

Overview of malaria control activities and programme progress

Malaria is the eighth leading cause of morbidity in the country, according to HIS in 2000. Data averaged over 10 years show that more than 90% of malaria cases nationwide are found in 25 of the 65 endemic provinces. These areas are among the poorest in the country and have a high percentage of indigenous peoples. These areas report significantly higher deaths caused by malaria and face challenges of access to health care for prompt and effective treatment and shortages of antimalarial drug supplies, especially in the peripheral health centres. The 40 remaining provinces, accounting for about 10% of reported malaria, are considered epidemic prone.

RBM control activities began in 2001, initially targeting three highly endemic municipalities in southern Mindanao and focusing on health worker training and procurement of essential malaria supplies. In 2002–2003, over 36 000 ITNs were distributed and (re-)treated in the targeted areas and rapid diagnostic tests and microscopists were deployed to all health centres. Since then, RBM has scaled up activities by employing a five-pronged strategy that emphasizes working with local government health units. The strategy includes: (i) raising political awareness and promoting community involvement, especially at local levels; (ii) strengthening diagnosis, prompt and effective treatment of malaria and availability of drug supplies at all healthcare facilities; (iii) streamlining referrals of severe malaria cases, including training doctors on the management of severe cases, training health workers on treatment policies and protecting pregnant mothers by providing LLINs; (iv) strengthening epidemic control through by promoting buffer stockpiles of essential supplies for both malaria and dengue; and (v) promoting operational research for improving delivery of services to internally displaced families, indigenous communities and school children.

RBM coordinated therapeutic efficacy studies for first- and second-line drugs, insecticide resistance monitoring, national distribution of giemsa stain, quality control of microscopy and rapid diagnostic tests and is also involved in the development of a policy framework for the judicious use of insecticides in public health and agriculture. For example, recent studies of CQ and SP efficacy showed high levels of treatment failure, resulting in the adoption of a new antimalarial treatment policy in May 2002 with the support of RBM.

RBM supported linkages with other disease control programmes such as Dengue, the Filariasis Elimination Programme and STH/schistosomiasis control programmes. A pilot programme on integrated delivery of health services using RBM as the entry point and which targets remote villages in disputed border areas is currently in progress.

With a successful proposal for malaria funding from the GFATM, RBM plays an important role in supporting GFATM activities in training, provision of essential malaria supplies and technical support. Funding from the GFATM started in 2003 and will help to reinforce the necessary training and new antimalarial drug supplies, especially in the underserved areas.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines Published/updated in	Yes
Monitoring antimalarial drug resistance Number of sites currently active	Yes 3
Home management of malaria	NA
Vector control using insecticides	Yes
Monitoring insecticide resistance Number of sites currently active	Yes 4
Insecticide-treated mosquito nets (ITNs)	Yes
Intermittent preventive treatment (IPT)	NA
Epidemic preparedness	Yes

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
<i>P. falciparum</i> (unconfirmed)	CQ+SP+PQ
<i>P. falciparum</i> (lab confirmed)	CQ+SP+PQ
<i>P. vivax</i>	CQ+PQ(14d)
Treatment failure	ATM-LUM
Severe malaria	Q(7d)+T
Pregnancy	
Prevention	CQ
Treatment	CQ+SP

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
86 200	86 400	95 778	64 944	61 959	56 852	40 545	42 005	50 709	37 061
2000	2001	2002	2003	Date of last report: 16 December 2004					
36 596	34 787	37 005	43 644						

Reported malaria by type and quality

For most recent year

Reported malaria cases	43 644
Reported malaria deaths	

Probable or clinically diagnosed

Malaria cases
Severe (inpatient or hospitalized) cases
Malaria deaths

Slides taken
Rapid diagnostic tests (RDTs) taken

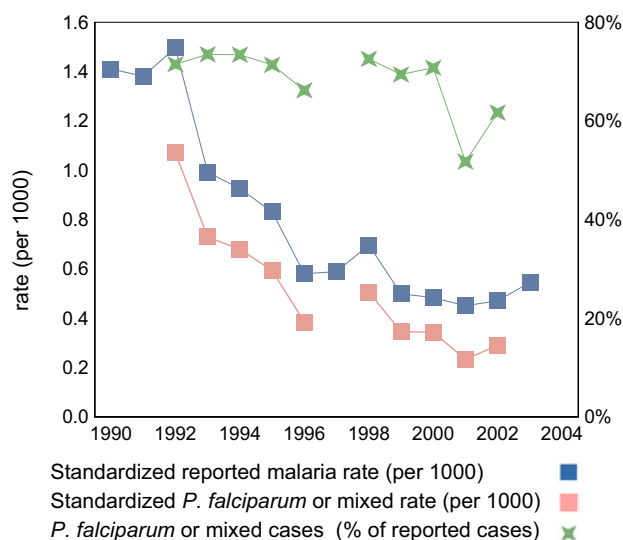
Laboratory confirmed

Malaria cases 43 644
P. falciparum or mixed
P. vivax
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	36 596	34 787	37 005	43 644	100

Reported malaria cases by selected subnational area

15 of 83 areas	2000	2001	2002	2003	%
Palawan	8 823	8 110	10 889	16 897	39
Tawi-Tawi	5 970	5 811	5 298	4 992	11
Sulu	2 629	2 399	1 508	3 523	8
Apayao	603	1 215	3 109	2 479	6
Davao del Sur	1 217	1 888	1 302	2 370	5
Cagayan	828	1 004	1 526	1 908	4
Isabela	1 675	1 451	2 909	1 408	3
Sultan Kudarat	263	495	134	1 231	3
Quirino	82	102	162	1 189	3
Kalinga	534	303	839	830	2
Agusan del Sur	3 331	2 698	2 353	818	2
Nueva Vizcaya	289	144	541	601	1
Occidental Mindoro	1 489	950	1 054	511	1
Agusan del Norte	288	330	640	495	1
Sarangani	457	475	513	492	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

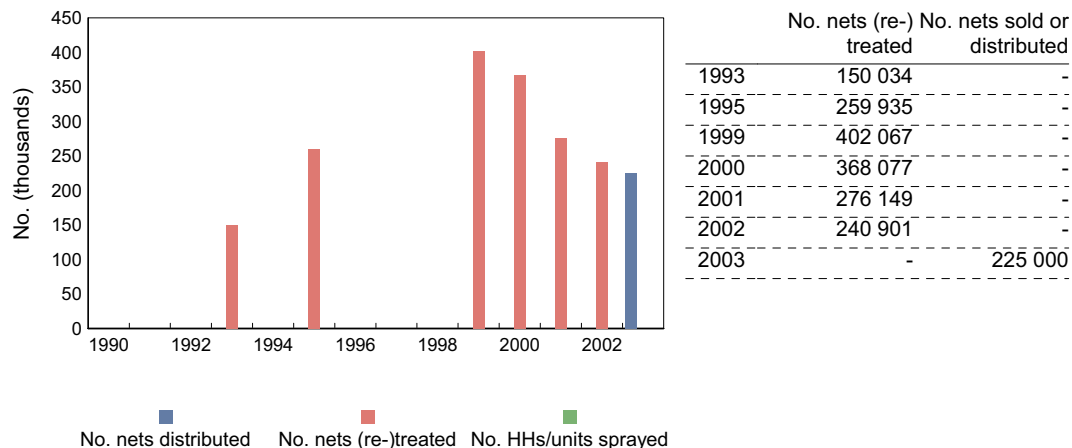
ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data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

No survey-based estimates of mosquito net or ITN coverage are currently available.

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.



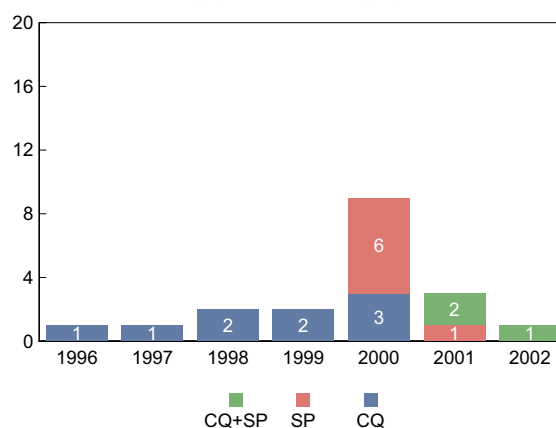
Under the RBM project over 30 000 new ITNs have been distributed, GFATM activities have distributed over 170 000 ITNs and the ADS project has distributed over 25 000 ITNs in 2003.

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						
1996-2000	9	42.1	16.4	76.2	32.1	52.0
SP						
1999-2001	7	42.6	8.5	66.7	12.5	60.6
CQ+SP						
2001-2002	3	18.4	11.1	29.6	11.1	29.6

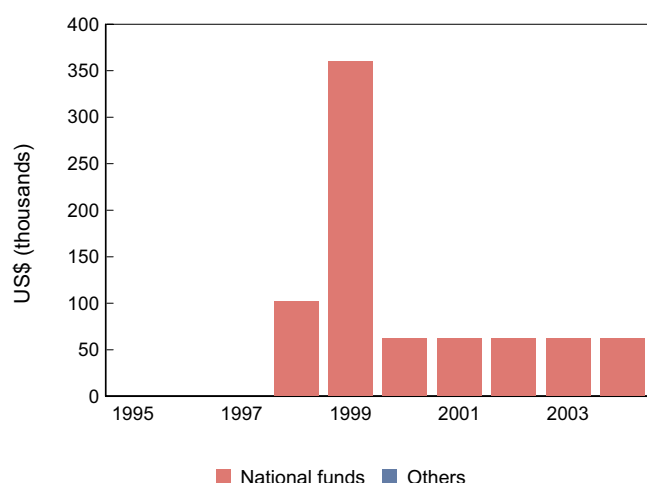
Number of drug efficacy studies available by year and drug type



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	102	-
1999	360	-
2000	62	-
2001	62	-
2002	62	-
2003	62	-
2004	62	-

The Government of the Philippines at national level has allocated Peso 3 million for the NMCP, while it is estimated that municipalities throughout the country have allocated approximately Peso 18 million per year.

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	7 244 762	Tropical Disease Foundation, Inc.	Yes	11-Jun-03	7 244 762	5	5 901 349	81.5%

General notes and remarks

See explanatory notes at the beginning of the section.
Reported malaria for 2003 are preliminary.