NATIONAL ANTI-MALARIA PROGRAMME



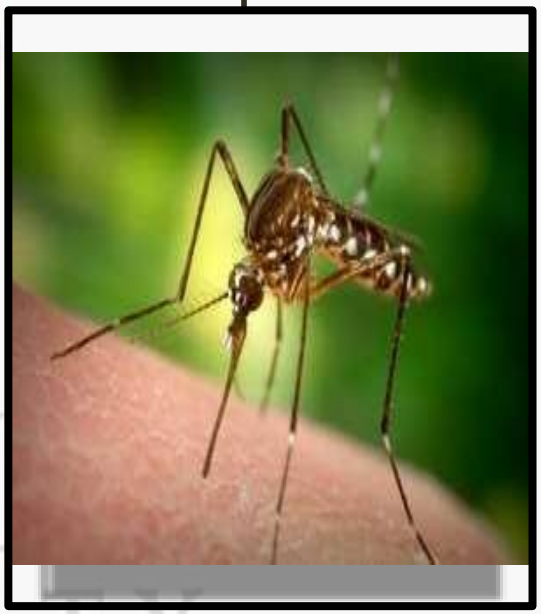



Outline of the presentation

- Introduction
- Problem statement
- Various antimalarial programs & policy
- Milestone of the programme
- Role of nurse

Introduction

- Malaria is one of the major mosquito borne disease affecting mankind caused by plasmodium parasite transmitted by the bite of infective female Anopheles Mosquito.
- There are four plasmodium species
- p.vivex
- p.falciparum,
- p.malarie
- p.ovale.



Question

- Why it is only female anopheles mosquito can cause malaria?

Problem statement – World

- Recent estimates indicate that all over the world 198 million cases of malaria occurred globally in 2013 and the disease led to 5,84,000 deaths.
- About 90% of deaths from malaria occur in Africa.
- The vast majority of disease burden,over 90% falls on sub-saharan Africa were there 1million deaths per year .
- Under five are the most affected

Problem statement – India

- **In 1947, at the time of India's independence ,it was estimated that 75 million people suffered from disease every year & 0.8 million died every year due to malaria**
- **Between 1994-1996, there was sudden rise in cases of malaria problem resulting in epidemics & deaths due to malaria in the state –Rajastan , Manipur, Nagaland, & Haryana**
- **In year-2018, 1.07 million positive cases were reported**

NATIONAL MALARIA CONTROL PROGRAMME (NMCP)

- Malaria is one of the serious public health problem in India. At the time of independence malaria was contributing 75 million cases with 0.8 million death every year prior to the launching of National Malaria Control Programme in 1953.
- A country wide comprehensive programme to control malaria was recommended in 1946 by Bhore committee report that was endorsed by the planning commission in 1951.
- The National programme against malaria has a long history since that time.

objectives

- In April 1953,Govt. of india launched a National Malaria Control programme[NMCP] with the following **objectives**;

- 1. To bring down malaria transmission to a level at which it would cease to be a major public health problem.
- 2. an achievement was to be maintained by each state to hold down the malaria transmission at low level.

STRATEGIES UNDER NMCP

1. Principle operational activities under the control programme comprised of residual insecticide spray of human dwelling & cattie sheds.
2. Malaria control teams were organized & directed by the state anti-malaria organization to monitor the malaria incidence in the control areas.
3. Anti-malaria drug were made available for patients reporting to an institution.

MODIFIED PLAN OF OPERATION

- In 1977 attempts at malaria eradication were given up and under the review policy a modified plan of operation was adopted;

Objectives

- **1. Elimination of malaria deaths**
- **2. Reduction of malaria morbidity**
- **3. Maintenance of the gains achieved so far by reducing transmission of malaria**

URBAN MALARIA SCHEME

- **in 139 towns & 19 states & union territories**
- **<u>Objectives</u>**
- **To control malaria in urban area by reducing vectors**
- **Reduce morbidity & mortality by early detection and treatment.**
- **<u>Criteria</u>**
- **all urban area with more than 50000 population**
- **SPR≥5% (slide positivity rate)**
- **At present 131 towns and cities in 19 state and union territories are under the UMS [Urban Malaria Scheme].**

MALARIA ACTION PROGRAMME

- Due to occurence of many epidemic of malaria in the country an expert committee was formulated to identify epidemiological parameters for high risk areas.
- Following areas were identified:
- **Problem areas**:

1. **Hardcore areas.(tribal areas) epidemic prone areas.**
2. **Project areas.**
3. **Triple insecticide resistant. Urban areas.**

REVISED CONTORL STRATEGY

- The expert committee has considered the revised.
- Global policy for malaria control of the WHO and suggested strategies for India according to the problem area.

ENHANCED MALARIA CONTROL PROJECT

- Enhanced malaria control project was launched in April 1997 withthe world bank.
- This is directly benefiting the six crore tribal population of the 8 states covering 100 districts & 19 urban area.

Selection of PHCs is:-

1. Annual parasitic incidence(API) is more than 2 for last 3 years.
2. PF cases are more than 30% of the malaria cases. 25% population of the PHC is tribal.
3. The area has been reporting deaths due to malaria & also has the flexibility to direct resources to any need areas in case of out break of malaria.

- **OBJECTIVES OF EMCP**

1. **Effective control of malaria to bring reduction in malaria morbidity.**
2. **Prevention of death due to malaria.**
3. **Consolidation of the gain achieved so far.**

STRATEGIES OF EMCP:-

1. **Early case detection and prompt treatment .**
2. **Vector control by indoor residual insecticide spray in rural areas with API of 2 per 100 and above in the preceding three years with appropriate insecticide and by recurrent anti-malaria in urban areas.**
3. **3.Health education and community participation.**

COMPONENTS OF EMCP:-

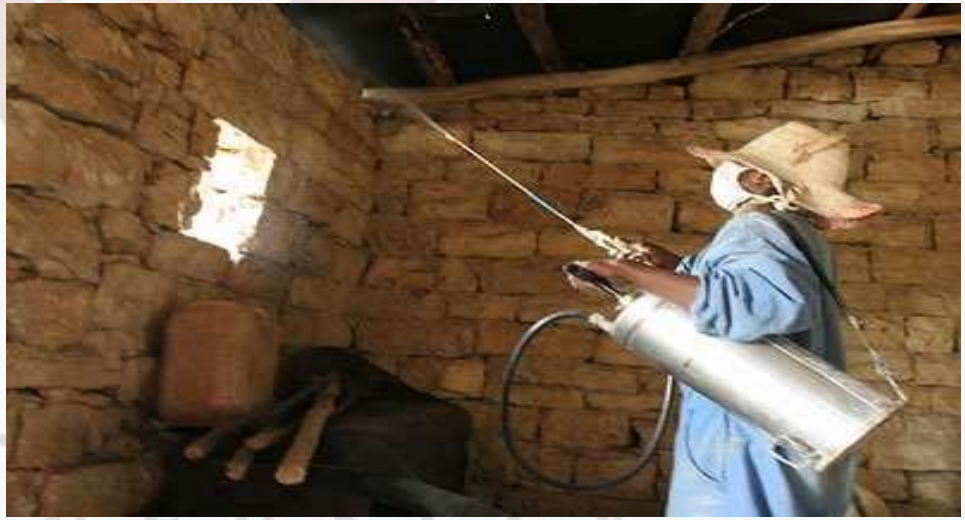
1. Early case detection and prompt treatment.
2. Selective vector control.
3. Legislative measures.
4. 4. Personal Protective Measures
5. Epidemic Planning and Rapid Response and Intersectoral Coordination
6. Institutional and Management capacities strengthening
7. Operation Research
8. Community Participation

ANTI-MALARIAL DRUG POLICY

- The National Anti-malaria Drug Policy was drafted in 1982 to combat the increasing level of resistance to chloroquine detected in Pf.
- An expert committee was formulated under the chairmanship of DGHS to revise the drug treatment

INSECTICIDES POLICY

- DDT should be the insecticide of choice for residual spray.



MILE STONES OF THE PROGRAMME

1. National Malaria Control Programme (NMCP) -1953.
2. National Malaria Eradication Programme (NMEP)- 1958.
3. Modified Plan of Operation(MPO)- 1977.
4. Multipurpose Worker Scheme(MPWS)-1979.
5. Implementation of Malaria Control Project (MCP)-1997.
   Enhanced Malaria Control Project (EMCP)-1995.
6. National Anti-Malaria Programme (NAMP)- 2000.
7. National Vector Borne Disease Control Programme(NVBDCP)-2004.

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