

healthcare needs of urban population particularly poor and vulnerable population have also been brought under the ambit of NHM with the launch of the National Urban Health Mission as its Sub Mission.

In addition, under the Rashtriya Swasthya Bima Yojana (RSBY) which has recently been transferred to the Ministry of Health and Family Welfare, cashless benefit upto ₹ 30,000 per annum per family of five for specified hospitalisation procedures is available to all BPL population and eleven other categories of vulnerable population groups. As regards tertiary care, apart from 6 AIIMS which have been made operational, 9 AIIMS have been announced. Apart from this, 70 Medical Colleges/ Institutions have been taken up for upgradation.

Further, approval has been given to set up 17 new Medical Colleges and upgradation of 22 District Hospitals into Medical Colleges in the last one year towards universalization of tertiary care.

At present, there is no proposal to make UHC tax-funded and cashless at delivery.

(d) Public Health being a State subject, primary responsibility to provide healthcare services lies with the State Governments. However, under National Health Mission (NHM) financial and technical support is provided to the State/UT Governments for health system strengthening, including provision for medicine and diagnostics at all public health facilities and referral linkages, patient transport system, etc. based on the proposals made by them in their Programme Implementation Plans.

#### **Xpert molecular test for TB diagnosis**

935. DR. K. P. RAMALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the latest study has found that using Xpert molecular test as an initial diagnostic test for TB in public health facilities increased the rate of TB case notification by 16 per cent and of bacteriologically confirmed TB by 39 per cent, if so, the details thereof;

(b) whether the rifampicin resistant TB cases notification increased by five fold; and

(c) whether it is also a fact that the study was undertaken in 18 TB programme units, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (c) In a study undertaken in 18 TB Units to assess the impact of up-front Xpert MTB/RIF testing on detection of pulmonary tuberculosis and rifampicin-resistant cases of pulmonary TB in India, it was

found that introduction of Xpert MTB/RIF as initial diagnostic test for TB in public health facilities significantly increased case notification rates of all bacteriologically confirmed TB and rifampicin resistant TB case notification.

#### **Challenge to TB control programme**

936. SHRI RITABRATA BANERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the country's tuberculosis (TB) control programme is facing a big challenge recently, if so, the reasons therefor;

(b) whether a cut in health budget is one of the main reasons for the challenge; and

(c) if so, how Government plans to overcome the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (c) Government of India is implementing the Revised National Tuberculosis Control Programme (RNTCP) as prevention, early diagnosis and treatment of TB is one of the public health challenges faced by the country.

However, India has achieved the desired Millennium Development Goal for 2015 and has reversed the incidence of Tuberculosis and brought down prevalence and mortality of Tuberculosis, as compared to the base year. During the Twelfth Five Year Plan, the resources for TB control have been enhanced *vis-à-vis* Eleventh Five Year Plan.

#### **Requirement for PHCs and CHCs**

†937. SHRI LAL SINH VADODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of PHCs and CHCs required in the country as per its current population;

(b) the number of CHCs and PHCs available in the country as on date; and

(c) the number of CHCs and PHCs required in Gujarat, Madhya Pradesh and Maharashtra and the number of existing CHCs and PHCs in these States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (c) The statement regarding number of PHCs and CHCs required and available in the country including Gujarat, Madhya Pradesh and Maharashtra as per Rural Health Statistics Bulletin (RHS), 2014 is given in the Statement.

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† Original notice of the question was received in Hindi.