

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

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**World Health
Organization**

COUNTRY OFFICE FOR **India**

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Outline of presentation

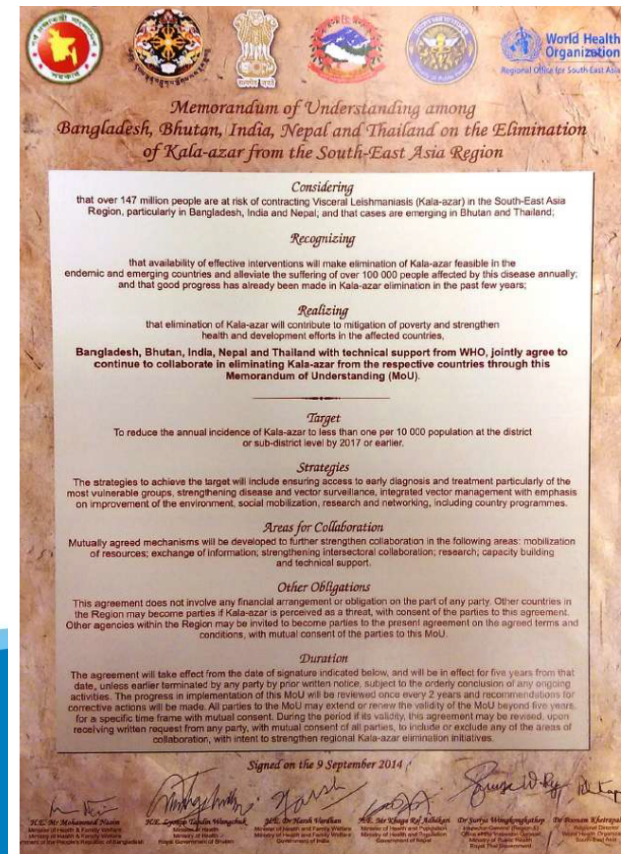
- Commitment & questions
- VL in India
- Health systems and development
- Questions
- Role of WHO in sustained elimination of VL

Commitment & Questions

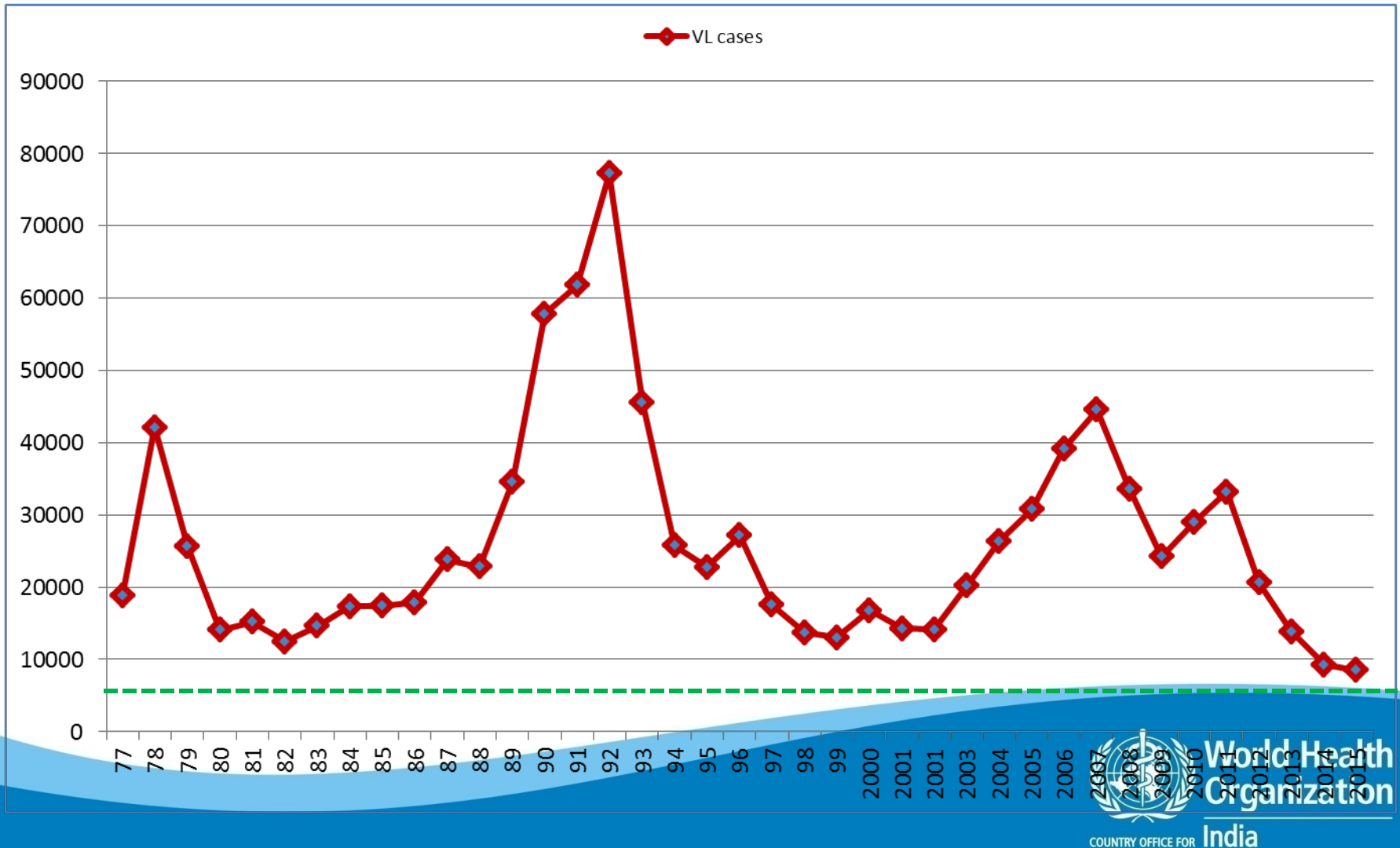
- As per SEAR MoU- To reduce the annual incidence of KA to less than one per 10,000 population by 2017 or earlier

- Questions-

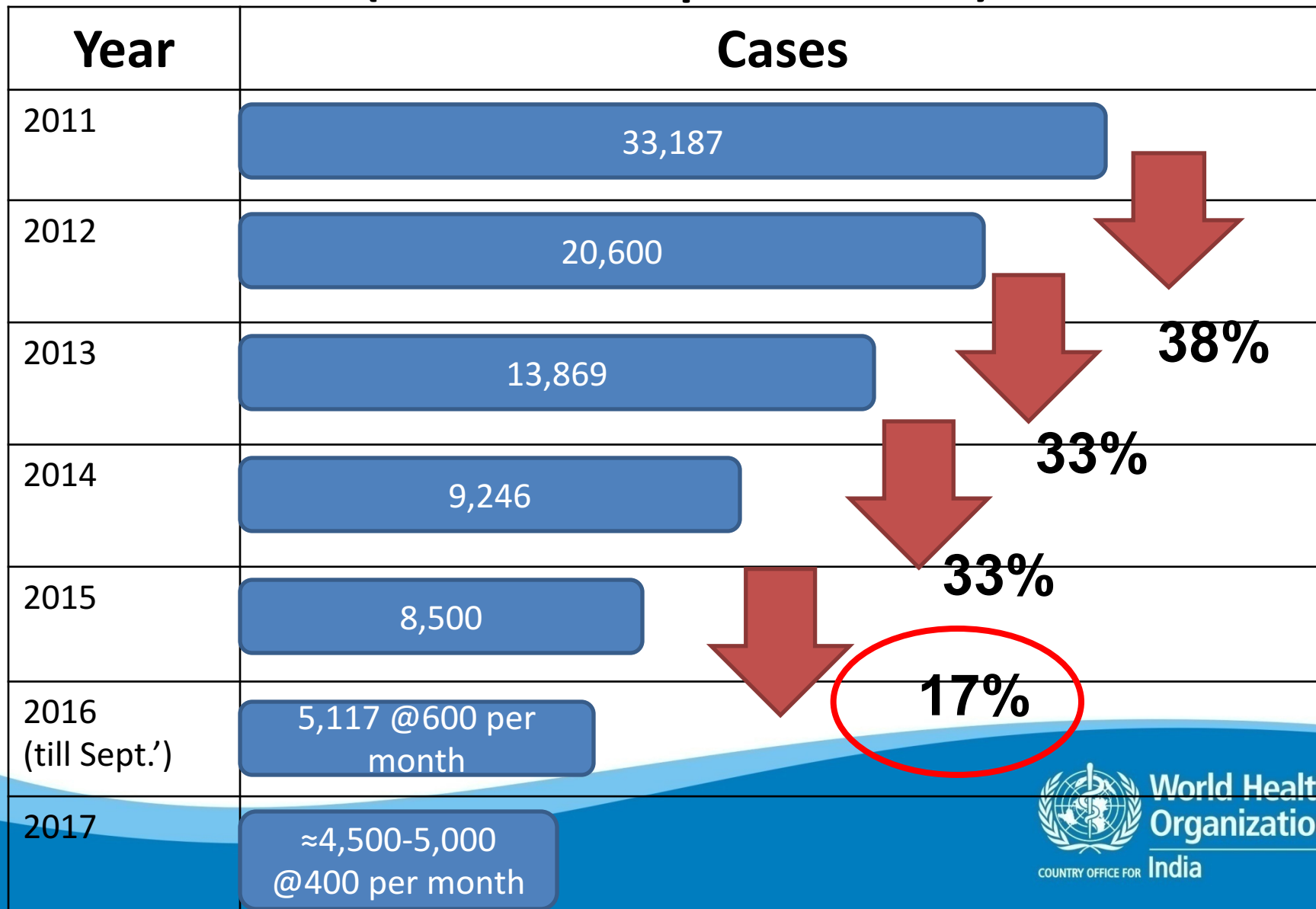
1. Will present rate of decline take us there?
2. Have we identified last mile challenges ?
3. What more is needed



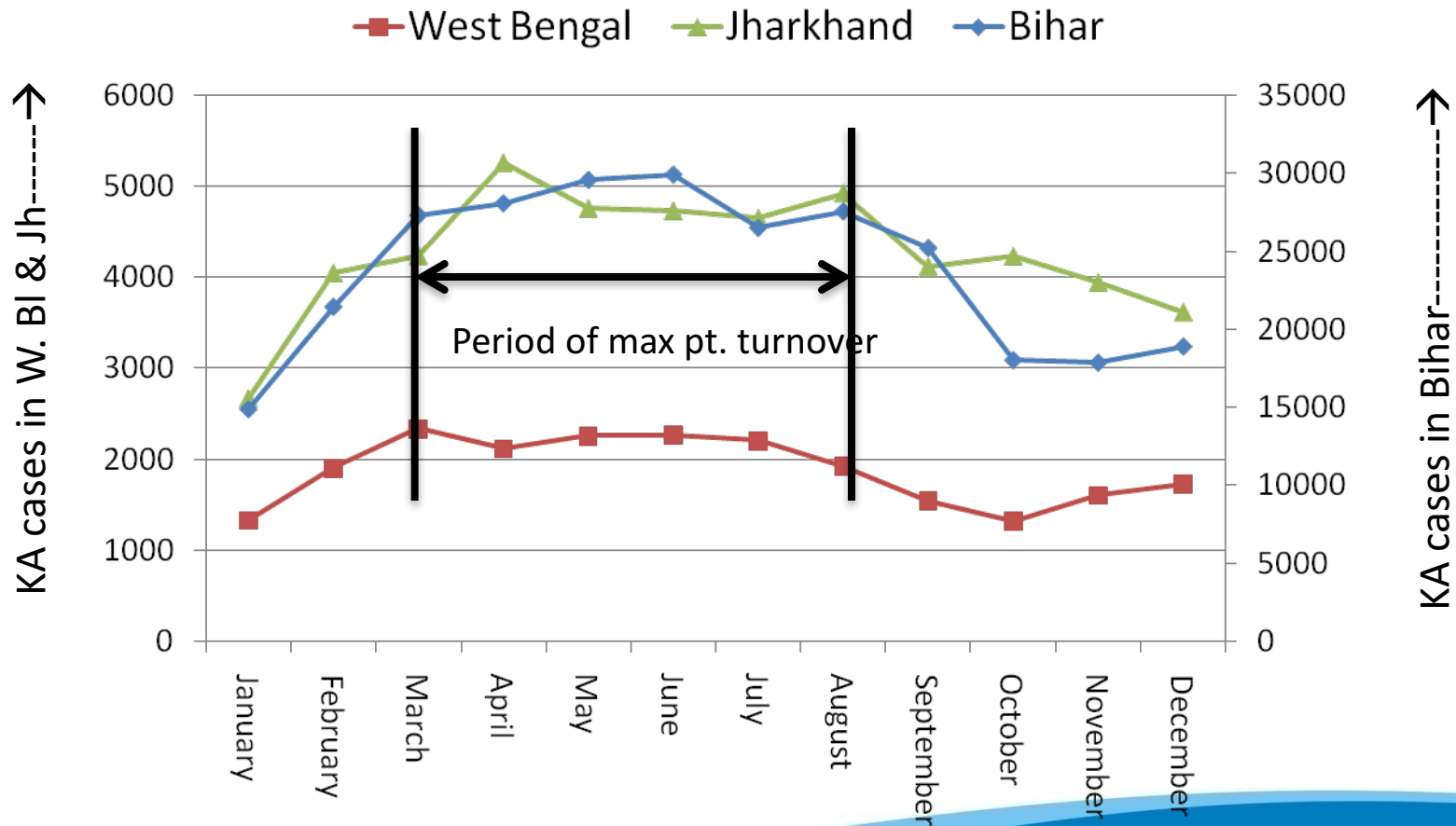
Trend of KA annual incidence (1977-2015)



Kala-azar trend in India (2011-Sept.'2016)

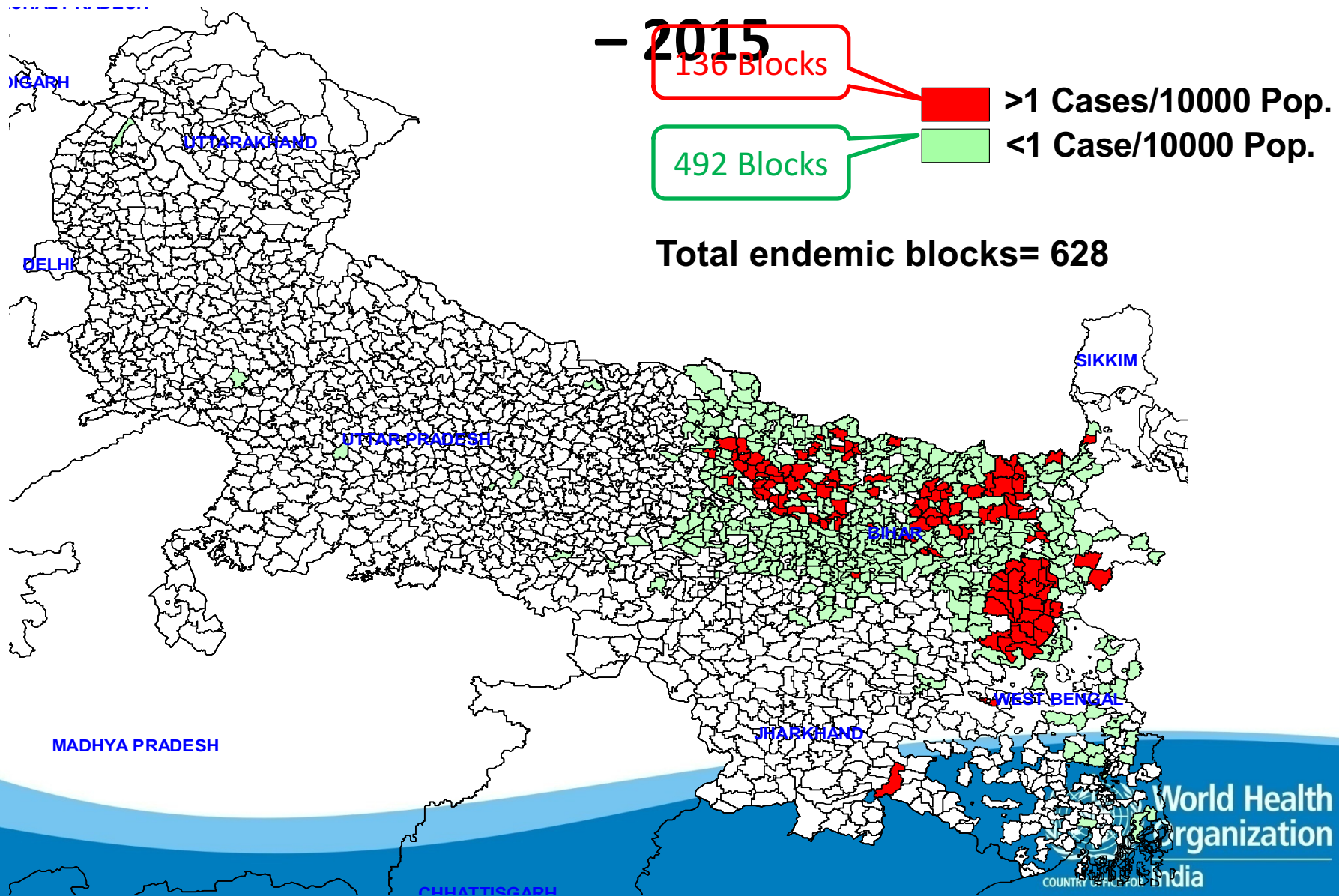


Average monthly case detection in Bihar, Jharkhand & West Bengal (2000-2014)

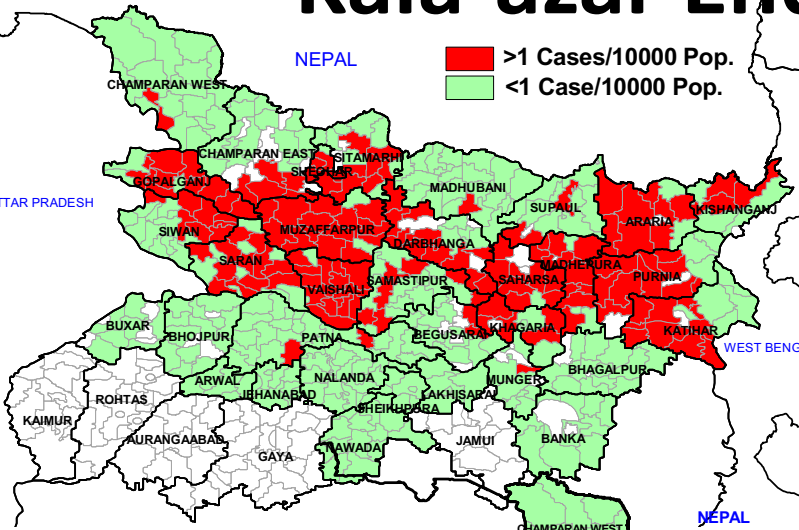


Case occurrence perennial with peak from March-August (~60% cases)

Kala-azar Endemic Blocks in Bihar, Jharkhand, Uttar Pradesh and West Bengal

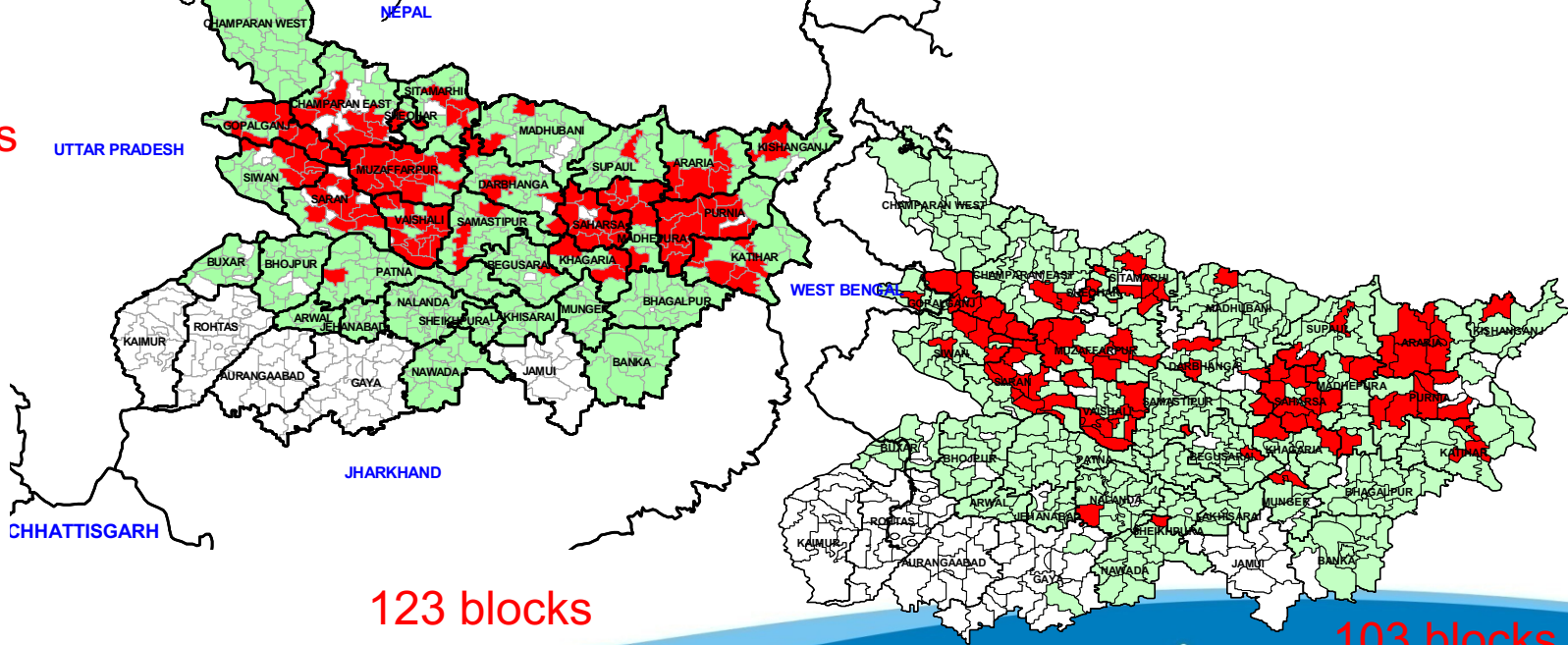


Kala-azar Endemic Blocks in Bihar



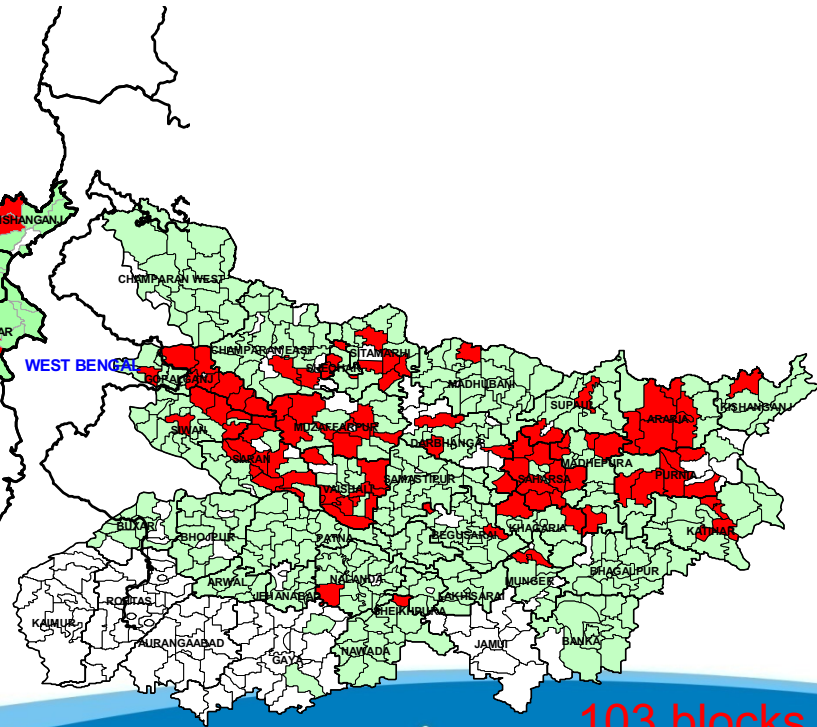
160 blocks

2013



123 blocks

2014



103 blocks



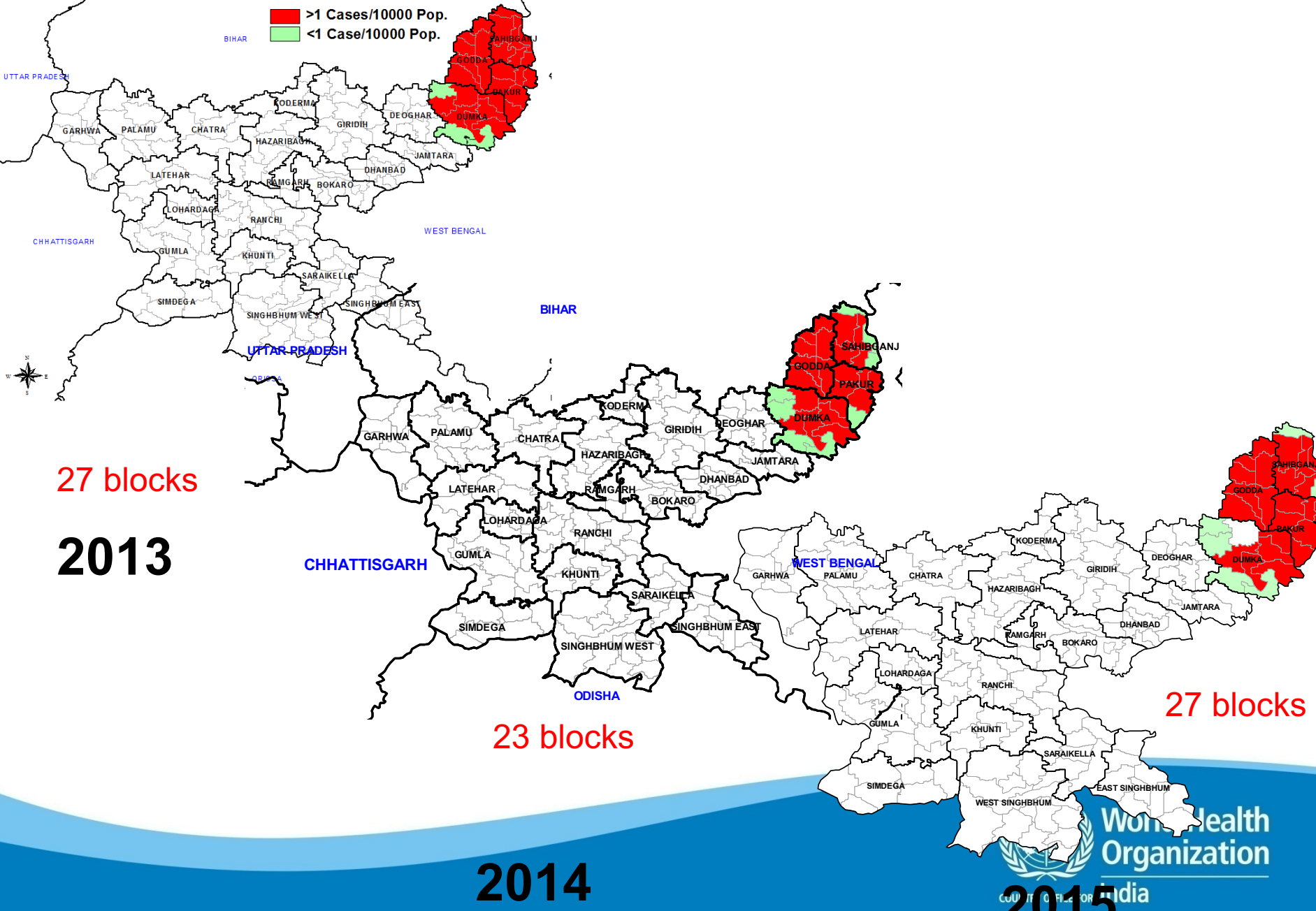
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Country Profile for India

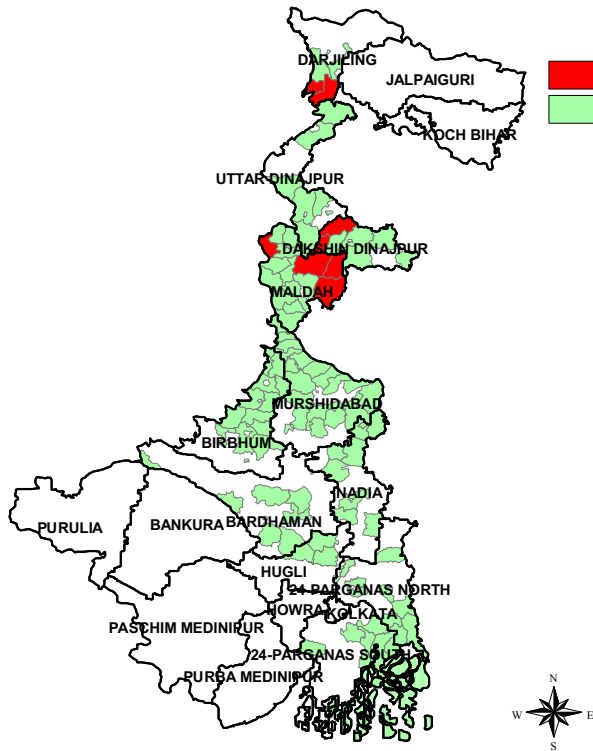
2015

Kala-azar Endemic Blocks in Jharkhand

■ >1 Cases/10000 Pop.
■ <1 Case/10000 Pop.

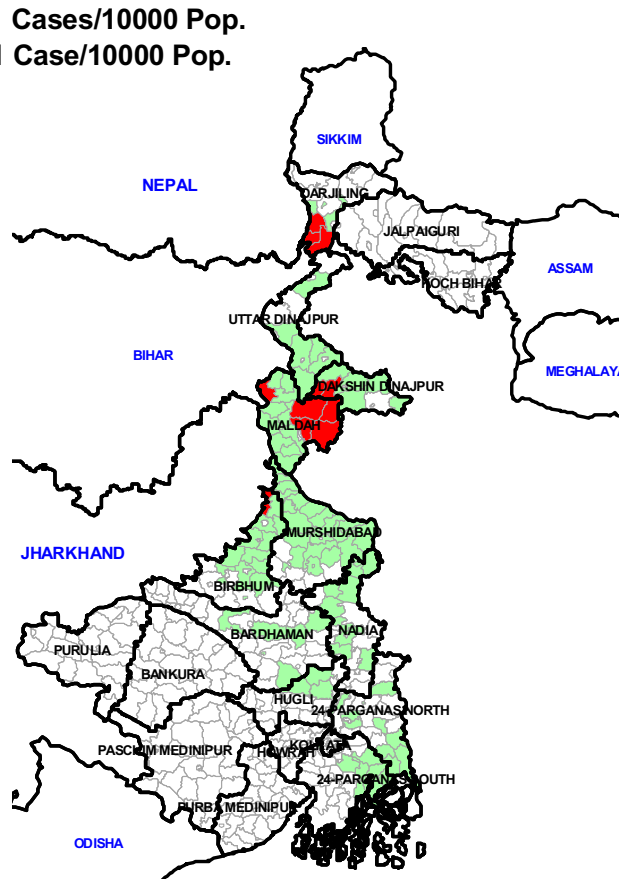


Kala-azar Endemic Blocks in West Bengal



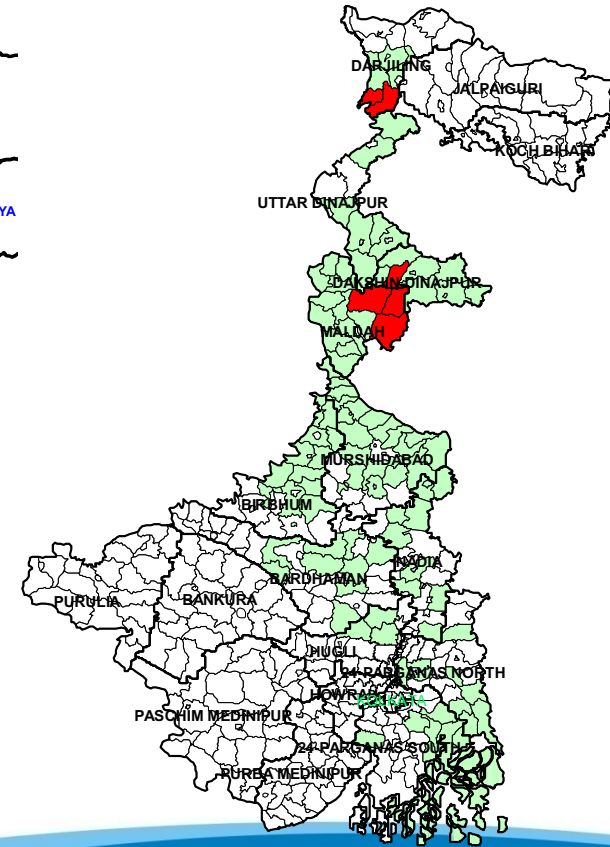
6 blocks

2013



11 blocks

2014



6 blocks

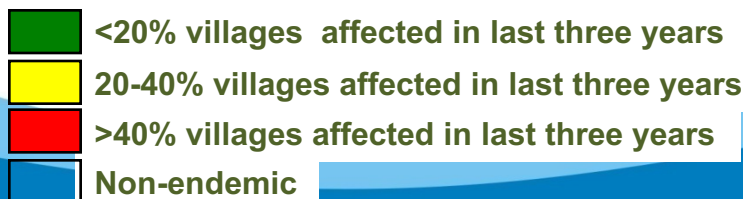
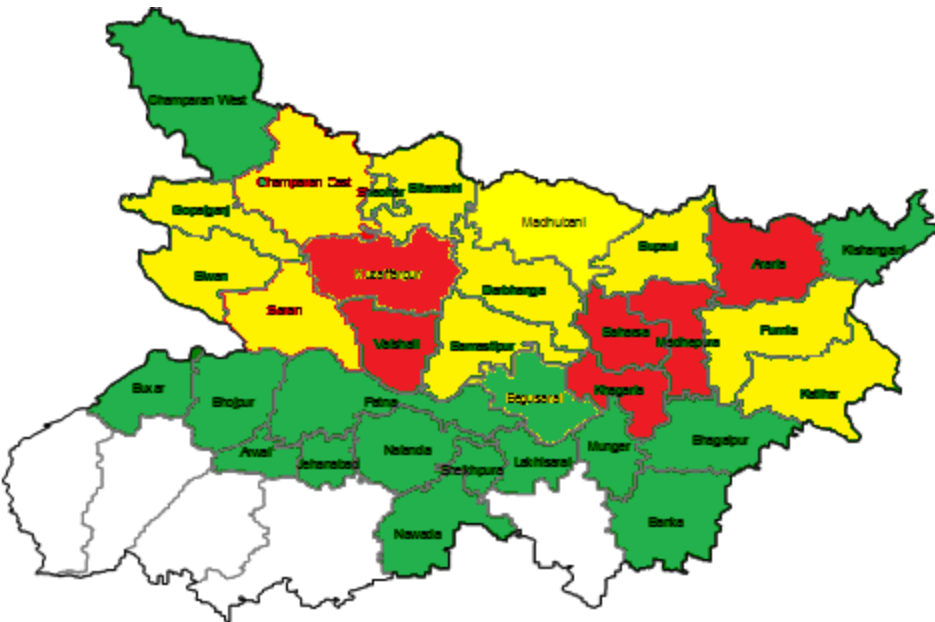
2015



World Health Organization

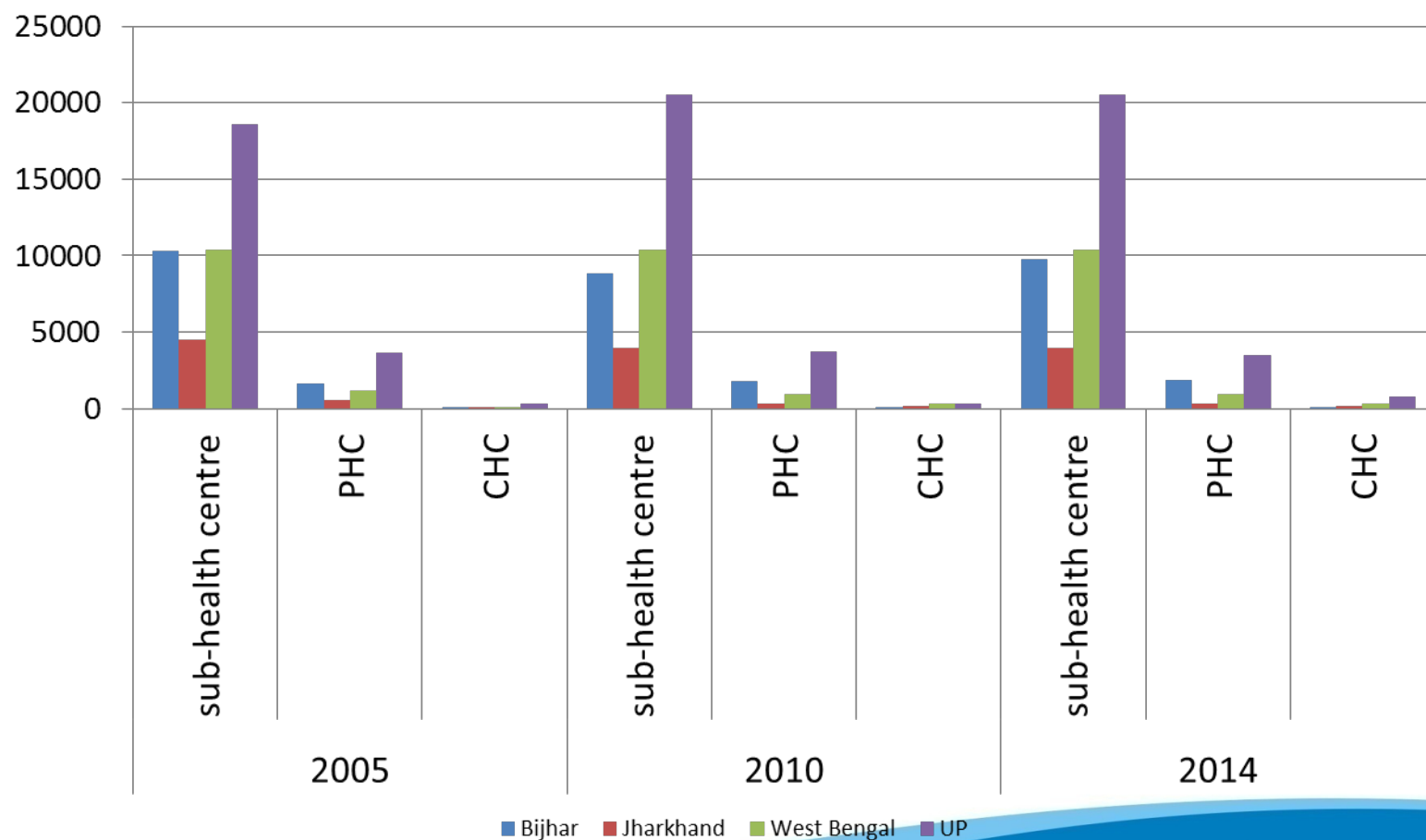
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Endemic villages in affected districts-Bihar



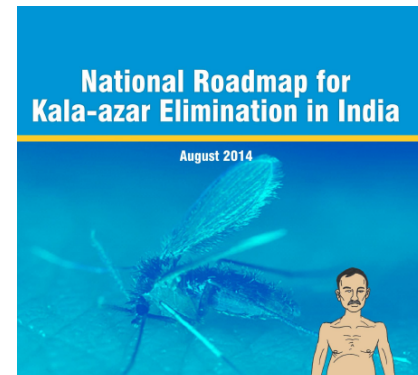
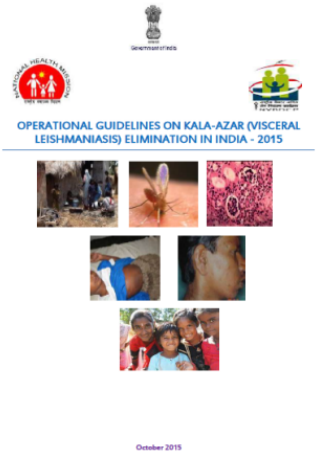
District	KA cases	Villages in last three years
Araria	418	379 (46%)
E.Champaran	498	499 (38%)
Gopalganj	372	484 (32%)
Khagaria	272	189 (62%)
Madhepura	299	212 (48%)
Muzaffarpur	892	822 (44%)
Purnea	517	243 (23%)
Saharsa	624	352 (81%)
Saran	608	660 (34%)
Siwan	314	475 (32%)
Vaishali	666	669 (40%)
11 districts	5480	4984
	(72%)	(39%)

Health systems and development



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



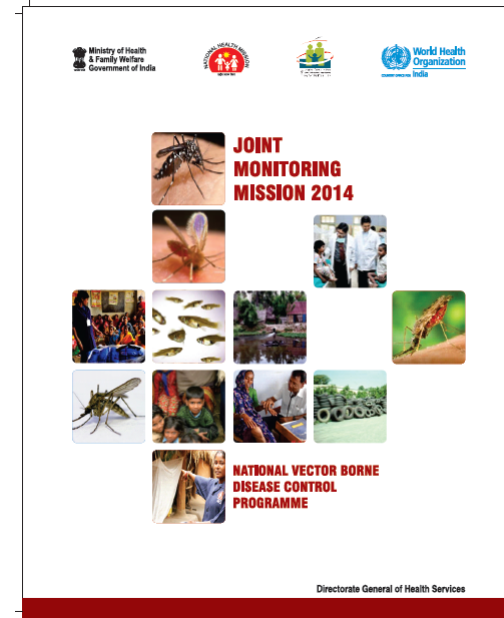
Developments which have taken place

- 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