Malaria in Tajikistan

Malaria is a public health problem in over 100 countries worldwide, inhabited by some 40% of the world population. In recent years malaria re-emerged in Tajikistan having disappeared in the 1980s. At present, it has become one of the main burdens for health care in the country. In particular, the number of malaria cases in Tajikistan peaked in 1997, when nearly 30,000 cases were reported. The deterioration of the malaria situation in the country in the 1990s was linked to armed conflict; mass population movement across zones of intensive malaria transmission (particularly in Afghanistan, where malaria is endemic); the disruption of public health care services and vector control activities were all factors.

Marked changes in agricultural practices, particularly the increase in the cultivation of rice, have led to an increase in vector breeding grounds. Despite the reduction in the reported cases, in the last couple of years the malaria situation remains a major public health concern in the country. The resumption of *P. falciparum* malaria transmission and its spread across the country are a matter of particular concern. Moreover, the re-appearance of endemic malaria in the southern part of Tajikistan 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 2309 cases of malaria were reported in the country in 2005.

Malaria transmission areas in Tajikistan

UNDP Tajikistan is a Principal Recipient of the GFATM Grant to Combat Malaria

UNDP Tajikistan was elected as a principle recipient of the GFATM Grant to combat malaria in Tajikistan (2006-2010).

UNDP is responsible for the implementation of the grant presented in May 2005 by the National Coordination Committee on AIDS, Tuberculosis and Malaria (CCM) of Tajikistan. UNDP started implementing the Malaria Control programme in April, 2006 in the most malaria affected areas. Khatlon Region and Districts under the Republican Sub-ordination, where almost all autochthonous cases of *P. falciparum* malaria are reported will be covered by the project within the first and second years of the project. In the third to the fifth years, the project would be expanded to all the areas of Sugd region and Gorno-Badakhshan Autonomous Region, and finally would cover the entire country.

The Grant allocation to fight malaria is creating the opportunity for scaling up existing country infection disease control efforts, because the Tajikistan has committed itself to an intensive response to the burden of malaria and had by 1997 developed National malaria control strategy.
GOALS: To prevent deaths caused by malaria, to interrupt P. falciparum malaria transmission, to reduce malaria morbidity and to contain and prevent malaria outbreaks

DURATION: 2006-2010

The progress made to date

The Republican Centre to Fight Tropical Diseases (RCTD) conducted a national and four regional seminars for managers of health care facilities on planning, implementation and evaluation of effectiveness of malaria control activities and its prevention (project management).

Three 15 day seminars on malaria laboratory for improvement of capacities for and access to early diagnosis and adequate treatment of malaria have been held. 30 participants have been trained on malaria laboratory during these seminars. Organizing the seminars before malaria transmission season strengthens capacities of laboratory technicians in diagnostic which also contributes to more quality malaria diagnostic. 93 binocular microscopes and 30 stereoscopic microscopes have been procured and delivered to RCTD.

Two project offices have been established to implement efficiently malaria control activities. Necessary office equipment and vehicles have been delivered. Furthermore, 2 training centers have been established to train medical staff involved in malaria prevention activities.

Malaria prevention and treatment activities

In the framework of the Global Fund grant and according to the plan of malaria control activities of the Ministry of Health of the Republic of Tajikistan, Republican Center to Fight Tropical Disease’s staff has distributed gambusia fishes in stagnant ponds and rice fields (coverage – 342.5 hectares ).

A mid-seasonal preventive treatment with primaquine (MPTP) has been done in 10 districts. Total number of population covered is 98 694 (95.2%).

10000 long-lasting insecticide-treated bed nets (LLITNs) had been distributed to 4.431 households. LLITNs provide protection against all vectors by acting both as a chemical and physical barrier against mosquitoes. Secondly, it is an environmentally friendly and cost effective prevention measure. Finally, the epidemiological studies (ACTED, 1999-2006) have demonstrated the impact of LLITNs on malaria morbidity and mortality in Tajikistan.

Indoor residual spraying (IRS). Thus 73 773 households have been covered. IRS is an effective complement to the distribution of mosquito nets in areas where endophilic1 species of mosquitoes are predominant. Spraying houses and cattle sheds reduces the number of malaria mosquitoes and the level of malaria occurrence among the beneficiaries.

UNDP Tajikistan is applying arduous efforts to amplify cooperation with national governmental and nongovernmental partners to ensure wide-scale and long-term interventions on malaria prevention in Tajikistan

1 Endophilic means that mosquitoes rest indoors, as opposed to exophilic mosquitoes which rest outdoors.