

Elimination of Kala-azar by 2010

*3. SHRI T.M. SELVAGANAPATHI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has failed to achieve the National Health Policy target to eliminate Kala-azar by 2010;

(b) if so, the reasons therefor;

(c) whether it is also a fact that Government has refixed the target to eliminate Kala-azar by 2015; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI) : (a) to (d) The National Health Policy target of Kala-azar elimination by 2010 has not been achieved. However, data on Kala-azar incidence for the year 2009 indicate that 319 blocks out of 514 identified blocks in 4 Kala-azar endemic states of Bihar, West Bengal, Jharkhand and Uttar Pradesh have achieved the target of Kala-azar elimination i.e. less than one case per 10,000 population.

Kala-azar is a vector borne disease and its elimination from the community depends on various environmental, socio-economic and health systems related factors, and, therefore, it requires a multi-sectoral approach. Moreover, the most effective tools of Kala-azar elimination i.e. Rapid Diagnostic Tests and Oral Drug Miltefosine have recently scaled up and their impact will be visible only after some time.

The date of Kala-azar elimination has now been revised to 2015.

SHRI T.M. SELVAGANAPATHI : Sir, the question relates to Kala-azar, that is, black fever, which is prevailing in almost four states of this country. We are disappointed with the answer for the reason that the Health Policy was announced in 2002 which pronounced the eradication of Kala-azar by 2010; almost eight years have lapsed. Since 1977, one lakh cases were reported and in 1991-92, 2,50,000 cases were reported. It keeps on increasing.

MR. CHAIRMAN : Question, please.

SHRI T.M. SELVAGANAPATHI : Were these eight years not sufficient to eradicate the disease with so much of scientific advancement? The reasons have not been cited by the hon. Minister. Therefore, I would like to know what the reasons are and whether the Government has learnt anything out of them.

SHRI GHULAM NABI AZAD : Sir, it is a very good question. It is not correct to say that there has not been any progress. There has been progress since the start of NRHM, and hon. Member knows that before the start of NRHM, a lot of cases were not reported. I would like to mention that 32,803 cases were reported in 2005, while in post-NRHM era in 2010, the number of cases reported was only 2800. In so far as the deaths are concerned, in 2005, it was 157, and in 2010, it has come down to 98. That means, the percentage of reduction in mortality rate in 2010 is 37.58 per cent as compared to 2005. But, maybe I will reply in the second part because then the diagnosis was very difficult. The diagnosis before 2007 was through a bone marrow examination which was not available at the block level, district level. It was available only at the level of medical colleges, that is, in the State capital. Now, that has been reversed.

SHRI T.M. SELVAGANPATHI : Sir, the reason adduced by many studies for such type of *kala azar* prevailing in some of the areas of North-Eastern Region like Assam, West Bengal, Bihar and Jharkhand - nearly 519 blocks were identified to be affected - has been found to be improper dwelling units, that is, people living in mud houses and sleeping on the mud floor and the poverty that is prevailing. Therefore, in the State of Tamil Nadu, the State Government has announced a scheme that all those kutcha sheds will be removed and pucca concrete houses will be provided to the poorest of the poor in rural areas. If such schemes are announced by the Government of India, this particular problem could be eliminated because poverty and poor living conditions are the main reasons for this disease. Unless it is struck at the root level, it cannot be removed. And, again, they will shift the target from 2015 to 2020. Any such holistic approach would be announced. But, what steps would be taken to eliminate this problem?

SHRI GHULAM NABI AZAD : Sir, it is true that it has something to do with the economic conditions of the poor people because it is just like a fly or mosquito because DDT is the one which affects both mosquito and the sand fly which causes Kala azar. So, we have a provision that the poor people should have pucca houses. During our survey, or, during the survey by the State Government, when we come across such poor people, we recommend those cases to the Ministry of Rural Development, and they have the Provisioner providing houses to the poor people. So, they take the action on that.

DR. C.P. THAKUR : Sir, hon. Member was right when he said that Kala azar is a disease of poor countries and it is present in India, especially Bihar, West Bengal and eastern part of U.P. since

last hundred years. What happens here is that the Government takes intensive measures for four or five years. Then, it comes down, but the disease comes up again. So, I will request the Minister that this time, he continues the intensive measures for some time so that this disease is eliminated from these parts of the country. Sir, advanced countries, like China and Russia, have eliminated this disease. But, only the poor countries in the world have not been able to eliminate it.

SHRI GHULAM NABI AZAD : Sir, this is a very important question and I would request that I would just like to take a minute. I was waiting for the question to be raised in two supplementaries. As I said in the beginning, earlier, the detection was very cumbersome. But, they have changed the whole policy of diagnosis, and treatment has been reversed since 2007. I would like to mention three-four important things for the benefit of hon. Members so that they can also monitor in their respective areas.

Sir, first one is introduction of patient-wise anti-Kala Azar treatment boxes containing 56 capsules in a box for 28-days course, which are now supervised by the supervisors. Then, there is deployment of Kala Azar monitors and consultants, six in each District, and, the payment is made by the Government of India. Next thing is mobilization at the State and District level officers to facilitate their field visits, and, it is also being provided by the Government of India. Then, there are incentives to Kala Azar activists or health volunteers, ASHAs, at the rate of Rs. 200 per case for referring a suspected case and ensuring complete treatment for 28 days. Then, there is free diet support to the patient and one attendant, and, the most important is providing incentives to patient for loss of wages during the period of treatment at the rate of Rs. 50/- per day, totalling Rs. 1,400 for 28 days. These are some of the most important initiatives, which have been taken by the Government in the past two years.

SHRIMATI VASANTHI STANLEY : Sir, apart from the four States mentioned here, there were two cases of Kala Azar found in Puducherry. Is there any other State where Kala Azar cases were found, and what are the steps taken by the Department to eradicate this from other States also? Can it be clubbed with Dengue, Chikungunya or Malaria, the other mosquito borne diseases?

SHRI GHULAM NABI AZAD : Sir, I think, I have very elaborately mentioned the initiatives taken by the Government of India, and I would like to say that this is endemic only in four States, namely,

West Bengal, Bihar, Uttar Pradesh and Jharkhand whereas in rest of the country, there are some individual cases. Sir, this programme is for the entire country.

श्री नरेश चन्द्र अग्रवाल : माननीय सभापति महोदय, मैं आपके माध्यम से माननीय मंत्री जी से यह जानना चाहता हूँ कि कुछ ऐसे रोग हैं, जिनमें काला अजार, चिकनगुनिया और जापानी इंसेफ़लाइटिस भी है, जो समय समय पर आते हैं और उनकी रोकथाम के लिए कोई विशेष व्यवस्था या कोई परमानेंट व्यवस्था अभी तक नहीं की गई है। उनको टेस्ट करने के लिए कोई लैब नहीं है, उनके बारे में रोकथाम की कोई ऐसी योजना प्रचारित नहीं है। जैसा आपने कहा कि हम खुद बताते हैं, हमारे एम.पी.ज. जान लें कि क्या-क्या चीजें सरकार दे रही हैं। मंत्री जी, जब आपको सदन में बताना पड़ रहा है तो यह बता दीजिए कि नीचे क्या स्थिति है?

महोदय, मैं आपके माध्यम से मंत्री जी से यह जानना चाहता हूँ कि क्या वह कोई ऐसी घोषणा करेंगे कि हर एम.पी. के क्षेत्र में एक-एक स्पेशल कैम्प लगावा दें, जिससे कि भारत सरकार ग्रामीण स्तर पर कौन-कौन सी योजनाएं चला रही है, उन योजनाओं का प्रचार हो सके तथा लोग यह जान सके कि किस-किस बीमारी की क्या-क्या दवा भारत सरकार उपलब्ध करा रही है?

श्री गुलाम नबी आजाद : सर, इन्होंने बहुत अच्छा सवाल किया। जो बात मैं भूल गया था वह इससे मुझे याद आ गयी। यह सवाल उसी से संबंधित है। जैसा मैंने अर्ज किया कि पहले इसको डायग्नोस करने के लिए सिर्फ बोन मैरो का टेस्ट करना होता था, जो मेडिकल कॉलेज या स्टेट कैपिटल के अलावा और कहीं नहीं हो सकता था। लेकिन, 2007 से एक काम शुरू किया गया और अब पिछले 2-3 सालों से इसको पूरे इलाकों में फैलाया गया और एक डायग्नोस्टिक किट पहली दफा वजूद में आया, जो Glucometer की strip की तरह है। उसमें वही पर ब्लड लिया जा सकता है और वही पाँच मिनट के बाद किसी को काला अजार है या नहीं है, उसका पता उसी वक्त डायग्नोस्टिक टेस्ट से चल सकता है। तमाम राज्यों को ये डायग्नोस्टिक किट्स गवर्नमेंट ऑफ इंडिया की तरफ से फ्री में दिए जाते हैं।

जहाँ तक दूसरे लैब्स का सवाल है, तो जहाँ-जहाँ पर जो भी ज्यादा prevalent बीमारी है, उसके लिए भी हर जगह डायग्नोस्टिक किट्स मौजूद हैं और इन्हें गवर्नमेंट ऑफ इंडिया तमाम स्टेट्स को मुहैया करा रही है।

श्री सभापति : प्रश्न संख्या 4...(व्यवधान)...

श्री नरेश चन्द्र अग्रवाल : माननीय सभापति जी...(व्यवधान)...

श्री सभापति : बस एक सवाल ...(व्यवधान)...

श्री नरेश चन्द्र अग्रवाल : माननीय सभापति जी, एक तो कैम्प लगाने की बात थी ...(व्यवधान)...

श्री सभापति : नरेश जी, प्लीज ...(व्यवधान)... अब दूसरा सवाल नहीं...(व्यवधान)...

श्री नरेश चन्द्र अग्रवाल : सर, ...(व्यवधान)... हमारे अधिकारों का हनन हो रहा है...(व्यवधान)... हमको संरक्षण कैसे मिलेगा? ...(व्यवधान)...

श्री सभापति : आपने एक सवाल पूछ लिया ...(व्यवधान)... अब आप क्यों वक्त जाया कर रहे हैं?

श्री नरेश चन्द्र अग्रवाल : यह जो हमारा अधिकार है ...(व्यवधान)... हमें आपका संरक्षण मिले ...(व्यवधान)... हमको अगर संरक्षण नहीं मिलेगा, तो हम कैसे करेंगे? ...(व्यवधान)...

श्री सभापति : देखिए, वक्त जाया करने से क्या फायदा है? ...(व्यवधान)... आपने अपना सवाल पूछ लिया है...(व्यवधान)...

श्री नरेश चन्द्र अग्रवाल : श्रीमन्, मेरे सवाल का जवाब नहीं आया। ...(व्यवधान)... आखिर, आप मंत्री जी को बाध्य तो कीजिए कि वे सवाल का जवाब दें। ...(व्यवधान)...

श्री सभापति : ठीक है। ...(व्यवधान)...

श्री नरेश चन्द्र अग्रवाल : आप इतना तो बाध्य कर दीजिए ...(व्यवधान)... कैम्प लगाने वाली जो बात थी, उसका कोई जवाब ही नहीं आया है। ...(व्यवधान)...

श्री सभापति : जो सवाल है, वह एक बीमारी है ...(व्यवधान)... उन्होंने बता तो दिया ...(व्यवधान)...

Measures for curbing inflation

*4. SHRIMATI T. RATNA BAI : Will the Minister of FINANCE be pleased to state:

- (a) whether Government is taking effective measures to curb inflation;
- (b) if so, the details thereof during the last three years; and
- (c) if not, the reasons therefor?

THE MINISTER OF FINANCE (SHRI PRANAB MUKHERJEE) : (a) to (c) The Government monitors the price situation regularly as price stability remains high on its agenda. Measures taken to contain prices of essential commodities include selective ban on exports and futures trading in food