VL in India-health systems and development [The role of WHO in sustained elimination of VL]

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Outline of presentation

• Commitment & questions
• VL in India
• Health systems and development
• Questions
• Role of WHO in sustained elimination of VL
Commitment & Questions

• As per SEAR MoU- To reduce the annual incidence of KA to less than one per 10,000 population by 2017 or earlier

• Questions-
  1. Will present rate of decline take us there?
  2. Have we identified last mile challenges?
  3. What more is needed
Trend of KA annual incidence (1977-2015)
### Kala-azar trend in India (2011-Sept.’2016)

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>33,187</td>
</tr>
<tr>
<td>2012</td>
<td>20,600</td>
</tr>
<tr>
<td>2013</td>
<td>13,869</td>
</tr>
<tr>
<td>2014</td>
<td>9,246</td>
</tr>
<tr>
<td>2015</td>
<td>8,500</td>
</tr>
<tr>
<td>2016 (till Sept.’)</td>
<td>5,117 @600 per month</td>
</tr>
<tr>
<td>2017</td>
<td>≈4,500-5,000 @400 per month</td>
</tr>
</tbody>
</table>

**Yearly Decrease Percentages:**
- 2011 to 2012: 38%
- 2012 to 2013: 33%
- 2013 to 2014: 33%
- 2014 to 2015: 33%
- 2015 to 2016: 17%
Average monthly case detection in Bihar, Jharkhand & West Bengal (2000-2014)

Case occurrence perennial with peak from March-August (~60% cases)
Kala-azar Endemic Blocks in Bihar, Jharkhand, Uttar Pradesh and West Bengal – 2015

Total endemic blocks = 628

136 Blocks >1 Cases/10000 Pop.
492 Blocks <1 Case/10000 Pop.
Kala-azar Endemic Blocks in Jharkhand

- 27 blocks in 2013
- 23 blocks in 2014
- 27 blocks in 2015
### Endemic villages in affected districts - Bihar

<table>
<thead>
<tr>
<th>District</th>
<th>KA cases</th>
<th>Villages in last three years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Araria</td>
<td>418</td>
<td>379 (46%)</td>
</tr>
<tr>
<td>E.Champaran</td>
<td>498</td>
<td>499 (38%)</td>
</tr>
<tr>
<td>Gopalganj</td>
<td>372</td>
<td>484 (32%)</td>
</tr>
<tr>
<td>Khagaria</td>
<td>272</td>
<td>189 (62%)</td>
</tr>
<tr>
<td>Madhepura</td>
<td>299</td>
<td>212 (48%)</td>
</tr>
<tr>
<td>Muzaffarpur</td>
<td>892</td>
<td>822 (44%)</td>
</tr>
<tr>
<td>Purnea</td>
<td>517</td>
<td>243 (23%)</td>
</tr>
<tr>
<td>Saharsa</td>
<td>624</td>
<td>352 (81%)</td>
</tr>
<tr>
<td>Saran</td>
<td>608</td>
<td>660 (34%)</td>
</tr>
<tr>
<td>Siwan</td>
<td>314</td>
<td>475 (32%)</td>
</tr>
<tr>
<td>Vaishali</td>
<td>666</td>
<td>669 (40%)</td>
</tr>
<tr>
<td><strong>11 districts</strong></td>
<td><strong>5480</strong></td>
<td><strong>4984 (72%)</strong></td>
</tr>
</tbody>
</table>

- **<20% villages affected in last three years**
- **20-40% villages affected in last three years**
- **>40% villages affected in last three years**
- **Non-endemic**
Health systems and development

The graph shows the number of sub-health centres, PHCs, and CHCs from 2005 to 2014 in different states: Bijhar, Jharkhand, West Bengal, and UP. The x-axis represents the years 2005, 2010, and 2014, and the y-axis represents the number of health centres ranging from 0 to 25000. The data is color-coded, with Bijhar in blue, Jharkhand in red, West Bengal in green, and UP in purple.
Developments which have taken place

• Political level-high commitment
• Policy level
  – KA notifiable disease
  – Operational manual updated
  – National roadmap launched
  – Treatment regimen revised
  – Incentives (state & centre) introduced
  – Insecticide changed
  – Equipment for vector control
  – MoU between NVBDCP & PvPI
Developments which have taken place

• Implementation-
  – Funds availability and flow has improved
  – new partners in the programme
  – cold chain strengthening
  – HMIS introduced
  – IRS monitoring
  – Implementation research strengthened
Developments which have taken place

• Reviews
  – Joint monitoring missions
  – Intensification in field visits by central and state monitors
  – District & block task force formed with regular reviews of progress

• Coordination
  – Stakeholder coordination mechanism
Questions....

1. Will present rate of decline take us there?

- analysis of past trend indicates that 49 blocks (8%) will still be above the level
- yield of fever camps (4-5%) is not significant
Questions....

2. Have we identified last mile challenges?
   - Progress in Jharkhand
   - SDA treatment still poor in many places. Is single day really a single?
   - Streamlining incentives (wage loss compensation to patients, ASHA..)
   - IRS coverage ~80% of recommendation
Questions....

3. What more is needed
   - investment in case detection on the pattern of leprosy case detection campaign (149 districts~320 million population)
   - monthly progress review (hot spots)
   - co-ordination with other programme (leprosy)-Bihar alone detected more than 40,000 suspects (opp for PKDL)
Pre-and-post-elimination role of WHO (present)

- Technical support to the programme
- State NTD Coordinators in Jharkhand, U.P, Bihar and West Bengal
  - Supporting the efforts of States
- Supplies of Liposomal Amphotericin B (LAmB)
  - Approx 116,000 vials supplied (Oct’ 14-May 2016)
- Support of insecticide resistance test kits
- Convening role for stakeholders consultation
Pre-and-post-elimination role of WHO (present)

- Independent monitoring of IRS by NPSP
  - Scope: monitoring from state to village level activities eg. funds release, micro plan, spray operations, logistics, post spray monitoring, ASHA incentives, patient’s wage loss compensation
- Findings: IRS coverage less than recommended (80%)
Pre-and-post-elimination role of WHO- five pillar approach

1. Sustain the momentum
   • Convening at HQ, regional, state level
   • Support oversight of WHO SEAR KA elimination strategic framework
   • Activation of Task teams at different levels including District and state level
   • Program reviews
   • Informing the progress and bottlenecks at different levels of Decision makers

2. Partner coordination
Pre-and-post-elimination role of WHO- five pillar approach

3. Prepare the states for elimination
   - Strengthen surveillance,
   - estimation of disease burden
   - Support roll out of new evidence based tools
   - Cross border collaboration
   - Independent monitoring of IRS

4. Support NVBDC in validation of elimination

5. Prepare the post elimination phase, the next phase towards interruption of transmission after the achievement of road map targets.
Thank you