

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

UNSTARRED QUESTION NO:2951

ANSWERED ON:13.03.2015

CASES OF TB AND MDR TB

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

- (a) whether the number of people including children suffering from tuberculosis and Multi- Drug Resistant TB (MDR-TB) in India are among the highest in the world, if so, the details thereof;
- (b) the number of TB and MDR-TB cases including among children detected, cured and deaths reported in the country during each of the last three years and the current year, State/ UT-wise;
- (c) the extent to which the Revised National Tuberculosis Control Programme has been successful in decreasing the number of new TB/MDR-TB cases indicating the funds allocated and spent thereunder during the said period, State/ UT-wise;
- (d) whether as per a study conducted in Mumbai, a large number of TB/MDR-TB patients have been found given wrong/ inappropriate medication, if so, the details thereof along with the reaction of the Government thereto; and
- (e) the corrective measures being taken by the Government to ensure proper medication and treatment of TB/MDR-TB patients and also to provide nutrition supplements to all such patients to control the disease?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): Yes, Sir. According to latest WHO estimates, India accounts for 2.6 million TB cases, including children, annually. However, on the basis of prevalence rate, India ranks 14th among 22 high burden countries globally. Due to the large population of our country, the same translates into the large number of cases.

(b): Information is provided in Annexure-A1 to A6.

(c): As per WHO estimates, incidence of TB in India has reduced from 216 per lakh population in year 1990 to 171 per lakh population in year 2013.

According to latest WHO Global TB Report, the estimated proportion of Multi-Drug Resistant TB Cases in India is not increasing. It is less than 3 percent among new TB cases and between 12-17 percent among re-treatment cases. Details of funds allocated and spent during the last three years and the current year, is provided in Annexure-B.

(d) & (e): Government of India has not undertaken any such study. However, studies by individuals indicate that cases of private practitioners prescribing non-standard regimens to TB patients, most of which are inappropriate and expensive, do exist.

Government is working closely with Indian Medical Association and other partners to train and sensitize doctors across the country so that standardized (correct/appropriate) prescriptions are used by doctors while treating TB patients. Standardized training modules with standard diagnostic and treatment algorithms are part of the National Guidelines.

The programme has developed new Guidelines for partnerships under RNTCP so that more care providers are involved.

Government of India is implementing the Revised National Tuberculosis Control Programme in the country. Under this programme, diagnosis and treatment facilities including anti- TB drugs are provided free of cost to all TB patients. Designated microscopy centres have been established for quality diagnosis for every one lakh population in the general areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 13000 microscopy centres have been established in the country. Treatment centres (DOT Centres) have been established near to residence of patients to the extent possible.

All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHC), sub centres are DOT centres. In addition NGOs, Private Practitioners (PPs) involved under the RNTCP, community volunteers, Anganwadi workers, women self-help groups etc. also function as DOT providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment. Under RNTCP, diagnosis of Drug Resistant TB is conducted through quality assured drug susceptibility

testing at 62 Culture and Drug Susceptibility Testing (C & DST) laboratories, of which 50 laboratories are also equipped with rapid molecular test named Line Probe Assay (LPA). Cartridge Based Nucleic Acid Amplification (CBNAAT) Test Machines have been installed at 89 sites for early detection of rifampicin resistance among TB cases. TB/HIV collaborative activities for TB/HIV co-infection are being implemented throughout the country. Furthermore, TB was made notifiable vide Government Order No Z-28015/2/2012-TB dated 7th May 2012. To improve surveillance, case based web based online application 'Nikshay' is implemented to facilitate notification. 'Standards for TB Care in India' were developed with involvement of all stakeholders,

As per existing national programme implementation strategy, there is no provision for nutritional supplementation for TB patients.