GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:688
ANSWERED ON:08.07.2009
ERADICATION OF DENGUE MALARIA AND KALA AZAR DISEASES
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has not been able to achieve the targets set for eradication of diseases like Dengue, Malaria, Kala-Azar, etc. in the country including Andhra Pradesh;

(b) if so, the reasons therefor;

(c) whether the Government proposes to give any compensation to the patients of such diseases particularly in deserving cases;

(d) the funds allocated and utilized under various schemes for eradication of these diseases during the last three years;and

(e) the remedial measures taken/ proposed to be taken by the Government to eradicate these diseases from the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE(SHRI GHULAM NABI AZAD)

(a)&(b) No.The reported cases are indicated below which are not showing the increase.

(i) Country

Year	Dengue	Malaria	Kala-azar
2006	12317	1785109	39178
2007	5534	1502742	44533
2008	12561	1524939	33234
2009 (till May)	2084	232270	6628

(ii) Andhra Pradesh

Year	Dengue	Malaria	Kala-azar
2007	587	27803	Kala-azar is not reported from Andhra Pradesh

2008 313 26165

2009 30 5244

(till May)

The malaria cases are showing decline in the country including Andhra Pradesh.

Dengue is a viral disease with seasonal trend and there is no specific antiviral drug.However, the reported cases are fluctuating.

Kala-azar is targeted for elimination by 2010 and the improved surveillance has resulted in more case detection and treatment.However,in 2008,the cases have declined as per reports received from the States.Andhra Pradesh is not endemic for Kala-azar.

(c) No.There is no proposal of giving any compensation.However for Kala-azar Elimination, the diagnosed patients are to be treated completely and with a view to improve treatment compliance, provision of free diet and financial support for loss of wages during the hospital admission is being implemented under NRHM.

(d) The NVBDCP is comprehensive programme for 6 vector borne diseases namely Malaria, Filaria, Kala-azar, Japanese Encephalitis, Dengue & Chikungunya and funds are released in a consolidated manner for prevention and control of these vector borne diseases.The year-wise allocations & releases are indicated below:

(Rs. in lakhs)

2006-07 2007-08 2008-09

Country Allocation 34829.70 36108.00 44003.77

Utilization 28945.04 34179.8 27233.29

Andhra Pradesh Allocation 1910.55 1973.85 2277.79

Utilization 1209.76 1961.17 1172.30

(e) The general strategies for prevention & control of vector borne diseases like Dengue, Malaria and Kala-azar being implemented in the country are described below:

(i) Disease management

Early case detection and complete treatment

Strengthening of referral services

Epidemic preparedness and rapid response

(ii) Integrated Vector Management

Indoor Residual spraying in selected high risk areas

use of Insecticide treated bed nets

use of larvivorous fishes

anti larval measures in urban areas including bio-larvicides

minor environmental engineering

(iii) Supportive Interventions

Behaviour Change Communication

Public Private Partnership & Inter-sectoral convergence

Human Resource Development through capacity building

Monitoring and evaluation.

Government has taken following initiatives for prevention and control of Dengue,Malaria and Kala-azar:

(i) Dengue:

Diagnostic facilities strengthened through 137 sentinel surveillance hospitals and 13 Apex Referral Laboratories.

Adequate supply of diagnostic kits at the periphery.

Monitoring of vector population in vulnerable areas.

Capacity building for the medical officers for case management.

Intensive social mobilization campaigns through IEC/BCC activities for community involvement.

(ii) Malaria

Strengthening of Human Resource by providing contractual Multi-Purpose Workers (Male), Lab. Technicians, Distt. Vector Borne Disease Consultants, Malaria Technical Supervisors and involvement of ASHAs for surveillance and treatment.

Upscaling use of Rapid Diagnostic Test Kits.

Introduction of effective anti-malarial − ACT for Pf cases.

Upscaling of bednets use and introduction of long lasting insecticide nets (LLIN) for use in programme.

Implementation of new initiatives with the World Bank and GFATM financial support.

Intensified supervision and monitoring of programme implementation especially spraying.

(iii) Kala-azar

Upscaling use of new diagnostic tools i.e. rk39.

Use of new oral drug Miltefosine as the first line of treatment in 10 pilot districts of Bihar, West Bengal and Jharkhand.

Incentives to Patient for loss of wages @ Rs.50/- per day during the period of treatment.

Free diet support to patient and one attendant.

Involvement of ASHAs for case referral and motivation for complete treatment.