

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:544

ANSWERED ON:04.05.2005

COMBATING COMMUNICABLE AND NON-COMMUNICABLE DISEASES

Boianapalli Shri Vinod Kumar

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

- (a) the details of the various new initiatives and programmes undertaken by the Government to control communicable and non-communicable diseases in the country during the last three years;
- (b) the details of the total public investment therefor for control of the same during the said period;
- (c) whether the Government has increased the budgetary outlay for these initiatives and programmes during the current financial year; and
- (d) if so, the details thereof?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 544 FOR 4TH MAY, 2005

The Government is implementing various national programmes for control of communicable and non-communicable diseases. Some of the important communicable diseases with national programmes include Vector Borne Diseases, Leprosy, Tuberculosis and AIDS while the major non-communicable disease control programmes implemented include Programmes for Blindness, Cancer Control and Mental Health. During the 10th Plan, a number of new initiatives have been undertaken in these programmes for facilitating more effective delivery, enhanced coverage and better integration. Depending on the endemicity and disease burden, a focused strategy and approach has been evolved for control of these diseases.

An important initiative has been convergence of the existing programmes of Malaria, Kala-azar and Filariasis into a national vector borne disease control programme. Along with these three diseases, Dengue and JE have also been merged to effectively prevent and efficiently control the vector borne diseases.

The programme has received funding to the extent of US\$ 147 million from the world Bank for Malaria control in 100 districts of 8 states and from GFATM to the extent of US\$ 69 million for 94 districts in 10 states. The programme has reduced chemical based vector control to biological methods of prevention. It has also enhanced provision for bednets and introduction of rapid diagnostic kits for detection of cases.

For elimination of lymphatic filariasis, mass drug administration (MDA) with annual single dose of DEC was upscaled to cover 201 districts.

The revised National T.B. Control Programme using directly observed treatment short courses, strategy has been registering significant success both in terms of coverage and effectiveness of treatment. From a coverage of 20 million in 1998, DOTS has now been extended to 1 billion population in more than 564 districts/reporting units. The entire country is proposed to be covered during the current year under the Revised strategy.

Under the National Leprosy Eradication Programme, decentralization and institutional development has been taken up by which State Leprosy Societies have been formed in 27 major States and District Leprosy Societies in all the districts in the country, which are responsible for planning, implementation, monitoring and taking of timely corrective action. Another feature introduced is the integration of leprosy services with the general healthcare system for better outreach and utilization of services by the community.

The focus of the HIV/AIDS programme has been on spreading awareness, surveillance of HIV and provision of care and treatment.

During the first three years of the 10th Plan, there has been a significant increase in the provisioning for HIV related services. 307 ante-natal clinics have been set up till now offering ante-natal counseling, testing and prophylactic treatment to prevent mother to child transmission. Voluntary counseling and testing sites, clinics for sexually transmitted infections and targeted interventions all significantly expanded in coverage and outreach over the last three years.

Parliamentary and State Legislative Forums have been set up in 9 States to provide strong leadership at different levels of

governance. In April, 2004, anti retro viral treatment was started for HIV/AIDS free of cost for all eligible AIDS patients and 25 hospitals have been sanctioned to provide this treatment. Implementation of services for management of HIV-T.B. co-infections in 6 high prevalence States have been started with support from Global Fund. Phase-I human clinical trials of recombinant Adeno-Associated Virus Vaccine has been started at National AIDS Research Institute, Pune in February 2005. Programme for prevention of mother to child transmission expanded to 307 centres.

A National Mental Health Programme was launched in the 10th Plan to expand coverage, strengthen government mental health institutes and psychiatric wings of medical colleges and undertake IEC activities, research and training.

As 50% of cancer is related to tobacco, a comprehensive legislation for discouraging the use of tobacco was notified in 2003. The 4 major provisions include banning smoking in public places, advertisement of all forms of tobacco products, sale of tobacco products to minors and within 100 meters of educational institutions.

The National Programme for Control of Blindness has shifted focus from pure cataract surgery to increased focus on other kinds of blindness like childhood blindness, corneal blindness and emerging causes like diabetes, retinopathy, and glaucoma.

To integrate disease surveillance activities and provide essential data to detect early warning signals of impending outbreaks and epidemics for timely and effective response apart from monitoring, the Integrated Disease Surveillance Project has been launched in November, 2004. This project will also undertake surveys to identify prevalence of risk factors of common non-communicable diseases. The diseases to be covered under IDSP have been broadly classified for monitoring and will be taken up as the case may be for regular surveillance, sentinel surveillance and regular periodic surveys. The project would be implemented in the entire country on a phased basis during the period 2004-07.

A statement of Budgetary outlay of various communicable and non-communicable disease control programmes is Annexed.

ANNEXURE

Scheme-wise Approved Outlay during the last four years

(Rs. in crores)

Schemes / Programmes	2002-03	2003-04	2004-05	2005-06
National Vector Borne Disease Control Programme	235.00	245.00	296.00	348.45
National Leprosy Eradication Programme	75.00	74.00	55.00	41.75
Revised National TB Control Programme	115.00	115.00	140.00	186.00
National AIDS Control Programme	225.00	225.00	476.00	533.50
National Programme for control of Blindness	86.00	86.00	88.00	89.00
Integrated Disease Surveillance Programme	-	-	30.00	88.00
National Cancer Control Programme	61.00	55.00	60.00	70.00