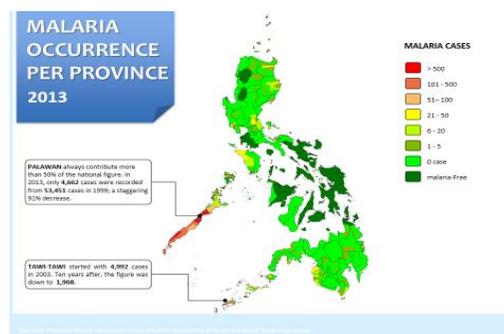
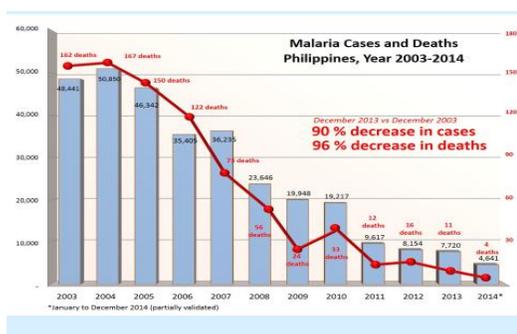


MALARIA CONTROL AND ELIMINATION PROGRAM

Introduction :

Malaria had been a public health problem in the country but significant reduction in malaria morbidity and mortality has been attained in the past decade. Philippines has now accelerated the transition from control to elimination of malaria as a public health threat. Twenty-eight provinces have already been declared as malaria-free including Benguet and Abra in the Cordillera. In 2015, a total of 4,276 malaria cases were reported with 8 deaths (5 in Palawan and 3 in ARMM). Seventy-five percent of the cases came from Palawan. CAR had 8 indigenous cases in 2014 from Apayao.



At present, there are still four endemic provinces in CAR, namely, Apayao, Ifugao, Kalinga and Mt. Province. However, as early as 2008, CAR has already achieved the MDG Target to halt and reverse malaria. Apayao reported 8 cases in 2014 which were reported indigenous cases in the region with 5 imported cases seen in Benguet, Ifugao and Kalinga. Malaria cases had been reduced by 99.8% from 2002 and the Annual Parasite Incidence was down by 98% in 2014 based on 2006 data. There were no more indigenous cases in the region in 2015; the 2 reported cases were all imported. By 2016, Mt. Province will be validated and Ifugao will be pre-assessed for their malaria-free status. Kalinga had not reported any indigenous cases since 2013 and no cases has been reported in Apayao in 2015. The probability that CAR will be declared as malaria-free within the next 5 years is high if the zero malaria case status will be sustained until 2020.

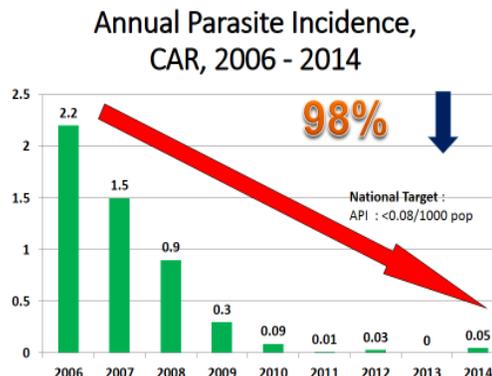
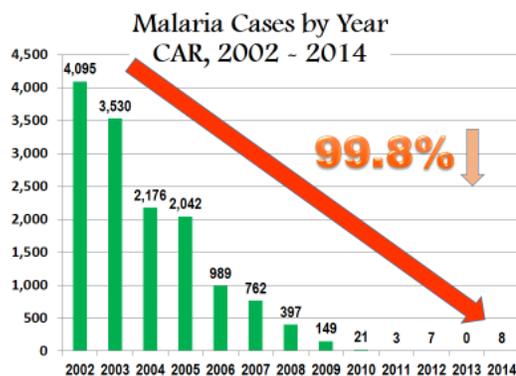


Table 1: CAR Status vs. NOH Target by 2016

Strategic Objective	Indicator	2016 National Target	CAR Status	
			2014	2015
Malaria cases are reduced	Malaria Morbidity Rate per 100T Pop.	6.6	0.5	0
Malaria deaths are reduced	Malaria Mortality Rate per 100T Pop.	<0.03	0	0
Annual Parasite Incidence is reduced	API per 1,000 endemic population	0.08	0.05	0
The number of malaria-free provinces is increased	Number of malaria-free provinces	40	2 (Benguet & Abra)	2 (Benguet & Abra)

Malaria Cases, CAR 2014-2015

Province	2014 Cases			2015 Cases		
	Indigenous	Imported	Total	Indigenous	Imported	Total
ABRA	0	0	0	0	0	0
APAYAO	8	0	8	0	0	0
BENGUET	0	1 (from Africa)	1	0	0	0
IFUGAO	0	5 (2 from Baggao & Gattaran, Cagayan & 1 UK resident)	5	0	1 (from Palawan)	1
KALINGA	0	1 (from Africa)	1	0	0	0
MOUNTAIN	0	0	0	0	0	0
BAGUIO CITY	0	0	0	0	1 (from Nigeria)	1
TOTAL	8	5	13	0	2	0

The program thrust is to attain a malaria-free Philippines by 2030. The overall program goal is to reduce malaria incidence rate by 80% from 2013 baseline and to increase the number of malaria-free provinces from 27 to 50 by the 2020. It has four strategic objectives are as follows: (1) To ensure universal access to reliable diagnosis, highly effective and appropriate treatment and preventive measures for malaria, (2) To strengthen governance and human resources capacity at all levels to manage and implement malaria interventions, (3) To secure government and non-government financing to sustain malaria control and elimination at all levels, and (4) To ensure the quality of malaria services, timely detection of infection and immediate response, and information and evidence to guide malaria elimination. The National Strategic Plan for Control and Elimination of Malaria (NSPCEM) will be the roadmap of the DOH and other partners towards malaria elimination until the country will attain a malaria-free status. The National Malaria Monitoring, Evaluation and Surveillance Plan has also been developed to track progress in the implementation of the NSPCEM and the MOP was recently revised to update and refocus strategies as the program has now shifted from control to elimination.

GAPS AND PRIORITY ACTIVITIES :

Various efforts are being implemented in the region in the past years until it reached its zero malaria case status. However, the risk of re-introduction of cases is still high due to the presence of mobile population such as *Aetas* in Apayao along the border areas with Cagayan, presence of population at-risk along the inter-provincial border areas, and the presence of imported cases, whether within the country or abroad. Diagnostic centers on malaria microscopy have been established in endemic localities but there is still a need to coach and mentor the microscopists as their proficiency may diminish due to very few cases being seen. Communities in endemic areas may not be vigilant to protect themselves since there are no more reported malaria cases although malaria vectors are still present. Interventions such as indoor residual spraying and malaria border operations may not be sustained due to the inadequate financial and logistics support from the LGUs. These issues and concerns may affect the elimination campaign of the Department of Health and goal of reaching a malaria-free region.

In 2016, priority activities were planned to address these gaps focusing in areas where population is still at risk. The DOH should augment LGU resources by providing commodities for vector control, diagnosis and treatment of cases based on the stratification of endemic areas. Onsite monitoring visits should be done to mentor/coach LGUs partners particularly on implementation of malaria elimination strategies including the quality assurance system. There is a need to intensify health promotion/advocacy campaigns through malaria awareness campaigns and to strengthen continuous and intensified disease surveillance to detect any residual or imported cases and to prevent re-introduction of cases. Local health workers and other partners will be updated on the national strategic plan, monitoring and evaluation plan and the revised manual of procedures. As there are no more malaria field personnel after the rationalization plan, hiring of job order staff to conduct spraying operations and surveillance officer is necessary to augment human resources. Inter-provincial and inter-regional malaria border meetings is necessary to discuss issues and concerns and look into impact of interventions being done. Pre-elimination or assessment meetings should also be conducted to prepare target provinces for the malaria-free assessment.

Prepared by :

URSULA P. SEGUNDO
Entomologist III

Noted :

ALEXEI P. MARRERO, MD
MO IV/IDC Head

MA. LUISA L. PARAN, MD, MHA
MO V/Chief, LHSD

Approved by :

AMELITA M. PANGILINAN, MD, MPH, CESO IV
Director III, Officer-In-Charge