

(b) if so, whether Government will declare it an epidemic and take immediate action; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) The Government of India closely monitors the cases and deaths of children due to Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) in different parts of the country.

(b) and (c) The Government of India has already put in place a strategy for dealing with JE/AES. The prevention and control strategy includes JE vaccination of children in campaign mode as well as routine immunization, disease surveillance through sentinel sites, early case detection and proper case management, integrated vector control and Behavior Change Communication. The strategy is primarily implemented by the State Governments. However, the Government of India provides technical support and supplements the efforts of the State Governments by providing funds and commodities as per the requirements of the States reflected in their Programme Implementation Plans (PIPs) under National Rural Health Mission (NRHM).

#### **Patients suffering from STDs**

1020. SHRI ANIL MADHAV DAVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of patients in India suffering from sexually transmitted diseases (STDs), including HIV-AIDS;

(b) which are the major affected regions in the country and the details thereof;

(c) the steps taken by Government to address these issues; and

(d) the quantum of fund allocated for spreading awareness about these diseases and treatment during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) The number of patients diagnosed and treated for Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI) in India during FY 2011-12 as per Computerized Information Management System (CMIS) of National AIDS Control Organization (NACO) is 1,00,71,962.

Based on HIV Sentinel Surveillance 2008-09, it is estimated that 23.9 lakh people are infected with HIV in India. The number of cases detected to be HIV positive in India during FY 2011-12 is 2,84,973.

(b) Based on the HIV prevalence and burden, six States (Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka, Manipur and Nagaland) are described as High

Prevalence States and rest of the States are described as low-moderate prevalence States. These States showed high levels of HIV prevalence among general population as well as high risk groups (Female Sex Workers, Men who have Sex with Men and Injecting Drug Users). These six States also account for 57% of all HIV infections in the country as per HIV sentinel Surveillance 2008-09. Similarly STDs are also more prevalent among the high risk group population as well as bridge populations.

(c) In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme as a 100% centrally sponsored scheme. Launched in July, 2007, Phase-III of the programme (2007-2012) has the goal to halt and reverse the epidemic in the country over the five year period by integrating programmes for prevention, care, support and treatment. The programme has adopted a four-pronged strategy:

1. Prevention of new infections in high risk groups and general population.
2. Providing greater care, support and treatment to larger number of people living with HIV/AIDS (PLHA)
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national level, and
4. Strengthening the nationwide Strategic Information Management System.

These are being achieved by up-scaling preventive services to high risk populations through targeted interventions, behaviour change communication for improved awareness, expanding counseling and testing services, safety of blood and blood products through mandatory screening of every unit of blood before use, treatment of Sexually Transmitted Infections, condom promotion, support and treatment of HIV infected persons including the treatment of opportunistic infections, provision of anti-retroviral drugs and mainstreaming of HIV intervention strategies.

The programme for control and prevention of STI/RTI has been an integral part of National AIDS control programme phase III. It aims to provide universal, comprehensive and standardized quality STI/RTI services to all population groups with special emphasis on high risk group populations and vulnerable populations including women and youth, utilizing the existing infrastructure and resources of public health care delivery system. The cornerstone of the programme is management of STI/RTI through syndromic approach using colour coded drug kits.

(d) Funds allocated (Rupees in Lakhs) for last three years for spreading awareness about these diseases and treatment are as detailed below:-

Year	Funds allocated (Rs. in Lakhs)
2010-11	24467.29
2011-12	23643.59
2012-13	23138.64
TOTAL	71249.52

#### **Shortage of medical professionals**

1021. SHRI ANIL MADHAV DAVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether India faces acute shortage of medical professionals;
- (b) if so, the details thereof;
- (c) the shortfall in number of doctors, nurses, surgeons (dental) in the country;
- (d) the ratio of population per doctor; and
- (e) the action taken by Government to reduce the country's acute shortage of medical professionals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes. However adequate numbers of dental surgeons are available in the country.

(b) and (c) As per the Report of the Steering Committee on Health for the Twelfth Five Year Plan of the Planning Commission, against a WHO recommended norm of 25 health workers (doctors, nurses, midwives), there are only 19 health workers per 10,000 people in India. Additionally, there are 7.9 lakh AYUSH practitioners registered in the country (approx. 6.5 per 10,000).

(d) The current doctor-population ratio in the country is estimated to be around 1:2000.

(e) The Government has already taken a large number of steps to reduce the shortage of medical professionals in the country which include:—

- (i) Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- (ii) Enhancement of maximum intake capacity at MBBS level from 150 to 250.