Ministério da Saúde

HAPARA MALARIA

National Malaria Control Program
Timor-Leste

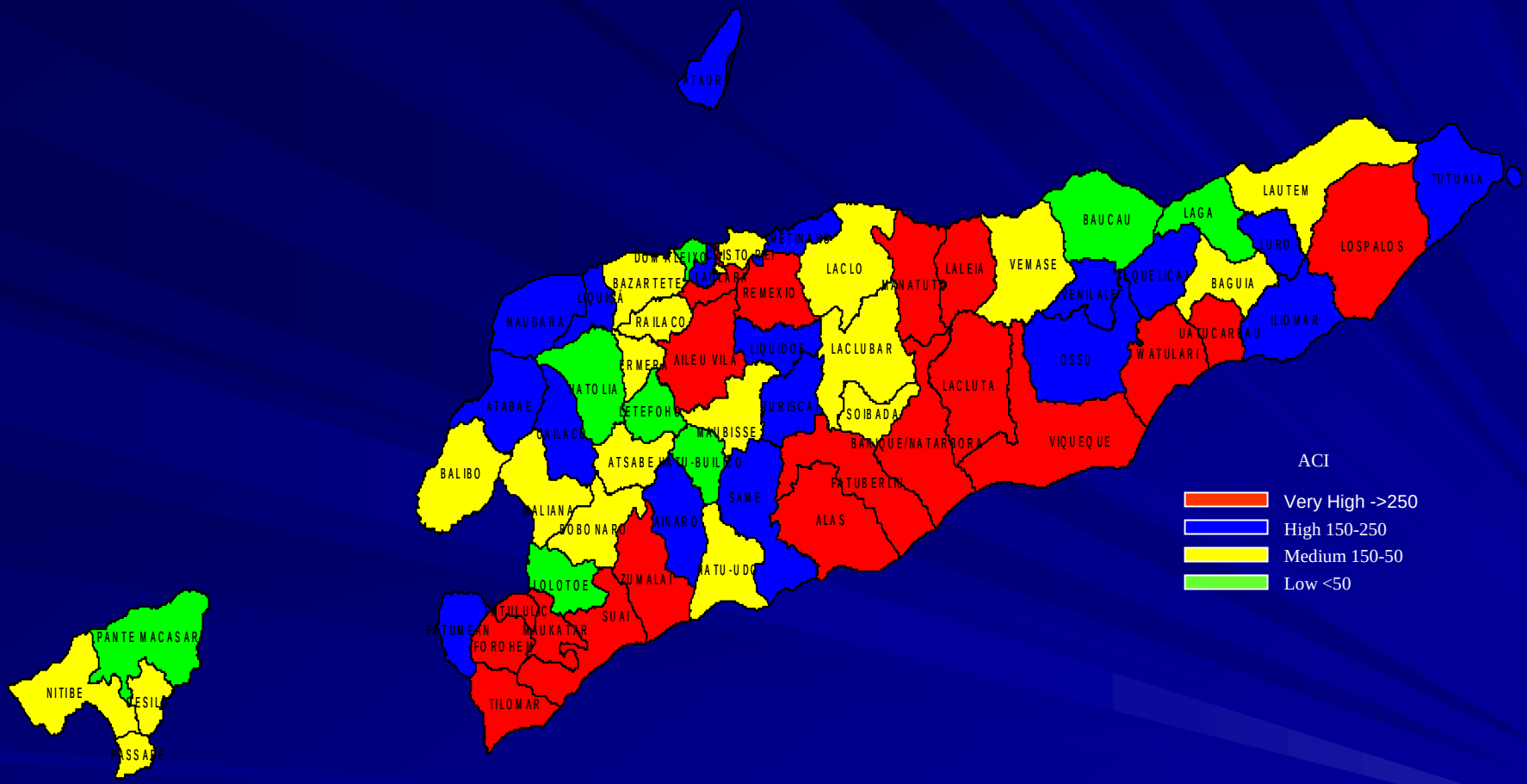
COUNTRY UP DATE

Johanes Don Bosco
National Malaria Control Program
Timor-Leste

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**

Map.1 Micro-Stratification of Malaria Incidence (1000 population) Based on Data 2006



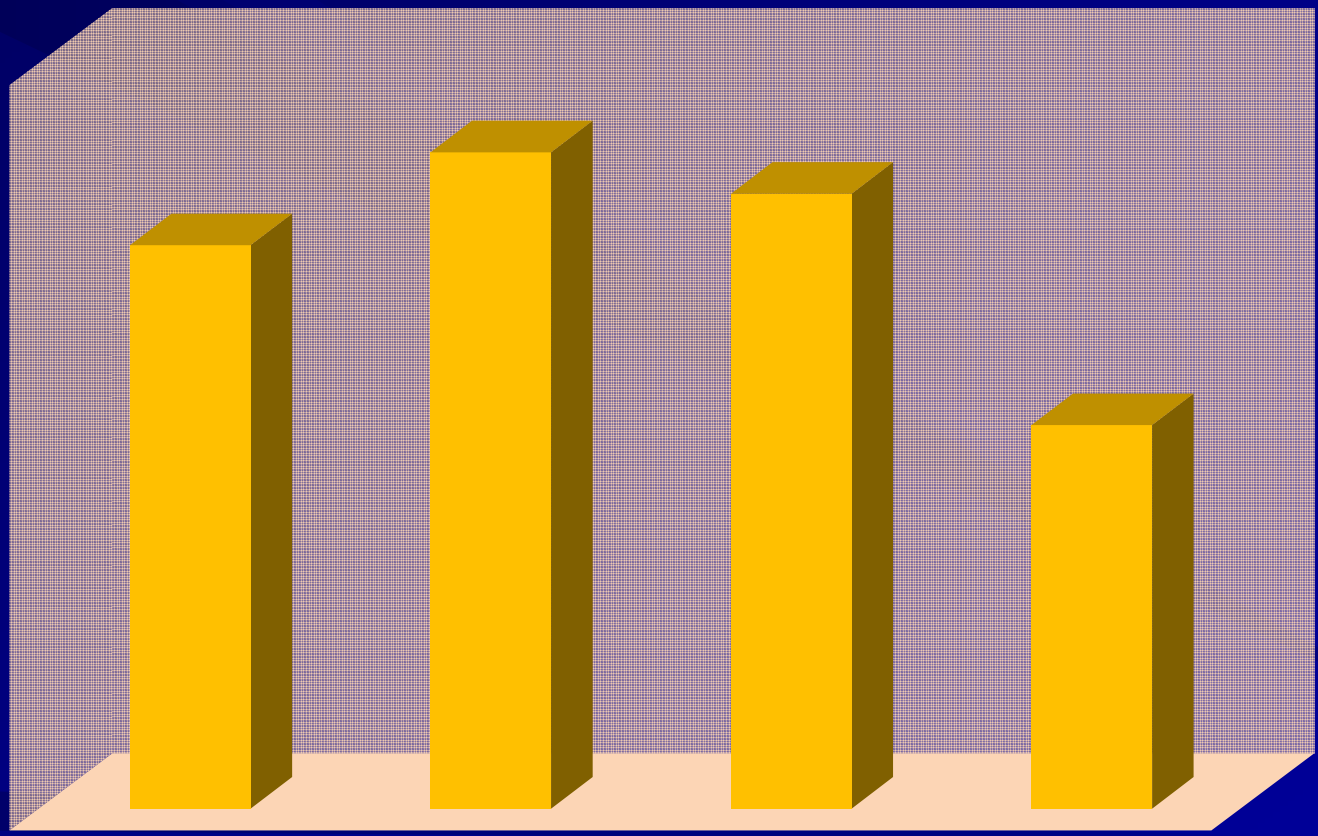
- Most malaria transmission appears to be occurring in near the South coast of island.
- Twenty nine out of 65 sub-districts account for 59% of the total malaria cases in the country.

Control Strategy

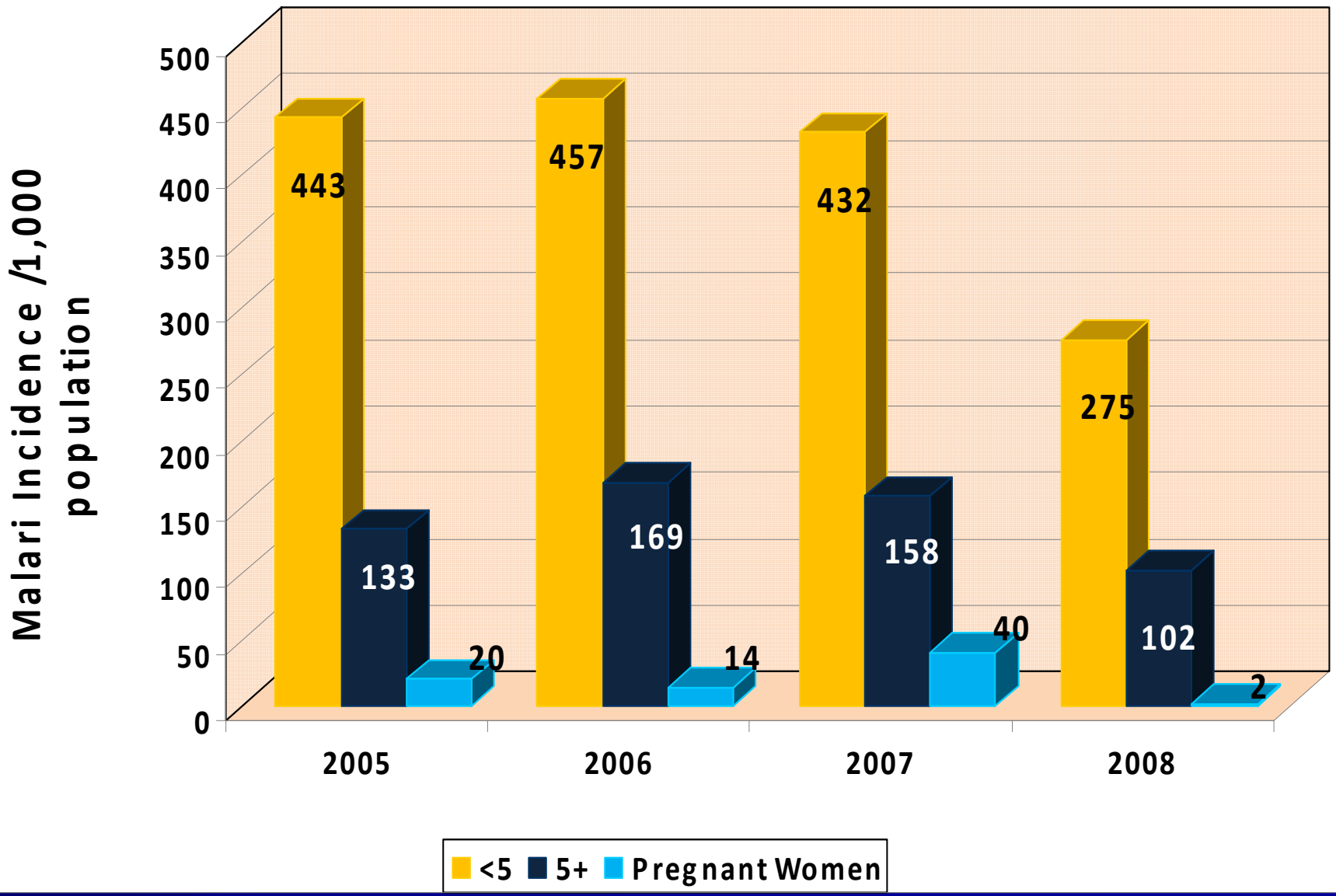
- **Goal:**

  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



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 trough 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*

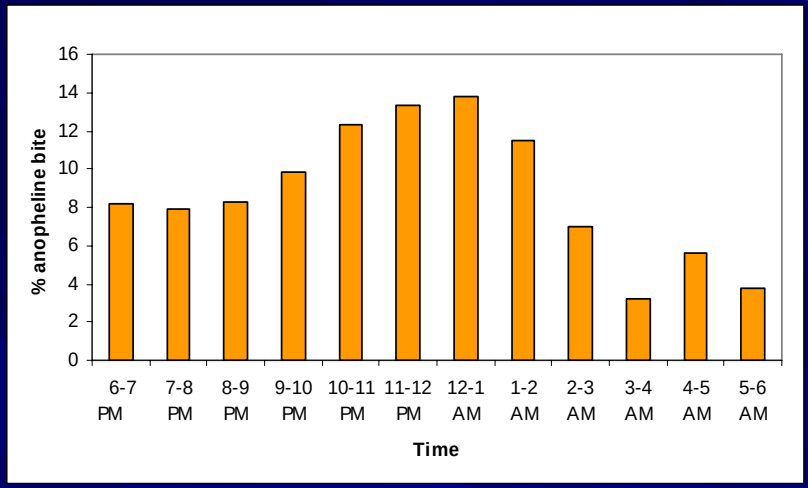
- **Biting and Resting behavior**

  - Mainly rest indoors on walls, roof and under furniture

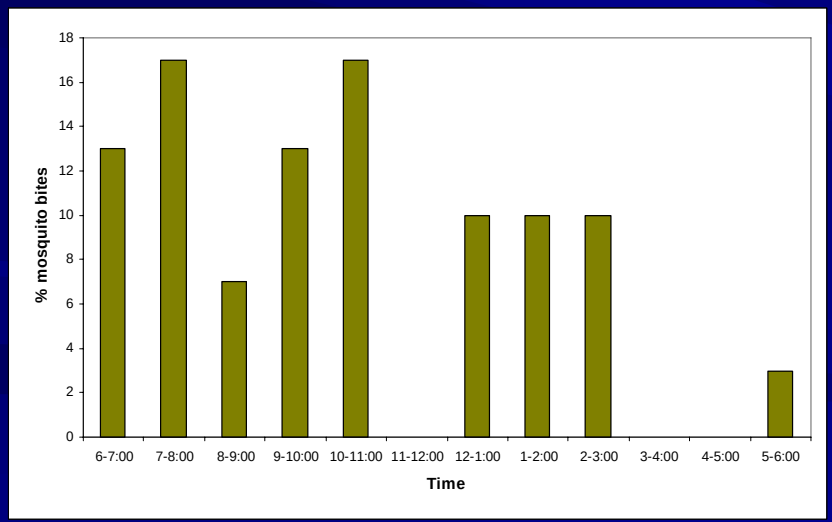
  - Mainly bite indoors

  - Prefer human blood

Biting pattern



An. barbirostris



An subpictus

- *An. barbirostris-*

  6PM-3 AM & another small peak from4-5 AM
- *An. subpictus-*

  6 -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 Sulfodoxine-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
- Global Fund (2009 – 2014)
  - Malaria R7 total US$ > **10,328,742** .00 (next 5 years)
  - Approved for 1st phase US$ 6,168,687.00
- Government Budget forn2008-2009 for malaria program → US$ 172,000.00


THANK YOU