

## Directorate of National Vector Borne Diseases Control Programme

### **Important actions for implementation of malaria elimination programme.**

In view of significant decline in malaria cases globally and in the country during the last one and half decade, the World Health Organization has released Global Technical Strategy (GTS) for Malaria 2016-2030. The GTS envisaged reduction in malaria morbidity and mortality by at least 90% and at least 35 countries out of the 97 malaria endemic countries achieving malaria elimination by 2030. India has also recently released the **“National Framework for Malaria Elimination in India -2016-2030”** with a target of eliminating malaria in a phased manner and achieving malaria elimination from the country by 2027 and sustain the elimination status till 2030 and beyond. This document has been uploaded at the NVBDCP website. Five copies of this document have also been sent to each State/ UT for dissemination to respective Secretary / Principal Secretary Health, MD (NHM), DGHS/DHS and Programme Officer.

Along with the launch of **“National Framework for Malaria Elimination in India-2016-2030”** on 11<sup>th</sup> February, 2016, an **“Operational Manual for Integrated Vector Control Management in India”** was also released.

To provide detailed guidelines for implementation of the above Framework, the **“Operational Manual for Malaria Elimination”** has also been developed and released by NVBDCP on the occasion of World Malaria Day on 25<sup>th</sup> April, 2016 and the same has been uploaded on the NVBDCP website. States/ UTs have been informed about the same and requested to refer to this Manual. All these documents have already been uploaded on the NVBDCP website ([www.nvbdc.gov.in](http://www.nvbdc.gov.in)).

For effective implementation and achieving the desired impact, the following actions are to be ensured:

1. **Deployment of trained manpower at all levels-** Programme is being implemented under the umbrella of NHM in an integrated manner with primary health care system at the ground level. Unit of implementation of malaria control activities is Sub-centre (SC) especially for vector control, which includes distribution of LLINs and Indoor Residual Spraying (IRS) with appropriate insecticides.

There are 153,655 Sub-centres (SCs) with sanctioned posts of 93,002 MPWs of which 55,657 are in position, resulting in a shortfall of 98,027. On the other hand, there are 195,672 sanctioned posts of Female Health Workers, against which 212,185 are in position which reveals that many Sub-centres (SCs) have more than

one Female Health Worker. In these circumstances, states have to be persuaded to create adequate posts of Multi Purpose Health Workers (MPWs) - male and fill them so as to ensure that every Sub-centre is manned by one MPW-male. In case male MPW is not available, one out of 2 ANMs sanctioned by NHM may be assigned work related to Vector Borne Diseases (VBDs) including malaria surveillance, till the MPW male post is created or filled up

For malaria elimination, a laboratory at PHC level with microscopy facilities is essential. At present out of 25,308 PHCs, 9,649 are functioning without a Lab Technician (LT). During the last part of the elimination phase and thereafter for sustaining elimination phase, each and every case has to be confirmed by quality microscopy. In these circumstances, the State should strengthen their microscopy centres by establishing one laboratory at each PHC, equipped with binocular microscope and a trained microscopist (Lab Technician). State wise details may be seen at **Annexure 1- 3. (Action point- State/ UTs)**

There are a total of 650 districts in the country. Under NVBDCP, there are 677 district level reporting units which are responsible for program planning, implementation, supervision and monitoring. In fact, it is the basic unit for program implementation of malaria elimination activities. Majority of the districts do not have a dedicated District VBD Officers or District Malaria Officers (DMOs). For elimination of Malaria, Kala-azar and Lymphatic Filariasis and effective control of other VBDs, a dedicated District VBD Officer is required in each district.

Entomological data is crucial for deciding and implementing appropriate vector control measures. A total of 78 entomological zones have been created in the country under State VBD programme. Only a few zones out of these were functional. This issue was taken up at the level of Cabinet Secretary in 2013-14. A video conference was conducted with Chief Secretaries of the States by the Cabinet Secretary. However, no substantial progress has been made till date and only 37 Entomological Zones are fully functional. (State wise details may be seen at **Annexure- 4)**

In many States, State Programme Officer (SPO) for VBDs is posted at the verge of retirement and that too with responsibility of multiple programs. Whereas for implementation of NVBDCP, under which 3 diseases are in elimination mode and 3 others are epidemic prone warranting intensive monitoring, a dedicated SPO is required who should be left with minimum three years of services. (**Action point- State/ UTs)**

Under World Bank Supported Project, which was implemented from 2008-09 to 2012-13 and Global Fund Supporting Intensified Malaria Control Project (IMCP) which commenced from 2004-05 and is presently sanctioned up to December, 2017 for 7 NE States and State of Odisha; 18 states have been allocated a total of 108 State Consultants, 259 Districts VBD Consultants, 1,002 block level Malaria Technical Supervisors (MTS), 276 block- level Kala-azar Technical Supervisors (KTS), 434 Lab Technicians (LTs), 170 Finance and Logistic Assistants (FLA), 259 Data Entry Operators, 27 Secretarial Assistants by the Central Government. Out of these only 64 State level Consultants, 207 Districts VBD Consultants, 190 KTS, 813 MTS and 295 LTs, 93 FLA, 201 DEO and 14 SA are in positions (state-wise status of allocation and in position given at (State wise details may be seen at **Annexure-5**). (**Action point- State/ UTs**)

There is a need to create a network of Zonal Coordinators on the same lines as the National Polio Surveillance Project (NPSP) Officers who can look after 6-7 districts for monitoring, hand holding and capacity building. About 120 such Zonal Coordinators will be immensely helpful to the programme. The MoHFW, WHO-SEARO and WHO Country Office have to work together to achieve this and funds are to be generated for the same. It will require 2.5 million USD annually. Global Fund (GF) can also be persuaded to allow utilization of country funds beyond geographical boundaries of GF- supported states.(WHO country office and Global Fund are to be persuaded.) (**Action point- Dte. of NVBDCP, MoHFW, WHO- CO & WHO- SEARO**).

2. **Uninterrupted logistic supply** - MoHFW has a strong but sensitive procurement system which often delays procurement, adversely impacting the public health programme. In elimination phase, an alternative system is to be kept ready. State should also strengthen their procurement and supply chain management systems at the Central level; one of the options is (Pooled Procurement Mechanism) PPM for GF supported commodity supplies. (**Action point- Dte. of NVBDCP, MoHFW & State/ UTs**)

3. **Stakeholders:**

Stake Holders/ partners are extremely important for the success of malaria elimination. The Programme is being implemented since 1953 and it is known that the public health system by itself is capable of achieving control but for elimination, each and every case counts and every health care provider should be accountable. There is a need to enumerate the total number and types of private health care providers, NGOs, Civil Society Partners and other stakeholders. Other Ministries

and Department like AYUSH, agriculture, irrigation, finance, education, DCG (I), urban and rural development and Ministry of Tribal Affairs are also important stakeholders. These sectors and departments are to be involved under Intersectoral coordination. (**Action point- Dte. of NVBDCP, MoHFW & State/ UTs**)

#### 4. **Ownership:**

For effective implementation of malaria activities, ownership has to be developed. The basic implementing unit is the district. Ownership of the Programme by the District Collector is of utmost importance. The State Secretary / Principal Secretary should direct the Collector for owning the programme and give priority to the same for resource allocation and regular monitoring of elimination activities. This ownership will also ensure effective inter-sectoral coordination with relevant sectors and departments at the district level.

Similarly at the State level, appropriate ownership has to be developed to ensure and facilitate effective inter-sectoral coordination with relevant sectors and departments at the State level. (**Action point- State/ UTs**)

#### 5. **Convergence:**

At the elimination stage and subsequently for prevention of re-introduction of malaria, vector control measures need to be strengthened and sustained. Source reduction through environmental modification and manipulation which includes filling up ditches, pits, leveling the ground, de-weeding and de-silting for maintaining the flow to minimize and abolish breeding sources etc., are some forms of sustainable vector control.

The programme has an opportunity to integrate these activities with Village Health Sanitation and Nutrition Committee (VHSNC), Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and Swachh Bharat Abhiyan.

This integration will link the Programme with 7 lakh rural units under VHSNC and MGNREGA. In urban/ town areas, the important breeding sources can be reduced by proper solid waste management which can be taken care of by integrating the Programme with Swachh Bharat Abhiyan. These functionaries can be involved through District Collectors and Commissioners of Municipal Corporation. Civic Bye laws against creating mosquitogenic conditions, faulty construction promoting breeding, maintenance of recreational/decorative pools, ponds, fountains; water storage tanks/collections for domestic use, etc. need to be implemented. (Activities related to vector control under VHSNC, MNREGA and Swachh Bharat Abhiyaan

given at **Annexure-6**). (**Action point- Dte. of NVBDCP, MoHFW, NHM & State/ UTs**)

Apart from the above mentioned actions Monitoring, Evaluation, Supportive Supervision and Technical Guidance for mid- course corrections along with cross learning is an important component of any elimination programme and determines the success and failure of the programme.

Additionally, districts may be suggested to prepare a model district plan to show what is needed for elimination, including all the components.