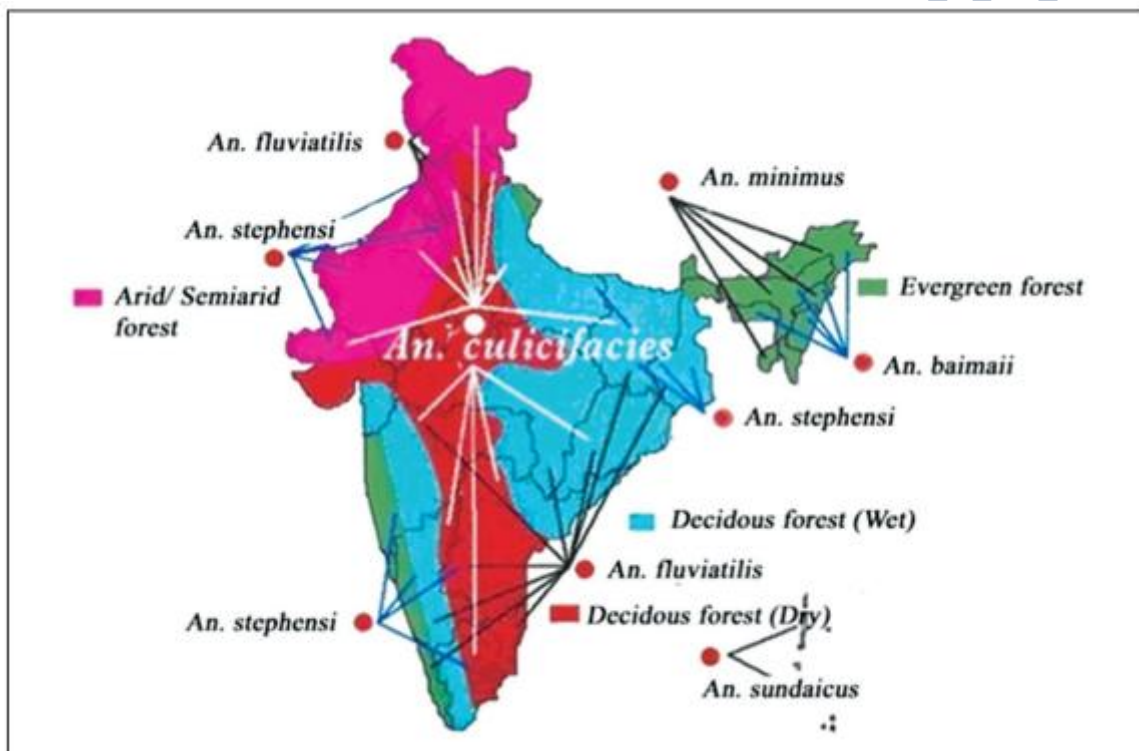


ERADICATION OF MALARIA IN INDIA

GS 2, MAINS: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources, issues relating to poverty and hunger.

- As per the World Malaria Report 2017 of World Health Organization (WHO), the estimated malaria cases from India are 87% in South East Asia region.
- The estimation of the malaria cases is based on mathematical modelling and projected cases of malaria are not the actual cases reported in the country.



Distribution of main malaria vectors in India

- Major contribution is by India because of its population. Malaria is mainly concentrated in the states of Orissa, Chhattisgarh, Jharkhand, Meghalaya, Mizoram and Tripura because of the inaccessible terrain – many areas get cut off post monsoon, presence of efficient vectors – mosquito that transmit malaria and difficult terrain because of which malaria continues to be high in many pockets.
- However, in the year 2017, reported malaria cases have declined by 23% as compared to 2016 and the incidence of malaria in India is 0.66 cases per one thousand population (2017).
- Global Technical Strategy (2016-30) announced by WHO and adopted by World Health Assembly in May 2015 call for malaria elimination by 2030.

THE NEED FOR MALARIA ELIMINATION IN INDIA:

- There is a growing threat of the spread of malaria multi-drug resistance including resistance to artemisinin-based combination therapies from the neighbouring Greater Mekong Subregion countries, coupled with the shortage of new and effective antimalarials. All these reasons underscore the importance of shifting the country's focus from malaria control to malaria elimination.
- There is also a need to ensure close coordination of malaria elimination activities with neighbouring countries, particularly where frequent movement takes place across international borders. With reports of artemisinin resistance emerging from bordering countries such as Myanmar, moving towards malaria elimination will be a step in the right direction, as is being done by countries in the Greater Mekong Subregion.
- There is now an increasing political commitment and participation of partners in the country's march towards malaria elimination. This is shown by the participation of the Indian Prime Minister among the 18 leaders who endorsed the APLMA Malaria Elimination Roadmap released at the East Asia Summit held in Kuala Lumpur, Malaysia, in 2015.

INDIA GOVERNMENT EFFORTS:

- The Government has unveiled a plan to eliminate Malaria by 2030.
- The National Framework for Malaria Elimination (NFME) 2016-2030 document launched on 11th February, 2016, lays out the vision, mission, broad principles and practices to achieve the target of malaria elimination by 2030 synchronising with the Global Technical Strategy (GTS) for Malaria 2016-2030 of World Health Organisation (WHO).
- The Government has drafted National Strategic Plan for malaria elimination (2017-2020) wherein the country has been stratified based on the malaria burden into four categories – category 0 to category 3 and based on this the intervention of malaria control and prevention are being strengthened.

S. No.	Categories of states/UTs	Definition
1.	Category 0: Prevention of re-establishment phase	States/UTs with zero indigenous cases of malaria.
2.	Category 1: Elimination phase	States/UTs (15) including their districts reporting an API of less than 1 case per 1000 population at risk .
3.	Category 2: Pre-elimination phase	States/UTs (11) with an API of less than 1 case per 1000 population at risk, but some of their districts are reporting an API of 1 case per 1000 population at risk or above.
4.	Category 3: Intensified control phase	States/UTs (10) with an API of 1 case per 1000 population at risk or above.

Classification of states/UTs based on API (annual parasite incidence) as primary criteria

- Interventions that are being strengthened are as follows:
 - 1 Early diagnosis and complete treatment
 - 2 Case based surveillance and rapid response
 - 3 Integrated Vector Management
 - 4 Indoor Residual Spray (IRS)
 - 5 Long Lasting Insecticidal Nets (LLINs)/ Insecticide-treated Nets (ITNs)
 - 6 Larval Source Management (LSM)
 - 7 Epidemic Preparedness and Early Response
 - 8 Monitoring & Evaluation
 - 9 Advocacy, coordination and Partnerships
 - 10 Behaviour Change Communication (BCC) and Community Mobilization
 - 11 Programme Planning and management.

CHALLENGES IN MALARIA CONTROL

- Population movements, often uncontrolled across states/UTs, and sharing of large international borders with neighbouring malaria endemic countries: With different administrative structures and variable functioning of health systems in each state, management of malaria in such mobile and migrant populations becomes difficult. Additionally, some of the high-endemic states including north-eastern states share their border with neighbouring countries such as Myanmar and Bangladesh where malaria is still prevalent and there is a persistent threat of influx of malaria cases from these countries.
- Shortage of skilled human resources: The programme is adversely affected by an insufficient number of sanctioned posts of health workers and other programme staff in different parts of the country. Additionally, there is a shortage of qualified entomologists in the country leading to poor vector surveillance and a lack of robust data on entomological aspects of malaria.
- Insecticide resistance: The extensive use of insecticides, particularly DDT, under the vector control programme controlled malaria to a great extent but exerted high selection pressure on the vector population to develop resistance.

(Q)Is the National Strategic Plan for Malaria Elimination efficiently designed to eradicate the disease from the country within the deadline? Critically analyze.



ACHIEVERS IAS ACADEMY

PREVIOUS YEARS UPSC MAINS QUESTIONS:

- “To ensure effective implementation of policies addressing water, sanitation and hygiene needs the identification of the beneficiary segments is to be synchronized with the anticipated outcomes.” Examine the statement in the context of the WASH scheme. (2017)
- Public health system has limitation in providing universal health coverage. Do you think that private sector can help in bridging the gap? What other viable alternatives do you suggest? (2015)
- Identify the Millennium Development Goals (MDGs) that are related to health. Discuss the success of the actions taken by the Government for achieving the same. (2013)