

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

UNSTARRED QUESTION NO:5660

ANSWERED ON:16.05.2007

NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME

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

- (a) whether the Government has expressed concern over non-performance of the Vector Borne Diseases Control and Mental Health Programmes as reported in 'The Hindu' dated April 12, 2007;
- (b) if so, the facts of the matter reported therein;
- (c) whether there is any shortcoming in the implementation of the National Vector Borne Diseases Control Programme;
- (d) if so, the details thereof; and
- (e) the remedial measures taken by the Government in this regard?

Answer

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

(a) to (d) The vector borne diseases like Malaria, Japanese Encephalitis, Dengue and Chikungunya are seasonal and epidemic prone. The occurrence of the diseases is determined by various factors like rainfall, temperature, humidity, water storage practices etc.

The National Vector Borne Disease Control Programme (NVBDCP) is implemented for prevention and control of vector borne diseases like Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue/Dengue Haemorrhagic Fever (DF/DHF) and Chikungunya. NVBDCP is implemented by the States while the Government of India provides policy and programme directives as well as technical, logistics and financial support. States are being urged to improve Implementation. Regular reviews are being held with them.

There is no specific anti viral drugs for cure of JE, Dengue and Chikungunya. The effective control of such diseases depends upon community participation.

For control of malaria, Government of India has been using insecticides like DDT and malathion over the years. There is emerging insecticide resistance in vector Anopheline mosquitoes.

Similarly, the conventional anti malaria drug Chloroquine is showing declining effect on Plasmodium falciparum malaria in many areas of the country.

There is shortage of staff in many States, due to which effective implementation of the Programme is sub-optimal.

Relatively there is lack of community ownership and participation regarding appropriate health seeking behaviour and adoption of suitable preventive measure due to diverse socio- cultural backgrounds.

For strengthening the National Mental Health Programme, emphasis on school and college mental health services, suicide prevention programme, stress management, etc., and creating more infrastructures for training of personnel to address acute shortage of mental health professionals has been given by the Government.

(e) The Government of India has taken the following remedial measures:

- (i) Introduction of Rapid Diagnostic Test kits for detection of malaria parasite in remote and inaccessible areas.
- (ii) Introduction of Artemisinin based combination therapy in Chloroquine drug resistant areas.
- (iii) Scaling up alternative vector management interventions like insecticide treated bed nets in high malarious areas.
- (iv) Scaling up use of larivorous fish in water bodies that eat mosquito larvae.

- (v) Use of alternate insecticide such as Synthetic Pyrethroids for indoor residual spray.
- (vi) Establishing Fever Treatment Depots at village level for early detection and treatment of malaria cases.
- (vii) Intensification of Behaviour Change Communication for scaling up community participation.