

## Overview of malaria control activities and programme progress

The malaria situation remained stable in Armenia until 1994. In subsequent years, a downgrading of malaria preventive services and a weakening of the malaria surveillance system resulted in a steady increase in the number of malaria cases, reaching 1156 by 1998. Over 98% of these cases were detected in the Masis district of the Ararat Valley, an area bordering Turkey. In recent years, owing to epidemic control interventions, the number of autochthonous malaria cases has continued to decrease, dropping to 8 in 2003. Although numbers have been on the decline since then, the situation must be monitored closely, because of the existence of favourable conditions for malaria transmission.

The government demonstrates strong political commitment to RBM efforts. Malaria control activities currently carried out emphasize training of medical and laboratory staff at all levels in the diagnosis and treatment of malaria, epidemic preparedness and control, surveillance, health education, community mobilization and intersectoral collaboration. RBM-related interventions are supported by the MoH, other governmental entities, the WHO Regional Office for Europe, UNICEF, the International Federation of Red Cross and Red Crescent Societies, and the World Food Programme.

In 2003, Armenia redefined and adjusted the present malaria control strategy, objectives and approaches, bearing in mind the results achieved to date, the actual extent of the problem and potential threats in the country. A multisectoral approach brought together representatives from the Ministries of Health, Defence, National Security, Internal Affairs, and Agriculture, which all contributed to a comprehensive plan for malaria control and eradication. The meeting resulted in the presentation of new malaria-related guidelines to the law-making bodies of the country.

### National malaria policy and strategy environment

#### National malaria strategy overview for 2003

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

#### Current antimalarial drug policy

	Current policy
<b>Uncomplicated malaria</b>	
<i>P. falciparum</i> (unconfirmed)	CQ
<i>P. falciparum</i> (lab confirmed)	CQ+PQ
<i>P. vivax</i>	CQ+PQ(14d)
<b>Treatment failure</b>	Q(7d)
<b>Severe malaria</b>	Q(7d)
<b>Pregnancy</b>	
Prevention	
Treatment	CQ

## 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
0	0	0	0	196	502	347	841	1 156	616
2000	2001	2002	2003	Date of last report:					
141	79	52	29						

### Reported malaria by type and quality

For most recent year

Reported malaria cases	29
Reported malaria deaths	0

#### Probable or clinically diagnosed

Malaria cases  
 Severe (inpatient or hospitalized) cases  
 Malaria deaths  
 Slides taken  
 Rapid diagnostic tests (RDTs) taken

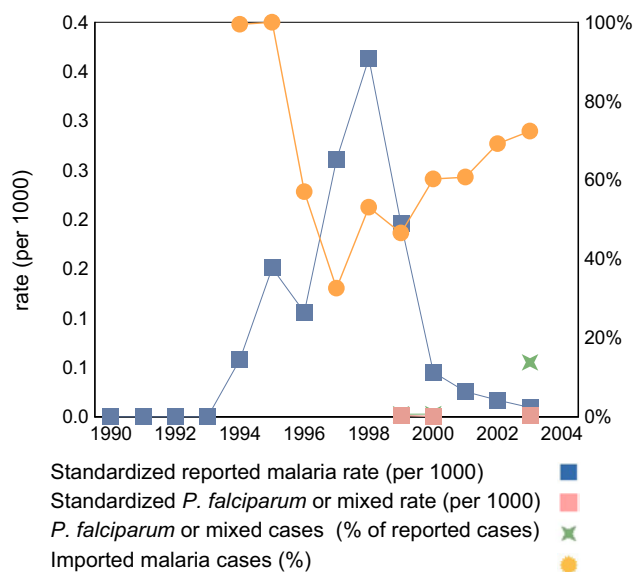
#### Laboratory confirmed

Malaria cases 29  
*P. falciparum* or mixed 4  
*P. vivax*  
 Severe (inpatient or hospitalized) cases  
 Malaria deaths 0

#### Investigations

Imported cases 21

Estimated reporting completeness (%)



### Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	141	79	52	29	100

### Reported malaria cases by selected subnational area

2000	2001	2002	2003	%
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## 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.

*No survey-based estimates of mosquito net or ITN coverage are currently available.*

## 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.

*No data is currently available.*

## 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.

*No studies on the efficacy of antimalarial drugs are currently available or there is no reported *P. falciparum* transmission.*

## **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).

*No data are currently available.*

### **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.

*No funding was approved for malaria control by the GFATM.*

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### **General notes and remarks**

See explanatory notes at the beginning of the section.