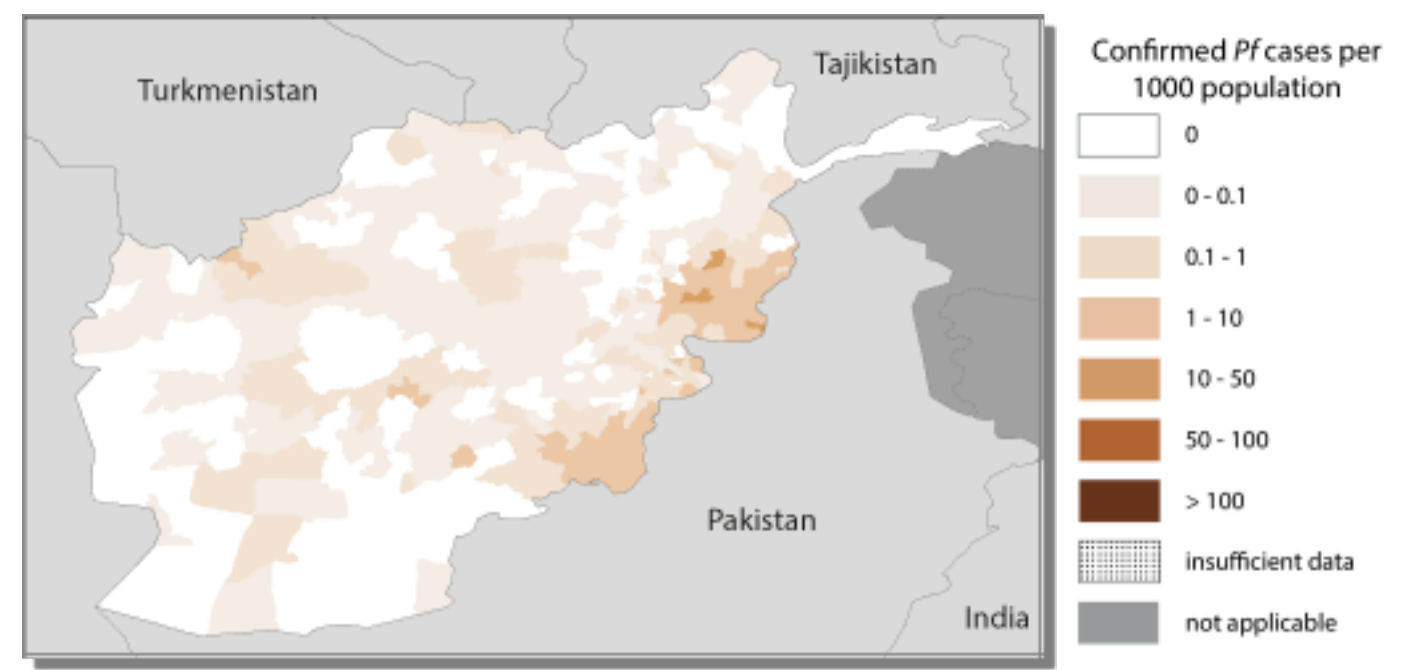
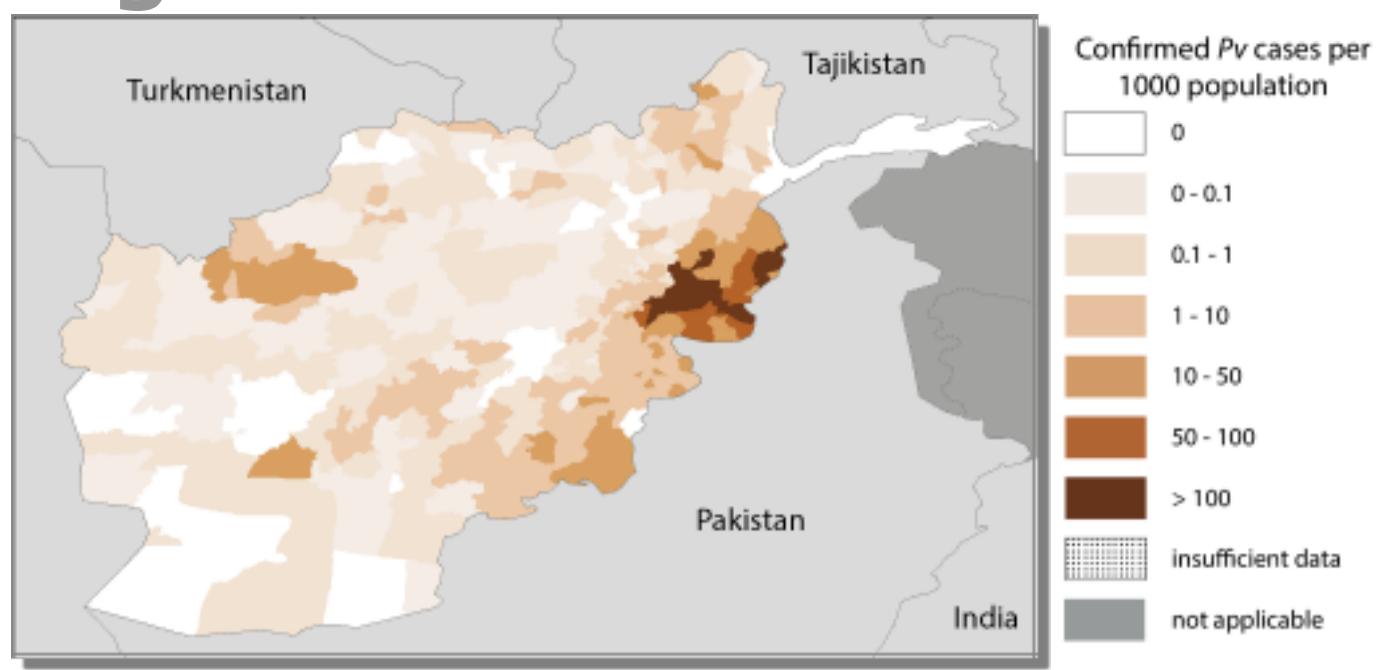


Afghanistan

Eastern Mediterranean Region



I. Epidemiological profile

Population (UN)	2016	%
High transmission (> 1 case per 1000 population)	9,440,000	27
Low transmission (0-1 cases per 1000 population)	17,300,000	50
Malaria-free (0 cases)	7,940,000	23
Total	34,660,000	

Parasites and vectors			
Plasmodium species:	<i>P. falciparum</i> (5%), <i>P. vivax</i> (95%)		
Major anopheles species:	<i>An. stephensi</i> , <i>An. superpictus</i> , <i>An. hyrcanus</i> , <i>An. pulcherrimus</i> , <i>An. culicifacies</i> , <i>An. fluvi</i>		
Reported confirmed cases (health facility):	139,087	Estimated cases:	[398,000–751,000]
Confirmed cases at community level:	51,074		
Reported deaths:	47	Estimated deaths:	270 [≤ 100–500]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2005
	ITNs/ LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2012
	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	-
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free of charge for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2014
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2014
	G6PD test is a requirement before treatment with primaquine	Yes	2010
	Directly observed treatment with primaquine is undertaken	No	2011
Surveillance	System for monitoring adverse reactions to antimalarials exists	No	-
	ACD for case investigation (reactive)	Yes	2012
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-	
Foci and case investigation undertaken	-	-	
Case reporting from private sector is mandatory	No	-	

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ	2014
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ	2014
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	AS; AM; QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(8w)	-
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.75 mg/Kg (8 weeks)
Type of RDT used		P. f + all species (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

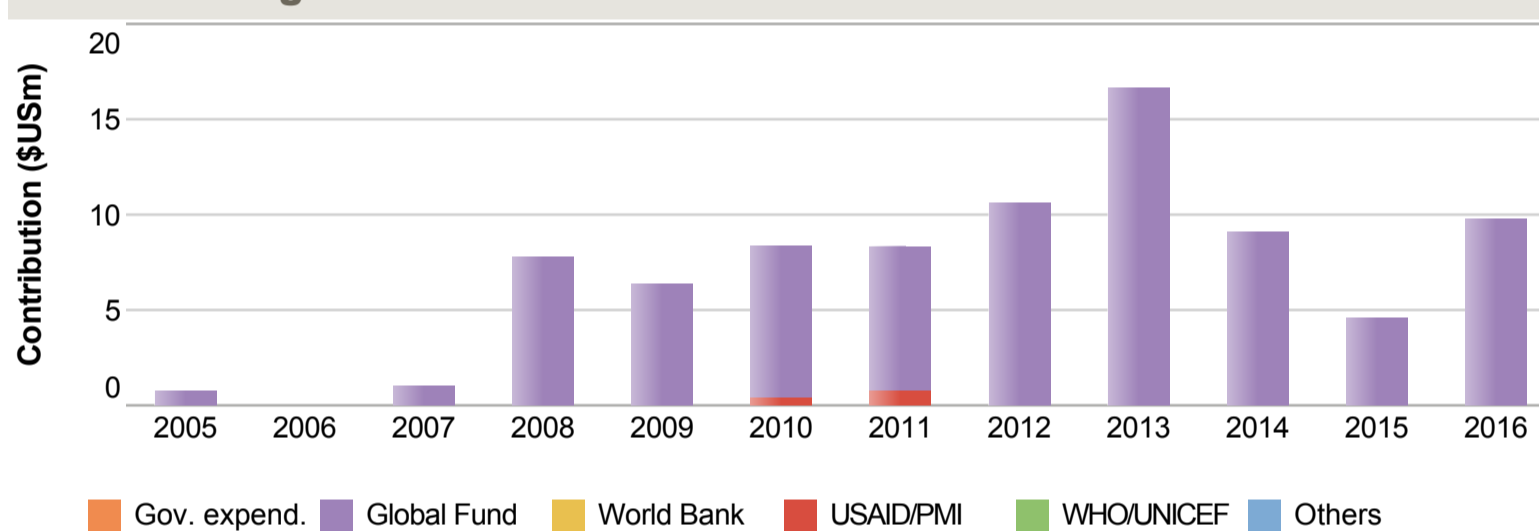
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2010-2013	0	0	1	28 days	3	<i>P. falciparum</i>

Insecticide resistance tests (mosquito mortality, %)

Insecticide class	Years	Min	Mean	Max	No. of sites	Species
Organophosphates	2014-2016	0.3	0.8	1	14	<i>An. hyrcanus s.l.</i> , <i>An. stephensi</i> , + other
Organochlorines	2010-2016	0.3	0.7	1	16	<i>An. hyrcanus s.l.</i> , <i>An. stephensi</i> , + other
Carbamates	2010-2016	0.5	0.9	1	22	<i>An. hyrcanus s.l.</i> , <i>An. stephensi</i> , + other
Pyrethroids	2010-2016	0.3	0.9	1	25	<i>An. hyrcanus s.l.</i> , <i>An. stephensi</i> , + other

III. Financing

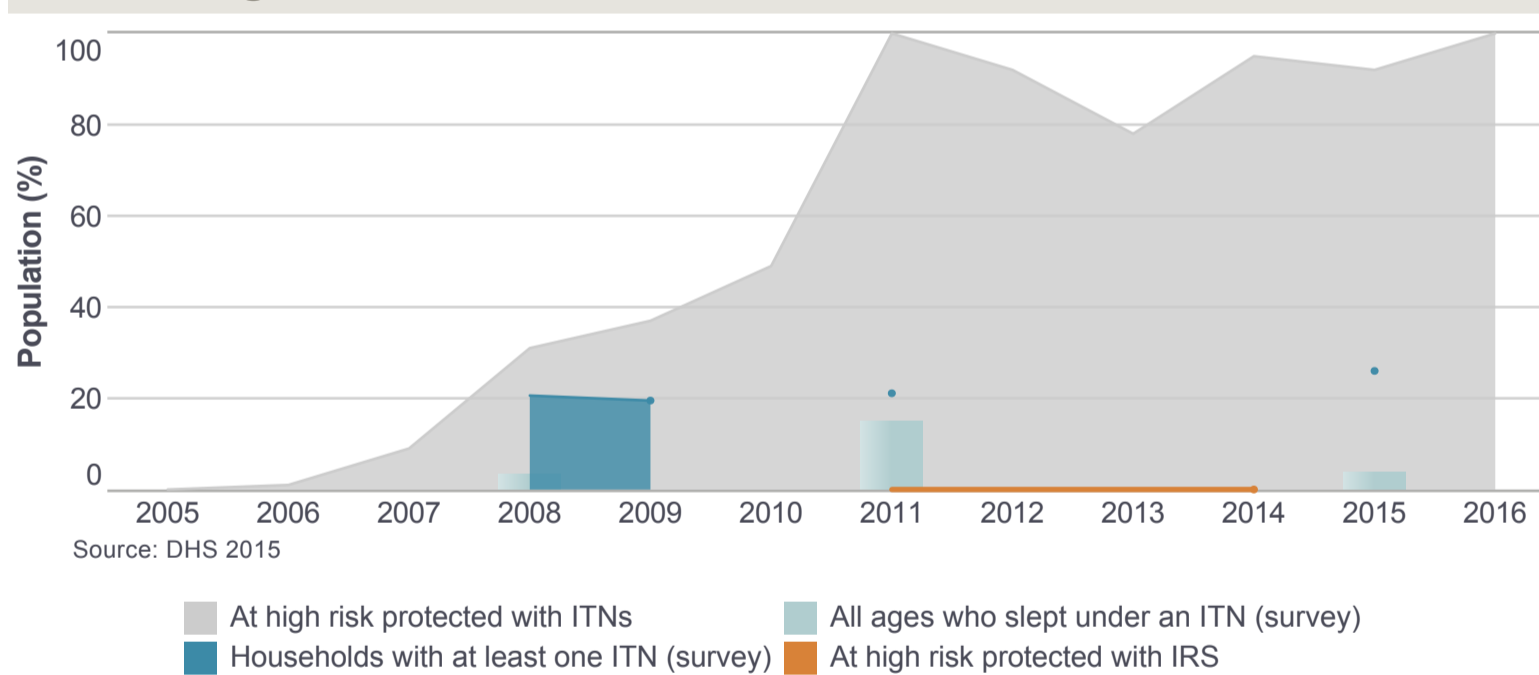
Sources of financing



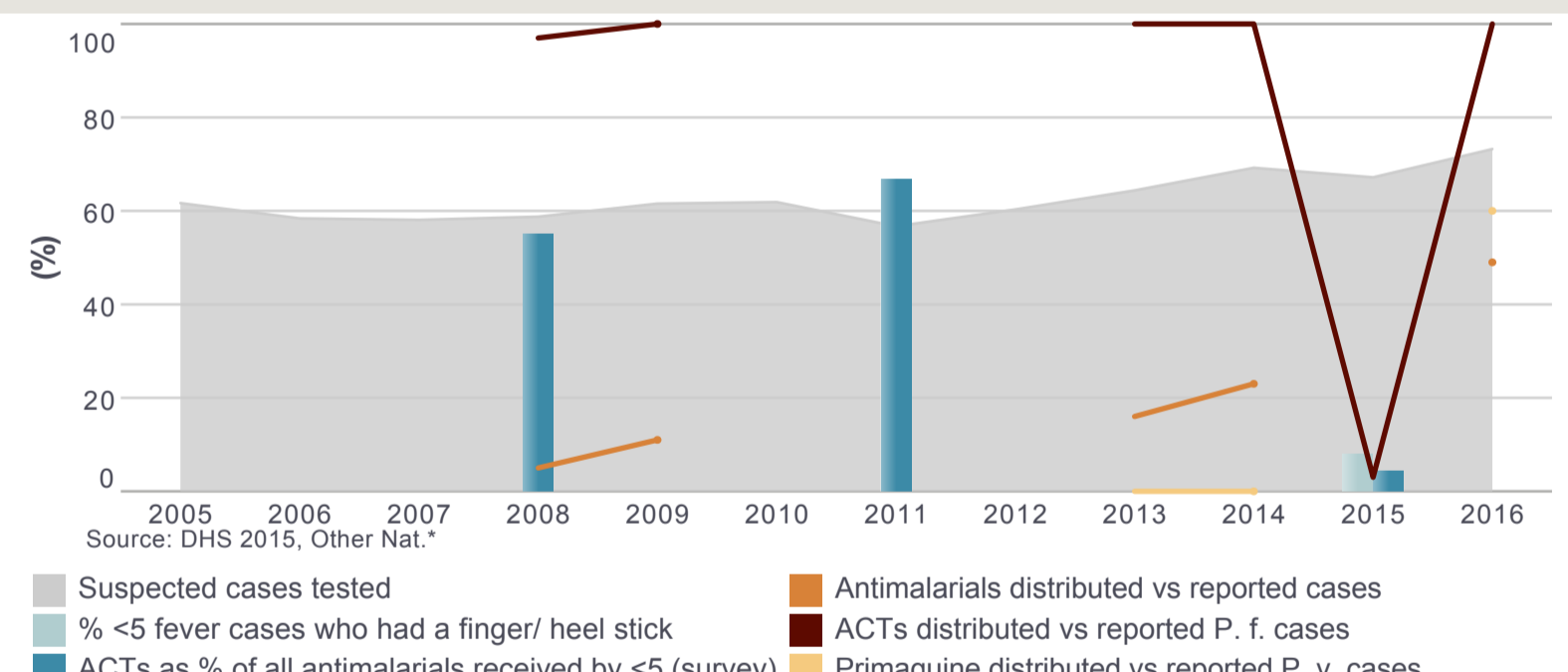
Government expenditure by intervention in 2016

IV. Coverage

Coverage of ITN and IRS

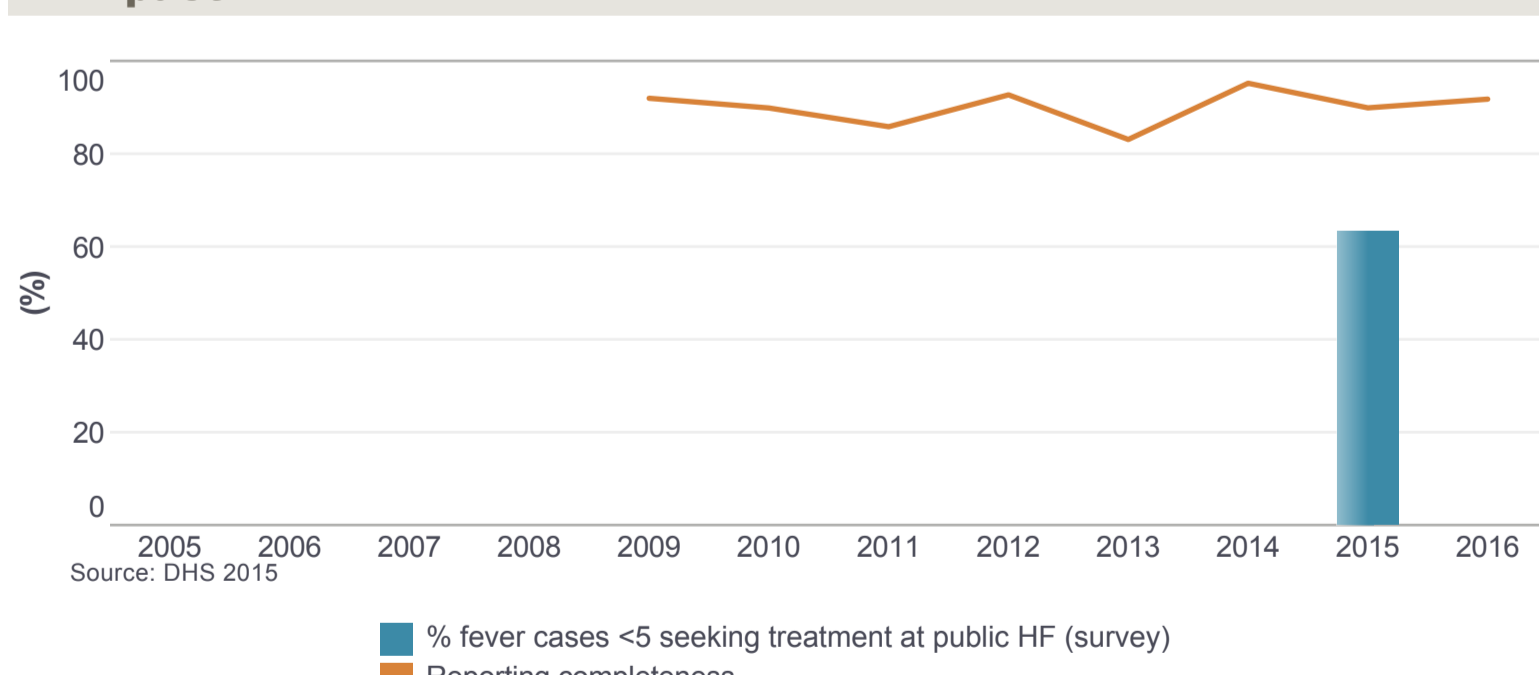


Cases tested and treated in public sector

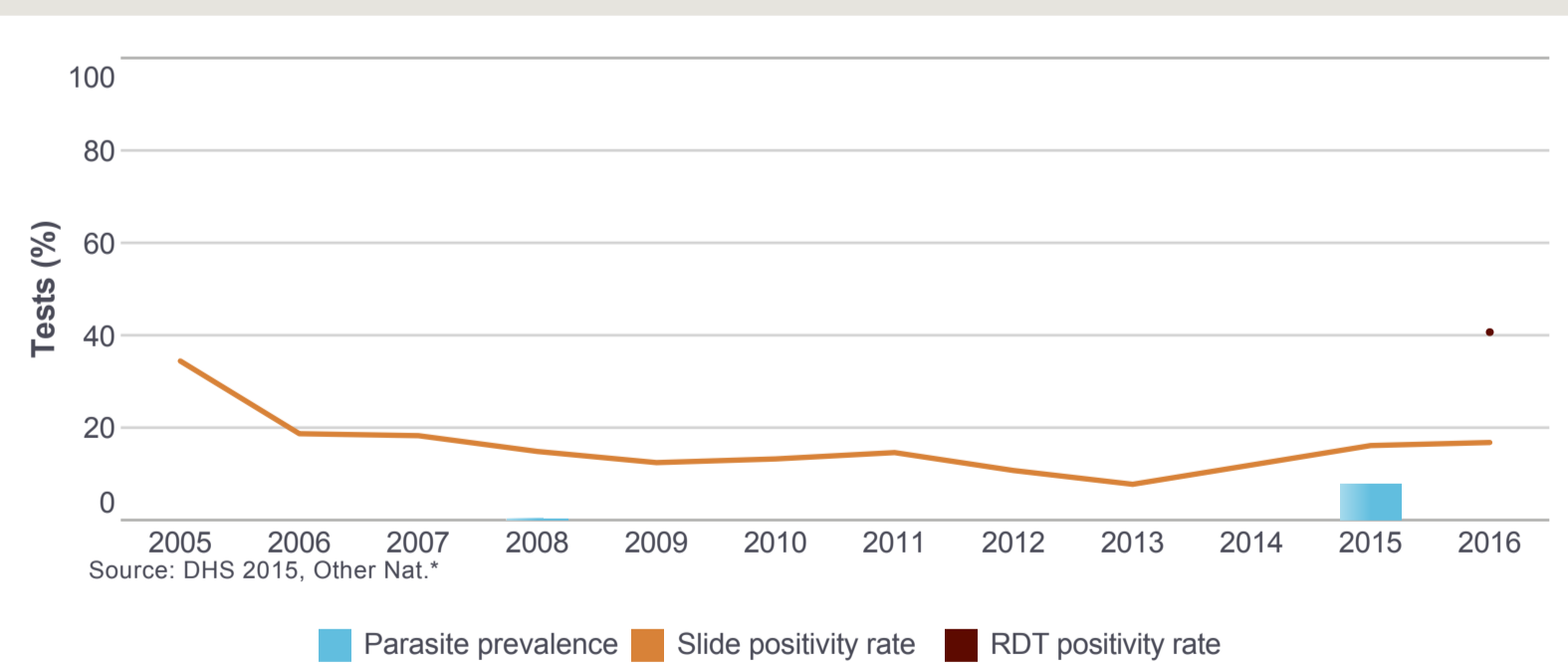


V. Impact

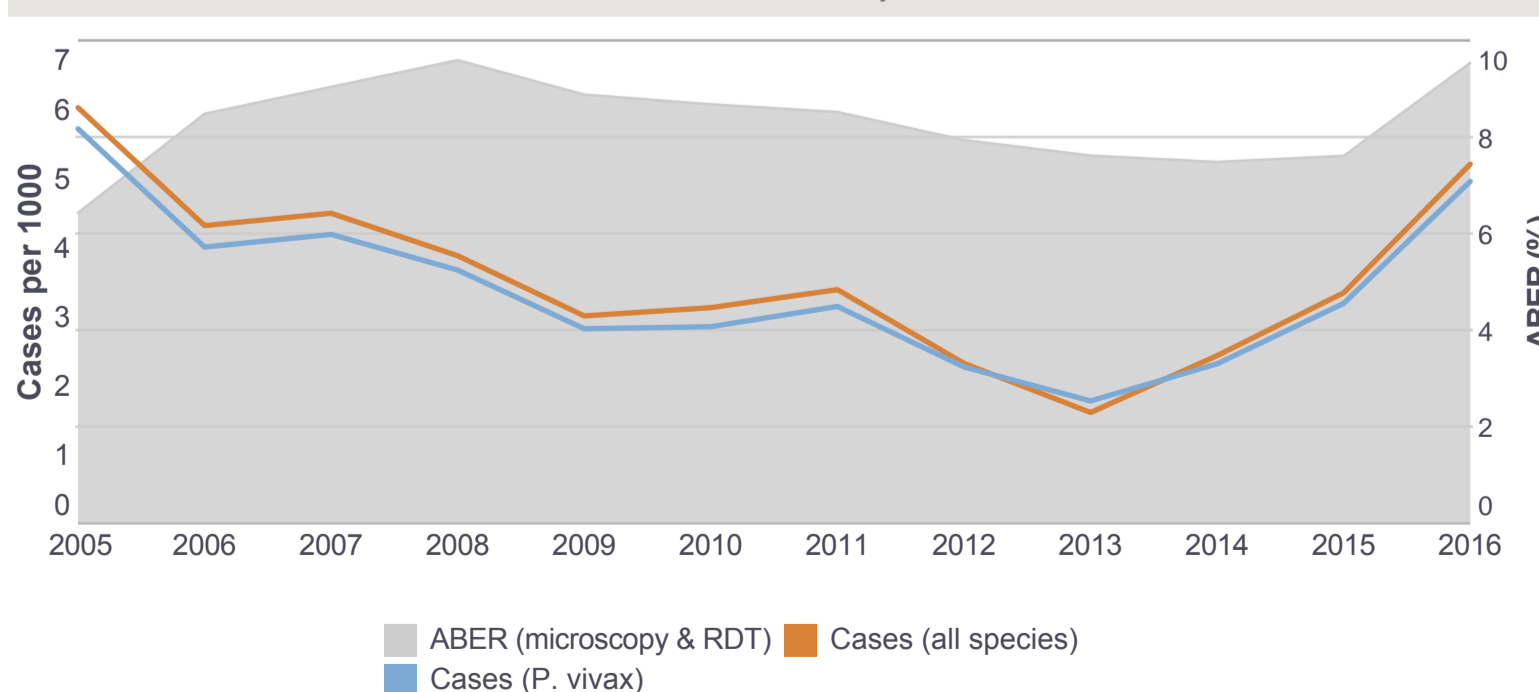
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths

