

(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.

As per the latest report of the Registrar General of India, Sample Registration System (RGI-SRS), Maternal Mortality Ratio (MMR) of India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 178 per 100,000 live births in the period 2010-12.

If the MMR declines at the same pace, India will achieve an MMR of 141 per 100,000 live births which is almost equal to the estimated target of 140 per 100,000 live births under MDG -5 for the MDG.

(c) The key steps taken to accelerate the pace of reduction for Maternal Mortality Ratio (MMR) under the National Health Mission (NHM) for achieving MDG goals are:

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- Capacity building of health care providers in basic and comprehensive obstetric care.
- Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
- Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Antenatal, Intranatal and Postnatal care including Iron and Folic Acid supplementation to pregnant and lactating women for prevention and treatment of anaemia.
- Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
- Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as food items that promote iron absorption.

- Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
- To sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been prioritized for Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.

Comprehensive plan for tackling diabetes

285. DR. R. LAKSHMANAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that India is home to around 63 million diabetic patients, second only to China;
- (b) whether Government has prepared any comprehensive plan to tackle this;
- (c) if so, the details thereof; and
- (d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) According to International Diabetes Federation, India has 63 million people living with diabetes in the year 2012 and is only second to China.

(b) to (d) Government of India launched National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in July, 2010 with the aim to prevent and control these diseases thorough awareness generation, behaviour and life-style changes, early diagnosis of persons with high levels of risk factors. During the Eleventh Five year Plan, the focus was on 100 districts in 21 States for prevention and control of Cancer, Cardiovascular Diseases, Diabetes and Stroke. In the Twelfth Five Year Plan, the programme has been expanded to all the States in the country.

While Health is a State subject, the Central Government supplements the efforts of the State Governments for improving healthcare. Facilities including those for testing