

COLOMBIA

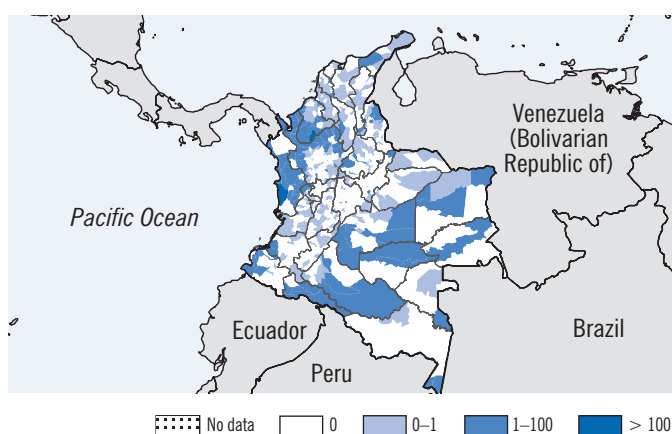
About 18% of the population of Colombia is at risk for malaria. Transmission is highest in the upper Sinú River and lower Cauca River regions, in Urabá and on the Pacific coast. The number of reported malaria cases decreased from 231 233 in 2001 to 79 230 in 2008, and the number of reported malaria deaths fell from 58 in 2001 to 22 in 2008. About 28% of cases were due to *P. falciparum* in 2008. IRS is implemented selectively, protecting 69 000 households and 211 000 people in 2008. Over 280 000 LLINs were distributed in 2007 and 2008. The supply of first-line antimalarial drugs, including 46 350 courses of ACT, was sufficient to treat all reported cases. Funding for malaria control in 2008 reached US\$ 18 million, of which US\$ 17 million was financed by the Government, US\$ 3 million by the Global Fund and US\$ 200 000 by the United States Agency for International Development.

I. EPIDEMIOLOGICAL PROFILE

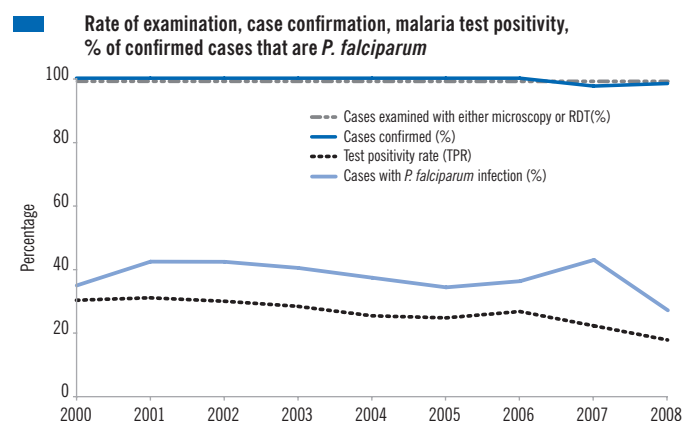
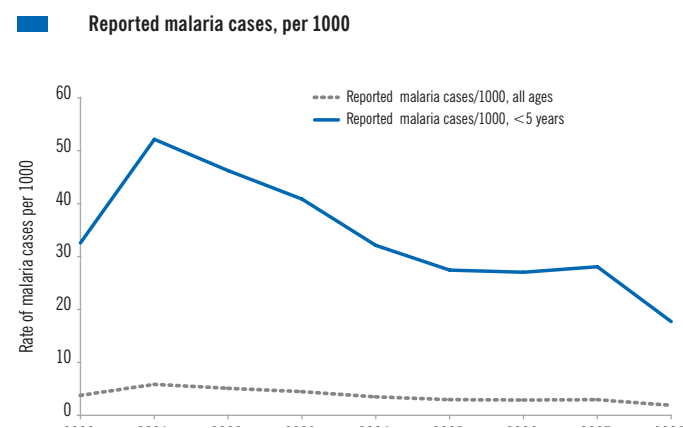
Population, endemicity and malaria burden

Population (in thousands)	2008	%
All age groups	45 012	
< 5 years	4 485	10
≥ 5 years	40 527	90
Population by malaria endemicity (in thousands)	2008	%
High transmission ≥ 1/1000	3 014	7
Low transmission (0–1/1000)	4 897	11
Malaria-free (0 cases)	37 101	82
Rural population	11 490	26
Vector and parasite profiles		
Major <i>Anopheles</i> species	<i>albimanus</i> , <i>darlingi</i> , <i>neivai</i> , <i>nunezovari</i> , <i>pseudopunctipennis</i>	
<i>Plasmodium</i> species	<i>falciparum</i> , <i>vivax</i>	

Stratification of burden (reported cases, per 1000)

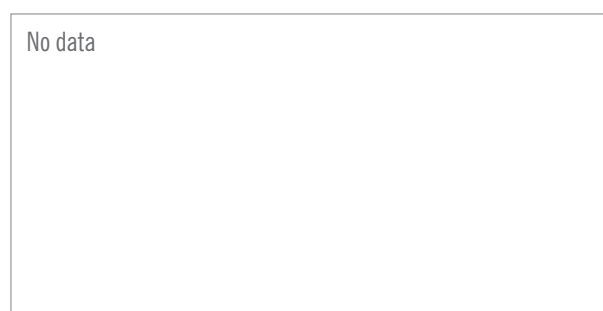


Trends in malaria morbidity and mortality

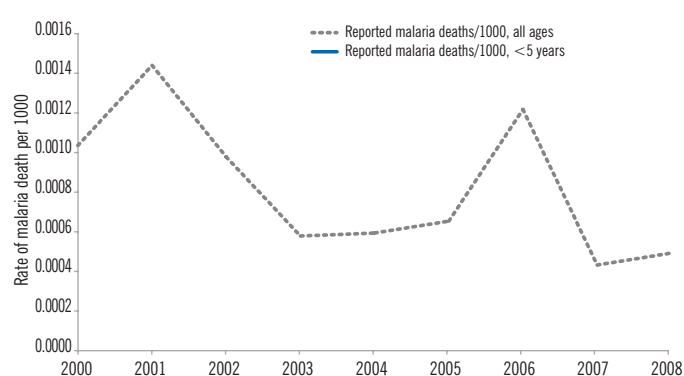


Year	Reported malaria cases, all ages	Reported malaria cases, < 5 years	All-cause outpatient consultations, all ages	All-cause outpatient consultations, < 5 years	Examined	Positive	<i>P. falciparum</i>	Reporting completeness of outpatient health facilities (%)	Reporting completeness of districts (%)
2000	144 432	144 432			478 820	144 432	50 476		
2001	231 233	231 233			747 079	231 233	98 049		
2002	204 916	204 916			686 635	204 916	86 840		
2003	180 956	180 956			640 453	180 956	73 150		
2004	142 241	142 241			562 681	142 241	53 106		
2005	121 629	121 629			493 562	121 629	41 781		
2006	120 096	120 096			451 240	120 096	43 547		
2007	125 262	125 262			564 755	125 262	53 852		
2008	79 230	79 230			447 627	79 230	21 475		

Reported malaria admissions, per 1000



Reported malaria deaths, per 1000



Year	Reported malaria admissions, all ages	Reported malaria admissions, < 5 years	All-cause admissions, all ages	All-cause admissions, < 5 years	Reported malaria deaths, all ages	Reported malaria deaths, < 5 years	All-cause deaths, all ages	All-cause deaths, < 5 years	Reporting completeness of inpatient health facilities (%)	Reporting completeness of districts (%)
2000					41					
2001					58					
2002					40					
2003					24					
2004					25					
2005					28					
2006					53					
2007					19					
2008	223	16			22	3				

II. INTERVENTION POLICIES AND STRATEGIES

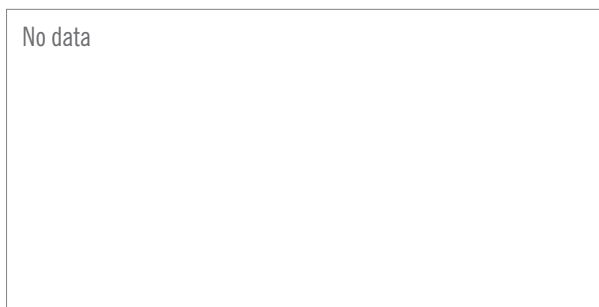
Intervention	WHO-RECOMMENDED POLICIES / STRATEGIES	Yes or No	Year adopted	OPTIONAL POLICIES / STRATEGIES	Yes or No	Year adopted
Insecticide-treated nets (ITN)	Distribution of ITN/LLINs – Free	Yes	–	Distribution – Antenatal care	No	–
	Targeting all age groups	Yes	2005	Distribution – EPI routine and campaign	No	–
				Targeting children < 5 years and pregnant women	No	–
				ITN distribution is subsidized	No	–
Indoor residual spraying (IRS)	IRS is a primary vector control intervention	No	–	Insecticide-resistance management implemented	Yes	2005
	DDT is used for IRS (public health) only	No	–	Where IRS is conducted, other options are also implemented, e.g. ITN	Yes	2005
				IRS is used for prevention and control of epidemics	Yes	1950s
Intermittent preventive treatment (IPT)	IPT used to prevent malaria during pregnancy	No	–			
Case management	Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)	–	–	Parasitological confirmation for patients ≥ 5 years only	No	–
	Parasitological confirmation for patients of all ages	Yes	1960s	Malaria diagnosis is free of charge in the public sector	Yes	–
	ACT is free of charge for < 5 years old in the public sector	Yes	2006	ACT is free of charge for patients ≥ 5 years in the public sector	Yes	2006
	Diagnosis of malaria of inpatients is based on parasitological confirmation	Yes	–	ACT is delivered at community level through community agents (beyond the health facilities)	No	–
	Pre-referral treatment with quinine or artemether IM or artesunate suppositories	No	–	Uncomplicated malaria cases are admitted	No	–
	Oversight regulation of case management in the private sectors	No	–			
	RDTs used at community level	Yes	2006			

Results of therapeutic efficacy tests

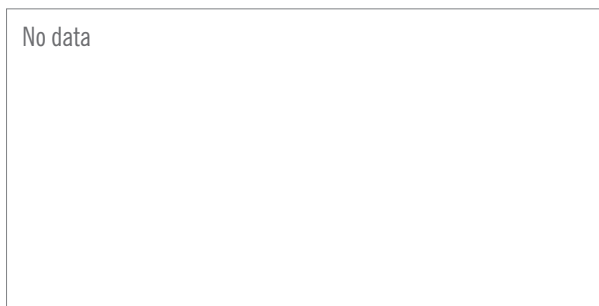
Antimalarial policy	Type of medicine	Year adopted	Study year	No. of studies	Median	Minimum	Maximum	Percentiles: 25%	75%
First-line treatment of <i>P. falciparum</i> (unconfirmed)	–	–							
First-line treatment of <i>P. falciparum</i> (confirmed)	AL	2006							
Treatment failure of <i>P. falciparum</i>	QN(3d)+CL(5d)	2004							
Treatment of severe malaria	QN(7d)	2004							
Treatment of <i>P. vivax</i>	CQ+PQ (7d)	1960s							

III. IMPLEMENTING MALARIA CONTROL

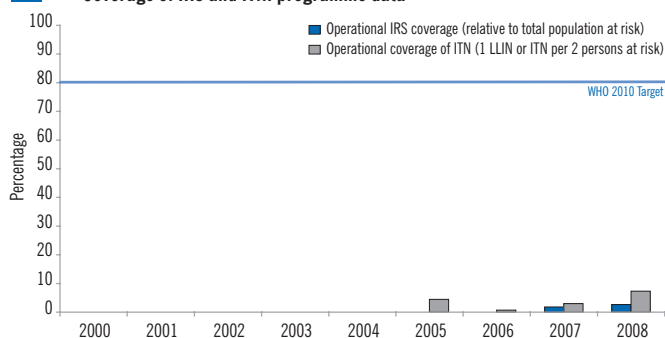
Coverage of ITN: survey data



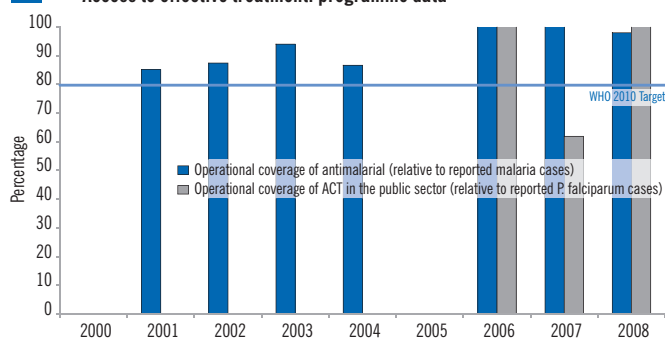
Access by febrile children to effective treatment: survey data



Coverage of IRS and ITN: programme data



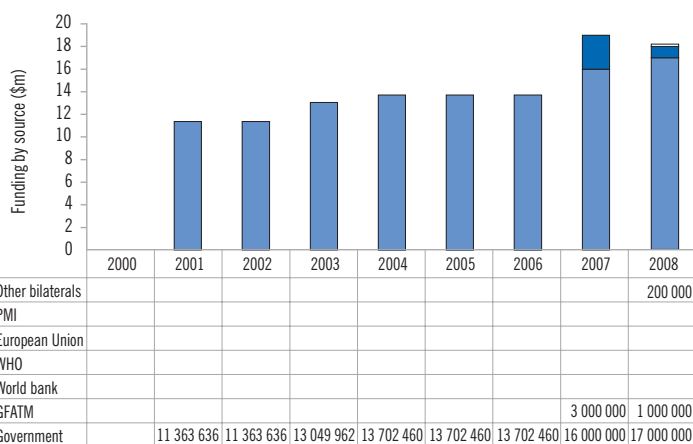
Access to effective treatment: programme data



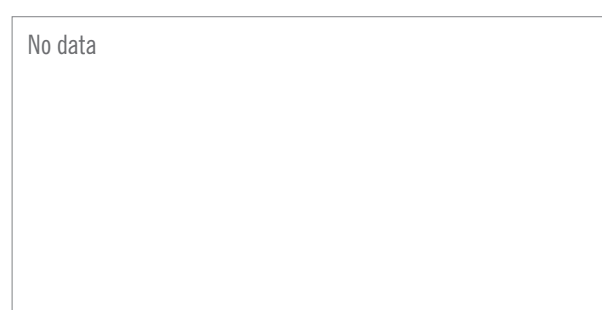
Year	Pregnant women who slept under any net (%)	Pregnant women who slept under an ITN (%)	Children < 5 years with fever (%)	Febrile children < 5 years who sought treatment in HF (%)	Number of households protected by IRS	Number of people protected by IRS	Number of ITNs and/or LLINs	Number of 1st-line treatment courses received	Number of ACT treatment courses received
2000									
2001								196 200	
2002								178 904	
2003								169 816	
2004								122 804	
2005							170 000		
2006							8 360	145 525	51 840
2007					28 728	143 640	87 394	155 132	33 240
2008					68 759	211 294	194 363	79 230	46 350

IV. FINANCING MALARIA CONTROL

Governmental and external financing



Breakdown of expenditure by intervention in 2008



V. SOURCE OF INFORMATION

PROGRAMME DATA

Reported cases	Surveillance data
Operational coverage of ITNs, IRS and access to medicines	Programme report
Financial data	Programme report

SURVEY AND OTHER DATA

Insecticide-treated nets (ITN)	DHS 2000
Treatment	No surveys
Use of health services	DHS 2004