

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

UNSTARRED QUESTION NO:1172
ANSWERED ON:01.03.2006
ERADICATION OF DISEASES
Murmu Shri Hemlal

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

- (a) whether any target has been fixed for eradication of Kala-Azar, malaria, Filaria and Tuberculosis in every State;
- (b) if so, the details thereof; and
- (c) the number of diseases for which a time frame has fixed for eradication?

Answer

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

(a) to (c): Yes, sir. The National Health Policy(2002) envisages to eliminate Kala-azar by 2010, Lymphatic Filariasis by 2015 and 50% reduction of malaria mortality by 2010. Government of India is implementing comprehensive National Vector Borne Diseases Control Programme (NVBDCP) in the entire country for prevention and control of vector borne diseases namely Malaria, Filaria, Kala-azar, Japanese Encephalitis(JE) and Dengue.

For elimination of Kala-azar, following strategy is being adopted in all the 4 Kala-azar endemic States:-

- # Early diagnosis & complete treatment through Primary Health Care System.
- # Interruption of transmission through vector control by undertaking residual insecticidal spraying in affected areas.
- # Health Education and Community Participation.
- # Integrated disease and vector surveillance.

For elimination of Lymphatic Filariasis, following strategy is being adopted in 20 filaria endemic States/UTs:-

- # Annual Single Dose Mass Drug Administration with Diethylcarbamazine citrate tablets to entire eligible population living at risk of filariasis.
- # Home based morbidity management and scaling up hydrocelectomies in CHCs & PHCs.

MDA was undertaken in 202 districts of 20 States/UTs in 2004. During 2005, MDA was undertaken in 229 districts in 19 States/UTs. The State of Tamil Nadu could not implement the MDA because of unprecedented rain & flood.

In case of Tuberculosis, presently it is not possible to fix any specific target dates for its eradication due to epidemiological situation pertaining to this disease. However, 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 WHO recommended strategy, is being implemented in the country since 1997 in a phased manner. Diagnosis by sputum microscopy instead of 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 observations and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. By January 2006, 1083 million (97%) of the population in 620 districts/reporting units is being covered 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 during the financial year 2005-06. The 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. Till date, the RNTCP has placed more than 53 lac patients on treatment thus averting more than 9.5 lac death. Every month more than 1.0 lac patients are placed on DOTS. In 2004 alone, India placed over 11.87 lac cases on DOTS, more than any other country in a single year in the World. 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.