

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

**LOK SABHA
STARRED QUESTION NO.88
TO BE ANSWERED ON THE 8TH FEBRUARY, 2019
MULTI-DRUG RESISTANT TB**

***88. SHRI ANURAG SINGH THAKUR:**

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

- (a) whether there has been a rise in Multi-Drug Resistant (MDR) TB cases in the country and if so, the details thereof;
- (b) the steps taken to combat AntiBiotic Resistance as a phenomenon;
- (c) the measures taken by the Government for preventing drug-resistant TB through timely intervention and awareness building; and
- (d) the measures taken by the Government to ensure that patients complete treatment of TB so as to reduce the lost to follow-up rates?

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

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

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO.88* FOR 8TH FEBRUARY, 2019**

(a) No, the estimated number of Multi Drug Resistant (MDR)/ Rifampicin Resistant (RR) TB patients has declined from 147000 in 2017 to 135000 for the year 2018 as per the WHO Global TB report 2018. However, the number of MDR patients diagnosed is increasing due expansion of diagnostic facilities and increase in proportion of TB patients being screened for the presence of drug resistance.

(b) The Ministry of Health and Family Welfare has taken various regulatory measures to curb the misuse of antibiotics. Details are as under-

- Antibiotics are included in Schedule H and H1 of the Drugs and Cosmetics Rules, 1945 and are required to be sold by retail only under the prescription of a Registered Medical Practitioner. Further in order to regulate the human consumption of antibiotics to restrict the over the counter availability of certain antibiotics, the Drug & Cosmetics Rules, 1945 have since been amended vide Gazette Notification No GSR 588 (E) dated 30.08.2013 incorporating a new, namely, Schedule H1 under the Drugs & Cosmetics Rules containing 47 drugs which include antibiotic drugs, Anti TB drugs and certain habit-forming drugs. The drugs falling under Schedule H1 are required to be sold in the country with the following conditions:

- The supply of a drug specified in Schedule H1 shall be recorded in a separate register at the time of the supply giving the name and address of the prescriber, the name of the patient, the name of the drug and the quantity supplied and such records shall be maintained for three years and be open for inspection.

- The drug specified in Schedule H1 shall be labelled with the symbol Rx which shall be in red and conspicuously displayed on the left top corner of the label, and shall also be labelled with the following words in a box with a red border: “SCHEDULE H1 DRUG-WARNING:
-It is dangerous to take this preparation except in accordance with the medical advice.
-Not to be sold by retail without the prescription of a Registered Medical Practitioner.”

- The Drugs and Cosmetics Rules were amended by the Ministry of Health and Family Welfare vide Gazette notification G.S.R. 28(E) dated 17.01.2012, to make a provision that the container of a medicine for treatment of food producing animals shall be labelled with the withdrawal period of the drug for the species on which it is intended to be used.

- The Department of Animal Husbandry, Dairying and Fisheries has issued a circular to all Directors/Commissioners (Animal Husbandry) of all state and UTs vide their letter no. 102-74/2014-Trade Dated on 03.06.2014 and directed for the judicious use of antibiotics and hormones for the treatment of ailing food producing animals and at the same time use of antibiotics and hormones in animal feed should also be stopped. Subsequently DCG (I) has also issued an advisory to all States/UTs on 12.09.2014 that use of Antibiotics and Hormones in animal feed should also be stopped.

(c) The Government has taken following measures to combat drug-resistant TB:

- Standards for TB Care in India (STCI), are a set of highest professional standards that any health care professional is expected to practice when diagnosing or treating Tuberculosis.

These Standards are implemented in the public sector and expected to be followed by private sector as well.

- Revised guidelines for Programmatic Management of Drug Resistant TB (PMDT) is being implemented since Dec'2017.
- To screen all notified TB patients for presence of drug resistance, the country has developed a network of 1180 functional CBNAAT sites, 89 Culture and Drug Susceptibility Testing (C-DST) laboratories certified in various technologies. Universal DST has been implemented to ensure early detection of drug resistant TB cases and appropriate treatment.
- RNTCP has introduced formulation of Fixed Dosage Combinations (FDCs) for the management of TB since October 2017 to ensure simultaneous administration all anti TB drugs which is essential to prevent development of drug resistance during course of treatment.
- Private practitioners are sensitized for rationale and standardised use of Anti-TB drugs, in collaboration with Indian Medical Association (IMA), the programme is sensitising private practitioners in 1000 IMA branched across the country.
- Newer evidence-based regimens were introduced to improve the treatment outcomes of drug resistance TB patients.
 - The Shorter MDR Regimen for MDR/RR TB patients (9-11 months of regimen instead of 24 months of conventional regimen). More than 15000 MDR TB patients are initiated on Shorter MDR TB treatment during 2018.
 - Newer drugs (Bedaquiline) containing regimen has been introduced country-wide under the program and made accessible to all districts during 2018. Total 3550 patients initiated on Bedaquiline containing regimen till end of 2018.
 - Newer drugs (Delamanid) containing regimen has been introduced in 7 states based on their capacity, to reach maximum patients. More than 50 MDR TB patients initiated on Delamanid containing regimen.
- Private sector engagement is being promoted to reach out to all patients who are seeking treatment in the private sector and efforts are being made to provide them all diagnostic, treatment and care facilities, including public health action such as counselling, nutritional support, contact tracing etc.

(d) The Government has taken following measures to ensure that patients could complete treatments of TB so that reduce the lost to follow up rates (LFU):

- Each TB patient is linked to a treatment supporter who is responsible for the completion of patient treatment, treatment honorarium based on the type of TB patients is paid for the purpose.
- Senior Treatment Supervisory (STS) are placed at block level to carry out patient home visit and patient retrieval
- Various Information Technology (IT) enabled interventions to monitor real time treatment adherence such as 99 DOTS, Medication Event Reminder Monitor System (MERM), etc., are also carried out.
- Programmes has established a call centre which also call the patients to counsel him/her on completion of treatment and address patient issues.
- Provision of patient education & counselling at the time of diagnosis and during the course of treatment on need of treatment adherence, management of Adverse Drug Reactions (ADRs) has been implemented to improve patient compliance.

