I. Epidemiological profile

- Population: 26,800,000
- Malaria free (0 cases)

II. Intervention policies and strategies

- ITNs: Distributed free of charge
- IRS is recommended
- Larval control
- IPT is used to prevent malaria during pregnancy
- Diagnosis: Patients of all ages should receive diagnostic tests
- Treatment: Primaquine is used for radical treatment of *P. falciparum*
- Surveillance: AL to monitor adverse reactions to antimalarials

III. Financing

- Sources of financing:
  - Government
  - Global Fund
  - World Bank
  - USAID/PMI
  - WHO/UNICEF
  - Others

IV. Coverage

- ITN and IRS coverage

V. Impact

- Confirmed malaria cases per 1000 and ABER

Impact: Insufficiently consistent data to assess trends

Parasites and vectors

- Major plasmodium species: *P. falciparum* (100%)
- Major anopheles species: An. gambiae, An. funestus, An. arabiensis

Programme phase:

- Control

Reported confirmed cases:

- 3,415,912

Reported deaths:

- 2,000

Antimalaria treatment policy:

- First-line treatment of uncomplicated malaria
- Treatment failure of *P. falciparum*
- Treatment of severe malaria
- Dosage of primaquine for radical treatment of *P. vivax*

Type of RDT used:

- P. falciparum

Therapeutic efficacy tests (clinical and parasitological failure, %)

- P. falciparum

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

- An. gambiae s.l.
- An. arabiensis
- An. funestus

Financing by intervention in 2014

- Pyrethroid
- Carbamate
- Organophosphate

Cases tested and treated in public sector

- ACTs distributed vs reported *P. falciparum* cases
- ACTs distributed vs reported *P. vivax* cases
- Primaquine distributed vs reported *P. vivax* cases

- Admissions (all species)
- Deaths (all species)
- Deaths (*P. falciparum*)