

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:1836

ANSWERED ON:16.08.2013

CASES OF TUBERCULOSIS .

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether India accounts for the highest prevalence and incidence of Tuberculosis (TB) in the world and if so, the details and the reasons therefor, State/UT-wise;
- (b) the number of cases of Tuberculosis (TB) and attributable deaths reported during each of the last three years and the current year, State/UT-wise;
- (c) the action plan drawn by the Government to control the rising number of cases of TB and the funds earmarked and spent for the purpose during the said period, State/UT-wise;
- (d) whether the Government has taken note of acute shortage of TB drugs in two categories i.e. paediatrics and drug resistant TB (DR-TB) as reported in various States/ UTs; and
- (e) if so, the details thereof along with the reasons therefor and the corrective measures being taken by the Government to overcome the shortage of these drugs?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI GHULAM NABIAZAD)

(a): As per the WHO Global TB Report, 2012; the estimated prevalence and incidence of TB in India for the year 2011 is 249/100,000 and 181/100,000 cases respectively. On the basis of prevalence, India ranks 14th and on basis of incidence India ranks 16th among 22 high burden countries globally. However, due to the large population of the country the same translates into a large number of cases.

(b): The details of total number of TB cases and attributable deaths reported under the Revised National TB Control Programme during the last three year and current year are appended at Annexure I.

(c): For controlling the number of TB cases, by breaking the chain of transmission, RNTCP provides quality assured early diagnosis and complete treatment with quality assured drugs free of cost to all TB cases including MDR and HIV co-infected TB cases.

The Funds allocated and spent under RNTCP in last three years are appended as Annexure II.

(d) & (e): There is no shortage of anti TB drugs for paediatric and drug resistant TB. For already registered patients initiated on treatment, drugs are provided for the whole course right at the beginning. Further, as on date, even for new cases expected to be registered in the programme, all State and Union Territories have sufficient drugs.