



BRAZIL: Secretaria Estadual de Saúde do Acre (State Health Department of Acre)

The State of Acre is home to the malaria-endemic municipalities of Cruzeiro do Sul, Rodrigues Alves, and Mâncio Lima which are among areas with the highest malaria burden in the country. Together, these municipalities contribute to almost 95% of malaria cases in the state.

The State Health Department of Acre developed within the municipalities an integrated malaria control program which improved routine service and helped professionals in setting bold targets for reducing cases, vector control, timely diagnosis and early treatment, evaluation and monitoring of the service, systematic supervision of diagnostic stations, expansion of units for quality control of diagnosis, network expansion and use of rapid tests in areas of difficult access, stratification of the surveillance areas with zoning, dynamic information system and issuance of monthly epidemiological bulletins

Distinctively recognized as among its model practices are strong commitment and leadership; successful outreach and response to populations in areas affected by malaria; the innovative use of school programs; the involvement of the community; strong health promotion efforts; the judicious use of surveillance information in program implementation; and, the sustained and strong impact in reducing malaria statewide

Among the major advances achieved is early diagnosis and timely treatment, with 80% of cases treated within 48 hours after the onset of symptoms and 99.4% of cases treated within 24 hours after diagnosis. In 2011 Acre recorded 22,958 cases with API of 30.8 / 1 000 inhabitants compared to 93,864 cases and API of 140.2 / 1 000 inhabitants reported in 2006, which represents an API reduction of 78 %.



ECUADOR: Control y Vigilancia de la Enfermedad de Malaria (Control and Surveillance of Malaria)

The Malaria Control Program (Ministry of Public Health) plans, directs, implements, and evaluates the malaria performance in terms of facilitating malaria laboratory diagnosis, treatment, epidemiological and entomological surveillance, preserving the ecosystem based on sustainable activities; and coordinating and optimizing resources to improve the quality life of the population. Guided by national and international development goals, its general objective is to reduce morbidity and prevent mortality to levels that do not constitute a public health problem according to the Global Strategy for Malaria Control.

The project contributes to the expansion of coverage by the health units and community posts; early diagnosis and treatment through rapid tests and thick smears; and use of current therapeutic regimens. It also promotes improvement in quality management of the network for microscopic diagnosis through supervision and periodic external evaluation of microscopists in the provincial and national levels.

The national program has been specifically successful in strengthening various aspects of the national program's capacity to diagnose, treat, and follow-up of malaria cases; by strongly engaging the civil society, demonstrating leadership, and taking concrete strategic steps towards elimination of local transmission in areas deemed feasible; and, by implementing important innovative efforts such as 100% screening of pregnant women and combinations of vector management methods.

In 2011, follow-up was completed for 32.07% of positive cases, of these, 94.18% are treated according to national standards. The scope of action is through a national information flow starting with data collection, analysis, and interpretation of results for actions of intervention, from local levels supported in the epidemiological surveillance system of malaria (SIVEMAE) and periodic reports of the epidemiological situation issued at the appropriate levels of MSP.

Malaria incidence has declined steadily in the country since 2001 and during the past two years, malaria incidence was further reduced by 70%.



PARAGUAY: Programa Nacional de Control del Paludismo (National Malaria Control Program)

The National Malaria Eradication service (SENEPA) of the Ministry of Public Health and Welfare is the institution responsible for carrying out control efforts at national, regional and local levels against vector-borne diseases prevalent in the country. It includes programs of Malaria, Chagas, Dengue, Leishmaniasis and Schistosomiasis. The service is geographically decentralized into 18 zones and 40 sectors, which mostly coincide with the geo political division of the country, effectively covering for the departments and districts. In most areas, there is a laboratory for the diagnosis of malaria, totaling 20 at the central level; and 7 areas have entomology laboratories.

The National Strategic Plan for the elimination of malaria as a public health problem, under the coordination of SENEPA, establishes policies that lead to decentralized actions to promote healthy behaviors, prevention, surveillance, comprehensive care, monitoring and evaluation activities to the general population with emphasis on vulnerable groups. Main objectives include prevention of mortality; reduction of morbidity and socio-economic losses due to disease, and progressive improvement and strengthening of local and national response capacity towards achievement of the Millennium Development Goals.

Main strategy for malaria control focuses on strengthening the surveillance system, including the network of 4,868 volunteers from the communities distributed throughout the country, coordinating with the evaluation assistants from local reporting units, and maintaining an information network that acts timely to address occurrence of suspicious cases. Prompt and free access to good quality malaria diagnosis and treatment is accomplished through the Primary Health Care (APS) service and formation of the Family Health Unit (USF) which have been implemented since 2008. All cases are microscopically confirmed and treated by radical treatment schedule; recorded and reported nationally through a database and a geographic information system. Local resources are effectively used to achieve national targets and contribute to the global battle against malaria

The cases of malaria has declined from 2,778 cases in 2002 to 694 cases in 2004, showing a reduction of 75%; with further decline to 91 cases in 2009, 27 cases in 2010 (18 indigenous cases and 9 cases imported), and down to 10 cases (1 indigenous case) in the year 2011, which means a reduction of 99% compared to 2002. There is no mortality due to malaria since 1989.