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

LOK SABHA
UNSTARRED QUESTION NO.4936
TO BE ANSWERED ON 1ST APRIL, 2022

STATES HIGHLY AFFECTED BY MALARIA

4936. SHRI N. REDDEPPA:

Will the Minister of Health and Family Welfare be pleased to state:

   (a) the details of the States/UTs that are highly affected by Malaria in the country;

   (b) whether the Government has adopted any measures to mitigate the cases of malaria in the highly affected districts of the country and to achieve "zero indigenous cases of malaria in India" under National Framework for Malaria Elimination (NFME) by the year 2027; and

   (c) If so, the details thereof and if not, the reasons therefor?

ANSWER
THE MINISTER OF STATE FOR HEALTH AND FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)

(a)   A State with Annual Parasite Incidence (API) (total no. of positive malaria cases in a year per 1000 population) more than one is classified as category-3 State i.e. State having high Malaria Incidence. As per 2021 data, two States i.e. Mizoram (API 4.61) and Tripura (API 2.43) have high Malaria Incidence. All other States have API less than one. However, in 6 States (Chhattisgarh, Jharkhand, Maharashtra, Meghalaya, Odisha, West Bengal), some of districts do have API more than one.

(b)&(c)To mitigate the cases of Malaria in the highly affected districts of the country and to achieve "Zero indigenous cases of malaria in India" under National Framework for Malaria Elimination (NFME) by the year 2027, Government has adopted various measures including implementation of National Strategic Plan (NSP) 2017-22. With

these interventions, malaria burden has reduced by 86.46% since 2015. As per NSP and NFME, following measures have been taken for prevention and control of malaria in the country:

- Integrated Vector Management including Indoor Residual Spraying (IRS) and Long Lasting Insecticidal Nets (LLINs) in highly affected areas along with use of larvivorous fish, anti-larval measures including bio-larvicides and minor environmental engineering and source reduction for prevention of breeding.

- Disease Management involving early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.

- Supportive Interventions aiming at Behaviour Change Communication (BCC), Inter-Sectoral Convergence and Human Resource Development through capacity building.

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