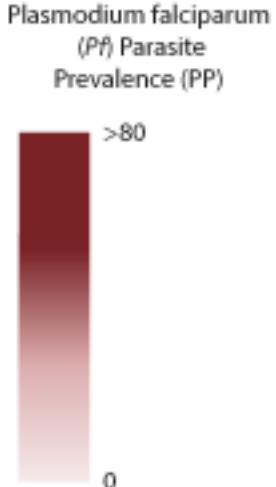
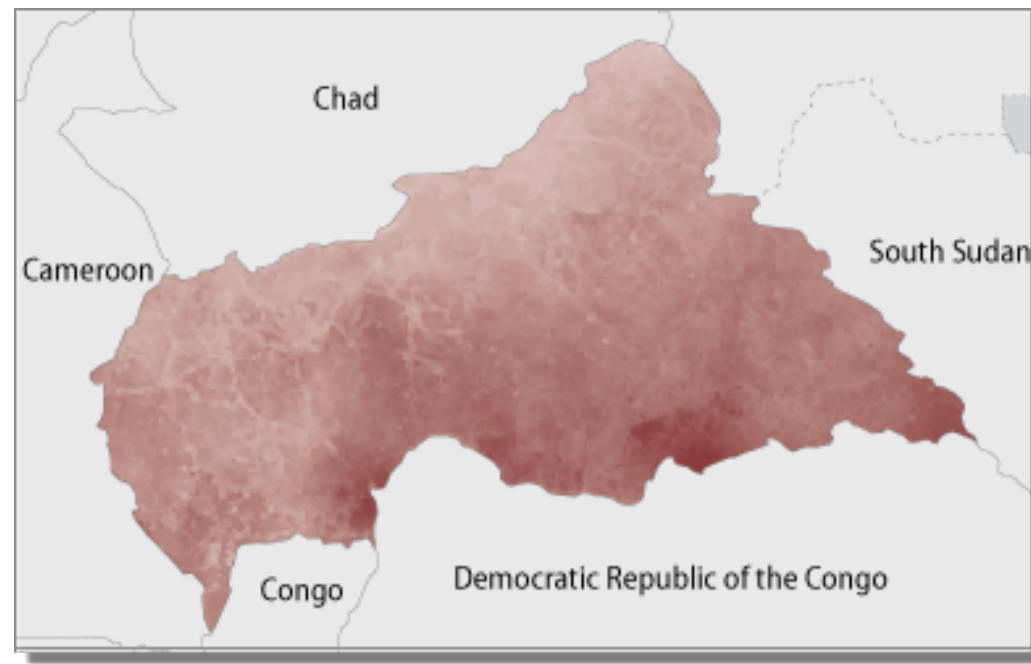
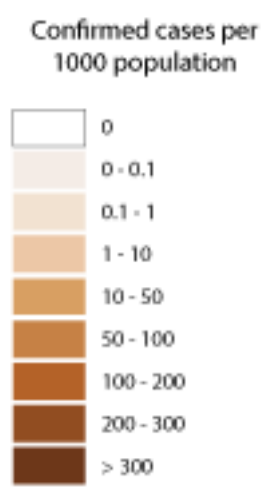
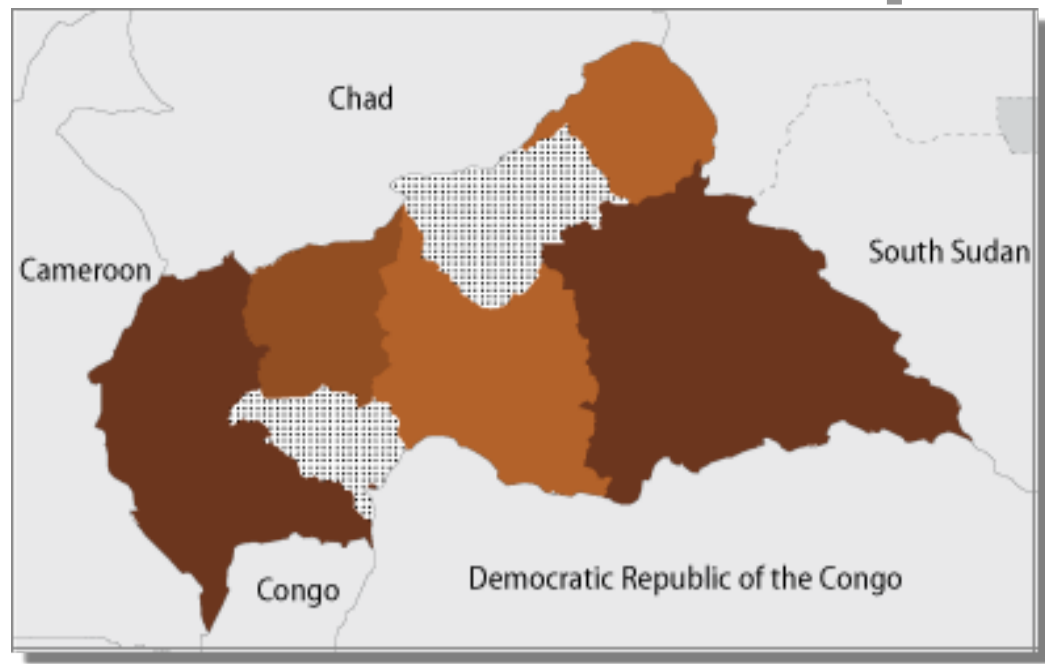


Central African Republic

African Region



I. Epidemiological profile

Population (UN)	2015	%
High transmission (> 1 case per 1000 population)	4,900,000	100
Low transmission (0-1 cases per 1000 population)	0	-
Malaria-free (0 cases)	0	-
Total	4,900,000	-

Parasites and vectors			
Plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)		
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>		
Reported confirmed cases (health facility):	598,833	Estimated cases:	1,400,000 [770,000 ; 2,300,000]
Confirmed cases at community level:	-		
Reported deaths:	1,763	Estimated deaths:	3,600 [2,500 ; 4,600]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2006
	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	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free of charge for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	Is banned	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
Surveillance	System for monitoring adverse reactions to antimalarials exists	No	-
	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-
Foci and case investigation undertaken	-	-	
Case reporting from private sector is mandatory	Yes	-	

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2005
First-line treatment of <i>P. falciparum</i>	AL	-
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	AS, AM; QN	2005
Treatment of <i>P. vivax</i>	-	-
Dosage of Primaquine for radical treatment of <i>P. vivax</i>	-	-
Type pf RDT used	-	-

Therapeutic efficacy tests (clinical and parasitological failure, %)

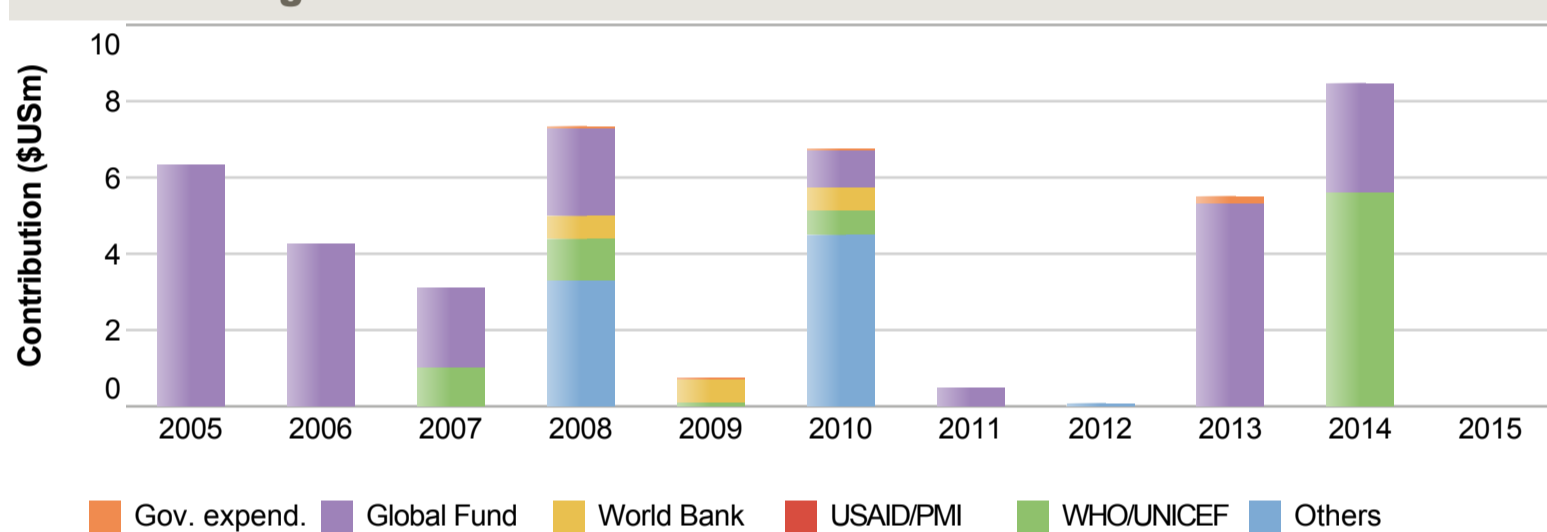
Medicine	Year	Min	Median	Max	Follow-up	No of studies	Species
AL	2008-2010	0	3.8	7.6	28 days	2	<i>P. falciparum</i>
AS+AQ	2008-2010	0	3.4	6.8	28 days	2	<i>P. falciparum</i>

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014	Yes	Yes	No	No	<i>An. gambiae s.l.</i>

III. Financing

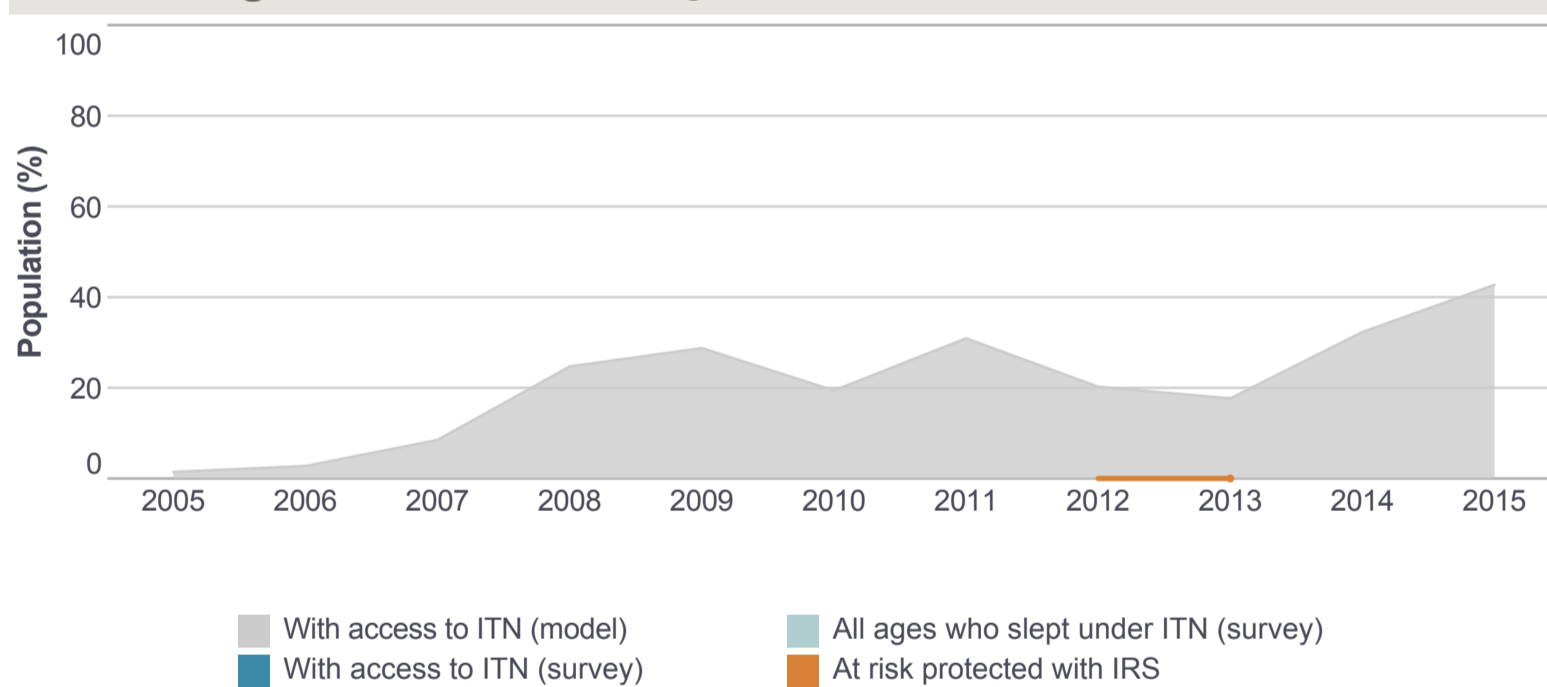
Sources of financing



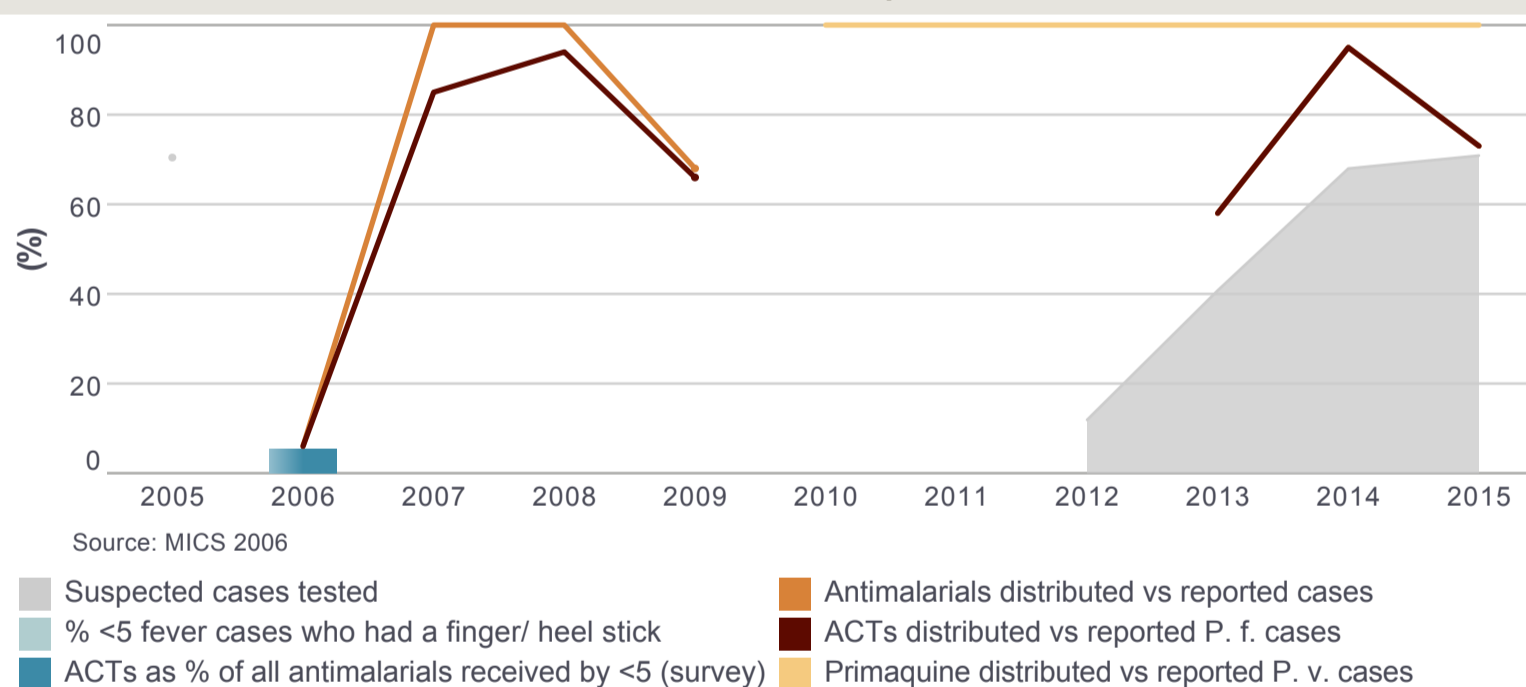
Government expenditure by intervention in 2015

IV. Coverage

Coverage of ITN and IRS

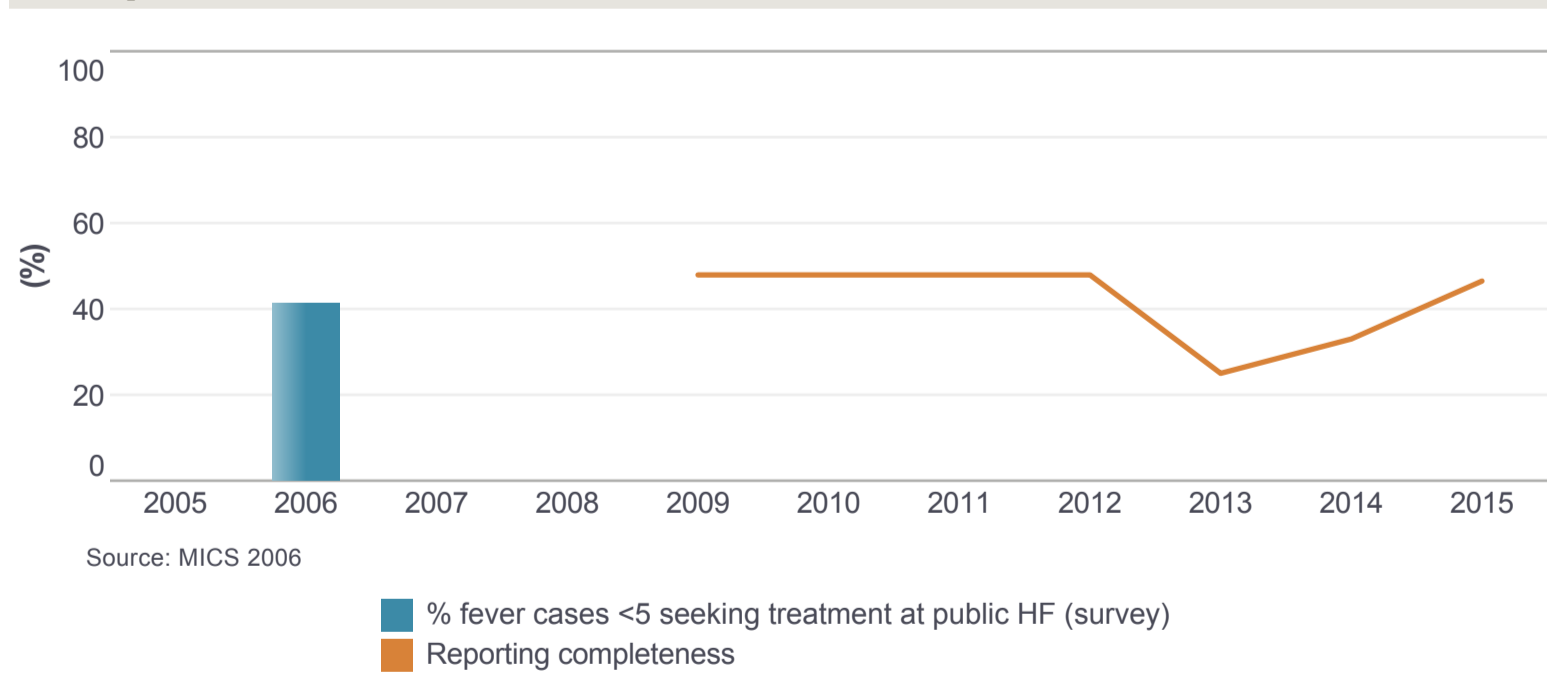


Cases tested and treated in public sector

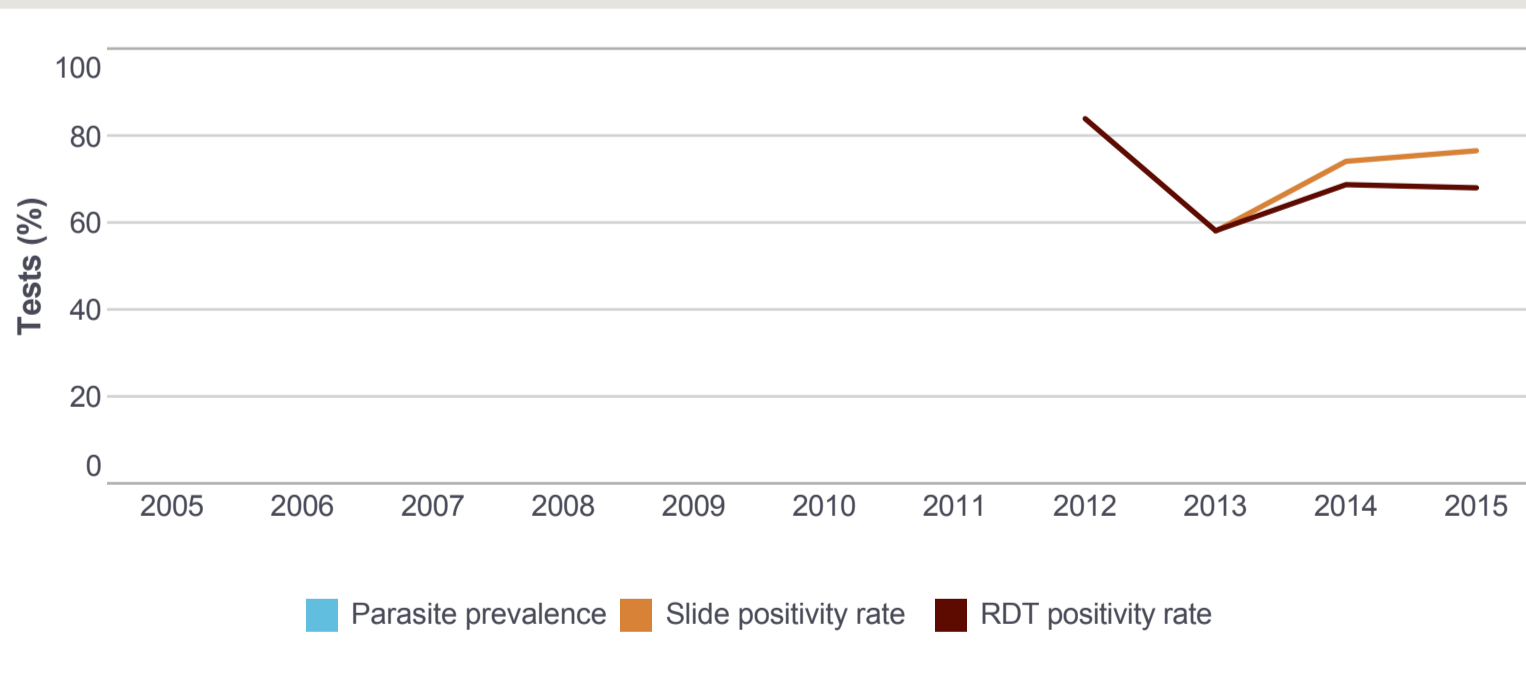


V. Impact

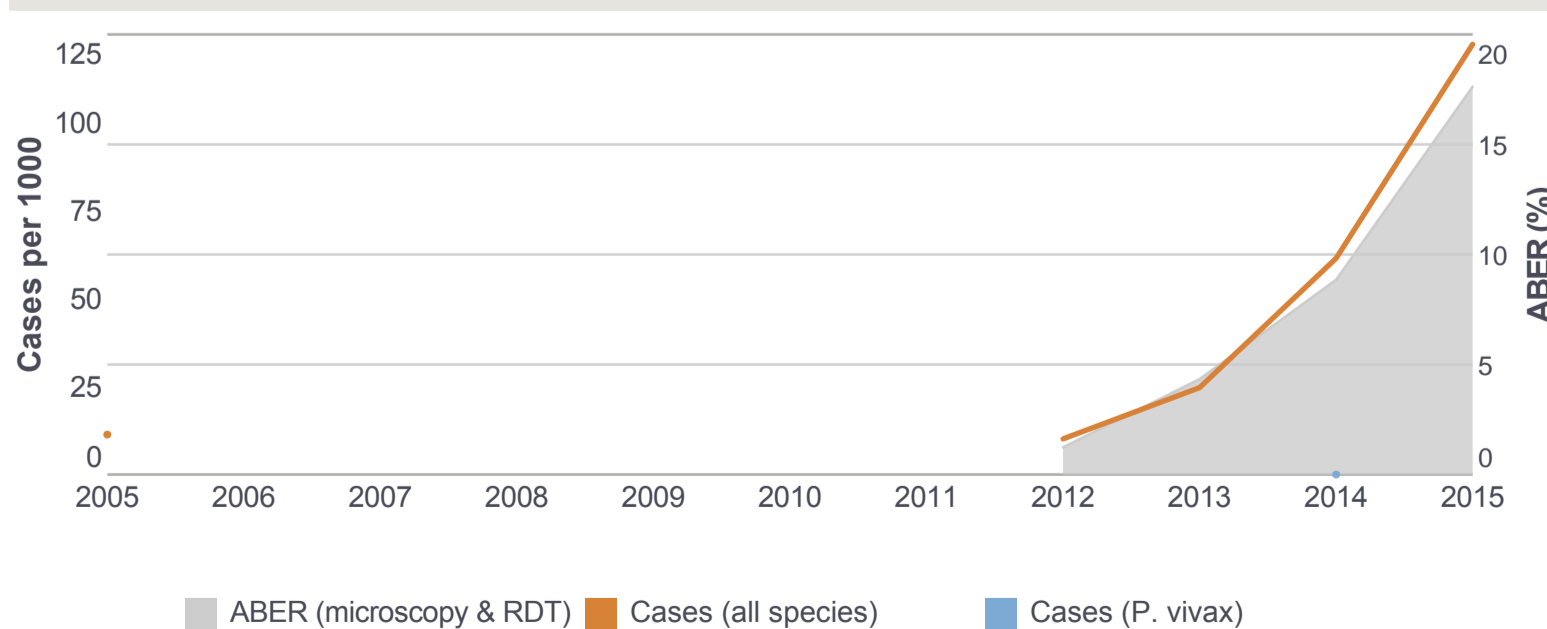
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)

