

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 1548
TO BE ANSWERED ON 14TH MARCH, 2023**

ELIMINATION OF DISEASES

1548 SHRI B. PARTHASARADHI REDDY:

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

- (a) the steps being taken to eliminate sickle cell anaemia by 2047 in the country;
- (b) the budgetary allocation for the same;
- (c) the current status with respect to targets set for elimination of Kala Azar, Filariasis, and Tuberculosis: and
- (d) the steps being taken for successfully achieving the elimination targets set for eliminating Kala Azar, Filariasis, and Tuberculosis?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(DR. BHARATI PRAVIN PAWAR)

(a) & (b); The strategic roadmap for the management of Sickle Cell Diseases (SCD) emphasizes on Health Promotion (Awareness generation and pre-marital genetic counselling), Prevention (Universal screening and early detection) and Holistic Management and continuum of care at Primary and Secondary healthcare levels.

This program envisions covering the entire population from zero (0) to 40 years age as a part of National Health Mission (NHM) and aims to cover 7 crore people with screening, counseling for prevention and care for people with SCD till year 2025-26.

For implementation, following road map has been prepared:

- (i) Guidance note prepared and shared with States
- (ii) National Portal is prepared
- (iii) State-wise target given to 17 States

(iv) Available methods for mass screening conveyed to States

(c) & (d);

Kala-azar

Kala-azar is targetted for elimination by 2023. Among 633 Kala-azar endemic blocks, 632 (99.8%) blocks achieved the elimination target by the end of 2022.

The steps taken for successfully achieving the elimination targets set for eliminating Kala-azar and Filariasis:

- Treatment with single day single dose liposomal amphotericin B.
- Early Diagnosis and complete treatment (4 times Active case Search, treatment within 48 hours of diagnosis, follow up upto one year)
- Micro-stratification in high-risk areas and case-based surveillance activities in blocks reporting incidence > 0.5 per 10000 populations
- Integrated Vector Control & Vector Surveillance (2 times IRS in all endemic villages along with Active Case Search)
- Wage loss incentives to PKDL patients from Rs. 2,000/- to 4,000/- and Rs 500 per patient for Kala-azar patient

Tuberculosis

The Government implements the National TB Elimination Programme (NTEP) under the aegis of the National Health Mission (NHM). With the goal of achieving Sustainable Development Goals related to TB by 2025, five years ahead of the global targets, the programme is implemented with the following objectives: -

- (i) Early diagnosis of TB patients, prompt treatment with quality assured drugs and treatment regimens.
- (ii) To engage with the patients seeking care in the private sector.
- (iii) Prevention strategies including active case finding and contact tracing in high risk /vulnerable population.
- (iv) Airborne infection control.

Further, as per the Global TB Report, 2022, the incidence of TB in India has reduced by 18% from 256/lakh population in 2015 to 210/lakh population, which is 7 percentage points better than the global average of 11%.

Filariasis

Filariasis is targeted for elimination by 2027 as against Global target of 2030. Among 333 Lymphatic filariasis endemic districts, 136 districts have stopped Mass Drug Administration (MDA) which is the preliminary goal of elimination after achieving microfilaria rate <1% verified by the Transmission Assessment Survey (TAS-1).

- Programme has switched over to block level strategy of MDA implementation from district level implementation.
- Mission mode MDA Implementation in two phases that is on 10 February and 10 August in integration with National Deworming Day (NDD).
- Provision of 100% Morbidity Management of Lymphoedema cases by providing MMDP kits to all Lymphoedema patients.
