

Sri Lanka is declared Free of Malaria by WHO But India will take much longer

1. Sri Lanka brought down malaria from 264,549 cases in 1999 to zero in November 2012.
2. Currently, about 3.2 billion people are at risk of malaria globally.
3. In 2015, there were 214 million cases of malaria and over 4 lakh deaths worldwide.
4. This year till July 1, more than 47,000 malaria cases and 119 deaths have been recorded in India.
5. In 2015, 287 people died of malaria in India, less than half of 562 deaths recorded in 2014.
6. Government of India has identified 40 endemic districts where 80% of malaria cases happen.
7. India is likely to eliminate malaria before 2030.

The spotlight has turned on India after successful elimination of malaria in Sri Lanka, which has certified by the World Health Organisation earlier this year during its 69th regional meet at Colombo. Despite a sharp reduction in its malaria statistics, India is still at risk of the disease and may take a few more years before achieving malaria-free status.

The good news is that India is on the right track with an effective surveillance system and vector control programme and is likely to achieve its malaria eradication target well before the 2030 deadline, the UN agency's assessment shows. Experts say India needs to maintain its focus and could consider borrowing some from Sri Lanka which helped in vanquishing the menace.

Tough malaria burden is still high in India, data shows its incidence and mortality have declined significantly. In 2015, 287 people died of malaria, which is less than half of 562 deaths recorded in 2014. "India is on the right track and is confident of achieving its deadline. The incidence is not very high but it needs to eliminate the vector and also treat the existing patients at the same time," Dr Ahmad Jamsheed Mohamed, WHO's regional adviser for neglected tropical disease control programme said. Experts say the demographics and the challenges in India are quite different from those in Sri Lanka and hence, it may take a few more years before India eradicates the disease caused by mosquito bites.

"We are aware of the inequities in access to health services and health outcomes. India's large and diverse population is a formidable challenge. We are grappling with shortage of health workforce," Health Minister J. P. Nadda said, adding the country has expedited its disease surveillance and it is being monitored at a regular basis now to ensure equity

in data as well as services.

The government of India is trying to address this and has drawn up a national framework for eliminating malaria. The programme, launched in February this year, is targeted at the 11 endemic states including Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, West Bengal, and the seven north eastern states. It includes free rapid diagnostic tests and distribution of anti-malarial drugs for treatment.

Sri Lanka, which is now the second country in the region, after Maldives, to be free of the parasitic infection, was considered the worst affected around 60 years ago. Sri Lanka opted for a well-calibrated and a responsive strategy and worked on it consistently. "Sri Lanka's achievement is truly remarkable. In the mid-20th century it was among the most malaria-affected countries, but now it is malaria-free. This is testament to the courage and vision of its leaders, and signifies the great leaps that can be made when targeted action is taken. It also demonstrates the importance of grassroots community engagement and a whole of society approach when it comes to making dramatic public health gains," said Poonam Khetrpal Singh, Regional Director for the south-east Asia regional office of WHO.

Sri Lanka ran an intense anti-malaria campaign which included a combination of traditional vector control measures like indoor residual spraying, regular inspection in endemic areas, monitoring of anti-insecticide resistance as well as deployment of mobile malaria clinics in high risk areas, community engagement and spread of awareness about health and sanitation. Case detection was increased through blood film testing. Sri Lanka saw its last locally transmitted case of malaria in October 2012. Apart from Maldives and Sri Lanka, United Arab Emirates, Morocco, Turkmenistan and Armenia have also eliminated malaria.

—Sushmi Dey

Even as neighbour Sri Lanka became malaria free recently, India is in the midst of a raging storm of three mosquito borne diseases—malaria, dengue, and chikungunya. Latest figures put the number of cases for these three diseases at over five lakh. Why does this have to happen every year? What about preventing these vector borne diseases through measures like the ones our neighbours adopted?

Total funds allocated by the central and state governments seem to have increased in the past few years but that's deceptive. As a share of total money allocated for the whole

National Health Mission, funds for control of vector borne diseases have barely increased from about 1.8% to 2.5% in the past four years.

But the real shocker is that these funds largely remain unutilized. In 2015-16 of the Rs 620 crore allocated, just Rs 259 crore or 42% was spent.

This is rather weird because if you look at the detailed plans for spending under the National Health Mission (NHM) sent by state governments to bureaucrats in the Health Ministry, most states are asking much more than they are finally doled out.

Take the case of Delhi. In the current year, Delhi government had asked for Rs 6.7 crore from the health ministry for "fighting malaria and dengue". They got Rs 1.75 crore, with the fine print saying that Delhi could also use the Rs 7 crore left over from the previous fiscal year.

More revealing is that on many item heads, the state government was asking money but the central ministry was refusing, while on others the state government had not put in any request and central government was commenting that you haven't asked for this? It's all there in the Record of Proceedings for 2016-17, a publicly available document. Delhi wanted Rs 4 crore for social awareness and community mobilization but the centre gave them Rs 64 lakh.

On the other hand, Delhi made no request for anti malarial insecticides and requested dengue testing kits under a wrong head. The Centre remarked at these peculiarities. This also reveals a wide gap between how Delhi Govt. and the Centre are approaching prevention.

The story is that Delhi government allocates almost all of its dengue-malaria funds to the municipal corporations because it is they who are responsible for prevention and control of mosquitoes.

—Subodh Varma

How Sri Lanka won the battle

Sri Lanka was declared free of malaria recently by the World Health Organisation. It has been more than three years since the last case. "This is a big success story. It's an example for other countries," said Dr Pedro Alonso, the director of the WHO's malaria programme.

Sri Lanka almost succeeded in eliminating malaria 50 years ago. Through the 1940s, Sri Lanka routinely had a million cases of malaria a year. Then officials began an intensive public health campaign, relying on DDT to kill mosquitoes and chloroquine to cure the disease. By 1963, the annual caseload has fallen to a mere 17.

Then the drive ran out of money and faltered, and annual cases of malaria rose above 5,00,000 by 1969.

By then, mosquitoes had evolved resistance to DDT,

and by 1992 to its successor, malathion. Malarial parasites first showed resistance to chloroquine in 1984.

But the failure also was political: The country's ethnic fabric disintegrated.

In 2002, outside the rebel controlled areas in the north-east, malaria cases began dropping as the government, with donor help, deployed a mix of indoor spraying, bed nets, rapid diagnostic kits and medicines that combined artemisinin, an effective treatment, with other drugs. The government also screened blood samples drawn—for any reason—in public clinics and hospitals for malaria infection, and officials established a nationwide electronic case-reporting system.

—Donald Meneil Jr.

Power from Husk in Bihar

Electrical engineer Gyanesh Pandey, has never met Shahrukh Khan. But, his story which won international accolade in May 2011, is remarkably similar to Khan's portrayal of a NRI engineer providing power to his native village in the film 'Swades'.

The 35 year-old has given cheap and clean electricity generated from waste rice husk to 380 poorest villages in West Champaran district of Bihar and his work is now one of the five most innovative green projects in the world.

Ashden Awards for sustainable energy in London said Pandey's company Husk Power Systems provides clean, reliable electricity supply.

"Husk Power's 65 plants gasify rice husks and other biomass waste to supply electricity to around 180,000 people and, by replacing kerosene, they cut greenhouse emissions by over 8,000 tonnes of carbon dioxide a year," said a statement issued by the Ashden Awards.

Pandey quit his lucrative MNC job in Los Angeles, eight years after he had graduated from the BHU, and pursuing a dream career in the USA.

When an official in the Ministry of New and Renewable Energy offered help to generate electricity from rice husk, Pandey took up. Later that year, he set up their first unit in village Tamkuha in Champaran district.

For a monthly rental of Rs. 100, 50 watt of power—enough to light two CFL and a mobile phone charger—is provided to each of the 32,500 households.