Turkmenistan

COUNTRY PROFILE

Overivew of malaria control activities and programme progress

Although endemic malaria was eradicated in Turkmenistan in 1960, sporadic cases have been occasionally reported from the country. The first local malaria cases were reported in 1996–1997. By 1998, the malaria situation had taken a drastic turn for the worse and 108 malaria cases were detected within the Gushgin etrap of Maryi veloyat. To prevent the further spread of malaria throughout the etrap area, malaria programme personnel carried out seasonal chemoprophylaxis with CQ and indoor residual spraying. These interventions allowed for a significant decrease in malaria morbidity within the focus area.

Presumably, local malaria transmission appeared as a result of malaria importation by mosquitoes flying in from bordering Afghanistan. Sporadic cases of autochthonous malaria are reported every year, and 48 cases of local malaria cases were reported in the country from 1999 to 2002. Malaria is becoming more widespread in the country, spreading to the west along the border with Iran.

At present, RBM activities include disease management and prevention, training, surveillance, epidemic control and community involvement. Support is provided by the MoH, WHO and USAID.

National malaria policy and strategy environment

National malaria strategy overview for 2003

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

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
P. falciparum (unconfirmed)	CQ
P. falciparum (lab confirmed)	CQ+PQ
P. vivax	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	17	11	3	9	10	14	14	137	49

2000	2001	2002	2003
24	8	18	7

Date of last report:

Reported malaria by type and quality

For most recent year 2003

Reported malaria cases	7
Reported malaria deaths	0

Probable or clinically diagnosed

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

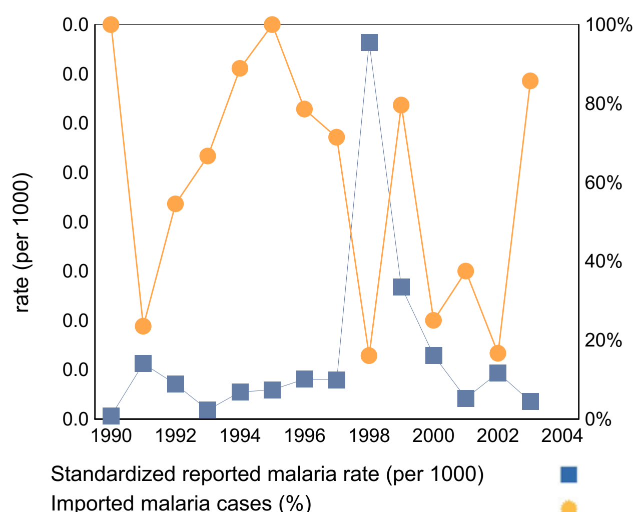
Laboratory confirmed

Malaria cases	7
P. falciparum or mixed	0
P. vivax	
Severe (inpatient or hospitalized) cases	
Malaria deaths	0

Investigations

Imported cases	6

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	24	8	18	7	100

Reported malaria cases by selected subnational area

	2000	2001	2002	2003	%

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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.