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

LOK SABHA UNSTARRED QUESTION NO. 2635 TO BE ANSWERED ON 06TH MARCH, 2020

DEATHS DUE TO POLLUTION

2635. SHRI RAJIV PRATAP RUDY:

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

(a) the number of deaths during each of the last three years on account of ailments related to air pollution, water pollution and contamination of food and water sources;

(b) the details of the steps being taken by the Government to reduce the number of deaths due to air pollution and water pollution/contamination of food and water in the country;

(c) whether the Government is exploring the use of any specific technology to combat air pollution in the country; and

(d) if so, details thereof?

ANSWER THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a): While air pollution is known to be one of the aggravating factors for many respiratory ailments, specific information on the number of cases and deaths exclusively due to air pollution is not available.

Water borne diseases like Acute Diarrheal Disease, Cholera, Enteric fever and Hepatitis A & E, etc. are caused due to intake of contaminated water and unhygienic food. As per data from Central Bureau of Health Intelligence (CBHI), State / Union Territory (UT) wise details of deaths due to waterborne diseases in the country during the years 2016 - 2018 are given in Annexure.

(b) to (d): In January 2019, Government launched National Clean Air Programme (NCAP) to tackle the problem of air pollution in a comprehensive manner with targets to achieve 20 to 30 % reduction in PM10 and PM2.5 concentrations by 2024, keeping 2017 as base year. The overall objective is to augment and evolve effective ambient air quality monitoring network across the country besides ensuring comprehensive management plan for prevention, control and abatement of air pollution and enhancing public awareness and capacity building measures.

The plan includes 102 non-attainment cities, across 23 States and Union Territories, on the basis of their ambient air quality data between 2011 and 2015 and World Health Organization (WHO) report 2014/2018. A total of 86 city specific action plans have been approved for ground implementation.

In view of probable linkage of Respiratory illnesses with deteriorating Air Quality Index, Ministry of Health & Family Welfare has also initiated following activities:

- Initiation of daily Sentinel surveillance for Acute Respiratory Illnesses in Emergency Department of Hospitals: initially in four hospitals (AIIMS, SJH, LHMC & RMLH), further to be expanded to two more hospitals in January, 2019 (National Institute of Tuberculosis and Respiratory Diseases and Vallabh Bhai Patel Chest Institute)
- Providing feedback to hospitals for undertakings appropriate measures for managing respiratory illnesses in their hospitals
- Issuing Health advisory on health effects of Air Pollution to Health department of all States. This year health advisory was issued in September-October 2019 and then again after Diwali when AQI deteriorated beyond very Poor- Severe levels
- Prepared and shared IEC posters on Air Pollution and its health effects with State Health Departments
- Air Pollution and Health effects campaign have also been run on Social media (on the websites of Ministry of Health and Family Welfare and National Centre for Disease Control, Twitter handle and Facebook page)
- The States have also been advised to initiate sentinel surveillance for Acute Respiratory Illnesses in at least four to five major hospitals in the cities listed as highly polluted cities by the Central Pollution Control Board.

Provision of safe drinking water and health services fall within the remit of the State Governments. However, the Government of India has taken steps both for facilitating availability of safe drinking water and also for ensuring effective surveillance of outbreaks of water borne diseases and their prevention and management.

The Ministry of Drinking Water & Sanitation have advised all States to commission surface water based piped water supply schemes in all habitations as a long term sustainable solution. However, since these projects have a long gestation period (say 3-5 years) and the rural people cannot be put to the risk of consuming contaminated water, all States have also been advised to install community water purification plants. This has been done with the objective of providing 8-10 litres of safe water per capita per day for drinking and cooking purposes only.

Government of India also supplements the efforts of States/UTs by providing financial and technical assistance through the centrally sponsored scheme Jal Jeevan Mission (JJM) which aims at providing potable water to every rural household with Functional Household Tap Connection (FHTC) at service level of 55 litre per capita per day (lpcd) by 2024. States plan, approve and implement drinking water supply schemes. While allocating funds to States/ UTs under JJM, 10% weightage is given to the population residing in habitations affected by chemical contaminants including Arsenic and Fluoride affected habitations. States have also been advised to accord priority to quality-affected habitations while implementing piped water supply schemes under the JJM. In March 2016, with the recommendation of NITI Aayog, an amount of Rs. 1,000 Crore was released to various Arsenic & Fluoride affected States for installation of Community water purification plants and commissioning of piped water supply schemes.

Further, in March 2017, National Water Quality Sub-Mission (NWQSM) was launched as a part of National Rural Drinking Water Programme (NRDWP), which has now been subsumed under Jal Jeevan Mission, to provide safe drinking water to 27,544 Arsenic/Fluoride affected rural habitations in the country. Since 2016-17, an amount of Rs. 3940.34 Crore has been released to the Arsenic and Fluoride affected States.

Food Safety and Standards Authority of India (FSSAI) has notified Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011 which lay down the tolerance limits/maximum residue limits of contaminants, toxins and residues related to pesticides, metals antibiotics and other pharmacologically active substances etc. in various articles of food. Each Food Business Operator is required to ensure that the food meant for human consumption meets the prescribed norms. Failure to do so invites penal action under provisions of Food Safety and Standards Act, 2006.

Annexure

States/UTs wise Deaths Due to Cholera reported during 2016 – 2018				
S. No	State / U.T.	2016	2017	2018 (Prov.)
1	Andhra Pradesh	0	0	0
2	Arunachal Pradesh	0	0	0
3	Assam	0	0	0
4	Bihar	0	0	0
5	Chhattisgarh	0	0	0
6	Goa	0	0	0
7	Gujarat	0	0	0
8	Haryana	0	0	2
9	Himachal Pradesh	0	0	0
10	J & K	0	0	0
11	Jharkhand	0	0	0
12	Karnataka	1	0	0
13	Kerala	0	1	0
14	Madhya Pradesh	1	0	0
15	Maharashtra	0	0	4
16	Manipur	0	0	0
17	Meghalaya	0	0	0
18	Mizoram	0	0	0
19	Nagaland	0	0	0
20	Odisha	0	0	0
21	Punjab	0	0	0
22	Rajasthan	0	0	0
23	Sikkim	0	0	0
23	Tamil Nadu		0	0
25	Telangana	0	0	0
26	Tripura	0	0	0
20	Uttrakhand	0	0	0
28	Uttar Pradesh	0	0	0
20	West Bengal		0	0
30	A & N Islands	0	0	0
31	Chandigarh	0	0	0
31	D & N Haveli	0	0	0
32	Daman & Diu	1	0	0
		0	2	0
34	Delhi Lakabadwaan	0	0	0
35	Lakshadweep	0		
36	Puducherry Total	0 3	0 3	0 6

. No	State / U.T.	2016	2017	2018 (Prov.)
1	Andhra Pradesh	11	52	72
2	Arunachal Pradesh	2	2	1
3	Assam	282	239	439
4	Bihar	8	19	9
5	Chhattisgarh	33	27	20
6	Goa	4	11	0
7	Gujarat	0	0	0
8	Haryana	14	20	55
9	Himachal Pradesh	56	26	14
10	J & K	0	5	2
11	Jharkhand	0	0	8
12	Karnataka	4	15	4
13	Kerala	15	6	3
14	Madhya Pradesh	122	102	34
15	Maharashtra	52	23	37
16	Manipur	21	18	15
17	Meghalaya	30	6	6
18	Mizoram	16	11	4
19	Nagaland	0	3	0
20	Odisha	104	110	75
21	Punjab	44	35	43
22	Rajasthan	7	1	1
23	Sikkim	0	0	5
24	Tamil Nadu	9	2	8
25	Telangana	19	1	1
26	Tripura	6	8	7
27	Uttrakhand	7	4	5
28	Uttar Pradesh	304	309	229
29	West Bengal	192	129	167
30	A & N Islands	0	0	0
31	Chandigarh	61	42	47
32	D & N Haveli	12	12	4
33	Daman & Diu	0	0	
34	Delhi	115	117	127
35	Lakshadweep	0	0	0
36	Puducherry	5	7	8
50	Total	1,555	1,362	<u> </u>

Source: Monthly Health Condition Reports from Directorate of Health Services of States/UTs.

Total1,5551,362Source: Monthly Health Condition Reports from Directorate of Health Services of
States/UTs.

S. No	State / U.T.	2016	2017	2018 (Prov.)
1	Andhra Pradesh	0	17	7
2	Arunachal Pradesh	1	0	0
3	Assam	0	122	83
4	Bihar	2	2	1
5	Chhattisgarh	8	3	4
6	Goa	0	0	0
7	Gujarat	0	0	1
8	Haryana	0	4	7
9	Himachal Pradesh	7	12	5
10	J & K	0	0	0
11	Jharkhand	0	0	0
12	Karnataka	1	4	0
13	Kerala	0	0	0
14	Madhya Pradesh	21	9	3
15	Maharashtra	0	0	9
16	Manipur	2	0	0
17	Meghalaya	0	0	0
18	Mizoram	2	1	0
19	Nagaland	0	6	0
20	Odisha	19	15	7
21	Punjab	3	1	2
22	Rajasthan	0	0	0
23	Sikkim	0	0	0
24	Tamil Nadu	0	14	1
25	Telangana	2	0	0
26	Tripura	0	4	2
27	Uttrakhand	4	7	4
28	Uttar Pradesh	313	248	224
29	West Bengal	22	8	17
30	A & N Islands	1	0	0
31	Chandigarh	48	1	0
32	D & N Haveli	1	1	0
33	Daman & Diu	0	0	0
34	Delhi	55	17	20
35	Lakshadweep	0	0	0
36	Puducherry	0	0	2
	Total	512	496	399

Source: Monthly Health Condition Reports from Directorate of Health Services of States/UTs.

S. No	State / U.T.	2016	2017	2018 (Prov.)
1	Andhra Pradesh	1	82	2018 (110v.) 141
2	Arunachal Pradesh	4	1	
3	Assam	14	0	3
4	Bihar	0	0	1
5	Chhattisgarh	15	7	7
6	Goa	0	2	1
7	Gujarat	2	0	0
8	Haryana	0	16	14
9	Himachal Pradesh	18	2	4
10	J & K	0	0	0
11	Jharkhand	0	4	1
12	Karnataka	17	5	8
13	Kerala	18	7	7
14	Madhya Pradesh	22	8	3
15	Maharashtra	6	2	2
16	Manipur	1	0	C
17	Meghalaya	3	1	4
18	Mizoram	1	2	2
19	Nagaland	0	0	0
20	Odisha	20	39	13
21	Punjab	7	8	25
22	Rajasthan	1	0	0
23	Sikkim	0	0	0
24	Tamil Nadu	0	1	0
25	Telangana	0	0	0
26	Tripura	4	0	C
27	Uttrakhand	16	14	23
28	Uttar Pradesh	47	43	42
29	West Bengal	114	75	81
30	A & N Islands	0	0	1
31	Chandigarh	7	21	10
32	D & N Haveli	2	4	5
33	Daman & Diu	0	0	0
34	Delhi	104	190	180
35	Lakshadweep	0	0	0
36	Puducherry	7	3	6
	Total	451	537	584

Source: Monthly Health Condition Reports from Directorate of Health Services of States/UTs.