

(b) and (c) The Indian Council of Medical Research (ICMR) initiated the National Cancer Registry Programme (NCRP) in 1982 and since 2011, the Coordination Unit of NCRP has evolved into a permanent ICMR institute - National Centre for Disease Informatics and Research in Bengaluru.

An amount of ₹ 42.32 crores has been allocated under the strengthening of tertiary cancer care facilities scheme of NPCDCS for implementation of hospital based registries in 27 erstwhile Regional Cancer Centres.

(d) Health being a State subject, it is for the State Government to provide healthcare facilities. The treatment in government hospitals is either free or subsidized. Financial assistance to Below Poverty Line (BPL) is provided under the Rashtriya Arogya Nidhi (RAN). The Health Minister's Cancer Patient Fund (HMCPF) within the Rashtriya Arogya Nidhi has been set up in 2009 wherein 27 Regional Cancer Centres (RCCs) are provided with revolving funds to provide immediate financial assistance upto ₹ 1,00,000/- to BPL cancer patients. An amount of ₹ 440 lakhs was released to various RCCs during 2013-14 under Health Minister's Cancer Patients Fund for treatment of BPL cancer patients.

To supplement the efforts of the State Governments, ₹ 341.66 lakh has been released for establishment of State Palliative Care Cell and carrying out Palliative Care activities during the financial year 2013-14 under National Programme for Palliative Care. There is no provision to support Non-profit organizations under the programme.

New treatment regime for leprosy

217. DR. CHANDAN MITRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a number of new cases of leprosy have been reported from certain parts of the country during the last three years;

(b) if so, the details thereof, State-wise and year-wise;

(c) the steps taken by Government for detection of all the new cases of leprosy at the earliest with active survey in high and low endemic areas; and

(d) the further measures taken by Government to identify new effective treatment regime (2nd line therapy with shorter duration) for leprosy to cut down transmission and also for management of adverse reactions?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Yes. State/UT-wise details of new cases of leprosy detected during the years 2011-12 to 2013-14 is given in Statement (*See below*).

(c) In order to improve detection of new cases, intensive case detection drive was conducted in 209 high endemic districts, when more than 20,000 new cases were detected in 2012-13. During 2013-14, similar drives were conducted in high endemic blocks of low endemic districts and in the uncovered areas of high endemic districts.

Under the National Leprosy Eradication Programme it is envisaged that ASHAs will help in detection of more cases, for which higher incentives have been provided for in the 12th Plan. Provision for engaging additional manpower by State Governments to strengthen the leprosy services particularly in the high endemic districts has also been made. In addition, IEC/BCC in the community, capacity building of medical, para-medical and community workers and improved monitoring and supervision are also being carried out.

(d) The existing Multi Drug Therapy (MDT) is effective treatment for leprosy and treatment duration is 6 months to one year depending up on type of case. Most of the leprosy patients become non-infectious after taking first dose of MDT. Effective drugs are available for the management of adverse reaction, if any.

Statement

State/UT-wise new cases of leprosy reported during 2011-12 to 2013-14

New Cases Detected

Sl. No.	State/UT	2011-12	2012-13	2013-14
1.	Andhra Pradesh	7820	8295	7108
2.	Arunachal Pradesh	28	48	23
3.	Assam	1000	1147	1048
4.	Bihar	17801	22001	18188
5.	Chhattisgarh	6999	8115	8519
6.	Goa	64	55	72
7.	Gujarat	7496	9019	9721
8.	Haryana	524	648	622
9.	Himachal Pradesh	195	166	161
10.	Jharkhand	3615	3691	4021
11.	Jammu and Kashmir	175	191	175
12.	Karnataka	3718	3436	3466
13.	Kerala	861	832	782
14.	Madhya Pradesh	5858	6400	6369
15.	Maharashtra	17892	18715	16400
16.	Manipur	24	24	12

Sl. No.	State/UT	2011-12	2012-13	2013-14
17.	Meghalaya	41	26	24
18.	Mizoram	13	18	30
19.	Nagaland	90	157	158
20.	Orissa	8312	8226	10645
21.	Punjab	695	700	648
22.	Rajasthan	974	1084	1079
23.	Sikkim	20	19	18
24.	Tamil Nadu	4082	3550	3810
25.	Tripura	36	23	37
26.	Uttar Pradesh	24627	24222	22565
27.	Uttarakhand	499	495	376
28.	West Bengal	12169	11683	9121
29.	A and N Islands	27	14	32
30.	Chandigarh	54	74	144
31.	D and N Haveli	237	368	320
32.	Daman and Diu	3	1	4
33.	Delhi	1295	1252	1145
34.	Lakshadweep	2	0	13
35.	Puducherry	49	57	57
TOTAL		127295	134752	126913

Regulatory mechanism for private hospitals

218. SHRI K.N. BALAGOPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is planning to introduce any regulatory mechanism to monitor pricing in private hospitals and stop them from charging exorbitant fees; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Health being a state subject, it is the responsibility of the respective State/UT Government to introduce any regulatory mechanism to monitor pricing in private hospitals and to stop them from charging exorbitant fees.

However, Government has enacted Clinical Establishments (Registration and Regulation) Act 2010 and notified Clinical Establishments Rules 2012 for registration and regulation of the Clinical Establishments including private hospitals. The States/UTs are required to adopt the Clinical Establishments (Registration and Regulation) Act 2010 under Article 252 of the Constitution.