

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

UNSTARRED QUESTION NO:2880
ANSWERED ON:10.05.2006
TUBERCULOSIS AMONG RURAL PEOPLE
Barman Shri Hiten

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

- (a) whether high incidence of tuberculosis has been prevailing among the rural poor in the country;
- (b) if so, the details thereof and the reasons therefor;
- (c) the steps taken by the Union Government to provide adequate medical treatment and nutrition to the patients and to prevent its spread among the rural people; and
- (d) the details of financial grants provided, including those by multilateral agencies for combating TB, State-wise during the year 2005-2006?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) No, Sir. As per latest Nation wide Annual Risk of TB Infection (ARTI) Survey (2000-03) conducted in the four zones of the country, it was estimated that the incidence of Tuberculosis is more in urban areas compared to the rural areas in the country.

(b) Does not arise.

(c) To control TB with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is a WHO recommended strategy, is being implemented in the country since year 1997 in a phased manner. By March 23, 2006, all the 632 districts in the country are implementing RNTCP, allowing access of DOTS to all TB patients in the country. Under revised strategy, diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Project districts have reported treatment success rate of more than 85% which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. To make the programme more accessible to larger segments of the population and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, private practitioners and NGOs in the programme.

Nutrition is not a component of RNTCP. Research studies have proved that provision of 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.

(d) A statement indicating State-wise detail of financial assistance provided under the National TB Control Programme including support from external agencies during the year 2005- 06 is given at Annexure.

Annexure

(Statement referred to in reply to part (d) of Lok Sabha Unstarred Question No.2880 for 10.5.2006)

A statement indicating State-wise detail of financial assistance provided under the National TB Control Programme during the year 2005-06

S No State Name Releases

1	Andaman Nicobar	19.91
2	Andhra Pradesh	773.45
3	Arunachal Pradesh	139.5
4	Assam	613.65

5	Bihar	745.79
6	Chandigarh	47.89
7	Chattisgarh	359.3
8	Dadra and Nagar Haveli	12.22
9	Daman and Diu	8.61
10	Delhi	497.5
11	Goa	37.19
12	Gujarat	644.85
13	Haryana	395.88
14	Himachal	211.43
	Pradesh	
15	Jammu & Kashmir	347.53
16	Jharkhand	420.19
17	Karnataka	566.24
18	Kerala	437.25
19	Lakshadweep	12.02
20	Madhya Pradesh	717.32
21	Maharashtra	1415.51
22	Manipur	140.81
23	Meghalaya	102.96
24	Mizoram	94.14
25	Nagaland	83.37
26	Orissa	468.41
27	Pondicherry	23.66
28	Punjab	250.83
29	Rajasthan	657.79
30	Sikkim	64.72
31	Tamil Nadu	947.97
32	Tripura	58.9
33	Uttar Pradesh	1983.17
34	Uttaranchal	223.2
35	West Bengal	1046.83

Total 14570.06