

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

STARRED QUESTION NO:71  
ANSWERED ON:22.02.2006  
TUBERCULOSIS AND OTHER CONTAGIOUS DISEASES  
Mahato Shri Bir Sing;Patel Shri Jivabhai Ambalal

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

- (a) the percentage of people suffering from tuberculosis and other contagious diseases;
- (b) the number of deaths caused due to these diseases during the last three years; (
- (c) the funds required to provide sufficient nutrition in order to prevent the people from falling victims to tuberculosis and other contagious diseases;
- (d) the total amount spent by the Union and State Governments for the treatment of tuberculosis and other contagious diseases during the Tenth Five Year Plan;
- (e) whether the Government proposes to open tuberculosis clinics in each district of the country;
- (f) if so, the time by which these clinics are likely to be opened; and
- (g) if not, the reasons therefor?

**Answer**

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

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 71 FOR 22ND FEBRUARY, 2006.

(a) As far as TB is concerned, it is estimated that about 0.85% of people are suffering from tuberculosis in the country. Every year, approximately 18 lakhs new cases of TB occur in the country of which about 8 lakhs are new smear positive and, therefore, highly infectious.

Leprosy is a communicable disease caused by bacilli *Mycobacterium leprae* with low contagiousness. In India, 0.0095% of population is suffering from leprosy. As on 31st December, 2005, India has eliminated leprosy as a public health problem at national level having achieved a Prevalence Rate of 0.95 cases /10,000 population.

(b) Deaths were not reported under the National TB Control Programme. It is estimated that about 4 lakh persons die of TB every year in the country. However, under the Revised National TB Control Programme (RNTCP), deaths due to TB among patients registered for treatment are reported. State-wise details of deaths during last 3 years are given in the statement annexed.

Leprosy is a non - fatal disease and no deaths are reported directly due to the disease.

(c) Research Studies have established that provision of good nutritious food does not alter or improve the treatment outcome of TB. The only effective means of ensuring the cure of TB patients in the community is to give regular and full course of treatment under direct observation. Hence, no such estimation of funds requirement for providing nutrition to prevent people from falling victims to TB has been made under the Programme.

In so far as leprosy is concerned, there is no direct link between nutritional status and falling victim to leprosy. Therefore, no funds are provided under the National Leprosy Elimination Programme to raise the nutritional status of the population.

(d) The Revised National TB Control Programme (RNTCP), widely known as DOTS which is a WHO recommended strategy is being implemented as a 100% Centrally Sponsored Scheme.

The details of funds allocation and expenditure under the National TB Control Programme during the Tenth Five Year Plan is as under:-

(Rs. in lakhs)

Year Allocation Expenditure

2002-03	11500.00	9695.12
2003-04	11500.00	11789.64
2004-05	14000.00	13363.03
2005-06	18600.00	16300.00 (till 15.2.2006)
2006-07	20200.00 (B/E)	
Total	51163.1906	
expenditure	(Rs 512 crs)	
till date		

NLEP is also a 100% centrally sponsored scheme. Out of the funds provided under the scheme, the total amount released by Government of India to State Governments for the treatment of Leprosy patients during the Tenth Five Year Plan are as per details given below :

Year Allocation Actual expenditure  
(in crores)

2002-03	75	74.97
2003-04	74.2	50.22
2004-05	55	42.34
2005-06 (RE)	41.75	19.77
(28.32 RE)	(till 15.2.2006)	
2006-07 (BE)	42.25	
Total		202.7006
expenditure		(Rs 202 crs)
till date		

(e) to (g) The Programme is integrated with Primary Health Care Infrastructure. All the districts in the country have District TB Centre (DTC) at the district Head Quarter (HQ). At sub-district level, TB Units (TUs) have been established for every 5 lakh population and in case of tribal/hilly and difficult areas, for every 2.5 lakh population. Facilities for diagnosis by sputum microscopy have been further decentralized and strengthened. To make diagnostic and treatment services for TB easily accessible, the programme has established diagnostic centres at 1 lakh population and in case of hilly/difficult and tribal areas for 50,000 population. Treatment centres (DOT centres) have been established to make it close to the residence of patients to the extent possible. All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres. In addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres.

By January 2006, 1083 million (97%) of the population in 620 districts/reporting units were getting benefited by DOTS strategy. Only 14 districts are yet to implement RNTCP. These are in the final stages of preparation and the entire country will be covered under RNTCP by 31st March, 2006.

ANNEXURE

DEATHS REPORTED DURING LAST 3 YEARS

STATE	YEAR		
	2002	2003	2004 (UPTO Sept.)
ANDHRA PRADESH	1465	4344	2966
ARUNACHAL PRADESH	16	57	31
ASSAM	52	376	656
BIHAR	158	194	222
CHANDIGARH	24	43	29
CHHATISGARH	144	366	466
DELHI	437	493	378
GOA	2		
GUJRAT	1788	2058	1398
HARYANA	188	348	1016
HIMACHA PRADESH			
JAMMU & KASHMIR	23		
JHARKHAND	81	177	244
KARNATAKA	1096	2429	1893
KERALA	861	894	568
MADHYA PRADESH	258	1158	1219
MAHARASHTRA	3449	4971	3471
MANIPUR	156	148	76
MEGHALAYA	33	75	
MIZORAM	66	58	

NAGALAND	4	54	33
ORISSA	812	1116	1177
PONDICHERRY	21		
PUNJAB	48	511	373
RAJASTHAN	2151	2275	1481
SIKKIM	28	26	28
TRIPURA			
TAMIL NADU	3035	3335	2231
UTTARANCHAL	1	54	140
UTTAR PRADESH	663	2500	2228
WEST BENGAL	2533	2996	2109
TOTAL	19809	31455	24887

# As treatment outcome (death, success rate etc.) becomes available only after one year from initiation of the treatment, the information in regard to TB deaths is available only upto 2004.

# The coverage of population under RNTCP has increased from year to year. This resulted in increased number of TB cases detected and put on treatment under the DOTS strategy. Hence, seemingly more number of TB deaths reported under RNTCP in the successive years although the proportion of deaths over the years is more or less the same as is evident from the table given below:

Year	Population under RNTCP and put on treatment	No. of TB Cases detected	TB deaths	%age
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2002	530 million	622873	19809	3.18
2003	775 million	906472	31455	3.47
2004	947 million	1187353	24887	#

# Deaths available only upto September, 2004 for the patients put on treatment during the year 2004.