

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

UNSTARRED QUESTION NO:2152

ANSWERED ON:05.12.2014

NON COMMUNICABLE DISEASES

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

(a) the number of people suffering from various Non- Communicable Diseases (NCDs) and those died there from during each of the last three years and the current year, State/UT-wise;

(b) the present status of implementation of the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in the country along with the activities undertaken and the achievements made as a result thereof, State/UT-wise;

(c) the details of the health infrastructure created/ proposed to be created and financial assistance and commodities provided under NPCDCS, State/ UT-wise;

(d) whether the Government has received any report from the World Health Organisation (WHO) regarding prevention of NCDs and if so, the details thereof along with the follow up action taken/proposed to be taken by the Government thereon; and

(e) the steps taken/proposed to be taken by the Government to increase public health spending and create a national health fund for free and affordable treatment of poor patients?

**Answer**

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

(a): Indian Council of Medical Research (ICMR) conducts studies on incidence and prevalence of different diseases. Among the major Non- Communicable Diseases(NCDs) as per Disease Burden study on Non-Communicable Diseases by ICMR, the number of estimated cases and prevalence for Ischemic Heart Disease (IHD), Diabetes Mellitus and Stroke in 2004 are as under:

| Disease | Number of cases<br>(in lakhs) | No. of deaths<br>(in lakhs) |
|---------|-------------------------------|-----------------------------|
|---------|-------------------------------|-----------------------------|

|          |     |     |
|----------|-----|-----|
| IHD      | 224 | 5.5 |
| Diabetes | 378 | 1.0 |
| Stroke   | 9.3 | 6.4 |

State wise data for prevalence and mortality is not maintained centrally.

Information received from Indian Council of Medical Research suggests that the estimated number of cancer cases and deaths are increasing. State/UT wise estimates of prevalence, incidence and death due to cancer for last three years are given in Annexure-I to III.

(b)& (c): The National Programme for Prevention and Control of Cancer Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) was launched in July, 2010 in 100 Districts of 21 States. The programme for intervention up to District level has now been brought under the umbrella of National Health Mission (NHM) and expanded to cover more districts. Year-wise and State/UT-wise release/utilisation of fund under the programme is at Annexure-IV.

The focus of the programme is on awareness generation for behaviour and life-style changes, early diagnosis of persons with high levels of risk factors and their referral to higher facilities for appropriate management. It has also been envisaged to build capacity at various levels of health care system for prevention, diagnosis and treatment of NCDs.

In addition, Government of India has approved a scheme under NPCDCS for enhancing the Tertiary Care Cancer Facilities in the country. Under this scheme, Government of India has initiated the process of assisting 20 State Cancer Institutes (SCI) and 50 Tertiary Care Cancer Centres (TCCC) in different parts of the country. The maximum assistance inclusive of State Share for SCI is Rs. 120

Crore and for TCCC is Rs.45 Crore The Central and State Share will be in the ratio of 75:25 and for North East and Hill States this ratio would be 90:10.

Details of infrastructure created, achievements made so far under the NPCDCS as informed by States is as under:

# State NCD Cell established in 26 states. # District NCD Cell established in 142 districts. # District NCD Clinic established in 147 districts. # Cardiac Care Units established in 64 districts # As on 31-03-2014 total 5,57,39,571 persons have been screened for Diabetes and Hypertension.

# 95 trainers and 717 MOs have been trained in 36 training sessions till date.

(d): WHO has developed a comprehensive Global Monitoring Framework and Action Plan for prevention and Control of NCDs (2013-2020), which was endorsed by the 66th World Health Assembly (WHA) in May 2013. The Framework includes a set of nine voluntary targets and 25 indicators which can be applied across regional and country settings.

India is the first country globally to adopt the NCD Global Monitoring Framework and Action Plan to its National Context. Regional Consultation to develop a comprehensive National Action Plan were organized by MoH&FW and WHO Country Office for India in Guwahati (29-30 November, 2013), Bengaluru (13-14 December, 2013) and Delhi (19-20 December, 2013). Participants included over 250 senior health officials from the national, sub-national level (from all States and Union Territories), experts and civil society representatives.

(e): While health is a State subject, the Central Government supplements the efforts of the State Governments for improving the healthcare.

Steps taken to improve public health and to provide affordable health care, inter alia, include :-

# Initiatives under the National Health Mission (NHM) with a view to provide accessible affordable, effective and quality healthcare services especially to the poor and vulnerable sections of the population. Primary health care in India is provided free of cost in the public health facilities through a nationwide network of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs).

# Janani Shishu Suraksha Karyakaram (JSSK) envisages free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home, for all pregnant women delivering in public health institutions.

# Initiatives under National Urban Health Mission (NUHM) with focus on primary health care needs of urban population particularly slum dwellers and other marginalized groups.

# Providing free medicines under the various national health programmes for diseases such as Malaria, TB and Leprosy.

# Making available tertiary health care services in the public sector through strengthening of hospitals, establishment of AIIMS institutions and up-gradation of existing Government medical colleges across the country.

# Rashtriya Swasthya Bima Yojana (RSBY) which provides for smart card based cashless health insurance including maternity benefit cover of up to Rs. 30,000/- per annum on family floater basis to Below Poverty Line (BPL) families (a unit of five) in the unorganized sector.

# Rashtriya Arogya Nidhi set up under the Ministry of Health & Family Welfare provides for financial assistance to patients, living below poverty line suffering from major life threatening diseases, to receive medical treatment.

# The Central Government, through its hospitals including All India Institute of Medical Sciences (AIIMS), Dr. Ram Manohar Lohia Hospital, Delhi, Safdarjung Hospital, Delhi, Lady Hardinge Medical College and Associated Hospitals, Delhi, Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Puducherry and Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong, Regional Institute of Medical Sciences (RIMS), Imphal augments the efforts of the State Governments for providing health services in the country.