

**WORLD HEALTH
ORGANIZATION**



**ORGANISATION MONDIALE
DE LA SANTÉ**

SEMINAR ON THE ROLE OF HEALTH SERVICES
AND TRAINING INSTITUTES IN THE CONTROL
OF VECTORS AND RESERVOIRS OF DISEASES

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Baltchik (Varna), Bulgaria, 4 - 11 October 1982

Agenda items 5 and 9

A BRIEF REVIEW OF THE EPIDEMIOLOGY AND
RELATIVE IMPORTANCE OF VECTOR-BORNE
DISEASES IN PAKISTAN

By

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Faulty irrigation and drainage practices, periodic floods, rapid urbanization, unprecedented population growth and overall socio-economic conditions are some of the major causes responsible for the existing situation of malaria in Pakistan. The recent influx of more than 2.5 million refugees from Afghanistan and the mounting pressure of technical problems have also contributed towards a potentially explosive situation.

Methods of Control:

Like any other country of EMR, Pakistan has passed through three distinct phases in the fight against malaria. The first phase was the longest, when man had no knowledge about the aetiology of the disease and consequently was a helpless victim of its recurring ravages. However our remote ancestors did realise the benefits of sit their habitations on higher ground and as far away from marshy places as was compatible with their predominantly agricultural life. However, this practice was of little avail during exceptionally wet summers.

The second phase began with the discovery of the malaria parasite and its complex life cycle. This enabled the old stalwarts to develop classical methods of malaria control which in turn enabled them to rid smaller communities of the menace of malaria.

The third phase started with the discovery of DDT, for the first time man acquired a powerful weapon for effective control and even eradication of the disease from large parts of this globe. This phase reached its climax during the fifth and sixth decades of this century when WHO sponsored programmes for eradication of malaria achieved spectacular results in most of the countries of EMR. However, the subsequent resurgence of the disease in the late sixties and the rising number of technical problems forced both WHO and national authorities to review their strategies for control of malaria.

At present we are facing a very difficult challenge. While indoor residual spraying cannot achieve total eradication of the disease under prevailing conditions, yet it is the only effective and economically feasible method for effective control of malaria in vast rural areas. Recent experience has shown that full benefits of this effective tool can only be derived if its application is carried out at the minimum acceptable level of operational efficiency. Unfortunately such a level is difficult to achieve under the conditions of full integration of the Malaria Control Programme into the General Health Services. Therefore we shall have to choose between effective control of malaria and full integration of various components of health departments; this difficult choice will have to be made as long as more effective methods of malaria control do not become available to us. Therefore cheaper and safer methods must be sought

for the control of this ancient scourge of mankind

Organization of Vector Control Units at Various Administrative Levels

In Pakistan the organization of vector control units at various administrative levels corresponds with the organizational set-up of the Malaria Control Programme which is the only important vector control unit in the country.

At the Federal level, Directorate of Malaria Control, a department attached to the Ministry of Health, is responsible for planning, coordination, supplies, technical guidance, training and research and evaluation of malaria control activities throughout the country. The organizational chart of the Directorate of Malaria Control and its subordinate office of National Malaria Training Centre are attached.

At the Provincial level, organization of the Malaria Control Units shows some variation from province to province. However, the organization of Punjab Malaria Control Programme, which covers 60% of the total population of the country is a good illustration of the provincial set-ups; it is also attached

In urban areas malaria control activities are the direct responsibility of local bodies such as Municipal Corporations. They have their own staff for vector control activities. However, technical guidance in the planning of vector control programmes and training of staff is being made available through Provincial and Federal Governments. The organization of vector control units in Karachi, the largest city of Pakistan, is attached to serve as an illustration of the organizational set-up of the Malaria Control Programme in urban areas of the country.

FEDERAL STRUCTURE OF PAKISTAN

FEDERAL GOVERNMENT

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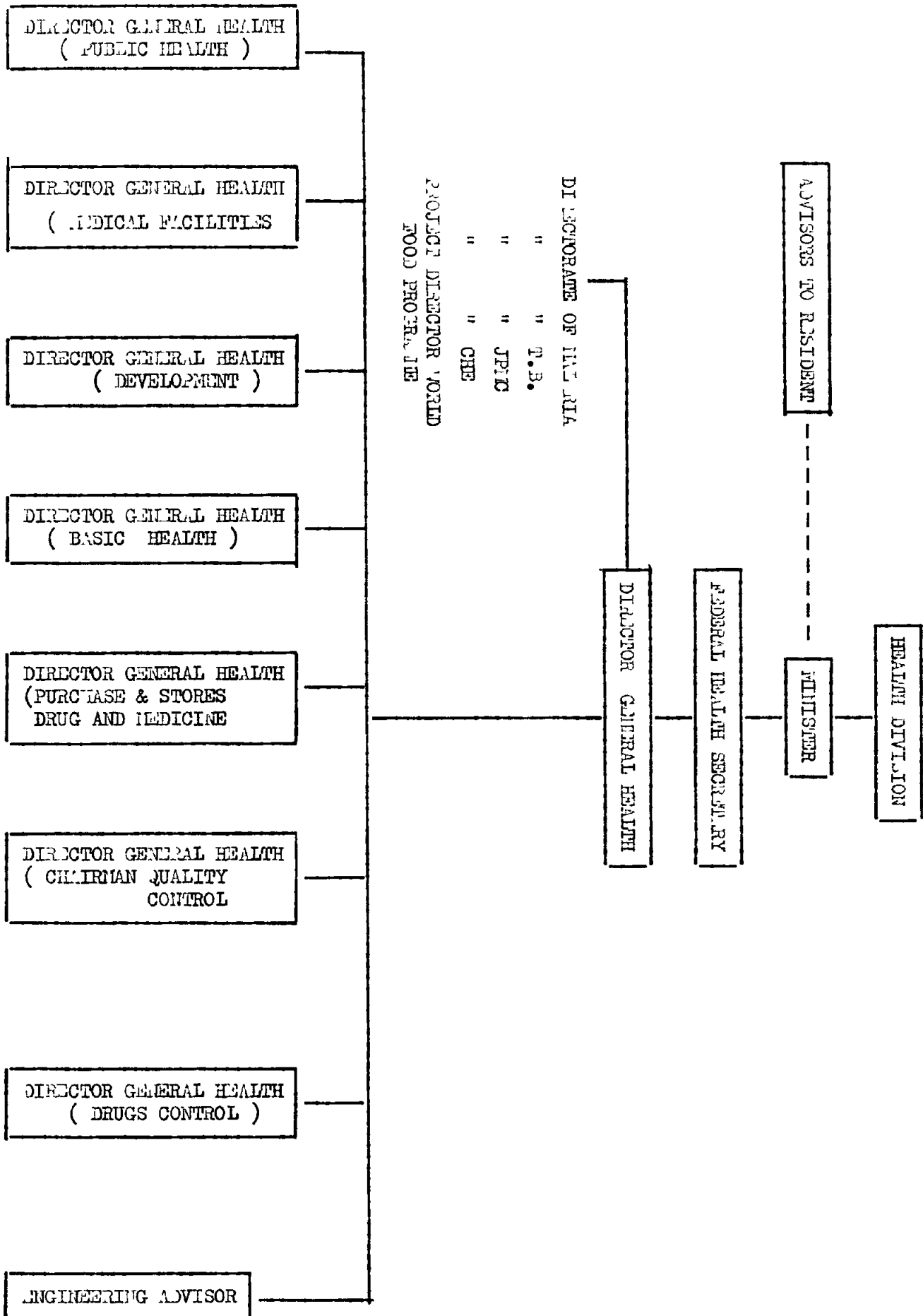
PROVINCIAL GOVERNMENTS

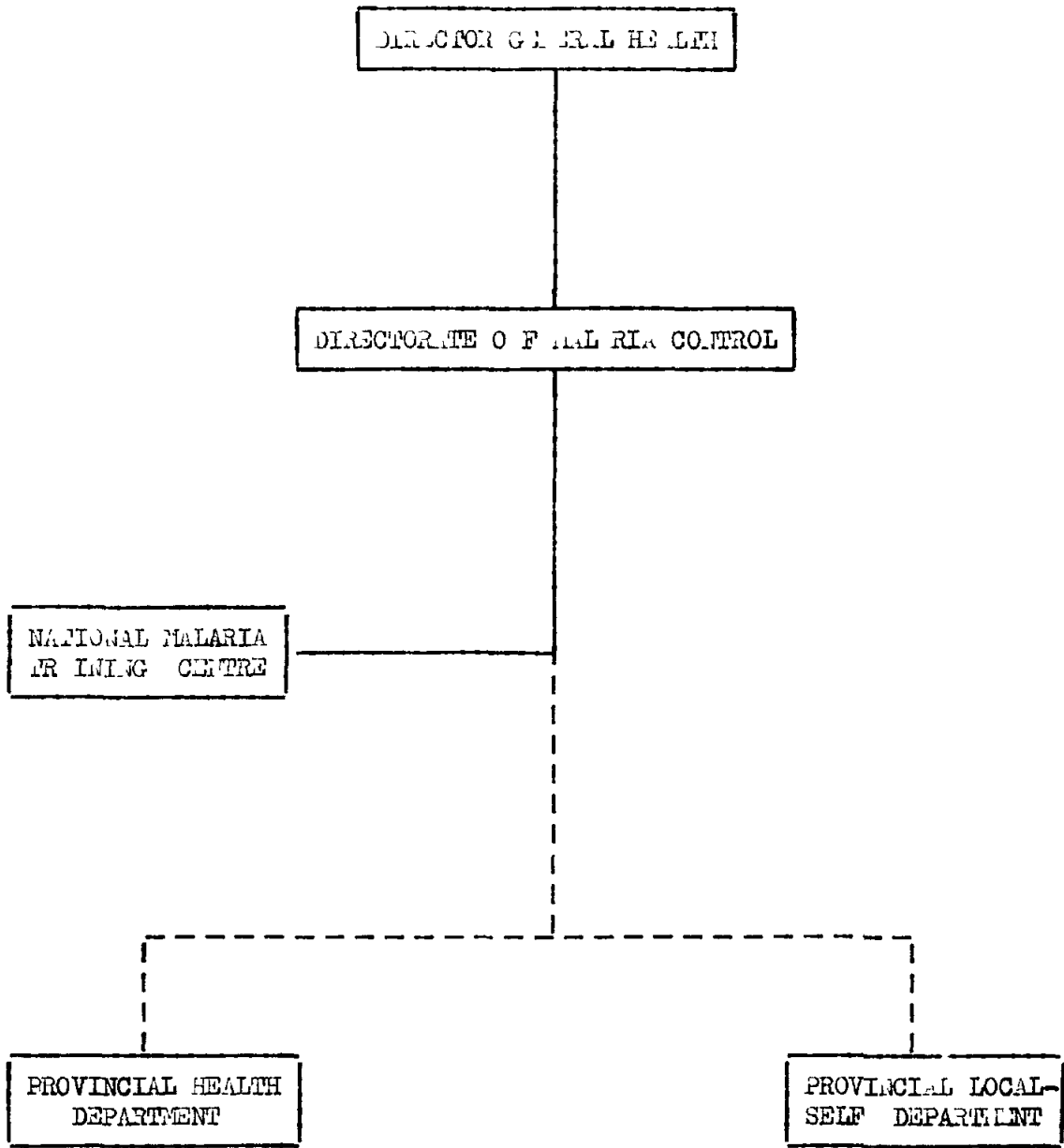
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ADMINISTRATIVE SUB DIVISIONS OF THE PROVINCES

PROVINCIAL GOVERNMENTS	-	GOVERNOR
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DIVISIONS	-	(COMMISSIONERS)
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DISTRICTS	-	(DEPUTY COMMISSIONERS)
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TEHSILS	-	(TEHSILDARS)
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FEDERAL

DIRECTOR GENERAL HEALTH

PROVINCE

PROVINCIAL HEALTH SECRETARY

DIRECTOR HEALTH SERVICES

MEDICAL/DENTAL COLLEGES,
POST GRADUATE MEDICAL
INSTITUTE,
TEACHING HOSPITALS

DIVISIONAL

DEPUTY DIRECTOR HEALTH SERVICES

DISTRICT

DISTRICT HEALTH OFFICER

FIELD HEALTH STAFF
(RURAL AREAS)
UNION COUNCIL

HOSPITALS,
DISPENSARIES,
RURAL HEALTH CENTRES

LOCAL GOVERNMENT SET UP

FEDERAL GOVERNMENT

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MINISTRY OF LOCAL GOVERNMENT & RURAL DEVELOPMENT

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PROVINCIAL GOVERNMENTS

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DEPARTMENTS OF LOCAL GOVERNMENTS AND RURAL DEVELOPMENT

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LOCAL GOVERNMENT INSTITUTIONS

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URBAN

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MUNICIPAL CORPORATIONS
(CITIES MORE THAN 500,000)
ELECTED MAYORS

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MUNICIPAL COMMITTEES
ELECTED CHAIRMEN

RURAL

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DISTRICT COUNCIL
(ELECTED CHAIRMEN)

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MARKAZ COUNCIL
(ONLY IN PUNJAB)
INDIVIDUALLY ELECTED

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UNION COUNCILS
(ELECTED CHAIRMEN)
(DIRECTLY ELECTED)

MINISTER/SECRETARIES

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D.D., (R.D) D.D(L.G)

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A.D., (R.D) A.D(L.G)

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