

## Overview of malaria control activities and programme progress

A formal NMCP has only been established in Timor-Leste since 2003. The MoH has developed a National Malaria Strategic Plan, which incorporates important strategic approaches to: (i) guarantee that the entire population will have access to prompt and effective treatment; (ii) provide malaria prevention measures (ITNs) to young children and pregnant women; and (iii) ensure use of appropriate vector control methods including irrigation and fish farming in the paddy fields and improve epidemic preparedness and response. In addition, two vital cross-cutting strategies—information, education and communication materials and integrated disease surveillance—are included in the strategic plan.

The successful round two GFATM proposal will provide US\$ 2.9 million to implement malaria control activities in the country. The activities are based on multisectoral approaches involving local communities, the MoH, Ministry of Education, Ministry of Agriculture, national and international NGOs, WHO and other UN agencies.

Malaria control activities still face several constraints. Surveillance data received from districts is not properly analyzed and a surveillance officer is being recruited to assist with data management and analysis. Underreporting from districts also limits the use of malaria data for cases and deaths in understanding the extent of the burden of disease. Malaria diagnosis is weak and steps have been taken to introduce rapid diagnostic tests. Efforts for integrated vector control activities are not well developed, although there is an initiative currently underway to use of larvivorous fish in paddy fields. ITNs are being distributed, but there is a lack of effective monitoring of distribution activities.

### National malaria policy and strategy environment

#### National malaria strategy overview for 2003

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

#### Current antimalarial drug policy

	Current policy
<b>Uncomplicated malaria</b>	
<i>P. falciparum</i> (unconfirmed)	CQ+SP
<i>P. falciparum</i> (lab confirmed)	SP
<i>P. vivax</i>	CQ+PQ
<b>Treatment failure</b>	Q(7d)
<b>Severe malaria</b>	Q(7d)
<b>Pregnancy</b>	
Prevention	
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
								10 332	
2000	2001	2002	2003	Date of last report: 1 October 2004					
49 836	63 440	26 651	31 819						

### Reported malaria by type and quality

For most recent year

Reported malaria cases	31 819
Reported malaria deaths	8

#### Probable or clinically diagnosed

Malaria cases	100 000
Severe (inpatient or hospitalized) cases	
Malaria deaths	100
Slides taken	50 815
Rapid diagnostic tests (RDTs) taken	

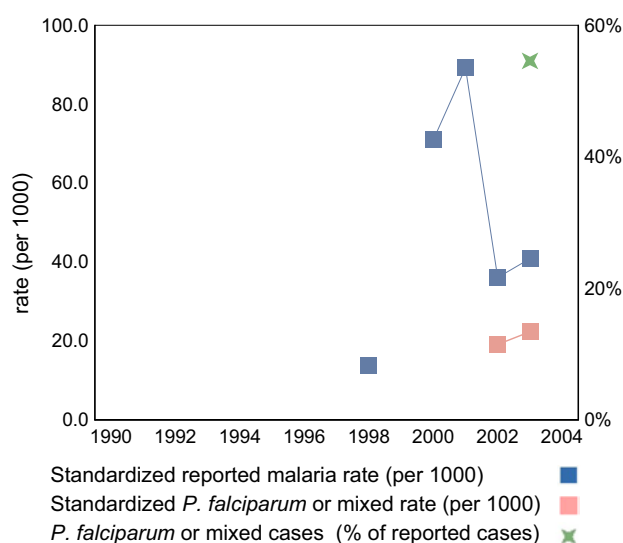
#### Laboratory confirmed

Malaria cases	31 819
<i>P. falciparum</i> or mixed	17 370
<i>P. vivax</i>	14 449
Severe (inpatient or hospitalized) cases	409
Malaria deaths	8

#### Investigations

Imported cases

Estimated reporting completeness (%)



### Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	49 836	63 440	26 651	31 819	100

### Reported malaria cases by selected subnational area

2000	2001	2002	2003	%
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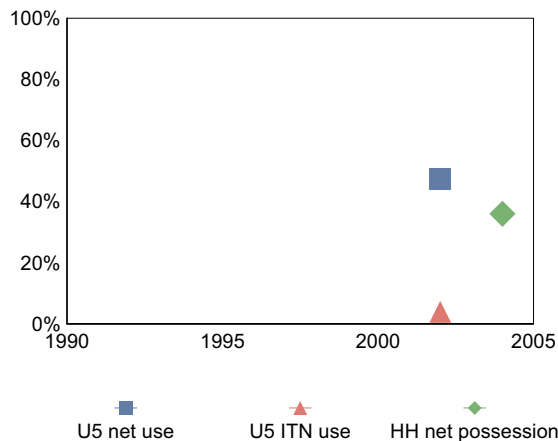
## COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

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.

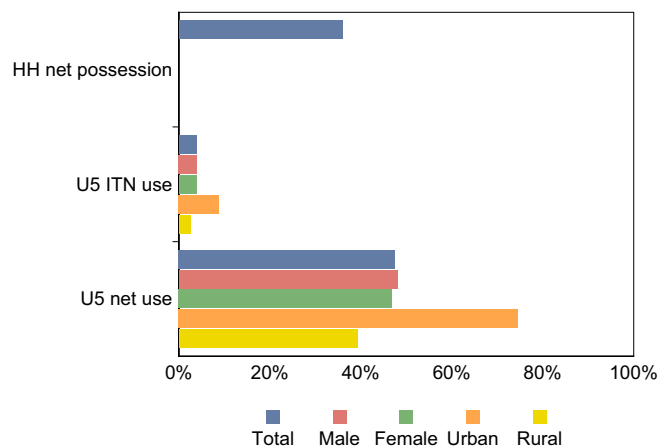
### Insecticide-treated nets

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.

**Trend in mosquito net coverage estimates from national surveys**



**Estimates of ITN coverage from most recent national survey**



### Available national surveys

#### MoH 2005

Sample size (HHs or U5s): 7 909  
Field work: Dec 2004  
Scale: national

Supporting Organization: MoH, EPI

#### MICS 2002

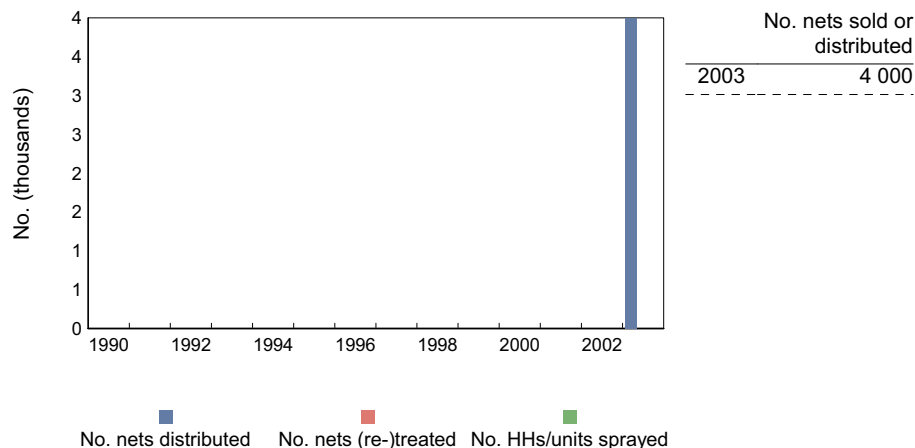
Sample size (HHs or U5s): 4 454  
Field work: Aug-Sep 2002  
Scale: national

Supporting Organization: UNICEF

## SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

### General malaria-related services delivered

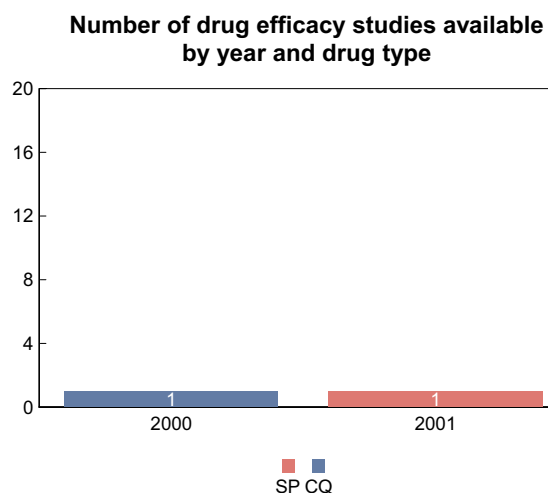
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities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

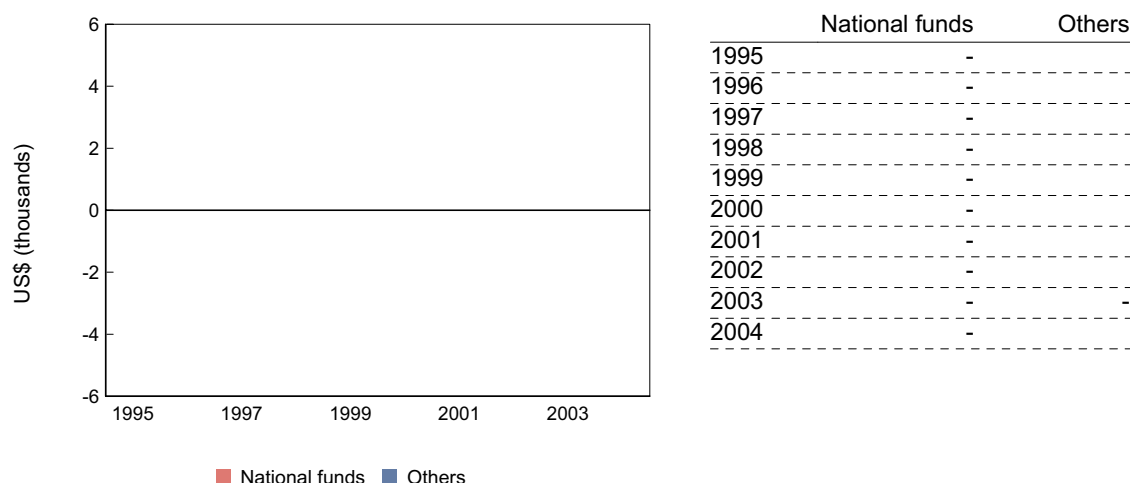
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
<b>CQ</b>						
2000	1	66.7				
<b>SP</b>						
2001	1	10.0				



## 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).



### 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	2	2 300 744	MoH	Yes	25-Jun-03	2 300 744	6	1 364 450	59.3%	

### General notes and remarks

See explanatory notes at the beginning of the section.

For 2003 reported severe malaria cases, data are only from Dili National Hospital. Probable malaria cases and malaria death reporting are from 7 of 13 districts.

The number of malaria cases clinically diagnosed for 2003 is an estimate.

No reported data was available for 1999 as a result of conflict.