHRI P. C. SETHI: It is a very long list and I will place it on the Table of the House.

SHRI E. BALANADAN: The hon. Minister has said that alternative medicines are being manufactured in order to meet the situation. 40 per cent of the important medicines supplied are banned in other countries because they are black-listed by them. What steps are being taken by the Government of India to ban the import of black-listed medicines of other countries?

SHRI P. C. SETHI: As soon as we come to know of any medicine which is black-listed in other countries, we also take steps to see whether it should be imported into our country.

SHRI R. L. BHATIA: The supply of the life-saving drugs has been a problem. It had been discussed in the Parliament a number of times. The fact is that these foreign monopolists who are producing these drugs, are not submitting to the rules of the Government of India; they are FERA companies, they have not reduced their equity, they are creating a shortage and are increasing prices. Thirdly, they are producing in excess of their capacity without having any permission from the Government. In this situation, the Government has also submitted to them. The equity has not been reduced. They have increased their prices and have regularised their capacity. I would like to know why the Government cannot nationalise the companies of these foreign monopolists and keep them in their own hands. The public sector companies should produce the drugs so that the people are saved from this type of mechanism that results in shortage.

SHRI SATYASADHAN CHAKRABORTY: Taking money from IMF and controlling the monopolists?

SHRI P. C. SETHI: As far as the equity is concerned, action has been taken and most of the companies have

reduced their equity. Only few companies are there who have represented their case to the Reserve Bank of India and the Reserve Bank is taking up with them the question of equity and I hope that this is going to yield results.

SHRI R. L. BHATIA: What about nationalisation?

SHRI P. C. SETHI: As far as nationalisation of the foreign drug companies is concerned, this question has been considered many a time and it was found that it would not be desirable to invest money in take over of the companies; rather we should try to exploit the industry.

श्रीमती कृष्णा साहू : अक्षय महोदय, जो मंत्री महोदय द्वारा स्टेटमेंट दिया गया है उसमें लिखा हुआ है कि no scarcity of life-saving drugs in the country.

और दूसरी तरफ लिखा हुआ है कि Government have not prepared any list of life-saving drugs.

तो मैं जानना चाहती हूँ, इनका उत्तर अच्छा होता यदि यह स्वास्थ्य मंत्री से विचार विमर्श कर के उत्तर दिये होते, मैं जानना चाहती हूँ कि देश में तो जीवन रक्षक औषधियों की कमी नहीं है लेकिन नौर्य और साउथ एवेन्यू डिस्पेंसरीज में इन दवाओं की कमी है कि नहीं यह मंत्री जी बतायें ?

(Interruptions)

श्री प्रकाश चन्द्र सेठी : जीसा मॅने प्रारम्भ में बताया कि ड्रग कंट्रोलर की तरफ से अगर सरकार को शिकायत आती है कि शोर्टेज है तो उसी समय उसको दुरुस्त करने की कार्यवाही की जाती है। और मेरी जानकारी के अनुसार साउथ और नौर्य एवेन्यू के अस्पतालों में कोई शोर्टेज की रिपोर्ट नहीं हुई है।

श्रीमति कृष्णा साहू : आप यदि स्वास्थ्य मंत्री जी से पूछ लेते तो अच्छा होता।

SHRI RATANSINH RAJDA: This is a very important question and this is a very relevant point. I would like to know from the hon. Minister, when the Janata Government was there, the Chavda Committee was appointed to go comprehensively into this whole subject. Now, that report has been submitted to the Government. How many recommendations of Chavda Committee have been accepted by the Government and whether they are determined to implement all those suggestions made by the Chavda Committee on this? Whatever the hon. Minister says, life-saving drugs are not available to the common man. From that view point I would like to know from the hon. Minister whether the recommendations of the Chavda Committee have been accepted by the Government and whether the hon. Minister will be prepared to place the Chavda Committee report on the Table of the House.

SHRI P. C. SETHI: This is a specific question about shortage of drugs. If the hon. Member wants to know about the Chavda Committee recommendations, that can be a separate question.

MR. SPEAKER: You can come up.

SHRI RATANSINH RAJDA: This is a completely evasive reply. How many of the recommendations have been accepted and implemented? What are they? Let us know.

MR. SPEAKER: Shri Mukunda Mandal.

Augmentation of Rate of Coal Mining in Mejhia

*25, **SHRI MUKUNDA MANDAL:** Will the Minister of ENERGY be pleased to state the progress so far efforts of Coal India Ltd. In augmented by Government to step up the entering the rate of mining of coal from Mejhia in support of a power station?

THE MINISTER OF STATE IN THE MINISTRY OF ENERGY (SHRI

VIKRAM MAHAJAN): Kalidaspur mining project in Mejhia block is expected to be sanctioned shortly. The project envisages an investment of Rs. 23.89 crores and on completion is expected to yield 0.58 million tonnes of coal per annum. The initial production is expected from 1983-84 and the Project is likely to achieve targeted capacity on the 7th year i.e. in 1987-88.

SHRI MUKUNDA MANDAL: According to C.M.P.D.I. and G.S.I. the coal reserves of Boijora region and particular from Mejhia are come to nearly 200 million tonnes. Again, the quality of the coal in the Mejhia area is suitable for a thermal power project. I want to know from the Minister whether the Government propose to set up a thermal power plant at Mejhia in Bankura district.

SHRI VIKRAM MAHAJAN: A proposal was received from the DVC which was backed by West Bengal Government for setting up a 600 and odd MW power house in this region. The coal reserves which have been identified and which are mineable at present for the next ten years show that the mine which has been sanctioned would give about or a little more than half a million tonne of coal per annum. Another mine would give about a million tonnes. It is not enough for a coal-fired thermal power station of 600 and odd MW capacity. But the main reason is that the coal that has been found is of a superior grade quality which is meant for industries and so forth. For the power sector, we need coal of an inferior grade. As we are short of superior grade coal, this cannot be used for that purpose. For the next 12 to 16 years, we can only mine the superior grade coal which is in the upper layers. Lower grade coal lies in the lower layers and so far the next 12 to 16 years we cannot use these mines for the power sector. That is the main reason.