

Overview of malaria control activities and programme progress

Malaria accounts for approximately 10% of all reported febrile illnesses. Anaemia is widespread in Afghanistan — 12% of the population and nearly 30% of children under 5 years of age have haemoglobin levels less than 11 g/dl — and malaria is a contributing factor in many areas. A national malaria prevalence survey conducted by the MoH and the Institute of Malaria and Parasitic Diseases between October and November 2002 — the peak period for *P. falciparum* transmission — revealed that 10% of the population living at an altitude below 1500 m is infected with Plasmodium parasites. In 2003, 591 441 suspected and confirmed cases were reported, for an annual national incidence of 197/10 000. Incidence ranged from less than 7/10 000 to 1955/10 000 population per year. *P. vivax* accounted for 93% of all confirmed malaria cases, and *P. falciparum* accounted for 7% of all confirmed malaria cases, ranging from 0.002% in Wardak Province to 31% in Takhar Province.

Since the beginning of 2002, the MoH has taken steps towards building an integrated control programme against malaria and leishmaniasis as part of the evolving health-care delivery structure. A Basic Package of Health Services was initiated and is delivered by contracted NGOs at four levels of health service delivery. Coupled with the installation of the Integrated Management of Childhood Illness programme in 2003, opportunities for effective malaria control are progressively expanding.

Malaria/leishmania directorates were established in 14 priority malaria provinces, including appropriate malaria staffing. The national malaria institute was reinforced with eight medical doctors. The needed investment for this new cadre was obtained through intensive capacity building programmes both within the country and from abroad.

With funds from donors and other partners — for example, USAID and the Government of Kuwait — the RBM control programme was expanded and significant activities were planned and/or conducted to complement developments in the primary health sector of the country. The GFATM committed a grant for the control of HIV/AIDS, tuberculosis and malaria totalling US\$ 3.1 million.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines	Yes
Published/updated in	2003
Monitoring antimalarial drug resistance	Yes
Number of sites currently active	4
Home management of malaria	No
Vector control using insecticides	Yes
Monitoring insecticide resistance	No
Number of sites currently active	
Insecticide-treated mosquito nets (ITNs)	Yes
Intermittent preventive treatment (IPT)	NA
Epidemic preparedness	Yes

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
<i>P. falciparum</i> (unconfirmed)	CQ+SP
<i>P. falciparum</i> (lab confirmed)	ASU+SP*
<i>P. vivax</i>	CQ
Treatment failure	Q(7d)
Severe malaria	Q/ATM(7d)/(3d)+SP
Pregnancy	
Prevention	
Treatment	Q or ASU+SP (Pf) CQ (Pv)

EPIDEMIOLOGICAL DATA

Following WHO recommendations, malaria case reporting is carried out in most countries. The data presented below reflect aggregated malaria cases at the national level and are presented by gender, age and subnational level as submitted to WHO. Malaria reporting from national surveillance systems varies in quality and reporting completeness and may have limited value in understanding the actual malaria burden, but may be useful for understanding trends in the relative burden of malaria in the public health sector.

Reported malaria cases (annual)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
317 479	297 605			88 302		303 955	202 767	288 070	395 581
2000	2001	2002	2003	Date of last report: 25 May 2004					
203 911	364 243	590 176	591 441						

Reported malaria by type and quality

For most recent year

Reported malaria cases	591 441
Reported malaria deaths	

Probable or clinically diagnosed

Malaria cases	224 662
Severe (inpatient or hospitalized) cases	
Malaria deaths	

Slides taken
Rapid diagnostic tests (RDTs) taken

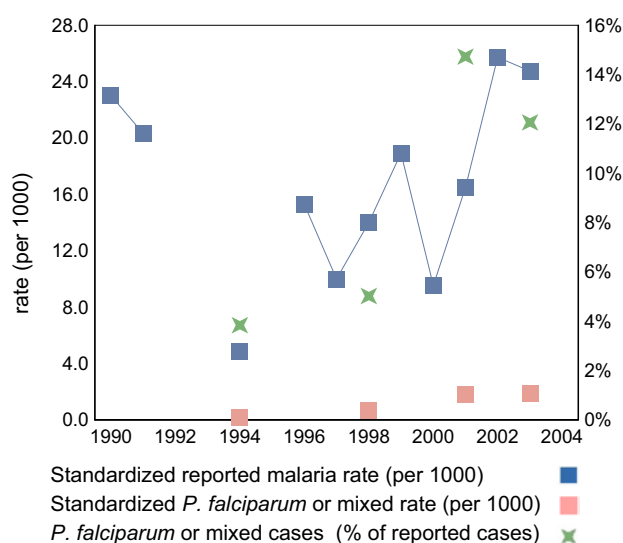
Laboratory confirmed

Malaria cases	366 779
<i>P. falciparum</i> or mixed	44 243
<i>P. vivax</i>	322 536
Severe (inpatient or hospitalized) cases	
Malaria deaths	

Investigations

Imported cases

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	203 911	364 243	590 176	591 441	100

Reported malaria cases by selected subnational area

15 of 25 areas	2000	2001	2002	2003	%
Takhar				135 237	23
Kunduz				75 798	13
Baghlan				72 787	12
Nangarhar				45 418	8
Badghis				40 464	7
Faryab				37 894	6
Kabul				32 029	5
Badakhshan				30 252	5
Gazni				27 409	5
Laghman				21 175	4
Kunar				18 187	3
Khost				15 904	3
Herat				10 982	2
Balkh				6 331	1
Paktia				5 272	1

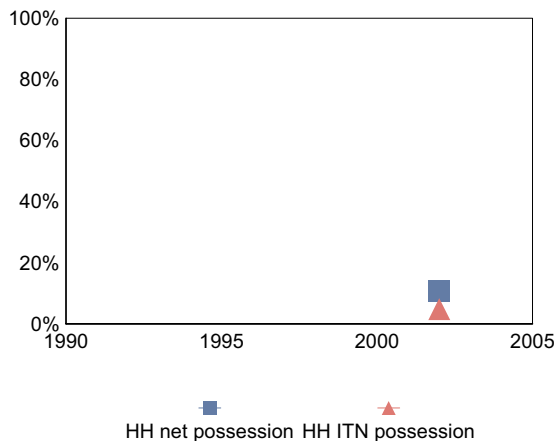
COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

Information related to the coverage of RBM key interventions is presented here. This includes coverage of antimalarial treatment, possession and use of insecticide-treated nets (ITNs), and use of intermittent preventive treatment (IPT) among pregnant women (PW) where national policy indicates.

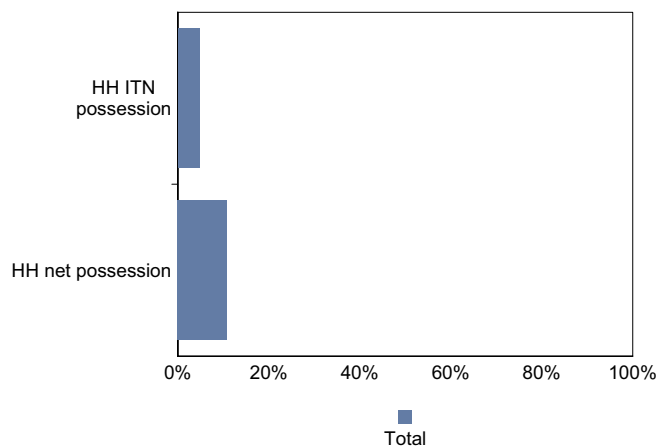
Insecticide-treated nets

ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data below represent available household survey results in which household possession and use of nets and ITNs have been assessed.

Trend in mosquito net coverage estimates from national surveys



Estimates of ITN coverage from most recent national survey



Available national surveys

MoH 2002

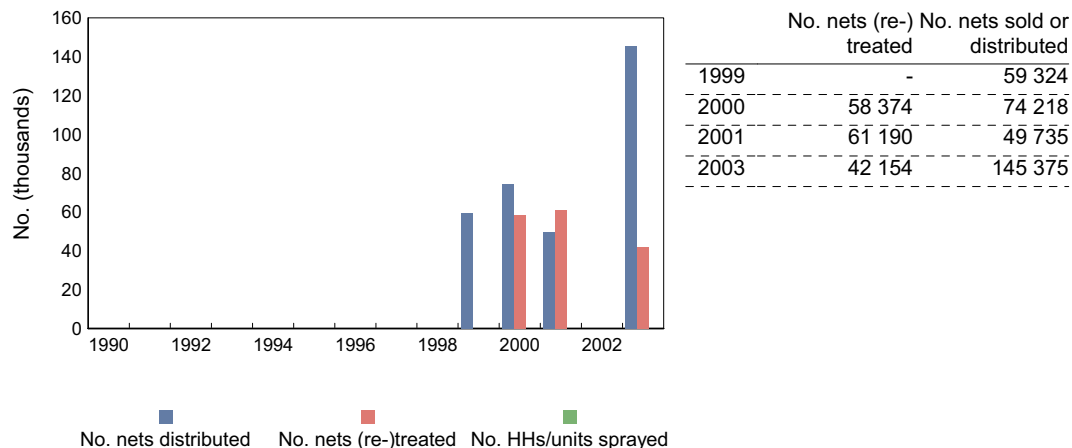
Sample size (HHs or U5s): 750
 Field work: Oct-Nov 2002
 Scale: 50 districts

Supporting Organization: HealthNet International, MoH, WHO, USAID

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

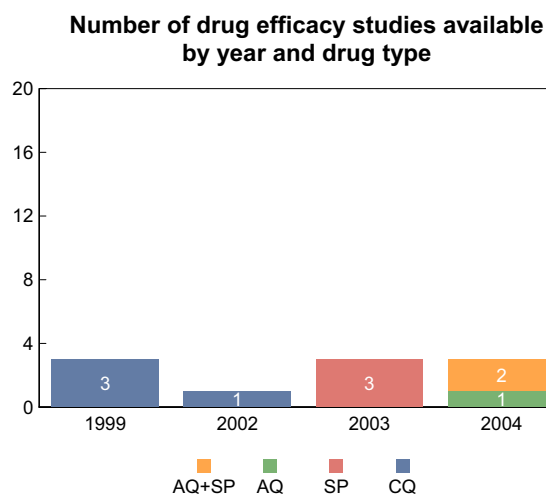
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities of national malaria control programmes. The information reflects annual, country-reported data.



MONITORING ANTIMALARIAL DRUG EFFICACY

Monitoring antimalarial drug efficacy is important for understanding the impact of antimalarial treatment being delivered and the need for drug policy change, essential for ensuring prompt access to effective treatment. Median, range and quartiles are based on percentage clinical failure for uncomplicated *P. falciparum* malaria for countries in Africa south of the Sahara, and percentage total failure for all other areas. Included are studies that used WHO protocol among selected drugs.

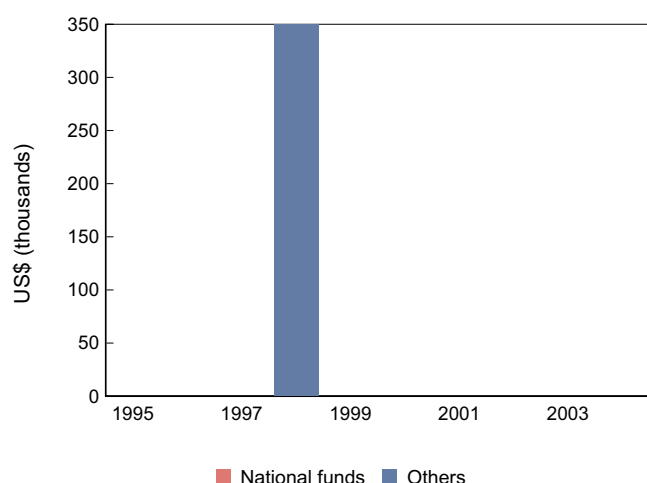
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
1999-2002	4	67.7	60.0	89.5	61.7	80.8
SP						
2002-2003	3	8.7	4.0	22.7	4.0	22.7
AQ						
2004	1	37.7				
AQ+SP						
2003-2004	2	2.0	1.0	3.0	1.0	3.0



FINANCING FOR MALARIA

Annual funding for malaria control

This information represents country-reported national and other resources budgeted or spent for national malaria control programme efforts. If information was reported in a different currency than US\$, the annual average of the official exchange rate from the World Development Index was used for conversion. Currency is presented in US\$ (thousands).



	National funds	Others
1995	-	-
1996	-	-
1997	-	-
1998	-	350
1999	-	-
2000	-	-
2001	-	-
2002	-	-
2003	-	-
2004	-	-

Malaria funds from the Global Fund to Fight HIV, Tuberculosis, and Malaria

Information on additional resources provided to countries through GFATM from 2-year committed funds for malaria from successful proposals through the first four rounds is presented. The details on approved proposals, grant agreements and disbursements to date are provided. Figures are presented in US\$. These data are maintained and updated by GFATM.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
CCM	2	3 125 605	MoH	Yes	25-Oct-04	3 125 605	1	1 687 514	54.0%

Integrated proposal includes HIV and tuberculosis committed funds.

General notes and remarks

See explanatory notes at the beginning of the section.

The antimalarial drug policy for treatment of malaria in pregnant women includes Q in the first trimester and ASU+SP in the 2nd and 3rd trimester for suspected or confirmed uncomplicated *P. falciparum* malaria. For *P. vivax*, CQ is used for treatment of uncomplicated cases in pregnant women.

* policy adopted, not presently being deployed, implementation process ongoing