

Overview of malaria control activities and programme progress

The malaria situation in Azerbaijan began to deteriorate rapidly after 1990, as a result of the almost complete cessation of malaria preventive interventions and hydro-engineering and melioration activities as well as intense population movements. In 1996, the number of malaria cases reached 13 135, with the majority of these cases registered in the districts of the Kura–Araksin and Lenkoran lowlands, areas which had been considered highly malaria–endemic in the past. In 1997, the situation was aggravated as a result of mudslides throughout these areas, when mosquito-breeding sites increased dramatically. The highest morbidity rates were reported in several districts of the country bordering Georgia, Iran and the Russian Federation. From 1997 to 2003, as a result of large–scale epidemic control interventions, the malaria situation in the country continued to gradually improve, with only 408 cases reported in 2003.

The country demonstrates strong political commitment to the RBM regional movement. Malaria control activities carried out at present focus on integrated vector control measures—such as indoor residual spraying, environmental management, biological means of control, disease management, training, surveillance, public health education and community mobilization. Intersectoral collaboration between the MoH and other entities is essential to the consolidation of the progress made to date. Agriculture and irrigation, in particular, are two major issues that must be addressed to minimize vector breeding grounds. At present, RBM activities are supported by the MoH, WHO and UNICEF.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines Published/updated in	Yes
Monitoring antimalarial drug resistance Number of sites currently active	No
Home management of malaria	No
Vector control using insecticides	Yes
Monitoring insecticide resistance Number of sites currently active	No
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
<i>P. falciparum</i> (lab confirmed)	CQ+PQ
<i>P. vivax</i>	CQ+PQ(14d)
Treatment failure	Q(7d)
Severe malaria	Q(7d)
Pregnancy	
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
24	113	27	23	667	2 840	13 135	9 911	5 175	2 315
2000	2001	2002	2003	Date of last report:					
1 526	1 057	506	482						

Reported malaria by type and quality

For most recent year

Reported malaria cases	482
Reported malaria deaths	0

Probable or clinically diagnosed

Malaria cases
Severe (inpatient or hospitalized) cases
Malaria deaths

Slides taken
Rapid diagnostic tests (RDTs) taken

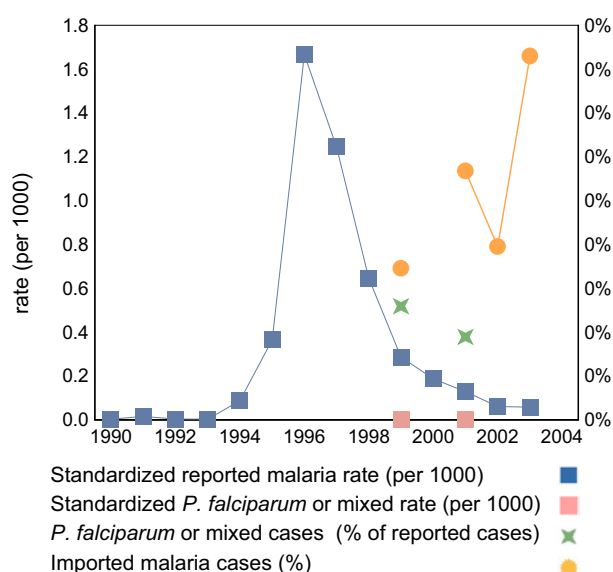
Laboratory confirmed

Malaria cases 482
P. falciparum or mixed 0
P. vivax
Severe (inpatient or hospitalized) cases
Malaria deaths 0

Investigations

Imported cases 2

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	1 526	1 057	506	482	100
Gender	Female	846				55
Age	<15 years	417		122	93	19

Reported malaria cases by selected subnational area

15 of 75 areas	2000	2001	2002	2003	%
Baku	446	313	173	131	27
Shaki	9	7	2	41	9
Oghuz	7	5	1	25	5
Aghjabadi	45	30	13	18	4
Sharur		34			3
Nakhchivan AR	56		16		3
Fuzuli	41	41	25	14	3
Saatly	54	37	21	14	3
Sabirabad	81	49	19	14	3
Zardab	22	19	8	14	3
Mingechevir	24	18	8	14	3
Gakh	19	14	8	13	3
Barda	49	28	12	12	2
Agsu	20	9	7	12	2
Goranboy	9	7	2	12	2

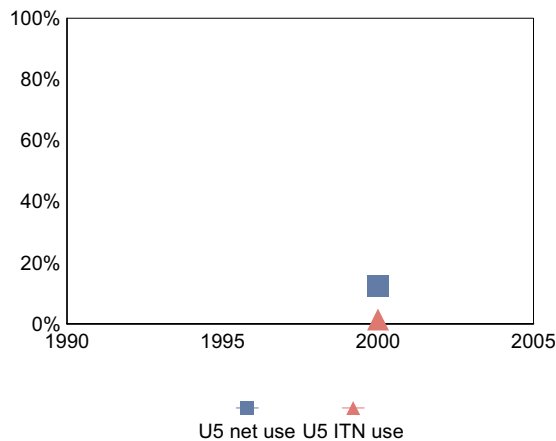
COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

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.

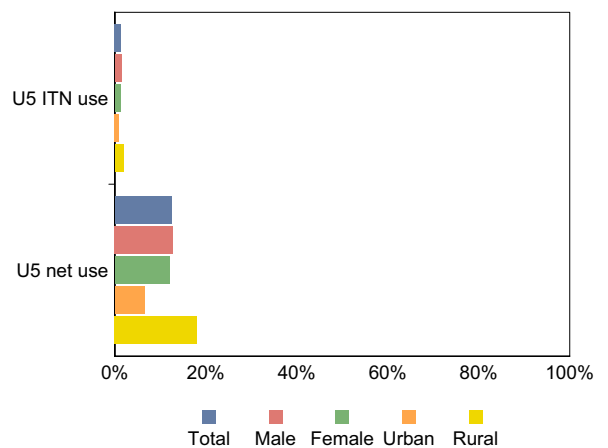
Insecticide-treated nets

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

MICS 2000

Sample size (HHs or U5s): 1 875
 Field work: Aug 2000
 Scale: national

Supporting Organization: UNICEF

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.

General notes and remarks

See explanatory notes at the beginning of the section.