

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

**LOK SABHA
UNSTARRED QUESTION NO. 1081
TO BE ANSWERED ON 29TH APRIL, 2016**

ERADICATION OF TB

**1081. DR. HEENA VIJAYKUMAR GAVIT:
SHRI NAGENDRA KUMAR PRADHAN:
SHRIMATI SUPRIYA SULE:
SHRI ADHALRAO PATIL SHIVAJIRAO:
SHRI MOHITE PATIL VIJAYSINH SHANKARRAO:
DR. SHRIKANT EKNATH SHINDE:
SHRI ANANDRAO ADSUL:
SHRI C.S. PUTTA RAJU:
SHRI DHARMENDRA YADAV:
SHRI SATAV RAJEEV:
SHRI JITENDRA CHAUDHURY:
SHRI DHANANJAY MAHADIK:
SHRI T. RADHAKRISHNAN:
SHRI P. NAGARAJAN:
SHRIMATI JAYSHREEBEN PATEL:**

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

- (a) whether India is the tuberculosis (TB) epidemic centre having 23 per cent of global cases of TB despite existing programme for eradication in the country and if so, the details thereof;
- (b) whether the Government made any survey/ assessment to find out the factors responsible for such upward trend of TB/ Multi drugs resistant TB cases and if so, the details and outcome thereof;
- (c) whether four out of the six drugs given to MDR-TB patients under the Revised National Tuberculosis Control Programme (RNTCP) are ineffective in nearly 70 per cent of patients, if so, the details thereof and the reasons therefor;
- (d) whether the Government is considering to effect changes in the RNTCP, if so, the details thereof and if not, the reasons therefor; and
- (e) the details of TB cases reported, funds allocated under the programmes/ schemes to eradicate TB, new initiative and research conducted during the last three years, State/UT/year-wise?

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

- (a) & (b): As per the World Health Organization (WHO) Global TB report 2015, in the year 2014, 2.2 million cases were estimated in India accounting for 23 percent of global cases.

However, this high number is because of our large population even though the incidence, prevalence and mortality due to TB in India has been consistently declining over the last 15 years and India has also achieved the Millennium Development Goal and has halved the TB prevalence and mortality as compared to 1990 levels.

Amongst the 22 high Burden countries in the world India ranks 17th in incidence rate. According to the WHO Global TB Reports from 2013 to 2015, the estimated proportion of Multi- Drug Resistant TB Cases in India is not increasing. The proportion of MDR cases is estimated to be in between 1.9 – 2.6 percent among new TB cases and between 11- 19 percent among retreatment cases.

However, the detection of MDR-TB cases has been increasing due to availability of more diagnostic facilities for MDR TB and coverage of the entire country through Programmatic Management of Drug Resistant TB under the Revised National TB Control Programme (RNTCP), achieved between 2007 and 2013.

(c): No.

(d): RNTCP was launched more than 20 years back. Since then, changes have been effected in the programme from time to time, so as to further improve the programme and its reach.

(e): The details of the TB cases reported and funds allocated State/UT wise and new initiatives during the last three years are at annexure I, II & III.

State/UT wise TB cases registered in the last three years

S No	State/UTs	2013	2014	2015
1	Andaman & Nicobar	738	756	584
2	Andhra Pradesh	103707	88638	61758
3	Arunachal Pradesh	2500	2691	2748
4	Assam	35624	38317	38014
5	Bihar	67020	67991	64928
6	Chandigarh	2890	2869	3143
7	Chhattisgarh	25889	28864	29950
8	Dadar & Nagar Haveli	411	450	487
9	Daman & Diu	742	279	284
10	Delhi	50727	54037	55260
11	Goa	1778	1660	1599
12	Gujarat	74086	77395	82585
13	Haryana	38104	39498	40913
14	Himachal Pradesh	13691	14441	14333
15	Jammu & Kashmir	11038	10243	9873
16	Jharkhand	34941	35907	34792
17	Karnataka	61446	61328	59932
18	Kerala	24204	23439	22785
19	Lakshadweep	23	27	40
20	Madhya Pradesh	92420	100034	103108
21	Maharashtra	137237	135465	130874
22	Manipur	2329	2198	1881
23	Meghalaya	5002	4944	4674
24	Mizoram	2005	1993	2088
25	Nagaland	3339	3298	3316
26	Orissa	45269	45777	45814
27	Pondicherry	1458	1409	1288
28	Punjab	37258	38152	38625
29	Rajasthan	94698	94908	90296
30	Sikkim	1637	1630	1400
31	Tamil Nadu	80407	84570	80543
32	Telangana	-	18655*	39498
33	Tripura	2540	2507	7394
34	Uttar Pradesh	256733	255364	246589
35	Uttarakhand	13700	14429	14317
36	West Bengal	90423	89819	87468
	TOTAL	1416014	1443942	1423181

State/UT wise Fund allocation under RNTCP in the last three years(Rupees in Lakhs)

S No	State/UTs	2013	2014	2015
1	Andaman & Nicobar	87.15	87.15	90.9
2	Andhra Pradesh	4907.34	2861.96	2200.34
3	Arunachal Pradesh	565.36	565.36	552.32
4	Assam	4303.74	4303.74	2527.13
5	Bihar	4094.59	4094.59	2963.81
6	Chandigarh	154.54	154.54	156.14
7	Chattisgarh	1440.6	1440.6	1401.08
8	D & N Haveli	68.05	68.05	72.03
9	Daman & Diu	43.47	43.47	45.98
10	Delhi	1820.02	1820.02	1705.12
11	Goa	116.34	116.34	127.78
12	Gujarat	4857.52	4857.52	3298.04
13	Haryana	1292.26	1292.26	1207.93
14	Himachal Pradesh	581.22	581.22	837.57
15	Jammu & Kashmir	943.43	943.43	1038.26
16	Jharkhand	1783.56	1783.56	1512.16
17	Karnataka	3195.23	3195.23	3186.19
18	Kerala	1440.91	1440.91	1395.33
19	Lakshadweep	35.39	35.39	37.95
20	Madhya Pradesh	3081.84	3081.84	2880.71
21	Maharashtra	6657.74	6657.74	8085.75
22	Manipur	657.22	657.22	524.57
23	Meghalaya	550.67	550.67	427.62
24	Mizoram	414.39	414.39	392.75
25	Nagaland	596.41	596.41	460.49
26	Orissa	2141.81	2141.81	1991.54
27	Puducherry	183.56	183.56	187.88
28	Punjab	1207.19	1207.19	1273.22
29	Rajasthan	3653.38	3653.38	2792.23
30	Sikkim	242.98	242.98	426.92
31	Tamilnadu	3131.84	3131.84	3367.31
32	Telangana		2045.38	1672.53
33	Tripura	583.71	583.71	290.2
34	Uttar Pradesh	7631.54	7631.54	7350.9
35	Uttarakhand	661.14	661.14	651.62
36	West Bengal	3834.82	3834.82	3187.7
	TOTAL	66960.96	66960.96	60320.00

RNTCP newer initiatives in the last three years

Year	Initiative
2013	1. Nationwide coverage of Programmatic Management of Drug Resistant Tuberculosis(PMDT)
	2. Integration of Pharmacovigilance programme of India and of RNTCP for patient safety in 17 Drug Resistant Tuberculosis centers
	3. Cartridge based nucleic acid amplification technique test (CBNNAT) machines services expanded to 40 sites across country
	4. Policy of prioritizing to offer rapid molecular cartridge based nucleic acid amplification technique test (CBNNAT) to all presumptive TB cases among PLHIV for early diagnosis of TB as well as Rifampicin resistance across country.
2014	1. Module for PMDT and Laboratories in Nikshay, the case based web based programme for surveillance of TB started across the country.
	2. Launch of the first national anti-TB drug resistance survey.
	3. Accelerating access to quality TB diagnosis for pediatric cases initiated in the cities of New Delhi, Kolkata, Chennai and Hyderabad.
	4. Center of excellence for Extra-Pulmonary Tuberculosis started in the Dept. of Medicine, All India Institute of Medical Sciences, New Delhi.
	5. Expansion of CBNAAT sites for rapid diagnosis of MDR TB to 80 sites across country.
	6. Release of “Standards for Tuberculosis Care in India”
2015	1. Call to Action for TB Free India launched. Government of India’s efforts to accelerate TB prevention and care in partnership with all stakeholders emphasised.
	2. Implementation of “Intensified TB case finding and appropriate treatment” focusing on comprehensive strategies to reduce the burden of TB among People living with HIV AIDS (PLHA) with single window service delivery for TB and HIV, rapid diagnosis with CB NAAT, Airborne Infection Control measures at Anti-Retroviral Treatment center and Fixed Dose Combination daily therapy for Tuberculosis across 30 high burden ART Centers in five States
	3. Procurement of 300 CBNAAT machines for rapid diagnosis of TB and Rifampicin resistance in addition to 121 existing CB NAAT machines thus linking all districts in the country to rapid TB diagnostic services.
	4. Introducing Baseline second line Drug Susceptibility testing under PMDT across the country.
	5. Bedaquiline Conditional Access Programme in New Delhi (2 sites), Guwahati, Ahmedabad, Chennai and Mumbai
	6. Missed Call campaign initiated in the states of Punjab, Haryana, Chandigarh and Delhi to disseminate information regarding Tuberculosis and services available under RNTCP.
	7. Launch of RNTCP Media campaign for dissemination of information regarding Tuberculosis and the availability of services across country.