WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH - EAST ASIA

REGIONAL COMMITTEE

Thirty-second Session

SEA/RC32/21

7 September 1979

Supplementary Agenda item 4

REGIONAL COMMITTEE DOCUMENT

NATIONAL MALARIA ERADICATION PROGRAMME

(Item proposed by the Government of India)

With the acceptance of the Alma Ata Declaration countries are expected to deliver acceptable health care to everybody by the year 2000 A.D. With the massive resurgence of malaria in the countries of the South-East Asia region, without giving priority for the control of malaria, it will not be possible to make available acceptable primary health care to the community.

A single rigor consumes 5000 calories of energy, which is estimated to be equivalent to nearly 3 days' food of a poor individual. In a country beset with the problem of malnutrition, a high incidence of malaria will further aggravate the problem of malnutrition apart from the morbidity and mortality due to malaria and economic loss during the period of suffering. India has embarked upon a big programme of immunization but doubts have been raised about the immune response in malarious areas on immunization against diphtheria, tetanus and whooping cough. If this doubt is correct, immunization would give only a false sense of protection. This being the position, it will definitely have an adverse effect on the family planning programme. In view of factors such as morbidity, mortality, economic loss and malnutrition and their impact on immunization and family planning, the control of malaria assumes high priority under the primary health care programme.

Realizing the importance of the programme the Government of India has given NMEP a high priority and has allocated a sum of Rs. 3000 million for the Sixth Five-Year Plan. For the year 1979-80, an allocation of Rs. 750 million has been made. The modified plan of operations, which was introduced on 1 April 1977, has already shown some measure of success inasmuch as during 1977 there were 4.7 million cases as against 6.4 million cases during 1976, showing a reduction of 27%. During 1978 the number of cases came down to 3.88 million, showing a further decline of 18%. During the current year, for the first 5 months there has been a decline of about 41% over the incidence for the corresponding months of last year.

Under the modified plan of operation the programme is being implemented mostly through primary health centres, but the delivery of services has yet to attain the standard of satisfaction desired.

India needs about 17 000 tons of DDT, 75% w.d.p., 35 000 tons of BHC.C., 50% w.d.p. and about 40 000 tons of malathion, 25% w.d.p. for the programme. From within the country about 6000 tons of DDT in terms of 75% w.d.p., the entire quantity of BHC required and about 6000 tons of malathion 25% w.d.p. (it is expected to increase to about 16 000 tons of 25% w.d.p. in about two years) are available. The rest of the requirement is to be imported either on a commercial basis or under aid programmes.

Similarly, the bulk of the anti-malaria drugs (4-aminoquinolines) and the entire quantity of primaquine (8-aminoquinolines) for the radical treatment of malaria have to be imported. Thus there is a need for augmenting the indigenous production of both the drugs in the required quantity, for which transfer of technology and financial assistance from international sources are needed.

Training of manpower is another significant project which requires urgent attention. While India is trying to strengthen its own training activities through the National Institute of Communicable Diseases, the Directorate of NMEP and their branches along with the setting up of training centres in the states, there is a need for more fellowships for training. WHO assistance in this regard will be of great help.

India used to be in the vanguard in respect of malaria research, but there was considerable setback to the malaria programme and research during the late 60s. With the resurgence of malaria incidence, the Government has approved 14 research schemes under the auspices of the Indian Council of Medical Research. These schemes are, however, not enough. Under the TDR scheme a small amount has been provided by WHO for research on malaria. Liberal allocation of funds under the TDR scheme would help in the development of research protocols and the implementation of research activities.