

AHEAD ON MALARIA: ON REDUCTION IN CASES IN INDIA

Relevant for: Health, Education & Human Resources | Topic: Health & Sanitation and related issues

India has suffered from a major burden of malaria for decades, with high levels of morbidity and death. But the declining trend of the scourge shows that sustained public health action can achieve good results. The World Malaria Report 2018 of the World Health Organisation notes that India's record offers great promise in the quest to cut the number of new cases and deaths globally by at least 40% by 2020, and to end the epidemic by 2030. A lot of that optimism has to do with the progress made by Odisha, one of the most endemic States. Investments made there in recruiting accredited social health workers and large-scale distribution of insecticide-treated bednets, together with strategies to encourage health-seeking behaviour, seem to have paid off. The WHO report highlights a sharp drop in the number of cases in the State. The [reduction in cases by half in 2017](#) compared to the same study period in 2016 appears to reinforce research findings: malaria cases in Odisha have been coming down steadily since 2003, with a marked reduction since 2008, attributed to greater political and administrative commitment. This positive trend should encourage authorities not just in Odisha, but in the northeastern States and elsewhere too to cut the transmission of the disease further. Importantly, the reduction in the number of cases should not produce complacency and lead to a reduction in deployment of health workers and funding cuts to programme components. Where allocations have been reduced, they should be reversed. It should be pointed out that even in 2017, the Union Health and Family Welfare Ministry put the number of malaria cases in Odisha at 3,52,140.

One issue that requires monitoring in India is resistance to combination therapy using artemisinin. Recent reports indicate that some patients in West Bengal became resistant to the treatment protocol used for the falciparum parasite, which causes debilitating cerebral malaria and leads to a high number of deaths. The phenomenon requires close monitoring — although the WHO said in a recent assessment that the treatment policy was changed to another efficacious set of combination drugs in some northeastern States, after statistically significant treatment failure rates were found in 2012. Eliminating malaria requires an integrated approach, and this should involve Chhattisgarh, Jharkhand and West Bengal, which have a higher burden of the disease. Odisha's experience with using public health education as a tool and reaching out to remote populations with advice needs to be replicated. Given that emerging resistance to treatment has been reported in Myanmar, among other countries in this belt, there is a need for a coordinated approach to rid southern Asia of malaria.

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