Directorate of National Vector Borne Disease Control Programme

Subject: Minutes of Technical Advisory Committee (NVBDCP) Meeting held on 27 January, 2016 under the Chairmanship of DGHS at 12 pm at Nirman Bhawan, Delhi.

A meeting of Technical Advisory Committee (TAC) on Vector Borne Disease was held on 27.01.2016 at 12.00 noon under the Chairmanship of DGHS, in his chamber at 4th floor, A- wing, Nirman Bhawan, New Delhi. The agenda for deliberation was:

1. Action Taken Report(ATR) on the Minutes of the previous TAC meeting held on 7th October, 2014
2. National Framework of Malaria Elimination(NFME) 2016-2030
3. Manual on Integrated Vector Management.
4. Policy of Paediatric dose formulation of dispersible ACT - AL tablets
5. Revision of guideline for:-
    - Annual blood examination Rate(ABER)
    - Quality Assurance of Malaria Microscopy(MM)
    - Any other issue with permission of the Chair.

List of participants including the subject experts / co-opted members is given at Annexure-I.

Dr. A. C. Dhariwal, Director NVBDCP, welcomed the Chair, TAC members and other invitees participating in the TAC meeting and gave a briefing about the agenda of the meeting. Dr. Jagdish Prasad, Director General Health Services and Chairperson of TAC requested members for a frank and fair discussion on the agenda topics in the interest of the programme.

AGENDA NO. 1: RECOMMENDATIONS OF TAC DATED 07.10.2014

The first presentation was on the action taken by the Dte. of NVBDCP on Recommendations of TAC dated 07.10.2014 by Dr. G. S. Sonal, Additional Director, NVBDCP. All members confirmed the receipt as well as endorsed the minutes of last TAC meeting .

AGENDA NO.2: APPROVAL OF NATIONAL FRAMEWORK FOR MALARIA ELIMINATION (NFME) IN INDIA (2016-2030)

Dr.G.S. Sonal , Additional Director, NVBDCP, made a presentation on the National Framework For Malaria Elimination In India (2016-2030)"and informed the committee that before putting up the NFME (2016-2030) to TAC the same has been discussed by experts in the meeting of "Expert Committee on Malaria Diagnostic and Chemotherapy and prospects of Malaria elimination in the Country" held on 27 November, 2015 under the Chairmanship of Dr. Shiv Lal, Former Spl. DGHS. He informed the TAC members that the expert committee members reviewed the draft in view of the situation of malaria in the country and the prospects of malaria elimination as per the globally set goals and the country's commitment to malaria elimination by 2030, and the suggestions of the experts

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group were incorporated in the revised draft. The document on NFME (2016-2030) was also deliberated in brainstorming meeting held on 21-24 Dec., 2015 .The members were informed that the goals of the National Framework for Malaria Elimination in India (NFME) were prepared in sync with WHO Global Technical Strategy (GTS) for Malaria 2016-2030 and Asia Pacific Leaders Malaria Alliance (APLMA) Malaria Elimination Roadmap for the Asia Pacific. The Goals, objectives, strategic approaches, Programme phasing, classification of states/UTs, Milestones and targets and Cross-cutting interventions were discussed during the presentation. The chairperson commented that in order to roll out the NFME(2016-2030), the Dte. of NVBDCP should prepare comprehensive guidelines and do a rapid gap analysis for identifying shortcomings in Programme implementation , reasons for deaths and identify a private agency like TATA for this purpose for better monitoring and implementation of the National Framework for Malaria Elimination in the country. It was suggested that states like Gujarat, Karnataka and Maharashtra which have good health system should plan and implement accelerated malaria elimination at the earliest as a demonstration model for rest of the high burden states of the country.

The revised draft on 'National Framework for Malaria Elimination (NFME) in India (2016-2030)' was approved by the TAC.

AGENDA NO. 3: APPROVAL FOR RELEASE OF MANUAL ON INTEGRATED VECTOR MANAGEMENT IN INDIA

Dr. P.K. Srivastava, Joint Director, apprised the members regarding the need for comprehensive and consolidated manual on 'Integrated Vector Management in India'. He also informed that a brainstorming national workshop on Integrated Vector Management (IVM) was held on 2 November 2015 which was inaugurated by Dr. B.D. Athani Special DGHS and moderated by Dr Dharamshaktu Addl. DG & Dr. Inder Parkash DDG (PH) from Dte. GHS, Ministry of Health and Family Welfare and attended by experts from WHO, ICMR, NIMR, NCDC, NVBDCP and different States. The draft manual was presented in the workshop and the necessary inputs have been incorporated. The members were informed that the document is a comprehensive document dealing with vector bionomics and control aspects and the context of the manual was discussed briefly.

While appreciating the efforts for bringing out the manual, the chairperson suggested for all practical/field related aspects simple SoPs for example IRS, containing one page instructions, should be prepared and disseminated to the end users in the programme for ensuring better use of the manual.

The TAC approved the release of the IVM manual during the National meeting for launch of 'National Framework for Malaria Elimination in India (2016-2030), scheduled to be held on 10 -11 February, 2016..

AGENDA NO.4: APPROVAL OF POLICY FOR USE OF PEDIATRIC DOSE FORMULATION OF DISPERSIBLE ACT - AL TABLETS

Dr.G.S. Sonal, Additional Director, NVBDCP, made a presentation on the agenda item and informed that globally pediatric dose formulations of dispersible anti-malarial tablets are used. The members were informed that the use of dispersible ACT - AL tablets were discussed in the Expert Group meeting and its use under the programme, for easy administration and ensuring consumption of full dose by pediatric age group, The members were informed that there is no manufacturer who produces dispersible ACT (AS+ SP). However, at present only one manufacturer based in India i.e. Ajanta Pharma Ltd. produces dispersible ACT-AL.

TAC recommended the use of ACT-AL under programme and advised that DCGI should take up the matter of manufacture of dispersible ACT-AL pediatric formulation with more Pharmaceutical companies of the country for facilitating its production to being in made competition.

AGENDA NO.5: REVIEW OF MALARIA INDICES: ABER

Dr.G.S. Sonal, Additional Director, NVBDCP, made a presentation on the agenda item . The need for revision of the Annual Blood Examination Rate (ABER) was discussed in view of the wide variation in the Malaria endemicity in different States of the country. The members were informed about the revised ABER proposed by NVBDCP during Expert group meeting held on 27 November 2015, which was as follows:

''Expert Group deliberated and approved that in states where state average API as well as API of all districts is <1 will follow case based surveillance and other states will have targeted Annual Blood Examination Rate (ABER) i.e. percentage of population to be screened for malaria. However, ABER should be linked with the endemicity and transmission window.

In area with perennial transmission, the following targets of ABER should be achieved.

- Areas with API<1 minimum ABER should be 10%,
- Areas with API 2 to 5 minimum ABER should be 12% and,
- Areas with API >5 minimum ABER should be 15%

In areas with seasonal transmission depending on the transmission window and endemicity, the following targets of ABER should be achieved.

- Areas with API<1 – minimum ABER 10/12*no. of malaria transmission month
- Areas with API 2 to 5 - minimum ABER 10/12*no. of malaria transmission month + 20% and.
- Areas with API >5 - minimum ABER 10/12*no. of malaria transmission month + 50%

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Accordingly, each state / district / PHC /sub-centre will work out target for ABER. The category I state where state average API as well as API of all districts is <1 will implement case based surveillance.

The TAC endorsed the recommendations of the Expert group and approved the revision of ABER targets, as above.

AGENDA NO.6: MALARIA DIAGNOSTICS- **MALARIA MICROSCOPY(MM):**

A brief presentation was made by Dr. G. S/.Sonal, Addl. Director regarding the issues in the present guidelines for quality assurance of malaria microscopy and need for revision of the number of slides cross-checked for quality assurance from present criteria of all positive and 5% negative slides to at least 10 slides (5 weekly positive and five negative). The need for revising the sample size, certification of LTs and revision of guidelines and SOPs for up-gradation of the existing quality assurance system to WHO recommended quality assurance system proposed giving the highlights of the revised QA system based on WHO guidelines was discussed.

The following recommendations of the Expert Group meeting held on 27 November, 2015 were put up to TAC for approval:

1. Certification of Laboratory Technicians/ microscopists should be taken up on priority to improve the diagnosis.
2. Revised EQAS as well as sample size for cross-checking of slides should be implemented
3. Guidelines and SOPs should be updated in tune with upcoming WHO revised guidelines for quality assurance.

The TAC advised that the recommendation of Expert group need not to be endorsed by TAC and NVBDCP can revise and implement the guidelines and sample size internally on the basis of Expert Group recommendation.

AGENDA NO. 7: ANY OTHER AGENDA WITH PERMISSION OF CHAIR

Change in treatment Policy from ACT-SP to ACT-AL in entire country:

Dr. G.S. Sonal presented the agenda item to TAC members, informing that the use of ACT-AL for treatment of *P. falciparum* cases in North Eastern states wherein some late treatment failures were observed with ACT-SP during therapeutic efficacy studies done by NIMR (ICMR) had already been approved. However in other high endemic areas besides NE states in the country, as per present treatment guideline policy of Dte. of NVBDCP, ACT-SP is still used and owing to the fact that that the therapeutic efficacy studies have already recorded resistance to the partner drug SP in some parts of the country, the threat of resistance to ACT-SP in other high endemic states of India exists, especially due to the fact that the drug is a packed separately in combination . As per the WHO

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guidelines also it is recommended that once the resistance to the partner drug is seen, the drug policy should be changed..

The TAC was requested to approve use of ACT-AL for treatment of *P. falciparum* malaria in whole of the country. TAC recommended that the NIMR should generate evidence on this aspect through TES and, if this has already been done, a report should be put up to the TAC along with evidence based results for change of drug policy.

OTHER AGENDA ITEMS DISCUSSED IN EXPERT GROUP MEETING HELD ON 27.01.2016 AND PUT UP TO TAC FOR INFORMATION and approval of actions to be taken/required

TAC was also informed regarding the deliberation and recommendation of "Expert Committee on Malaria Diagnosis and Chemotherapy" in the meeting held on 27.11.2015 on other issues which include i) the uniformity in technical specification on Malaria RDTs procured under DBS and GFATM / External funded Project, Mass surveillance in High endemic malaria, Mass Drug Administration and Entomological Parameters and Vector Control, pre-referral Artesunate treatment and P.vivax containment Strategy.

The meeting ended with vote of thanks to the Chair.

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Annexure 1

List of Experts of TAC(VBD)Meeting held on 27 January,2016

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