

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

**LOK SABHA
UN-STARRED QUESTION NO. 3148
TO BE ANSWERED ON 06.08.2021**

PREVENTION OF COMMUNICABLE DISEASES

3148. SHRI PALLAB LOCHAN DAS:

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

- (a) whether the Government proposes to introduce programme for prevention of communicable diseases particularly COVID-19;
- (b) if so, the details thereof;
- (c) whether the Government has conducted any study regarding the gravity of communicable diseases in the country and the initiative taken for control of such diseases, if so, the details thereof
- (d) the steps taken by the Government to create awareness among the citizens regarding food habits and healthy lifestyle so as to control such diseases; and
- (e) the details of financial assistance given by the Government to the State/UTs for implementation of projects to control communicable diseases State/UT-wise?

ANSWER

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

(DR. BHARATI PRAVIN PAWAR)

(a) to (e): Health is a state subject. Department of Health & Family is running National Vector Borne Diseases Control Programme (NVBDCP), National TB Elimination Programme (NTEP), National Leprosy Eradication Programme (NLEP) and National Viral Hepatitis Control Programme (NVHCP) under the aegis of National Health Mission (NHM) to prevent and control various communicable diseases, namely Vector Borne Diseases, Tuberculosis, Leprosy and Viral Hepatitis.

Technical and financial support is provided to the States/UTs for implementation of these programmes, on the basis of their proposals in Programme Implementation Plans (PIPs) subject to the resource envelope.

For COVID-19 management, Government of India has supported the States/UTs and undertaken a series of actions including further strengthening of existing health infrastructure to ensure provisioning of sufficient hospital beds, drugs, medical oxygen and other consumables to aid proper clinical care of COVID-19 patients.

Some of the ongoing initiatives to strengthen hospital infrastructure include:

- With the intent to reduce the risk of cross infection to non-COVID patients as well as to maintain continuity of non-COVID essential health services in the country, a three-tier arrangement of dedicated COVID-19 health facilities [(i) COVID Care Center (CCC); (ii) Dedicated COVID Health Centre (DCHC) and (iii) Dedicated COVID Hospital (DCH)] has been implemented in the country.
- Government of India, to supplement the hospital facilities has roped in tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. Further, many large temporary treatment facilities were established by DRDO to manage surge in COVID-19 cases in the country.
- The isolation bed capacity and ICU bed capacity which was only 10,180 and 2,168 before the first lockdown (as on 23rd March 2020) is being enhanced continuously and is currently at 18,03,266 isolation beds and 1,24,598 ICU beds (as on 2nd August 2021).
- The daily liquid medical oxygen (LMO) supply, which was about 1292 MTs per day in February 2021 increased to 8593 MTs in April 2021. On 28th May 2021, a total of 10,250 MTs of LMO was allocated to the states. This was done by enhancement of LMO production in steel plants as well as in other LMO plants. Restrictions were imposed on industrial use of oxygen.
- A dynamic and transparent framework for allocation of medical oxygen in consultation with States/UTs and all the stakeholders such as relevant Ministries, manufacturers/suppliers of liquid oxygen etc. was prepared.
- Online digital solutions viz. Oxygen Demand Aggregation system (ODAS) and Oxygen Digital Tracking System (ODTS) have been developed to ascertain the demand for medical oxygen from all medical facilities and to track their transportation.
- To avoid wastage of medical oxygen, guidelines on rational use of oxygen were issued on 25th September 2020, and further revised and disseminated to States on 25th April 2021.
- 1,02,400 oxygen cylinders were procured in April and May of 2020 and distributed to States. Further orders for additional 1,27,000 cylinders have been placed on 21.04.2021 (54,000 jumbo cylinders (D type) and 73,000 regular cylinders (B type). Deliveries of the same have started and 73,352 (56,108 B-type and 14,244 D-type) cylinders have been delivered as on 3rd August 2021.
- To generate oxygen at the health facility level, PSA plants are being established in district hospitals, especially in far flung areas enabling the hospitals to become self-sufficient in generation of oxygen for their needs and thereby, reduce the burden on the medical oxygen supply grid across the country.
- Further, to fast-track the availability of Medical Oxygen in rural and Peri-urban areas, oxygen concentrators have been allocated to various States.
- A COVID Drugs Management Cell (CDMC) has been set up in the Department of Pharmaceuticals (DoP) to oversee the management of smooth supply of drugs used in COVID-19 management.
- A Drugs Coordination Committee (DCC) has been constituted as an institutional mechanism under Department of Pharmaceuticals for efficient decision making on all the issues with respect to COVID-19 related drugs including availability through inter-departmental consultations.

- Remdesivir is a patented drug, manufactured in India under voluntary licenses granted by Gilead Life Sciences USA (the patent holder) to 7 Indian pharmaceutical companies. Manufacturing capacity was augmented from 38 lakh vials per month in March 2021 to nearly 122 lakh vials per month in June 2021. In addition, 40 additional manufacturing sites were approved by the CDSCO, thus increasing the manufacturing sites from 22 (in March 2021) to 62 (June 2021).
- All States/UTs and State Drugs Controllers have been requested to verify stock of drugs and check other malpractices and take effective steps to curb hoarding and black marketing of some drugs like Remdesivir.
- Department of Pharmaceuticals (DoP) and the Drug Controller General of India (DCGI) have actively coordinated with the industry to enhance availability of Amphotericin B through identification of manufacturers, alternate drugs and expeditious approvals of new manufacturing facilities.
- Besides the existing five manufacturers, DCGI had issued permissions for manufacturing / marketing of Amphotericin B Liposomal Injection to six additional firms.
- Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs. Ministry of Health and Family Welfare continues to advise States to strictly follow five-fold strategy of 'Test-Track-Treat-Vaccination and adherence to COVID appropriate behavior'. States/UTs have been accordingly advised the same through formal communications, video conferences as well as through deployment of Central teams.
- Taking note of ingress of COVID-19 pandemic in Peri-urban and rural areas, Ministry of Health & Family Welfare on 16th May 2021 issued an SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas.
- Further COVID-19 treatment protocols and advisories both for adults as well as pediatric age groups were issued and widely disseminated to promote rational use of drugs and oxygen.
- During the F.Y. 2019-20. funds to the tune of Rs.1113.21 crore was released to the States/UTs under NHM towards management and containment of COVID-19 pandemic.
- In September 2020, the Union Government further allowed use of SDRF by the States for oxygen generation and storage plants in hospitals; strengthening ambulance services for transport of patients; and setting up containment zones, COVID-19 care centres. States were allowed to spend maximum 35% of annual allocation of funds under SDRF for the financial year 2019-20. The ceiling was further enhanced to 50% during the financial years 2020-21 and 2021-22 for containment measures of COVID-19.
- During the FY 2020-21, funds to the tune of Rs.8257.88 crore has been released to the States/UTs towards the India COVID-19 Emergency Response and Health System Preparedness Package (ECRP): Phase-I. States/UTs wise fund allocation is given at Annexure-I.
- In addition, 'India COVID-19 Emergency Response & Health System Preparedness Package: Phase-II' has also been approved by the Cabinet with Rs 23,123 crores {(with Rs. 12185.30 Crore

under Central Sponsored Scheme) + (Rs. 2814.70 Crore under Central Sector Scheme to Central Government Institute/Organisations)} as Central Component & Rs 8,123 Crore as State component) and is to be implemented from 1st July 2021 to 31st March 2022. So far as Rs. 1827.78 Crore has been released to States/UTs in Financial Year 2021-22 under ECRP Phase-II in FY 2021-22. States/UTs wise fund allocation is given at Annexure-II.

It includes support to States/UTs level for ramping up Health Infrastructure including those in rural, tribal and Peri-urban areas closer to the community, providing support for procurement of drugs and diagnostics to enhance service delivery at district and sub district levels for management of COVID-19 cases (including pediatric care) and for maintaining a buffer of drugs, support for IT Interventions such as implementation of Hospital Management Information System and expanding access to tele-consultations in all districts, and support for capacity building and training for all aspects of management of COVID-19.

Further, under the National COVID Vaccination Program, Government of India is procuring vaccines and providing them free of cost to States and UTs. As on 2nd August 2021, a total of about 49.86 Crore doses have been supplied to States/UTs from all sources i.e. Government of India's COVID vaccine supply free of cost to all States/UTs, Procurement of COVID vaccine made by State/UTs and Procurement of COVID vaccine made by Private Hospitals.

National Tuberculosis Elimination Programme (NTEP).

The Ministry is implementing the National TB Elimination Programme (NTEP) for prevention, control and management of TB. The key focus areas are:

- Early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens
- Engaging with the patients seeking care in the private sector.
- Prevention strategies including active case finding and contact tracing in high risk /vulnerable population
- Airborne infection control.
- Multi-sectoral response for addressing social determinants.

As per Global TB Report 2020, India has reduced the estimated incidence of TB from 217 / lakh population in 2015 to 193 / lakh population in 2019.

Ministry of Health & Family Welfare has undertaken communication campaigns aimed at creating awareness among the citizens on prevention of TB. In addition, the State Governments have also conducted several IEC campaigns on TB at the local level.

States/UTs wise fund allocation under NTEP is given at Annexure- III.

National Leprosy Elimination Programme (NLEP)

The major initiatives being taken under NLEP for prevention, control and elimination of leprosy are as follows:

- i. Active Case Detection and Regular Surveillance, both in rural and urban areas, through ASHAs and Frontline Workers in order to ensure detection of leprosy cases on regular basis and at an early stage in order to prevent Grade II disabilities.
- ii. Leprosy screening for children from zero to eighteen years has been integrated with Rashtriya Bal Swasthya Karyakram (RBSK).
- iii. Leprosy screening of people above 30 years of age has been integrated with Comprehensive Primary Health Care under Ayushman Bharat – Health & Wellness Centres.
- iv. Contact tracing is done and Post Exposure Prophylaxis (PEP) is administered to the eligible contacts of index case (confirmed leprosy case) in order to interrupt the chain of transmission
- v. Various services are being provided under the programme for Disability Prevention and Medical Rehabilitation (DPMR) i.e., reaction management, provision of Microcellular Rubber (MCR) footwear, Aids & Appliances, self-care kits etc.
- vi. Reconstructive Surgeries (RCS) are conducted at District Hospitals/Medical Colleges/ Central Leprosy Institutes, and Welfare Allowance @ Rs 8000 is paid to each patient undergoing RCS.

States/UTs wise fund allocation under NLEP is given at Annexure- IV.

National Vector Borne Diseases Control Programme (NVBDCP)

The major initiatives being taken under NVBDCP for prevention, control and elimination of various diseases are as follows:-

1) Malaria:

The Government has launched the National Framework for Malaria Elimination (NFME), 2016-2030 to eliminate malaria in India in a phased manner. The goal is to achieve zero indigenous cases of Malaria in the country by 2027, and to sustain elimination by 2030.

Major Initiatives for control and elimination are as follows:-

- Early diagnosis and radical treatment: Use of Rapid Diagnostic Test Kits, ASHA incentives for diagnosis & ensuring complete treatment.
- Case-based surveillance and rapid response
- Integrated vector management (IVM)
- Indoor residual spray (IRS)- 2 rounds of IRS for vector control in areas with Annual Parasite Incidence >2.
- Long-lasting insecticidal nets (LLINs) / Insecticide treated bed nets (ITNs): LLINs are being used in the programme to cover sub centres with Annual Parasite Incidence >1.
- Larval source management (LSM)
- Epidemic preparedness and early response
- Behaviour Change Communication and community mobilization

2) Lymphatic Filariasis:

- Mass Drug administration (MDA) for disease transmission control.

- Morbidity Management & Disability Prevention (MMDP) for hydrocele surgery and home-based morbidity management services for lymphoedema cases.

3) Kala-Azar:

- Uses of Single Dose Liposomal Amphotericin B (LAMB) for treatment.
- Use of synthetic pyrethroid in place of DDT for Indoor Residual Spray (IRS) for vector control.
- Introduction of hand compression pumps in place of stirrup pumps for convenience and quality of IRS
- Revised incentives to PKDL patients from Rs. 2,000/- to 4,000/- and to ASHA from Rs.300/- to 500/- in 2018 in order to ensure completion of treatment.

States/UTs wise fund allocation under NVBDCP is given at Annexure- V.

National Viral Hepatitis Control Programme (NVHCP)

NVHCP was launched in 2018 in alignment with Sustainable Development Goal (SDG) offering treatment services for Hepatitis C and management of Hepatitis A and E. The scope of the program was expanded to include management of Hepatitis B in 2019. The program envisages prevention through awareness generation on risk factors.

Diagnosis and treatment services are provided free of cost under the programme at designated government treatment centres.

States/UTs wise fund allocation under NVHCP is given at Annexure- VI.

Annexure-I

Central Release of Grants in aid through Agency NHM for management and control COVID-19 in F.Y. 2020-21		
(Rs. in crore)		
S. No.	State/UT	Central Release during 2020-21
1	2	3
1	Andaman & Nicobar Islands	14.80
2	Andhra Pradesh	422.67
3	Arunachal Pradesh	21.96
4	Assam	216.69
5	Bihar	193.94
6	Chandigarh	35.92
7	Chhattisgarh	109.21
8	Dadra & Nagar Haveli & Daman and Diu	4.67
9	Delhi	787.91
10	Goa	17.65
11	Gujarat	304.16
12	Haryana	187.71
13	Himachal Pradesh	54.48
14	Jammu & Kashmir	194.58
15	Jharkhand	70.84
16	Karnataka	409.63
17	Kerala	573.96
18	Ladakh	44.77
19	Lakshadweep	0.79
20	Madhya Pradesh	286.57
21	Maharashtra	1,185.12
22	Manipur	19.92
23	Meghalaya	14.82
24	Mizoram	8.86
25	Nagaland	10.27
26	Odisha	146.44
27	Puducherry	23.35
28	Punjab	165.28
29	Rajasthan	426.39
30	Sikkim	7.16
31	Tamil Nadu	868.09
32	Telangana	386.37
33	Tripura	23.21
34	Uttar Pradesh	541.56
35	Uttarakhand	72.25
36	West Bengal	295.28
	Total	8,147.28
	Health Insurance	110.60
	Grand Total	8,257.88

State/UT wise allocation of funds under NHM for ECRP- II(Rs. in Core)		
S. No	States	Central Share
	States other than NEStates	10,966.77
1	Andhra Pradesh	417.91
2	Bihar	1,032.87
3	Chhattisgarh	376.07
4	Goa	11.78
5	Gujarat	479.22
6	Haryana	182.42
7	Himachal Pradesh	216.51
8	Jharkhand	383.34
9	Karnataka	504.04
10	Kerala	173.89
11	Madhya Pradesh	874.35
12	Maharashtra	820.77
13	Odisha	517.18
14	Punjab	198.89
15	Rajasthan	883.37
16	Tamil Nadu	479.59
17	Uttar Pradesh	1,879.88
18	Uttarakhand	244.56
19	West Bengal	604.76
20	Telangana	298.68
21	Delhi	30.21
22	Puducherry	5.42
23	Jammu & Kashmir	257.64
24	Chandigarh	5.68
25	Andaman & Nicobar Islands	14.22
26	Daman & Diu & Dadra Nagar & Haveli	9.52
27	Lakshadweep	1.49
28	Ladakh	62.51
	NE States	1,218.53
29	Arunachal Pradesh	127.75
30	Assam	731.22
31	Manipur	77.35
32	Meghalaya	82.74
33	Mizoram	39.87
34	Nagaland	56.22
35	Sikkim	19.67
36	Tripura	83.72
	G-Total	12,185.30

Annexure-III

State/UTs wise Allocation of funds under National TB Elimination Programme for the year 2020-21.

(Rs. in crores)

Sl. No.	State / UT	National TB Elimination Programme (NTEP)
1	Andhra Pradesh	55.87
2	Andaman & Nicobar	2.06
3	Arunachal Pradesh	17.83
4	Assam	48.28
5	Bihar	41.18
6	Chandigarh	4.18
7	Chhattisgarh	38.32
8	Dadra & Nagar Haveli	3.23
9	Daman & Diu	
10	Delhi	17.96
11	Goa	3.22
12	Gujarat	57.55
13	Haryana	44.54
14	Himachal Pradesh	16.62
15	Jammu & Kashmir	23.00
16	Jharkhand	42.57
17	Karnataka	69.92
18	Kerala	41.63
19	Ladakh	3.90
20	Lakshadweep	0.62
21	Madhya Pradesh	77.67
22	Maharashtra	104.92
23	Manipur	23.59
24	Meghalaya	11.28
25	Mizoram	14.14
26	Nagaland	19.09
27	Orissa	52.37
28	Puducherry	4.17
29	Punjab	41.34
30	Rajasthan	40.02
31	Sikkim	9.41
32	Tamilnadu	64.97
33	Tripura	11.35
34	Uttar Pradesh	135.17
35	Uttarakhand	22.27
36	West Bengal	79.40
37	Telangana	52.15
Total		1295.79

Annexure-IV

**State/UTs wise Allocation of funds under National Leprosy Elimination
Programme (NLEP) for the Year 2020-21**

Sl. No	Name of State / UT	Central Allocation
1	Andaman & Nicobar Islands	0.09
2	Andhra Pradesh	1.60
3	Arunachal Pradesh	0.95
4	Assam	1.20
5	Bihar	2.63
6	Chandigarh	0.09
7	Chattisgarh	1.53
8	Dadra & Nagar Haveli and Daman & Diu	0.10
9	Delhi	0.85
10	Goa	0.05
11	Gujarat	1.32
12	Haryana	0.47
13	Himachal Pradesh	0.26
14	Jammu & Kashmir	0.28
15	Jharkhand	1.90
16	Karnataka	0.88
17	Kerala	0.25
18	Lakshadweep	0.09
19	Madhya Pradesh	1.98
20	Maharashtra	4.30
21	Manipur	0.20
22	Meghalaya	0.35
23	Mizoram	0.25
24	Nagaland	0.75
25	Orissa	2.19
26	Puducherry	0.05
27	Punjab	0.66
28	Rajasthan	0.62
29	Sikkim	0.35
30	Tamil Nadu	1.65
31	Tripura	0.22
32	Uttar Pradesh	4.20
33	Uttarakhand	0.16
34	West Bengal	1.95
35	Telangana	1.32
36	Ladakh	0.02
	Total	35.76

Annexure-V
State/UTs wise Allocation of funds under National Vector Borne Diseases Control
Programme (NVBDCP) for the Year 2020-21

Rs. in Crore

Sl. No.	State/UT	2020-2021
1	Andhra Pradesh	4.88
2	Arunachal Pradesh	10.60
3	Assam	40.13
4	Bihar	40.23
5	Chattisgarh	9.42
6	Goa	0.00
7	Gujarat	0.00
8	Haryana	0.72
9	Himachal Pradesh	0.00
10	J & K	7.56
11	Jharkhand	17.63
12	Karnataka	1.07
13	Kerala	1.55
14	Madhya Pradesh	3.77
15	Maharashtra	5.36
16	Manipur	9.41
17	Meghalaya	19.20
18	Mizoram	7.74
19	Nagaland	15.58
20	Odisha	211.43
21	Punjab	11.84
22	Rajasthan	6.14
23	Sikkim	0.00
24	Tamil Nadu	3.68.00
25	Telangana	0.91
26	Tripura	28.62
27	Uttar Pradesh	39.14
28	Uttarakhand	1.19
29	West Bengal	13.71
30	Delhi	0.54
31	Puducherry	0.13
32	A&N Islands	1.70
33	Chandigarh	0.23
34	D & N Haveli	
35	Daman & Diu	1.10
36	Lakshadweep	0.25
37	Ladakh	0.16
Total		515.62

**State/UTs wise Allocation of funds under National Viral Hepatitis Control
Programme (NVHCP) for the Year 2020-21**

Rs. in Crore

Sl. No.	State/UT	2020-2021
1	Andhra Pradesh	3.44
2	Arunachal Pradesh	1.37
3	Assam	6.12
4	Bihar	3.57
5	Chhattisgarh	8.37
6	Goa	0.78
7	Delhi	1.33
8	Gujarat	14.26
9	Haryana	6.43
10	Himachal Pradesh	1.81
11	Jammu & Kashmir	3.44
12	Jharkhand	9.51
13	Karnataka	5.88
14	Kerala	1.96
15	Madhya Pradesh	7.12
16	Maharashtra	16.21
17	Manipur	5.28
18	Meghalaya	1.33
19	Mizoram	1.74
20	Nagaland	1.33
21	Odisha	6.16
22	Puducherry	0.34
23	Ladakh	0.38
24	Punjab	15.60
25	Rajasthan	8.97
26	Sikkim	0.91
27	Tamil Nadu	1.64
28	Telangana	2.65
29	Tripura	1.75
30	Uttar Pradesh	10.38
31	Uttarakhand	2.42
32	West Bengal	11.53
33	Dadra & Nagar Haveli & Daman Diu & Daman & Diu	0.73
34	Lakshadweep	0.25
35	Chandigarh	0.30
36	Andaman & Nicobar	0.51
	Total	165.8