

To Achieve Zero Malaria in India what we can do?

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About Malaria No More (MNM)

- ◆ Since establishment in 2006, MNM has contributed global challenge to achieve zero malaria by mobilizing political commitment funding, and innovation requirement.
- ◆ Malaria No More Japan, as a base in Asia-Pacific area, was established in 2012.
 - Advocacy activities: co-organized international conferences
 - Consultation of private companies to enter global health field.
 - Cultivate potential private donors in Japan
 - Organized Zero Malaria 2030 Campaign, multi-stakeholders' network since 2017

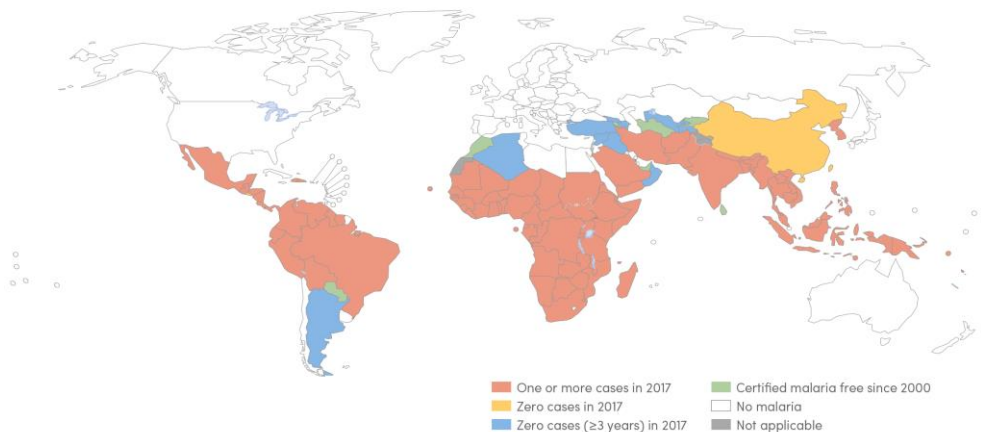


Global Malaria Situation (from WHO World Malaria Report 2018)

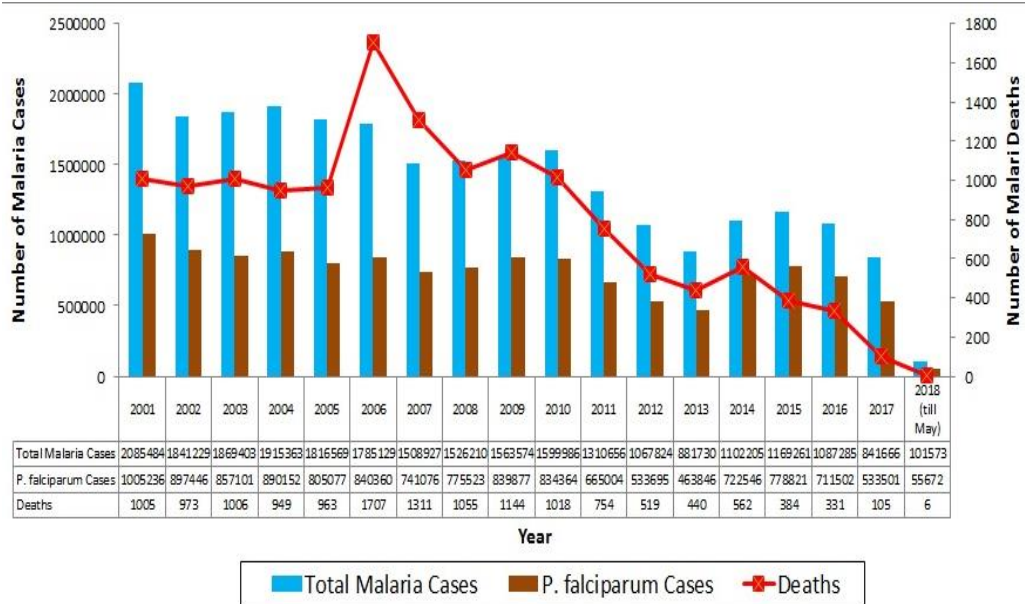
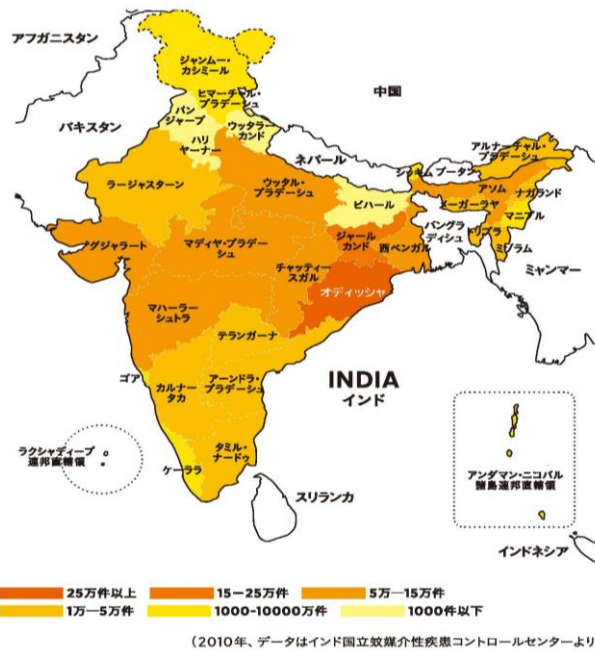
- ◆ There were 219 million cases of malaria in 2017, up from 217 million cases in 2016.
 - The estimated number of malaria deaths stood at 435,000 in 2017.
 - **Among the 11 nations with 70% of the world's burden of malaria, only India has managed to reduce its disease burden, registering a 24% decrease between 2016 and 2017 says WMR 2018.**
 - In 2017, five countries accounted for nearly half of all malaria cases worldwide: Nigeria (25%), the Democratic Republic of the Congo (11%), Mozambique (5%), **India (4%)** and Uganda (4%).
- ◆ 1.6 Billion population is at risk in South East Asia region

FIG. 1.1.

Countries with indigenous cases in 2000 and their status by 2017 Countries with zero indigenous cases over at least the past 3 consecutive years are considered to be malaria free. All countries in the WHO European Region reported zero indigenous cases in 2016 and again in 2017. In 2017, both China and El Salvador reported zero indigenous cases. Source: WHO database.



WHO: World Health Organization.



Malaria in India

- 2004-05: Introduction of RDT (Rapid diagnostic test)
- 2004-05: ACT (Artemisinin-based combination therapy) in Selective areas (2010 introduced in country)
- 2009 : Introduction of LLINs
- 2016: National Framework for Malaria Elimination
- 2017: National Strategic Plan for Malaria Elimination 2017 – 2022

Odisha's situation

Technical Challenges

1. Afebrile cases
2. Drug resistance
3. Insecticide resistance

Paradigms: Forest, Tribal.
Urban, Industrial, mining,
plains and coastal paradigm

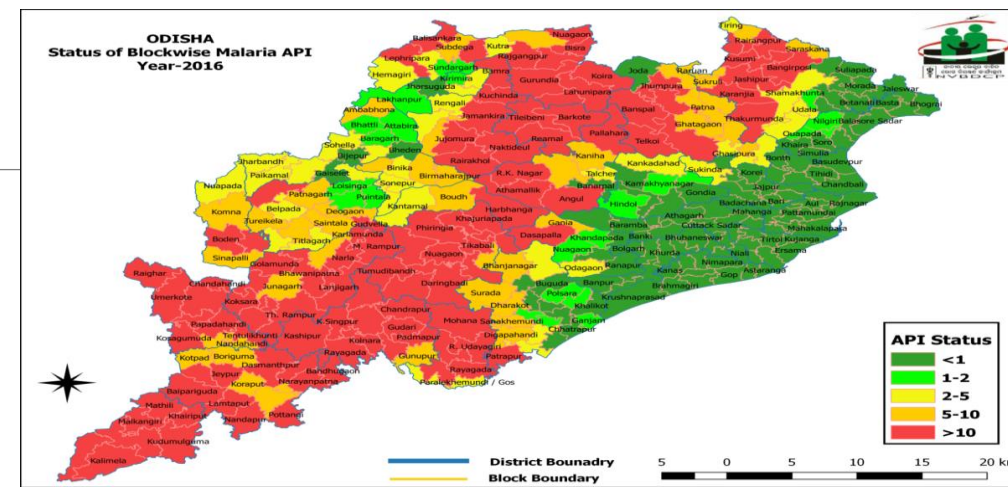
Heterogeneity of Risk
Paradigms

Operational Challenges

1. Inaccessibility
2. Poverty and marginality in tribal population
3. Formal and informal private health sector
4. Lack of staff for Active Surveillance

Malaria
Cases and
Deaths

>40% of reported malaria burden of India &
>1/3rd of malaria burden of SE Asia



DAMaN Initiative (2017-)

Intervention –I (April–July, 2017)

- 11.34 million LLIN distributed in 17 most high burden districts protecting around 2 crores high risk population
- 1st round health camp (April – May)
Malaria Mass screening + Health check of <5 children + pregnant & lactating mothers
Follow-up of LLINs' distribution

Intervention –II (August – November, 2017)

- Large scale Mass screening activity was conducted in inaccessible areas of 22 malaria endemic districts
- 2nd round camp (September – October)

Odisha recorded a 80% decline in malaria cases and deaths in 2017

Inaccessible
villages / hamlets
having infrequent
visit of ASHA

Accessible
villages/hamlets
getting
regularASHA
service





MNM India is working in **close collaboration with National Vector Borne Disease Control Programme**, Govt. of India for preparing a National BCC Strategy focusing on Malaria.



Govt. of Odisha has signed an Memorandum of Understanding with Malaria No More, where MNM has committed the state for **strengthening of malaria surveillance and reporting**; improve data-driven decision-making, **enhance private health sector reporting of malaria**; and, create compelling health education and behavior-change campaigns.



MNM is **supporting the government** to engage a range of private sector, technical, academic, and media partners to support Odisha's drive toward malaria elimination.



MNM is **partnering with UNICEF** to focus on Malaria in Pregnancy and under 5 children and its impact on other health indicators such as maternal anemia, low birth weight, perinatal mortality, etc.

Role of Malaria No More - India & Odisha

Next challenge for zero malaria

HARD TO REACH AREAS

- Difficult for fever patients to travel to health facilities
- Referral is also difficult

REMOTE AND ISOLATED VILLAGES AND HAMLETS

- ASHAs (Accredited Social Health Activist) are sometimes not available
- Difficult for fever patients to travel to ASHAs house for malaria detection and treatment

AVAILABILITY OF MICROSCOPY FACILITY

- Microscope is available to Community Health Centres (CHCs)
- New PHCs are being equipped, case load is high.

SHORTAGE OF HUMAN RESOURCES

- Health Workers who carry out active surveillance are not adequate in number.



What we can do
from Japan?

MATERIAL CONTRIBUTION

Based on requirements from Odisha

- MNMJ will support DAMaN Initiative to distribute microscopes, LLINs and drugs for CHCs.
- MNMJ had distributed 3 microscopes to local NGO in Indonesia in order to support their mass screening tests in remote area in 2014.
- MNMJ collaborated local NGO to distribute 2,000 LLINs to health centres in Dakar, Senegal in 2016. Staffs of ExxonMobil Japan join to design LLIN package as their voluntary activities.

HUMAN RESOURCE DEVELOPMENT FROM WOMEN EMPOWERMENT POINT

From Japan's SDGs Implementation Guiding Principles (2016),

- MNMJ will support ASHAs to receive human resources development trainings
- MNMJ will focus on gender equality and women's empowerment



Innovative approach

Govt. of Japan released its SDGs Action Plan 2019 in December 2018.

Based on Human Security concept, SDGs Action Plan emphasized on the importance of women & youth empowerment and science-technology innovation.

Women's empowerment



- To provide mobile devices for implementing electronic medical records which support ASHA's activities in each village.
 - * Diffusion of IT devices helps to inform each CHCs and PHCs (Primary Health Centres) about malaria-infected patients immediately which will lead to prevent infection from spreading malaria.
- To organize IT workshop for women health workers. This workshop helps women workers acquire skills and knowledges, which will be useful for local people, enlightening the awareness not only for malaria but also for preventing diseases.

Technical support



- To support CHCs/PHCs through the introduction of e-handbook of patient's drug history. This e-handbook will be helpful to prevent overdose, allergic reaction, etc.
- To support CHCs/PHCs to compose a database of data sheets about patients, drugs, and RDT (Rapid Diagnostic Test), which develops logistics systems in Odisha and contributes to promote the National Health Protection Scheme [*Ayushman Bharat*], and national health system in India.

A close-up photograph of a woman with dark, curly hair holding a newborn baby. The woman is looking down at the baby with a gentle expression. The baby is looking towards the camera. The lighting is warm and soft, highlighting their faces. The background is dark and out of focus.

Thank you