

Overview of malaria control activities and programme progress

Malaria is one of the leading causes of morbidity in the Solomon Islands where *P. falciparum* accounts for approximately 60-70% of all confirmed cases.

The National Vector Borne Diseases Control Programme implements a range of control strategies based on integrated vector management principles and the global RBM strategies. Integrated vector management consists of insecticide residual spraying, larval control, environmental modification and personal protection measures. The overall goals of the control programme include: (i) reducing clinical malaria and preventing mortality by providing early diagnosis and prompt and effective treatment of all or suspected confirmed cases; and (ii) reducing malaria morbidity through feasible, effective, sustainable and appropriate vector control interventions.

Malaria control is undertaken at provincial level in collaboration with the central government. The Solomon Islands Medical Training and Research Institute coordinates activities and provides technical support. The country has a network of trained microscopists, field technicians, laboratory supervisors, monitoring officers, entomologists and entomological technicians at central and provincial levels, who monitor and supervise vector control activities.

In the 1970s, a successful eradication programme reduced malaria to less than 2/1000 using high coverage DDT residual spraying. Since 1992, the control programme significantly reduced the burden of malaria through implementation of targeted and effective control measures. An intensified control programme in the capital city Honiara reduced malaria reporting by 92% between 1995 and 1999; for the country as a whole, there was a 67% reduction between 1992 and 1999. Control measures include ITNs, indoor residual spraying, larviciding, environmental modification and information, education and communication materials and community surveillance.

However, since the late 1990s malaria reporting has risen steeply in several provinces and increased sharply specifically in 2003 and 2004. While some provinces have achieved remarkable success in malaria control—for example, Isabel, Temotu and Western—the situation has worsened in other provinces. The health status in the country has been negatively affected by the period of ethnic tensions, the interruptions of services in Guadalcanal Province and the sudden decline in government financing of the sector since 2000. The crisis and economic collapse has forced a suspension of most malaria control activities and resulted in the destruction of many of the programme assets such as buildings, vehicles, boats and outboard engines. The psychological impact of the post-conflict disruptive economic and social situation has also affected individual performance and professional ability.

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 8
Home management of malaria	NA
Vector control using insecticides	Yes
Monitoring insecticide resistance Number of sites currently active	No
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)	CQ or CQ+SP
<i>P. falciparum</i> (lab confirmed)	CQ+SP
<i>P. vivax</i>	CQ+PQ(14d) or CQ+SP+PQ
Treatment failure	Q(3d) + SP
Severe malaria	Q(7d)
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
116 500	141 400	153 359	126 123	131 687	118 521	84 795	68 125	72 808	63 169
2000	2001	2002	2003	Date of last report: 11 October 2004					
67 884	76 417	74 865	90 606						

Reported malaria by type and quality

For most recent year

Reported malaria cases	90 606
Reported malaria deaths	71

Probable or clinically diagnosed

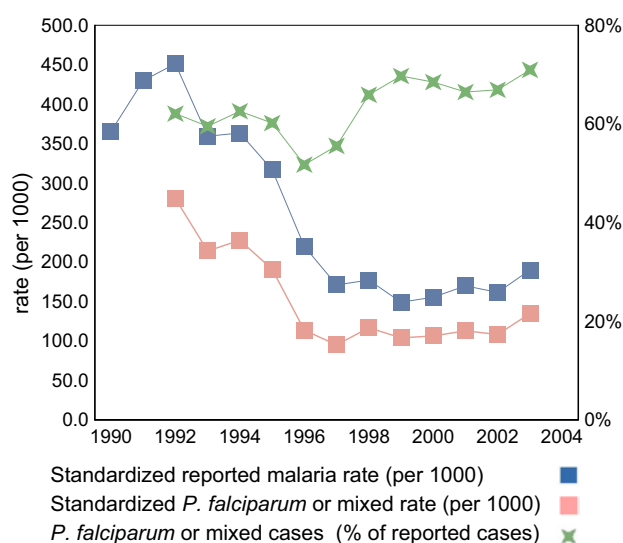
Malaria cases	
Severe (inpatient or hospitalized) cases	
Malaria deaths	71
Slides taken	297 897
Rapid diagnostic tests (RDTs) taken	0

Laboratory confirmed

Malaria cases	90 606
<i>P. falciparum</i> or mixed	64 302
<i>P. vivax</i>	26 304
Severe (inpatient or hospitalized) cases	
Malaria deaths	

Investigations

Imported cases	
Estimated reporting completeness (%)	60



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	67 884	76 417	74 865	90 606	100

Reported malaria cases by selected subnational area

9 areas	2000	2001	2002	2003	%
Malaita	15 279	16 239	19 372	22 617	25
Guadalcanal	6 629	8 497	10 887	19 805	22
Honiara	15 086	26 459	19 839	18 437	20
Western	20 214	15 011	11 884	10 160	11
Choiseul	3 257	2 381	3 316	7 718	9
Makira	2 176	2 032	2 775	4 689	5
Central	3 605	2 992	4 447	4 319	5
Isabel	760	1 146	1 348	1 460	2
Temotu	878	1 660	997	1 401	2

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

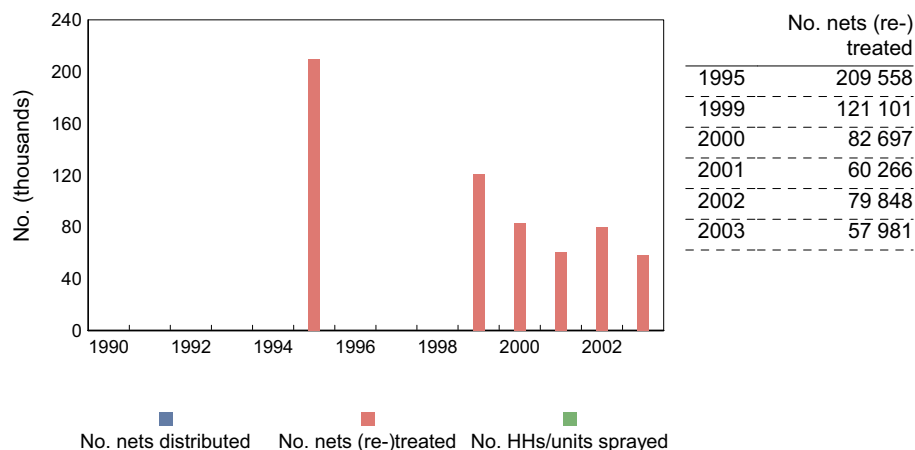
ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data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

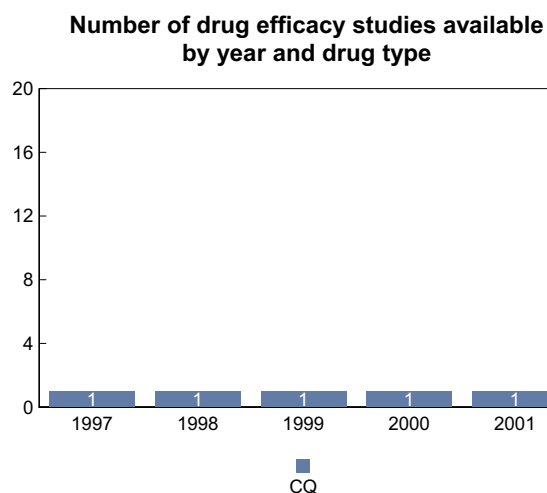
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities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



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.

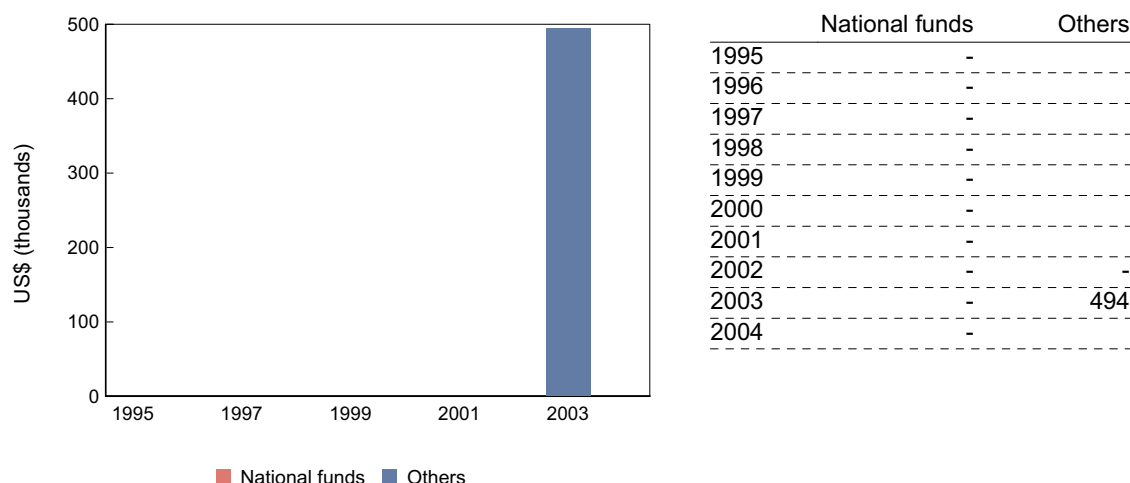
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
1997-2001	5	27.8	10.7	66.7	12.2	49.8



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).



Current external support comes mainly from the GFATM, the World Bank, Rotary Against Malaria and the Australian Agency for International Development.

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.CCM	2	2 416 850	Secretariat of the Pacific Community	Yes	27-Jun-03	2 416 850	4	2 217 488	91.8%

Regional proposal which includes several countries.

General notes and remarks

See explanatory notes at the beginning of the section.