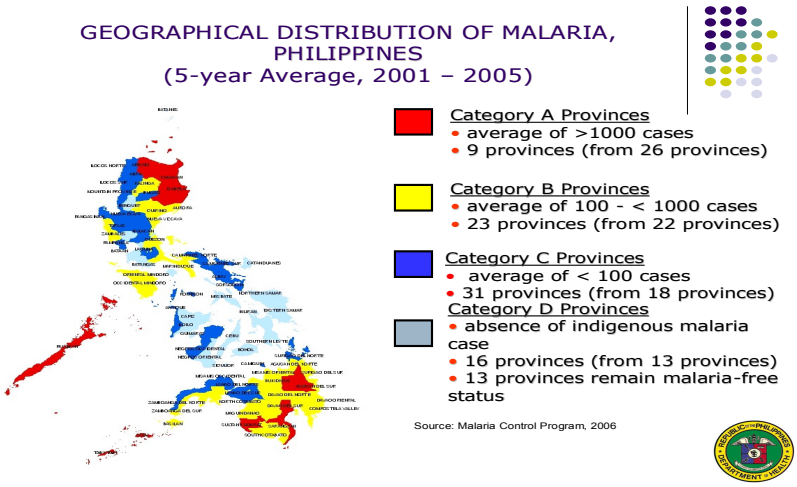
Malaria Situation in the Philippines

Malaria is a rural disease and is one of the important mosquito-borne diseases affecting far-flung barangays (villages) of the country. Out of the 79 provinces nationwide, 57 are malaria endemic. This poses a huge economic, social and health burden to 11 million people who are at risk of malaria. These areas are among the poorest in the country, belonging to the 5th - 6th class municipalities where access to and availability of basic health services and correct health information, remain difficult for the people at risk. This creates a huge and constant challenge to the health deliverers and movers of the Malaria Control Program.

Malaria Status:

There are 79 provinces nationwide. The Malaria Control Program has categorized these 79 provinces based on the 5-year average (see Figure 1). This helps the program in prioritizing resources in Categories A & B provinces. Out of the 79 provinces, 57 are malaria endemic provinces. In 2007, 6 provinces have been added in the list of Category D provinces.

Figure1: Geographical Distribution of Malaria



Comparing the 2005 and 2006 malaria data, there were 35,405 cases (Morbidity Rate: 41/100,000) and 122 deaths (Mortality Rate: 0.14/100,000), a 24% reduction of malaria cases (Morbidity Rate: 55/100,000) and 19% reduction of malaria deaths (Mortality Rate: 0.17/100,000) respectively.

The vision of the Malaria Control Program is a malaria-free Philippines by 2020. Strategies of the MCP include the following: 1) Early diagnosis and prompt treatment; 2) Vector control – insecticide-treated mosquito net as main vector control strategy, complemented by indoor residual spraying; 2) early management and disease surveillance; 4) monitoring and evaluation – drug and insecticide resistance monitoring; drug quality monitoring (pilot study to determine the baseline profile); Quality Assurance for microscopy (GF sites) and Philippine Malaria Information System at the provincial level.

The MCP is in the process of revising the following policies: 1) treatment policy – the use of artemisinin-based combination (artemether-lumefantrine: Coartem®) as the 1st line treatment of uncomplicated *P. falciparum* cases, followed by Primaquine on the 4th day of treatment. The current treatment policy is the use of combination therapy of chloroquine and sulfadoxine/pyrimethamine as the 1st line treatment of uncomplicated *P. falciparum*. Artemisinin-based combination (Coartem®) is the 2nd line treatment of uncomplicated *P. falciparum* and is used if 1st line drugs are not available or if there is treatment failure from 1st line drugs. Primaqine is given on the 4th day of treatment. Treatment of severe *P. falciparum* is a combination therapy of quinine ampule/tablet plus any of the following antibiotics: Tetracycline, Doxycycline or Clindamycin. P. vivax cases are treated with Chloroquine for 3 days and Primaquine for 14 days ; 2) vector control – use of indoor residual spraying as regular vector control strategy based on the microstratified barangay (village) to complement ITNs, preferably long-lasting mosquito nets. Currently, the use of IRS is used during outbreaks; 3) stratification of endemic provinces up to the barangay (village)/sitio level.

Health services, including malaria control program has been devolved to the local government units (Local Government Code of 1991). The Department of Health has further undergone reorganization to address its new role and mandate under a decentralized set-up. The functions of the DOH are policy formulation, advocacy, program development, standard setting, technical assistance, regulation and monitoring.

With regard to financial resource of MCP, Global Fund and Roll Back Malaria Projects that assist the MCP and are major contributors of the program's meager budget (Php 3.4M since 2001). However, in 2008, the national budget of the MCP has increased by 2000% (Php 60M). As to human resource complement, there is only 1 staff at the national level and is supported by 3 technical officers of WHO. At the regional level, there is a regional malaria coordinator and a regional entomologist. However, the regional malarial coordinator also handles 2 or more programs. To address the limited human resource, establishment of diagnostic, clinical and vector control teams with team members coming from the Research Institute for Tropical Medicine and Regional/Provincial Malaria Coordinators.