

(d) what is the road map to bring it down?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes, against the Total Fertility Rate of 2.3 in India, 23 districts have TFR of more than 4.

(b) The list of the districts is given in the Statement (*See below*).

(c) and (d) The desired level is 2.1

The Government has conceived 'Mission Parivar Vikas' for increasing the access to contraceptives and family planning services in these districts by providing assured services, developing capacity of providers, securing commodity, starting new promotional schemes and building enabling environment.

Statement

List of the districts with TFR >4

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|----------------|--|
| Bihar | Araria, Sheohar, Kishanganj, Saharsa, Khagaria, Pashchim Champaran, Madhepura, Purbi Champaran |
| Madhya Pradesh | Panna, Shivpuri |
| Rajasthan | Barmer, Dhaulpur |
| Uttar Pradesh | Shrawasti, Balrampur, Bahraich, Siddharthnagar, Badayun, Sitapur, Hardoi, Shahjahanpur, Banda, Gonda, Etah |

Resurgence of malaria in the country

1582. PROF. M. V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the steps being taken by Government to control the increasing number of cases of the malaria disease, in the battle against malaria;

(b) whether there are any eradication projects that are being considered by Government;

(c) if so, the details thereof, if not, the reasons therefor; and

(d) what are the reasons for its resurgence in India given that malaria was supposed to have been eradicated already?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE): (a) to (c) The Government of India has launched National Framework for Malaria Elimination 2016-2030 in Feb. 2016 targeting elimination of malaria by 2030. The details are as under:—

1. The strategies to eliminate malaria in phases are as under:—
 - (i) Interruption of transmission of malaria and zero indigenous cases and deaths due to malaria to be achieved in low endemic States/UTs by 2020,
 - (ii) In moderately endemic States/UTs by 2022 and
 - (iii) In high endemic States/UTs by 2027.
2. The malaria elimination strategies would be implemented through the States/UTs under the overarching umbrella of National Health Mission (NHM).
3. Case based surveillance, detection and complete treatment through outreach diagnostic and treatment services.
4. Integrated Vector Management by using Long Lasting Insecticidal Nets (LLINs), chemical and bio-larvicides, larvivorous fishes, and source reduction.
5. Private sector involvement and inter-sectoral collaboration.

(d) Following the success of National Malaria Control Programme (launched in 1953), the program was renamed as National Malaria Eradication Programme (NMEP) in 1958. The incidence of malaria dropped to 0.1 million cases and zero deaths in 1965. However, afterwards the resurgence of malaria resulted in escalation of cases to 6.4 million cases in 1976, which was attributed to the following reasons:—

1. Precipitation of vector resistance to DDT.
2. Operational and logistic reasons.

However, there has been a declining trend of malaria cases and deaths in the country since 2000.

Treatment of paraplegic disease

1583. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there is any cure of paraplegic disease and how does it happen;
- (b) whether there is any cure of the disease in Government or private hospitals and if so, the details thereof; and