SHRI ARUN JAITLEY: Sir, obviously, no money from the CSR can be spent for political activities. Under Section 135 of the Companies Act, there is a provision which mandates spending for CSR activities, the details of which are given in Schedule VII to the Act itself. Schedule VII lists out eleven activities for which CSR fund can be spent. It could be spent on some of the activities like Swachh Bharat Kosh or the other items which have been added. Therefore, I would request the hon. Member to just go through Schedule VII. I can make the copy available to him if he so desires. The activities are listed out and if anybody is spending it outside the Schedule, then it can't be a legitimate CSR spending.

SHRI ANIL DESAI: Sir, CSR activity is for the good of the public; there is no doubt and PSUs and private sector companies are doing yeomen service. The Central Government and State Governments have been doing their bit whenever there are natural calamities, agrarian crisis and drought-hit regions and all that. Funds have been allocated and funds have been provided for these activities. In CSR, there is a clause that whatever unspent amount is there out of the CSR activities, it is transferred to the funds listed in Schedule VII. My question or suggestion to the hon. Finance Minister, through you, Sir, is, whatever is the unspent amount, can a pool be made out of unspent amount and reserved for these kinds of natural calamities which take place or agrarian crisis, which India has been facing in different States, where we have seen loss of life, loss of properties? Is there any measure on that account that the Government is implementing or thinking on that lines? Thank you.

SHRI ARUN JAITLEY: As I have mentioned in the very first year, it is a successful experiment which has started because in the very first year where projects had to be initiated, normally it takes time; over 75 per cent of the amount has been spent. Now, as far as the natural calamities, etc., are concerned, the amount will remain with the companies itself, but, there is a provision in Schedule VII that the companies can, if they don't want to directly spend themselves, make a contribution to the Prime Minister's Relief Fund, which, in turn, is used for all these natural calamities.

***[प्रश्नकर्ता (श्री तरुण विजय) अनुपस्थित थे।]**

तपेदिक रोग की पुनरावृत्ति

*184. **श्री तरुण विजयः** क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे किः

(क) क्या देश में तपेदिक रोग के लक्षण पुनः व्यापक स्तर पर दिखाई दे रहे हैं;

(ख) क्या यह सच है कि इस रोग ने उत्तर-पूर्वी राज्यों तथा हिमाचल प्रदेश के पहाड़ी शहरों में अपनी गहरी जड़ें जमा ली हैं; और

(ग) तपेदिक रोग के निवारण एवं उपचार के लिए कौन-कौन से कदम उठाए जा रहे हैं और तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री जगत प्रकाश नड्डा): (क) से (ग) विवरण सदन के पटल पर रख दिया गया है।

विवरण

(क) और (ख) डब्ल्यूएचओ वैश्विक क्षय रोग रिपोर्ट 2015 के अनुसार भारत में क्षय रोग के अनुमानित मामलों की संख्या 1990 के प्रतिवर्ष प्रतिलाख जनसंख्या पर 216 से घटकर 2014 में प्रतिवर्ष प्रतिलाख जनसंख्या पर 167 हो गई है। क्षय रोग की अनुमानित व्याप्तता 1990 के प्रतिवर्ष प्रतिलाख जनसंख्या पर 465 से घटकर 2014 में प्रतिवर्ष प्रतिलाख जनसंख्या पर 195 हो गई है। भारत ने क्षय रोग को रोकने और इसमें कमी लाने तथा 1990 की आधार रेखा से तुलना करने पर 2015 तक व्याप्तता और मृत्युदर को आधा करने के सहस्राब्दि विकास लक्ष्य को प्राप्त कर लिया है। क्षय रोग के कारण होने वाली मृत्यु की अनुमानित संख्या 1990 के प्रतिवर्ष प्रतिलाख जनसंख्या पर 38 से घटकर 2014 में प्रतिवर्ष प्रतिलाख जनसंख्या पर 17 हो गई है।

घटना, व्याप्तता और मृत्युदर में कमी का अनुमान अखिल भारतीय आधार पर लगाया गया है और इसमें पूर्वोत्तर राज्य और हिमाचल प्रदेश शामिल हैं।

(ग) सरकार ने अन्य बातों के साथ-साथ 12वीं पंचवर्षीय योजना के दौरान आरएनटीसीपी के तहत निम्नलिखित कार्रवाई की है।

राष्ट्रीय स्वास्थ्य मिशन के तहत आरएनटीसीपी को सहायता प्रदान की जा रही है।

- कार्यक्रम के तहत क्षय रोग की गुणवत्तायुक्त नैदानिक जांच के लिए 13,000 से अधिक नामित माइक्रोस्कोपी केंद्रों की स्थापना की गई है।
- 400,000 से अधिक डॉट्स सेंटरों के एक नेटवर्क के माध्यम से औषधि संवेदी क्षय रोग का उपचार प्रदान किया जाता है जिसमें प्रत्येक रोगी के लिए उपचार के पूरे कोर्स वाला एक समर्पित बॉक्स उपलब्ध कराया जाता है।
- ज्यादातर सरकारी अस्पताल, सामुदायिक स्वास्थ्य केंद्र, प्राथमिक स्वास्थ्य केंद्र, उप-केंद्र डॉट्स सेंटर के रूप में कार्य करते हैं। इसके अतिरिक्त एनजीओ, आरएनटीसीपी के तहत निजी चिकित्सक, सामुदायिक स्वयं सेवक, आंगनवाड़ी कार्यकर्ता, महिला स्वयं सहायता समूह आदि भी डॉट्स प्रदायक/डॉट्स केंद्रों के रूप में कार्य करते हैं।
- भारत के सभी 36 राज्यों/संघ राज्य क्षेत्रों में औषधिरोधी क्षय रोग हेतु कार्यक्रमागत उपचार (प्रोगमेटिक मैनेजमेंट) (पीएमडीटी) सेवाएं प्रदान की जाती है।
- 64 कल्चर और औषधि संवेदनशीलता परीक्षण (सी-डीएसटी) प्रयोगशालों में गुणवत्तायुक्त आश्वासन औषधि संवेदनशीलता परीक्षण के माध्यम से औषधि रोधी क्षय रोग की नैदानिक जांच की जाती है।

- एचआईवी एड़स के साथ रह रहे व्यक्तियों में क्षय रोग का पता लगाने के लिए एआरटी केंद्रों में 30 मशीनों सहित क्षय रोग के मामलों में रिफैम्पीसिन का शीघ्र पता लगाने के लिए 121 स्थानों पर कार्टिज आधारित न्यूक्लिक एसिड एम्प्लीफिकेशन (सीबीएनएएटी) परीक्षण मशीनें स्थापित की गई हैं। अतिरिक्त 500 मशीनों का आर्डर दिया गया है।
- आरएनटीसीपी के तहत नैदानिक जांच और उपचार (औषधियों सहित) निःशुल्क प्रदान किया जाता है।
- क्षय रोग को सूचना प्रदान करने की अनिवार्यता वाला रोग (नोटिफिएबल डिसीज) बनाया गया है। यह अधिदेशित करता है कि सभी स्वास्थ्य परिचर्या प्रदायक नैदानिक जांच स्तर पर या उपचार के स्तर पर उनकी जानकारी में आए क्षय रोग के प्रत्येक मामले की सूचना स्थानीय प्राधिकारी को दें। 2015 में निजी क्षेत्र से कुल 184,802 मामलों की सूचना प्राप्त हुई थी।
- राष्ट्रीय सूचना विज्ञान केंद्र (एनआईसी) के सहयोग से आरएनटीसीपी ने क्षयरोग पर्यावेक्षण में सुधार लाने, उपचार और क्षय रोग के मामलों की निगरानी के लिए "निक्षय" नामक एक मामला आधारित वेब आधारित एप्लीकेशन का विकास किया और उसका कार्यान्वयन किया है।
- क्षय रोग मुक्त भारत की साझा प्रतिबद्धता हेतु सभी हितधारकों को प्रेरित करने के लिए 2015 में "क्षय रोग मुक्त भारत के लिए कार्रवाई हेतु आह्वान" का 2015 में आरम्भ किया गया था।

***[The questioner (SHRI TARUN VIJAY) was absent.]**

Recurrence of Tuberculosis

†*184. SHRI TARUN VIJAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there are signs of recurrence of tuberculosis on a large scale in the country;

(b) whether it is a fact that the disease has made deep roots in the hilly cities of North-Eastern States and Himachal Pradesh; and

(c) the details of steps being taken for prevention and treatment of tuberculosis and the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) and (b) As per the WHO Global TB Report 2015, the estimated incidence of Tuberculosis (TB) in India has declined progressively from 216 per lakh population per

† Original notice of the question was received in Hindi.

year in 1990 to 167 per lakh population per year in 2014. The estimated prevalence of TB has declined from 465 per lakh population per year in 1990 to 195 per lakh population per year in 2014. India has achieved the Millennium Development Goals for Tuberculosis to halt and begin to reverse the incidence and to half the prevalence and mortality rates by 2015 compared with the base line of 1990. The estimated mortality due to TB has declined from 38 per lakh population per year in 1990 to 17 per lakh population per year in 2014.

The decline in incidence, prevalence and mortality is estimated on all India basis and includes the North-Eastern States and Himachal Pradesh.

(c) The Government has, *inter-alia*, taken following action under (RNTCP) during the 12th Five Year Plan RNTCP is being supported under the National Health Mission.

- Under the programme, more than 13000 designated microscopy centres have been established for quality diagnosis of TB.
- Treatment for drug sensitive TB is provided through a network of more than 400,000 DOT Centres, where a dedicated box containing complete course of treatment is available for each patient.
- Most Government hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs), sub centres function as 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.
- The Programmatic Management for Drug Resistant TB (PMDT) services is provided in all 36 States/UTs of India.
- Diagnosis of Drug Resistant TB is undertaken through quality assured drug susceptibility testing at 64 Culture and Drug Susceptibility Testing (C-DST) laboratories.
- Cartridge Based Nucleic Acid Amplification (CBNAAT) Test Machines have been installed at 121 sites for early detection of Rifampicin resistance among TB cases, including 30 machines at ART centers for detection of TB in people living with HIV AIDS. Additional 500 machines have been ordered.
- Diagnosis and Treatment (including drugs) is provided free of cost under RNTCP.
- TB has been made a notifiable disease. This mandates all the healthcare providers to notify every TB case diagnosed or treated by them to local authorities. A total of 184,802 cases were notified from the private sector in 2015.

- RNTCP in collaboration with National Informatics Centre (NIC) has developed and implemented a Case Based Web Based application named "Nikshay" to improve TB surveillance, treatment and monitoring of TB cases.
- "Call to Action for TB Free India" was initiated in 2015 to galvanise all stakeholders for a common shared commitment for TB Free India.

MR. CHAIRMAN: Question No. 184. Questioner not present. Any supplementary?

SHRIMATI RENUKA CHOWDHURY: Sir, India, by virtue of the population that we have and the high incidents of HIV also, TB remains very much a challenge, even though we have signed up to meet the Millennium Development Goals. Particularly in the States of North East and Himachal Pradesh, TB of the uterus occurs largely because of the consumption of unpasturised milk; because of lack of awareness of that.

In the reply, he has stated that TB has been made a notifiable disease. I want to know from the Government, since the Civil Aviation Minister is also sitting there, TB remains the droplet infection. When people cough, the droplets and the microbes of TB cross-contaminate and anyone whose immune system is low, thus the HIV people who get TB, contaminates. We have said this mandate that all healthcare providers to notify every TB case. Every long distance flight; India-US (non-stop), India-other countries (non-stop) or coming back, does not throw out the required air volume to cleanse. So it does become a system where you buy an airline ticket and you get one disease free. Quite often it can be Tuberculosis. What methods and steps do we have to detect TB in a quick measure because the Mantoux Test is very inconclusive? Do we have a home kit by which we can detect? Are there help centres whereby we can call to see for Triple Drug-Resistant TB patients, who travel? Is there any kind of protocol given for them.

SHRI JAGAT PRAKASH NADDA: Sir, first of all, because the question has been very long, I would like to give a little elaborate answer to it. First of all, I would like to tell the House that in the Revised National Tuberculosis Control Programme, we have started the programme which has brought the prevalence rate of Tuberculosis down. In 1990, it was 216 per lakh population, which has been reduced to 167 per lakh population in 2014. This is the incidence rate. And the prevalence rate of Tuberculosis was 465 per lakh population in 1990, which has been reduced to 195 per lakh population in 2014. The deaths due to Tuberculosis were 38 per lakh population in 1990, which has been reduced to 17 per lakh population in 2014; more than half. In the Revised National Tuberculosis Control Programme, we have a system where we have 13,000 designated microscopy centres. These centres are well-equipped as far as the testing part is concerned. In the same way, we have got four lakh DOT Centres.

These four lakh DOT centres adopt directly-observed-treatment methodology. Thus, a TB patient is taken care of until he is free from the disease. In all the CSEs, PSEs, and other health centres, we have got this facility. We have also introduced the CBNAAT facility, which is for drug resistance patients. We have got the CBNAAT machines installed. At the point of time, we have got 121 machines. Three hundred machines are being installed. Two hundred machines have been ordered. So, very soon, 421 machines will be in place.

For HIV patients there are thirty centres, at this point of time. These thirty centres of ART are also having the CBNAAT machines. So, we are taking care of the HIV patients also. And, in the coming times, when we will have these 500 CBNAAT machines, we will also try to ...(*Interruptions*)...

As far as the HIV issue is concerned, although it is very different, yet I would like to say that this Government has taken an initiative. And, we have also taken into our account treating those TB patients who are suffering for more than 500 CD count IV, which was earlier 350. So, more than one lakh patients of HIV have also been taken into our ART centres for treatment.

As far as the aviation part is concerned, we would like to say only one thing. One gets affected from tuberculosis if the person is weak and his immune system is down. For that, we can only suggest that preventive measures should be taken. The person who coughs should take care. The person who is sitting nearby should also take care. We take care of the curative part. Rest of the things, the Civil Aviation Minister will take care of.

SHRI K. T. S. TULSI: Sir, according to the WHO's Global Tuberculosis Report of 2015, there are 8.6 million TB cases in the whole world. Out of which, 2.2 million confirmed TB patients are in India. And, about 3 million could be infected. Is there any plan with the Government to engage corporate sector for action on TB-free India, particularly when the TB treatment is required to be provided free of cost? How does the Government intend to involve the private sector and what would be their role?

SHRI JAGAT PRAKASH NADDA: Sir, we are going on with our own programme, which is a Centrally-sponsored programme, as far as the funding part is concerned. Of course, we take care of IEC part. We see to it that the people are educated about this disease and see that they can also take a pro-active role in participation. This is a nice idea, which has come from the hon. Member. We will examine and see to it how the private parties and corporate sector could be involved.

श्रीमती विप्लव ठाकुरः सभापति महोदय, चूंकि यहां हिमाचल प्रदेश का नाम आया है कि वहां पर बहुत ज्यादा टीबी है, मैं माननीय मंत्री जी से जानना चाहती हूं कि क्या हिमाचल प्रदेश में कोई ऐसा सर्वे किया गया है, कोई डिस्ट्रिक्ट्स identify किए गए हैं, जहां पर टीबी का बहुत

[श्रीमती विप्लव ठाकुर]

प्रकोप है? उसके लिए क्या-क्या स्टेप्स उठाए गए हैं? इसके अतिरिक्त हिमाचल पदेश में टीबी के जो अस्पताल earmarked हैं, जैसे धर्मपुर में है या कांगड़ा में डा. राजेंद्र प्रसाद गवर्नमेंट मेडिकल कॉलेज तथा अन्य हैं, क्या उन्हें भी modernize किया जा रहा है? आपने बताया कि हेल्थ सेंटर्स वगैरह सभी में आप यह सुविधा दे रहे हैं, लेकिन ये जो so-called hospitals हैं, क्या उन्हें modernize किया जा रहा है, क्या उनके डॉक्टर्स को train किया जा रहा है, यह मैं मंत्री जी से जानना चाहती हूं?

एक माननीय सदस्यः आप भी हिमाचल से हैं और मंत्री जी भी हिमाचल से हैं।

श्री जगत प्रकाश नड्डाः सर, चूंकि यह प्रश्न में था, इसलिए मैंने हिमाचल प्रदेश और नॉर्थ ईस्टर्न स्टेट्स का जिक्र किया है। आंकड़े यह नहीं बताते हैं कि नॉर्थ ईस्ट में और हिमाचल प्रदेश में कुछ ज्यादा cases हैं। Prevalence rate लगभग वहां भी downward trend पर है। इसके अतिरिक्त जो सारे modern systems हैं, जिनके बारे में मैंने बताया कि detection centres, DOT, ये सब चल रहे हैं—वे आर.पी. सेंटर में भी चल रहे हैं और धर्मपुर में भी चल रहे हैं।

High costs of medicines in private hospitals

*185. DR. SANJAY SINH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that a large number of private hospitals in the country have been treating diseases;

(b) whether it is also a fact that these hospitals have been forcing the patients to purchase medicines from the chemists charging very high prices than the market from the patients suffering from cancer and other serious diseases in the hospital; and

(c) if so, what action Government is going to take against such hospitals?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) The Government has progressively been increasing investment in the public health services and, over a period of time, a lot of resources have been invested in this sector. However, the private sector continues to play a role in the delivery of health services in the country. There has been an increase in the disposable income in the country. Other things being equal, with increased disposable incomes and resultant higher standard of living, the preference is to avail services from a place where the comfort level is higher.