

Overview of malaria control activities and programme progress

Colombia ranks among the higher-incidence countries of the Americas with a relatively high proportion of *P. falciparum* cases. Given security concerns, the NMCP does not cover many areas of the country. Areas particularly at risk of malaria include the low Cauca River region, tropical areas of the Pacific Coast, the high Sinú River Region and the Urabá Region. More than 160 000 cases were reported in 2003.

In accordance with the Global Malaria Control Strategy and the principles of RBM Partnership, the MoH launched an NMCP in 1998. Its elements include: (i) improved diagnosis and treatment; (ii) selective vector control including use of ITNs or mosquito-repellant chemicals; (iii) mosquito breeding control and targeted IRS; (iv) strengthening of public health surveillance including entomological and vector resistance surveillance; and (v) intersectoral and social participation.

Institutional strengthening for the sustainable prevention and control of malaria has occurred at all levels: (i) expansion of diagnostic and treatment services in high-risk areas; (ii) mobilization and social communication; and (iii) community participation, particularly in municipalities with high-transmission rates. Multiple studies have recently been conducted to assess treatment efficacy of AQ, CQ and SP. Results of drug trials for AQ and ASU+SP are expected to become available soon.

Financial support for malaria control activities comes almost exclusively from the MoH, which contributed over US\$ 13 million to malaria control in 2003.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines	Yes
Published/updated in	2004
Monitoring antimalarial drug resistance	Yes
Number of sites currently active	
Home management of malaria	NA
Vector control using insecticides	Yes
Monitoring insecticide resistance	
Number of sites currently active	
Insecticide-treated mosquito nets (ITNs)	Yes
Intermittent preventive treatment (IPT)	NA
Epidemic preparedness	

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
<i>P. falciparum</i> (unconfirmed)	
<i>P. falciparum</i> (lab confirmed)	AQ(3d)+SP+PQ
<i>P. vivax</i>	CQ+PQ
Treatment failure	Q(3d)+C20(5d) MQ(3rd line)
Severe malaria	
Pregnancy	
Prevention	
Treatment	AQ (Pf)

EPIDEMIOLOGICAL DATA

Following WHO recommendations, malaria case reporting is carried out in most countries. The data presented below reflect aggregated malaria cases at the national level and are presented by gender, age and subnational level as submitted to WHO. Malaria reporting from national surveillance systems varies in quality and reporting completeness and may have limited value in understanding the actual malaria burden, but may be useful for understanding trends in the relative burden of malaria in the public health sector.

Reported malaria cases (annual)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
99 489	184 156	184 023	129 377	127 218	187 082	135 923	180 898	185 455	66 845
2000	2001	2002	2003	Date of last report: 13 October 2004					
107 616	206 195	195 719	164 722						

Reported malaria by type and quality

For most recent year

Reported malaria cases	164 722
Reported malaria deaths	24

Probable or clinically diagnosed

Malaria cases	
Severe (inpatient or hospitalized) cases	
Malaria deaths	
Slides taken	520 980
Rapid diagnostic tests (RDTs) taken	

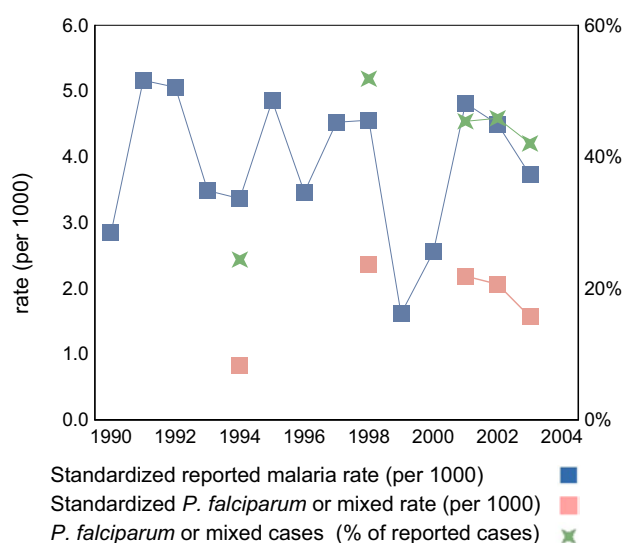
Laboratory confirmed

Malaria cases	164 722
<i>P. falciparum</i> or mixed	69 238
<i>P. vivax</i>	95 484
Severe (inpatient or hospitalized) cases	
Malaria deaths	24

Investigations

Imported cases

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	107 616	206 195	195 719	164 722	100
Gender	Male				104 783	64
	Female				59 939	36
Age	<1 year				165	0
	1-4 years				13 771	8
	5-14 years				32 944	20
	15-44 years				108 618	66
	>44 years				9 224	6

Reported malaria cases by selected subnational area

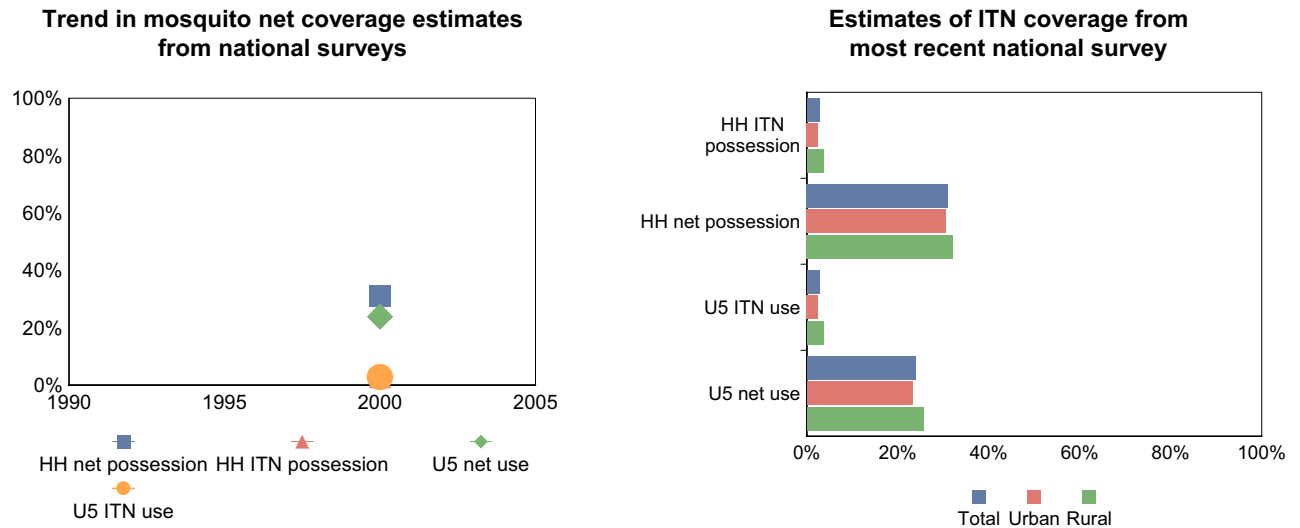
4 areas	2000	2001	2002	2003	%
Uraba – Bajo Cauca			85 437	77 373	47
Pacific			70 008	54 787	33
Amazon			12 527	3 713	2
Orinoco – East plains			24 141	981	1

COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

Information related to the coverage of RBM key interventions is presented here. This includes coverage of antimalarial treatment, possession and use of insecticide-treated nets (ITNs), and use of intermittent preventive treatment (IPT) among pregnant women (PW) where national policy indicates.

Insecticide-treated nets

ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data below represent available household survey results in which household possession and use of nets and ITNs have been assessed.



Available national surveys

DHS 2000

Sample size (HHs or U5s): 3 419
 Field work: Mar-Jul 2000
 Scale: national

Supporting Organization: Macro DHS

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities of national malaria control programmes. The information reflects annual, country-reported data.

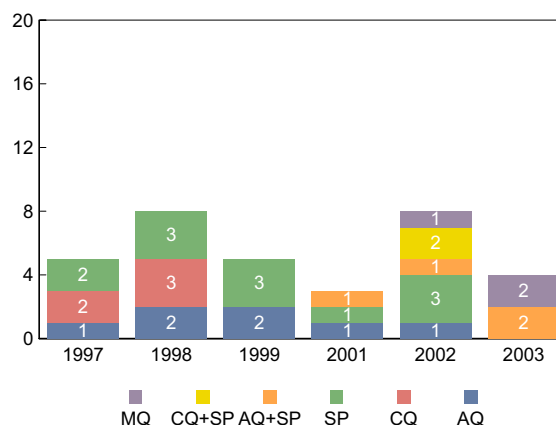
No data is currently available.

MONITORING ANTIMALARIAL DRUG EFFICACY

Monitoring antimalarial drug efficacy is important for understanding the impact of antimalarial treatment being delivered and the need for drug policy change, essential for ensuring prompt access to effective treatment. Median, range and quartiles are based on percentage clinical failure for uncomplicated *P. falciparum* malaria for countries in Africa south of the Sahara, and percentage total failure for all other areas. Included are studies that used WHO protocol among selected drugs.

Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
1997-1998	5	66.6	44.5	96.6	47.3	83.7
SP						
1997-2002	12	10.8	0.0	26.5	1.9	15.8
AQ						
1997-2002	7	11.5	0.0	50.0	3.2	27.3
MQ						
2002-2003	3	2.2	0.0	6.4	0.0	6.4
CQ+SP						
2002	2	17.4	12.1	22.6	12.1	22.6
AQ+SP						
2001-2003	4	2.3	0.0	10.8	1.1	6.6

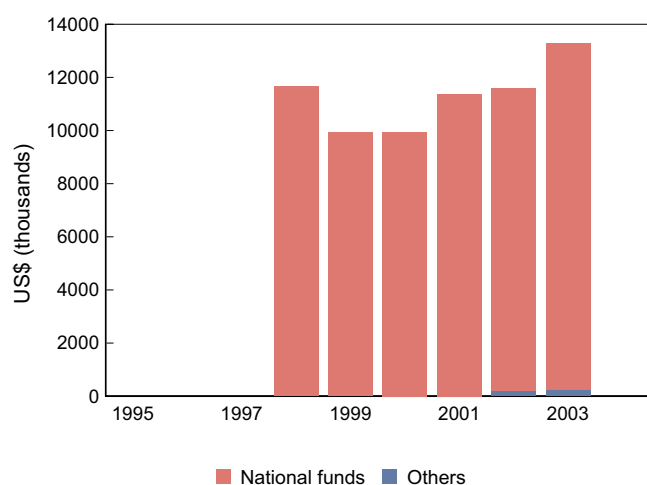
Number of drug efficacy studies available by year and drug type



FINANCING FOR MALARIA

Annual funding for malaria control

This information represents country-reported national and other resources budgeted or spent for national malaria control programme efforts. If information was reported in a different currency than US\$, the annual average of the official exchange rate from the World Development Index was used for conversion. Currency is presented in US\$ (thousands).



	National funds	Others
1995	-	-
1996	-	-
1997	-	-
1998	11 661	-
1999	9 930	-
2000	9 950	-
2001	11 364	-
2002	11 364	225
2003	13 050	225
2004	-	-

Malaria funds from the Global Fund to Fight HIV, Tuberculosis, and Malaria

Information on additional resources provided to countries through GFATM from 2-year committed funds for malaria from successful proposals through the first four rounds is presented. The details on approved proposals, grant agreements and disbursements to date are provided. Figures are presented in US\$. These data are maintained and updated by GFATM.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
Reg.Org.	3	15 909 000		No			-		

Multicountry proposal which includes Colombia, Ecuador, Peru, and Venezuela

General notes and remarks

See explanatory notes at the beginning of the section.