

# Malaria Situation in South-East Asia Region: Country Reports



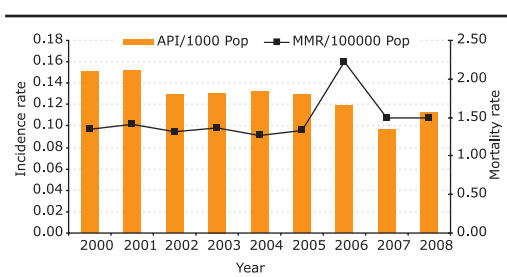
## India

Malaria is endemic in India with active transmission in many areas. The bulk of malaria cases are found in the flood plains of northern India and coastal plains in the east and west. The north-eastern region (population 28.5 million), and the forests and forest fringes on the hill ranges of peninsular India occupied by minority ethnic groups (population 71 million) are highly endemic to malaria. In addition, urban malaria has also become a serious problem.

About two thirds of reported cases in the Region are from India which reported 1.5 million confirmed cases in 2008 down from 2 million in 2000. The ABER is approximately 10% of the population at risk of malaria. Slide positivity rates fell from 2.3% in 2000 to 1.6% in 2008. *P. falciparum* cases have fluctuated from between 44% and 51%. Of the confirmed reported cases, 60% came from five states namely, Orissa, Jharkhand, Chhattisgarh, Madhya Pradesh and West Bengal. A decline in the number of reported cases of between 31% and 66% were observed in all these states except Jharkhand which saw an increase of 60% which was associated with an increase in ABER of 8.2%. IRS and ITN are the main vector control measures adopted by the programme. During 2006-2008, nearly 16 million ITNs were distributed, enough to cover 14% of the population at high risk of malaria. Further, 54 million people, or about 37% of the population at high risk (API > 10) benefited from IRS in 2008. The programme delivered more than 3 million first-line treatments and 622,000 courses of ACT during 2008. Funding increased to more than US\$ 115 million in 2008, provided by government, the Global Fund and the World Bank.

Malaria situation at a glance: 2008	
Total population	: 1091 million
Population in malarious areas	: 981.9 million
Number of confirmed malaria cases	: 1.53 million
Number of probable malaria cases	: 0
<i>P. falciparum</i> proportion	: 50%
Number of deaths due to malaria	: 1061 (reported)
No. of ACT Courses delivered	: 622,000
No of ITNs distributed	: 7.24 million
No. of effective LLINs+ITNs (cumulative) availability	: 15.74 million
Population protected with ITNs /LLINs	: 39.34 million
Population protected with IRS	: 53.77 million
- No epidemics reported in 2008.	
- Recipient of GFTAM & World Bank support.	

Reported malaria incidence (confirmed cases) and malaria mortality in India, 2000 - 2008



## Programme goals and targets

To reduce malaria morbidity and mortality until the disease is no longer a public health problem in the country.

Targets	Baseline data in 2005	2010
To reduce the morbidity by 50% of the rate in 2000.	2.09 / 1000	1.04/ 1000
To reduce the mortality by 75% of the rate in 2000.	0.1/ 100000	0.05 / 100000
% of fever cases suspected to be malaria are diagnosed either by RDTs or microscopy within 24 hours of the first contact with health services.	N.A.	70%
% of malaria cases in targeted districts receive prompt and effective treatment as per national drug policy within 24 hours of first contact with the health care provider.	N.A.	70%

## Partners and donors

- Global Fund
- World Bank
- WHO

## Achievement and initiatives in 2008

- Incidence of malaria has been brought down below 2 million cases annually since 2002 and sustained near 1.5 million in recent years.
- 12 million fever cases have been tested for malaria with RDT.
- Nearly 95% of *P. falciparum* cases are treated with ACT.
- Procurement of LLINs initiated in the country and 1.3 million LLINs distributed in 2009.
- 170,000 Ashes (Community-based service providers) trained in malaria diagnosis and treatment.
- 1-2 Sentinel sites identified for assessing the burden of severe malaria and case fatality.
- Improved surveillance and supervision by providing additional 3500 Mows and 300 MTS respectively.

## Issues and challenges

- Drug resistant *falciparum* malaria.
- Lack of resources, intersectoral collaboration and trained manpower.
- Weak programme management and inadequate health infrastructure.
- Uncontrolled population movement.
- Difficulty in establishing institutional linkage for enabling malaria – specific operational research activities.

## Best practices and success stories

- Provision of RDTs in remote and hard-to-reach areas for early diagnosis and treatment within 24 hours.
- LLIN procurement and distribution in high transmission areas.
- Oral artemisinin monotherapy banned.