### I. EPIDEMIOLOGICAL PROFILE

#### Population, endemicity and malaria burden

<table>
<thead>
<tr>
<th>Population (in thousands)</th>
<th>2008</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All age groups</td>
<td>27.014</td>
<td></td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>2.732</td>
<td>10</td>
</tr>
<tr>
<td>≥ 5 years</td>
<td>24.283</td>
<td>90</td>
</tr>
</tbody>
</table>

#### Population by malaria endemicity (in thousands) 2008

<table>
<thead>
<tr>
<th>Transmission</th>
<th>Reported malaria cases per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>High transmission (≥1/1000)</td>
<td>7.3</td>
</tr>
<tr>
<td>Low transmission (0-1/1000)</td>
<td>2.875</td>
</tr>
<tr>
<td>Malaria-free (0 cases)</td>
<td>23.383</td>
</tr>
<tr>
<td>Rural population</td>
<td>7.077</td>
</tr>
</tbody>
</table>

#### Vector and parasite profiles

- Major Anopheles species: minimus, balabacensis, campestris, donaldi
- Plasmodium species: vivax risk only

#### Trends in malaria morbidity and mortality

**Reported malaria cases, per 1000**

<table>
<thead>
<tr>
<th>Year</th>
<th>Reported malaria cases, all ages</th>
<th>Reported malaria cases/1000, &lt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>8.257</td>
<td>8.257</td>
</tr>
<tr>
<td>2001</td>
<td>8.384</td>
<td>8.384</td>
</tr>
<tr>
<td>2002</td>
<td>6.792</td>
<td>6.792</td>
</tr>
<tr>
<td>2003</td>
<td>4.094</td>
<td>4.094</td>
</tr>
<tr>
<td>2004</td>
<td>4.064</td>
<td>4.064</td>
</tr>
<tr>
<td>2005</td>
<td>4.047</td>
<td>4.047</td>
</tr>
<tr>
<td>2006</td>
<td>4.040</td>
<td>4.040</td>
</tr>
<tr>
<td>2007</td>
<td>4.037</td>
<td>4.037</td>
</tr>
<tr>
<td>2008</td>
<td>5.198</td>
<td>5.198</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>All-cause outpatient consultations, all ages</th>
<th>All-cause outpatient consultations, &lt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>28,688.200</td>
<td>874,805</td>
</tr>
<tr>
<td>2001</td>
<td>25,138.357</td>
<td>875,689</td>
</tr>
<tr>
<td>2002</td>
<td>26,158.596</td>
<td>872,883</td>
</tr>
<tr>
<td>2003</td>
<td>26,553.047</td>
<td>754,540</td>
</tr>
<tr>
<td>2004</td>
<td>31,703.161</td>
<td>678,952</td>
</tr>
<tr>
<td>2005</td>
<td>31,433.164</td>
<td>575,766</td>
</tr>
<tr>
<td>2006</td>
<td>34,703.057</td>
<td>588,695</td>
</tr>
<tr>
<td>2007</td>
<td>36,427.161</td>
<td>554,185</td>
</tr>
<tr>
<td>2008</td>
<td>36,435.067</td>
<td>588,469</td>
</tr>
</tbody>
</table>

**Reporting completeness of outpatient health facilities (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Reporting completeness of outpatient health facilities (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>87.0</td>
</tr>
<tr>
<td>2001</td>
<td>88.0</td>
</tr>
<tr>
<td>2002</td>
<td>88.0</td>
</tr>
<tr>
<td>2003</td>
<td>88.0</td>
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<tr>
<td>2004</td>
<td>88.0</td>
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<td>88.0</td>
</tr>
<tr>
<td>2006</td>
<td>88.0</td>
</tr>
<tr>
<td>2007</td>
<td>88.0</td>
</tr>
<tr>
<td>2008</td>
<td>88.0</td>
</tr>
</tbody>
</table>

**Reporting completeness of districts (%)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Reporting completeness of districts (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>100.0</td>
</tr>
<tr>
<td>2001</td>
<td>100.0</td>
</tr>
<tr>
<td>2002</td>
<td>100.0</td>
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<td>100.0</td>
</tr>
<tr>
<td>2006</td>
<td>100.0</td>
</tr>
<tr>
<td>2007</td>
<td>100.0</td>
</tr>
<tr>
<td>2008</td>
<td>100.0</td>
</tr>
</tbody>
</table>
## I. EPIDEMIOLOGICAL PROFILE (continued)

### I. EPIDEMIOLOGICAL PROFILE

- **2000**
  - Reported malaria admissions, <5 years: 4,042
  - Reported malaria admissions, all ages: 581
  - Reported malaria deaths, <5 years: 1,585
  - Reported malaria deaths, all ages: 500
  - Reporting completeness of inpatient health facilities (%): 234
  - Reporting completeness of districts (%): 162
  - All-cause admissions, <5 years: 16
  - All-cause admissions, all ages: 35
  - All-cause deaths, <5 years: 2
  - All-cause deaths, all ages: 3

- **2001**
  - Reported malaria admissions, <5 years: 4,569
  - Reported malaria admissions, all ages: 504
  - Reported malaria deaths, <5 years: 1,632
  - Reported malaria deaths, all ages: 429
  - Reporting completeness of inpatient health facilities (%): 238
  - Reporting completeness of districts (%): 209
  - All-cause admissions, <5 years: 46
  - All-cause admissions, all ages: 4
  - All-cause deaths, <5 years: 2
  - All-cause deaths, all ages: 3

- **2002**
  - Reported malaria admissions, <5 years: 3,825
  - Reported malaria admissions, all ages: 487
  - Reported malaria deaths, <5 years: 1,700
  - Reported malaria deaths, all ages: 721
  - Reporting completeness of inpatient health facilities (%): 244
  - Reporting completeness of districts (%): 001
  - All-cause admissions, <5 years: 39
  - All-cause admissions, all ages: 2
  - All-cause deaths, <5 years: 3
  - All-cause deaths, all ages: 3

- **2003**
  - Reported malaria admissions, <5 years: 3,512
  - Reported malaria admissions, all ages: 265
  - Reported malaria deaths, <5 years: 1,715
  - Reported malaria deaths, all ages: 152
  - Reporting completeness of inpatient health facilities (%): 253
  - Reporting completeness of districts (%): 778
  - All-cause admissions, <5 years: 21
  - All-cause admissions, all ages: 1
  - All-cause deaths, <5 years: 3
  - All-cause deaths, all ages: 1

- **2004**
  - Reported malaria admissions, <5 years: 2,750
  - Reported malaria admissions, all ages: 276
  - Reported malaria deaths, <5 years: 1,804
  - Reported malaria deaths, all ages: 697
  - Reporting completeness of inpatient health facilities (%): 265
  - Reporting completeness of districts (%): 778
  - All-cause admissions, <5 years: 35
  - All-cause admissions, all ages: 1
  - All-cause deaths, <5 years: 4
  - All-cause deaths, all ages: 3

- **2005**
  - Reported malaria admissions, <5 years: 2,378
  - Reported malaria admissions, all ages: 261
  - Reported malaria deaths, <5 years: 1,852
  - Reported malaria deaths, all ages: 401
  - Reporting completeness of inpatient health facilities (%): 272
  - Reporting completeness of districts (%): 063
  - All-cause admissions, <5 years: 33
  - All-cause admissions, all ages: 1
  - All-cause deaths, <5 years: 3
  - All-cause deaths, all ages: 1

- **2006**
  - Reported malaria admissions, <5 years: 2,340
  - Reported malaria admissions, all ages: 171
  - Reported malaria deaths, <5 years: 1,905
  - Reported malaria deaths, all ages: 089
  - Reporting completeness of inpatient health facilities (%): 270
  - Reporting completeness of districts (%): 062
  - All-cause admissions, <5 years: 21
  - All-cause admissions, all ages: 1
  - All-cause deaths, <5 years: 43
  - All-cause deaths, all ages: 2

- **2007**
  - Reported malaria admissions, <5 years: 2,603
  - Reported malaria admissions, all ages: 192
  - Reported malaria deaths, <5 years: 1,964
  - Reported malaria deaths, all ages: 903
  - Reporting completeness of inpatient health facilities (%): 301
  - Reporting completeness of districts (%): 510
  - All-cause admissions, <5 years: 29
  - All-cause admissions, all ages: 1
  - All-cause deaths, <5 years: 43
  - All-cause deaths, all ages: 2

- **2008**
  - Reported malaria admissions, <5 years: 3,617
  - Reported malaria admissions, all ages: 226
  - Reported malaria deaths, <5 years: 2,059
  - Reported malaria deaths, all ages: 967
  - Reporting completeness of inpatient health facilities (%): 327
  - Reporting completeness of districts (%): 529
  - All-cause admissions, <5 years: 35
  - All-cause admissions, all ages: 1
  - All-cause deaths, <5 years: 936
  - All-cause deaths, all ages: 3

### II. INTERVENTION POLICIES AND STRATEGIES

#### A. INTERVENTION POLICIES AND STRATEGIES

- **Indoor residual spraying (IRS)**
  - IRS is the primary vector control intervention
  - IRS is used for prevention and control of epidemics

- **Antimalarial policy**
  - ACT is delivered at community level through community agents (beyond the health facilities)
  - ACT is free of charge for 5 and above years in the public sector
  - ACT is free of charge for under 5 years old in the public sector

- **Case management**
  - RDTs used at community level
III. IMPLEMENTING MALARIA CONTROL

Coverage of ITNs, survey data

- Households with at least one ITN (%)
- Children <5 years who slept under an ITN (%)
- Children <5 years who slept under any net (%)
- Children <5 years who slept under any net (%) by PMI

Coverage of IRS and ITNs, programme data

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

Access by febrile children to effective treatment: survey data

- Children <5 years with fever who took antimalarial drugs (%)
- Children <5 years with fever who took ACT (%)
- Children <5 years who took antimalarial drugs same or next day (%)

Access to effective treatments: programme data

- Operational coverage of antimalarials (relative to reported malaria cases)
- Operational coverage of ACT in the public sector (relative to reported P. falciparum cases)

IV. FINANCING MALARIA CONTROL

Breakdown of expenditure by intervention in 2008

- Insecticide & spraying materials
- Diagnostics
- ITNs
- Procurement & supply
- Others
- Procurement & supply

Funding by source ($m)

- Other bilaterals
- PMI
- European Union
- WHO
- World bank
- GFATM
- Government

V. SOURCE OF INFORMATION

Programme data

- Reported cases
- Operational coverage of ITNs, IRS and access to medicines
- Financial data

Survey and other data

- Surveillance data
- Operational coverage of ITNs
- Programme report
- Use of health services
- Programme report
- No survey
- Treatment
- No survey
- Imputed