Malaria Border Coordination Meeting

Report on a WHO Intercountry Meeting

Dushanbe, Tajikistan
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2001

ABSTRACT

In recent years, malaria has worsened significantly in the border areas of Kyrgyzstan, Tajikistan and Uzbekistan. The WHO Regional Office for Europe convened a meeting of representatives from these countries to review their current malaria situations, to outline strategies for the increased coordination of malaria control in border areas and to discuss means for regularly exchanging information on these topics. The participants recommended that:

- WHO develop a strategy to roll back malaria in the countries of central Asia and Kazakhstan, focusing on the coordination of malaria prevention and control in border areas;
- the WHO regional offices for the Eastern Mediterranean and Europe organize an interregional coordination meeting on malaria, involving Afghanistan, Kazakhstan and central Asian countries, in 2003;
- WHO and Member States facilitate two coordination meetings for local health personnel in border areas in 2002; and
- Kyrgyzstan, Tajikistan and Uzbekistan work to coordinate and synchronize their activities to prevent and control malaria in their border areas.

Keywords

MALARIA – prevention and control – epidemiology
HEALTH PRIORITIES
INTERNATIONAL COOPERATION
STRATEGIC PLANNING
TRANSIENTS AND MIGRANTS
ASIA, CENTRAL
KYRGYZSTAN
TAJIKISTAN
UZBEKISTAN

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EXECUTIVE SUMMARY

In recent years, malaria has become a public health problem in seven countries of the Region: Tajikistan, Turkey, Georgia, Azerbaijan, Armenia, Uzbekistan and Turkmenistan. There are also countries such as Kazakhstan, Kyrgyzstan and Russian Federation where sporadic cases of malaria are reported and the risk of further spread of malaria throughout their territories exists. Out of a total population in the Region of 873 457 500, about 120 million are currently at risk of malaria. Despite a significant reduction in the reported incidence of malaria in the Region, the situation is at present complicated by the resumption *P. falciparum* malaria transmission and further spread of malaria across the territory of Tajikistan. Turkey is the other problematic country, where more than 15 million people or 23% of the total population still live in areas where malaria is endemic.

The meeting was convened (1) to review the current malaria situations and identify problems/constraints encountered in participating countries, (2) to outline a direction and strategy for increased coordination of malaria control in border areas in 2001 – 2003, and (3) to discuss the modalities for regular exchange of information on malaria situation and its control/prevention, particularly in border areas. The following countries were represented: Tajikistan, Uzbekistan and Kyrgyzstan. WHO staff from EURO and Tajikistan were also present. Observers from the European Community Humanitarian Office (ECHO) and Medical Emergency Relief International (MERLIN) also attended the meeting.

It was concluded that the current malaria situation in border areas of Tajikistan, Uzbekistan and Kyrgyzstan has significantly deteriorated in recent years. There are a number of reasons for the aggravation of this situation. These include (1) favourable conditions for malaria transmission in areas along the borders, (2) intense, often uncontrolled cross-border population movements due to socio – economic and security reasons, (3) a rising malariogenic potential due to the extensive and ever-increasing cultivation of rice, increased vectorial capacity and high rate of importation of malaria, and (4) the lack of coordination and exchange of information related to malaria and its control and prevention. The country representatives have decided that all necessary steps should be taken to improve coordination among the participating countries for solving common problems in the control and prevention of malaria in participating countries, particularly in their border areas. It was also emphasized that further cooperation will be useful to work out a common strategy to roll back malaria in the Central Asian countries and Kazakhstan.

It was recommended for WHO (1) to work out a common strategy to roll back malaria in countries of Central Asia and Kazakhstan, focusing on coordination of malaria control and prevention in border areas, particularly in Tajikistan, Uzbekistan and Kyrgyzstan, and (2) to draw up a project proposal to roll back malaria for countries of Central Asia and Kazakhstan by the end of 2001, and submit it for donors' consideration in order to elicit financial assistance.

It was recommended for WHO and Member countries (1) to organize an Inter – Regional (EURO and EMRO) Malaria Coordination Meeting with the invitation of countries of Central Asia, Kazakhstan and Afghanistan in the beginning of 2003; (2) to organize two malaria border coordination meetings for local health personnel dealing with malaria in border areas of Tajikistan, Uzbekistan and Kyrgyzstan in the beginning of 2002, and (3) to make use of the scientific and practical experience accumulated over the 1970s and 1980s in the field of malaria and its control and prevention while malaria action plans are drawn up.

It was recommended for Member countries (1) To work out approaches and mechanisms for the regular exchange of information related to malaria and its control and prevention and make use of them in border areas of Tajikistan, Uzbekistan and Kyrgyzstan; (2) to work out a reporting format for immediate notification of abnormal malaria situations and emergency measures applied or to be applied in border areas of Uzbekistan, Kyrgyzstan and Tajikistan; (3) to work out a reporting format for the systematic exchange of information related to malaria and control/preventive activities

planned/applied in border areas of Uzbekistan, Kyrgyzstan and Tajikistan, and (4) to consider the opportunity to develop and implement joint action plans in order to coordinate and synchronize malaria control and preventive activities in border areas of Tajikistan, Uzbekistan and Kyrgyzstan.

РЕЗЮМЕ

В последние годы эпидемии малярии были отмечены в Азербайджане, Таджикистане и Турции, в то время как Армения, Туркменистан, Грузия и Узбекистан столкнулись с эпидемическими вспышками меньших масштабов. Местные спорадические случаи малярии имели место также в Киргизии, Казахстане и Российской Федерации, где риск ее дальнейшего распространения по территории этих стран остается высоким. Несмотря на значительное снижение заболеваемости малярией в странах Европейского Региона, современная ситуация по малярии остается сложной, и в первую очередь, это связано с восстановлением местной передачи тропической малярии в Таджикистане, а также из-за дальнейшего восстановления передачи трехдневной малярии по всей территории Таджикистана. Турция также остается проблемной страной, где более 15 миллионов человек или 23% всего населения проживает в районах с высоким риском заболевания малярией.

Целями и задачами состоявшегося совещания являлись (1) обзор современной ситуации по малярии и анализ проблем выявленных при проведении противомалярийных мероприятий в Таджикистане, Узбекистане и Киргизии, (2) обсуждение и разработка стратегии направленной на улучшение координации противомалярийных мероприятий между вышеуказанными странами, с особым акцентом на пограничных районах на период 2001 – 2003 годов, и (3) обсуждение и разработка подходов для регулярного обмена информацией по малярии, борьбе с ней и ее профилактике, с особым акцентом на пограничных районах. Представители Таджикистана, Узбекистана и Киргизстана, а также сотрудники Регионального Европейского Бюро Всемирной Организации Здравоохранения и ее Офиса в Таджикистане присутствовали на конференции. В участие конференции также приняли участие представители донорских организаций и партнеры по программе « Обратим малярию вспять ».

В заключение было отмечено что современная ситуация по малярии в пограничных районах вышеуказанных стран значительно ухудшилась в последние годы. Основными причинами ее ухудшения являются: (1) благоприятные условия передачи малярии в пограничных районах, (2) интенсивные, часто неконтролируемые миграционные процессы вследствие социально – экономических обстоятельств и проблем связанных с безопасностью, (3) увеличение малариогенного потенциала обусловленного расширением рисовых площадей, ростом численности переносчиков малярии и продолжающимся завозом малярии, и (4) недостаток координации и обмена информации о малярии, борьбы с ней и ее профилактике между пограничными странами. Представители стран – участниц решили что все необходимые меры должны быть предприняты чтобы улучшить координацию между странами для решения общих проблем связанных с борьбой и профилактикой малярии в странах Центральной Азии и Казахстана. Было также отмечено необходимость дальнейшего сотрудничество в деле разработки единой стратегии программы « Обратим малярию вспять» для стран Центральной Азии и Казахстана.

Следующие рекомендации были сделаны для Всемирной Организации Здравоохранения: (1) разработать единую стратегию программы « Обратим малярию вспять » для стран Центральной Азии и Казахстана, уделяя особое внимание пограничным районам Таджикистана, Узбекистана и Киргизстана в связи со сложностью эпидемиологической обстановки по малярии в этих странах, реальной угрозой дальнейшего распространения малярии, схожестью эпидемиологических особенностей малярии и социально – экономических условий для ее распространения на территории данных стран, (2) разработать региональный проектный документ программы « Обратим малярию вспять » до конца 2001 года и предоставить его донорам для рассмотрения.

Следующие рекомендации были сделаны для Всемирной Организации Здравоохранения и стран принявших участие в работе совещания: (1) организовать межрегиональное совещание Европейского и Среднеземноморского Региональных Бюро ВОЗ

по проблеме малярии и координации борьбы с ней для стран Центральной Азии, Казахстана и Афганистана в начале 2003 года, (2) организовать рабочие совещания по проблемам малярии, борьбы с ней и ее профилактике для специалистов областного и районного уровней с целью координации и синхронизации проведения противомалярийных мероприятий в пограничных районах Таджикистана, Узбекистана и Киргизстана, и (3) использовать накопленный научно - практический опыт успешной борьбы с малярией и ее профилактике 70х – 80х годов в странах Центральной Азии при разработке комплексных планов противомалярийных мероприятий.

Следующие рекомендации были сделаны для стран принявших участие в работе совещания:

На ближайшую перспективу (2001 – 2002):
(1) разработать подходы и механизмы для регулярного обмена информацией о ситуации по малярии, борьбе с ней и ее профилактике в пограничных районах Таджикистана, Узбекистана и Киргизстана, (2) разработать формы экстренного извещения о спорадической и вспышечной заболеваемости малярией, включая информацию о проведенных и планируемых противоэпидемических мероприятиях, (3) разработать форму для систематического обмена информацией (1 раз в 3 месяца) по малярии, борьбе с ней и ее профилактике в пограничных районах Таджикистана, Узбекистана и Киргизстана, (4) использовать на практике разработанные подходы и механизмы обмена информацией, и (5) проводить согласованные противоэпидемические мероприятия, по возможности с совместным эпидемиологическим обследованием очагов малярии на сопредельных территориях Таджикистана, Узбекистана и Киргизстана.

На дальнейшую перспективу (2002 – 2003):
(1) рассмотреть возможность составления совместных планов по борьбе и профилактике малярии в пограничных районах Таджикистана, Узбекистана и Киргизстана с целью повышения эффективности проводимых противомалярийных мероприятий.

1. INTRODUCTION

The Malaria Border Coordination Meeting, organized by the WHO Regional Office for Europe (EURO), was held in Dushanbe, Tajikistan from 1 to 2 June 2001. The participants (*Annex 3*) included representatives from Tajikistan, Uzbekistan and Kyrgyzstan, WHO staff from EURO and Tajikistan and observers.

1.1. Scope and purpose of the meeting

The objectives of the meeting were:

- To review the current malaria situations and identify problems/constraints encountered in participating countries.
- To outline a direction and strategy for increased coordination of malaria control in border areas in 2001 – 2003.
- To discuss the modalities for regular exchange of information on malaria situation and its control/prevention, particularly in border areas.

1.2. Inaugural session

The meeting was inaugurated by Dr. Klavdia Olimova, Deputy Minister of Health of Tajikistan. In her inaugural speech, she emphasised the need for better cross – border cooperation and collaboration in the field of malaria control and prevention, and expressed her appreciation to WHO/EURO for sponsoring this meeting in light of the lack of such collaboration. Dr. Mikhail Ejov, Regional Coordinator, Roll Back Malaria Programme, WHO/EURO, speaking on behalf of Dr Marc Danzon, WHO Regional Director for Europe, stressed the importance of this initiative taken to improve coordination among participating Member countries for solving common problems in the control and prevention of malaria in Central Asia. He emphasized that the lack of coordination and exchange of information related to malaria among countries is one of major determinants to the ongoing large – scale epidemic of malaria in Central Asia, and a real threat to a massive re – establishment of malaria transmission into areas where malaria was eradicated in the past.

1.3. Organization of the meeting

The first day of the two – day meeting was devoted to countries' presentations on current malaria situations and the progress made with rolling back malaria in respective countries, with special emphasis on border areas. On the first day, the group work started to discuss priority problems and constraints encountered, and how countries addressed those. The participating countries shared views regarding a direction and strategy for more coordinated malaria control and prevention. The practical modalities for the regular exchange of malaria – related information in border areas were also discussed. The working group discussed the assigned subjects in depth and formulated recommendations. At the end of the second day, recommendations were presented and formally adopted in a plenary session (*Annex 1*).

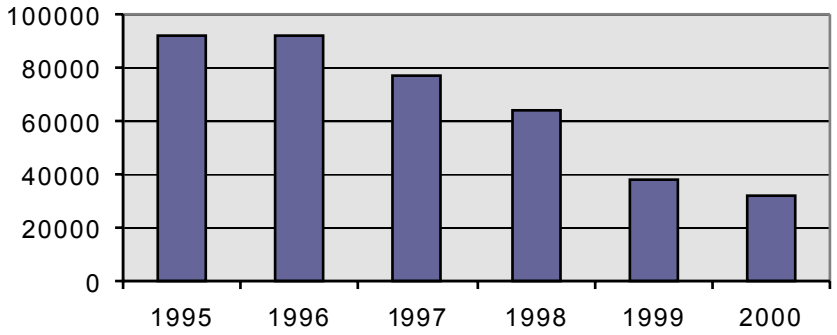
Dr. Nurbolot Usenbaev, Head, Sanitary and Epidemiological Unit, Ministry of Health, Kyrgyzstan was elected as Chairman of the meeting; Samardin Aliev, Director, Republican Centre of Tropical Diseases Control, Ministry of Health, Tajikistan was elected Co – Chairman; and Dr. Galiya Shamgunova, Chief, Parasitic Diseases Control Department, Republican Sanitary and Epidemiological Station, Ministry of Health, Uzbekistan was elected to serve as Rapporteur.

2. CURRENT MALARIA SITUATION

2.1. European Region

The WHO European Region includes 51 countries. In recent years, malaria has becomea public health problem in seven countries of the Region: Tajikistan, Turkey, Georgia, Azerbaijan, Armenia, Uzbekistan and Turkmenistan. There are also countries such as

Number of reported malaria cases in the RBM countries of the WHO European Region, 1995-2000



Kazakhstan, Kyrgyzstan and Russian Federation, where sporadic cases of malaria are reported and risk of further spread of malaria throughout their territories exists. Out of a total population in the Region of 873 457 500, about 120 million are currently at risk of malaria.

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 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 *P. falciparum* malaria transmission in Tajikistan, where 813 *P. falciparum* malaria cases were reported in 2000. In addition, a substantial increase in the incidence of malaria in the northern, central and

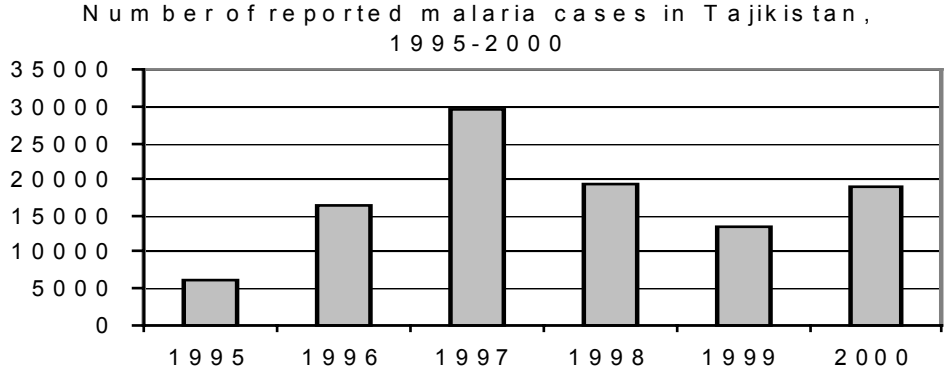
western parts of Tajikistan was observed during the last year. Turkey is the other problematic country, where the incidence of malaria remains relatively high, and more than 15 million people, or 23% of the total population, still live in areas where malaria is endemic.

Country profiles are grouped and presented according to the current malaria situation in the countries:

- Countries where malaria still remains a major public health issue:
  Tajikistan and Turkey
- Countries where malaria is assuming epidemic dimensions:
  Georgia and Uzbekistan
- Countries where epidemics/outbreaks of malaria have been contained and where the results achieved need to be sustained:
  Azerbaijan, Armenia and Turkmenistan
- Countries where sporadic cases of malaria are reported and risk of the further spread of malaria throughout their territories exists:
  Kazakhstan, Kyrgyzstan and Russian Federation

2.2. Tajikistan

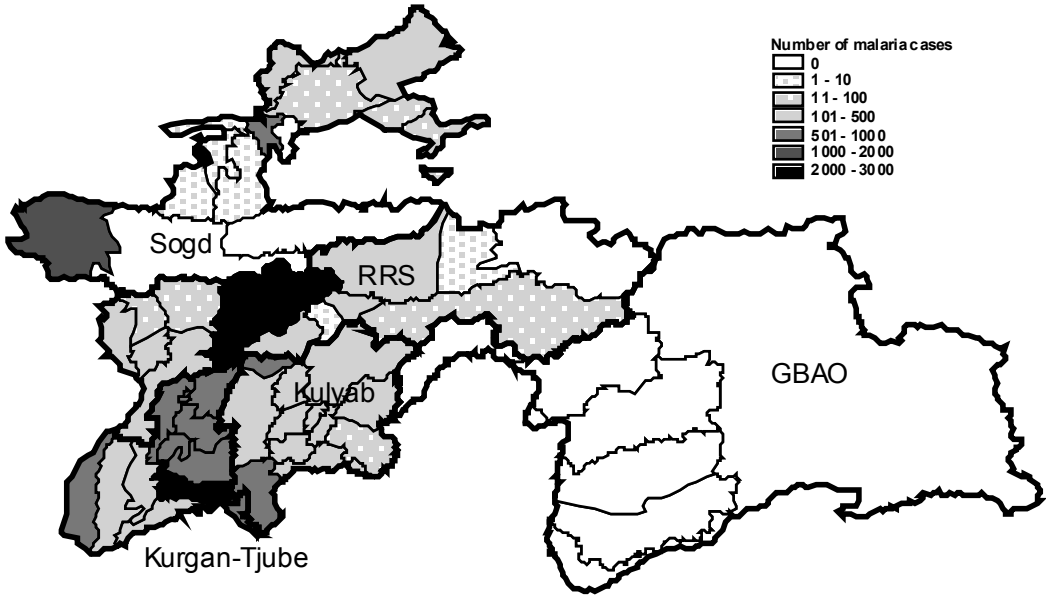
- Throughout the year 2000, the malaria situation remained very serious;
- During 1999 – 2000, the reported number of malaria cases rose by more than 40% in the country. Unusual conditions seen in the year of 2000 created very favourable conditions for malaria transmission, and the season of malaria transmission was prolonged by high temperatures and the uncontrolled expansion of rice fields. Coverage achieved through the use of indoor residual spraying was very limited due



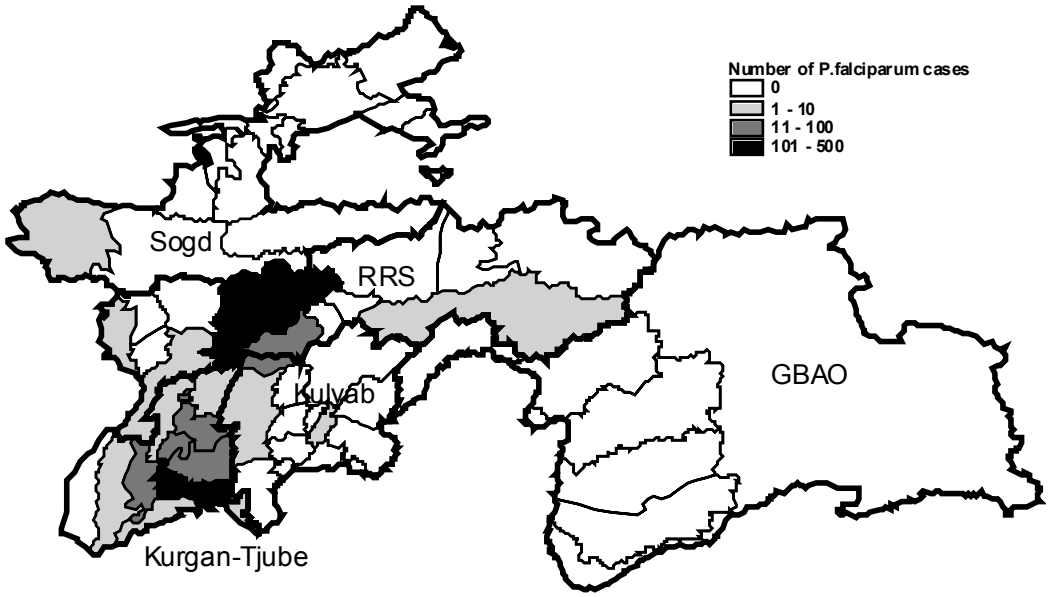
to an acute shortage of insecticides. These factors, and the remaining problems with radical treatment of cases of *P. vivax* malaria, are likely to have been major reasons for the deterioration of the malaria situation in 2000. At the same time, more complete detection and better reporting included other possible reasons for an increase in the documented incidence of malaria in the country.

- The situation is complicated by the re – emergence and spread of *P. falciparum* malaria in the southern and central parts of the country. During 1998 - 2000, there was a nearly three – fold increase in the number of autochthonous cases of *P. falciparum* malaria in Tajikistan. In 2000, the majority of *P. falciparum* cases were reported in Khatlon Region. The first cases of *P. falciparum* malaria have been reported in the western part of the country.

- A gradual spread of malaria across the country and a substantial increase in the reported number of *P. vivax* malaria cases in the northern, central and western parts of the country are other aggravating features of the current malaria situation in Tajikistan.



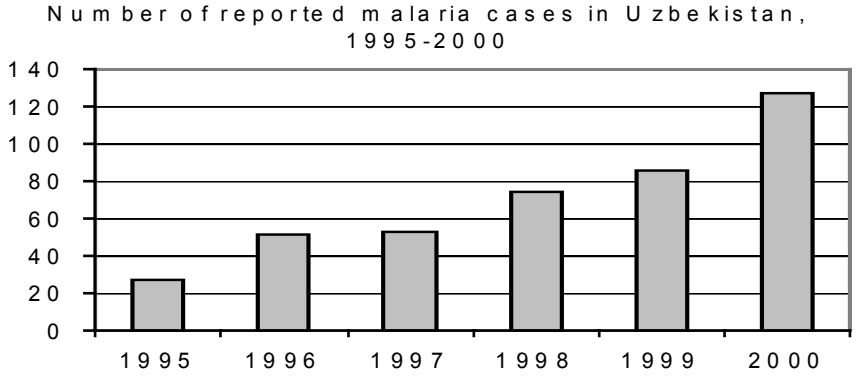
The distribution of reported malaria cases in Tajikistan, 2000

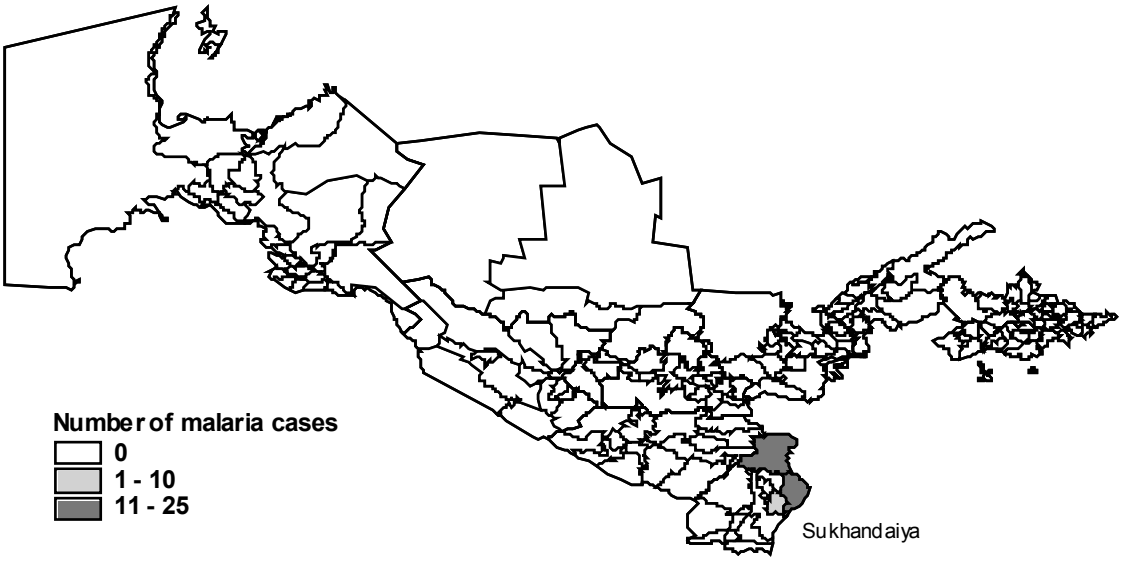


The distribution of reported P.falciparum cases in Tajikistan, 2000

2.3. Uzbekistan

- 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 and Kyrgyzstan.

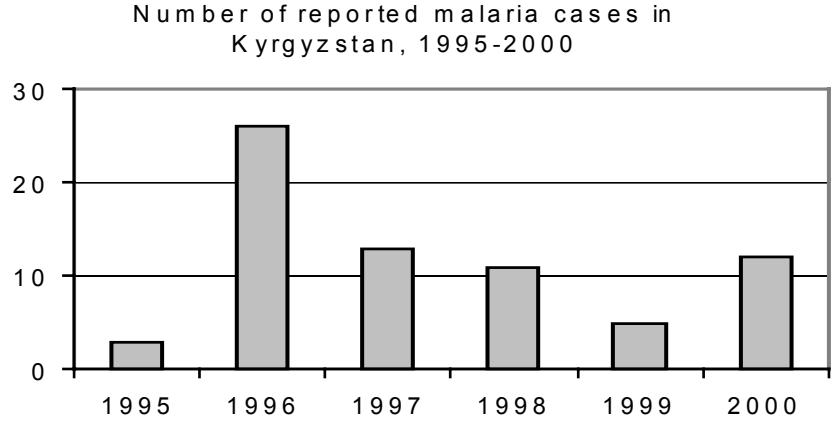


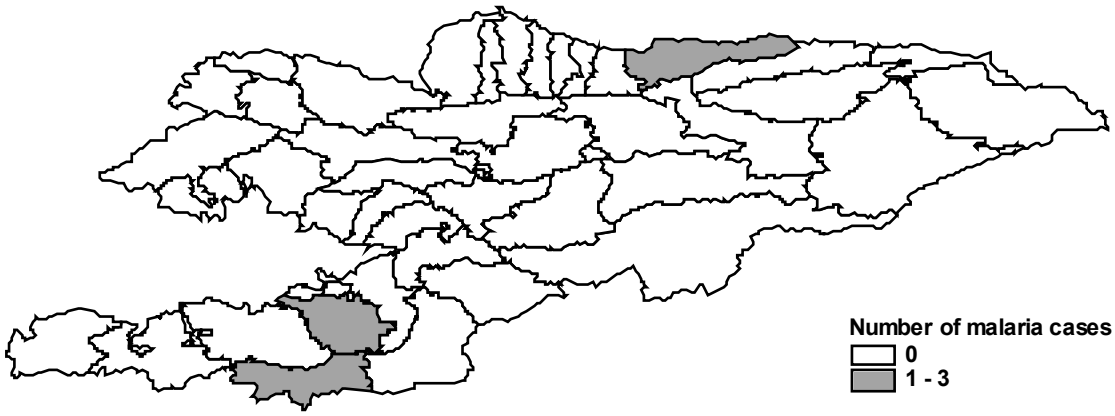


The distribution of reported malaria cases in Uzbekistan, 2000

2.4. Kyrgyzstan

- Malaria was eradicated many years ago in Kyrgyzstan, but malaria cases re-appeared in the country 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 areas of Oshskaya and Batkenskaya Regions.





The distribution of reported malaria cases in Kyrgyzstan, 2000

3. BORDER MALARIA

3.1. European Region

The problems of malaria and its control in European Region share the following interrelated characteristics:

- Malaria is linked to social, economic and environmental factors and their complexity;
- Movements of temporary migrants driven by social and economic reasons represent a real threat to the spread and re – introduction of malaria to territories where it had been eradicated in the past;
- Current malaria epidemics/outbreaks and progressive return of endemicity have occurred as a result of the decrease in or complete interruption of malaria control activities;
- The concentration of malaria transmission may be observed along international borders, where access to existing health facilities is often poor;
- There is a lack of specialized national malaria control services, and preventive services must be upgraded to deal with the malaria problem;
- There is a shortage of qualified staff, knowledge, and skills in malaria and its control;
- Malaria surveillance, particularly at the periphery, is not carried out;
- Communities lack knowledge and participation in malaria – related preventive activities;
- Insecticides and equipment for indoor residual spraying are in short supply, resulting in a limited impact of vector control operations;
- Resources invested in malaria control and prevention by the Governments are limited.

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. Among a number of malaria – related issues addressed by the Regional RBM Programme, malaria cross - border collaboration is its major component.

A meeting to establish a partnership to roll back malaria in the Central Asian republics and Kazakhstan took place in Tashkent, Uzbekistan on 8 June 1999. Officials from the countries currently experiencing a resurgence of malaria and representatives of about 30 United Nations affiliated organizations, institutions, embassies, international banks, international non – governmental organizations and foundations attended the meeting. Strong political commitment by Central Asian leaders to contain the malaria epidemic was the main outcome of the meeting. This commitment has continued to grow throughout the Roll Back Malaria inception process. Roll Back Malaria inception meetings were held in Tajikistan and Turkey, as the most affected countries, to build country – level partnerships, encourage institutional development and establish evidence – based country strategies to fight malaria. Roll Back Malaria Project proposals were drawn up by the Roll Back Malaria Unit of the WHO European Regional Office in close collaboration with national health authorities of Tajikistan, Turkmenistan, Kyrgyzstan and Kazakhstan and submitted for donors' consideration in order to elicit financial support in 2000.

Two WHO inter – regional coordination meetings held in Baku, Azerbaijan during 1999 and 2000 have emphasized the need to provide support to cross – border coordination activities

in the field of malaria and its control. In June 2001, the first malaria border coordination meeting among Tajikistan, Uzbekistan and Kyrgyzstan took place in Dushanbe, Tajikistan. The participating countries shared experiences, points of view and work towards a common strategy for increased coordination of malaria control in border areas. Technical and operational modalities to deal with malaria in border areas, taking into account the commonalties and peculiarities of the participating countries, were also discussed.

3.2. Tajikistan – Kyrgyzstan Border

The Tajik districts (10) bordering Kyrgyzstan include the Gharmskiy and Dzhirgitalskiy Regions, which are under direct republican jurisdiction, Murgabskiy of Gorno – Badakhshan Autonomous Region and Kuhistoni Mastchohskiy, Ghanchinskiy, Nauskiy, Dzhabor Rasulov, Ghafurova, Kanibadamskiy, and Isfarainskiy of Sogdiskaya Region. In recent years, there has been a substantial rise in the number of confirmed malaria cases in border areas of Tajikistan, particularly in Sogdiskay Region, where a more than a forty – fold increase was reported.

Kyrgyzstan has two Regions bordering Tajikistan: Oshskaya and Batkenskaya. In 2000, almost all autochthonous cases of malaria (6 out of 7) were reported in Batkenskiy and Kadamjanskiy districts of Batkenskaya Region.

Cross – border population movements are very intense between Tajikistan and Kyrgyzstan. A sizeable proportion of the Tajik population has been observed crossing borders and settling down on the bordering Kyrgyz side. Such a transient settlement is often motivated by the security problems in Tajikistan. It is well known that movements of population including infected carriers from malarious areas into areas with high receptivity may have adverse effects, reflected by a rising malariogenic potential and the re-establishment of malaria transmission.

There are some on – going collaborative activities between these two countries, particularly in the field of exchanging malaria – related data.

3.3. Tajikistan – Uzbekistan Border

Tajikistan's 16 districts bordering on Uzbekistan are Beshkentskiy and Shaarttuskiy of Khatlon Region; Leninskiy, Shahrinavskiy and Tursunzadevski, regions under direct republican jurisdiction, and Ajninskiy, Pendzhikentskiy, Shahristanskiy, Ura – Tyubinskiy, Zafarabadskiy, Nauskiy, Matchinskiy, Ghafurova, Ashtskiy, Kanibadamskiy and Isfarainskiy of Sogdiskaya Region. In 2000, these districts accounted for about 3 500 cases, or 20 per cent of the country 's total. During 1998 – 2000, there was a steady increase in the number of malaria cases in the bordering areas from 1 283 to 3 470, and the first two cases of *P. falciparum* malaria were confirmed in Leninskiy and Tursunzadevsiy districts in 1998.

On the Uzbek side, there are eight bordering regions, but about 85 per cent out of all autochthonous and imported malaria cases are reported in three regions, including the Tashkentskaya, Ferganskaya and Surkhandarinskaya Regions. The cases of malaria due to local transmission are confirmed only in Surkhandarinskaya Region, where 46 cases were reported in 2001. Autochthonous cases of malaria are revealed only in Uzunskiy, Sariassiskiy and Shurchinskiy districts, which are in close proximity to Tursunzadevskiy

district on the Tajik side, where 211 *P. vivax* and 2 *P. falciparum* malaria cases were reported in 2001.

No cross – border collaboration activities between the countries have taken place to date.

3.4. Kyrgyzstan – Uzbekistan Border

Kyrgyzstan has three regions (Batkenskaya, Oshskaya and Jalal – Abadskaya) bordering Uzbekistan. During 2000, the first five cases of malaria were reported in Batkenskaya and Oshskaya Regions, while there were no cases in Jalal – Abadskaya Region. As common agricultural practices (the cultivation of rice) are closely associated with an abundance of malaria vectors (*A.n. maculinennis, An. hyrcanus, An. sacharovi, An. superpictus, An. pulcherimus, An. claviger* and *An. messae*), there is an influx of migratory population, some of whom are infected with malaria, and the duration of the malaria transmission season is long(5 – 7 months), all of the above-mentioned regions are highly receptive and vulnerable.

In the Ferganskaya Region, bordering with Kyrgyzstan, a nearly three – fold increase in the number of imported malaria cases, from 8 to 20 during 1999 – 2000, was reported. This importation was related to returning seasonal agricultural workers from bordering areas of Kyrgyzstan, where they were engaged in the cultivation of rice.

No cross – border collaboration related to malaria and its control between these countries has been carried out to date.

4. CONCLUSIONS

It was concluded that the current malaria situation in border areas of Tajikistan, Uzbekistan and Kyrgyzstan has significantly deteriorated in recent years. There are a number of reasons for the aggravation of this situation. There are intense and often uncontrolled cross – border population movements due to socio – economic and security reasons, existing favourable conditions for malaria transmission in areas along the borders, a rising malariogenic potential due to the extensive and expanding cultivation of rice, increased vectorial capacity and high rate of importation of malaria, and the lack of coordination and exchange of information related to malaria and its control and prevention.

The country representatives have decided that all necessary steps should be taken to improve coordination among the participating countries for solving common problems in the control and prevention of malaria in respective countries, particularly in their border areas. It was also emphasized that further cooperation will be useful to work out a common strategy to roll back malaria in the Central Asian countries and Kazakhstan.

5. RECOMMENDATIONS

5.1. Recommendations for WHO

- To work out a common strategy to roll back malaria in countries of Central Asia and Kazakhstan, *focusing on coordination of malaria control and prevention in border areas of Tajikistan, Uzbekistan and Kyrgyzstan*;
- To draw up a project proposal to roll back malaria for countries of Central Asia and Kazakhstan by the end of 2001, and submit it for donor consideration in order to elicit financial assistance.

5.2. Recommendations for WHO and Member States

- To organize an Inter – Regional (EURO and EMRO) Malaria Coordination Meeting with the invitation of countries of Central Asia, Kazakhstan and Afghanistan in the beginning of 2003;
- To organize two Malaria Border Coordination Meetings for local health personnel dealing with malaria in border areas of Tajikistan, Uzbekistan and Kyrgyzstan in the beginning of 2002;
- To make use of the scientific and practical experience accumulated over the 1970's – 80's in the field of malaria and its control and prevention, while malaria control and prevention action plans are drawn up.

5.3. Recommendations for Member States

In the short – term (2001 – 2002):

- To work out approaches and mechanisms for regular exchange of information related to malaria and its control and prevention and make use of them in border areas of Tajikistan, Uzbekistan and Kyrgyzstan.
- To work out reporting format for immediate notification of abnormal malaria situations and emergency measures applied or to be applied in border areas of Uzbekistan, Kyrgyzstan and Tajikistan (*Annex 4*).
- To work out reporting format for systematic exchange of information related to malaria and control/preventive activities planned/applied in border areas of Uzbekistan, Kyrgyzstan and Tajikistan (*Annex 5*).

In the mid – term (2002 – 2003):

- To consider the opportunity to develop and implement joint action plans in order to coordinate and synchronize malaria control and preventive activities in border areas of Tajikistan, Uzbekistan and Kyrgyzstan.

Annex 1

PROGRAMME

Friday, 1 June 2001

09:00 – 09:30 Registration of participants

09:30 – 09:45 Appointment of Chairperson and Rapporteur

09:45 – 10:00 Objectives of conference

10:00 – 10:30 Opening ceremony:
- Dr. Klavdia Olimova, Deputy Minister, Ministry of Health, Tajikistan
- Dr. Mikhail Ejov, Regional Coordinator, Roll Back Malaria, WHO, EURO
- Dr. Lyubomir Ivanov, Head, WHO Office, Tajikistan

10:30 – 11:00 *Coffee break*

11:00 – 11:30 Presentation on progress with Roll Back Malaria in Central Asia:
- EURO/WHO, Roll Back Malaria

11:30 – 13.00 Country presentations:
- Director, NMCP, Uzbekistan
- Director, NMCP, Kyrgyzstan
- Director, NMCP, Tajikistan

13:00 – 13:30 Plenary discussions on progress made and problems encountered in implementing RBM action in participating countries with particular emphasis on border areas

13:30 – 14:30 *Lunch break*

14:30 – 14:45 Working group:
- Guidelines for group discussion

14:45 – 16:00 Work in group

16:00 – 16:30 *Coffee break*

16:30 – 18:00 Continuation of work in group

Saturday, 2 June 2001

09:00 – 11:00 Continuation of work in group

11:00 – 11:30 *Coffee break*

11:30 – 13:00 Continuation of work in group

13:00 – 14:00 *Lunch break*

14:00 – 16:00 Drafting of recommendations

16:00 – 16:20 Presentation from working group

16:20 – 16:40 Discussion on recommendations

16:40 – 17:00 Conclusions and closure of the meeting

Annex 2

LIST OF WORKING PAPERS AND BACKGROUND MATERIAL

Working papers

1. Scope and purpose
2. Provisional agenda
3. Provisional programme
4. Provisional list of participants
5. The malaria situation and progress with roll back malaria in the WHO European Region, Dr. Mikhail Ejov, WHO/EURO
6. Country presentation – Tajikistan
7. Country presentation – Uzbekistan
8. Country presentation – Kyrgyzstan

Background material

1. WHO/EURO Regional Strategy – Roll Back Malaria
2. Progress with Roll Back Malaria in the WHO European Region, September 2000
3. Progress with Roll Back Malaria in the WHO European Region, Regional and Country Updates, September 2000 – April 2001

Annex 3

LIST OF PARTICIPANTS

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Annex 4

REPORTING FORMAT FOR IMMEDIATE NOTIFICATION OF ABNORMAL MALARIA SITUATIONS AND EMERGENCY MEASURES APPLIED IN BORDER AREAS

Date_____
Country_____Region_____District_____
Name and Location of Unit Reporting_____
Name of Officer in Charge_____
Telephone_____Fax_____

Number of Localities_____Total Population Involved_____
Names of Localities Involved_____
_____
_____
_____
_____
Date Report Received _____/_____/_____
Date of Investigation _____/_____/_____
Date of Onset of Outbreaks/New Sporadic Cases _____/_____/_____
Number of Cases Reported *P.f*_____*P.v*_____*Mixed*_____*Total*_____
Microscopically Confirmed *P.f*_____*P.v*_____*Mixed*_____*Total*_____
Clinically Diagnosed _____
Number of Reported Deaths due to Malaria_____
Number of Estimated Deaths due to Malaria_____

Results of Investigation:
Blood Slides Taken_____
Blood Slides Examined_____
Slides Positive *P.f*_____*P.v*_____*Mixed*_____*Total*_____ _____
Number of Indigenous Cases *P.f*_____*P.v*_____*Mixed*_____*Total*_____
Number of Imported cases *P.f*_____*P.v*_____*Mixed*_____*Total*_____
Source of Imported Cases_____
_____

Control Measures Applied:
Number Houses Sprayed _____*Date*_____/_____/_____
Population Protected by MDA _____*Date*_____/_____/_____
Other Measures (*Specify*)_____
_____
_____
_____
_____
_____

Annex 5

REPORTING FORMAT FOR SYSTEMATIC EXCHANGE OF INFORMATION RELATED TO MALARIA AND CONTROL/PREVENTIVE ACTIVITIES APPLIED IN BORDER AREAS

Date *From*_____*To*_____
Country_____Region_____District_____

Population: *Total*_____*at Risk*_____
Number of Houses *Total*_____*in Area at Risk*_____
Number of Health Facilities *Total*_____*with Microscopes*_____
Malaria Situation:
Number of Cases Reported *P.f*_____*P.v*_____*Mixed*_____*Total*_____
Clinically Suspected_____
Blood Slides Taken_____
Blood Slides Examined_____
Slides Positive *P.f*_____*P.v*_____*Mixed*_____*Total*_____
Number of Estimated Cases_____
Number of Reported Deaths due to Malaria_____
Number of Estimated Deaths due to Malaria_____
Malaria Outbreaks Reported, if any:
Number of Locations Affected_____
Number of Cases Reported_____
Number of Deaths due to Malaria Reported_____

Control Measures Applied:
Number Houses Sprayed _____*Date*_____/_____/_____
Population Protected by Indoor Residual Spraying_____
Population Protected by Treated Mosquito Nets _____*Date*_____/_____/_____
Other Measures (*Specify*)_____
_____
_____
_____
_____
_____

Problems, Constraints or Other Comments_____
_____
_____
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