

4.1. Bolivia

Bolivia presented the “Strategic Plan for the Fight Against Malaria, 2001-2005”.

The Plan of the National Government has four core elements: opportunity, equity, dignity and development of the capacity of government institutions. The central objectives are: improvement of health and living conditions of the population; increasing investment in social areas; supporting actions against inequality; strengthening government institutions thus enabling them to provide sustainable and continuous care to the population. The malaria problem is directly related to these elements.

The government of Bolivia aims at fighting poverty, developing a basic insurance system which confronts the main causes of morbidity and mortality in the country, reinforcing the decentralization process and strengthening management.

The “epidemiological shield” is a strategy to progressively develop programs that will take care of the most prevalent diseases such as Chagas, malaria, tuberculosis, diseases preventable by immunization and other diseases, according to the epidemiological profile of each municipality.

Malaria is endemic in 75% of the country and 3,499,802 inhabitants are at risk. The main vectors are *A. darlingi* and *A. Pseudopunctipennis*.

The stratification according to the API is shown in Annex 1, Figure 1.

The national strategy to fight malaria is based on: decentralization, community participation, accessing special risk groups, trans-sectoral coordination, integral management and joint activities in areas of common epidemiological interest.

The Plan for Malaria Control has the goal of “decreasing the morbidity, and preventing the mortality caused by malaria in Bolivia through the progressive improvement and strengthening of the local, regional and national capacity, during the period 2001-2005”.

The objectives of the plan are as follows:

- To reduce the API in high risk areas from more than 10 cases/1000 to less than 10 cases/1000 in the next five years;
- To reduce the API in medium risk areas (with API between 2 and 9/1000) to an API less than 2 cases/1000 in the next five years;
- To reduce the API in lower risk areas (API < 1) to a 0 cases area in the next five years

In order to achieve these objectives, the strategy recognizes the importance of early diagnosis and treatment, prevention and integrated vector control measures, operational research aimed to improve tools and activities related to prevention and control, the development of a health and surveillance information system and community

involvement. The strategy also considers reinforcing diagnosis and treatment through the strengthening of the public health system, health insurance, health service network, NGOs, Army, private sector and voluntary workers.

The National Plan of Malaria Control (2001-2005) incorporates the RBM principles adapted to the local context. The following is a summary of the present situation and plans for the future:

- The Departments of Pando, Beni and Santa Cruz in the Bolivian Amazon which border Brazil are a priority. This region is responsible for 50% of all reported malaria cases and for 99% of *P. falciparum* cases.
- In 1998, the malaria situation deteriorated and it became necessary to implement four projects in Beni and one project in Pando with financial support from the Canadian Government through the Social Inversion Fund, UNICEF and the Bolivian Ministry of Health. These projects rely on the participation of local groups and municipalities. Currently there is a 31% improvement of the situation as compared to that of 1998.
- The projects are organized in two phases: Phase I (already implemented) included detection, treatment and follow-up of cases. This involved the strengthening of laboratory capacity within the health services.
- Phase II involves capacity building in the aspects of vector control, Geographic Information System (GIS) and improvement of housing, although there are recognized constraints particularly in the area of the human resources.
- There exist laws on decentralization and on popular participation, however there is a lack of ownership on behalf of the people.
- Basic health insurance covers malaria treatment but there are some doubts about the sustainability of this instrument.
- Bolivia has an initiative in progress called “Epidemiological Shield” to be implemented by the National Directorate of Epidemiology which is oriented to the control of malaria, Chagas, tuberculosis, leishmaniasis, dengue and the immunization program.
- The NGO “Population Service International” or PSI has a pilot project on the use of insecticide impregnated bed-nets. The NGO sells each for US\$5 and the amount of insecticide necessary to impregnate costs 35 US cents. Vector control is carried out through indoor spraying with pyrethroid insecticide every six months.