

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No.

(b) Does not arise.

Multi-drug resistant TB

4217. SHRI MANGALA KISAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the difference between Tuberculosis (TB) and multi-drug resistant TB (MDRTB);
- (b) whether India along with China are home to 50 percent of the global MDRTB cases;
- (c) if so, the number of cases in India, during the last three years, State-wise, year-wise;
- (d) the number of location of centres across the country where Government proposes to distribute the drugs for the above disease, State-wise; and
- (e) what other steps Government has taken/proposes to take to check it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. Normally the organism is sensitive to the first line anti-tubercular drugs (isoniazid, rifampicin, ethambutol, pyrazinamide and streptomycin).

In contrast, if the disease causing organism becomes resistant to Isoniazid and Rifampicin, two of the most powerful first line anti TB drugs, it gives rise to Multi-drug resistant TB (MDR-TB).

(b) and (c) As per WHO Global Report on Surveillance and Monitoring – 2010, it is estimated that both China and India account for 50% of global MDR-TB cases. This estimation by WHO is for the country as a whole and not State-specific.

(d) The MDR services are presently available in 10 States and are being scaled up to cover the entire country by 2012. The treatment services for MDR TB are integrated with the basic DOTS services and are delivered through the existing network of DOT providers which include govt. health facilities, NGOs, Private Practitioners, corporate hospitals, Medical Colleges and community volunteers.

(e) Drug resistance TB is essentially a man made phenomenon which can be prevented by early detection and effective treatment of TB patients and for that reason good quality Directly

Observed Treatment Short Course (DOTS) strategy is being implemented under Revised National TB Control Programme (RNTCP).

Further, advocacy for rational use of anti-TB drugs has been taken up with the health care providers.

Besides above, the programme has initiated DOTS Plus services for the management of MDR TB.

Bulk purchase of CGHS Unani medicines

4218. SHRI MOHAMMED ADEEB: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the firms/companies/manufacturers from whom Central Government Health Scheme (CGHS) Unani medicines are being procured/purchased;

(b) whether it is a fact that the bulk purchase of CGHS Unani medicines for Central stores are not being made and that there is always scarcity of medicines in their stock;

(c) if so, the reasons therefor; and

(d) the steps being taken to solve the problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) CGHS procures its requirement of generic medicines from Indian Medicines Pharmaceutical Corporation Limited (IMPCL), Ram Nagar Proprietary medicines are procured from the manufacturer/distributor directly after the discount to be offered on the medicines is settled in advance. For procuring any non-proprietary medicines, not manufactured by IMPCL, the CGHS floats tenders at regular intervals of time. CGHS procures medicines at a time for three/six months, on the basis of the recommendation of the Purchase Advisory Committee Indent. For any medicine not available in stock, indent is placed centrally by the CGHS on the chemist, and the medicines are supplied directly to the dispensaries by the chemist.

Violation of pictorial warnings on tobacco usage

†4219. SHRI RAJIV PRATAP RUDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether is a fact that after Government's warning, the danger pictorial warnings on tobacco boxes are printed in such a manner that nobody could see them;

†Original notice of the question was received in Hindi.