

Global commitment to eliminate malaria

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Bangladesh has a global commitment to make the country malaria free by 2030. Malaria has been largely eliminated in Bangladesh. Although there is still malaria in the Chittagong Hill Tracts area, about 15 thousand patients have been seen till last October. It is more than double last year and the worst affected district is Bandarban. The Department of Health has shown success in eliminating not only malaria but many diseases, especially infectious diseases. Their success in controlling Covid -19 has been praised not only in the country but also outside the country. New health problems have arisen as a result of climate change in Bangladesh. Although malaria has been reduced in that sense, it still remains a major health threat for us. China has shown success in achieving the goal of eliminating malaria. We also need to work on this formula. There will be two types of surveillance within three days of the day the disease is detected. One is entomological, the other epidemiological. And treatment must be confirmed within seven days. If this one-three-seven formula can be introduced across the country, especially in the hilly areas, it will be possible to reduce the areas where the prevalence is high. If China can reduce the number of malaria patients from 30 million to zero, it is not impossible for us too.

The reality is that the malaria problem in Bangladesh has been gradually resolved over the past decade. But that was not the case with Bandarban. Out of these three upazilas Alikadam, Thanchi and Lama have the highest prevalence. Many people are affected there. These patients live in remote areas. There are some people from minority groups who have a different way of receiving treatment than we do. Besides, there are some traveling people. Now three fourth of the total malaria cases come from Bandarban. We can learn from what other countries of the world have done in such situations. The World Health Organization has a guideline. This guideline has month strategy. There are also target strategies. In some places they are presented together. Regardless of the strategy, success will come if people are involved in this policy of the World Health Organization in the country. In this case, people should be informed first. In addition to health effects, it has some economic implications. That must be understood. Then we can expect good results. A quick solution is necessary at least in Bandarban, because the infection rate is higher here than in other areas, meaning the area is vulnerable. Males are more affected than females. Those above 15 years of age are also more affected. This information is important. Analyzing these data, it can be said that most of the victims are mobile migrant workers. The hope is that infections and deaths in Khagrachari and Rangamati have decreased. On the other hand, deaths have increased in Cox's Bazar and Chittagong this year. The number of cases is high in camps of displaced Rohingyas. The people of Cox's Bazar who go deep into the forest to cut bamboo, stay there for a long time. Many of them get malaria. Mobile numbers of health workers can be given to these people, so that they can contact them quickly in case of fever and get treatment. It may reduce the number of dead. Due to lack of employment in Cox's Bazar during Covid -19, many people have gone to work in different upazilas of Bandarban in search of livelihood. Most of the patients were identified from there. Unknowingly, they contracted malaria there and stayed for a long time with fever. When the fever reached fatal levels, they moved to Cox's Bazar. Then admitted to a private clinic. Then it was treated as dengue, Covid -19 or typhoid, which caused delay. The death toll has gradually increased. Similarly, it has been observed in Chittagong.

To eradicate malaria, we need to develop new strategies. Some special clothes can be given to them. Urban malaria has developed in Chittagong. There was no urban malaria in Bangladesh. Dhaka is also likely to be under threat if it starts. Deltamethrin has long been used to kill mosquitoes. Farmers also use them and their use is unregulated. As a result, the resistance of

mosquitoes to this insecticide is increasing. The position Bangladesh is in now has been through the implementation of various plans taken in the last few decades. Workers have moved from the plains to the mountains due to infrastructure construction. Now health workers and development partners can easily get there and we are seeing the benefits.

The climate crisis also has major implications for health systems. Communicable, non-communicable, mental health in all areas. One of the reasons for the increase in infectious diseases is climate change. If you act against nature, nature will take revenge. If we have to control some things, we need to be alert now. There are some silent carriers, who are asymptomatic. They need to be identified and brought to mass treatment. Prevention is essential for a healthy population, so that no one needs to go to the hospital.

We see an example of community engagement in public and private collaboration in the case of malaria. 94 percent malaria reduction. Deaths dropped by 93 percent, severe malaria down to 3 percent. 99.8 percent of malaria endemic areas have been treated with insecticide-treated mosquito nets. Currently, both the number of infected and the number of dead have decreased. A total of 91 percent of the patients in the whole country are identified from Bandarban. Among them, 75 percent are identified from Ramu, Thanchi, Alikadam. Although the number of cases is high, the number of dead has decreased. In Rangamati, both cases and deaths have come down. This area is at the last stage of malaria eradication. There is no death in Khagrachari now. In addition to children and women, the risk of infection is high among pregnant women. In addition, adults above 15 years of age are more affected by malaria. But now it has decreased compared to before.

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