I. EPIDEMIOLOGICAL PROFILE

Population, endemicity and malaria burden

Stratification by burden (reported cases per 1 000)

<table>
<thead>
<tr>
<th>Population (in thousands)</th>
<th>2008</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All age groups</td>
<td>73,312</td>
<td></td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>6,402</td>
<td>9</td>
</tr>
<tr>
<td>≥ 5 years</td>
<td>66,910</td>
<td>91</td>
</tr>
</tbody>
</table>

Population by malaria endemicity (in thousands) 2008

- High transmission ≥ 1/1000
  - 4,414
- Low transmission 0.1-1/1000
  - 7,551
- Malaria-free (0 cases)
  - 61,347
- Rural population
  - 23,096

Vector and parasite profiles

Major Anopheles species

Plasmodium species
  - falciparum, vivax

Trends in malaria morbidity and mortality

Reported malaria cases, per 1000

Rate of examination, case confirmation, malaria test positivity, % of confirmed cases that are P. falciparum

<table>
<thead>
<tr>
<th>Year</th>
<th>Reported malaria cases, all ages</th>
<th>Reported malaria cases, &lt;5 years</th>
<th>All-cause outpatient consultations, all ages</th>
<th>All-cause outpatient consultations, &lt;5 years</th>
<th>Examinated</th>
<th>Positive</th>
<th>P. falciparum</th>
<th>Reporting completeness of outpatient health facilities (%)</th>
<th>Reporting completeness of districts (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>39,716</td>
<td>19,716</td>
<td>39,716</td>
<td>19,716</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>30,803</td>
<td>20,073</td>
<td>30,803</td>
<td>19,073</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>35,734</td>
<td>25,702</td>
<td>35,734</td>
<td>22,702</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>23,562</td>
<td>13,486</td>
<td>23,562</td>
<td>12,486</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>23,562</td>
<td>13,486</td>
<td>23,562</td>
<td>12,486</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>18,966</td>
<td>10,362</td>
<td>18,966</td>
<td>10,362</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>15,909</td>
<td>8,909</td>
<td>15,909</td>
<td>8,909</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>6,947</td>
<td>3,947</td>
<td>6,947</td>
<td>3,947</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>5,955</td>
<td>1,955</td>
<td>5,955</td>
<td>1,955</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**I. EPIDEMIOLOGICAL PROFILE (continued)**

### Distribution of ITN/LLINs – Free
- Iran (Islamic Republic of)
  - Distribution: Antenatal care
  - Distribution – EPI routine and campaign
  - Targeting – Children under 5 years and pregnant women
  - Malaria diagnosis is free of charge in the public sector
  - Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)

### Case management
- Treatment failure of P.falciparum
- Treatment of severe malaria
- Treatment of P.vivax
- Treatment of P.vivax
- Parasitological confirmation for patients of all ages
- Parasitological confirmation for patients of 5 years and above only

### Antimalarial policy
- Treatment of severe malaria
- Treatment of P.vivax
- Treatment failure of P.falciparum
- Intermittent preventive treatment (IPT)
- Malaria diagnosis is free of charge in the public sector
- WHO-recommended policies/strategies
- Distribution of ITN/LLINs – Free
- Distribution – Antenatal care
- Distribution – EPI routine and campaign
- Targeting – Children under 5 years and pregnant women
- Malaria diagnosis is free of charge in the public sector
- Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)

### Results of therapeutic efficacy tests

<table>
<thead>
<tr>
<th>Antimalarial policy</th>
<th>Type of medicine</th>
<th>Year Adopted</th>
<th>Study year</th>
<th>No. of studies</th>
<th>Median</th>
<th>Minimum</th>
<th>Maximum</th>
<th>25th percentile</th>
<th>75th percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-line treatment of P.falciparum (unconfirmed)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>First-line treatment of P.falciparum (confirmed)</td>
<td>AS+SP</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Treatment failure of P.falciparum</td>
<td>AL</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Treatment of severe malaria</td>
<td>AS, QN</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Treatment of P.vivax</td>
<td>CD+ (PQ1, 240)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### II. INTERVENTION POLICIES AND STRATEGIES

#### Distribution – Antenatal care
- WHO-recommended policies/strategies
- Distribution of ITN/LLINs
- Distribution – Antenatal care
- Distribution – EPI routine and campaign
- Targeting – Children under 5 years and pregnant women
- Malaria diagnosis is free of charge in the public sector
- Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)

### Distribution – EPI routine and campaign
- WHO-recommended policies/strategies
- Distribution of ITN/LLINs
- Distribution – Antenatal care
- Distribution – EPI routine and campaign
- Targeting – Children under 5 years and pregnant women
- Malaria diagnosis is free of charge in the public sector
- Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)

### Targeting – Children under 5 years and pregnant women
- WHO-recommended policies/strategies
- Distribution of ITN/LLINs
- Distribution – Antenatal care
- Distribution – EPI routine and campaign
- Targeting – Children under 5 years and pregnant women
- Malaria diagnosis is free of charge in the public sector
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### (continued)
- WHO-recommended policies/strategies
- Distribution of ITN/LLINs
- Distribution – Antenatal care
- Distribution – EPI routine and campaign
- Targeting – Children under 5 years and pregnant women
- Malaria diagnosis is free of charge in the public sector
- Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)
III. IMPLEMENTING MALARIA CONTROL

A. ACCESS TO HEALTH SERVICES

- Children <5 years with fever:
  - Who took antimalarial drugs (%)
  - Who took antimalarial drugs within 24 hours (%)
  - Who received ACT (%)

- WHO 2010 Target

B. OPERATIONAL COVERAGE

- IRS and ITN coverage
- ITN and LLIN coverage

IV. FINANCING MALARIA CONTROL

A. DONOR FUNDING

- Other bilaterals
- PMI
- EU

B. GOVERNMENTAL FUNDING

- WHO
- World Bank
- GFATM
- Government

C. LEVELS OF FUNDING

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008

V. SOURCE OF INFORMATION

Programme data
- Surveillance data
- Programme report

Survey and other data
- Insecticide-Treated Nets (ITN)
- Treatment

Financial data
- Use of health services