I. Epidemiological profile

<table>
<thead>
<tr>
<th>Population</th>
<th>2014</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High transmission (&gt;1 case per 1000 population)</td>
<td>10 000 000</td>
<td>4</td>
</tr>
<tr>
<td>Low transmission (0–1 case per 1000 population)</td>
<td>12 000 000</td>
<td>44</td>
</tr>
<tr>
<td>Malaria free (0 cases)</td>
<td>14 700 000</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>28 700 000</td>
<td>100</td>
</tr>
</tbody>
</table>

II. Intervention policies and strategies

- **ITN**: ITN/LLINs distributed free of charge Yes 2007
- **ITN/LLINs distributed to all age groups Yes 2007**
- **IRS**: IRS is recommended Yes 1962
- **DDT is authorized for IRS** No
- **Larval control**: Use of larval control recommended No –
- **IPT**: IPT used to prevent malaria during pregnancy N/A
- **Diagnosis**: Patients of all ages should receive diagnostic test Yes 2009
- **Malaria diagnosis is free of charge in the public sector** Yes 1962
- **Treatment**: ACT is free for all ages in public sector Yes 2005
- **Single dose of primaquine is used as gametocidal medicine for P. falciparum** Yes –
- **G6PD test is a requirement before treatment with primaquine** Yes –
- **System for monitoring of adverse reactions to antimalarials exists** Yes –
- **System for monitoring of adverse reactions to antimalarial exists** Yes –

III. Financing

**Sources of financing**

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

IV. Coverage

**ITN and IRS coverage**

- **At high risk protected with ITN**
- **At high risk protected with IRS**

V. Impact

**Confirmed cases per 1000 and ABER**

**Malaria admissions and deaths**

**Parasites and vectors**

- Major plasmodium species: P. falciparum (21%), P. vivax (19%)
- Major anopheline species: An. fluviatilis, An. annulatus, An. maculatus

**Programme phase**

- Reported confirmed cases: 1469
- Estimated cases: 2013: 18 000 – 22 000
- Reported deaths: 0
- Estimated deaths: 2013: <10