

Standing Committee Report Summary

Vector-Borne Diseases in North-East India

- The Standing Committee on Health and Family Welfare (Chair: Prof. Ram Gopal Yadav) presented its report on 'A Study of Vector-Borne Diseases in North-East India' on August 7, 2026. The Committee examined major vector-borne diseases (VBDs) such as Malaria, Dengue, Chikungunya, with a specific focus on the North Eastern Region (NER). Key observations and recommendations include:
- **Vaccination expansion and standardised treatment:** The Committee noted that vaccines exist internationally for diseases such as Yellow Fever, Dengue, and Malaria. However, in India, only the Japanese Encephalitis vaccine is provided free of cost under the Universal Immunisation Programme. It also noted the lack of defined treatment protocols for complicated stages of diseases such as Dengue Haemorrhagic Fever. The Committee recommended: (i) international collaboration for vaccine development, (ii) indigenous vaccine development for dengue and chikungunya, (iii) implementing newer technologies for rapid vaccine development and delivery to remote areas, and (iv) disease-specific standard protocols for complicated stages of VBDs.
- **Infrastructure and human resource capacity:** The Committee noted a critical shortage of trained entomologists at the state and municipal levels, with several sanctioned posts being filled by non-specialists. It also observed gaps in the distribution of laboratory infrastructure in the NER. The Committee recommended: (i) fast-tracking the recruitment of qualified entomologists, (ii) establishing a North Eastern Regional Entomology Training Hub, and (iii) expanding the network of Viral Research and Diagnostic Laboratories in the NER.
- **Real-time disease surveillance:** The Committee noted that data collection and surveillance remain major challenges in the NER, owing to difficult terrain and weak feedback mechanisms. It recommended: (i) establishing an exclusive NER portal or publishing a "North-East Vector Surveillance Bulletin" before and after each monsoon, (ii) strengthening reporting through the Integrated Health Information Platform (IHIP), (iii) developing mobile applications and helplines in vernacular languages with two-way SMS-based follow-up, (iv) implementing AI-powered early-warning systems to predict disease hotspots, and (v) using machine learning for recognition of vectors from images reported by citizens. IHIP is the government's real-time digital dashboard where states upload VBD case data as it happens, replacing older paper-based reporting.
- **Regional and cross-border coordination:** The Committee noted that NER's proximity to international borders facilitates the spread of infections through seasonal migration. It also observed that ecological factors, such as unregulated pig rearing near paddy fields, contribute to the spread of Japanese Encephalitis in the NER. The Committee recommended establishing a cross-border coordination mechanism on VBDs with Bangladesh, Bhutan, and Myanmar. It also recommended regulating pig rearing in accordance with international best practices.
- **Targeted strategies to tackle vectors:** The Committee noted that the disease burden in the NER is influenced by: (i) climatic and ecological conditions, (ii) socio-economic factors, (iii) behavioural patterns, and (iv) systemic gaps in healthcare. The Committee recommended: (i) developing a region-specific and multi-sectoral strategy, (ii) strengthening coordination among the various vector disease control centres and the NER, and (iii) ensuring universal coverage of long-lasting insecticidal nets (LLINs) and Artemisinin-based Combination Therapy (ACT). LLINs are insecticide-treated bed nets that prevent mosquito bites and kill mosquitoes. ACT is a therapeutic protocol used for the treatment of malaria.
- **Challenges with tribal communities:** The Committee noted the socio-economic and cultural challenges affecting healthcare access and immunisation among tribal communities. It further noted underreporting and delayed outbreak detection result from the lack of regular health reporting systems in many rural and tribal communities. It recommended (i) door-to-door surveillance and awareness campaigns, (ii) periodic revision of incentives for Accredited Social Health Activist (ASHA) workers and Community Health Officers, (iii) strict adherence to the one-ASHA-per-habitation norm in the North-East, and (iv) targeted vector-control measures in high-risk areas.

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