

research on all areas of public health importance. ICMR conducts research on major communicable as well as non-communicable diseases which includes diagnosis, treatment methods and vaccines for prevention of diseases. The Council works closely with the national programmes, which have well designed targets for control, elimination and eradication of diseases. The Council also conducts basic, applied, operational, socio behavioral and health systems research .

(c) and (d) As on date, 70 SC/ST personnels at various levels in ICMR are engaged in Bio medical health research.

#### **Shortage of ART drugs**

2629. SHRI OSCAR FERNANDES: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per National Guidelines, 90-95 per cent compliance is needed for effective treatment, and interruption may cause drugs resistance, and may require early switching to next-line costlier drugs;

(b) whether recently ART drugs shortage incidences were reported and consequently, partial doses were provided, forcing patients to visit ART centres frequently, if so, the details thereof and the reasons therefor;

(c) the corrective measures being adopted by Government to improve ART drugs forecasting, procurement, supply storage and monitoring; and

(d) the details of HIV-infected persons receiving free Anti-Retroviral Therapy (ART) under National AIDS Control Programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) Yes. More than 95 per cent compliance is required for effective outcome of the treatment and prevention of drug resistance.

(b) Out of 16 Antiretroviral combinations provided free through the system, there were critical stocks for two drugs (i) Tenofovir 300 mg+ Lamivudine 300 mg and (ii) Syp Lopinavir + Ritonavir (LPV/r). For the first drug it was decided to procure single pill of Tenofovir 300 mg+ Lamivudine 300 mg + Efavirenz 600mg which were earlier procured separately. Hence Tenofovir 300 mg+ Lamivudine 300 mg was not procured separately, so patients were given this drug for less than one month. Regarding syp Lopinavir + Ritonavir this was earlier supplied through donation by Clinton foundation. During current procurement of this drug, the only supplier Cipla did not submit all required documents in time which led to delay in procurement, however the issues were resolved and Cipla supplied some quantity under CSR and

also supplied most of the quantity of first lot of annual order. It is worthwhile to mention that Project Director SACS have standing instruction to procure the drugs from open market whenever shortage for Antiretroviral drugs. States were asked to relocate drugs from over stocked placed to deficient areas. Interstate relocations were done on need basis. However, presently there is no shortage of ART medicines for HIV/AIDS patients in the country.

(c) NACO is strengthening supply chain mechanism by appointing 6 Regional Procurement and Logistic Coordinators at regional level and 42 State level logistic coordinators (in Process). In addition to this an inventory management system (IMS) has also field tested which will be implemented at all ART centres. This will be an online system in which pharmacist at ART centre will maintain daily stock and consumption of drugs. The same will be then monitored at SACS and NACO level. In future, buffer stock will be kept factoring in the lead time for procurement.

(d) A total of 8,12,888 HIV/AIDS patients are currently on Antiretroviral Therapy at 456 ART centres across the country. The State/UT-wise details are given in Statement.

**Statement**

*State-wise details of HIV/AIDS Patients on Treatment at  
ART Centers as on 31st October 2014*

Sl. No.	State	Male	Female	TS/TG	Children		Total
					Male	Female	
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	85431	87981	252	4032	3353	181049
2.	Arunachal Pradesh	16	23	0	4	1	44
3.	Assam	1880	1069	2	81	64	3096
4.	Bihar	12479	8434	11	868	378	22170
5.	Chandigarh	2121	1261	6	214	117	3719
6.	Chhattisgarh	3569	2343	7	255	194	6368
7.	Delhi	9413	5220	144	813	352	15942
8.	Goa	1083	905	3	85	66	2142
9.	Gujarat	24489	15070	151	1391	825	41926
10.	Haryana	3330	2241	5	173	71	5820
11.	Himachal Pradesh	1282	1325	1	152	102	2862

1	2	3	4	5	6	7	8
12.	J & K	811	561	4	62	42	1480
13.	Jharkhand	2901	1971	9	239	145	5265
14.	Karnataka	50423	55431	203	3914	3172	113143
15.	Kerala	4478	3350	0	213	191	8232
16.	Maharashtra	72215	65894	203	5584	3922	147818
17.	Mumbai	17164	11171	163	832	711	30041
18.	Manipur	4846	4239	50	336	332	9803
19.	Mizoram	1539	1618	0	114	92	3363
20.	Meghalaya	265	297	0	14	12	588
21.	Madhya Pradesh	6802	4824	27	480	276	12409
22.	Nagaland	2361	2486	4	130	139	5120
23.	Odisha	5186	3814	59	303	215	9577
24.	Puducherry	477	468	5	38	34	1022
25.	Punjab	7780	5995	37	468	273	14553
26.	Rajasthan	11450	9281	14	902	495	22142
27.	Sikkim	55	42	0	5	4	106
28.	Tamil Nadu	40597	38684	180	2200	1855	83516
29.	Tripura	348	186	0	13	4	551
30.	Uttarakhand	1070	935	5	91	48	2149
31.	Uttar Pradesh	18741	15351	73	1480	706	36351
32.	West Bengal	11832	7496	58	651	484	20521
TOTAL		406434	359966	1676	26137	18675	812888

#### **Low availability of hospital beds**

2630. DR. K. V. P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the availability of beds in the hospitals in the country is much less as compared to the population and not in accordance with the norms prevalent at international level; and