Efforts to make Drug-Resistant TB treatment accessible

- *171. SHRI R. VAITHILINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
- (a) whether it is a fact that as of 2019, India has the largest number of individuals suffering from drug-resistant versions of tuberculosis, like multi-drug resistant tuberculosis, extensively-drug resistant tuberculosis and the totally drug-resistant tuberculosis, if so, the details thereof;
- (b) whether it is also a fact that delays in treatment are another major factor for deaths due to tuberculosis in India; and
- (c) if so, the action planned by Government to overcome this social stigma and lack of access to sound and affordable medical care?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) As per the estimates given in the Global TB Report (2018) of World Health Organization, India stands at 22nd position among 30 highest burden countries in terms of incidence (Number of cases per one lakh population) of Drug Resistant Tuberculosis (DRTB), in 2017. Percentage of DRTB patients in population is estimated at 0.01%. Percentage of DRTB patients identified among the new TB cases identified in 2018 is 2.86%. However, given a large population in terms of absolute numbers, India has the highest number of Drug Resistant Tuberculosis (DRTB) patients.

(b) and (c) No. There is no delay in the treatment of Drug Sensitive and Drug Resistant Tuberculosis (DSTB) patients. TB patients are now tested for drug resistance along with the test for TB under the Universal Drug Susceptibility Testing (UDST) initiative under the Revised National Tuberculosis Control Programme (RNTCP); and are initiated on appropriate treatment as soon as they are diagnosed to have TB.

As per the estimates given in the Global TB Report (2018) of World Health Organization, the number of deaths due to TB in 2017 has declined by 8.16% as compared to 2016.

The Ministry has developed the National Strategic Plan (NSP) for Tuberculosis (2017-2025) with the goal of eliminating TB by 2025.

The key focus areas are:-

- Communication campaign aimed at raising levels of awareness, reduction of stigma among community both through mass and mid media.
- Strategies Like active case finding and contact tracing in high risk/vulnerable population
- Early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens along with suitable patient support systems to promote adherence.
- Engaging with the patients seeking care in the private sector.
- Airborne infection control.
- Multi-sectoral response for addressing social determinants.
- Free Drugs and diagnostic for all TB patients across the country.

Professional and training institutions setup under CSR

- *172. DR. L. HANUMANTHAIAH: Will the Minister of CORPORATE AFFAIRS be pleased to state:
- (a) whether it is a fact that the current rules of Corporate Social Responsibility (CSR) allow companies to set up professional and training institutions; and
- (b) if so, whether it is also a fact that under the instant Rules the industry specific companies cannot set up their domain-specific technology institutions on a presumption that the passed out students may join the company?

THE MINISTER OF CORPORATE AFFAIRS (SHRIMATI. NIRMALA SITHARAMAN): (a) and (b) Schedule VII of the Companies Act, 2013 enlist areas or activities that qualify towards Corporate Social Responsibility (CSR) spend. The General Circular No. 21/2014 dated 18.06.2014 clarified at item No. (i) that 'the entries in the Schedule VII must be interpreted liberally so as to capture the essence of the subjects enumerated in the said Schedule'.

Further, attention is invited to Rule 4(1) of the Companies (CSR Policy) Rules, 2014 which prescribes that CSR activities of the company shall exclude activities undertaken in pursuance of its normal course of business.