



## **INDIAN COUNCIL OF MEDICAL RESEARCH**

Department of Health Research – Ministry Health & Family Welfare  
Government of India

### **Press Release**

#### **ICMR-NIMR and NVBDCP Odisha Research led to innovative strategies for Malaria Elimination**

2nd January 2019, New Delhi

ICMR-National Institute of Malaria Research, New Delhi; National Vector Borne Disease Control Programme (NVBDCP) and Medicines for Malaria Venture, Geneva carried out a project 'Comprehensive Case Management Programme (CCMP)' in four districts of Odisha. CCMP demonstrated that universal access to malaria diagnosis and treatment, follow-up of patients with enhanced surveillance can dramatically reduce the number of malaria cases.

A research paper out of the data of this project 'Improved access to early diagnosis and complete treatment of malaria in Odisha, India has also been published.

Dr Balram Bhargava, Secretary, Department of Health Research and Director General, ICMR said that the work of Sir Ronald Ross on malaria transmission was carried out in India. He stated that India is committed to malaria elimination by year 2030. Already there has been significant progress in bringing down the caseload. ICMR has been carrying out research that has been relevant to the elimination of various diseases from the country and CCMP is an example of such research. CCMP is a sustainable model for improving access to malaria control tools in hard-to-reach areas, and other states could take a cue from this, and intensify efforts towards malaria elimination, he added.

Dr. P.L. Joshi, Former Director, National Vector Borne Disease Control Programme (NVBDCP) said that malaria is a complex disease, and is affected by multiple factors like parasite, vector and environment. There are various effective tools available for malaria control and it is important to take these tools to all strata for effective implementation.

Dr. Neeraj Dhingra, Additional Director, NVBDCP reiterated India's commitment to malaria elimination by 2030. He said that National Framework for Malaria Elimination has already been launched and the programme is working in that direction. There is need to reach out to remote areas in order to control malaria. Government of India has already distributed 4 Crore long lasting insecticide nets for malaria control. The country has seen a drastic decline in malaria cases and deaths this year.

ICMR has been complementing the programme by conducting operational research on various vector borne diseases, and this project is an example of the same, he added.

Dr. Neena Valecha, Director, ICMR-NIMR stated that CCMP was a living laboratory and helped to understand the true picture of malaria in the study areas. It received technical and financial support from Medicines for Malaria Venture, Geneva, NVBDCP and WHO.

Dr. Madan Mohan Pradhan, Additional District Public Health Officer, VBD, Department of Health & Family Welfare, Odisha said that “CCMP learning experience and several best practices from CCMP have been incorporated into the existing NVBDCP programme. The most notable is the CCMP mass screening and treatment of malaria positive patients with or without fever along with simultaneous vector control using insecticidal nets/indoor residual spray in inaccessible areas which led to the creation of DAMAN (*Durgama Anchalare Malaria Nirakaran*; Malaria Control in Inaccessible Areas).” The utilization of malaria services in the intervention areas improved as ASHAs and other service providers had the required commodities and skills to diagnose and treat patients at the village level.

Dr. Anup Anvikar, Scientist at the ICMR-NIMR mentioned that the project was implemented in four districts of Odisha: Dhenkanal, Angul, Bolangir and Kandhamal. In each district, one block was control block where routine malaria control measures were undertaken; while another was intervention block. CCMP activities in these intervention blocks included training and supervision, ensuring no stock-outs of malaria tests and drugs, analysing verified surveillance data, stratifying areas based on risk factors, and appointing alternative providers to underserved areas.

The programme provided universal access to malaria diagnosis and treatment, and improved the quality of services and surveillance. There has been an 85% decline in the malaria burden in the intervention blocks, 47% of which can be attributed to CCMP, from the period when universal access to malaria services was reached (pre: 2013-2015) to after (post: 2016-2017).

With regards,

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