

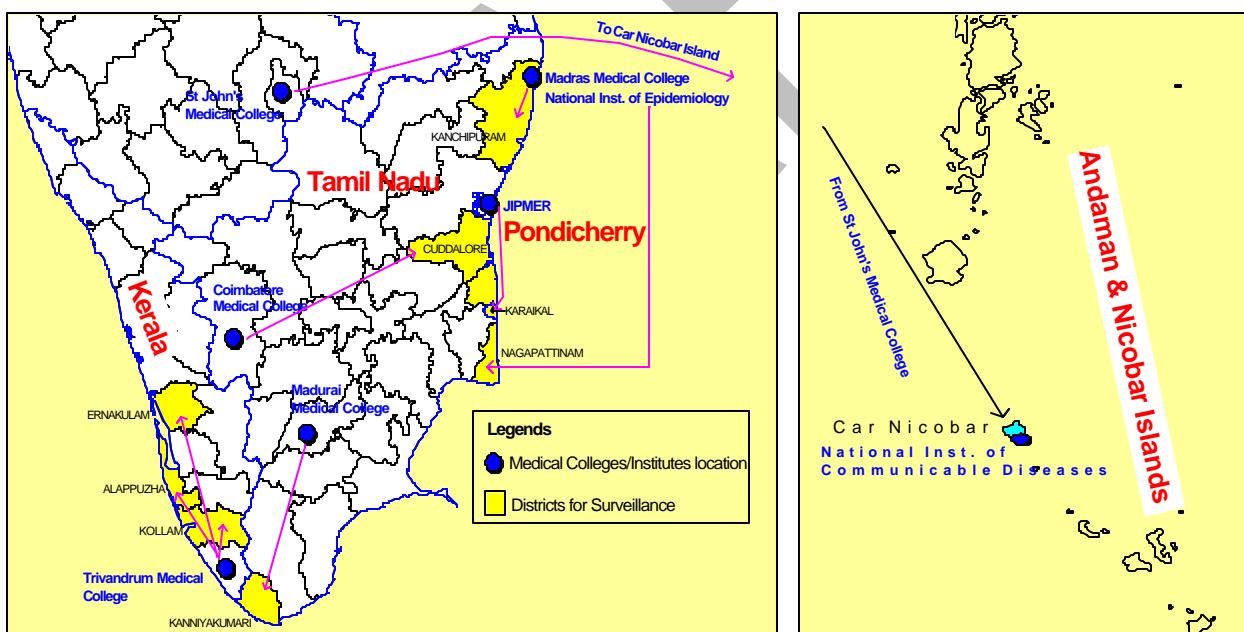
ACTIVITIES OF CDS CLUSTER WHO (INDIA) 2005

COMMUNICABLE DISEASE SURVEILLANCE CLUSTER

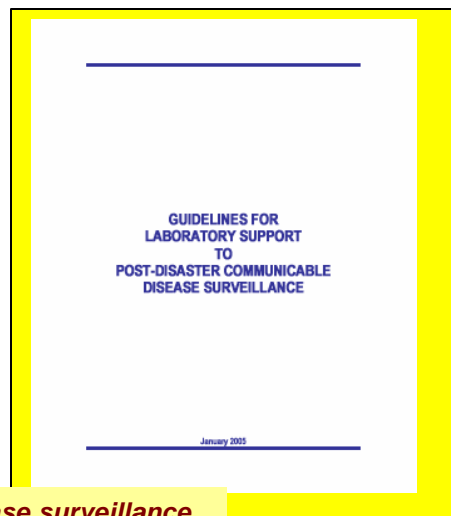
Post-Tsunami disaster surveillance:

The Tsunami hit India on 26 December 2004, affecting the coastal areas of Tamil Nadu, Kerala, Andhra Pradesh, Andaman & Nicobar Islands and Pondicherry. In view of the complex social and environmental conditions arising as a consequence of the disaster and the emergent need under the prevailing conditions, a need was felt to strengthen & intensify the existing disease surveillance activities and scale up into a post-disaster disease surveillance on the lines of IDSP with the ultimate objective of merging the same into IDSP, as and when it is on the ground.

WHO supported the 12 most affected districts in the main land: Cuddalore, Nagapattinam, Kanchipuram and Kanyakumari in Tamil Nadu; Karaikal in Pondicherry; Krishna, Guntur, Nellore, prakasam in Andhra Pradesh and Kollam, Allapuzha and Ernakulam in Kerala.



WHO supported strengthening of post disaster disease surveillance in selected Tsunami affected districts through, preparation and dissemination of post disaster disease surveillance guidelines, networking & coordination of disease surveillance activities in collaboration with district, state & national partners (NICD, Delhi), field visits & Rapid health assessment (RHA), district-level sensitization workshops for medical officers and health workers, establishment and strengthening of Integrated Diseases Surveillance Cells and strengthening of district public health laboratories in the 12 districts, strengthening additional disease control measures like use of impregnated bed nets as well as vector control measures & water quality monitoring, human resource capacity building through trainings in post-disaster disease surveillance (approximately 1200 medical officers and 6000 health workers were trained *in toto*), dissemination workshop, monitoring & supervision and feedback.



Post-disaster disease surveillance guidelines developed & disseminated



Joint WHO-NICD field visit to relief camps in Nagapattinam along with Deputy Director Health Services



***District Public Health
Laboratory,
Nagapattinam***



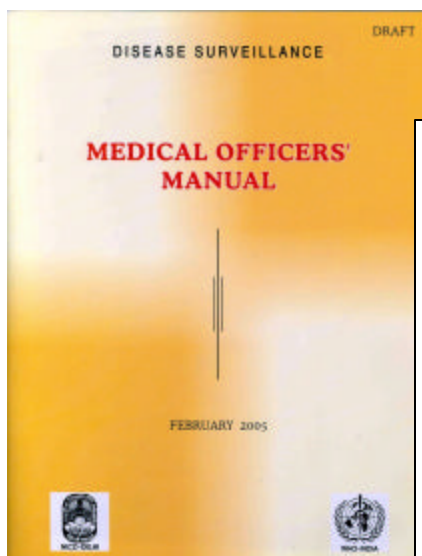
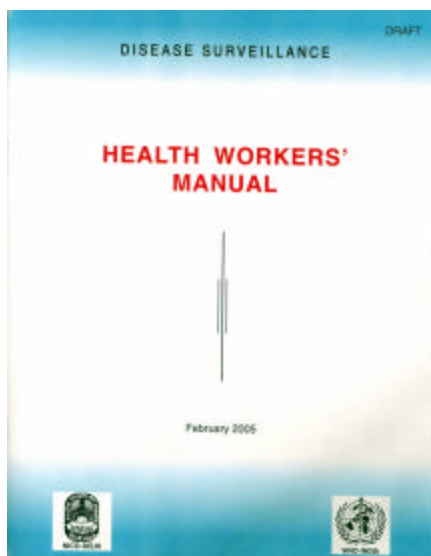
***Testing drinking water
for residual chlorine
using chloroscope***



***Vector control measures
in progress in affected
districts***



District level trainings on Post-disaster disease surveillance



Training manuals on disease surveillance developed, printed and distributed



Feedback on public health issues of relevance

WHO Collaborating Centers meetings:

WHO CC laboratories meeting at NIV Pune, 13-15th April 2005:

Over the years the development and contribution of public health laboratories to disease surveillance in India has been heterogeneous. Referral laboratories, though, have made considerable progress in terms of infrastructure and functioning, there is still a need to clearly define their role and integration into the mainstream disease surveillance. A meeting of the WHO Collaborating laboratories and other national referral laboratories in India was thus organized at the NIV, Pune (Maharashtra) from 13-15th April 2005 to revisit their activities, apprise them about the Integrated Disease Surveillance Project (IDSP) and its laboratory network and at the same time workout the framework for their integration into the IDSP for overall strengthening of its laboratory network.



Meeting of WHO Collaborating laboratories & other national referral laboratories, 13-15th April, 2005



The meeting was attended by a total of 23 participants: 17 institutional heads/ departmental heads/ representatives of 14 laboratories, both human and veterinary, National Project Officer from the IDSP Central Surveillance Unit, IDSP state surveillance officers from Maharashtra, Tamil Nadu & Kerala and staff from Office of the WHO Representative to India.

One of the outputs of this meeting was an interactive CD on referral laboratory networks has been developed and also been uploaded on the WHO India website for easy accessibility by all health personnel in the field.



Interactive webpage on referral laboratories network posted on the WHO India website

WHO CC Institutes of Training in epidemiology meeting at NIE Chennai, 26-27th July 2005:

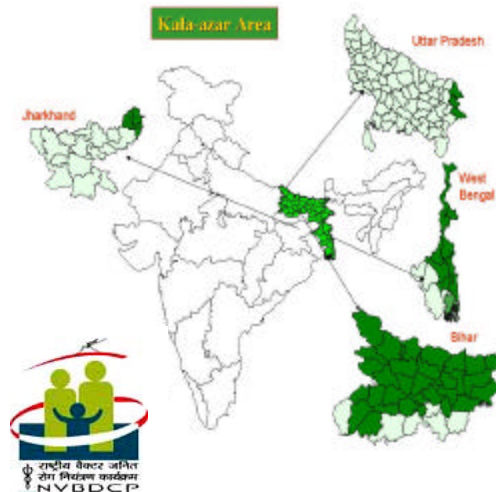


Networking of existing & prospective WHO Collaborating institutes for Epidemiology training in India, 26th-27th July, 2005

The general objective of the meeting was to develop a network of public health institutions in India to support disease surveillance and response, outbreak investigation, disaster epidemiology and implementation of IHR. About 15 institutes and organizations including staff from CRS unit of WHO SEARO & WHO HQ and CDC Atlanta participated in the discussions and deliberations. A general framework for collaboration and networking was worked out.

Kala Azar elimination:

The health ministers of India, Bangladesh and Nepal have signed a MoU to jointly undertake cross-border activities so as to eliminate kala azar by 2015. Following up on this the National Vector Borne Disease control Programme (NVBDCP) has prepared a new strategy focusing on four endemic states of Jharkhand, Bihar, West Bengal and Uttar Pradesh.



Inter-state plague coordination meeting:

Inter-state plague coordination meeting with state representatives from eight endemic states of Andhra Pradesh, Tamil Nadu, Karnataka, Kerala, Maharashtra, Himachal Pradesh, Gujarat & Uttaranchal and Mizoram (non-endemic but bordering with Myanmar) attended the meeting held in Shimla (HP) on 21st - 23rd June 2005

Yaws Elimination Programme:

The expert group meeting of the Yaws Elimination Programme (YEP) was held on 26th July 2005, under the chairmanship of the DGHS to review the progress of activities under YEP.

TUBERCULOSIS PROJECT OF WHO – INDIA

Background:

Tuberculosis (TB) is the leading infectious cause of death in India responsible for nearly 0.4 million deaths per annum. Each year 1.8 million new cases of TB disease occur, of which 0.8 million are infectious cases responsible for the spread of the disease. To control TB, the Government of India is implementing the RNTCP which is based on the WHO-recommended DOTS strategy. WHO is providing technical support to GOI for scaling-up RNTCP, and for improving the quality and reach of services.

Activities in 2005

In 2005, WHO continued to assist RNTCP in implementation of the DOTS strategy by providing technical assistance in planning, preparation of technical guidelines, training, surveillance, monitoring, drug logistics management, emergency procurements, research and electronic reporting. The WHO technical support consisted of the following:

- ✍ A network of field consultants (121) to provide technical assistance at national, state and district levels. This network has been one of the important factors responsible for the rapid scaling up of the programme and the ongoing quality improvements and has been recommended by WHO as a model for other countries under the ISAC (Intensified Support and Action Countries) initiative.
- ✍ Technical assistance to the Central TB Division of the Ministry of Health and Family Welfare (MOH&FW) in developing technical guidelines and training material.
- ✍ Collaborative activities on research, laboratory capacity and human resource development with two WHO Collaborating Centres, namely the TB Research Centre at Chennai and the National TB Institute at Bangalore.
- ✍ Support to the Central TB Division, MOH&FW for drug logistic management through a professional logistic management agency
- ✍ Emergency drug procurement for RNTCP as and when required to maintain uninterrupted anti-TB drug supply
- ✍ Facilitation of electronic reporting from districts, electronic data analysis and publications at the national level, and support to research and development of innovative management information systems for RNTCP.
- ✍ Technical support for developing models for public private partnerships and scaling up of such activities for the wider delivery of RNTCP services
- ✍ Facilitation of TB/HIV collaborative activities
- ✍ Technical inputs into the development of proposals and plans for long term funding for RNTCP in line with the recent WHA resolution (WHA58.14) on sustainable financing for TB prevention and control.

During 2005, WHO assisted RNTCP in developing revised training modules for all categories of staff, and finalizing guidelines on external quality assessment of the smear microscopy laboratory network, and the strategy document on supervision and monitoring. WHO facilitated meetings for development of DOTS-Plus guidelines, TB/HIV training material, and consensus on the TB burden in India. The WHO field consultants facilitated training of programme staff on external quality assessment and the monitoring strategy.

The field consultants continued to monitor the quality of the programme and build capacities at local levels for planning, implementation, surveillance and supervision.



The WHO-RNTCP field consultants



The Minister for Health flagging off an awareness run on World TB Day 2005

The TB Research Centre (TRC) at Chennai and the National TB Institute at Bangalore were re-designated as WHO Collaborating Centres in 2005 and continued to provide support to the RNTCP in research, human resource development and building capacity of State level reference laboratories for mycobacteriology. With USAID-funding, the WHO collaborative Model DOTS Project with TRC entered into its sixth year, and continues the epidemiological impact of DOTS surveys and a wide range of TB and TB-HIV related operational research studies.



A DOT-Provider observes a patient swallow anti-TB drugs

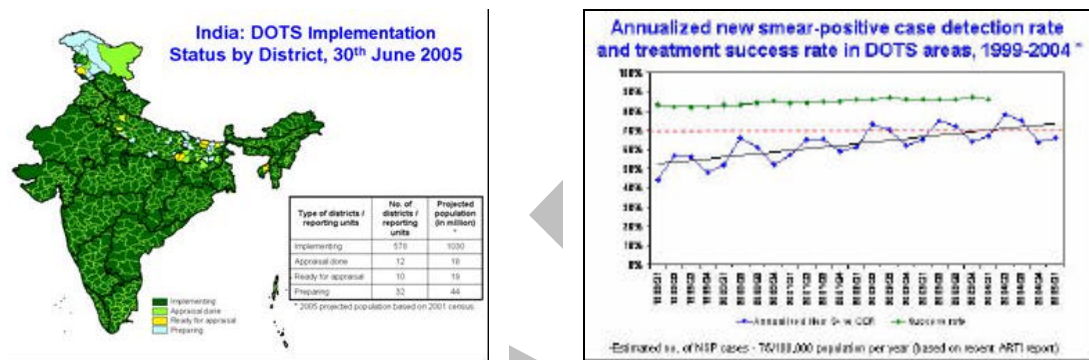
National Review Meeting of State TB Officers and WHO Field Consultants



In May 2005, WHO organized a National Review Meeting of all State TB programme managers and WHO field consultants in Kolkata.

WHO assisted the Central TB Division in the Ministry to develop the next five year plan for RNTCP. WHO also assisted RNTCP in developing the TB proposal for the Round-5 of GFATM and facilitated resource mobilization from other agencies, including a US\$ 63 million grant from DFID for procurement of anti-TB drugs through GDF/WHO.

WHO continued to provide technical assistance to the 14-site Public-Private Mix (PPM) DOTS project and worked with medical college task forces and the Indian Medical Association. Currently over 200 medical colleges, over 5000 private practitioners and over 1000 NGOs are involved in RNTCP.



In March 2005, RNTCP population coverage exceeded 1 billion and by the end of June 2005 RNTCP was covering a population of 1030 million. During January to June 2005, RNTCP continued expand rapidly, covering an additional 83 million population. Through WHO support the State of Haryana has been fully covered by DOTS.

The annual report of the programme published in March 2005 showed that the case detection (new smear positive) in 2004 was 72% (global target 70%) and the treatment success of patients registered for treatment in 2003 was 86% (global target 85%). In 2004, 1.2 million TB patients were initiated on DOTS treatment and in 2005 over 100,000 patients are being initiated on treatment every month.



Patient-wise treatment boxes

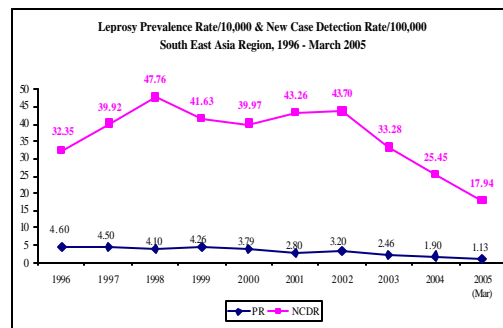
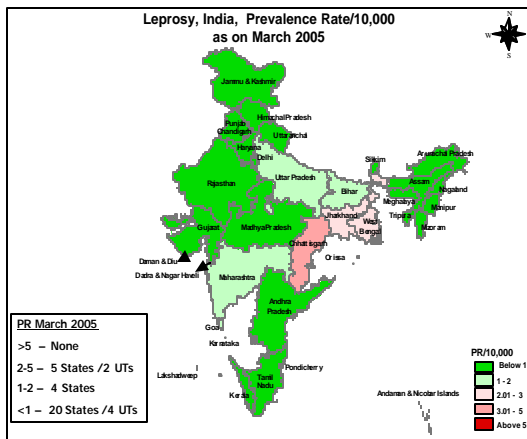
LEPROSY

Mr Yohei Sasakawa president of the Sasakawa Memorial Health Foundation and WHO Goodwill Ambassador for the Elimination of Leprosy visited India from 12 to 17 of May 2005. He attended the South Regional Leprosy Conference in Chennai and the National Consultation on the Role of Media and Advocacy Strategy in Leprosy Elimination at Kolkata. Mr Sasakawa stressed that the medical and social aspects of leprosy were both vital for reducing the physical and mental suffering associated with the disease



Mr Sasakawa attends the South Regional Leprosy Conference in Chennai

There has been a significant reduction in the number of leprosy cases detected and kept under treatment during the last year in the country compared to the year before. India is very close to the target of elimination (reaching a prevalence rate of below one per ten thousand population). The Prevalence Rate of the country in March 2005 stood at 1.34 and it is expected that it would go below one by the end of the calendar year 2005.



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The Global team for Leprosy Elimination which up to now was stationed in Geneva has now moved to Delhi at the South East Asia Regional Office.



A patient being explained about his disease before starting treatment.



A street play depicting the disease and that it can be cured is in progress

DRAFT

FUTURE EVENTS

WHO Fellowships (WRO & SEARO) on field epidemiology trainings for medical officers and paramedical workers of SEAR region is scheduled from August to December 2005.

Tsunami trainings on Post Disaster Disease Surveillance for medical officers and paramedical workers will be conducted jointly by WRO (India) & NICD during August – September 2005 for the Andaman & Nicobar Islands

Lab for Epi training module (developed by the WHO CSR Lyon group) is tentatively planned to be piloted in the second week of October 2005 for the India FETP 2005 Batch at National Institutes Epidemiology Chennai.

The **first round of External Quality Assessment Scheme (a pilot) for public health labs** will be launched for 20 district/ state level laboratories under National Surveillance Programme for Communicable Diseases in India in the July-September 2005 quarter.

Support is being provided to Government of India for **Kala azar elimination activities** in four endemic states of Jharkhand, Bihar, Uttar Pradesh and West Bengal. The support is in the form of one national consultant for Kala azar and four state level coordinators in each of the above endemic states apart from data entry operators, financial and administrative staff. An IEC consultant is also being supported to strengthen the above strategy.

Influenza pandemic preparedness plan (IPPP) for the country has been developed by an expert group under the chairmanship of Addl DG & Director NICD. WHO has been an active member of this technical group and has provided all the necessary technical support in the form of guidelines and other relevant documents to prepare the same. The draft IPPR will be discussed at the meeting of experts at the national level chaired by the honorable Union Minister of health & Family Welfare on 1st August 2005 for finalization of the plan.

The "Third **Quarterly Review Meeting of the National Leprosy Eradication Programme** for State Leprosy Officers and other Partners" is scheduled on the 22nd August 2005.