

Overview of malaria control activities and programme progress

Stable endemic transmission of malaria occurs all year round throughout the Democratic Republic of the Congo. Seasonal fluctuations in transmission intensity occur in the east and south of the country where the rainy season lasts from September/October to May, with a short dry season in February/March. Malaria remains one of the primary causes of mortality and morbidity in the country, especially among pregnant women and young children. Furthermore, malaria is thought to contribute indirectly to HIV transmission through transfusions with unscreened blood for patients with severe malarial anaemia. The complex emergency circumstances in certain areas of the country have worsened the malaria situation. The disease accounts for an estimated 25–30% of child mortality, and is responsible for 68% of outpatient visits and 30% of hospital admissions averaged throughout the country. In 2003, sentinel sites reported 4 386 638 cases of malaria, which resulted in 16 498 reported malaria deaths.

In 1998, an NMCP was created with six administrative divisions. The primary control strategies are: (i) appropriate case management in both community and health infrastructures; (ii) scaling up the use of ITNs; (iii) providing IPT for pregnant women; and (iv) epidemic prevention and control. Efforts to strengthen malaria surveillance, operational research, community involvement and health education are also promoted through the RBM Partnership. Additional activities carried out by other RBM partners include strengthening human resources in health care through training, improving the supply of drugs and medical equipment, ITN distribution, supervision and monitoring and evaluation.

Based on demonstrated high treatment failure rates for SP, the first-line antimalarial until 2004, the country is in the process of replacing it with an ACT as the first-line antimalarial treatment. Scaling up the delivery of ITNs to target populations has accelerated since 2000, with more than 360 000 ITNs distributed in 2003 alone.

The total needed budget estimated in the RBM 5-year strategic plan 2002–2006 exceeds US\$ 143 million. The GFATM will supply almost US\$ 54 million from a grant commissioned in its third round. It is anticipated that the remaining gap will be met by the government, multilateral and bilateral cooperation, the World Bank and the GFATM in future rounds.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines	
Published/updated in	
Monitoring antimalarial drug resistance	Yes
Number of sites currently active	8
Home management of malaria	
Vector control using insecticides	
Monitoring insecticide resistance	
Number of sites currently active	
Insecticide-treated mosquito nets (ITNs)	Yes
Intermittent preventive treatment (IPT)	Yes
Epidemic preparedness	

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
<i>P. falciparum</i> (unconfirmed)	SP
<i>P. falciparum</i> (lab confirmed)	SP
<i>P. vivax</i>	
Treatment failure	Q(7d)
Severe malaria	Q(7d)
Pregnancy	
Prevention	SP (IPT)
Treatment	

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
						198 064		141 353	1 508 042
2000	2001	2002	2003						
964 623	2 199 247	2 640 168	4 386 638	Date of last report: 15 December 2004					

Reported malaria by type and quality

For most recent year

Reported malaria cases	4 386 638
Reported malaria deaths	16 498

Probable or clinically diagnosed

Malaria cases	4 386 638
Severe (inpatient or hospitalized) cases	
Malaria deaths	16 498

Slides taken

Rapid diagnostic tests (RDTs) taken

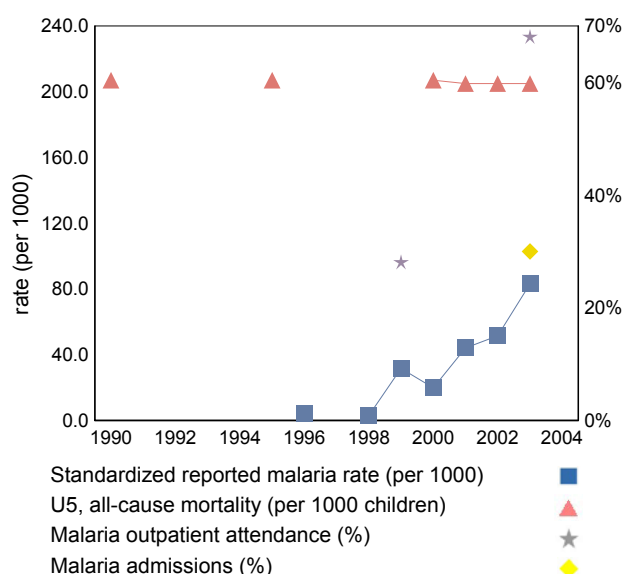
Laboratory confirmed

Malaria cases	
<i>P. falciparum</i> or mixed	
<i>P. vivax</i>	
Severe (inpatient or hospitalized) cases	
Malaria deaths	

Investigations

Imported cases

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	964 623	2 199 247	2 640 168	4 386 638	100

Reported malaria cases by selected subnational area

11 areas	2000	2001	2002	2003	%
Katanga	26 293	394 761	53 592	640 191	15
Nord Kivu	74 246	321 779	345 077	626 616	14
Kinshasa	359 544	506 716	1 034 822	537 378	12
Sud Kivu	241	54 086	252 791	468 325	11
Equateur	54 818	93 624	130 208	465 636	11
Bas-Congo	462	314 967	135 952	453 860	10
Bandundu	35 822	207 330	208 047	323 603	7
Kasaï Oriental	9 393	86 873	157 019	255 195	6
Orientale		33 224	101 947	235 180	5
Maniema	117 373	79 999	69 421	212 200	5
Kasaï Occident	45 387	105 888	151 292	168 458	4

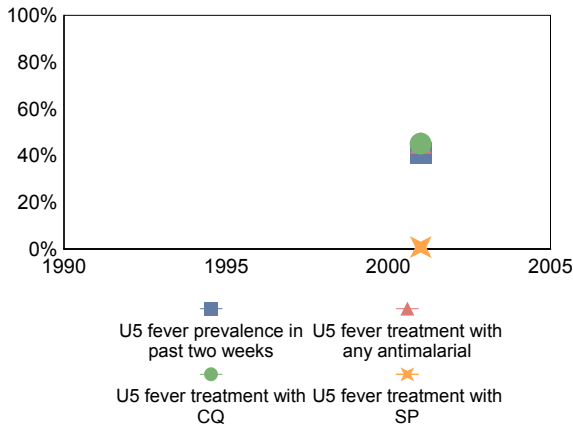
COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

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.

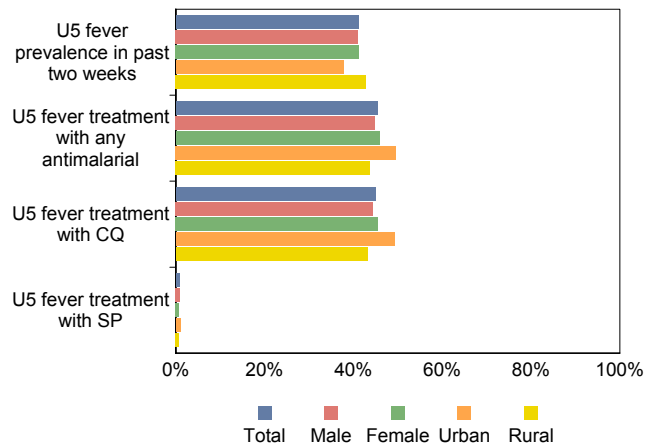
Fever prevalence and treatment with antimalarials

Prompt access to effective treatment is one of the key interventions promoted by RBM. Information presented below is from household surveys on fever prevalence and reported treatment of fever with antimalarials among children under 5 years of age (U5) within the previous 2 weeks.

Trend in fever prevalence and antimalarial coverage estimates from national surveys



Estimate of fever prevalence and treatment with antimalarials from most recent national survey



Available national surveys

MICS 2001

Sample size (U5s): 9 454

Field work: Jan-Oct 2001

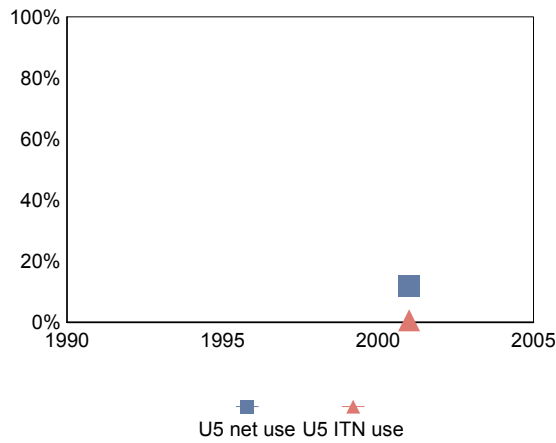
Scale: national

Supporting organization: UNICEF

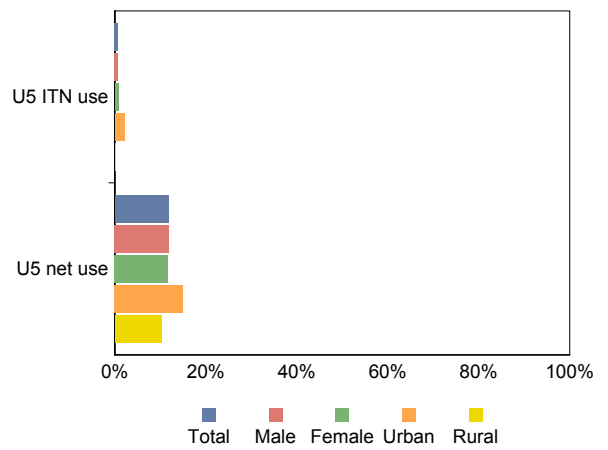
Insecticide-treated nets

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.

Trend in mosquito net coverage estimates from national surveys



Estimates of ITN coverage from most recent national survey



Available national surveys

MICS 2001

Sample size (HHs or U5s): 9 454

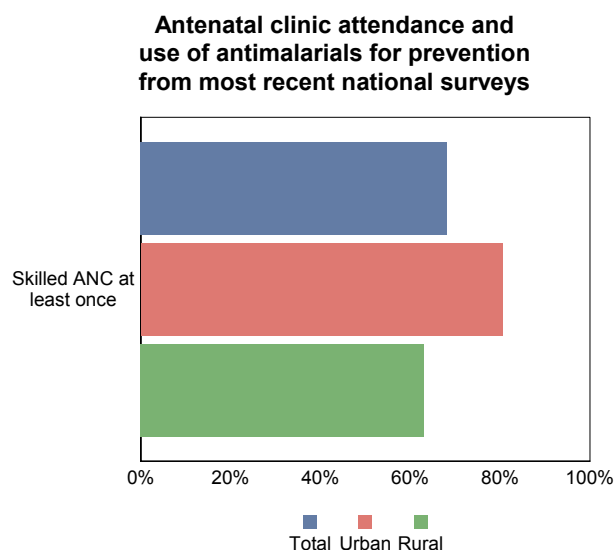
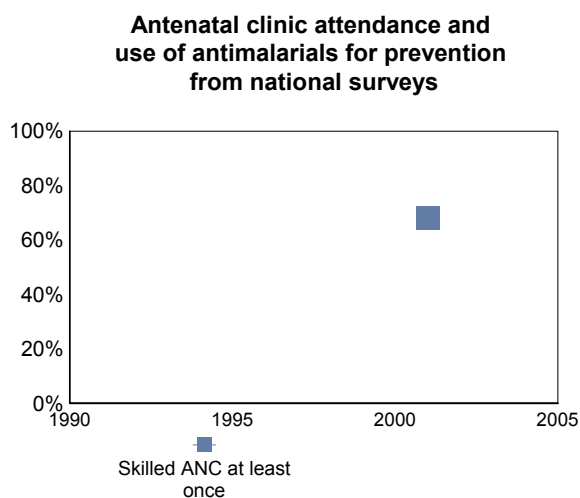
Field work: Jan-Oct 2001

Scale: national

Supporting Organization: UNICEF

Intermittent preventive treatment during pregnancy

RBM promotes IPT with SP in countries with areas of stable malaria transmission as one of its key prevention strategies for pregnant women (PW). However, few surveys have assessed the coverage of IPT among pregnant women. Data below represent available household survey results in which indicators related to monitoring IPT have been assessed. The level of skilled antenatal attendance and the percentage of women attending antenatal clinics (ANC) at least twice are presented as a background for which improvements in IPT can be achieved.



Available national surveys

MICS 2001

Sample size (PW): 2 666

Field work: Jan-Oct 2001

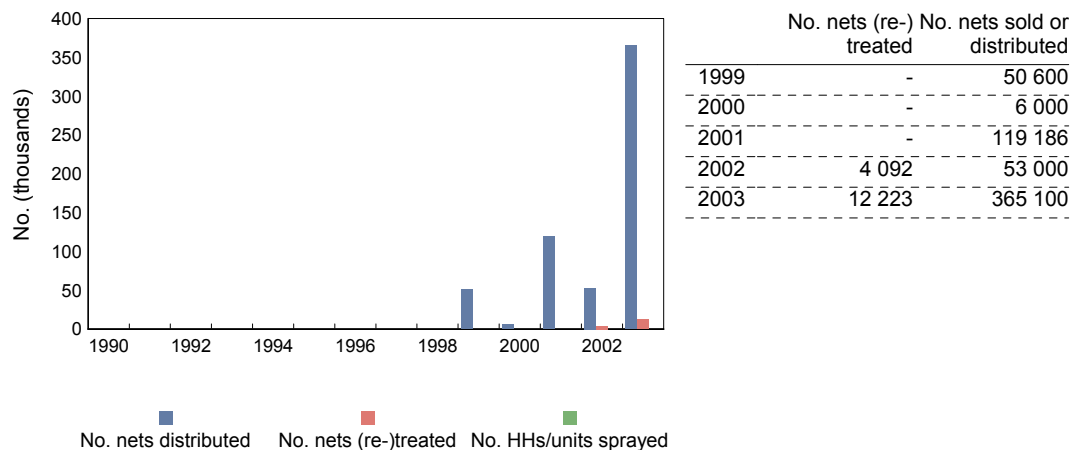
Scale: national

Supporting organization: UNICEF

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

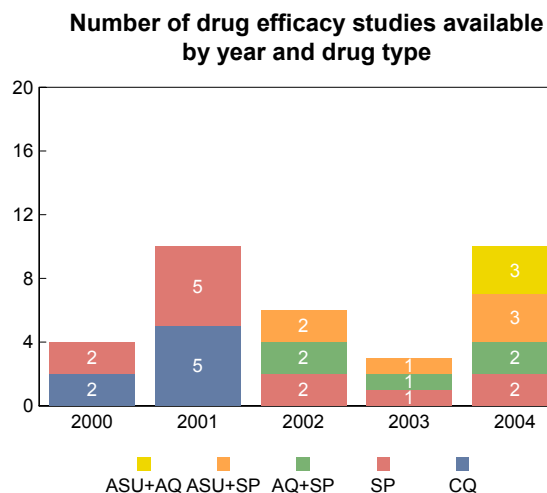
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities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



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.

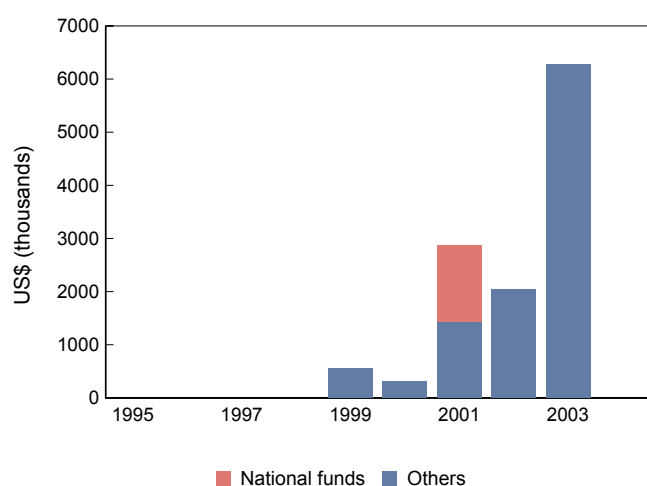
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
2000-2001	7	48.0	29.4	80.0	34.0	50.0
SP						
2000-2004	12	9.3	0.0	30.2	4.4	18.3
AQ+SP						
2002-2004	5	1.7	0.0	6.0	0.7	4.4
ASU+AQ						
2003-2004	3	0.0	0.0	1.4	0.0	1.4
ASU+SP						
2002-2004	6	0.0	0.0	5.6	0.0	3.4



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	-	-
1999	-	552
2000	-	315
2001	1 431	1 431
2002	-	2 035
2003	-	6 269
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
CCM	3	24 966 676	UNDP	Yes	7-Sep-04	24 966 676	1	1 441 186	5.8%

General notes and remarks

See explanatory notes at the beginning of the section.