patients suffering from cancer are dying in rural areas because of lack of proper diagnosis. There are hospitals in urban areas only. Will Government make some arrangements to detect cancer in rural areas by sending some vans or having some other arrangements?

KUMARI SAROJ KHAPARDE: Government is always trying to provide health facilities not only to urban areas but to rural areas also. If the hon. Member brings to my notice any particular instance, I will definitely look into the whole thing.

DR. T. KALPANA DEVI: Has the Ministry received any proposal from the Government of Anchra Pradesh to upgrade MNJ Cancer Hospital to Regional Cancer Centre; if so, the steps taken by the Government in this regard? Is the hon. Minister considering of setting up of an Early Censer Detection Centre and PAP Smear Testing Unit in Andhra Pradesh; if so, name of the place?

KUMARI SAROJ KHAPARDE: I need a separate notice for this question.

SHRI BRAJAMOHAN MOHANTY: Are there any arrangements in Cuttack Medical College, Burala Medical College and Behrampur Medical College for detection and treatment of cancer; if so, whether any attempt has been made to upgrade that organisation?

KUMARI SAROJ KHAPARDE: There are two places in Orissa i.e. Cuttack Medical College and Behrampur Medical College where testing facilities are there.

SHRI BRAJAMOHAN MOHANTY: Has any attempt been made for upgradation of that?

KUMARI SAROJ KHAPARDE: If the State Government asks us, definitely we are there to provide all the facilities to the hospital.

Closing of Plasmodium Falciparum Containment Programme in Orissa

\*832. SHRI LAKSHMAN MALLICK :

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

(a) whether "Plasmodium Falciparum Containment Programme' involved in research on malaria is being discontinued;

(b) if so, the facts thereof including the date from which the programme will be discontinued;

(c) whether the employees, technical and non-technical, employed in the programme would be retrenched; and

(d) if so, the number of such employees and the steps taken or being taken to absorb them in other departments?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (d). The Plasmodium Falciparum containment Programme under National Malaria Eradication Programme was launched with financial assistance from Sweedish International Development Authority in 1977. The present agreement between Government of India and SIDA to support this programme will expire on 30.6. 89. 365 personnel comprising officers and technical and administration staff are working on per diem basis under this project and their services will not be required after the expire of the agreement.

The employees of the P. falciparum containment programme engaged on daily wages are not Government employees. The question of their absorption does not arise.

SHRI LAKSHMAN MALLICK: Hon Speaker, Sir, the Plasmodium Falciparum Containment Programme was implemented in 1978 under the Director, National Malaria Eradication Programme, with the technical guidance of W.H.O. and the financial support of the Government of Sweden. Primarily, for Zonal Headquarters were set up to control operation in different States, namely;

Zone — IV	Bhopal (covering Madhya Pradesh and other States).
Zone —III	Ranchi (Covering Bihar and West Bengal):" and
Zone —II	Bhubaneswar (Covering Orissa and Andhra Pradesh);
ZoneI	Shillong (Convering North-East States);

The organisation has a staff capacity of 365. For the last twelve years, the Programme has made considerable impact in bringing down the Plasmodium Falciparum incidence in hardcore areas of the country. Moreover, the Programme has successfully conducted some research works. The Programme, as stated by the hon. Minister, expires on 30.6.1989. The 365 staff members will be out of employment. May I know from the hon. Minister whether these 365 employees, including research staff, will be absorbed in the NMEP and IMRC? Whether the Government is considering this aspect or not. I would like to know from the hon Minister.

KUMARI SAROJ KHAPARDE: Sir, there are 365 persons, comprising eighty officers and 281 technical and administrative officers in the Project. I have already stated in my main answer that they are working on *per diem* basis under this project and they are not Government employees. Further, on humanitarian consideration, it has been proposed to circulate the bio data of these personnel among the subordinate officers of this Ministry and the State has directed for their possible absorption against vacancies available with them.

SHRI LAKSHMAN MALLICK : Sir, my second supplementary is that as per the "The Journal of Communicable Diseases, Special Issue on Malaria Review Orissa has the highest percentage contribution by the States to the total Plasmodium Falciparam cases in the country. In Orissa, it is about 35.9 per cent, which is the highest in the whole country. In 1976, it was 27.9 per cent; in 1981, it was 39.8 per cent and in 1985 it was 35.9 per cent. This programme was implemented in the Adiwasi districts of Phulbani and Koraput. Therefore, my submission to hon. Minister is that if these adivasis are deprived of getting this facility, they will suffer most. I would therefore like to know whether the plasmadium Falcipuram Containment Programme will be continued in Phulbani-Koraput districts where the Adivasis are living, after the expiry of this programme.

KUMARI SAROJ KHAPARDE: Sir, the hon. Member was mentioning about Orissa. I would like to mention here that in regard to this epidemic position, a comparative picture of incidence of Falciparum for the period 1984-88 has been given in my main answer. Still I would like to mention here that in Orissa, the incidence is declining nowadays. In 1984-88, if you see the figures given, you will find that the decline in quite noticeable as a result of the programme and we would like to give a lot of support to this programme in Orissa State.

SHRI NARAIN CHOUBEY: Sir, as malaria and filaria diseases have not been eliminated completely, Government has however stated that it is declining in Orissa and in other States. I would like to know that even after the aids from the foreign agency is stopped, why not the Government of India along with the State Governments continue this programme independent of foreign aid so that this programme can be continued and also the foreign dependence can be eliminated.

KUMARI SAROJ KHAPARDE: Sir, we are trying our level best to continue this programme all over the country, specially in West Bengal. I may however mention here that if you see the figures of 1984, you would know that the incidence of this particular disease in West Bengal is declining.

## **National Wage Policy**

\*833. PROF. NARAIN CHAND PAR-ASHAR : Will the Minister of LABOUR be pleased to state:

(a) whether Union Government have taken any specific steps for the evolution of a uniform National Wage Policy keeping in view the recommendations of the 15th Indian Labour Conference held during 1957 which accepted the need to take into account the following 5 criteria for fixing the minimum wage viz. each family unit of 4 with 3 consumption units, 2700 calories per day accepted by the U.N. Organisations, Standard housing and cost of housing, 70 metres of cloth per family per year and 20 per cent of total minimum wage for other expenditure like children education etc.;

(b) if so, the details thereof;

(c) if not, the reasons therefor and the steps taken by Government to minimise the differences between wages paid to the workers at the lowest level and the highest executive in the Union Government and to fix the minimum wages for a worker in view of a consensus among all trade unions of the country of this point?

THE DEPUTY MINISTER IN THE MINISTRY OF LABOUR AND DEPUTY MINISTER IN THE MINISTRY OF PARLIA-MENTARY AFFAIRS (SHRI RADHAK-ISHAN MALVIYA): (a) to (c). A Statement is given below:.

## STATEMENT

The recommendations of the 15th Indian Labour Conference in July, 1957 on the question of fixing a minimum wage have been overtaken by subsequent examination and consideration of the question. It may therefore, no longer be relevant to recall the recommendations of the 1957 ILC.

The 15th II C had laid down cer-2 tain norms on which the need based minimum wages had to be fixed. The quantification attempted by the ILC raised basic issues, i.e. whether need along should be the criterion for wage fixation. The Second Pay Commission (1957-59) examined in detail the Resolution of the 15th ILC, and took into account the needs of the Govt. employees in fixing the minimum remuneration. The Second Pay Commission, however, felt that more important than the fact of quantitative definition of minimum remuneration was the content of what was defined (by the 15th ILC). The wage Boards which reported after the Second Pay Commission tried to work out the money equivalent of the norms suggested by the 15th ILC, as also the National Commission on Labour. The NCL's Committee on the Functioning of the System of Wage Boards reported that a majority of the Wage Board had not found it feasible to fix the need-based minimum wage (on the basis suggested the 15 ILC), because of one or more the following reasons:

> "(a) it would be beyond the capacity of the industry to pay, (b) it would unduly affect the relativity of wages among industries in the same region, (c) it would result in excessive and abrupt increase in wages, and (d) it would be extravagance at the cost of the consumer on whom the burden of increased wages and salaries would fall."

 The National Commission as Labour, in its report submitted in August, 1969 stated as follows:

"Far from leading to ease and