

Abstract

# Evaluation of Malaria Surveillance System in Balochistan- 2017

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## Abstract

**Background:** Globally, an estimated 212 million cases of malaria were reported in 2015. In Pakistan, health facility-based confirmed cases were reported to be 0.2 million. Total reported deaths were 34 as compared to estimated 740 deaths. Malaria information system (MIS) detected 0.084 million confirmed cases of malaria in 2016, in province Balochistan.

**Objective:** An evaluation of Malaria Surveillance System in Balochistan was conducted to identify strengths and weaknesses and make recommendations for improvement.

**Methods:** A desk review of literature, office records and reports were conducted in Provincial Malaria directorate Quetta from March to May 2017. Evaluation was conducted for the year 2016. Assessment of qualitative and quantitative system attributes was done using the framework of updated CDC guidelines for evaluating public health surveillance systems, 2001. A semi-structured questionnaire was used for interviews. Stakeholders were identified and engaged.

**Results:** Case definition was simple, and system was easy to operate but inflexible in accommodating additional information like outbreaks. Data quality was assessed as poor, because on random evaluation 30% forms were found completed. Timeliness was also poor as report took 2 months to reach Malaria directorate from district level. System had good acceptability, stability and representativeness. Sensitivity of the system was excellent 100% whereas PPV was 12.8%.

**Conclusions:** New approach of Malaria Control Program should be vector control rather than malaria control because coastal areas of Balochistan are at high risk for Dengue, Chikungunya, Zika and Yellow fever as these have common vector for spread. A software is strongly recommended for reporting of malaria cases which will improve the timeliness of reporting. During transmission season active case finding and taking blood samples from affected people would be highly effective in picking cases at right time for better management. All the staff working for malaria control and prevention should be trained for other vector borne diseases as well.

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