

[4 August, 2003]

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Kerala due to Dengue Fever and that the outbreak of fever in West Bengal was due to influenza B virus infection. The Teams suggested containment and treatment management measures to be taken.

(b) and (c) 291 Cases with 159 deaths due to encephalitis in Andhra Pradesh and 719 Cases with 45 deaths due to influenza B virus infection in Murshidabad district of West Bengal have been reported.

(d) While control of outbreaks is the responsibility of the respective State Governments, Government of India has provided technical support by sending expert teams to the affected States. Support has also been provided for laboratory confirmation for diagnosis of the outbreaks. In addition to the insecticides and larvicides already provided under the National Anti Malaria Programme, arrangements have been made for additional supply of Malathion (Technical) for fogging and larvicides for use in affected areas of Andhra Pradesh.

Situation is being monitored by National Institute of Communicable Diseases (NICD), Delhi in both the States.

#### **Re-strengthening of AIDS control programme**

1566. SHRIMATI SHABANA AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have announced a number of package measures to tone up the AIDS programme;

(b) if so, the details thereof;

(c) to what extent these have been implemented;

(d) the focus laid in promoting the AIDS awareness; and

(e) whether the State Governments have been urged to implement the above programmes of AIDS awareness?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) In order to prevent and decontrol the spread of HIV/AIDS in India, Govt. of India has launched

a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a Centrally sponsored scheme with the following components:

- Preventive interventions for high risk populations through targeted interventions adopting a multi-pronged strategy including peer counselling and behaviour change communication.
- Preventive interventions for the general population through programmes for blood safety, voluntary counselling and testing services. Prevention of parent to child transmission of HIV, Information Education and Communication (IEC) & awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.
- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Building technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation. Technical resource groups, operational research and programme management.

The achievements made so far till March, 2003 are enclosed as Statement. (*See below*)

(d) and (e) The AIDS awareness programme in the country employs a multimedia and multi-sectoral approach. Some of the important issues that are covered in the awareness campaign are:—

1. Routes of transmission
2. Myths & Misconceptions
3. Methods of Prevention
4. Promotion of A (Abstinence), B (Be faithful), C (consistent use of condoms) approach
5. Reducing Stigma & Discrimination

6. Relationship of HIV & Sexually Transmitted Infections
7. Blood Safety
8. Prevention Parents to Child Transmission.

The awareness generation programme uses many media vehicles like TV, Radio, Print, Press, Folk art and theatre, Outdoor and other innovative media. An important tool for generating awareness among the school going youth is the School AIDS Education Programme. The college youth is targeted in the Universities Talk AIDS Programme while the out of school youth is approached in the Villages Talk AIDS Programme. Defence, Railways, Steel Authority of India Limited, ESIC etc. are also the key inter sectoral partners.

Detailed guidelines have been issued to State AIDS Control Societies for the implementation of various programmes on AIDS awareness.

***Statement***

*Achievement during the year 2002-2003*

Sl.No.	Activities	Total
1.	No. of STD Clinics	674
2.	No. of TI Projects	735
3.	No. of School covered under AIDS Education	35000
4.	No. of Voluntary testing & Counselling Centres	540
5.	No. of Major Blood Bank	237
6.	No. of District Blood Bank	669
	No. of Zonal Blood Testing Centre:	
7.	MBB working as ZBTC	104
	DBB working as ZBTC	11
	Exclusive ZBTC	42
8.	No. of Blood Component Separation Centre	81
9.	CD4/CD8 Count Test Centre	20
10.	No. of Community Care Centres (NGO)	35

SI.No.	Activities	Total
	Centres for Prevention of Parent to child	
11.	Transmission of HIV/AIDS No. of Sentinell Sites	89
12.		384

#### **Revenue loss due to spurious drugs**

1567. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the magnitude of the problem of spurious drugs;
- (b) the estimated revenue loss to Government as a result thereof; and
- (c) the steps taken by Government to tackle this problem?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) In view the gravity of the menace of spurious drugs, Government of India has set up an expert committee on January 27, 2003 under the Chairmanship of Dr. R.A. Mashelkar, DG, CSIR and Secretary to Government of India to look into the various issues related to Drugs Control Administration as well as to estimate the magnitude of the problem of spurious drugs and to recommend measures to deal with this problem effectively. The report of the Committee is awaited.

(c) Government of India has taken the following initiatives to tackle the problem of spurious drugs:—

- (i) Detailed guidelines in respect of strategies required to be adopted for efficient surveillance over the movement of spurious drugs were given to State on November 17, 1999 to ensure focused surveillance over manufacture and sale of spurious drugs.
- (ii) Issues concerning alleged sale of spurious drugs was taken up by Union Health Minister with State Health Ministers in the 7th conference of Central Council of Health (CCH) & FW held on 12-13 July, 2001. CCH resolved that in order to address issues relating to the increasing reports