

PROGRESS WITH ROLL BACK MALARIA

IN THE WHO EUROPEAN REGION



REGIONAL AND COUNTRY UPDATES

September 2000 – April 2001



PROGRESS WITH ROLL BACK MALARIA

IN THE WHO EUROPEAN REGION

**World Health Organization
Regional Office for Europe**

Division of Technical Support and Strategic Development
Communicable Diseases – Roll Back Malaria

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DK-2100 Copenhagen
Denmark

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MALARIA SITUATION

By the 1980s, malaria was nearly a forgotten disease in the European Region. Since the early 1990s, however, the epidemiological situation of malaria has deteriorated considerably, owing to political and economic instability, massive population movements and large-scale irrigation projects. In recent years, Azerbaijan, Tajikistan and Turkey have suffered from explosive and extensive epidemics, while Armenia and Turkmenistan have faced small-scale outbreaks. At present, malaria is assuming epidemic dimensions in Georgia and Uzbekistan. In 1995, a total of 92 048 malaria cases were reported in the countries where Roll Back Malaria activities are being implemented (see attached table). During 1996–2000, the reported total number of malaria cases declined from about 91 723 to 32 724 (see below graph). Autochthonous cases of malaria were also reported in Bulgaria, Greece, Italy, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Uzbekistan and Belarus.

Despite a significant reduction in the reported incidence of malaria in the Region, the situation is at present complicated by the resumption and spread of

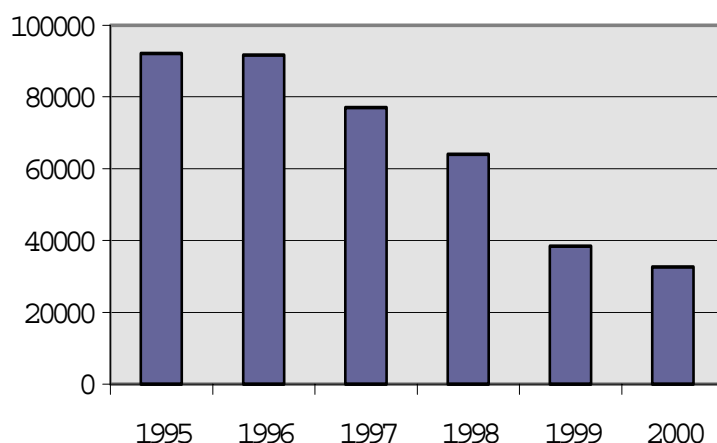
Plasmodium falciparum malaria transmission in Tajikistan, where 773 *P. falciparum* cases were reported in 2000. In addition, a sharp increase in the incidence of malaria in the northern and central parts of Tajikistan has been observed during the last year. Turkey is the other problematic country, where the incidence of malaria remains relatively high and more than 15 million people or 23% of the total population still live in areas where malaria is endemic.

PROGRESS WITH ROLL BACK MALARIA

Since some countries in the region are facing malaria epidemics/outbreaks of various extent, the WHO Regional Office for Europe has committed itself to an intensive response to contain malaria epidemics and, as a result, a regional strategy to roll back malaria was developed in 1999. The ultimate goal for the WHO European Region is to interrupt the transmission of malaria and prevent the re-introduction of *P. falciparum* malaria by 2010.

Strong political commitment by central Asian and Caucasian leaders has continued to grow. Tajikistan, Turkey, Azerbaijan, Armenia, Georgia, Kazakhstan,

Reported total number of malaria cases in the RBM countries of the WHO European Region, 1995-2000



Kyrgyzstan, Turkmenistan and Uzbekistan have got country RBM partnership movements off the ground. Armenia, Azerbaijan and Turkmenistan have achieved tremendous results in the containment of malaria epidemics/outbreaks while other countries such as Tajikistan and Turkey are facing ongoing malaria epidemics. Most countries of the WHO European Region have revised their national strategies within the context of the Global RBM Initiative and fully endorse the principles and concepts of the regional RBM movement.

The Regional RBM Programme focuses on addressing malaria-related issues through advocacy work at regional and country levels, encouraging institutional development, promoting/expanding RBM partnership movement, enhancing national capacity for decision-making, investing in human development, improving capacities for disease management, building capacities for timely response to/prevention of malaria epidemics, strengthening surveillance mechanisms and local research capabilities, ensuring community mobilization and enhancing intersectoral collaborative action.

In 2001, a number of intercountry malaria border coordination meetings are planned to review current malaria situations in border areas, to draw up joint action plans for more coordinated and synchronized malaria control operations, and to discuss the practical modalities for regular exchange of relevant information in border areas. A malaria study tour is planned to take place in Tajikistan in June 2001. The study tour will focus on programme and disease management for programme personnel from selected epidemic-prone countries facing acute shortages of qualified trainers and staff's inadequate knowledge of and skills in malaria and its control. Several RBM partnership activities including formal and informal meetings and

consultations are expected to be held in order to review the current regional/sub-regional/country RBM partnerships and mechanism for expanding their capacities.

RBM COUNTRY PROFILES

Country profiles are grouped and presented according to the current malaria situation in the countries and the results achieved.

Countries where malaria still remains a major public health issue:

- Tajikistan
- Turkey

Countries where malaria may assume epidemic proportions:

- Georgia
- Uzbekistan

Countries where epidemics/outbreaks of malaria have been contained and where the results achieved need to be sustained:

- Azerbaijan
- Armenia
- Turkmenistan

Countries where sporadic cases of malaria are reported and risk of further spread of malaria throughout their territories exists:

- Kazakhstan
- Kyrgyzstan
- Russian Federation

TAJIKISTAN

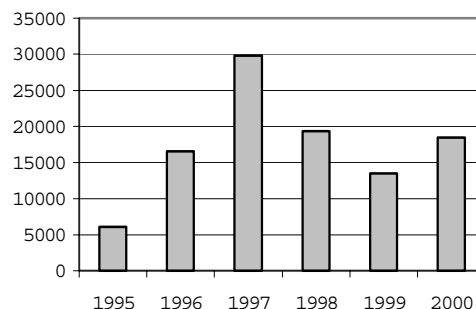
MALARIA SITUATION

- During the past years, owing to intensive malaria control interventions, the reported incidence of malaria has dropped by nearly 30%.
- The situation is complicated, however, by the spread of *P. falciparum*, in the southern part of the country. During 1998-2000, the reported number of *P. falciparum*, malaria cases rose from 187 to 773.
- A sharp increase in the reported incidence of *P. vivax* malaria in the northern and central parts of the country is another aggravating feature of the malaria situation in Tajikistan.

PROGRESS WITH RBM

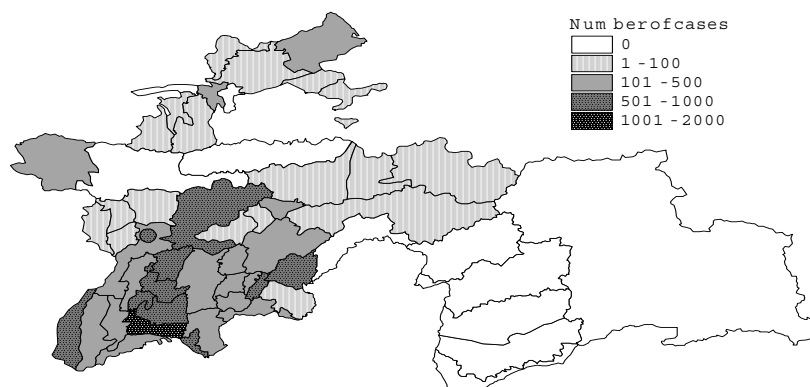
- Tajikistan shows strong political commitment.
- A country delegation led by the Minister of Health participated in the third meeting of the global RBM partnership held in Geneva in 2000.
- A country RBM partnership meeting was held in January 2000.
- The RBM activities are being implemented with support from WHO, USAID, ECHO,

Reported total number of malaria cases in Tajikistan, 1995-2000



WFP, MERLIN, ACTED and UNICEF.

- In 2000 emphasis was placed on selective indoor residual spraying, biological control, impregnated mosquito nets and environmental management, early diagnosis and radical treatment of malaria, mass drug distribution, malaria-related training, malaria surveillance, public education and community mobilization, operational research and intersectoral collaboration
- A country-wide action plan was prepared for 2001, but the programme is still faced shortages of insecticides for epidemic control.



The distribution of autochthonous malaria cases in Tajikistan, 1999

TURKEY

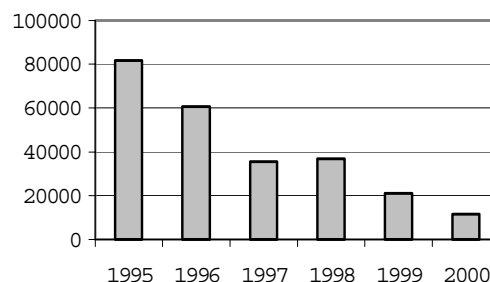
MALARIA SITUATION

- Following the national malaria eradication programme started in 1957, malaria had almost disappeared by 1968.
- From 1971 onwards, however, the malaria situation deteriorated, and the number of cases reached its peak with 84 345 in 1994.
- During 1995–2000, there was a substantial decline in malaria incidence, and the number of cases dropped from 82 096 to 11 432.
- At present, over 15 million people which is 23% of the total population of Turkey still live in areas where malaria is endemic. In addition a rather large proportion of the population (nearly 44%) lives in unstable non-epidemic areas, where the risk of the explosive resumption of foci transmission of malaria, producing an outbreak, remains high.

PROGRESS WITH RBM

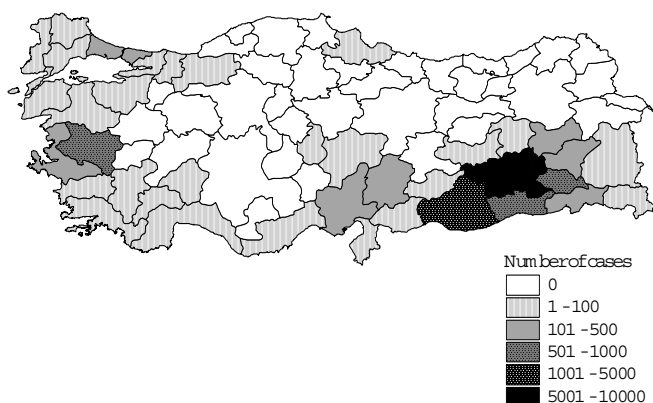
- Turkey shows strong political commitment., UNDP (which has supported malaria-related activities in the past) and the World Bank are likely to support RBM interventions in the country. Discussions and negotiations

Reported total number of malaria cases in Turkey, 1995-2000



between the Government and possible partners are under way.

- A RBM inception meeting, with participation of possible donors, was held in March 2000 in Ankara.
- A country delegation led by the Under-Secretary of the Ministry of Health participated in the third meeting of the global RBM partnership held in Geneva in 2000.
- A RBM project document was drawn up, with technical support from the WHO Regional Office for Europe, and translated into Turkish in early 2000.
- In 2000 the Government, WHO, UNICEF and the administration of the Güneydoğu Anadolu Projesi (GAP) hydro-agricultural project contributed to malaria control
- UNDP (which has supported malaria-related activities in the past) and the World Bank are likely to support RBM interventions in the country. Discussions and negotiations between the Government and possible partners are under way.
- In 2001, WHO continues to maintain the same level of support for malaria control.



GEORGIA

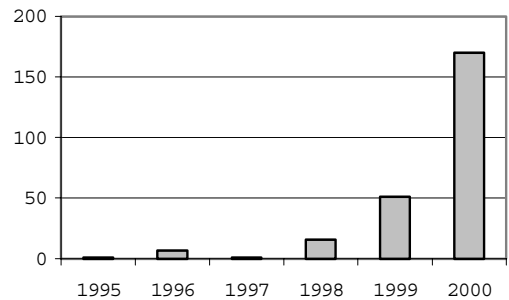
MALARIA SITUATION

- Following a large-scale malaria eradication campaign, malaria disappeared in Georgia in 1970.
- In 1996, 3 cases of *P. vivax* malaria were reported among residents in the region bordering Azerbaijan. Since then, the number of autochthonous cases of malaria has continued to rise, and 170 cases were reported in 2000.
- The conditions favorable for malaria transmission exist in nearly 52% of the whole territory of the country, where 93% of the total population lives.

PROGRESS WITH RBM

- Georgia shows strong political commitment.
- An emergency RBM Partnership meeting took place in December 2000 in Tbilisi.
- RBM interventions were supported by WHO in 2000.

Reported total number of malaria cases in Georgia, 1995-2000



- A RBM project proposal was drawn up and submitted to potential donors in December 2000.
- Representatives of UNDP, USAID, JICA, ECHO, UNICEF, ICRC, IFRC, Save the Children, EC-delegation, Embassy of France, Embassy of Germany and others attended a RBM inception meeting held in December 2000.
- In 2001, having recognized a high risk of producing an epidemic situation in the country, WHO has decided to increase its contributions for epidemic preparedness in order to deal with it effectively.



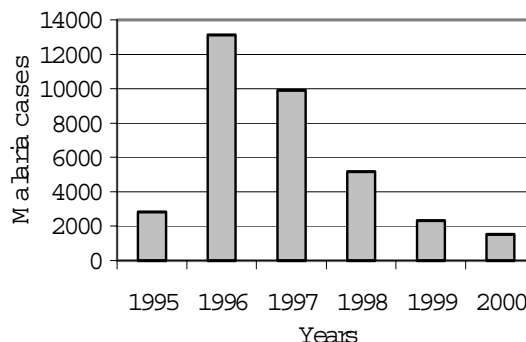
The distribution of autochthonous cases in Georgia, 1999

AZERBAIJAN

MALARIA SITUATION

- Malaria was practically eradicated in Azerbaijan in the 1960s, and only 3 autochthonous cases were reported in 1967.
- The malaria situation started to deteriorate rapidly after 1990, and the reported number of malaria cases reached 13 135 in 1996.
- With international assistance, the reported number of malaria cases dropped from 9911 to 1526 during 1997–2000.

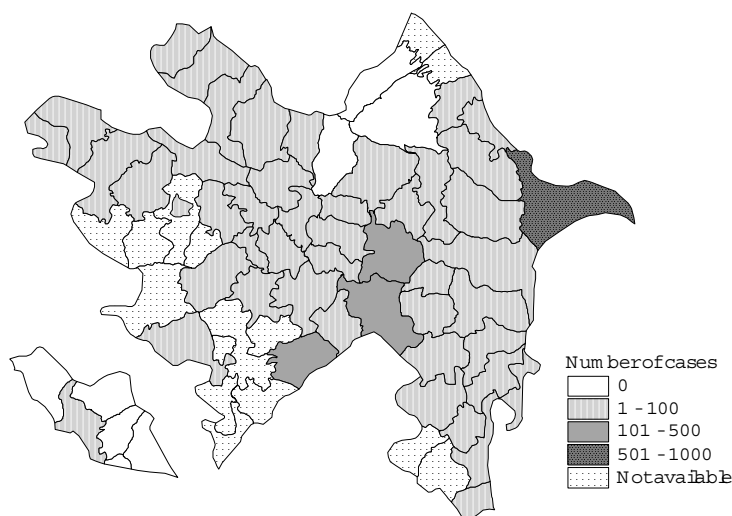
Reported total number of malaria cases in Azerbaijan, 1995-2000



Belgium, ENI (Italian oil and natural gas company), UNDP and the World Bank.

PROGRESS WITH RBM

- Strong political commitment has continued to grow.
- A country delegation led by the Deputy Minister of Health attended the third meeting of the global RBM partnership held in Geneva in 2000.
- A regional RBM partnership meeting is to be held in Baku in November 2001.
- In 2000 RBM activities were implemented with support from WHO, UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins sans Frontières
- During 2000, malaria control activities were implemented with emphasis on integrated vector control measures (indoor residual spraying, environmental management, biological control), disease management, training, malaria surveillance, public health education, community mobilization, applied field research and intersectoral collaboration.
- In 2001, WHO continues to maintain the same level of support for malaria control.



The distribution of autochthonous malaria cases in Azerbaijan, 1999

ARMENIA

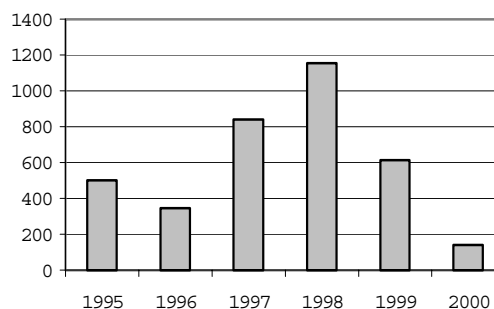
MALARIA SITUATION

- Malaria was completely eradicated in Armenia in 1963, and a malaria-free situation was maintained until 1994.
- After 1991 the situation became critical in terms of maintaining a malaria-free status.
- During 1994–1998, the number of reported cases (imported and indigenous) continued to rise, and a total of 1156 cases were reported in 1998, of which 89% were registered in the Masis district in the Ararat valley bordering Turkey.
- The malaria situation started to improve in 1999, and in 2000 only 141 cases were reported in the country.

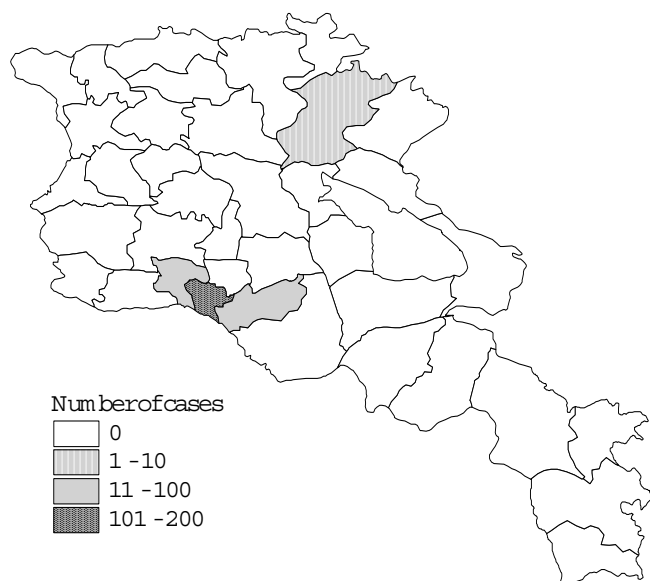
PROGRESS WITH RBM

- Armenia shows strong political commitment.
- A country delegation is invited to participate in the 4th Global RBM Partnership Meeting to be held in Washington DC, from 18 to 19 April 2001.
- RBM-related interventions were implemented with support from UNICEF, WHO, IFRC and WFP.

Reported total number of malaria cases in Armenia, 1995-2000



- The World Bank, UNDP and USAID are likely to provide assistance for malaria control in the coming years.
- During 2000, malaria control activities were implemented with emphasis on training and fellowships, diagnosis and treatment of malaria, indoor residual spraying, biological control, environmental management, mass drug administration, operational research, health education, community mobilization and intersectoral collaboration.
- In 2001, WHO continues to maintain the same level of support for malaria control.



The distribution of autochthonous malaria cases in Armenia, 1999

TURKMENISTAN

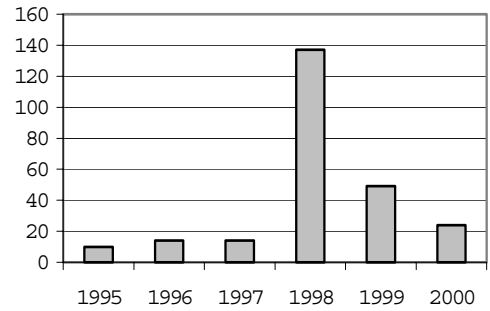
MALARIA SITUATION

- Malaria was almost eradicated in Turkmenistan in the 1960s.
- In 1998, the epidemiological situation worsened sharply, and a sudden increase in the number of cases was reported during 1997–1998. There were 115 autochthonous cases of malaria, particularly in border areas. In 2000, only 18 cases of autochthonous malaria were reported in Turkmenistan.

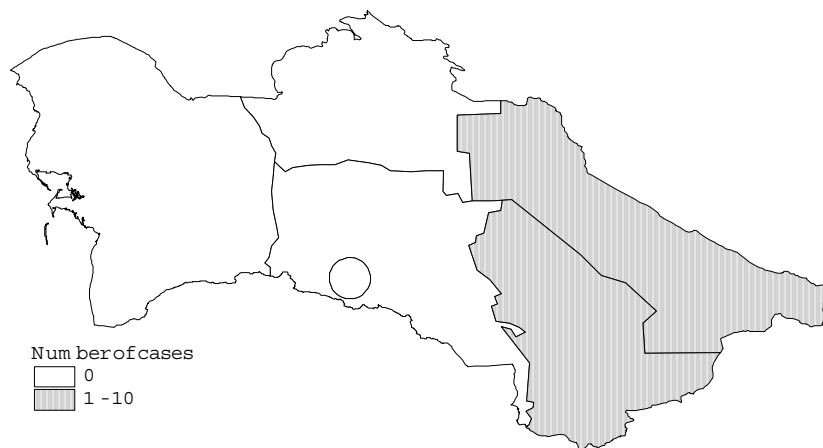
PROGRESS WITH RBM

- Turkmenistan shows strong political commitment.
- A RBM Project proposal was drawn up and submitted to donors in mid-2000.
- Informal consultations and meetings were held with UNICEF, USAID, UNDP, UNFPA to discuss their possible involvement and contributions to RBM activities.

Reported total number of malaria cases in Turkmenistan, 1995-2000



- During 2000, RBM activities were implemented with emphasis on active screening and compulsory admission of malaria patients to hospital, epidemiological investigations in all foci of malaria, and training on malaria and its control. Vector control teams were set up in order to apply epidemic emergency control measures. Entomological monitoring was also carried out.
- In 2001, WHO continues to support malaria control on the same level.



The distribution of autochthonous malaria cases in Turkmenistan, 1999

UZBEKISTAN

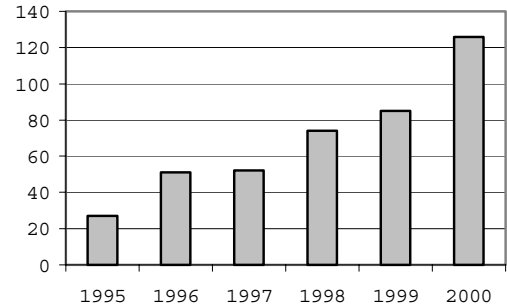
MALARIA SITUATION

- Malaria was eradicated in Uzbekistan in 1961.
- During 1995–2000 the total number of reported malaria cases increased from 27 to 126, and the number of autochthonous cases rose from 7 to 46.
- Uzbekistan remains highly vulnerable to a resumption of malaria transmission, particularly along the border with Tajikistan.

PROGRESS WITH RBM

- Uzbekistan shows strong political commitment.
- A RBM partnership is being developed.
- RBM activities were supported by WHO in 2000.
- A national malaria surveillance programme for 2000–2004 has been drawn up and is currently being applied.
- In 2000 malaria surveillance in particular epidemiological investigations of all reported

Reported total number of malaria cases in Uzbekistan, 1995-2000



cases of malaria was carried out systematically. All malaria cases were radically treated with full doses of chloroquine and primaquine. *Gambusia* spp. fish were used in some areas of the country. Health staff dealing with malaria was trained in malaria and its control.

- In 2001, WHO has decided to increase support for malaria control with particular emphasis on strengthening institutional capacities, improving surveillance and community capacity building.



The distribution of autochthonous malaria cases in Uzbekistan, 1999

KAZAKHSTAN

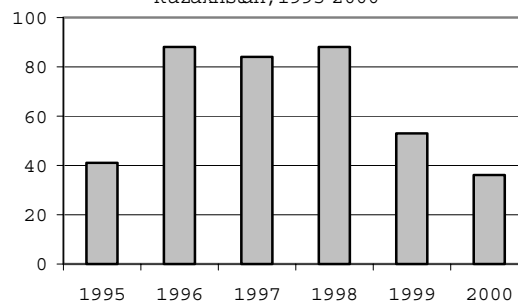
MALARIA SITUATION

- The last autochthonous case of malaria in Kazakhstan was reported in 1967.
- In 1992 autochthonous malaria re-occurred in Kazakhstan, and sporadic cases have been reported ever since (1 case in 1996, 4 in 1998, 1 in 1999 and 6 in 2000).
- During 1991–1996, the number of imported cases rose from 2 to 87. In 1997–2000, the number of imported malaria cases was declining, and only 30 cases were reported in 2000.

PROGRESS WITH RBM

- Kazakhstan shows serious political commitment.
- The RBM inception process has started.
- A RBM project proposal was drawn up and submitted to donors in mid 2000.

Reported total number of malaria cases in Kazakhstan, 1995-2000



- During 2000 RBM activities were implemented, with emphasis on a malaria surveillance and screening system to keep track of all cases of malaria imported into the country. A large-scale programme to monitor malaria vectors and their susceptibility to insecticides was also established.
- In 2001, WHO has decided to increase assistance for malaria control, particularly in the fields of capacity building and surveillance.

KYRGYZSTAN

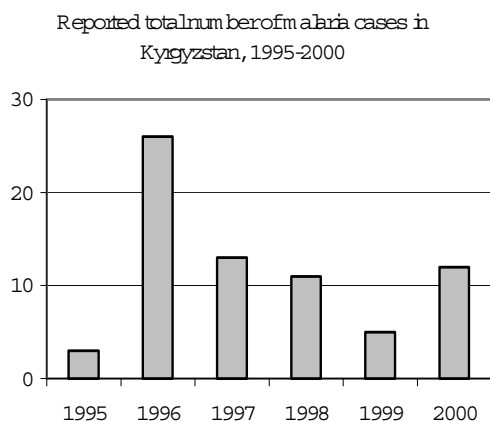
MALARIA SITUATION

- Malaria was eradicated many years ago in Kyrgyzstan.
- Malaria cases re-appeared in Kyrgyzstan from 1995.
- During 1995–2000, there were 70 cases of malaria in the country, of which 13 were autochthonous.
- In 2000, a total of 12 malaria cases were reported in the country, of which 7 were autochthonous.

- Only a very small part of the country is considered to be a high-risk malaria area. This includes the southern districts of Osh and Jalalabad.

PROGRESS WITH RBM

- Kyrgyzstan shows serious political commitment.
- The RBM inception process has started.
- A RBM project proposal was drawn up and submitted to donors in mid 2000.



- During 2000 RBM activities were implemented with support from WHO, and

emphasized training, malaria surveillance, early diagnosis and radical treatment of malaria cases, public education and community mobilization, and selective vector control. A programme to monitor malaria vectors and their susceptibility to insecticides was also established.

- In 2001, WHO has decided to increase support for malaria control, particularly in the fields of surveillance and capacity building.

RUSSIAN FEDERATION

MALARIA SITUATION

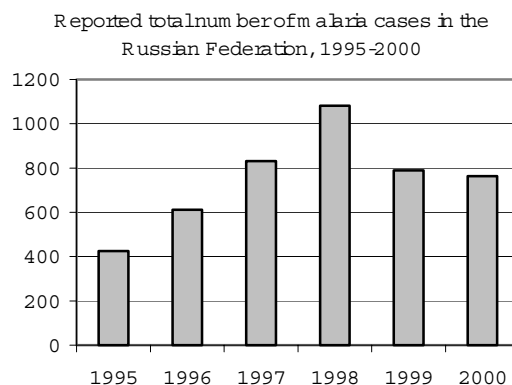
- Since 1997, the epidemiological situation has worsened. In the same year 33 autochthonous cases of malaria were reported. During 1997–1998, the number of imported and autochthonous cases continued to increase, and reached a peak of 1018 and 63, respectively.
- During 1999-2000, the number of malaria cases dropped from 1081 to 763.

PROGRESS WITH RBM

- The Russian Federation shows moderate political commitment.
- The RBM inception process has not yet started.
- During 2000, RBM activities were implemented with emphasis on epidemiological investigations of new and suspected foci of malaria, reinforcement of

the malaria surveillance system with particular emphasis on active screening of all reported and suspected malaria cases, selective vector control, training and community based interventions.

- In 2001, WHO has decided to provide additional assistance in order to update knowledge and improve skills on malaria and its control for medical officers responsible for malaria control in the country.



Number of malaria cases, autochthonous and imported, reported in the RBM countries in 1995-2000

| Country | Reported year | | | | | |
|----------------------------|---------------|--------------|--------------|--------------|--------------|---------------|
| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
| Armenia | 0 | 149 | 567 | 542 | 329 | 141 |
| | 502 | 198 | 274 | 614 | 287 | n/a |
| Azerbaijan | 2840 | 13135 | 9911 | 5175 | 2311 | 1526 |
| | n/a | n/a | n/a | n/a | 4 | n/a |
| Georgia | 0 | 3 | 0 | 14 | 35 | 164 |
| | 1 | 4 | 1 | 2 | 16 | 6 |
| Kyrgyzstan | 0 | 1 | 0 | 5 | 0 | 7 |
| | 3 | 25 | 13 | 6 | 5 | 5 |
| Kazakhstan | 0 | 1 | 0 | 4 | 1 | 6 |
| | 41 | 87 | 84 | 84 | 52 | 30 |
| Russian Federation | 4 | 9 | 32 | 63 | 77 | 47 |
| | 421 | 601 | 798 | 1018 | 713 | 716 |
| Tajikistan | 6103 | 16561 | 29794 | 19351 | 13493 | 18446* |
| | n/a | n/a | n/a | n/a | n/a | n/a |
| Turkmenistan | 0 | 3 | 4 | 115 | 10 | 18 |
| | 10 | 11 | 10 | 22 | 39 | 6 |
| Turkey | 81754 | 60634 | 35376 | 36780 | 20905 | 11432 |
| | 342 | 250 | 80 | 62 | 58 | n/a |
| Uzbekistan | 0 | 0 | 0 | 0 | 7 | 46 |
| | 27 | 51 | 52 | 74 | 78 | 80 |
| Total autochthonous | 90701 | 90496 | 75684 | 62049 | 37168 | 31881* |
| Total imported | 1347 | 1227 | 1312 | 1882 | 1252 | 843 |
| GRAND TOTAL | 92048 | 91723 | 76996 | 63931 | 38420 | 32724* |

 Imported

*Preliminary/incomplete