



Malaria Situation in South-East Asia Region: Country Reports

Timor-Leste

Malaria continues to undermine public health. Perennial transmission occurs due to Timor-Leste's favourable climatic conditions with reported cases peaking post-wet season. However, a relatively large number of cases were recorded throughout the year with varying intensity depending upon altitude and vector habitat. Almost the entire population of Timor-Leste is at high risk of malaria.

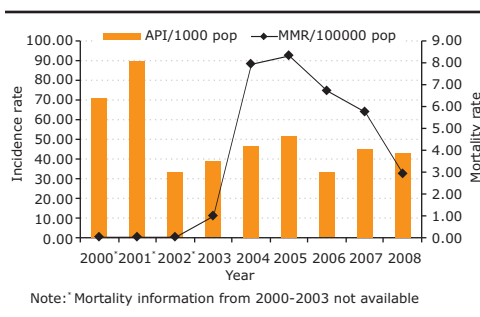
Four out of the 13 districts (Dili, Viqueque, Cova Lima, and Lautem) report 80% of cases. The number of confirmed cases has increased from 15,212 in 2000 to 45,973 in 2008, while the slide positivity rate increased from 44% to 50% between 2002 and 2008. The percentage of reported cases attributable to *P. falciparum* increased from 53% to 75%. These changes may reflect a real increase in malaria or could be at least partly attributable to increased efforts at diagnosis. The Annual Blood Slide Examination Rate (ABER) increased from 5.6% in 2002 to 8.6% in 2008. Children under the age of five years account for approximately 35% of the total cases. Distribution of ITNs / LLINs to children under five and pregnant mothers are the main tool for vector control. The same are distributed to pregnant mothers through Ante-natal clinics. Approximately 60% of the people are covered under the bednet programme. ACT has been adopted by the programme in 2007 and made available through the public sector. Due to weak infrastructure and lack of trained man power most of the cases are treated clinically only. All health facilities carry out passive surveillance. Microscopic diagnosis of suspected malaria cases is done at hospitals and community health centres. The NMCP is mainly financed by Global Fund and the government. Due to limitation of human resources both for quality and quantity, routine diseases surveillance and monitoring activities are very limited.

Malaria situation at a glance: 2008

Total population	: 1.1 million
Population in malarious areas	: 1.1 million
Number of lab confirmed malaria cases	: 45,973
<i>P. falciparum</i> proportion	: 73.3%
Number of probable malaria cases	: 97,621
Number of deaths due to malaria	: 31 (Reported)
Cases treated with ACTs	: 34,406
No of LLINs distributed	: 79,226
No. of effective LLINs+ITNs (cumulative) availability	: 259,950
No. of population protected with ITNs / LLINs	: 0.65 million
Population protected with IRS	: 0

- Supported by GFATM
- Over all malaria situation is deteriorating

Reported malaria incidence (confirmed cases) and malaria mortality in Timor-Leste, 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
To reduce the morbidity by 50% of the rate in 2005	51.37 / 1000	25.68/ 1000
To reduce the mortality by 50% of the rate in 2005	8.3/ 100000	4.15/ 100000

Partners and donors

- WHO
- The Global Fund
- AusAid
- Care International
- ACT malaria

Achievement and initiatives in 2008

- 32% reduction of malaria cases after introduction of ACT and RDT in 2008 compared to 2007.
- Establishment of Entomology laboratory and entomological surveillance.
- Implementation of evidence based Integrated vector control programme.

Issues and challenges

- Drug resistant *falciparum* malaria.
- Lack of resources, intersectoral collaboration and trained manpower and community participation.
- Weak programme management and inadequate health infrastructure and trained manpower.
- Poor microscopic diagnosis of malaria parasites.
- Limited or no access to Health institutions with laboratory facilities.
- Information, education and communication (IEC) has often been too didactic and has failed to reach the targeted audiences.
- Failure of existing routine disease surveillance and monitoring system.

Best practices and success stories

- Use of RDT and ACT to diagnose and treat *P. falciparum* patients in remote areas.
- Stratification of the country according to the incidence of malaria.
- Distribution of LLINs according to stratification.