

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 1200
TO BE ANSWERED ON 22ND DECEMBER, 2017**

PUBLIC PRIVATE PARTNERSHIP MODE FOR VECTOR BORNE DISEASES

1200. SHRI SHYAMA CHARAN GUPTA:

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

- (a) whether the Government proposes to launch a national programme in public private partnership mode to check the vector borne diseases like dengue and malaria so that India could be made free of these diseases;
- (b) if so, the details thereof; and
- (c) the other measures taken by the Government to check vector borne diseases?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): No. However, a Memorandum of Understanding (MOU) for Malaria Elimination Demonstration Project (MEDP) has been signed between Indian Council of Medical Research (ICMR), Government of Madhya Pradesh (GoMP), and Sun Pharmaceutical Industries Ltd.

Measures taken to check vector borne diseases are as below:

Malaria:

Govt has already prepared a framework for malaria elimination by 2030 and the National Strategic Plan (NSP), (2017-22) for five years has also been prepared and disseminated to States for implementation, wherein all measures for elimination of malaria have been specified. States and Regional Offices have been sensitized on the NSP and trained on the malaria elimination related activities for effective implementation of the laid down strategies

Dengue and Chikungunya:

- GOI provides Technical Guidelines for prevention and control, case management & effective community participation to the States for its implementation. All these Guidelines are uploaded on National Vector Borne Disease Control Programme (NVBDCP) website www.nvbdc.gov.in.

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- Periodic reviews were undertaken at the higher level and advisories issued from time to time. During 2017 (till date), 12 review meetings, 2 video-conferences were held and 18 advisories were issued.
- States were requested to make Dengue a notifiable disease.
- Diagnosis is provided through 609 Sentinel Surveillance Hospitals (SSHs) and 16 Apex Referral laboratories (ARLs) identified across the country.
- Kit Supply: In 2017 (till Nov), GoI has supplied 7371 Dengue IgM kits and 2075 Chikungunya IgM kits (1 kit =96 tests) across the country through National Institute of Virology (NIV), Pune.
- Four Regional Training Workshops on Dengue & Chikungunya case management organized at Lucknow (12-14 June), Delhi (27-28 June), Kolkata (28-29 July) & Bengaluru (7-8 Sept) 2017.
- Sensitization of corporators of three Delhi Municipal Corporations on Dengue and other Vector Borne Diseases (VBDs).
- Central Teams visit to the States- Kerala (January, June & July), Karnataka (August), Gujarat (January), West Bengal January), Puducherry (October), Tamil Nadu (October) and Andhra Pradesh (October).
- Focused IEC/BCC activities are carried out at National and State level.
 - National Dengue Day was observed on 16th May across the country.
 - Community awareness through Health Melas, print and electronic media.
- Funds are provided by Govt. of India to the States for prevention and control of vector borne diseases including Dengue and Chikungunya to implement the public health activities.

Japanese Encephalitis:

- Constitution of National Programme for Prevention and Control of JE/AES to reduce morbidity, mortality and disability due to JE/AES.
- Number of Sentinel sites has been increased from 51 in 2005 to 131 at present
- Apex Referral Laboratories increased from 12 to 15.
- JE vaccination campaign in children (1-15 yrs) completed in 216 out of 231 JE endemic districts. JE vaccination campaign planned in 15 districts in 2017-18.
- Strengthening of Capacity building.
- Adult vaccination Completed in all 31 districts identified in Assam, Uttar Pradesh and West Bengal.
- Establishment of Pediatric Intensive Care Unit (PICU) in priority districts.
- Establishment of Physical Medicine Rehabilitation (PMR) identified Medical Colleges.
- Notification of JE: State have been requested to notify Japanese Encephalitis

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Kala-azar:

- Treatment with single day single dose Ambisome Injection to Kala-azar patient since 2015 which has improved treatment compliance with loss of wages incentives.
- Use of Synthetic Pyrethroid insecticide and Hand Compression Pumps
- No stock out of drugs and diagnostics is ensured.
- Intensification of surveillance activities for early identification of cases & prompt treatment.
- Active case searches in all endemic villages
- Intensified IEC/BCC activities
- Two rounds of regular IRS spray with Synthetic Pyrethroid on regular basis and focal spray as per guideline.
- Incentive to health volunteer/ASHA @ Rs.300/- for referring a suspected case and ensuring complete treatment and Rs. 100/- during one round of indoor residual spray i.e. Rs. 200/- for both the rounds of spray for generating awareness and for acceptance of spray by the community.
- Govt of Bihar & Jharkhand State has provisioned Rs.6,600/- as wage loss to Kala-azar patients from Chief Ministers Kala-azar Relief Elimination Funds.
- The Kala-azar elimination programme is being reviewed regularly at highest level.

Lymphatic Filariasis:

- Operational guideline is available in NVBDCP website.
- Periodic review meetings and video conferencing with the endemic States.
- Advisories issued to maximize elimination efforts.
- Provision of morbidity management kits.
- Package of fund for Hydrocele operation to clear back log of hydrocele cases.