Unstarred Questions

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Written Answers to

Note: The above Releases relates to Central Governments Grants and do not include State share contribution.

TB research in the country

971. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that India was once at the forefornt of TB research with studies done at the erstwhile TB Research Centre, Chennai shaping global policy;
- (b) if so, the details thereof and the present status of India's role in research for TB vaccines, diagnostics and drugs;

- (c) what is the budgetary allocation for the TB research in the Country during the financial year 2016-17; and
- (d) whether there is provision for TB research/drugs/diagnostics in the new 'Make in India' initiative?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) and (b) Yes. The National Institute for Research in Tuberculosis (NIRT), Chennai, is at the forefront of TB research and is a permanent institute under the Indian Council of Medical Research (ICMR). It is a Supranational Reference Laboratory and a WHO Collaborating Centre for TB Research and Training and also an International Centre for Excellence in Research in collaboration with National Institute of Health.

ICMR has taken a lead in collaboration with Department of Biotechnology (DBT) and Ministry of Health and Family Welfare for the promotion and commercialization of simple, affordable, indigenous Indian technologies for diagnosis of TB and Multi-Drug Resistant TB by encouraging the private companies to develop new TB diagnostic kits. This initiative is to promote synergy among the Government, academic institutions and industry as public private partners. Under this, three new TB/MDR TB diagnostic tests are being validated.

In addition, ICMR is funding important drug trials comprising of new drugs like quinolones and immunotherapy to improve the treatment of TB especially resistant cases.

The current studies being undertaken at NIRT include:

- Trials to shorten the chemotherapy regimen in pulmonary tuberculosis and lymph node tuberculosis to 4 months
- Developing a diagnostic algorithm for paediatric TB, testing
- Developing a regimen for the treatment of INH mono-resistant Tuberculosis
- A study of the interaction between diabetes and tuberculosis
- Initiated an ICMR-DBT funded multi-centric study along with National Institute of Tuberculosis and Respiratory Diseases and National JALMA Institute for Leprosy and Other Mycobacterial Diseases for the development of rapid indigenous diagnostic test for tuberculosis.

ICMR institutes have also been involved in TB vaccine research. A multi-centric study has been completed on evaluation of a recombinant BCG based vaccine for tuberculosis in animal model.

(c) The Budget for ICMR's NIRT, Chennai is given as intramural budget under "plan" is ₹ 500 lakhs and under "nonplan" is ₹ 3832.00 Lakhs for the year 2016-17. For Extramural projects for the Division of Communicable Diseases at ICMR headquarters, the budget is ₹ 1250 lakhs for the year 2016-17.

Allocation for the Revised National TB Control Programme implementation, including research, is part of National Health Mission communicable disease flexipool. Funds are allocated after evaluating the programme implementation plan. Sufficient funds have been provided to the State Governments for activities in their programme implementation plan. Funds are released as a lump sum amount to the states. Budgetary allocation under RNTCP for financial year 2016-17 is 64000 lakhs.

(d) Several new TB vaccines and anti-TB diagnosis kits are in advanced stages of evaluation.

Patients with mental illness

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

- (a) whether it is a fact that in many parts of the country, the number of patients suffering from mental illness is increasing continuously;
- (b) if so, whether Government is considering to take any concrete steps to stop this; and
 - (c) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) In 2005, the National Commission on Macroeconomics and Health reported that 10-20 million (1-2% of population) suffered from severe mental disorders such as schizophrenia and bipolar disorder and nearly 50 million (5% of population) from common mental disorders such as depression and anxiety, yielding an overall estimate of 6.5 per cent of the population.

(b) and (c) To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) and the District Mental Health Programme (DMHP). Funds have been released for 241 districts in the country under the DMHP for detection, management and treatment of mental disorders/illness. With the objective to address the shortage of mental health professionals in the country, 15 Centers of Excellence in Mental Health and 35 PG training departments in mental health specialties to increase the PG training capacity in mental health as well as improving the tertiary care treatment facility have been funded. Besides, three Central Institutions *viz*. National Institute of Mental Health And Neuro Sciences, Bangalore, Lokopriya Gopinath