4.3. Colombia

Malaria is a very extended public health problem in Colombia. Eighty-five percent of the Colombian territory is located under 1,600 meters above sea level where approximately 18 to 24 million people live with the risk of developing the disease or dying from it. Although malaria mortality has had a significant decrease in the last decades, the morbidity shows an increasing trend during the last forty years. In the last decade the health authorities in Colombia diagnosed approximately 160,000 malaria cases on average per year, but in 1998, that number increased to approximately 250,000. The rate of *P. falciparum* infections also increased. In the same year some municipalities located on the pacific coast registered incidence rates higher than 400 cases per 1,000 inhabitants.

The epidemiological map of malaria by level of risk is presented in Annex 1, Figure 3.

The following regions are at the highest risk for malaria transmission in Colombia: the Pacific Coast Region, the Urabá Region, low Cauca River Region, and high Sinú River Region; also, at risk are the Orinoquia and Amazonia territories. These regions and territories are characterized as tropical rain forest. Some of these regions are inhabited mainly by people of African descent and/or by Amerindian populations. Recently, however, these regions have been colonized by population groups lured by extractive or illegal activities and these areas have subsequently become the epicenter of social conflicts.

There are great geographic and cultural diversities in Colombia. Factors such as climatic variations and intensified socio-economic situations, especially in the last years, such as the displaced populations due to armed conflicts, violence and poverty in rural areas, have determined the establishment of different epidemiological stages of malaria transmission in Colombia. These include urban endemic malaria, stable malaria pattern in rural areas with and without social conflict and epidemic malaria in receptive zones, among others.

Among the Amerindians, one of the ethnic groups mostly affected by malaria, it is also possible to describe different epidemiological situations. Some Indian groups live in rain forest areas with endemic transmission. However, there are other groups with a high degree of susceptibility, such as the Wayúu communities who live in relatively dry, non-endemic territories of the middle Guajira, that have suffered a serious malaria epidemic in the first three months of year 2000 with more than 4,000 cases.

In accordance with the Global Malaria Control Strategy and the recent principles adopted by WHO in the *Roll Back Malaria* strategy, the Colombia the Ministry of Health has promoted a Malaria Control National Plan, based on the following elements:

- Opportunity in diagnosis and treatment
- Selective vector control (use of bed-nets impregnated with insecticides or mosquito repellant chemicals, mosquito breeding control and targeted residual insecticide spraying)
- Strengthening of public health surveillance (entomological and vector resistance surveillance)
- Inter-sectoral and social participation

Malaria diagnosis, treatment and education to affected persons are mandatory in the new Social Security Health System as well as in other official and private institutions. Public health surveillance and educational activities are the responsibility of municipalities and provinces. Vector surveillance and control activities are under the responsibility of the *Departamentos* (provinces).

During recent years the Ministry of Health has made progress in issuing resolutions and defining technical aspects and responsibilities of different system actors. The new approach for malaria control has involved changes in the operational model. These changes include the development of projects, the strengthening of the technical and administrative capacity of the provincial teams, and the reorganization of processes according to the basic elements of the *Roll Back Malaria* strategy. In order to face a new work outline that involves dismantling the vertical structure, it is still necessary to define the critical aspects of the renovation, support of human resources and the weak structure of health institutions. It is also necessary to create precise technical tools to guide the actions of technical and operative local teams in aspects such as decision making, inter-sectoral negotiations with partnerships, monitoring and administrative actions.

The malaria situation in Colombia and its future outlook was presented as follows:

- Changes in climatic conditions caused the number of malaria cases of *P. falciparum* to increase from 114,000 in 1997 to 256,000 in 1998.
- In 1999 a decrease of malaria cases was observed and this has persisted during the year 2000.
- Malaria occurs in many regions of the country: the Pacific Coast Region, the Amazonian Region and the Central Region, and it is closely related with population movements resulting from the social situation in the country.
- The Health Sector Reform has integrated the diagnostic network with the general health system and the reform is still expanding these facilities. Currently all interventions related to public health surveillance are under the responsibility of the municipalities and the departments. Vector Control is the responsibility of the departments.
- The process of Health Sector Reform has determined that the approach to malaria should be different since the actors are different.
- It was suggested to use rapid diagnostic techniques in cases of dispersed population such as the indigenous population of La Guajira, where close to 5,000 cases were recently reported.

- The important activities that are taking place in the endemic areas of the country are rapid medical care, surveillance, bed-nets impregnation and environmental sanitation activities. Community participation and the inter-sectoral approach are also being promoted.
- From 180 municipalities with malaria transmission, 130 have high risk for malaria.
- A survey was carried out in relation to the progress of the implementation of *Roll Back Malaria* in the country. What follows are the results as grouped by element and analyzed in a table/matrix. The elements included rapid care, multiple preventive interventions, inter-sectoral coordination and dynamic movement:

Element	**Progress/Strategies**	**Observations/Evaluation**
Rapid diagnosis and treatment	- - Increase of coverage - Definition of roles - 40% of the poor have insurance	Lack of coordination in the increase of coverage
Multiple Preventive Interventions	- Vector control - Norms and techniques - Surveillance is a municipality function/work/role - Bed-nets and breeding site control	Limitation of sustainability
Intersectoral coordination and dynamic movement	In the 180 municipalities with risk of malaria, 3% coordinated with the Planning Secretariat, 1% with the Agriculture Secretariat; 1% with private sector; 1% with autonomous corporation.	Low level of intersectoral coordination
Dynamic movement		