

## Overview of malaria control activities and programme progress

Taking into account the present malaria situation in neighbouring Tajikistan and Afghanistan, and the high risk of resurgence of local transmission, the MoH of Uzbekistan initiated and carried out a number of activities aimed at the intensification of malaria surveillance. From the mid-1990's, the number of imported malaria cases has continued to increase: from 21 cases in 1994 to 80 cases in 2000. In 1999, as a result of a steady increase in imported malaria and the presence of conditions favourable for malaria transmission, the first local cases of malaria, seven in all, were registered. Autochthonous malaria cases increased fivefold in 1999–2000. From 2001 to 2003, 225 cases were registered, 53 of which were a result of local transmission. All reported cases occurred in the Surkhandarinskaya region, which borders Tajikistan and Afghanistan. To intensify antimalarial interventions in these border areas, malaria control services were reinforced and made operational. However, taking into account the grave malaria situation in neighbouring Tajikistan and Afghanistan, along with the present day exacerbation of the situation in Kyrgyzstan, there is a very real threat that malaria could assume larger proportions in the country.

The government demonstrates strong political commitment to the RBM movement. At present, particular attention is paid to malaria surveillance. Entomological investigations of all reported cases of malaria are carried out systematically, and all malaria cases are correctly treated. Furthermore, biological means of vector control, including the use of larvae-consuming *Gambusia* fish, are being used in selected areas of the country. The strengthening of institutional capacities also remains an RBM country priority. A national malaria surveillance programme for 2002–2004 was drawn up in collaboration with the WHO Regional Office for Europe and implemented, which focused on disease management and prevention, as well as epidemic preparedness and control.

In 2002–2004, RBM activities that were supported by the MoH, the WHO Regional Office for Europe, USAID, Centres for Disease Control and MERLIN included: (i) strengthening malaria surveillance; (ii) training for general and specialized health personnel; (iii) disease management and prevention; and (iv) health education. A subregional RBM project proposal drawn up by the WHO Regional Office for Europe has been awarded funding by USAID, within the project framework Uzbekistan will receive assistance in coordinating and synchronizing malaria control and preventive malaria activities within its border areas. With a GFATM grant of more than US\$ 2.5 million over 5 years (2004–2008), the country will strengthen malaria control and prevention.

### 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>	No
<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
28	12	25	36	21	27	51	52	74	85
2000	2001	2002	2003	Date of last report:					
126	77	74	74						

### Reported malaria by type and quality

For most recent year

Reported malaria cases	74
Reported malaria deaths	0

#### Probable or clinically diagnosed

Malaria cases  
Severe (inpatient or hospitalized) cases  
Malaria deaths

Slides taken  
Rapid diagnostic tests (RDTs) taken

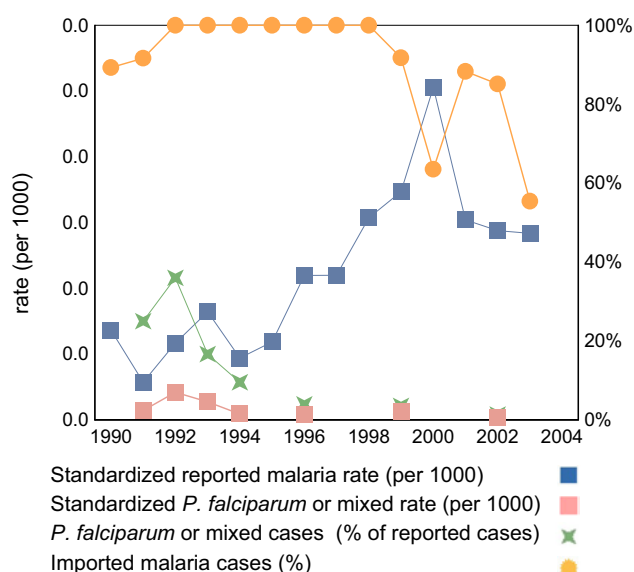
#### Laboratory confirmed

Malaria cases 74  
*P. falciparum* or mixed 0  
*P. vivax*  
 Severe (inpatient or hospitalized) cases  
 Malaria deaths 0

#### Investigations

Imported cases 41

Estimated reporting completeness (%)



### Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	126	77	74	74	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.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
CCM	4	1 343 466		No			-		

### General notes and remarks

See explanatory notes at the beginning of the section.