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ABSTRACT

About 107 countries, especially in Asia, Africa and Latin America, are rated as highly malaria countries with a population of 3.2 billion people with the risk of malaria transmission, with estimated 350-500 million clinical malaria episodes occur annually in the region, more than 1 million deaths are reported each year. From the year 2001incidence of malaria in Sri Lanka has declined significantly, which let the Anti Malaria Campaign to launch malaria elimination program with the target of elimination of malaria by 2015.

A descriptive cross sectional study covering 18 '*malaria districts*' of the country was carried out in order to ascertain effectiveness of the malaria control program in Sri Lanka. The districts with malaria risk were divided into two groups, as high risk and low risk districts. The study had three components, the facility assessment included resources, control & prevention, case detection & treatment and management, the outcome assessment included outcome of control & prevention activities and morbidity & mortality, the assessment of public awareness and satisfaction included knowledge attitudes and practices and satisfaction over malaria control activities.

The study revealed inadequacy of human resources such as Public Health Inspectors, Entomological Assistants, Public Health Lab Technicians and Spray Machine Operators, and inadequacy of equipment especially for vector surveillance. Most of the districts did not have sufficient buffer stock of insecticides. Many districts had not carried out entomological visits in adequate numbers, and standard activities for vector surveillance was not carried out in adequate numbers as well. With respect to vector control activities there were large differences among districts. Batticaloa district is largely depended on Indoor Residual Spraying and neglected larval control activities, insecticidal treatment of bed-nets etc. Distribution of Long Lasting Insecticidal Nets was limited to districts of Northern, North central, North western and Eastern provinces.

Only six districts had manned above 50% health institutions with microscopists. Screening of patients for malaria is satisfactory in most of the districts but not adequate in low risk districts. Three of the 'low risk' districts have not carried out any field clinics for malaria screening. Conducting of public awareness, monitoring and supervision were critically low in most of the districts that examined by the study. Absence of job descriptions, performance appraisals, guidelines for vector surveillance & control in any district also can be mentioned as critical shortcomings that revealed by the study.

Six out of 13 'high risk' districts had good coverage of house holds at risk by prevention methods such as Indoor Residual Spraying and Insecticide Treated Nets which ranged from about 70% to 100% coverage.

Majority of patients interviewed were having good level of Knowledge, Attitudes and Practices. Though majority of patients trusted health services the study showed that such important areas of satisfaction as communication and autonomy have to be improved. Satisfaction of patients from different hospitals differed in areas such as dignity, autonomy, comfort, and confidentiality. This showed that services rendered in different hospitals studied are varying and interventions needed.

The study highlighted certain other deficiencies that have to be corrected and necessary recommendations were done. The malaria situation in Northern Province except in one district was not assessed by the study and it is recommended to study those districts also to reveal real situation prevailing there.