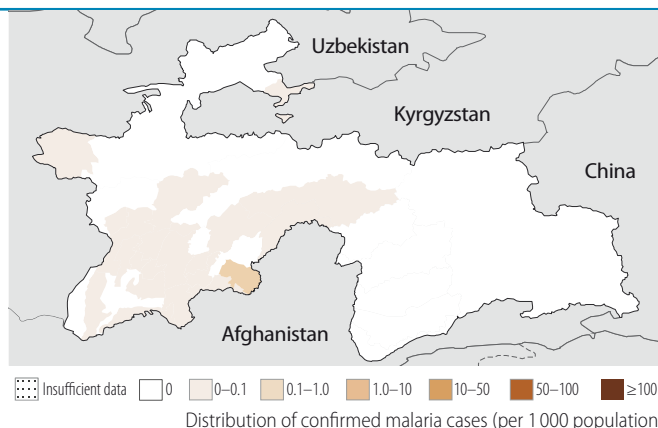


Phase: Elimination. Impact: >75% decrease in case incidence 2000–2011. 53 indigenous cases reported in Tajikistan in 2011. No locally acquired *P.falciparum* cases registered since 2009. Malaria elimination programme aimed to interrupt *P.vivax* transmission by 2015 is funded by the government, the Global Fund.



I. Epidemiological profile

Population (UN Population Division)	2011	%
Number of active foci	39	
Number of people living within active foci	2 790 000	38
Number of people living in malaria-free areas	4 190 000	62
Total	6 980 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (0%), *P. vivax* (100%)
 Major anopheles species: *An. superpictus*, *pulcherrimus*

II. Intervention policies and strategies

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN/LLIN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	1997
	DDT is used for IRS	No	–
Case management	Malaria diagnosis is free of charge in the public sector	Yes	1997
	Gametocidal treatment of <i>P.falciparum</i> cases	Yes	2004
	Radical treatment of <i>P. vivax</i> cases	Yes	1997
Surveillance	Foci and case investigation undertaken	Yes	2007
	Case reporting from private sector is mandatory	Yes	2000

Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AL	2008
For treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004

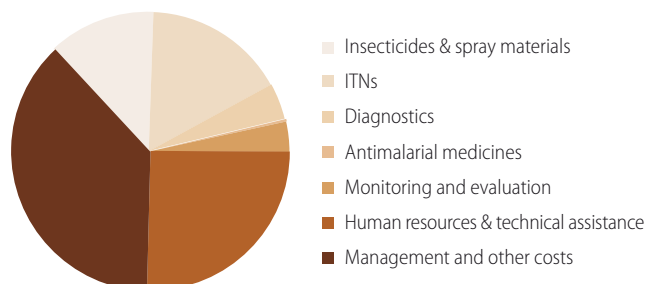
Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of studies	Min	Median	Max	Follow-up
QN	2003–2003	1	0	0	0	28 days

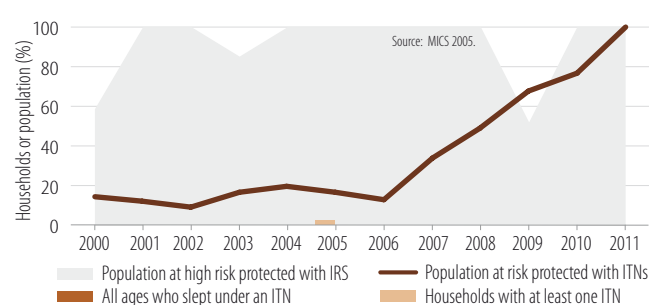
III. Financing



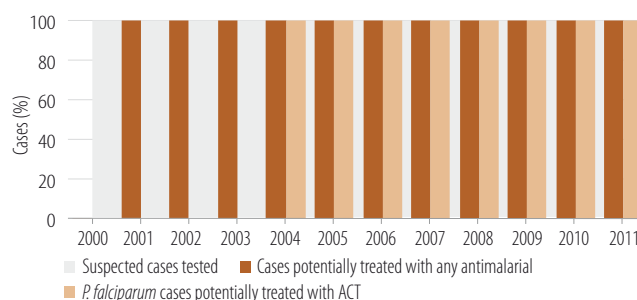
Expenditure by intervention in 2011



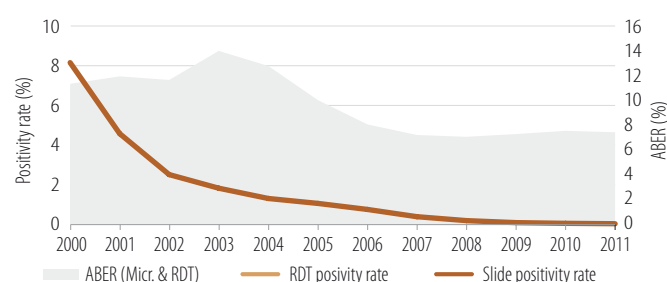
IV. Coverage



Cases tested and ACT delivered: Programme data (public sector)



V. Impact



Microscopically confirmed malaria cases and indigenous cases

