Epidemiology

Tajikistan

1925/26 First malaria surveys >100,000 reported cases

1946-60 *P. falciparum* malaria nearly eliminated, (foci of *P. vivax cases* in the south; 1960: 11; 1963-68: 135)

1970/80s Resurgence of *P. vivax* + *P. falciparum* cases in the south (1978: 90; 1979: 58; 1981:121)

1980s Reported vector resistance to insecticides

1990s Sharp increase of *P. vivax* and *P. falciparum* malaria cases in the south

1997 Peak (29,794 reported cases; 85.3% from southern Kathlon region)

2006 1,344 reported cases; 28 *P. falciparum*

2007 628 reported cases; 12 *P. falciparum*

Control strategies and programs

Tajikistan (and whole USSR territory)

1930s: First control + eradication campaigns

Prevention/protection: Routine examinations of individuals entering the USSR from endemic areas, briefing on protection measures of individuals who leave to endemic areas

USSR - Epidemic areas with risk of outbreak

Suppress of infection sources: Regular active case detection and radical treatment, mass parasitaemia examinations, systematic treatment

Vector control: insecticide spraying (residual, outdoors in agricultural areas), antilarval measures (application of herbicides and *Gambusia affinis* larvivorious fish in water bodies), entomological studies

Health service-based strategies: Capacity strenghtening (training and refresher courses for medical laboratory personnel), Soviet antimalarial specialists

1992-1997 Control interventions nearly interrupted due to civil war

Republican Tropical Disease Centre (RTDC) (1997-present)
RTDC programme launched in 1997. Strengthening of national health information, disease surveillance systems and disease management.
Malaria control measures in focal areas (south) by RTDC and partners:
- **Vector control**: Indoor residual spraying, biological control, insecticide-treated mosquito nets, environmental management
- **Capacity and awareness building**: Training of medical staff, public education and community mobilisation
- **Prevention**: Early diagnosis, improved access to treatment, surveillance, operational research, intersectorial collaboration

International partner organizations
ACTED (1998- present)
Vector control: Introduction and use of insecticide-treated nets, indoor residual spraying, larval control (*Gambusia affinis*, environmental management), entomological studies
Community awareness and participation in malaria prevention

Merlin (1992-2007)
Support of health services: trainings, quality control system, repair and provide laboratory equipment, surveillance, (inter-)seasonal preventive treatment
Community: Health education and mobilisation, operational research

UNICEF
Laboratory capacity building, information promotion, education and community activities

Structures

Governmental level: National Institute of Medical Parasitology and Tropical Medicine

Community-level: Medical field centres ("Anti-malaria stations"), Red Cross and Crescent Society and voluntary health workers

Roll Back Malaria strategy supporting structures
Martinovsky Institute of Medical Parasitology, Tropical Medicine/Moscow, Central Institute for Postgaduate Medical Training/Moscow, WHO, ECHO, UNICEF, WFP, USAID, ACTED, Merlin

Global Fund to fight AIDS, Tuberculosis and Malaria, Round 6 (2006-2010)

Goal: Elimination of *P. falciparum* malaria by 2010
Interruption of malaria transmission by 2015
Control activities: Technical assistance (training), disease management and prevention (vector control, surveillance, operational reserach, community-based intervention)

1946-1990 Soviet era **1997- present** **2006 - 2010**