

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) India achieved the goal of elimination of Leprosy as a public health problem *i.e.* less than 1 case per 10,000 population at National level in December, 2005.

(b) and (c) No.

(d) Does not arise.

(e) As all the States/UTs have reported cases after 2005. Steps taken by Centre and States to contain the disease are as below:—

- (i) Decentralized integrated leprosy services through General Health Care System.
- (ii) Training in leprosy to General Health Services functionaries.
- (iii) Intensified Information, Education and Communication (IEC).
- (iv) Renewed emphasis on Prevention of Disability and Medical Rehabilitation and
- (v) Monitoring and supervision.

Status of child health in the country

1032. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the child health, particularly girl child, indicators in the country, State-wise;
- (b) the Infant mortality rate, Neo-natal mortality rate, Under-five mortality rate, total numbers of deaths and percentage thereof, State-wise;
- (c) the prevalence of anemia, low weight, stunted growth, lack of nutrition in children, State-wise;
- (d) the comparison of above statistics with other countries; and
- (e) the corrective steps being taken to save the childhood of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): A Gender-wise status of child health in major States of India as reflected in under five child mortality is given in Statement-I (*See below*).

(b) State-wise Neo-natal mortality rate, Infant mortality rate, Under five mortality rate and estimated number of deaths is given in the Statement-II (*See below*).

(c) State-wise prevalence of Anaemia and Malnutrition in children is given in Statement-III (*See below*).

(d) International comparison of NMR, IMR and Under five mortality rate and Malnutrition Status in some of the selected countries, 2009 is given in Statement-IV (*See below*).

(e) Under the National Rural Health Mission (NRHM) (2005-2012), the Reproductive and Child Health Programme Phase-II, comprehensively integrates interventions that improve child health and addresses factors contributing to morbidity and mortality.

The Interventions under the Child Health are as follows:—

- (i) Integrated Management of Neonatal and Childhood Illness (IMNCI) and Pre-service training in Integrated Management of Neonatal and Childhood Illness.
- (ii) Facility Based Integrate Management of Neonatal and Childhood Illnesses (F-IMNCI).
- (iii) Early detection and appropriate management of Diarrhoea disease.
- (iv) Early detection and appropriate management of Acute Respiratory Infections and other infections.
- (v) Navjaat Shishu Suraksha Karyakram (NSSK), a programme for training health care providers on Basic newborn care and resuscitation.
- (vi) Infant and young child feeding including promotion of breast feeding.
- (vii) Immunization against seven vaccine preventable diseases.
- (viii) Vitamin A supplementation and Iron and Folic Acid supplementation.
- (ix) Establishment of Sick New Born Care Units at District Hospitals, Stabilization Units at Community Health Centres (CHCs) and New Born Care comers at 24 x 7 Primary Health Centres (PHCs) to provide new born and child care services.
- (x) Establishment of Nutritional Rehabilitation Centres to address severe and acute malnutrition.
- (xi) Janani Shishu Suraksha Karyakram (JSSK) has been recently launched. The initiative provides for absolute free treatment including drugs and diagnostics and to and fro transport to the sick neonates upto 30 days of the birth.

Statement-I

Gender-wise status of child health in major States of India as reflected in under five child mortality

Under five Mortality Rates (U5MR) per 1000 live births, SRS-2009

India and bigger States	Total	Male	Female
1	2	3	4
India	64	60	69

1	2	3	4
Andhra Pradesh	52	51	54
Assam	87	83	91
Bihar	70	66	74
Chhattisgarh	67	59	74
Delhi	37	36	38
Gujarat	61	59	64
Haryana	60	55	65
Himachal Pradesh	51	48	55
Jammu and Kashmir	50	46	54
Jharkhand	62	55	70
Karnataka	50	48	51
Kerala	14	12	16
Madhya Pradesh	89	86	92
Maharashtra	36	32	40
Orissa	84	83	85
Punjab	46	42	50
Rajasthan	74	66	84
Tamil Nadu	33	31	34
Uttar Pradesh	85	78	93
West Bengal	40	39	41

Statement-II

State-wise Neonatal mortality rate, Infant mortality rate, Under five mortality rate and estimated number of deaths

States	NMR/1000 live births	IMR/1000 live births	Under five mortality rate/1000 live births	Estimated number of total under five deaths	Proportion percentage of total under five deaths
1	2	3	4	5	6
India	34	50	64	1742679	100

1	2	3	4	5	6
Andaman and Nicobar	N.A.	27	N.A.	N.A.	N.A.
Andhra Pradesh	33	49	52	80568	4.6
Arunachal Pradesh	N.A.	32	N.A.	N.A.	N.A.
Assam	33	61	87	63997	3.7
Bihar	31	52	70	207090	11.9
Chandigarh	N.A.	25	N.A.		
Chhattisgarh	38	54	67	43978	2.5
Dadra and Nagar Haveli	N.A.	37	N.A.	N.A.	N.A.
Daman and Diu	N.A.	24	N.A.	N.A.	N.A.
Delhi	18	33	37	11220	0.6
Goa	N.A.	11	N.A.	N.A.	N.A.
Gujarat	34	48	61	82140	4.7
Haryana	35	51	60	34531	2.0
Himachal Pradesh	36	45	51	6015	0.4
Jammu and Kashmir	37	45	50	11671	0.7
Jharkhand	28	44	62	52324	3.0
Karnataka	25	41	50	59602	3.42
Kerala	7	12	14	6871	0.4
Lakshadweep	N.A.	25	N.A.	N.A.	N.A.
Madhya Pradesh	47	67	89	178975	10.3
Maharashtra	24	31	36	71200	4.1
Manipur	N.A.	16	N.A.	N.A.	N.A.
Meghalaya	N.A.	59	N.A.	N.A.	N.A.
Mizoram	N.A.	36	N.A.	N.A.	N.A.
Nagaland	N.A.	26	N.A.	N.A.	N.A.
Orissa	43	65	84	73995	4.3
Puducherry	N.A.	22	N.A.	N.A.	N.A.

1	2	3	4	5	6
Punjab	27	38	46	21665	1.2
Rajasthan	41	59	74	138120	7.9
Sikkim	N.A.	34	N.A.	N.A.	N.A.
Tamil Nadu	18	28	33	38804	2.2
Tripura	N.A.	31	N.A.	N.A.	N.A.
Uttar Pradesh	45	63	85	486879	27.9
Uttarakhand	N.A.	41	N.A.	N.A.	N.A.
West Bengal	25	33	40	62847	3.6

Statement-III

State-wise prevalence of Anaemia and Malnutrition in children

States/UTs	Anaemia	Malnutrition		
	Children age 6-35 months who are anaemic (%)	% underweight children	% Stunted children	%Wasted children
	NFHS-III (2005-06)			
1	2	3	4	5
India	79.2	42.5	47.9	19.8
Andaman and Nicobar	—	—	—	—
Andhra Pradesh	79	32.5	42.7	12.2
Arunachal Pradesh	66.3	32.5	43.3	15.3
Assam	76.7	36.4	46.5	13.7
Bihar	87.6	55.9	55.6	27.1
Chandigarh	—	—	—	—
Chhattisgarh	81	47.1	52.9	19.5
Dadra and Nagar Haveli	—	—	—	—
Daman and Diu	—	—	—	—

1	2	3	4	5
Delhi	63.2	26.1	42.2	15.4
Goa	49.3	25.0	25.6	14.1
Gujarat	80.1	44.6	51.7	18.7
Haryana	82.5	39.6	45.7	19.1
Himachal Pradesh	58.8	36.5	38.6	19.3
Jammu and Kashmir	68.1	25.6	35.0	14.8
Jharkhand	77.7	56.5	49.8	32.3
Karnataka	82.7	37.6	43.7	12.6
Kerala	55.7	22.9	24.5	15.9
Lakshadweep	—	—	—	—
Madhya Pradesh	82.6	60.0	50.0	35.0
Maharashtra	71.9	37.0	46.3	16.5
Manipur	52.8	22.1	35.6	9.0
Meghalaya	68.7	48.8	55.1	30.7
Mizoram	51.7	19.9	39.8	9.0
Nagaland	—	25.2	38.8	13.3
Orissa	74.2	40.7	45.0	19.5
Puducherry	—	—	—	—
Punjab	80.2	24.9	36.7	9.2
Rajasthan	79.6	39.9	43.7	20.4
Sikkim	56.9	19.7	38.3	9.7
Tamil Nadu	72.5	29.8	30.9	22.2
Tripura	67.9	39.6	35.7	24.6
Uttar Pradesh	85.1	42.4	56.8	14.8
Uttarakhand	61.5	38.0	44.4	18.8
West Bengal	69.4	38.7	44.6	16.9

Statement-IV

*International comparison of NMR, IMR and Under-5 mortality rate and
Malnutrition Status in some of the selected countries, 2009*

Country	Neonatal mortality rate (per 1000 live births)	Infant mortality rate (per 1000 live births)	Under-five mortality rate (per 1000 live births)	Stunted	Underweight
1	2	3	4	5	6
Chad	46	124	209	44.8	33.9
Afghanistan	53	134	199	59.3	32.9
Nigeria	39	86	138	41	26.7
Uganda	31	79	128	38.7	16.4
Sudan	37	69	108	37.9	31.7
Senegal	31	51	93	20.1	14.5
Pakistan	42	70	87	41.5	31.3
India	34	50	64	47.9	42.5
South Africa	19	43	62	—	—
Bangladesh	30	41	52	43.2	41.3
Nepal	26	39	48	49.3	38.8
Indonesia	19	30	39	40.1	19.6
Brazil	12	17	21	7.1	2.2
Egypt	11	18	21	30.7	6.8
China	11	17	19	11.7	4.5
Mexico	7	15	17	15.5	3.4
Sri Lanka	9	13	16	19.2	21.6
Thailand	8	12	13	15.7	7
United States of America	4	7	8	3.9	1.3
Australia	3	4	5	—	—

1	2	3	4	5	6
United Kingdom	3	5	5	—	—
Japan	1	2	3	—	—
San Marino	1	1	2	—	—

Source: World Health Statistics 2011, WHO

Aspirin's effect on humans

1033. DR. BHARATKUMAR RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that even after 100 years of use, doctors across the world have no clue on how aspirin, which is an effective drug to save heart attack and stroke, exactly works;
- (b) whether some study is being planned world over for trials to unravel how aspirin pill works;
- (c) whether India will soon be a part of the trail that is looking to better understand aspirin's effect on body and optimal dosing; and
- (d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Aspirin is used for its antiplatelet activity in the initial treatment of cardiovascular disorders such as angina pectoris and myocardial infarction and for the prevention of cardiovascular events in patients at risk. However, the exact mechanism by which aspirin acts in such cases is not clear.

- (b) The Government has no information about any such study.
- (c) and (d) Do not arise.

New national list of essential drugs

1034. SHRI Y.S. CHOWDARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is finalizing the new national list of essential drugs;
- (b) if so, the details thereof;
- (c) whether Government has also deleted some drugs from the existing list of essential drugs;
- (d) if so, the details thereof; and
- (e) the time-frame fixed for completion of the new list of essential medicines?