

- (iii) Whistle Blower Scheme has been announced by Government of India to encourage vigilant public participation in the detection of movement of spurious drugs in the country. Under this policy the informers would be suitably rewarded for providing concrete information in respect of movement of spurious drugs to the regulatory authorities.
- (iv) The inspectorate staff has been instructed to keep vigil and draw samples of drugs for testing/analysis to monitor the quality of drugs moving in the country.
- (v) The States/UTs have been requested to set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal of cases.

Outbreak by JE in Andhra Pradesh

3034. SHRI JESUDASU SEELAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is monitoring the widespread cases of Japanese Encephalitis (JE) in Andhra Pradesh;
- (b) if so, the details thereof; and
- (c) the actions being taken or proposed to be taken by Government to overcome the rising number of cases of Japanese Encephalitis in Andhra Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) and (b) Yes. 5 Sentinel sites have been established in Andhra Pradesh for surveillance of Japanese Encephalitis (JE).

In addition, weekly data on epidemic prone diseases are also collected, compiled and analyzed under Integrated Disease Surveillance Project (IDSP) to detect and respond to outbreaks of epidemic prone diseases including vector borne diseases.

- (c) Government of India implements an integrated National Vector-Borne Disease Control Programme (NVBDGP) for prevention and control of vector-borne diseases including JE under the overarching umbrella of National Rural Health Mission (NRHM). The various measures undertaken for prevention and control of Japanese Encephalitis are integrated vector control, vaccination, early case detection, appropriate treatment, disease and vector surveillance, Behaviour Change Communication (BCC) activities and capacity building.

National AIDS Control Programme

3035. SHRI THOMAS SANGMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the State-wise data of the number of people being treated for AIDS;

(b) whether any study has been conducted to determine the number of people covered annually by the National AIDS Control Programme (NACP);

(c) if so, the details thereof;

(d) whether the National AIDS Control Programme (NACP-III) has made any progress towards achieving its goal of reducing incidence of AIDS by 60 per cent in high prevalence States and 40 per cent in vulnerable States by 2012; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) A statement indicating number of people being treated for AIDS, State/UT-wise is given in Statement-I (See below).

(b) As per NACP - III targets, the number of people covered by different interventions under National AIDS Control Programme is monitored on annual basis through Computerized Management Information System (CMIS). Details of the current coverage under different interventions is given in Statement-II (See below).

(d) and (e) Yes. According to the recent HIV Estimates based on HIV Sentinel Surveillance 2008-09, it is estimated that new annual HIV infections (HIV Incidence) in India has declined by more than 50% over the past decade. It is estimated that India had approximately 1.2 lakh new HIV infections in 2009, as against 2.7 lakh in 2000. It is also estimated that there is a reduction of annual new HIV infections (HIV Incidence) by 29% in high prevalence States and 13% in low prevalence States (from 2006 to 2009) during the first half of NACP-III.

Statement-I

State/UT-wise Details of ART centres and people treated for AIDS in the country

Sl. No.	State Name	No of ART centres	No. of PLHIV on ART		
			Adult	Children	Total
1	2	3	4	5	6
1.	Andhra Pradesh	43	91371	4662	96033
2.	Arunachal Pradesh	1	33	1	34
3.	Assam	3	1453	66	1519
4.	Bihar	8	8956	436	9392
5.	Chandigarh	1	1753	199	1952

1	2	3	4	5	6
6.	Chhattisgarh	5	2334	204	2538
7.	Delhi	9	8738	691	9429
8.	Goa	1	1268	92	1360
9.	Gujarat	22	21553	1243	22796
10.	Haryana	1	2321	146	2467
11.	Himachal Pradesh	3	1302	123	1425
12.	Jammu and Kashmir	2	639	46	685
13.	Jharkhand	4	2557	161	2718
14.	Karnataka	44	59343	4254	63597
15.	Kerala	8	5540	302	5842
16.	Madhya Pradesh	10	5199	365	5564
17.	Maharashtra	52	98656	6780	105436
18.	Manipur	7	6553	489	7042
19.	Meghalaya	1	166	4	170
20.	Mizoram	3	1214	83	1297
21.	Nagaland	6	2610	118	2728
22.	Orissa	9	3775	144	3919
23.	Pondicherry	1	711	70	781
24.	Punjab	6	7075	423	7498
25.	Rajasthan	7	9960	631	10591
26.	Sikkim	1	51	4	55
27.	Tamil Nadu	41	51317	3013	54330
28.	Tripura	1	175	4	179
29.	Uttar Pradesh	13	16082	944	17026
30.	Uttarakhand	2	874	74	948
31.	West Bengal	9	9043	466	9509
ALL INDIA		324	4,22,622	26,238	4,48,860

Statement-II

*Number of people covered under National AIDS Control Programme
during 2010-11 and 2011-12 (till Oct 2011)*

Sl. No.	Indicator	2010-11		2011-12	
		Target	Achievement	Target	Achievement upto October, 2011
1.	Number of people tested for HIV (In lakh)	111.71	95.45	120	96.89*
2.	STI/RTI patients managed as per national protocol (In lakh)	100	100.1	120	42.2*
3.	Pregnant Women tested for HIV (In lakh)	86.49	66.38	90	43.34*
4.	HIV+Pregnant Women and Babies receiving ARV prophylaxis	11,350	11,962	17500	6,848
5.	HIV-TB Cross Referrals(In lakh)	8.5	10.48	9.5	5.64@
6.	PLHA on ART	4,04,815	4,07,361	4,50,000	4,48,860*
7.	Opportunistic Infections treated (In lakh)	2.7	4.97	3.1	3.23*
8.	Persons trained under Mainstreaming training programmes (In lakh)	2.50	5.22	1.50	1.92
9.	Social Marketing of condom by NACO contracted Social Marketing Organisations	22.46 crore pieces	44.72 crore pieces	34.9 crore pieces	25.87 crore pieces*

*Upto September, 2011,

@ICTC to RNTCP referral from April to August and RNTCP to ICTC from April to September, 2011.