

Overview of malaria control activities and programme progress

The National Vector Borne Diseases Control Programme in Vanuatu implements the conventional malaria strategies in line with the RBM strategic approaches. It aims to provide timely access to early diagnosis and appropriate treatment and to ITNs for the entire population. Chemoprophylaxis using CQ for pregnant women attending prenatal care services is a complementary preventive measure.

In the 1990s, the NMCP had succeeded in reducing malaria morbidity significantly, and mortality caused by malaria was zero as the result of a large-scale ITN intervention. The trend showed a significant reduction of annual parasite incidence from 196/1000 in 1990 to 28/1000 in 1999. In recent years, however, malaria morbidity increased as a result of both human and financial constraints that have reduced the capacity to sustain the intervention programme, and in 2003 malaria was back to the 1992 level. Based on current figures from HIS, the annual parasite incidence in 2003 was 74/1000. The real figure is probably three times higher than that reported as a result of low diagnostic services coverage. In 2003, there were 756 reported severe malaria cases, including 6 malaria related deaths, the first reported since 1990 although it is highly likely that there were unreported deaths during this period.

A rapid programme appraisal in early 2004 found that the early diagnostic service's coverage was very low—about 5%—and consequently a large amount of antimalarial drugs were used for presumptive treatment. The proportion of probable malaria cases was estimated at about 90% of total treated cases. There is an increasing concern of emerging parasite resistance to current non-ACTs; CQ plus Fansidar® and presumptive treatment practices could create a dilemma in changing antimalarial drug policy as it could cost 10 times more than the current regimen. It was also found that effective annual ITN coverage was less than 20% as a result of inadequate resources, irregular intervention and difficulties in field implementation.

The major partner in malaria intervention in the country is Rotary Against Malaria, which has contributed greatly to efforts to build up the community system involved in the malaria control programme. A multicountry proposal to the GFATM was successfully approved, and malaria control activities constituted the main component for Vanuatu. The core objectives are to reduce malaria incidence by 50% and bring malaria mortality close to zero by 2008. The major areas of intervention are to increase coverage of both diagnostic services—microscopy and rapid diagnostic tests—and ITN progressively to 80% and 85% respectively by 2008. More financial and technical efforts are required to achieve the target in 2008 and to eliminate the malaria burden from the major economical development areas in the next 10 years.

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 2
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)	CQ
<i>P. falciparum</i> (lab confirmed)	CQ +SP
<i>P. vivax</i>	CQ+PQ
Treatment failure	Q(7d)
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
28 805	19 466	12 842	11 483	5 765	11 954	5 740	6 103	6 181	5 180
2000	2001	2002	2003	Date of last report: 30 September 2004					
6 422	7 647	14 339	15 240						

Reported malaria by type and quality

For most recent year

Reported malaria cases	15 240
Reported malaria deaths	0

Probable or clinically diagnosed

Malaria cases
Severe (inpatient or hospitalized) cases
Malaria deaths

Slides taken
Rapid diagnostic tests (RDTs) taken

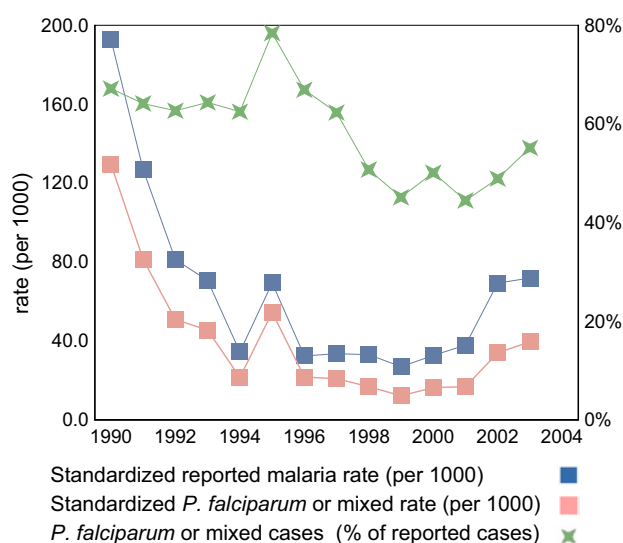
Laboratory confirmed

Malaria cases 15 240
P. falciparum or mixed 8 406
P. vivax
Severe (inpatient or hospitalized) cases
Malaria deaths 0

Investigations

Imported cases

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	6 422	7 647	14 339	15 240	100

Reported malaria cases by selected subnational area

6 areas	2000	2001	2002	2003	%
Sanma	2 078	2 652	4 350	4 227	28
Malampa	1 231	798	4 031	3 832	25
Shefa	1 334	2 003	2 194	3 134	21
Penama	1 433	1 275	1 917	2 718	18
Tafea	139	675	1 521	1 050	7
Torba	207	244	326	279	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

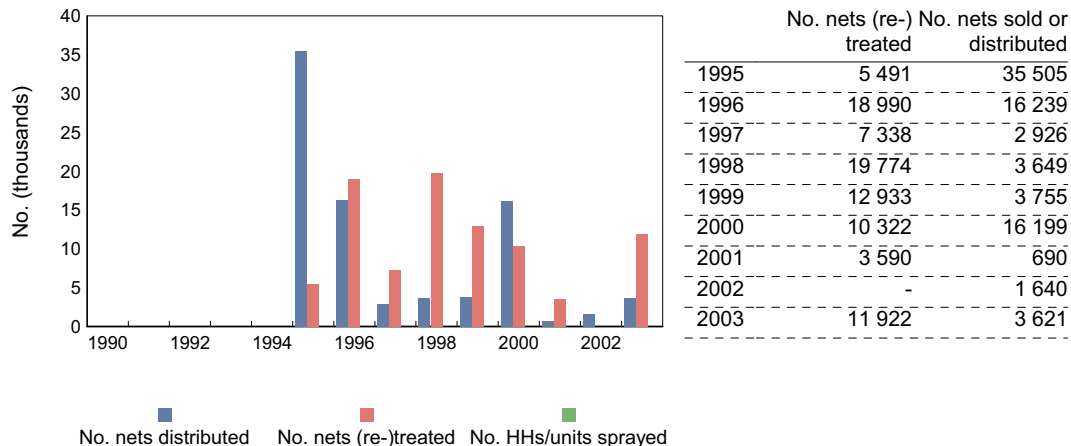
ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data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

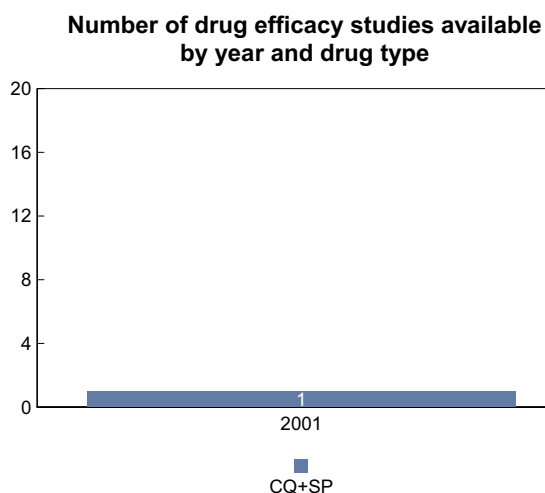
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities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

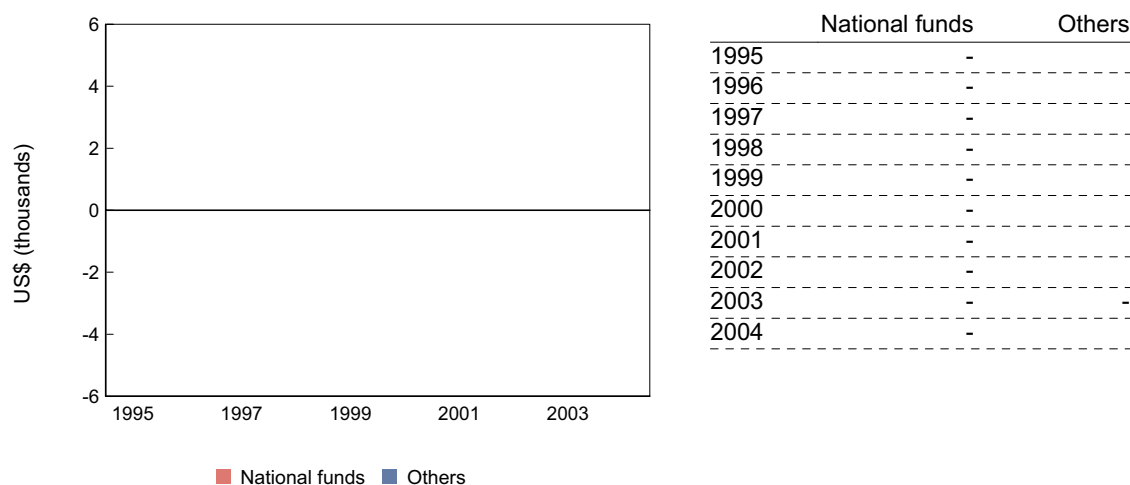
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ+SP						
2001	1	16.0				



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
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.