

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3420  
TO BE ANSWERED ON 8<sup>TH</sup> AUGUST, 2025**

**PREVALENCE OF THALASSAEMIA IN KARNATAKA**

**3420. SHRI SHREYAS M PATEL:**

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

- (a) whether there is a high prevalence of thalassaemia in Karnataka, especially in districts such as Hassan, if so, the details thereof along with the data and the reasons therefor, district-wise;
- (b) whether there is lack of systematic screening and awareness about thalassaemia in the country and if so, the details thereof along with the measures taken/proposed to be taken by the Government to address the same;
- (c) the measures taken/implemented to resolve the shortage and limited access to standardised thalassaemia drugs in the State of Karnataka;
- (d) the details of the reasons as to why free iron chelation drugs which are provided at Government centres are ineffective and cause side effects without reducing iron overload; and
- (e) the details of centres in Karnataka offering Bone Marrow Transplant as a permanent cure for children with Thalassaemia?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE  
(SMT. ANUPRIYA PATEL)**

(a) to (e): As informed by Government of Karnataka, there are 2288 thalassemia patients in Karnataka, out of which, 70 diseased are in Hassan district.

The primary responsibility of management of Thalassemia along with raising awareness lies with the respective State/UT Governments. However, under National Health Mission (NHM), support is provided to States/UTs to strengthen their healthcare system including support for prevention and management of Thalassemia at public healthcare facilities, provision of Blood Bank facilities, Day Care Centre, Medicines, Lab services, IEC activities and training of HR etc. based on the proposals submitted by the States/UTs in their Programme Implementation Plans.

Comprehensive guidelines on Prevention and Control of Hemoglobinopathies in India- Thalassemia & Sickle cell Disease and other variant Hemoglobins (2016) had been shared to assist the States/UTs for management of Haemoglobinopathies including Thalassemia. The guidelines detail the strategies for management of Thalassemia disease including Thalassemia major (Blood transfusion therapy with packed red blood cell, iron chelation for iron overload, monitoring and management of complication and psychological support etc.) and non transfusion dependent Thalassemia (NTDT) etc.

Further, under NHM, States/UTs are supported for provision of three Iron- chelation drugs viz Desferrioxamine, Deferiprone and Deferasirox at Public Health Facilities for thalassemia. Under Free Drugs Service Initiative (FDSI), Government of India supports procurement of drugs and strengthening robust systems of procurement and Quality Assurance.

Quality of drugs procured, under FDSI, is ensured through the operational guidelines of the initiative that

1. All drugs must be sourced from Good Manufacturing Practices (GMP) compliant manufacturers through robust procurement mechanism.
2. Post supply testing of every batch before distributing to the health facilities.

This Ministry, in association with Coal India Limited (CIL), is implementing a scheme namely Thalassemia Bal Sewa Yojana (TBSY) wherein financial assistance up to Rs.10 lakh is provided to eligible patients for Bone Marrow Transplants (BMT) from CIL Corporate Social Responsibility (CSR) funds. This scheme provides for BMT in seventeen empanelled hospitals spread across the country including 4 in Karnataka.

As informed by Government of Karnataka, free BMT is provided in empanelled hospitals under Suvarna Arogya Suraksha Trust for all the poor/BPL beneficiaries of the State.

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