

# Title: Evidence Based Planning to Maximise Coverage of Treatment Services for Kala-Azar in Resource Constraint Settings in India

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## Background

- Kala-azar is a neglected tropical disease affecting rural based poverty-stricken populations
- Worldwide, an estimated 100,000 new cases of kala-azar (KA) or visceral leishmaniasis (VL) occur annually
- It has been targeted for elimination in South Asian region as a public health problem by 2020.
- Four Indian states carry 50% of the global KA burden: Bihar, Jharkhand, UP and West Bengal

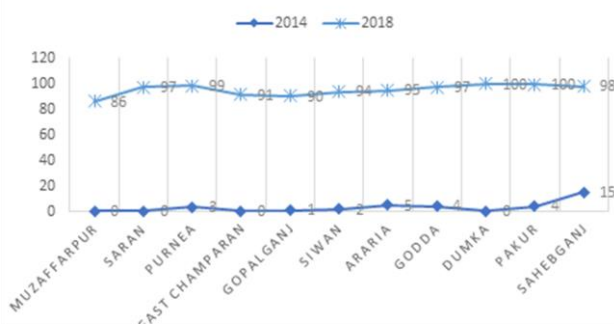
## Methodology:

**Results-focussed strategic planning.** Key features included

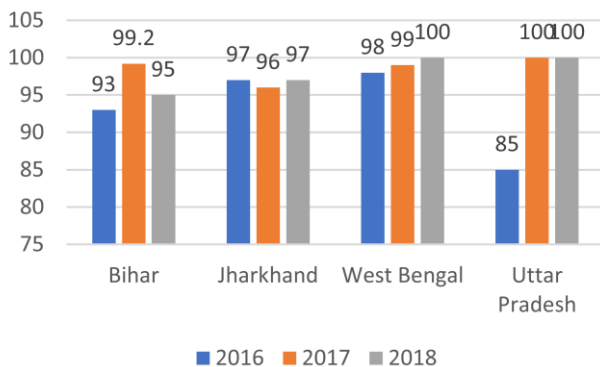
- Finalization of strategy in consultation of National authorities
- Health facility assessment
- Listing & Selection of health facilities in consultation with State program & another stakeholder
- Strengthening of cold chain
- Training
- Pharmacovigilance
- Drug sensitivity Monitoring
- Continuous quality monitoring
- Sustainability & Ownership

## Results

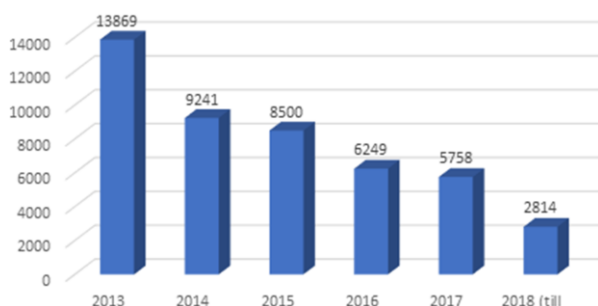
PROPORTION OF PATIENTS TREATED WITH AMBISOME IN DIFFERENT DISTRICTS IN INDIA (2014-2018)



Proportion of Proportion of patients treated with AmBisome: Last 3 years



Kala-azar cases in India



## Implementation Strategy:

- Developing a selection criteria of Health facilities for providing AmBisome Treatment
- Health Facility Upgradation- total 85 facilities were upgraded in Bihar and Jharkhand
- Training on AmBisome
- Active monitoring and continuous Quality assurance
- Drug sensitivity monitoring & Pharmacovigilance
- Introduction of need base tools (offline/online): Job Aids &

## Key Learning:

- Evolution of 4 models in India, based on following factors: endemicity, geography, communication, incentives & status of health system:
  - Hub model (Bihar): High case load, good communication, incentives- 1 centres catering services to 3/4 sub-districts
  - Blanket model (Jharkhand): High case load, difficult to access area- treatment centres in all sub-districts.
  - Extended Hub Model (West Bengal): Strong health system, good communication: storage & treatment centres in selected facilities and provision of treatment to the nearest health centres of the residence of patients by supplying the drugs.
  - Traditional (Uttar Pradesh): Low endemic area- treatment centres at district level with referral from sub-districts.
- Ensuring sustained program outcomes utilizing evidence-based implementation strategies.
- This Scaling up of complex, intentional and guided health interventions with multi-pronged approach to large and hard-to-reach populations addressed equity and thus contribute to the Universal Health Coverage.
- Ensuring equity, the program reached out to marginalised population and specifically women, which stretched program reach to the last mile.
- Large Scale implementation envisaged with multi-pronged approach can have exponential results
  - Health system Strengthening – Strengthening supply side to cater increased demand
    - Technical Training- Training of Doctors to ensure quality of treatment
    - Demand generation - Training of Front line worker
    - Supply Chain/Logistics – Upgradation of health facility with supportive supervision
  - Active Case Detection – Scrutinizing endemic areas for cases to treat and break the transmission chain
  - Awareness and behaviour Change communication - Increase demand generation and accountability through awareness and behaviour change