

**Measure for controlling TB**

283. SHRIMATI THOTA SEETHARAMA LAKSHMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the steps being taken by Government to control Tuberculosis (TB) in the country;
- (b) the amount incurred by Government during the last three years for controlling TB;
- (c) whether there is any specific plan for total eradication of TB in the country;
- (d) if so, the details thereof;
- (e) whether recent reports of the experts indicated that the availability of TB drugs in the open market is leading to other health problems; and
- (f) if so, the steps taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Government of India is implementing the Revised National Tuberculosis Control Programme in the country. Under this programme, diagnosis and treatment facilities including anti-TB drugs are provided free of cost to all TB patients. Designated microscopy centres have been established for quality diagnosis for every one lakh population in the general areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 13000 microscopy centres have been established in the country. Treatment centres (DOT Centres) have been established near to residence of patients to the extent possible. All Government Hospitals, Community Health Centres (CHC), Primary Health Centres (PHC), sub centres are DOT Centres. In addition NGOs, Private Practitioners (PPs) involved under the RNTCP, community volunteers, Anganwadi workers, women self-help groups etc. also function as DOT providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

Programmatic Management of Drug Resistant TB (PMDT) services, for the management of multi-drug resistant tuberculosis (MDR-TB) and TB-HIV collaborative activities for TB-HIV co-infection are being implemented throughout the country.

(b) the amount incurred by Government of India during the last three years for controlling TB is as detailed below:

1. 2011-12 – ₹ 391.16 crore
2. 2012-13 – ₹ 467.00 crore
3. 2013-14 – ₹ 500.00 crore

(c) and (d) As of now, because of the epidemiological pattern of the disease, the Revised National TB Control Programme (RNTCP) targets Tuberculosis control and not eradication.

(e) Yes. Use of irrational treatment regimen is one of the major reasons for development of resistance to anti-TB drugs.

(f) Anti-TB Drugs have been moved from Schedule H to H1, under the Drugs and Cosmetics Act, which lays down certain conditions on the usage of these drugs.

Government of India has released Standards for TB Care in India (STCI), an initiative to introduce uniform standards for TB care in all sectors. This is the first time such standards have been defined in India and is an important step to standardize diagnosis, treatment, public health action and social support systems for all TB patients in the country.

RNTCP is collaborating with the Indian Medical Association in the form of a project for involvement of Private Medical Practitioners.

The Central TB Division has entered into a MoU with Indian Pharmacist Association and All India Organization of Chemists & Druggists, SEARP har Forum & Pharmacy Council of India for inclusion of pharmacies in RNTCP.

#### **Measures to reduce MMR**

284. SHRI D. RAJA:

SHRI M.P. ACHUTHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India is unlikely to achieve the fifth U.N. Millennium Development Goal of reducing maternal mortality to 109 per 100,000 live births by 2015;

(b) if so, the present rate of maternal mortality rate (MMR); and

(c) the measures being taken to drastically reduce the MMR?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Under the Millennium Development Goal (MDG) 5, the target is to reduce Maternal Mortality Ratio (MMR) by three quarters between 1990 and 2015.

Based on the UN Inter-Agency Expert Group's MMR estimates in the publication "Trends in Maternal Mortality: 1990 to 2013", the target for MMR is estimated to be 140 per 1,00,000 live births by the year 2015 taking a baseline of 560 per 100,000 live births in 1990.