COUNTRY UP DATE

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Malaria situation in Timor Leste

- Malaria is the leading cause of morbidity and mortality in Timor Leste

- Total Population: 1,017,187 (80% of pop. Living in Malarious areas)

- > 100,000 clinical malaria cases/year

- 200 deaths/year

- 20-40% of all outpatients & 30% of all hospital admissions present for malaria symptoms
Most malaria transmission appears to be occurring in near the South coast of island.

Twenty nine out of 65 sub-districts account for 59% of the total malaria cases in the country.
Control Strategy

Goal:
To reduce the malaria burden by 30% of the level in 2006 by 2012 and to contribute to achievement of the Millennium Development Goals

Existing control strategy
- Clinical management providing effective and prompt treatment
- Distribution of insecticide treated bed nets to high risk group
- Integrated vector control
- Epidemic preparedness and response
Malaria Incidence /1,000 population by Age Group, Timor Leste, 2005 - 2008

- 2005: 443
- 2006: 457
- 2007: 432
- 2008: 275

- <5
- 5+
- Pregnant Women
The decrease of reported malaria cases 2006-2008:

- The change of malaria treatment for *P. falciparum* cases from SP combination to Artemether-Lumefantrine combination drug.
- The introduction of Rapid Diagnostic Test kit (RDT) for diagnosis of *P. falciparum* cases.
- Stratification of malaria risk areas according to sub-district.
- Distribution of LL-INs to population in the malaria high risk areas.
Status of Implementation

- Clinical management providing effective and prompt treatment

- New treatment protocol has been adopted → introducing ACT to treat *pf* cases.

- Use of RDT for Malaria at HFs without Microscope
Distribution of LL-ITN to high risk group

- Mainly used vector control method in the country

- Total number of LL – ITN distributed 2005 - 2006:
  - Mass distribution to CU5 : 118,707
  - PW : 15,669 Distributed through ANC visit
  - Other target : 49,600 (targeting 80% of population at high endemic areas)
Integrated vector control → Commenced with entomological Surveillance

- Entomological laboratory established

- Number of preliminary surveys carried out in malaria high risk areas

- Develop evidence based appropriate vector control strategy
Vectors and behavior

10 anopheline species found in Timor Leste

Vectors

1. An. subpictus
2. An. barbirostris

Biting and Resting behavior

- Mainly rest indoors on walls, roof and under furniture
- Mainly bite indoors
- Prefer human blood
Anopheles barbirostris
- 6PM-3 AM & another small peak from 4-5 AM

Anopheles subpictus
- 6PM-10 PM & Another peak- 12-3 AM

Biting time of the vectors does not always correlate with the hours that persons at risk would utilize bed nets.

Therefore nets are probably not be the most effective or only prevention method required to reduce man-vector contact.
Major constrains of malaria control programme

- Shortage of officers at National and District level for effective implementation of programme

- Poor microscopic diagnosis of malaria parasites and shortage of analysts/microscopists

- Increased transmission due to very limited coverage of Insecticide Treated Long Lasting Nets (LLINs) in high risk malaria areas and low utility rate of distributed LLINs nets
Limited or no access to Health institutions with laboratory facilities.

Emergence of Sulfadoxine-pyremethamine resistance to *P. falciparum* cases

Community knowledge, attitude and practice regarding malaria prevention and treatment is relatively low. (Recent KAP Survey)
Innovative strategies Planned in the near future (2009-2011)

- Enhancing case management through early case detection and delivery of effective antimalarial therapies.
  - Improve quality of malaria Microscope diagnosis
  - Scale up the utilization of RDT in HFs without microscope
  - Community Base diagnosis and treatment

- Utilization of an integrated approach to prevent and control malaria
  - LL-INs distribution to CU5 & PW in high endemic areas → 80% targeted
  - Pilot of IRS in 2 high endemic district → 9000 houses targeted
Integrating community involvement as a successful way to raise awareness on the prevention and management of malaria

Enhancing components of the health system through capacity building and monitoring and evaluation.

- Adequate staffing and capacity improvement of managerial & technical implementation of the program
  - 66 staffs will be recruited
  - 5 expert to back up program implementation

- Guarantee the adequate infrastructure and logistical Supply to support malaria program
Funding Partner for Malaria Program In TL

- WHO → Providing technical Assistance
- USAID through BASIC/TAIS
- EC through Care International → Community outreach Activities

- Malaria R7 total US$ > 10,328,742.00 (next 5 years)
- Approved for 1st phase US$ 6,168,687.00

Government Budget for 2008-2009 for malaria program → US$ 172,000.00
THANK YOU