

I. Epidemiological profile

Population (UN)	2015	%
High transmission (> 1 case per 1000 population)	184,000,000	14
Low transmission (0-1 cases per 1000 population)	1,010,000,000	77
Malaria-free (0 cases)	118,000,000	9
Total	1,311,050,000	

Parasites and vectors			
Plasmodium species:	<i>P. falciparum</i> (67%), <i>P. vivax</i> (33%)		
Major anopheles species:	<i>An. culicifacies</i> , <i>An. fluviatilis</i> , <i>An. stephensi</i> , <i>An. minimus</i> , <i>An. dirus</i> , <i>An. annularis</i>		
Reported confirmed cases (health facility):	1,169,261	Estimated cases:	13,000,000 [9,900,000 ; 18,000,000]
Confirmed cases at community level:	-		
Reported deaths:	384	Estimated deaths:	24,000 [1,500 ; 47,000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2001
	ITNs/ LLINs distributed to all age groups	Yes	2001
IRS	IRS is recommended	Yes	1953
	DDT is authorized for IRS	Yes	1953
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1958
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free of charge for all ages in public sector	Yes	2006
	The sale of oral artemisinin-based monotherapies (oAMTs)	Is banned	2009
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1982
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1982
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
Surveillance	System for monitoring adverse reactions to antimalarials exists	Yes	-
	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	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	2007
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ	2007
Treatment failure of <i>P. falciparum</i>	QN+D; QN+T	-
Treatment of severe malaria	AM; AS; QN	2007
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2007
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/Kg (14 days)
Type pf RDT used		P.f + P.v specific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

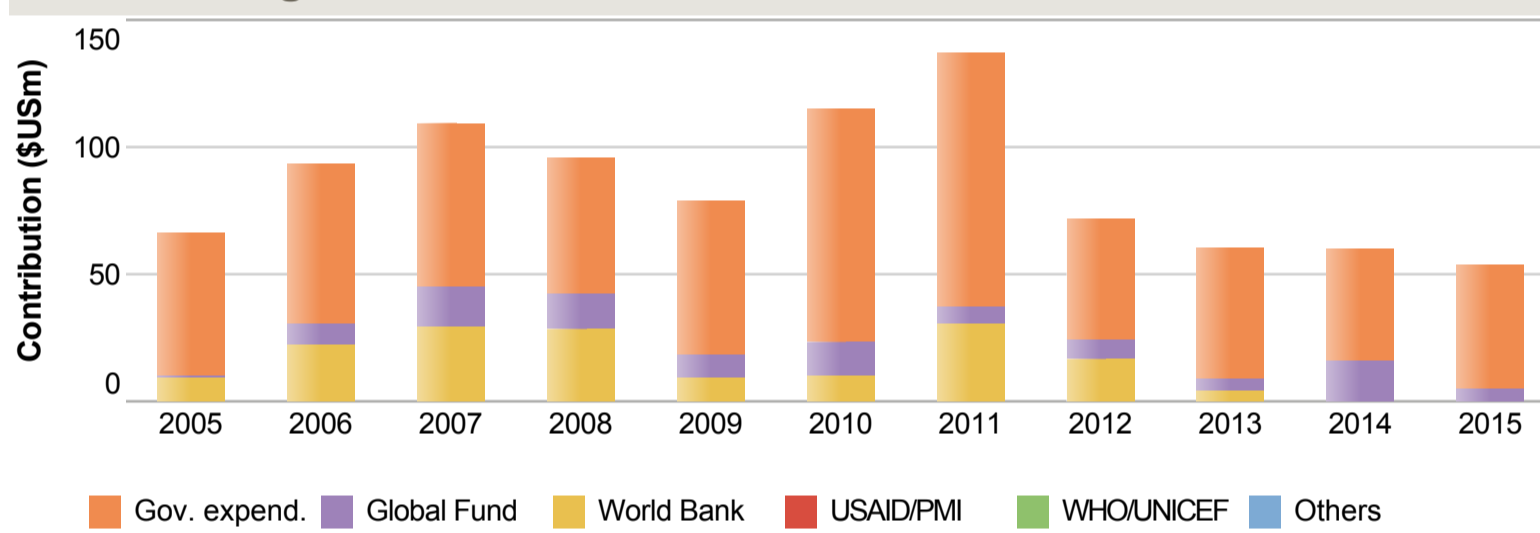
Medicine	Year	Min	Median	Max	Follow-up	No of studies	Species
AS+SP	2005-2014	0	0	21.4	28 days	58	<i>P. falciparum</i>
CQ	2009-2014	0	0	0.1	28 days	9	<i>P. vivax</i>
CQ+PQ	2008-2011	0	0	1	28 days	3	<i>P. vivax</i>

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

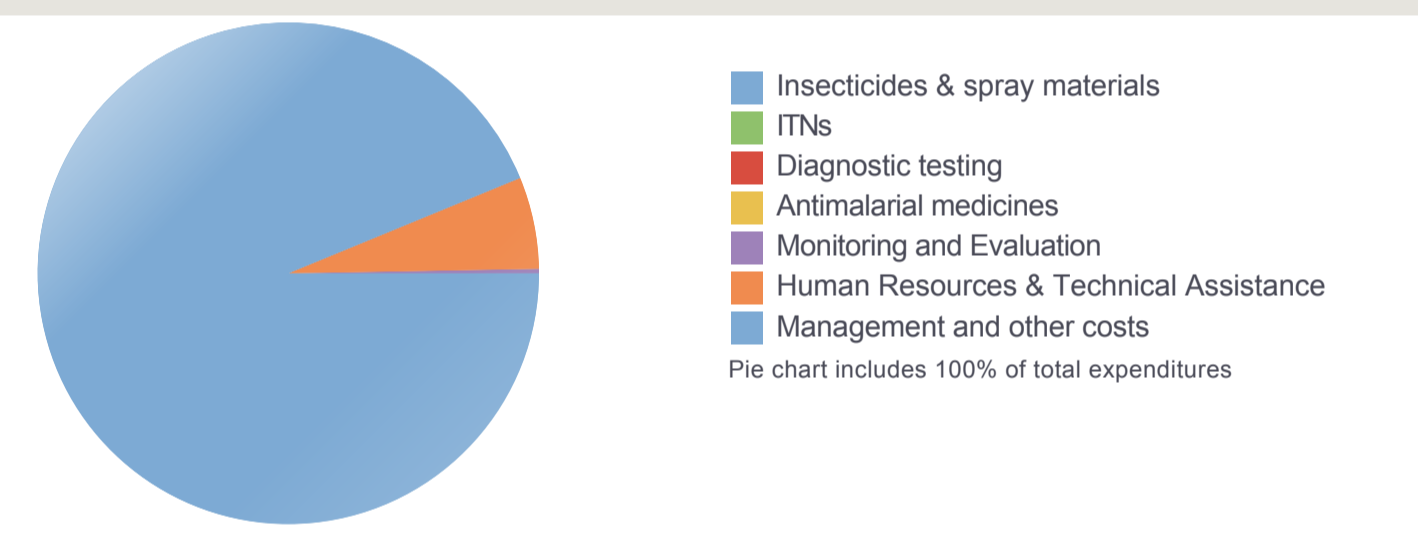
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2015	Yes	Yes	Yes	Yes	<i>An. culicifacies</i> s.l., <i>An. fluviatilis</i>

III. Financing

Sources of financing

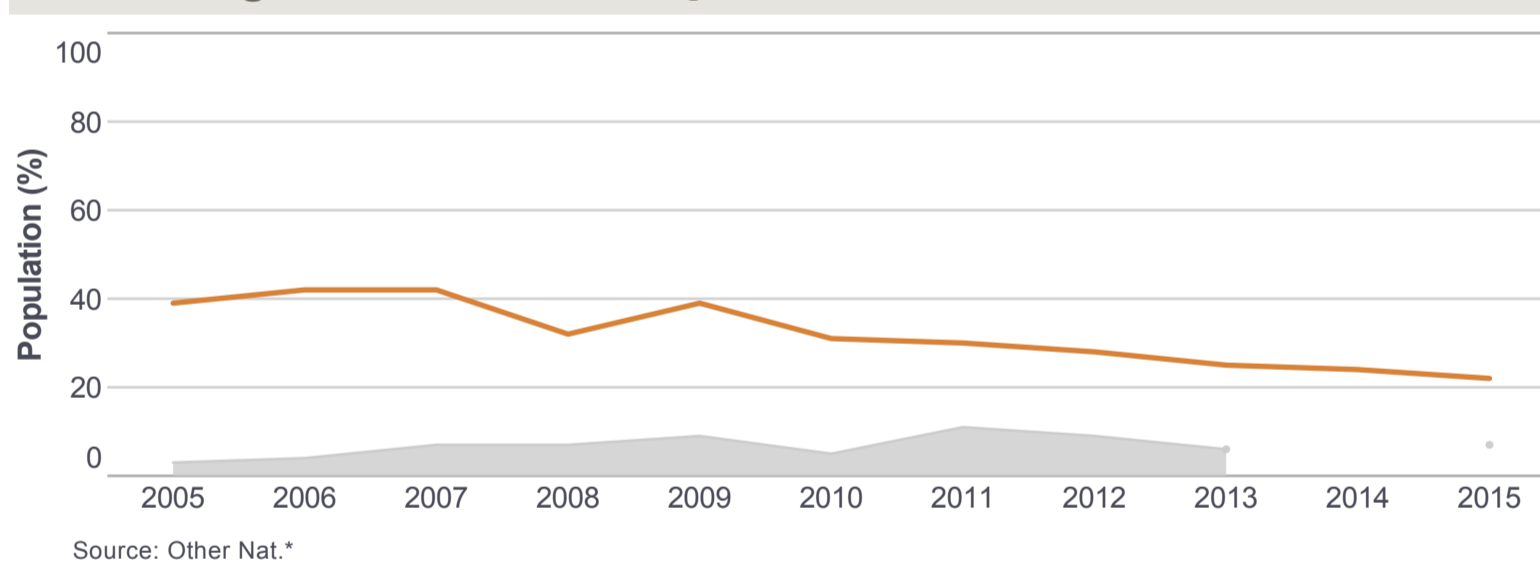


Government expenditure by intervention in 2015

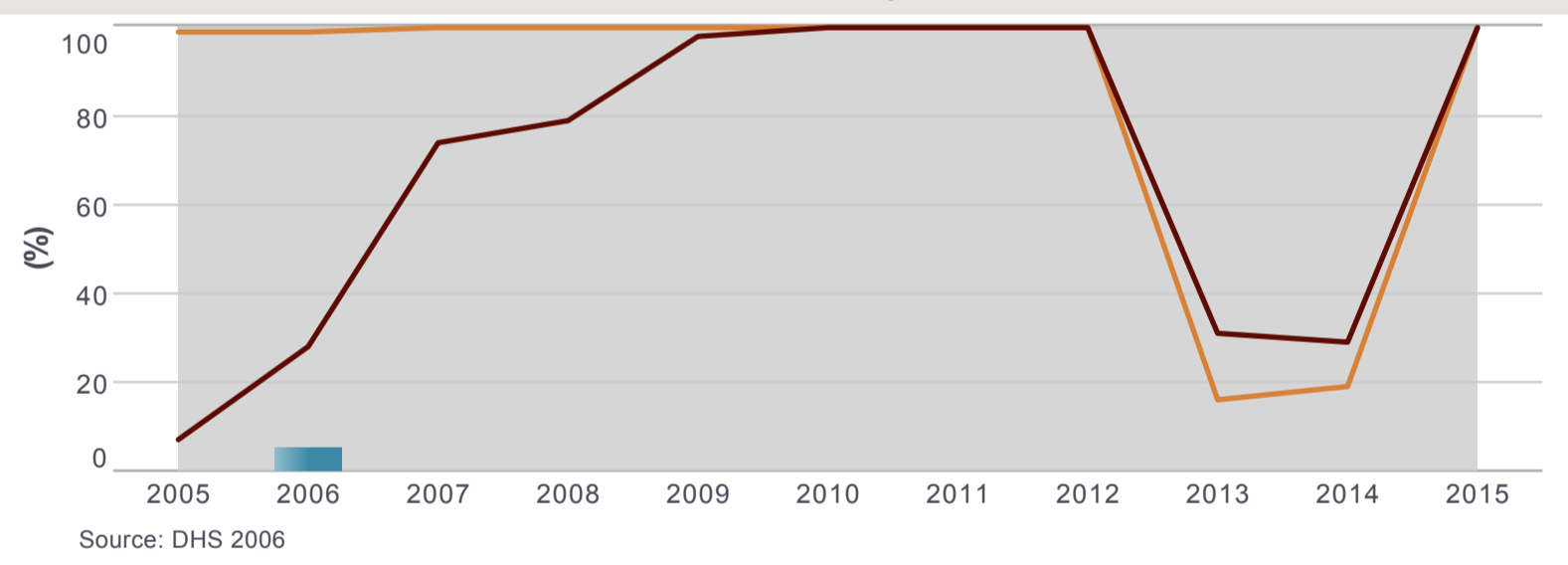


IV. Coverage

Coverage of ITN and IRS

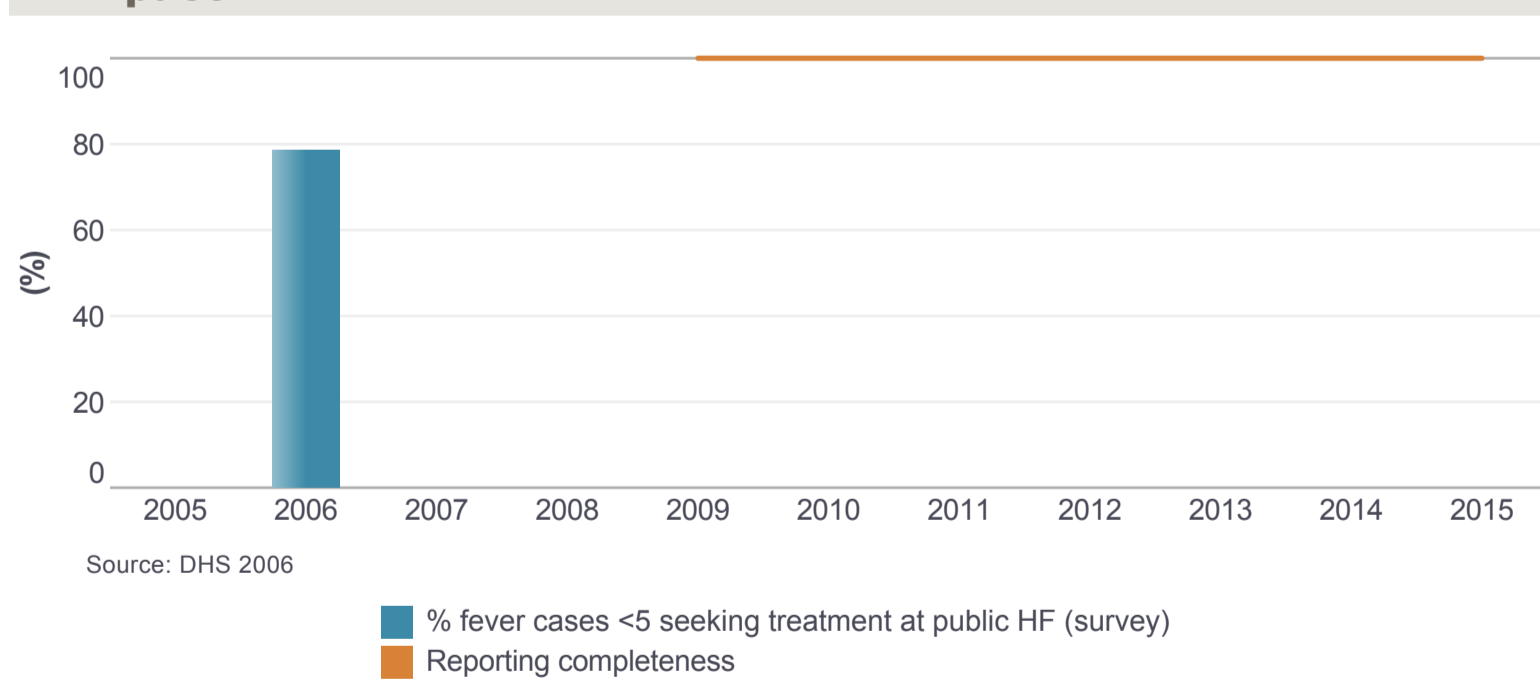


Cases tested and treated in public sector

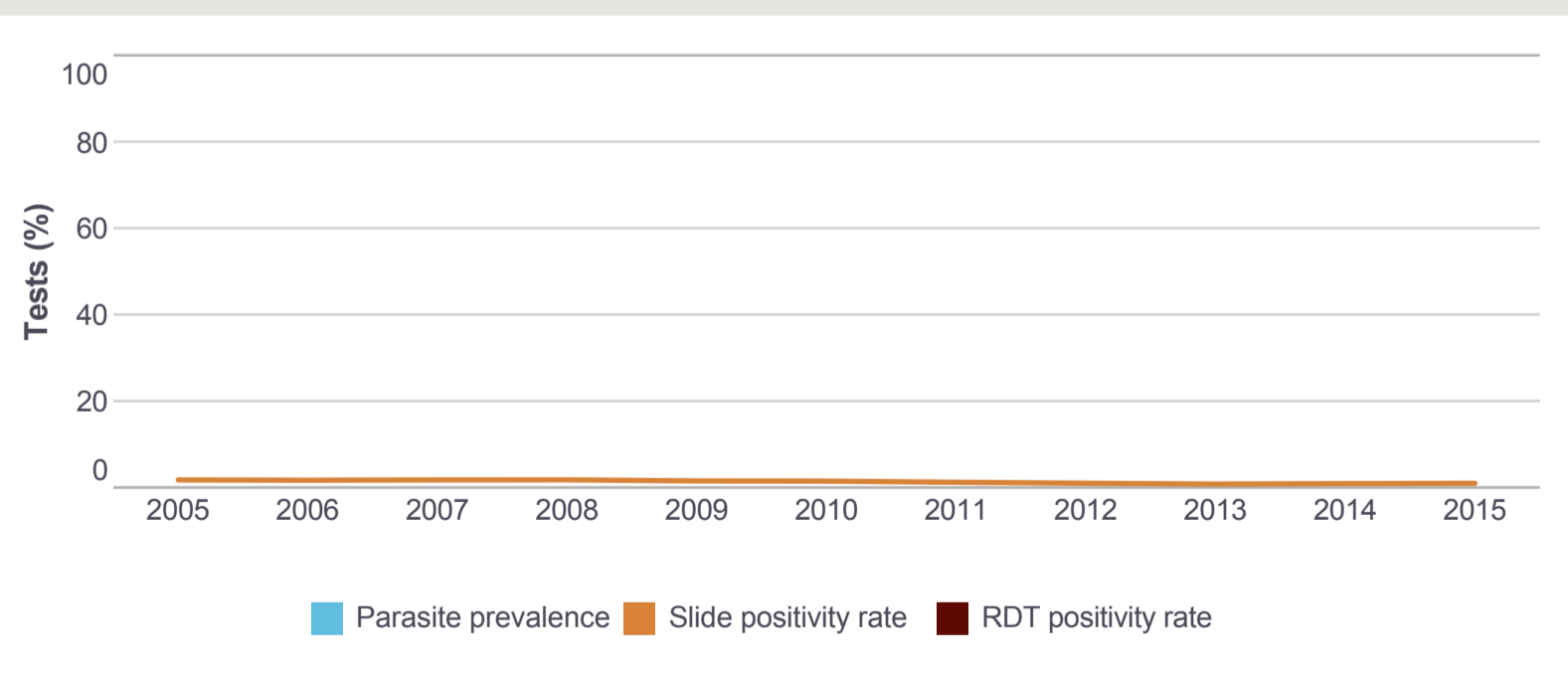


V. Impact

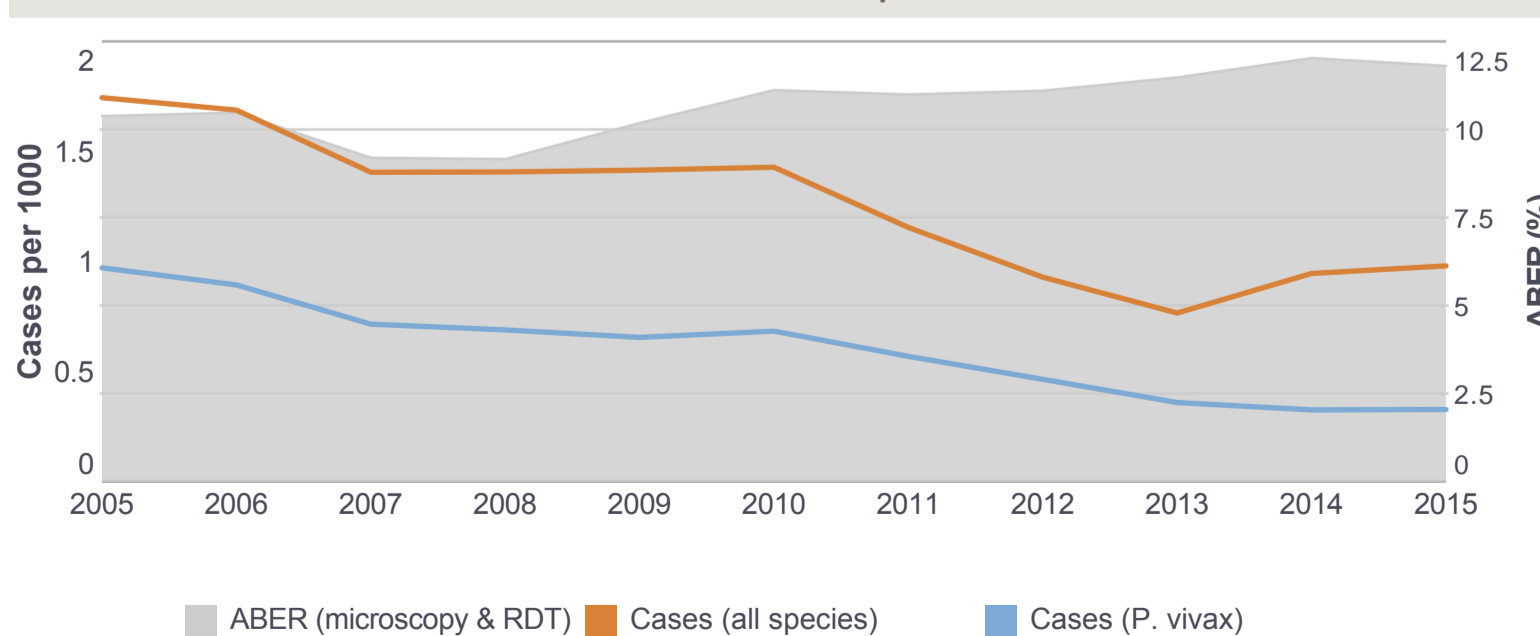
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)

