



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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MALARIA: PROGRESS REPORT

Introduction

1. As countries of the Americas continue work to prevent and control malaria in the Region; strengthening advocacy, reexamining approaches and strategies, and bridging gaps at all levels of work—global, regional, country, communities—all become increasingly important in the achievement of long term goals and desired results. The Pan American Health Organization (PAHO) reports on the progress of work against malaria in the Region including the latest information on burden of the disease; review of strategic approaches, alliances, tools, and interventions; strengths and challenges; resource mobilization and updates on the 6 November annual commemoration of Malaria Day in the Americas, as designated by the 27th Pan American Sanitary Conference.¹

Background

2. PAHO's mandate against malaria includes Resolution CD46.R13² which reinforces the commitment of countries in the Region to the attainment of the objectives of Roll Back Malaria (RBM)³ and the malaria-related United Nations Millennium Development Goals (MDGs),⁴ and the Sixtieth World Health Assembly (WHA)

¹ Pan American Health Organization. Resolution CSP27.R11: Malaria in the Americas. 27th Pan American Sanitary Conference. Washington, DC: PAHO; 1-5 October 2007. [Online] 5 October 2007 [consulted 28 March 2008]. Available at: <http://www.paho.org/English/gove/csp/csp27.r11-e.pdf>.

² Pan American Health Organization. Resolution CD46.R13: Malaria and the Internationally Agreed-upon Development Goals Including those Contained in the Millennium Declaration. 46th Directing Council of PAHO; 57th Session of the WHO Regional Committee for the Americas. Washington, DC: PAHO; 26-30 September 2005. [Online]. 2005 [consulted 28 March 2008]. Available from: <http://www.paho.org/english/gove/cd/CD46.r13-e.pdf>.

³ World Health Organization. Roll Back Malaria. Available from: <http://www.rbm.who.int>.

⁴ United National. UN Millennium Development Goals. Available from <http://www.un.org/millenniumgoals>.

Resolution WHA60.18 on malaria, including a proposal for the establishment of World Malaria Day, in May 2007.⁵

3. The 27th Pan American Sanitary Conference approved Resolution CSP27/11 and established 6 November to annually commemorate Malaria Day in the Americas.⁶ The first Malaria Day in the Region of the Americas was commemorated on 6 November 2007,⁷ and it is envisioned to be the platform upon which countries of the Region can engage in a year-round aggressive campaign against the disease.⁸ Preparations for the 6 November 2008 commemoration of Malaria Day in the Americas are in progress with a vision of more extensive involvement and collaboration of Member States, other sectors, and the community.

Progress

4. The Regional Strategic Plan for Malaria in the Americas 2006-2010⁹ was completed in December 2005 and complements the organization-wide alignment of programs through the World Health Organization's medium Term Strategic Plan 2008-2013,¹⁰ and the PAHO Medium Term Strategic Plan 2008-2013.¹¹

5. Based on preliminary country reports for 2007, the number of malaria cases reported in the Americas was 797,911 representing a 30.5% reduction in malaria morbidity in the Region in comparison with 2000. Approximately 75% of infections are caused by *Plasmodium vivax*, with *Plasmodium falciparum* accounting for almost 25% of cases. Brazil, Colombia, French Guiana, Guyana, Suriname, and Venezuela also report cases due to *Plasmodium malariae* which accounts for less than 0.01% of the total cases in the Region. In 2006, 219 deaths due to malaria were reported from countries which

⁵ World Health Organization. Resolution WHA60.14: Malaria, including a proposal for establishment of World Malaria Day. 60th session of the World Health Assembly. Geneva: WHO; 14-23 May 2007. [Online] 23 May 2007 [cited 28 March 2008]. Available from: http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R18-en.pdf.

⁶ See note 1 supra.

⁷ Pan American Health Organization. Malaria Day in the Americas: 6 November 2007. Available from: <http://www.paho.org/english/ad/dpc/cd/mal-day-2007.htm>.

⁸ Pan American Health Organization. Malaria Day in the Americas 2007: Guidelines for Commemoration, Communications, and Advocacy. Washington, DC: PAHO; November 2007 [Online] Available from: <http://www.paho.org/english/ad/dpc/cd/mal-day-2007-infosheet.pdf>.

⁹ Pan American Health Organization. Regional Strategic Plan for Malaria in the Americas, 2006-2010. Washington, DC: PAHO; 2006. [Online]. 2006 [cited 28 March 2008]. Available from: <http://www.paho.org/English/AD/DPC/CD/mal-reg-strat-plan-06.pdf>.

¹⁰ World Health Organization. Medium Term strategic Plan 2008-2013. Geneva: WHO; March 2007. [Online] 2007 [cited 28 March 2008]. Available from: http://www.who.int/gb/ebwha/pdf_files/AMTSP-PPB/a-mtsp_1en.pdf.

¹¹ Pan American Health Organization. Strategic Plan for the Pan American Sanitary Bureau. Washington DC: PAHO; 2008. [Unpublished; internal document; subject to final review].

place the decrease in the Region's malaria-associated mortality to 37% relative to the 2000 baseline figures.

6. In comparison with the situation in 2000, reports from countries in 2007 indicate a decrease in cases in 15 of the 21 PAHO Member States where the disease is endemic. Four of these countries report >75% case reduction, achieving both RBM objectives and MDGs; six with >50% to >75% decrease in cases which achieve the RBM objectives; and five others with a <50% reduction in cases but are well on the way towards attaining the RBM objectives of 2010. Unfortunately, six countries continue to report increases in the total number of cases (see following table).

Malaria-endemic Countries in the Americas: Some Key Indicators

COUNTRY / YEAR OF LATEST REPORT	TOTAL NUMBER OF CASES	PERCENTAGE CHANGE SINCE 2000	ANNUAL PARASITIC INDEX (API)	SLIDE POSITIVITY RATE (SPR)
Argentina (2006)	209	- 53%	0.09	3.29
Belize (2006)	844	-43%	3.18	3.28
Bolivia (2007)	14,458	-54%	9.27	8.05
Brazil (2007)	458,041	-25%	9.14	15.37
Colombia (2007)	107,189	+0.4%	14.57	24.28
Costa Rica (2007)	1,223	-35%	2.85	5.40
Dominican Republic (2006)	3,525	+186%	0.51	0.79
Ecuador (2007)	8,464	-92%	1.09	2.40
El Salvador (2006)	49	-93%	0.01	0.04
French Guiana (2006)	4,074	+10%	24.98	...
Guatemala (2006)	31,093	-42%	7.97	18.40
Guyana (2007)	11,657	-51%	15.52	6.55
Haiti (2006)	32,739	+94%	4.13	37.22
Honduras (2006)	11,561	-67%	2.02	9.42
Mexico (2006)	2,514	-66%	0.90	0.18
Nicaragua (2007)	1,356	-94%	0.34	0.26
Panama (2007)	1,281	+24%	0.40	0.63
Paraguay (2006)	823	-88%	0.47	0.74
Peru (2006)	64,871	-5%	3.06	...
Suriname (2006)	3,631	-72%	75.65	12.27
Venezuela(2006)	37,062	+25%	5.02	7.73

Notes:

- Negative value in percent change indicates decrease in total number of cases; positive indicates increase
- API of <1 is a criterion for a country to be considered in Pre-elimination Phase
- SPR of <5 in fever cases is a criterion for good control status

7. Nine endemic countries report a slide positivity rate (SPR) of <5 , indicating good control status in their respective malaria risk areas. Seven of these countries also report an annual parasitic index (API) of <1 which fulfills an important criteria for the status of pre-elimination. Based on endemicity patterns, epidemiologic trends, and other important considerations, Argentina, El Salvador, Mexico, and Paraguay are among the countries on pre-elimination phase with the strongest possibilities to progress towards elimination. While overall epidemiologic trends in the Dominican Republic and Haiti indicate that neither of the countries are currently on their way towards elimination, their strategic location of sharing one island and of being in the Caribbean which is mostly non endemic, and the preponderance of *P. falciparum* infection in these countries, make elimination efforts both important and feasible.

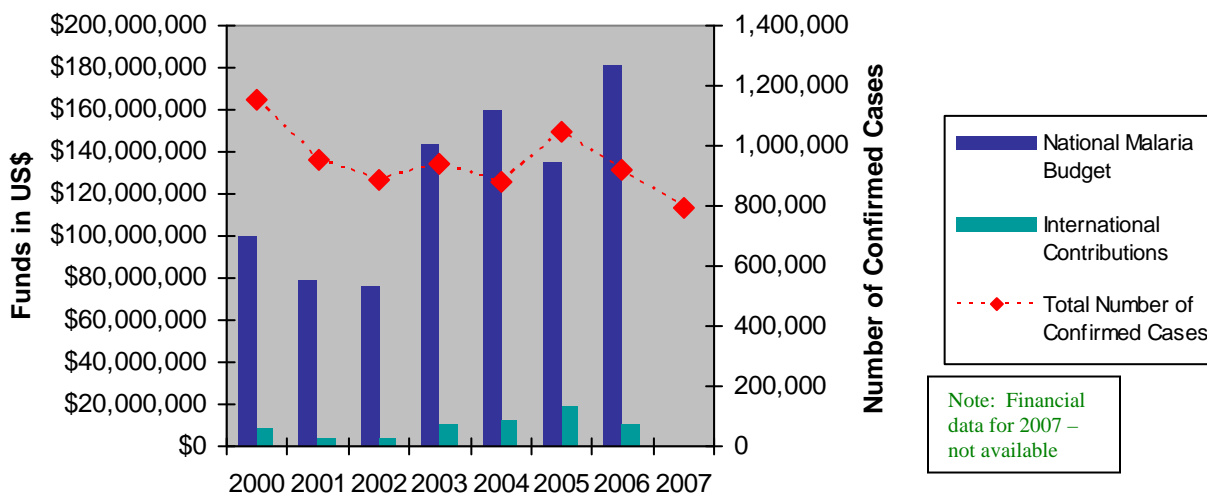
8. Among the 27 Member States declared free of malaria transmission by WHO in previous years, an average of 1,300 cases are reported annually since the year 2000. These imported cases occur among travelers from endemic countries in the Americas and from other regions of the world. Outbreaks reported in two non endemic countries in 2006—the Bahamas and Jamaica—were controlled through expedient efforts of national authorities and effective collaboration with PAHO and other international agencies. Intensive surveillance in these two countries aimed at preventing future outbreaks are in effect.

9. The Region continues to pursue a five-component strategy to address the malaria challenge in the Americas: malaria prevention, surveillance, and early detection and containment of epidemics; integrated vector management; malaria diagnosis and treatment; enabling environment for malaria prevention and control; and health systems strengthening/country-level capacity building.¹² Specific efforts and interventions covered in these strategies include establishment of sentinel sites, database management, and malaria outbreak monitoring and response; entomologic research and evidence-based decision-making and use of available vector control interventions; antimalarial drug resistance monitoring and quality assurance of available treatment and diagnostic options; enhancement of multisectoral alliances including community participation; health and human resource training and investment of national programs in essential commodities that reinforces and strengthens overall health systems. These areas of work likewise complement and synergize with efforts in Dengue (CE142/17) and contribute to implement Integrated Vector Management (CE142/24), particularly in terms of preventing, monitoring, and controlling outbreaks of vector-borne diseases through the optimal use of available resources and intersectoral action. Sustainable and environment-friendly vector control measures are also among the intervention options rendered available for countries which advocate eco-health programs.

¹² See note 9, supra.

10. In 2006, the 21 malaria-endemic countries of the Region reported a total expenditure of US\$ 192,123,240 for their respective efforts against malaria. This amount is the biggest investment reported on the disease in the Region since 2000 when it joined the rest of the world in the global efforts to reduce by half the burden of malaria by 2010. National malaria program budgets account for \$181,333,164 or 94% of the total amount, also the biggest amount invested by country programs since 2000. Reported external contributions amounted to only \$10,790,076 in 2006, representing 44% less than in 2005 and the lowest amount of external support for malaria since 2003. While there seems to be a good indication of reinforced interest among national governments, the impression is that international/global support for malaria diminished in the Region of the Americas. Experience in previous years, particularly in 2004 when the Region reported its greatest decrease in total number of cases, indicate that proportional budget increases from both government and budget and external contributions have synergistic functions in achieving targets. International funds which cover support for international technical collaboration must be leveraged to complement funds from the national government so that such investments may be tangible, efficient and effective interventions.

National Malaria Budget 2000-2007 and confirmed number of cases trends



11. International support against malaria in the Region is provided through the following:

- Amazon Network for the Surveillance of Anti-malarial Drug Resistance/Amazon Malaria Initiative (RAVREDA/AM). Financing of approximately \$48.4 million between 2001 and 2006 is provided by the United States Agency for International

- Development (USAID) and is, so far, extended to September 2008 with expansion efforts to Central America.¹³
- Regional Action Program and Demonstration of Sustainable Alternatives for Malaria Vector Control without Using DDT in Mexico and Central America (DDT-GEF). Funding of approximately \$13 million from 2003 to 2006 comes from the United National Environmental Program (UNEP) and is currently extended up to July 2008.¹⁴
 - Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). Projects approved in 11 of the 21 endemic countries, individually for Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, and Suriname, and a joint project in Colombia, Ecuador, Peru, and Venezuela through an approved proposal from the Andean Health Agency (ORAS).¹⁵ Cumulatively, these projects are for \$86.2 million, of which approximately \$56.4 million has been disbursed. This year, at least eight countries indicated interest in submitting a proposal to the 8th Round of the Global Fund.

12. PAHO/WHO alongside some international partners are currently exploring possibilities of malaria elimination in some parts of the Region. As previously discussed, this strategic direction is advocated for at least four countries which are in malaria pre-elimination phase plus the two nations that share the island of Hispaniola in the Caribbean—the Dominican Republic and Haiti. The binational malaria elimination effort for the Dominican Republic and Haiti is an important focus of PAHO's collaborative work with the International Task Force for disease Eradication (ITFDE) based at the Carter Center in Atlanta, Georgia, USA. Malaria elimination efforts in the Region are aligned accordingly to the Region-wide PAHO disease elimination initiative which is currently being developed.

13. A number of important challenges surfaced as a result of recent developments in the Region's ongoing battle against malaria. These include:

¹³ Pan American Health Organization. Amazon Network for the surveillance of Anti-malarial Drug Resistance/Amazon Malaria Initiative (RAVREDA/AMI). [Online] 2007 [cited 19 April 2007]. Available from: <http://www.paho.org/English/AD/DPC/CD/ravreda-ami.htm>.

¹⁴ Pan American Health Organization. Regional Action Program and Demonstration of sustainable Alternatives for Malaria Vector Control without Using DDT in Mexico and Central America (DDT-GEF). [Online] 2007 [cited 19 April 2007]. Available from: <http://www.paho.org/English/ad/dpc/cd/malaria.htm>.

¹⁵ Global Fund. [Online] 2007 [cited 19 April 2007io]. Available from: <http://www.theglobalfund.org/programs/search.aspx?search=3&lang=en>.

- Need for stronger and continuing commitment of countries (endemic and non-endemic) and various sectors in efforts against the disease so that targets are achieved, lessons are learned, best practices are continued, accomplishments are sustained, resurgence of the same problems is averted, and new challenges are addressed proactively.
- Need for continuous and strengthened monitoring and evaluation efforts so that arising concerns that accompany the dynamic changes associated with malaria prevention, control, and elimination are promptly detected and addressed;
- Need to increase investments of all stakeholders, particularly international contributors, to malaria work in the Region and channel them accordingly to evidence based interventions that yield desired results;
- Need to build upon the momentum of Malaria Day in the Americas so that peoples of the Region become strong and involved advocates against the disease.

14. All these considerations will be among PAHO's most important focus as it fulfills its mandate on malaria from its Members States and its commitment to the peoples of the Americas and the rest of the world.

Action by the Executive Committee

15. The Executive Committee is invited to consider the above report, guide the Secretariat's technical cooperation as well as to promote involvement by all stakeholders through national activities to commemorate Malaria Day in the Americas on 6 November.

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