

Overview of malaria control activities and programme progress

Since 1986 some local malaria cases have been registered as a result of the importation of malaria to Kyrgyzstan by ex-military personnel upon return from Afghanistan. In 1986–1987, 24 cases of autochthonous malaria were detected. In 1988, there were 21 cases as a result of local transmission, with 11 reported in the Batken district, which borders Tajikistan and Uzbekistan. For 8 years, only imported cases were reported in the country. Then in 1996, after a long break in local transmission, the first case of autochthonous malaria was registered in the Panfilov district. Since then, there has been a rise in the number of cases as a result of local transmission. In 2001, 15 autochthonous cases of malaria were reported in the country.

In 2002, the explosive resumption of malaria transmission produced an epidemic situation with an incidence much greater than that reported in the past few years, with a total of 2267 autochthonous vivax malaria reported in the southern regions of the country, including Batken, Jalal-Abad and Osh. This steep increase in malaria transmission was a result of immigration of a number of infected people from Tajikistan into the Batken region—an area bordering Tajikistan—where the *Anopheles* vector exists and conditions for malaria transmission are very favourable. Currently, malaria is resurging in areas bordering Uzbekistan.

Kyrgyzstan shows strong political commitment to controlling the malaria situation. In March 2003, a Regional Partnership Meeting funded by USAID in the Central Asian Republics and organized in collaboration with the WHO Regional Office for Europe and the Centres for Disease Control of the Central Asian Republics was held in Bishkek. More than 150 health officials from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan participated in the meeting. In response to the malaria epidemic of 2002, the WHO Regional Office for Europe opened a malaria field office in Osh, Batken Province—one of the three regions most affected by malaria—and has assisted the country in the procurement of drugs, insecticides and microscopes and supported vector control activities including indoor residual spraying. Malaria surveillance and drug efficacy monitoring is also being conducted from the Osh Office. A subregional RBM project proposal drawn up by the WHO Regional Office for Europe has received funding from USAID; within the project framework, Kyrgyzstan is a major recipient of the funding.

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
1	1	2	0	6	3	26	13	11	5
2000	2001	2002	2003	Date of last report:					
12	28	2 743	468						

Reported malaria by type and quality

For most recent year

Reported malaria cases	468
Reported malaria deaths	0

Probable or clinically diagnosed

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

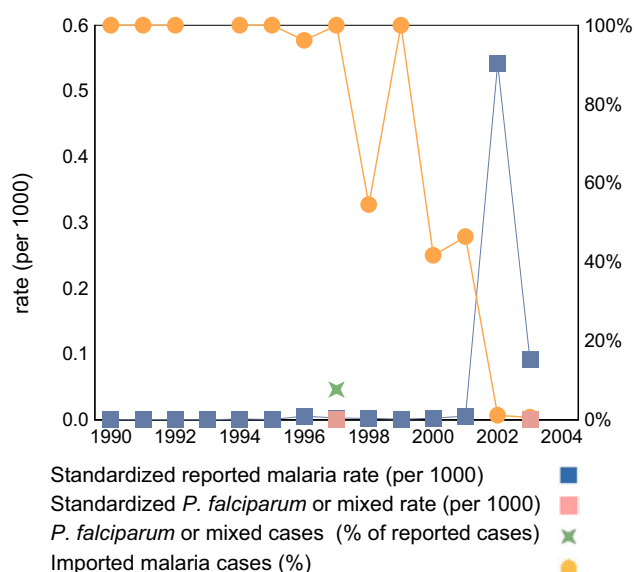
Laboratory confirmed

Malaria cases 468
P. falciparum or mixed 1
P. vivax
Severe (inpatient or hospitalized) cases
Malaria deaths 0

Investigations

Imported cases 3

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	12	28	2 743	468	100

Reported malaria cases by selected subnational area

10 areas	2000	2001	2002	2003	%
Kadamjai	4	6	131	294	63
Lailak	0	34	206	36	8
Batken	3	2	8	25	5
Kara-Suyskiy	0	0	525	17	4
c. Jalalabad	0	0	556	14	3
Susakskiy	0	0	135	5	1
Aravanskiy	0	1	26	4	1
c. Osh	0	10	892	4	1
Basar-Korgonskiy	0	0	11	2	<1
Usgenskiy	0	0	102	1	<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.

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.

General notes and remarks

See explanatory notes at the beginning of the section.