



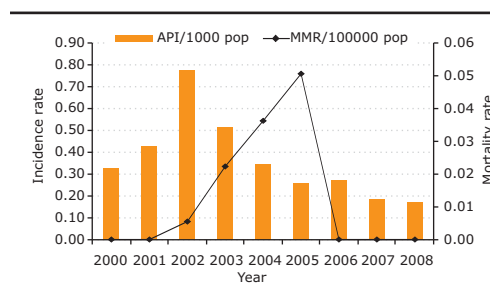
Malaria Situation in South-East Asia Region: Country Reports

Nepal

In Nepal, a total of 22.5 million people are at risk of malaria. Of these, seven million reside in forests and forest fringes and in the inner terai and the cultivated areas in the plains are at moderate risk and around 15.5 million in the hill areas are at low risk of malaria. Out of 75 districts, 64 districts are endemic but 12 districts bordering U.P. and Bihar states of India are the worst-affected districts contributing around 90% of the total confirmed malaria cases in the country. Malaria transmission takes place mostly during April – September. Due to lack of availability of sufficient microscopy facility, most of the malaria cases are being treated clinically. ITNs/ LLINs are used as a main tool for vector control. IRS is applied selectively for containment of malaria epidemics. Early detection and prompt treatment with ACT for all *P. falciparum* cases is part of the malaria control.

Annually, the country is reporting around 5000 confirmed cases out of which 20-25% are *P. falciparum* cases. In 2008, reported cases were 3,888 confirmed cases were with 20% *P. falciparum* cases and 79 cases of severe malaria. As compared to 2000, the confirmed cases decreased from 7616 to 3888 in 2008 showing a decline of 49% while the case detection rate was at the same level at 0.6%. During the last five years, the country has distributed around 712512 LLINs in high-risk areas whereas around 0.9 million people were protected under IRS in 2008. Overall, the malaria surveillance is weak and the malaria situation is not improving. Besides the government's budget, NMCP is getting assistance from the World Bank and the Global Fund.

Reported malaria incidence (confirmed cases) and malaria mortality in Nepal, 2000 -2008



Programme goals and targets

To reduce malaria morbidity and mortality until the disease is no longer a public health problem in the country.

Targets	Baseline data in 2005	2010
Reduction in malaria morbidity in population at risk of malaria.	4.1/1000	<2 /1000
Reduction in hospital base severe malaria case fatality rate in the country.	NA.	< 15% by 2011
Control of malaria outbreaks at ward level.	NA.	Within 6 weeks after detection 2010
% of people at high risk of malaria sleeping under bednets.	NA.	80% 2011
% of malaria cases confirmed by microscope and RDT.	NA.	80% in 2011
% of Public Health facilities providing appropriate treatment.	NA.	80% in 2011

Partners and donors

- WHO
- The Global Fund
- World bank
- DFID
- PSI

Malaria situation at a glance: 2008

Total population	: 27.5 million
Population in malarious areas	: 22.5 million
Number of Lab confirmed malaria cases	: 3,888
<i>P. falciparum</i> proportion	: 20.4%
Number of probable malaria cases	: 0
Number of deaths due to malaria	: 0
No. of Severe Malaria Cases	: 79
Cases treated with ACTs	: 1,409
No of LLINs Distributed	: 253,000
No. of effective LLINs+ITNs (cumulative) availability	: 712,512
Population protected with ITNs	: 1.78 million
Population protected by IRS	: 904,540

- Supported by Global Fund

Achievement and initiatives in 2008

- Round 7 Proposal with GFATM granted.
- 192,784 LLINs distributed.
- 95,000 HHS covered with IRS.
- 5 New sentinel sites established for outbreak detection.
- 2 Drug resistance monitoring studies done for ACT.

Issues and challenges

- Drug resistant falciparum.
- Lack of resources, intersectoral collaboration and trained manpower.
- Weak surveillance, programme management and inadequate health infrastructure.
- Uncontrolled population movement.
- Difficulty in establishing institutional linkage for enabling malaria – specific operational research activities.

Best practices and success stories

- Establishment of LLINs distribution "monitoring team" and usage of GIS in net distribution.
- Significant decrease in confirmed malaria cases due to successful intervention.
- Piloting of treatment of Complicated and Severe Malaria by Volunteers at the VDCs level.
- Re-stratification of malaria transmission areas.