

subjects to include the details of address, occupation, annual income of the subject so as to have information regarding socio-economic status of the trial subjects.

- (7) Draft rules have been notified to incorporate Rules to have authority for clinical trials inspections by CDSCO and to take administrative actions like restriction on investigators/sponsors/CROs from conducting future clinical trials in case of non-compliance.
- (8) Draft rules have been notified to incorporate Rules and Schedule Y-1 specifying requirements and guidelines for registration of Ethics Committee.

**Universal access to quality assured TB diagnostics and treatment**

1939. SHRI DEVENDER GOUD T: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the reasons for the country having the highest number of TB cases in the world;
- (b) whether it is a fact that the country requires 5,000 crores to realize the target of universal access to quality assured TB diagnostic and treatment in the Eleventh Plan Period;
- (c) if so, the amount so far released and utilized for TB control in the Eleventh Plan Period; and
- (d) the reasons for not utilizing the services of ASHAs for better results?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the WHO Global Tuberculosis Control Report 2010, India is 17th among the 22 high burden countries according to prevalence rate. However, the higher absolute number of TB cases in the country is due to the high population of the country.

(b) and (c) The objectives of the Eleventh Five Year plan (2007 to 2012) as regards the Revised National Tuberculosis Control Programme were to achieve and maintain cure rate of at least 85% among New Sputum Positive patients and to achieve and maintain case detection of at least 70% of the estimated NSP cases in the community. These objectives have been achieved.

During the Eleventh Five Year Plan period the total allocation for the Revised National Tuberculosis Control Programme was Rs. 1609.25 crores out of which Rs. 1595.15 crores has been utilized for TB control activities.

(d) The services of ASHA (Accredited Social Health Activist) workers are being utilized under the programme. They help the Programme by identifying and referring patients with history of cough for more than two weeks to the nearest Designated Microscopy Centre for sputum examination. As per requirements, ASHA workers are also trained as DOT provider (Directly Observed Treatment provider) and provide DOT to patients. In addition, they also spread awareness about the TB and the services available under the RNTCP.

#### **Running Ayurveda and Unani Clinics without proper qualification**

1940. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that some of the Ayurveda and Unani clinics are being run by people who do not possess proper qualification and documents; and

(b) if so, the number of such cases which have been reported in the country during the last three years including current year, year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) and (b) "Public Health and Sanitation; Hospitals and Dispensaries" are the subjects included in the State list of 7th Schedule of the Constitution of India. Therefore, the matter regarding running of the Ayurveda and Unani clinics that do not possess proper qualification and documents lies within the purview of the respective State Authorities.

#### **TB patients in the Country**

†1941. DR. RAM PRAKASH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that every fifth TB patient in the world is from India;

(b) whether out of the total number of people who dies from various diseases in India, about 17 per cent among them die due to TB; and

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† Original notice of the question was received in Hindi.