

BELIZE



7

indigenous malaria cases
in 2017

1

imported malaria case
in 2017

0

malaria deaths
since 2006



This Central American country has achieved a 99% reduction in indigenous cases between 2000 and 2017, from 1486 to seven.

The substantial decline in cases can be attributed to effective investments in early detection and treatment and preventative measures such as indoor residual spraying (IRS) and long-lasting insecticidal nets (LLIN). With a view towards elimination by 2020, Belize's national malaria programme reoriented its activities in 2015 to enhance surveillance through a greater focus on locating where malaria transmission is most likely to occur, known as risk stratification. This approach aims to make malaria interventions more targeted and reach the communities and people most likely to become infected. The country is intent on achieving full coverage of IRS and LLINs in these priority locations. An important pillar of Belize's elimination strategy is engaging civil society in reaching the 2020 elimination target, with community health workers and volunteers trained in knowing how to correctly detect malaria-related symptoms.

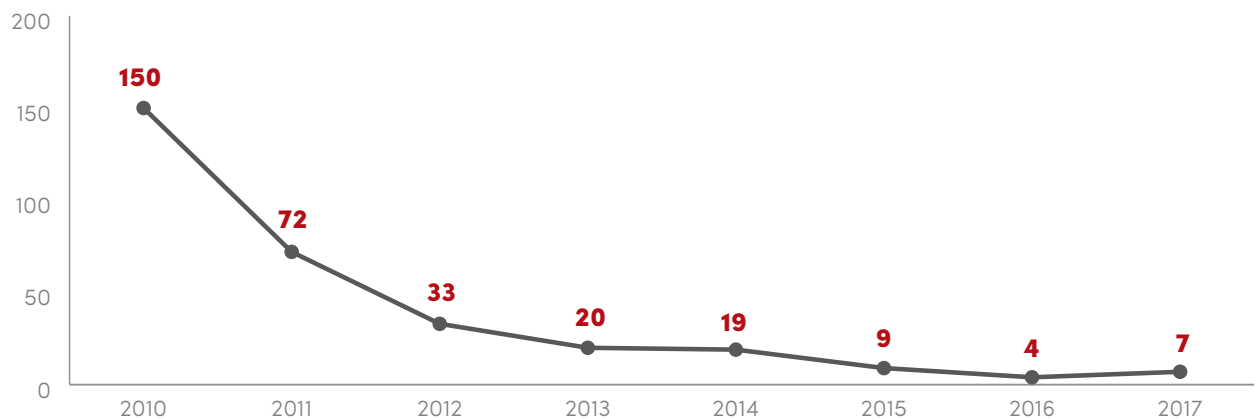
BELIZE

AT A GLANCE

- > Dominant malaria species:
***Plasmodium vivax* (100%)**
- > Populations at greater risk:
Inhabitants in the central and southern districts, mainly related to work in agriculture, and in the northern districts, largely linked to the trade in contraband goods
- > Number of areas (foci) with active malaria transmission: **15**
- > Number of people at risk of malaria in these areas: **41 000**

MALARIA IMPACT

● number of indigenous malaria cases 2010–2017



KEEPING ON COURSE

Belize will need to:

- **Focus on greater cross-border cooperation** with neighbouring Guatemala and Mexico to keep the risk of malaria importation low.
- **Follow through on its plans** to strengthen surveillance and diagnosis, and provide universal access to preventive tools in targeted areas.
- **Provide sufficient financing** to ensure the continuity of its elimination programme.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

COSTA RICA



12

indigenous malaria cases
in 2017

5

imported malaria cases
in 2017

0

malaria deaths
since 2009



After experiencing no reported cases of indigenous malaria transmission in 2015, Costa Rica noted four confirmed cases in 2016 and 12 in 2017.

Despite the reoccurrence of malaria in some areas, through steadfast implementation of its national plan, the country has achieved remarkable progress in decreasing its malaria burden and putting in place alert and response capabilities. The success of Costa Rica's activities has hinged on its overall approach of diagnosing and treating all people at risk of malaria. This includes supervised treatment and home visits by Basic Comprehensive Care Teams (EBAIS, in the Spanish acronym), who – on horseback, motorcycle, boat or foot – visit communities. The country's network of 126 laboratories and the integration of malaria activities in the health care system have permitted the swift detection and prevention of disease outbreaks. In recognition of its progress, Costa Rica was one of three countries in the Americas to win the 2016 Malaria Champions Award, presented by the Pan American Health Organization. The award recognized the country for its success in malaria prevention and control and its push towards elimination. With elimination on the horizon, Costa Rica is ramping up surveillance to ensure early detection and treatment of all malaria cases so that once it becomes malaria-free it can maintain this status even if the disease continues outside its own borders.

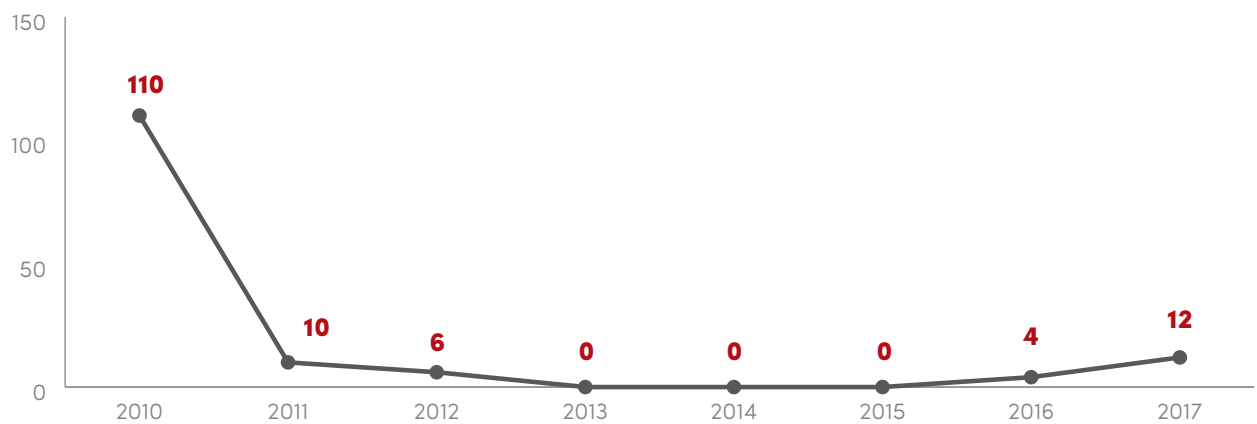
COSTA RICA

AT A GLANCE

- > Dominant malaria species:
***Plasmodium vivax* (100%)**
- > Populations at greater risk:
Undocumented workers from nearby endemic countries engaged in the agricultural sector
- > Number of areas (foci) with active malaria transmission: **3**
- > Number of people at risk of malaria in these areas: **44 700**

MALARIA IMPACT

- number of indigenous malaria cases 2010–2017



KEEPING ON COURSE

Costa Rica will need to:

- **Ensure immigrant workers** have access to free malaria services at the local level.
- **Maintain a sharp focus** on elimination. As Costa Rica's malaria activities are integrated in its health system, health staff need to maintain malaria detection skills and undergo elimination training, even as other health priorities compete for attention and resources.
- **Continue to zero** in on the areas of the country at greatest risk and monitor the various factors – ecological, social, cultural and occupational – that put people at risk of infection. This focus on 'stratification' will be important in achieving the elimination goal.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

ECUADOR



1143

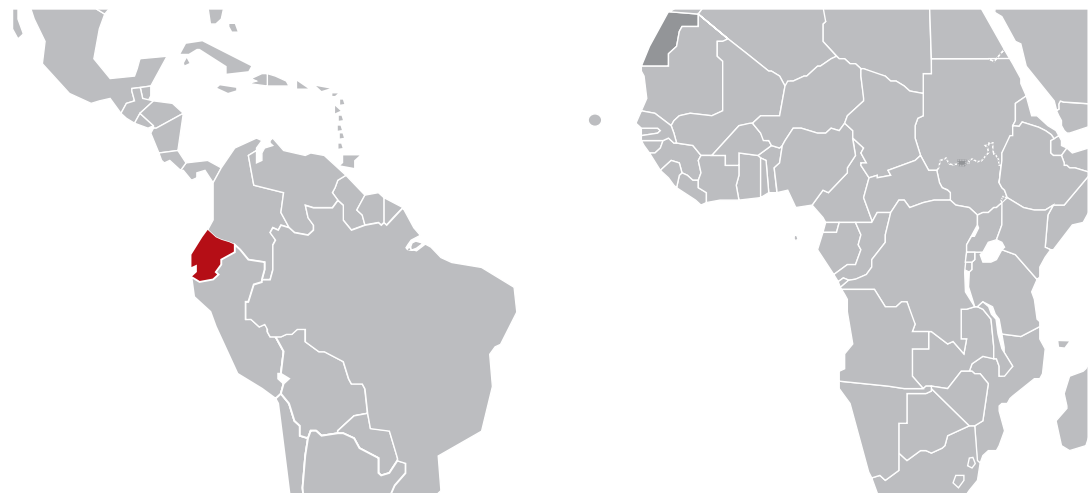
indigenous malaria cases
in 2017

164

imported malaria cases
in 2017

0

malaria deaths
since 2015



After experiencing a steep decline in its malaria burden, reaching 242 cases in 2014 – the lowest ever recorded – Ecuador is experiencing a resurgence of the disease, with 1143 indigenous cases in 2017.

Malarious zones within Ecuador are mainly concentrated in a few provinces along the Amazon border with Peru and in the northwest coastal region bordering Colombia. Ecuador continues to make advances in surveillance, with the programme focusing on strengthening diagnosis, treatment and follow-up; in 2012, Ecuador received a Malaria Champions Award, presented by the Pan American Health Organization, for significantly reducing malaria incidence and focusing on eliminating indigenous transmission where possible. However, Ecuador will now need to step up malaria surveillance activities and prevention, diagnostic and treatment services to reach indigenous populations in Esmeraldas Province and the Amazonas region. Imported cases also remain a concern with sharp increases in the last three years, signaling the need for greater cooperation with neighbouring countries.

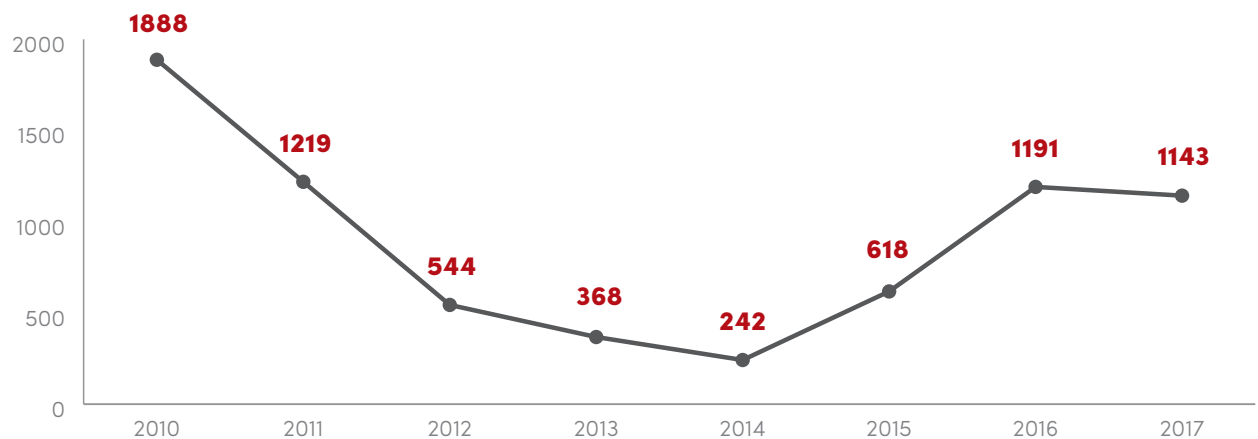
ECUADOR

AT A GLANCE

- > Dominant malaria species: ***Plasmodium vivax* (72%) concentrated in the Amazon; *P. falciparum* (28%) concentrated along the coast**
- > Populations at greater risk: **Inhabitants of rural communities along the north-western coast in Esmeraldas Province, and indigenous peoples in the Amazon rainforest**
- > Number of areas (foci) with active malaria transmission: **25**
- > Number of people at risk of malaria in these areas: **285 000**

MALARIA IMPACT

● number of indigenous malaria cases 2010–2017



GETTING BACK ON COURSE

Ecuador will need to:

- **Strengthen surveillance** and provide universal coverage of prompt diagnosis and treatment services, as well as core prevention tools for mobile populations and hard-to-reach indigenous communities, taking into consideration the context of the different areas.
- **Increase investments** to ensure sustainability of elimination efforts, according to the national elimination strategic plan. In the short-term, an infusion of funding will be required to intensify activities.
- **Heighten cross-border collaboration** to improve surveillance and to coordinate control and elimination efforts in the border areas with Peru and Colombia.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

EL SALVADOR



0

indigenous malaria cases
in 2017

14

imported malaria cases
in 2017

0

malaria deaths
since 1998



Since 2000, El Salvador has experienced a steady decline in its malaria burden, reflecting strong political commitment to achieve elimination by 2020.

In 2017, the country reported zero indigenous malaria cases for the first time. This success can be attributed to the strengthening of surveillance activities, led by the Ministry of Health, active case detection, supervised treatment and robust national funding. An important characteristic of the national malaria programme is its focus on screening for malaria in high-risk areas, including in communities where temporary employment is found, such as factories and plantations. The use of indoor residual spraying in these areas and along the borders with Guatemala and Honduras has proven to be a highly effective control measure. In recognition of its progress, El Salvador won the 2016 Malaria Champions Award, presented by the Pan American Health Organization. The award recognized the programme's success in malaria prevention and control and significant advances towards elimination. Nonetheless, El Salvador must remain vigilant to maintain zero cases and to prevent re-establishment of malaria transmission.

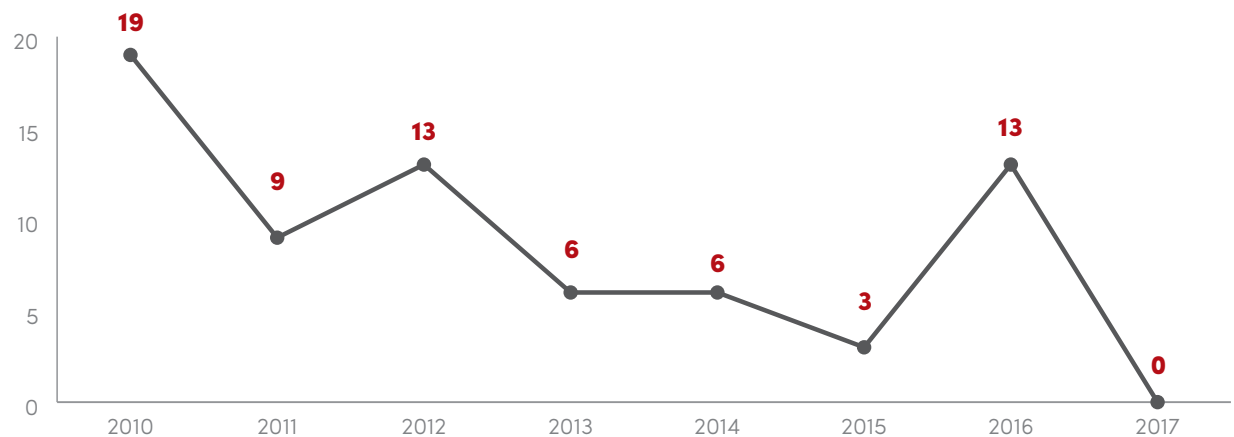
EL SALVADOR

AT A GLANCE

- > Dominant malaria species prior to reaching zero indigenous cases: ***Plasmodium vivax* (100%)**
- > Populations at greater risk: **Inhabitants of the south-western border region with Guatemala**
- > Number of areas (foci) with active malaria transmission: **not applicable**
- > Number of people at risk of malaria in these areas: **not applicable**

MALARIA IMPACT

- number of indigenous malaria cases 2010–2017



KEEPING ON COURSE

El Salvador will need to:

- **Increase efforts** to address migrants' and mobile populations' vulnerability to malaria. The threat of malaria importation is a significant challenge; the country is home to many immigrants seeking employment opportunities and also serves as a crossroads for those heading further north.
- **Ensure that surveillance efforts** are maintained in communities through the continued engagement of community health volunteers and health promotion agents in health facilities.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

MEXICO



715

indigenous malaria cases
in 2017

29

imported malaria cases
in 2017

0

malaria deaths
since 1998



Mexico continues to make strong strides in reducing its malaria burden.

In recent years, the number of confirmed cases has declined significantly, dropping from more than 1200 in 2010 to 715 in 2017. Over two thirds of Mexican states have been malaria-free since 2004, and the State of Tlaxcala received sub-national elimination validation in 2010. Yet, malaria continues to pose a significant risk, particularly among indigenous peoples living in remote inland regions of the country, such as Chiapas State, which is home to 81% of malaria cases in Mexico. The national malaria programme has spearheaded several measures to control and eliminate malaria in the state including through improved access to prompt diagnosis and treatment and intensified vector control interventions. Covering the period 2013–2018, Mexico's national malaria strategy has reinforced diagnosis and treatment, strengthened surveillance and focused on preventing the re-establishment of malaria in areas already declared free of the disease. Like several countries in the Americas, Mexico aims to eliminate malaria by 2020.

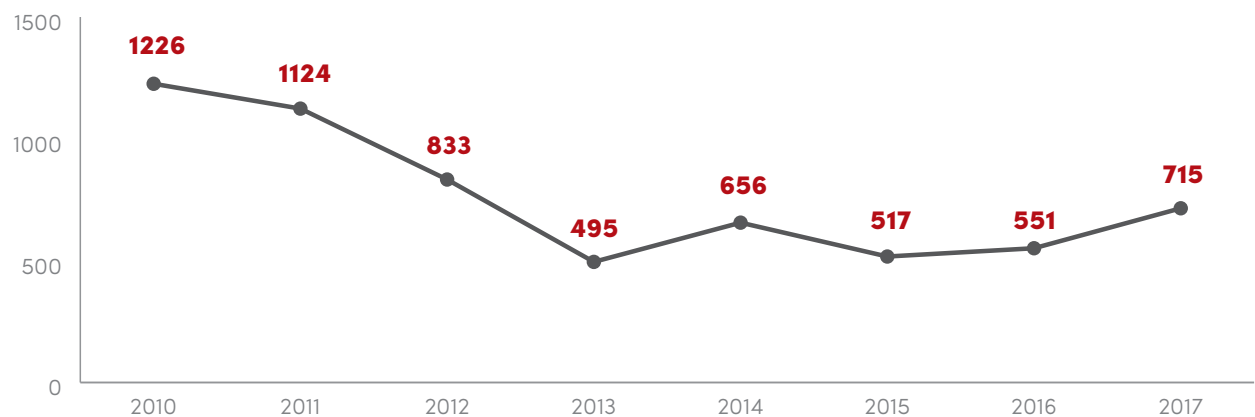
MEXICO

AT A GLANCE

- > Dominant malaria species:
***Plasmodium vivax* (100%)**
- > Populations at greater risk:
Indigenous peoples in Chiapas State; inhabitants of communities along the southwest border with Guatemala
- > Number of areas (foci) with active malaria transmission: **284**
- > Number of people at risk of malaria in these areas: **294 000**

MALARIA IMPACT

● number of indigenous malaria cases 2010–2017



GETTING BACK ON COURSE

Mexico will need to:

- **Better target and tailor** malaria awareness programmes and healthcare access for indigenous peoples, mobile populations and other communities most at risk of malaria, particularly in hard-to-reach areas.
- **Prevent re-establishment** of the disease in areas already declared malaria-free by maintaining surveillance, diagnosis, treatment, and response capacities.
- **Ensure funding and human resources** for malaria elimination and preventing re-establishment of the disease within the national health programme.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

PARAGUAY



0

indigenous malaria cases
since 2012

5

imported malaria cases
in 2017



With zero reported cases of indigenous malaria since 2012, Paraguay completed the WHO malaria certification process in early 2018 and, in June, was certified malaria-free by the organization – the first country in the Americas to be granted this status in 45 years.

After reporting its last case of malaria in 2011, Paraguay launched a five-year plan to consolidate the gains, prevent re-establishment of transmission and prepare for elimination certification. Activities focused on robust case management, community engagement and education to strengthen self-monitoring and decision-making about malaria. The plan has proven highly effective in interrupting and sustaining zero transmission over the past several years. In support of its drive towards elimination, and maintaining malaria-free status, the Ministry of Public Health and Social Welfare in 2016 launched a three-year initiative to hone the skills of front-line health workers in Paraguay's 18 health regions. Supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria, the project addresses disease prevention, identification of suspected cases, accurate diagnosis and prompt treatment to respond to the ongoing threat of malaria importation from endemic countries in the Americas and Africa.

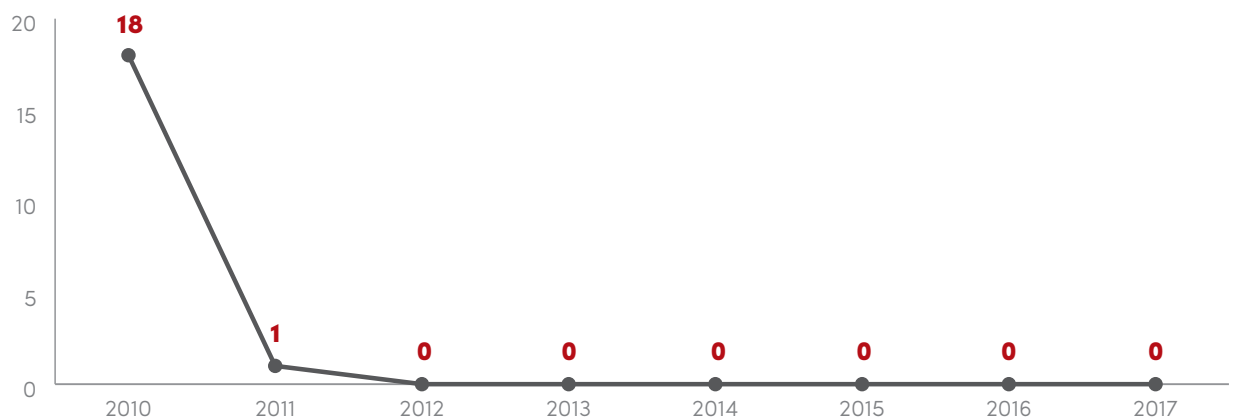
PARAGUAY

AT A GLANCE

- > Dominant malaria species prior to reaching zero indigenous cases: ***Plasmodium vivax* (100%)**
- > Populations most at risk of malaria reintroduction (based on receptivity and vulnerability): **Inhabitants of Canindeyú, Alto Paraná and Caaguazú departments**
- > Number of areas (foci) with active malaria transmission: **none**
- > Number of people at risk of malaria in these areas: **not applicable**

MALARIA IMPACT

- number of indigenous malaria cases 2010–2017



STAYING MALARIA-FREE

Paraguay will need to:

- **Keep surveillance systems** up to date and ensure health workers at all levels – in both the public and private sectors – are continuously trained on how to detect malaria and the procedures for diagnosis, notification, treatment and patient follow up. This is critical to prevent re-establishment of the disease.
- **Maintain political commitment** and ensure adequate and long-term resources to keep Paraguay malaria-free in the decades to come.
- **Ensure the leadership** and expertise of the national malaria elimination programme – *Servicio Nacional de Erradicación del Paludismo* – remains in the national health system and that malaria activities are integrated into health services.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

SURINAME



40

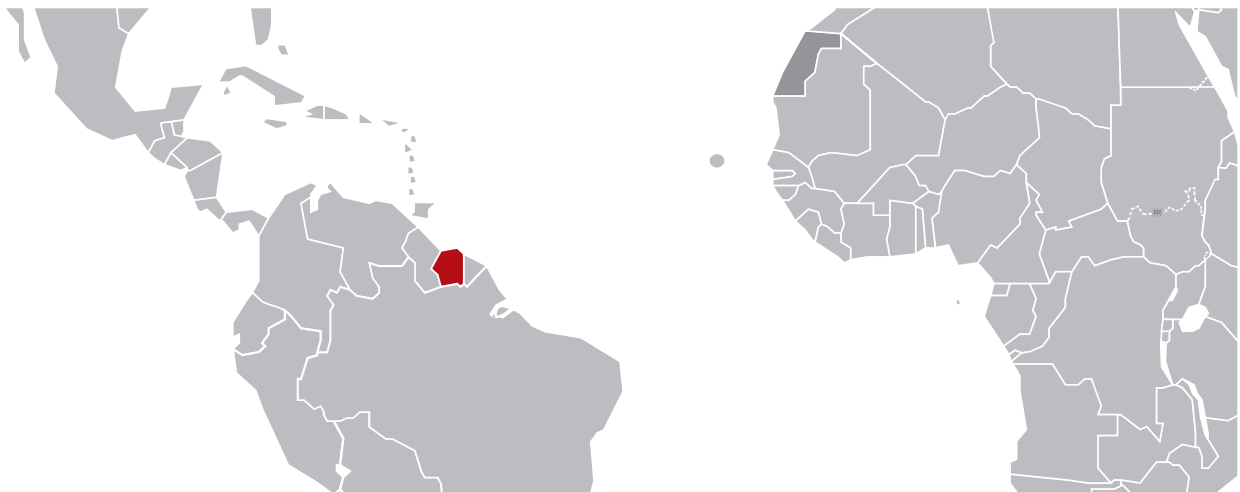
indigenous malaria cases
in 2017

499

imported malaria cases
in 2017

1

death due to imported
malaria in 2017



Malaria has been virtually eliminated in most of inland Suriname, which previously had the highest rates of transmission across the Americas.

In 2017, 40 cases of indigenous malaria were reported, down significantly from some 1700 cases in 2010. In addition, since 2014, no deaths from locally-acquired malaria have been recorded. These advances were achieved through proactive and innovative interventions focused primarily in the areas and communities at risk, such as people engaged in informal and small-scale mining operations. Suriname improved access to malaria diagnosis and treatment in these difficult-to-access areas, and also opened a dedicated malaria clinic in the capital of Paramaribo. In recognition of its progress, Suriname was one of three countries in the Americas to win the 2016 Malaria Champions Award, presented by the Pan American Health Organization. The award recognized the country for its success in malaria prevention and control and its push towards elimination. To increase momentum, the government has created a task force to implement its elimination strategy of zero indigenous cases of malaria by 2020 and has expressed its commitment to work with neighbouring countries to address the growing number of imported cases.

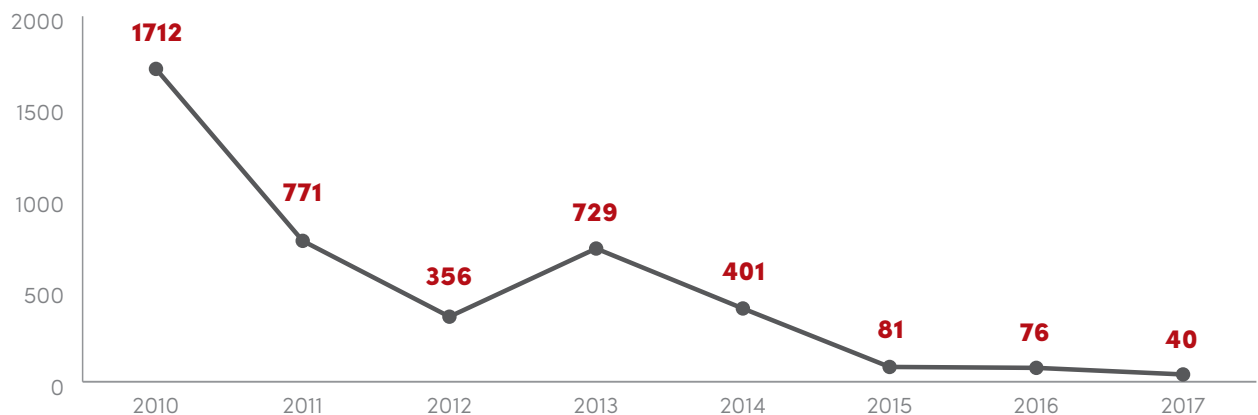
SURINAME

AT A GLANCE

- > Dominant malaria species:
***Plasmodium vivax* (68%)**
- > Populations at greater risk:
Miners and migrant populations near the border with French Guiana
- > Number of areas (foci) with active malaria transmission: **not provided**
- > Number of people at risk of malaria in these areas: **80 000**

MALARIA IMPACT

- number of indigenous malaria cases 2010–2017



KEEPING ON COURSE

Suriname will need to:

- **Contribute its lessons learned** to help strengthen regional efforts to eliminate malaria in nearby Brazil, French Guiana and Guyana.
- **Continue to increase funding** for its elimination strategy and meet its commitment to provide free malaria preventive tools to miners and other hard-to-reach and mobile populations. Since 2013, government contributions towards malaria have declined steadily.
- **Strengthen surveillance and control** measures, especially early detection of suspected cases, and prompt diagnosis and treatment.

Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*