

from External Aid Agencies under RCH Flexible Pool and this support was fiscal neutral. The additionality was for book adjustments of kind grants. Similarly, during the F.Y. 2018-19, additionality of ₹ 475 crore was provided in the RE for pending cost adjustments and fiscal neutral.

Further, if the BE of 2017-18 is compared with the BE of 2018-19, there is an increase in budget under RCH Flexible Pool by 15% and on comparing the BE of F.Y. 2019-20 with the BE of 2018-19 there is an increase of 8.6%.

It is further mentioned that investments under the pool of Health System Strengthening under NHM also contribute to RCH Programme directly and indirectly. Various maternal and child health interventions heavily depend on robust health system which includes manpower, infrastructure, free diagnostic and free drug, emergency ambulance system and computerized Health Management Information System including RCH Portal and quality assurance system.

The budget allocation under the Pradhan Mantri Matru Vandana Yojana (PMMVY) has in fact increased from ₹ 2400 crore in 2018-19 to ₹ 2500 crore in 2019-20.

Poor performance in curbing TB

1813. SHRI R. VAITHILINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India's tuberculosis incidence has dropped by a mere 1.7 per cent annually since 2016, if so, the details thereof;

(b) whether it is also a fact that one of the reasons for India's poor performance in curbing tuberculosis is the shifting of healthcare to private hands; and

(c) if so, the steps taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) No. India's TB Incidence has declined by 2.8% in 2016 and 3.3% in 2017 according to WHO Global TB reports.

(b) and (c) No, there is no indication or sign of shifting of healthcare to private hands. There is significant proportion of the TB cases seeking care in the public sector.

In last three years, there is gradual increase in notifications in public sector. Government has notified 1424771, 1444175 and 1613504 TB patients in public sector in the year 2016, 2017 and 2018 respectively.

The focus on strengthening public sector under the programme is an ongoing effort. However, a significant number of TB patients seeks care in private sector

too. In order to increase notification of TB patients from the private providers and to improve quality of care in private sector, Government of India has made TB a notifiable disease. A scheme of incentives is also being implemented to encourage notification and reporting of treatment outcomes from private sector providers. The Government is also working with Indian Medical Association for sensitization of private doctors to follow standards protocol of diagnosis and treatment.

Increase in kidney failure cases

1814. SHRIMATI JHARNA DAS BAIDYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the cases of kidney failure among people are increasing every year in the country, treatment of which is only through dialysis or transplantation, if so, the details thereof and the reasons therefor; and

(b) whether Government is considering to simplify the process of organ donation and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) According to Indian Council of Medical Research (ICMR) report entitled India: Health of the Nation's States", published in 2017, the contribution of Chronic Kidney Disease (CKD) to Disability Adjusted Life Years (DALY) has increased-0.8% in 1990 to 1.6% in 2016.

Kidney diseases are estimated to be increasing, mostly due to increasing number of patients with diabetes and hypertension and increasing acute kidney injury cases and ageing population *inter alia*.

(b) National Organ and Tissue Transplant Organisation (NOTTO) has set up a National Registry in which all hospitals (Transplant Centres) from all the States/UTs can upload the list of patients waiting for organ transplant. The same is accessible to State Organ and Tissue Transplant Organisation (SOTTOs), Regional Organ and Tissue Transplant Organisation (ROTOs) and NOTTO. Allocation of organs to needy patients is done in accordance with a method of graded preference-first at the state level, then at the regional level and then at the National level for Indian citizens. Only when Indian citizens are exhausted, the retrieved organ is offered to a Person of India Origin and then to a Foreign National.

As informed by Indian Council of Medical Research (ICMR), Transplantation practices are dependent on state welfare funding, brain death declaration practice, personal religious beliefs, and availability of technical expertise and expensive immuno suppressive medication.