

Overview of malaria control activities and programme progress

The malaria situation deteriorated in Georgia until the mid-1990s, as a result of a drastic reduction in the activities aimed at the prevention of malaria transmission and the intensification of population movements. The first three cases of local malaria transmission were detected in 1996 among residents of a district bordering Azerbaijan. In subsequent years, the number of malaria cases continued to increase, reaching 473 in 2002.

Between 1998 and 2002, the number of reported malaria cases increased by more than 30-fold. During this period, the first cases of autochthonous malaria were reported in the western part of the country. In 2003, 308 autochthonous cases were reported, a 34% reduction in comparison with the previous year. Conditions favourable for malaria transmission exist in nearly 52% of the country, and 93% of the total population lives. At present, the highest risk of the resurgence of malaria transmission and its spread concerns the areas bordering Armenia and Azerbaijan in eastern Georgia, the Black Sea coastal areas and the Kolhid lowlands in the western part of the country, where over 68% of the total population resides and the transmission season could last over 150 days.

Political commitment to the principles of RBM continues to grow in the country. In light of the heightened risk of malaria outbreaks, WHO has increased its efforts towards containing outbreaks and their spread across the country. The RBM movement is presently supported by the MoH and the WHO Regional Office for Europe. Interventions carried out include disease management and prevention, training, surveillance, epidemic control and operational research. The Global Fund has given Georgia a grant of more than US\$ 800 000 to support its national response to malaria over 3 years (2004–2006).

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines Published/updated in	Yes
Monitoring antimalarial drug resistance Number of sites currently active	No
Home management of malaria	No
Vector control using insecticides	Yes
Monitoring insecticide resistance Number of sites currently active	No
Insecticide-treated mosquito nets (ITNs)	No
Intermittent preventive treatment (IPT)	NA
Epidemic preparedness	Yes

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
<i>P. falciparum</i> (unconfirmed)	CQ
<i>P. falciparum</i> (lab confirmed)	CQ+PQ
<i>P. vivax</i>	CQ+PQ(14d)
Treatment failure	Q(7d)
Severe malaria	Q(7d)
Pregnancy	
Prevention	
Treatment	CQ

EPIDEMIOLOGICAL DATA

Following WHO recommendations, malaria case reporting is carried out in most countries. The data presented below reflect aggregated malaria cases at the national level and are presented by gender, age and subnational level as submitted to WHO. Malaria reporting from national surveillance systems varies in quality and reporting completeness and may have limited value in understanding the actual malaria burden, but may be useful for understanding trends in the relative burden of malaria in the public health sector.

Reported malaria cases (annual)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
1	2	1	0	1	1	7	1	16	51
2000	2001	2002	2003	Date of last report:					
245	438	474	316						

Reported malaria by type and quality

For most recent year

Reported malaria cases	316
Reported malaria deaths	0

Probable or clinically diagnosed

Malaria cases
Severe (inpatient or hospitalized) cases
Malaria deaths
Slides taken
Rapid diagnostic tests (RDTs) taken

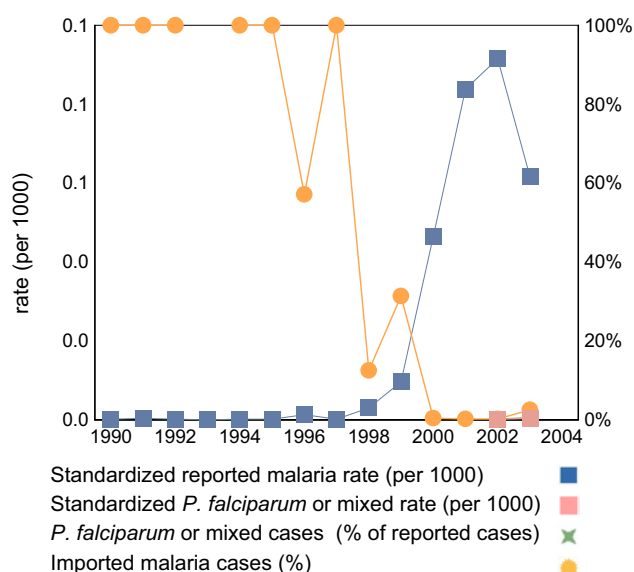
Laboratory confirmed

Malaria cases 316
P. falciparum or mixed 2
P. vivax
Severe (inpatient or hospitalized) cases
Malaria deaths 0

Investigations

Imported cases 8

Estimated reporting completeness (%)



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	245	438	474	316	100

Reported malaria cases by selected subnational area

15 of 19 areas	2000	2001	2002	2003	%
Sighnaghi		114	221		47
Lagodekhi		154	116		24
Kvareli		3	52		11
Marneuli		40	23		5
Dedoplistskaro		32	14		3
Sagarejo		11	12		3
Gardabani		25	10		2
Tbilisi		14	7		1
Gurjaani		4	6		1
Rustavi		10	3		1
Akhmeta			2		<1
Dmanisi		1			<1
Lanchkhuti		20	1		<1
Ozurgeti		6	1		<1
Bolnisi		3	1		<1

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities of national malaria control programmes. The information reflects annual, country-reported data.

No data is currently available.

MONITORING ANTIMALARIAL DRUG EFFICACY

Monitoring antimalarial drug efficacy is important for understanding the impact of antimalarial treatment being delivered and the need for drug policy change, essential for ensuring prompt access to effective treatment. Median, range and quartiles are based on percentage clinical failure for uncomplicated *P. falciparum* malaria for countries in Africa south of the Sahara, and percentage total failure for all other areas. Included are studies that used WHO protocol among selected drugs.

*No studies on the efficacy of antimalarial drugs are currently available or there is no reported *P. falciparum* transmission.*

FINANCING FOR MALARIA

Annual funding for malaria control

This information represents country-reported national and other resources budgeted or spent for national malaria control programme efforts. If information was reported in a different currency than US\$, the annual average of the official exchange rate from the World Development Index was used for conversion. Currency is presented in US\$ (thousands).

No data are currently available.

Malaria funds from the Global Fund to Fight HIV, Tuberculosis, and Malaria

Information on additional resources provided to countries through GFATM from 2-year committed funds for malaria from successful proposals through the first four rounds is presented. The details on approved proposals, grant agreements and disbursements to date are provided. Figures are presented in US\$. These data are maintained and updated by GFATM.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
CCM	3	645 700	GHSPIC	Yes	29-Apr-04	645 700	1	360 950	55.9%

Georgia Health and Social Projects Implementation Center (GHSPIC)

General notes and remarks

See explanatory notes at the beginning of the section.