I. Epidemiological profile

Population 2013 %
High transmission (> 1 case per 1000 population) 2,130,000 59
Low transmission (0 – 1 cases per 1000 population) 1,210,000 31
Malaria-free (0 cases) 389,000 10
Total 3,899,000

Parasites and vectors
Major plasmodium species P. falciparum (100%), P. vivax (0%)
Major vectors An. gambiae, An. arabiensis, An. pharoensis

II. Intervention policies and strategies

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Policies/strategies</th>
<th>Yes/No</th>
<th>Year adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITN</td>
<td>ITNs/LINs distributed free of charge</td>
<td>Yes</td>
<td>1998</td>
</tr>
<tr>
<td></td>
<td>ITNs/LINs distributed to all age groups</td>
<td>No</td>
<td>–</td>
</tr>
<tr>
<td>IRS</td>
<td>IRS is recommended</td>
<td>No</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>LDF is authorized for IRS</td>
<td>No</td>
<td>–</td>
</tr>
<tr>
<td>Larval control</td>
<td>Use of larval control recommended</td>
<td>No</td>
<td>–</td>
</tr>
<tr>
<td>IPT</td>
<td>IPT used to prevent malaria during pregnancy</td>
<td>Yes</td>
<td>2008</td>
</tr>
</tbody>
</table>

Diagnosis

- Patients of all ages should receive diagnostic test
- Malaria diagnosis is free of charge in the public sector

Treatment

- ACT is free for all ages in public sector
- Artemisinin-based monotherapies withdrawn
- Single dose of primaquine is used as gametocidal medicine for P. falciparum
- Primaquine is used for radical treatment of P. vivax
- G6PD test is a requirement before treatment with primaquine
- Directly observed treatment with primaquine undertaken
- System for monitoring adverse reactions to antimalarials exists

III. Financing

Sources of financing

- Government
- Global Fund
- World Bank
- USAID/PMI
- WHO/UNICEF
- Others

Financing by intervention in 2013

- INSETs & spray materials
- ACTs
- Diagnostic testing
- Antimalarial medicines
- Monitoring and evaluation
- Human resources & technical assistance
- Management and other costs

IV. Coverage

ITN and IRS coverage

V. Impact

Confirmed malaria cases per 1000 and ABER

Malaria admissions and deaths (per 100 000)

Impact: Insufficient consistent data to assess trends