

Overview of malaria control activities and programme progress

The number of malaria cases reported in Tajikistan peaked in 1997, when nearly 30 000 cases were registered. The deterioration of the malaria situation in the country in the 1990s was linked to armed conflict, mass population movement across zones of intensive transmission of malaria—particularly Afghanistan, where malaria is endemic—and the disruption of public health-care services and vector control activities. Marked changes in agricultural practices, particularly the increase in the cultivation of rice, have led to an increase in vector breeding grounds. Despite an 80% reduction in the reported cases numbers since 1997, the malaria situation remains serious. The resumption of falciparum malaria transmission and its spread across the country is a matter of particular concern. Moreover, the reappearance of endemic malaria in the southern part of the country and a steady increase in the incidence of malaria in the northern, western and central parts have been observed in recent years. A total of 5428 cases of malaria were reported in the country in 2003. Prevalence and PCR surveys recently conducted in the southern part bordering Afghanistan have shown that the burden of malaria in the Khatlon Region—the most affected area of the WHO Regional Office for Europe—with its population of nearly 2.2 million, might be an estimated 150 000 to 250 000 malaria-infected carriers, with the proportion of falciparum malaria at more than 20%. The proportion of asymptomatic vivax malaria and falciparum malaria carriers was very high reaching 80–90% of all malaria patients in active foci within project areas. The total country estimate of symptomatic and asymptomatic cases of malaria are estimated at 300 000 to 400 000.

The government shows strong political commitment to roll back malaria, and national authorities work closely with the WHO Regional Office for Europe in areas of disease management, vector control, training, surveillance, operational research, health education and community participation. RBM activities are carried out in cooperation with the MoH and with support of WHO, USAID, the Centres for Disease Control; MERLIN, ACTED, UNICEF and other partners. In 2001–2003, a WHO RBM Field Office operated in the country and achievements include: (i) evaluating the extent of the malaria problem; (ii) reinforcing surveillance mechanisms; (iii) strengthening operational research capabilities; (iv) improving programme management at all levels; and (v) scaling up country-level RBM partnership actions. A subregional RBM project proposal drawn up by the WHO Regional Office for Europe has been awarded funding by USAID. Within the framework of this project, Tajikistan is a major beneficiary and is provided with technical assistance, training for malaria specialists, support in disease management and prevention and other forms of assistance.

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)	ASU(3d)+SP
<i>P. falciparum</i> (lab confirmed)	ASU(3d)+SP
<i>P. vivax</i>	CQ+PQ(14d)
Treatment failure	Q(7d)
Severe malaria	Q(7d)
Pregnancy	
Prevention	
Treatment	Q

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
175	294	404	619	2 411	6 103	16 561	29 794	19 351	13 493
2000	2001	2002	2003	Date of last report:					
19 064	11 387	6 160	5 428						

Reported malaria by type and quality

For most recent year

Reported malaria cases	5 428
Reported malaria deaths	0

Probable or clinically diagnosed

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

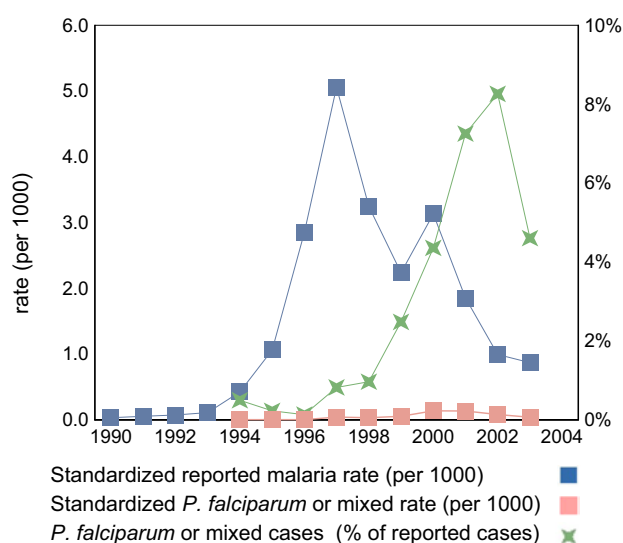
Laboratory confirmed

Malaria cases 5 428
P. falciparum or mixed 250
P. vivax
 Severe (inpatient or hospitalized) cases
 Malaria deaths 0

Investigations

Imported cases 0

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	19 064	11 387	6 160	5 428	100

Reported malaria cases by selected subnational area

2000	2001	2002	2003	%
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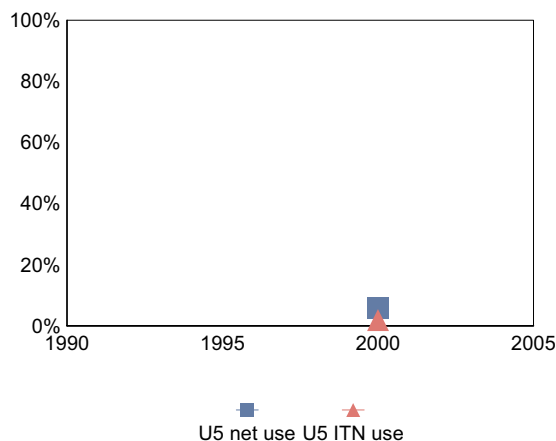
COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

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.

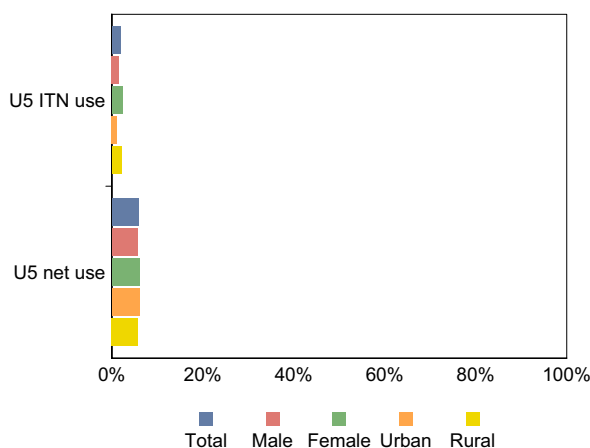
Insecticide-treated nets

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.

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): 3 535
 Field work: Jul-Aug 2000
 Scale: national

Supporting Organization: UNICEF

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

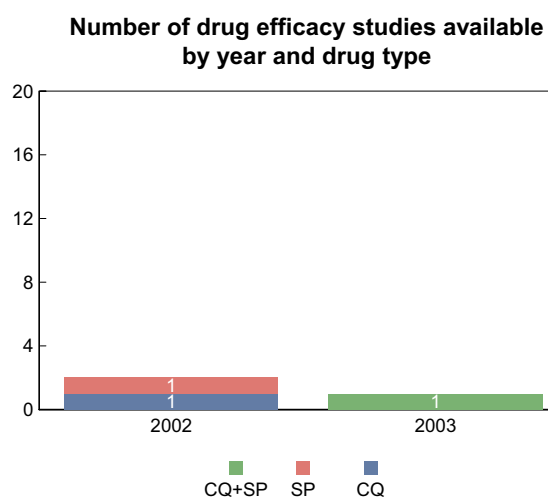
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities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

Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
2002	1	56.0				
SP						
2002	1	16.0				
CQ+SP						
2003	1	2.1				



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.