

(b) when Government is planning to implement the Universal DST and DST guided treatment for all DR-TB patients across the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes, the revised guidelines for management of drug resistant TB, published in December, 2017, include the provision to treat the patient based on Drug Susceptibility Testing (DST) and the treatment of Isoniazid (H) monopoly drug resistant TB. All the patients initiated on DR TB treatment are based on the DST results, including MDR (Multi Drug Resistant) and Isoniazid (H) mono/poly patients.

Total no. of DST guided treatment in 2018

MDR patients	46559
H monopoly patients	6454

(b) Programme has already started implementing Universal DST and DST guided treatment country-wide since January, 2018.

#### **Healthcare schemes**

1844. SHRI VIJAY PAL SINGH TOMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal under active consideration of Government for introducing healthcare schemes in the country;

(b) if so, whether the schemes have already been introduced;

(c) if so, the details thereof and if not, by when it is expected to be introduced; and

(d) the details of weaker sections most particularly the minority community, which would be benefited under this scheme, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) The information is being collected and will be laid on the table of the House.

#### **Acute Encephalitis Syndrome (AES) Disease in Bihar**

1845. DR. SANJAY SINH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of Acute Encephalitis Syndrome (AES) cases registered across the State of Bihar since 1st June, 2019;

(b) the total number of deaths caused by AES in Bihar during the last three years;

(c) whether it is a fact that AES disease has already spread across 16 districts of Bihar;

(d) if so, whether the Union Health Ministry has sent any medical research team and the teams of child specialist doctors to Bihar;

(e) if so, details thereof; and

(f) what technical assistance has been provided by Government to the State Government of Bihar for handling the problem of AES?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) During the period 01.06.2019 to 02.07.2019, a total 813 cases and 162 deaths have been reported from 25 districts of Bihar due to Acute Encephalitis Syndrome (AES), as against a total of 189 deaths caused by AES in Bihar during the last three years (2016 to 2018).

Cases due to AES are registered from various districts of Bihar but most of these cases are from Muzaffarpur, East Champaran, Sitamarhi and Vaishali.

(d) to (f) As per Constitutional provisions, 'Health' is a State subject. However, Union Ministry of Health and Family Welfare (MoHFW) have taken measures to support State in containment of AES cases as follows:—

- Union Health and Family Welfare Minister (HFM) had reviewed the situation with Health Minister of Bihar and also with officials from Ministry.
- MoHFW had deputed a Central team of experts consisting of Public Health Specialist from various Central Government Institutes to assist the State Government in containment and management measures.
- HFM visited Bihar along with Minister of State (HFW) and team of officers. HFM reviewed the situation and also visited Shri Krishna Medical College and Hospital, (SKMCH), Muzaffarpur.
- MoHFW deployed another high level multi-disciplinary team to Muzaffarpur drawing senior Paediatricians from various Central Government Institutes to advise State in their efforts to manage the cases. Epidemiologists from National Center for Disease Control (NCDC), senior paediatricians, Laboratory technicians from central level are present in Muzaffarpur since 12th June, 2019.

- Strategic Health Operations Centre (SHOC) facility of NCDC was activated to monitor the AES situation in Muzaffarpur and co-ordinate tasks at the field level.
- MoHFW had further deputed 5 teams of Doctors along with technicians from Central Government Hospitals to SKMCH to support clinical management.
- Central team consisting experts from Indian Council of Medical Research (ICMR) was also deployed at SKMCH. The team is also scrutinising and reviewing the case records of discharge and deceased patients using a standardised tool to know the reasons for mortality.
- Orientation training of all Paediatricians of SKMCH on clinical case management and treatment protocol of AES was conducted on regular basis by the Central Team of paediatricians.

#### **Neonatal mortality and stillbirth rates**

1846. SHRI V. VIJAYASAI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) in what manner Ministry looks at death of 70 lakh girls in every decade in the country due to sex-selective abortions, neglect, etc.;

(b) whether the New Born Action Plan 2014 has little impact and if so, in what way Ministry is going to achieve single digit neonatal mortality and stillbirth rates by 2030; and

(c) in what manner Ministry is planning to re-strategise its approach toward saving girl child in view of the above?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Declining Child Sex ratio reflects the magnitude of discriminatory practices against the girl child. Deeply entrenched practices of son preference, decline in fertility and misuse of technology are contributing to this problem in the country. In view of the same, Government has adopted a multi-pronged strategy including enactment of legislation (PC & PNDT Act), Beti Bachao Beti Padhao (BBBP) Scheme to build a positive environment for the girl child etc.

(b) India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of “Single Digit Neonatal Mortality Rate” and “Single Digit Stillbirth Rate” by 2030. As per Sample Registration System (SRS)