

TAJIKISTAN

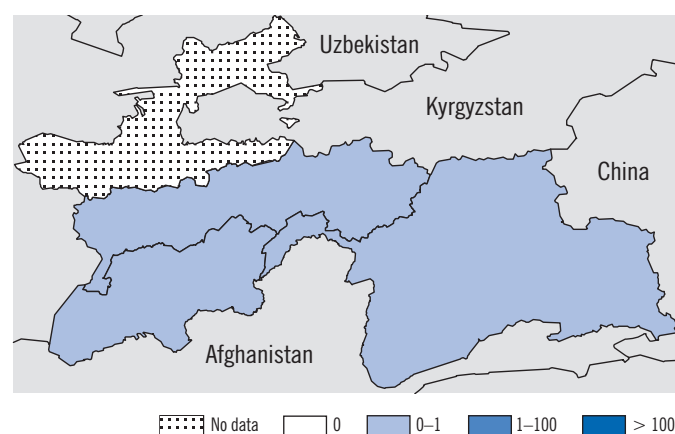
Malaria transmission due to *P. vivax* and *P. falciparum* is seasonal, from June to October, with areas below 2500 m most at risk. The number of malaria cases has decreased significantly, from over 19 000 cases in 2000 to only 318 cases in 2008, including two *P. falciparum* cases reported in the southern and central parts of the country. Tajikistan shows a strong political commitment to the Tashkent Declaration and has cross-border collaboration with Afghanistan and other countries of Central Asia. IRS is the principal method of mosquito control, covering over 630 000 people at risk in 2008 in focal areas. Additionally, about 19 000 LLINs were distributed, and the Gambusia fish was introduced into 795 ha of water reservoirs. All malaria cases are treated with full doses of chloroquine and primaquine. While malaria control is funded primarily by the Government, the country recently secured a Global Fund grant of US\$ 5.4 million to interrupt *P. vivax* transmission by 2015.

I. EPIDEMIOLOGICAL PROFILE

Population, endemicity and malaria burden

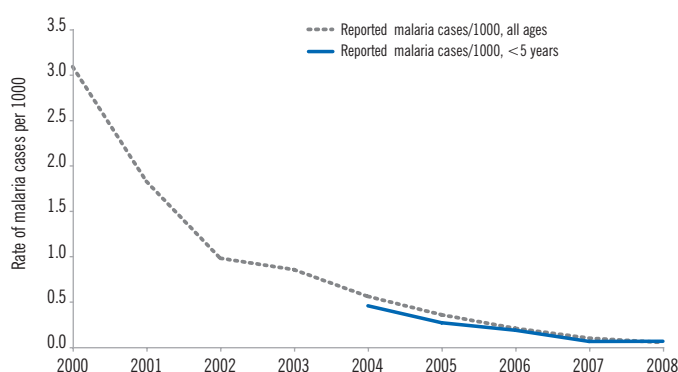
Population (in thousands)	2008	%
All age groups	6 836	
< 5 years	871	13
≥ 5 years	5 965	87
Population by malaria endemicity (in thousands)	2008	%
High transmission ≥ 1/1000	195	3
Low transmission (0–1/1000)	5 007	73
Malaria-free (0 cases)	1 634	24
Rural population	5 031	74
Vector and parasite profiles		
Major <i>Anopheles</i> species	<i>hyrcanus, maculipennis, martinius, pulcherimus, superpictus</i>	
<i>Plasmodium</i> species	<i>falciparum, vivax</i>	

Stratification of burden (reported cases, per 1000)

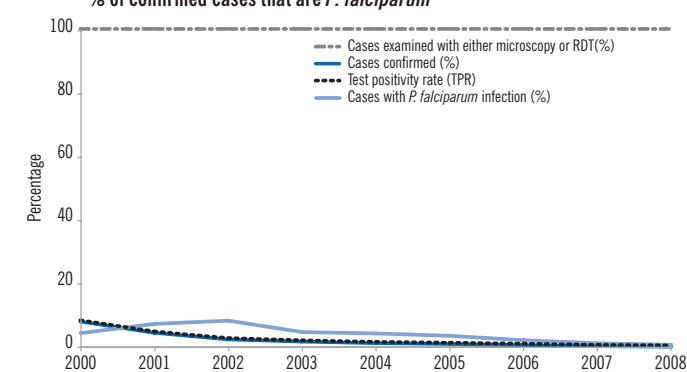


Trends in malaria morbidity and mortality

Reported malaria cases, per 1000

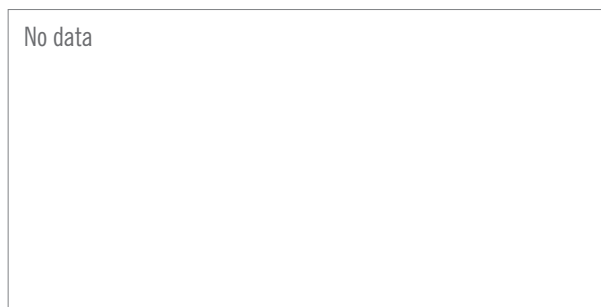


Rate of examination, case confirmation, malaria test positivity, % of confirmed cases that are *P. falciparum*

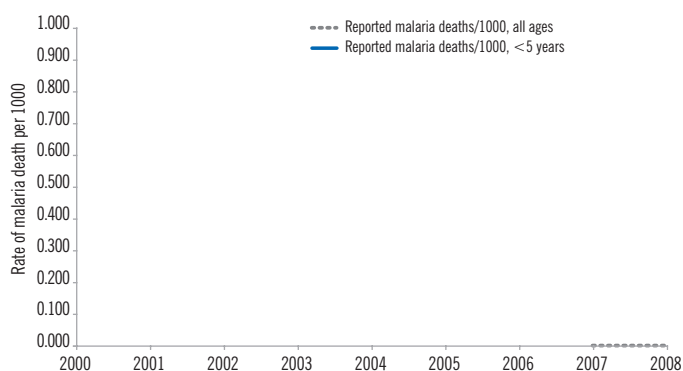


Year	Reported malaria cases, all ages	Reported malaria cases, < 5 years	All-cause outpatient consultations, all ages	All-cause outpatient consultations, < 5 years	Examined	Positive	<i>P. falciparum</i>	Reporting completeness of outpatient health facilities (%)	Reporting completeness of districts (%)
2000	19 064				233 785	19 064	831	100	100
2001	11 387				248 565	11 387	826	100	100
2002	6 160				244 632	6 160	509	100	100
2003	5 428				296 123	5 428	252	100	100
2004	3 588	392			272 743	3 588	151	100	100
2005	2 309	231			216 197	2 309	81	100	100
2006	1 344	159			175 894	1 344	28	100	100
2007	635	53	19 420	525	159 232	635	7	100	100
2008	318	56	29 043	834	158 068	318	2	100	100

Reported malaria admissions, per 1000



Reported malaria deaths, per 1000



Year	Reported malaria admissions, all ages	Reported malaria admissions, < 5 years	All-cause admissions, all ages	All-cause admissions, < 5 years	Reported malaria deaths, all ages	Reported malaria deaths, < 5 years	All-cause deaths, all ages	All-cause deaths, < 5 years	Reporting completeness of inpatient health facilities (%)	Reporting completeness of districts (%)
2000									100	100
2001									100	100
2002									100	100
2003									100	100
2004									100	100
2005									100	100
2006									100	100
2007			740 502						100	100
2008			830 394						100	100

II. INTERVENTION POLICIES AND STRATEGIES

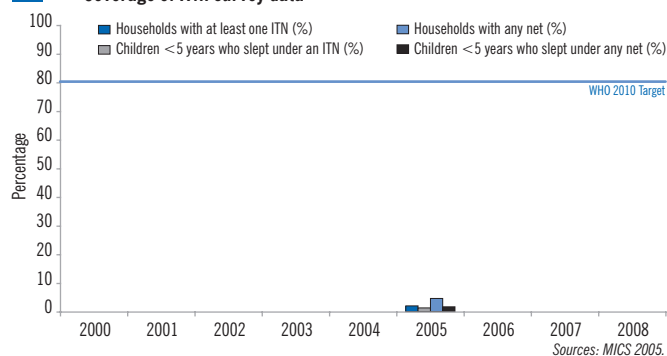
Intervention	WHO-RECOMMENDED POLICIES / STRATEGIES		OPTIONAL POLICIES / STRATEGIES			
	Yes or No	Year adopted	Yes or No	Year adopted		
Insecticide-treated nets (ITN)	Distribution of ITN/LLINs – Free	Yes	1997	Distribution – Antenatal care	No	–
	Targeting all age groups	Yes	1997	Distribution – EPI routine and campaign	No	–
				Targeting children < 5 years and pregnant women	Yes	1997
				ITN distribution is subsidized	No	–
Indoor residual spraying (IRS)	IRS is a primary vector control intervention	Yes	1997	Insecticide-resistance management implemented	Yes	2000
	DDT is used for IRS (public health) only	No	–	Where IRS is conducted, other options are also implemented, e.g. ITN	Yes	1997
				IRS is used for prevention and control of epidemics	Yes	1997
Intermittent preventive treatment (IPT)	IPT used to prevent malaria during pregnancy	No	–			
Case management	Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)	Yes	2004	Parasitological confirmation for patients ≥ 5 years only	No	–
	Parasitological confirmation for patients of all ages	Yes	1997	Malaria diagnosis is free of charge in the public sector	Yes	2000
	ACT is free of charge for < 5 years old in the public sector	Yes	2004	ACT is free of charge for patients ≥ 5 years in the public sector	Yes	2004
	Diagnosis of malaria of inpatients is based on parasitological confirmation	Yes	2000	ACT is delivered at community level through community agents (beyond the health facilities)	No	–
	Pre-referral treatment with quinine or artemether IM or artesunate suppositories	No	–	Uncomplicated malaria cases are admitted	Yes	2000
	Oversight regulation of case management in the private sectors	Yes	2000			
	RDTs used at community level	No	–			

Results of therapeutic efficacy tests

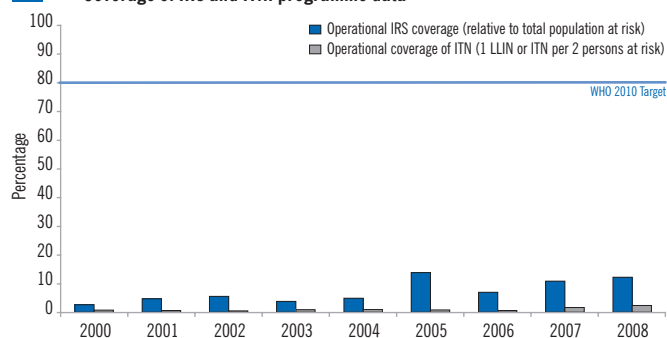
Antimalarial policy	Type of medicine	Year adopted	Study year	No. of studies	Median	Minimum	Maximum	Percentiles: 25%	75%
First-line treatment of <i>P. falciparum</i> (unconfirmed)	–	–							
First-line treatment of <i>P. falciparum</i> (confirmed)	AL, AS + SP	2008							
Treatment failure of <i>P. falciparum</i>	QN(7d)	2004							
Treatment of severe malaria	QN(7d)	2004							
Treatment of <i>P. vivax</i>	CQ + PQ(14d)	2004							

III. IMPLEMENTING MALARIA CONTROL

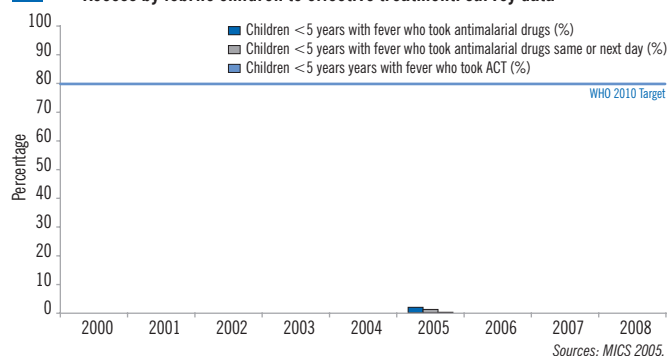
Coverage of ITN: survey data



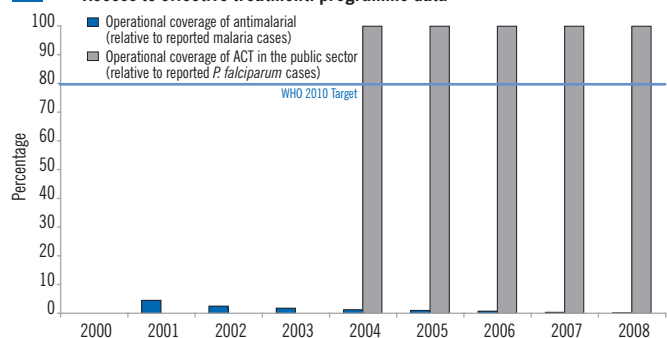
Coverage of IRS and ITN: programme data



Access by febrile children to effective treatment: survey data



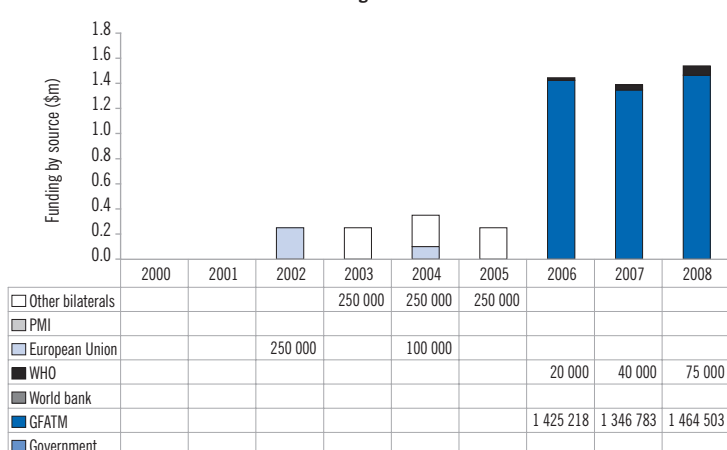
Access to effective treatment: programme data



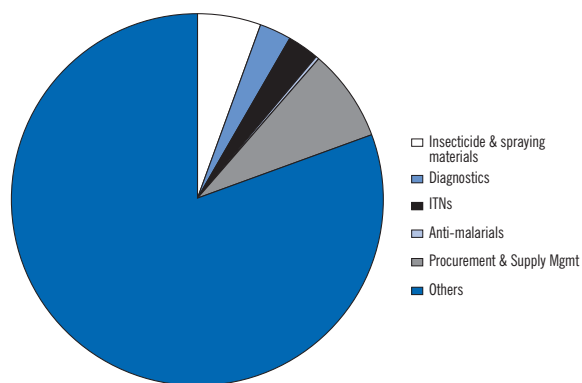
Year	Pregnant women who slept under any net (%)	Pregnant women who slept under an ITN (%)	Children < 5 years with fever (%)	Febrile children < 5 years who sought treatment in HF (%)	Number of households protected by IRS	Number of people protected by IRS	Number of ITNs and/or LLINs	Number of 1st-line treatment courses received	Number of ACT treatment courses received
2000					20 450	122 700	16 779	13	
2001					37 580	221 480	14 188	11 387	
2002					51 800	264 240	10 625	6 160	
2003					30 323	183 280	19 986	5 428	
2004					81 950	238 651	22 952	3 588	151
2005			—	—	71 454	685 130	19 993	2 309	81
2006					58 410	350 460	15 150	1 344	28
2007					183 464	552 912	26 438	635	7
2008					624 000	632 622	19 494	318	2

IV. FINANCING MALARIA CONTROL

Governmental and external financing



Breakdown of expenditure by intervention in 2008



V. SOURCE OF INFORMATION

PROGRAMME DATA

Reported cases	Surveillance data
Operational coverage of ITNs, IRS and access to medicines	Programme report
Financial data	Programme report

SURVEY AND OTHER DATA

Insecticide-treated nets (ITN)	MICS 2005
Treatment	MICS 2005
Use of health services	MICS 2005