### I. EPIDEMIOLOGICAL PROFILE

#### Population, endemicity and malaria burden

**Stratification by burden (reported cases/1000)**

<table>
<thead>
<tr>
<th>Population (000)</th>
<th>2006</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All age groups</td>
<td>19,408</td>
<td></td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>2,500</td>
<td>13</td>
</tr>
<tr>
<td>≥ 5 years</td>
<td>16,908</td>
<td>87</td>
</tr>
</tbody>
</table>

**Population by malaria endemicity (000)**

<table>
<thead>
<tr>
<th>Endemicity</th>
<th>2006</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High transmission ≥ 1/1000</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Low transmission (0-1/1000)</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Malaria-free (0 cases)</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Rural population</td>
<td>9,548</td>
<td>49</td>
</tr>
</tbody>
</table>

**Vector and parasite profile**

- Major Anopheles species: *Plasmodium vivax* risk only

#### Estimated cases and deaths (2006)

<table>
<thead>
<tr>
<th>Estimated burden of malaria</th>
<th>Age group</th>
<th>Numbers</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever suspected of being malaria</td>
<td>All ages</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Malaria cases</td>
<td>All ages</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Malaria deaths</td>
<td>All ages</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Malaria-case-fatality rate (%)</td>
<td>All ages</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

#### Trends in malaria morbidity and mortality

- **Reported and estimated malaria cases, per 1000**
- **Reported malaria deaths, per 1000**

#### Reported malaria cases/1000, all ages

<table>
<thead>
<tr>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>28</td>
<td>34</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Reported malaria cases/1000, <5 years

<table>
<thead>
<tr>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Reported malaria deaths/1000, all ages

<table>
<thead>
<tr>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Reported malaria deaths/1000, <5 years

<table>
<thead>
<tr>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vector and parasite profile

- Major Anopheles species: *Plasmodium vivax* risk only
### I. EPIDEMIOLOGICAL PROFILE (continued)

**Reported malaria admissions, per 1000**

<table>
<thead>
<tr>
<th>Year</th>
<th>Reported malaria admissions, all ages</th>
<th>Reported malaria admissions, &lt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>2002</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>2003</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>2004</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>2005</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>2006</td>
<td>No Data</td>
<td>No Data</td>
</tr>
<tr>
<td>2007</td>
<td>No Data</td>
<td>No Data</td>
</tr>
</tbody>
</table>

**All-cause admissions, all ages**

- P. falciparum

**All-cause admissions, <5 years**

- P. falciparum

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### II. INTERVENTION POLICIES AND STRATEGIES

#### Intervention

<table>
<thead>
<tr>
<th>Policy/strategy</th>
<th>WHO-recommended policies/strategies</th>
<th>Optional policies/strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of ITN/LLINs – Free</td>
<td>Yes/No Year adopted</td>
<td>Distribution – Antenatal care – Yes/No Year adopted</td>
</tr>
<tr>
<td>Targeting – All age groups</td>
<td>No</td>
<td>Distribution – EPI routine and campaign No</td>
</tr>
<tr>
<td>Targeting – Children under 5 years and pregnant women</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**DDT is used for IRS (public health) only**

- No

**Insecticide-resistance management implemented**

- No

**Indoor residual spraying (IRS)**

- IRS is the primary vector-control intervention
- No
- IRS is used for prevention and control of epidemics
- Where IRS is conducted, other options are also implemented, e.g. ITN
- No

**Intermittent preventive treatment (IPT)**

- IPT used to prevent malaria during pregnancy
- No
- IPT implemented countrywide
- No

**ACT is free or highly subsidized in public sector**

- No
- Free malaria diagnosis and first-line treatment of malaria
- No

**Oral artemisinin monotherapies banned**

- No
- Home management of malaria
- No

**Parasitological confirmation for all age groups**

- No
- Preferential treatment at health-facility level with quinine im or artesunate suppositories
- No
- RDTs in areas without microscopy
- No

#### Case management

<table>
<thead>
<tr>
<th>Antimalarial policy</th>
<th>Type of medicine</th>
<th>Year Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-line treatment of P.falciparum (unconfirmed)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>First-line treatment of P.falciparum (confirmed)</td>
<td>SP</td>
<td>-</td>
</tr>
<tr>
<td>Treatment failure of P.falciparum</td>
<td>QN + D(7d)</td>
<td>-</td>
</tr>
<tr>
<td>Treatment of severe malaria</td>
<td>QN (14d)</td>
<td>-</td>
</tr>
<tr>
<td>Treatment of P.vivax</td>
<td>CQ + PQ (14d)</td>
<td>-</td>
</tr>
</tbody>
</table>
III. IMPLEMENTING MALARIA CONTROL

Coverage of ITN: survey data

Coverage of IRS and ITN: programme data

Access by febrile children to effective treatment: survey data

Access to effective treatment: programme data

Source:

Operational IRS coverage (relative to total population at risk)
Operational coverage of ITN (1 LLIN or ITN per 2 persons at risk)
Operational coverage of any net (per 2 persons at risk)

Source:

% of households with any net
% of households with at least one ITN
% of <5 years who slept under any net
% of <5 years who slept under an ITN

WHO 2010 Target
No Data

% of pregnant women who slept under any net
No. of HHs protected by IRS
% of pregnant women who slept under an ITN
No. of ITNs and or LLINs

% of children <5 years with fever who took antimalarial drugs
% of children <5 years with fever who took antimalarial drugs same or next day
% of children <5 years with fever who took ACT
% of children <5 years with fever who took ACT same or next day

WHO 2010 Target
No Data

% of children <5 years with fever who took ACT
% of children <5 years with fever who took ACT same or next day

WHO 2010 Target
No Data

Access by febrile children to effective treatment: survey data

Access to effective treatment: programme data

Source:

% of <5 years years with fever who took ACT
% of <5 years years with fever who took ACT same or next day

WHO 2010 Target
No Data

% of children <5 years years with fever who took ACT
% of children <5 years years with fever who took ACT same or next day

WHO 2010 Target
No Data

% of children <5 years years with fever who took ACT
% of children <5 years years with fever who took ACT same or next day

WHO 2010 Target
No Data

% of children <5 years years with fever who took ACT
% of children <5 years years with fever who took ACT same or next day

WHO 2010 Target
No Data

IV. FINANCING MALARIA CONTROL

Governmental and external financing

Breakdown of expenditure by intervention

Source:

Funding by source ($m)

Expenditure by lineitem ($m)

Others
Bilaterals
European Union
GFATM
World Bank
UN agencies
Gov. malaria expenditure

2001 2002 2003 2004 2005 2006 2007

No Data

No Data

2001 2002 2003 2004 2005 2006 2007

No Data

No Data

2001 2002 2003 2004 2005 2006 2007

No Data

No Data

2001 2002 2003 2004 2005 2006 2007

No Data

No Data

V. SOURCE OF INFORMATION

Programme data

Survey and other data

Reported cases
Surveillance data
Insecticide-Treated Nets (ITN)
No surveys
Operational coverage of ITNs, IRS and access to medicines
Programme report
Treatment
No surveys
Financial data
Programme report
Use of health services