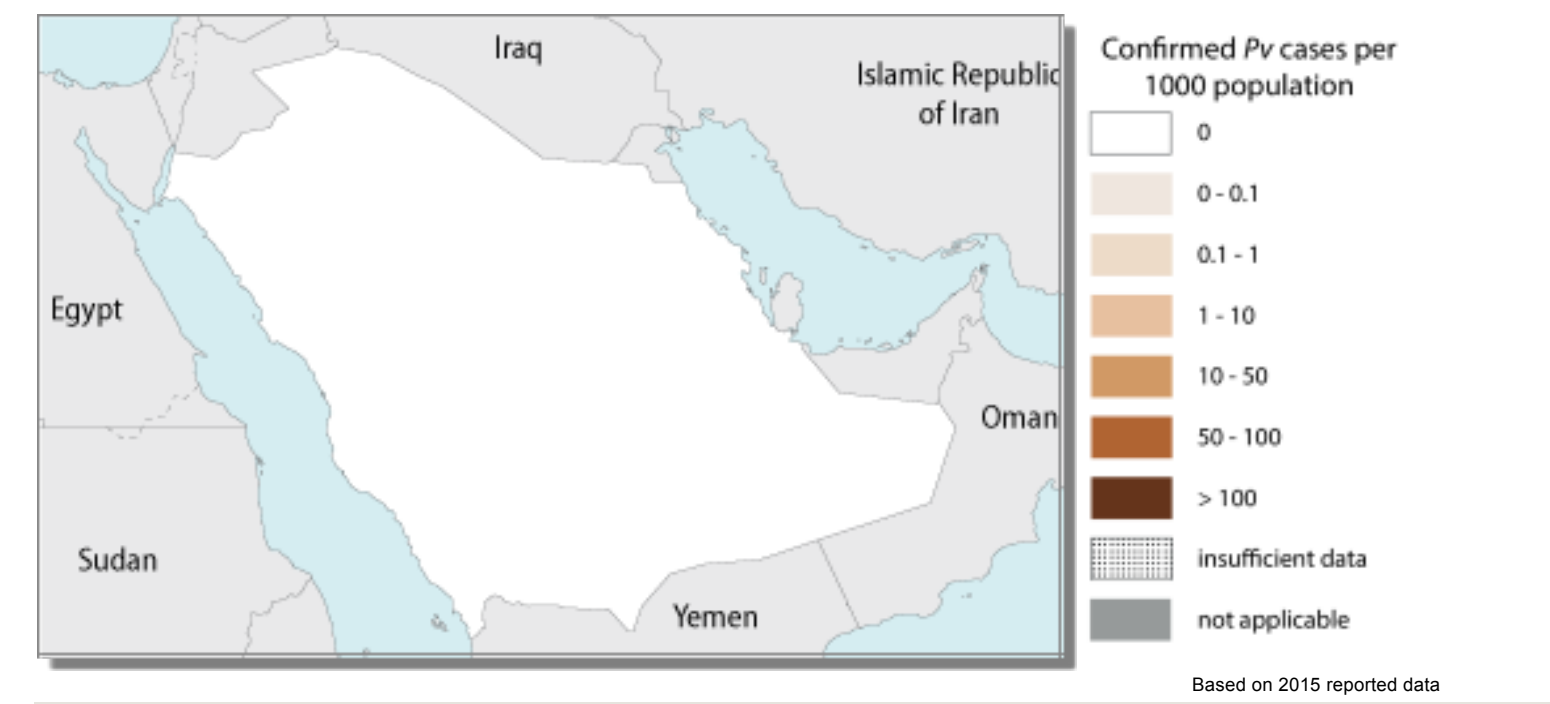


# Saudi Arabia

Eastern Mediterranean Region



Based on 2015 reported data

Based on 2015 reported data

## I. Epidemiological profile

Population (UN)	2016	%
Number of active foci	62	
Number of people living within active foci	48,000	0
Malaria-free (0 cases)	32,232,000	100
Total	32,280,000	

Parasites and vectors	
Plasmodium species:	<i>P. falciparum</i> (99%), <i>P. vivax</i> (1%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. sergentii</i> , <i>An. stephensi</i> , <i>An. fluviatilis</i> , <i>An. multicolor</i>
Reported indigenous confirmed cases (health facility):	272
Confirmed cases at community level:	-
Reported indigenous deaths:	0

## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	1980
	ITNs/ LLINs distributed to all age groups	Yes	1980
IRS	IRS is recommended	Yes	1963
	DDT is authorized for IRS	No	-
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	-
	Malaria diagnosis is free of charge in the public sector	Yes	1963
Treatment	ACT is free of charge for all ages in public sector	Yes	1963
	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	1985
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	1985
	Directly observed treatment with primaquine is undertaken	No	-
Surveillance	System for monitoring adverse reactions to antimalarials exists	Yes	1990
	ACD for case investigation (reactive)	Yes	1980
	ACD of febrile cases at community level (pro-active)	Yes	1980
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
Surveillance	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	1990
	Case reporting from private sector is mandatory	No	-

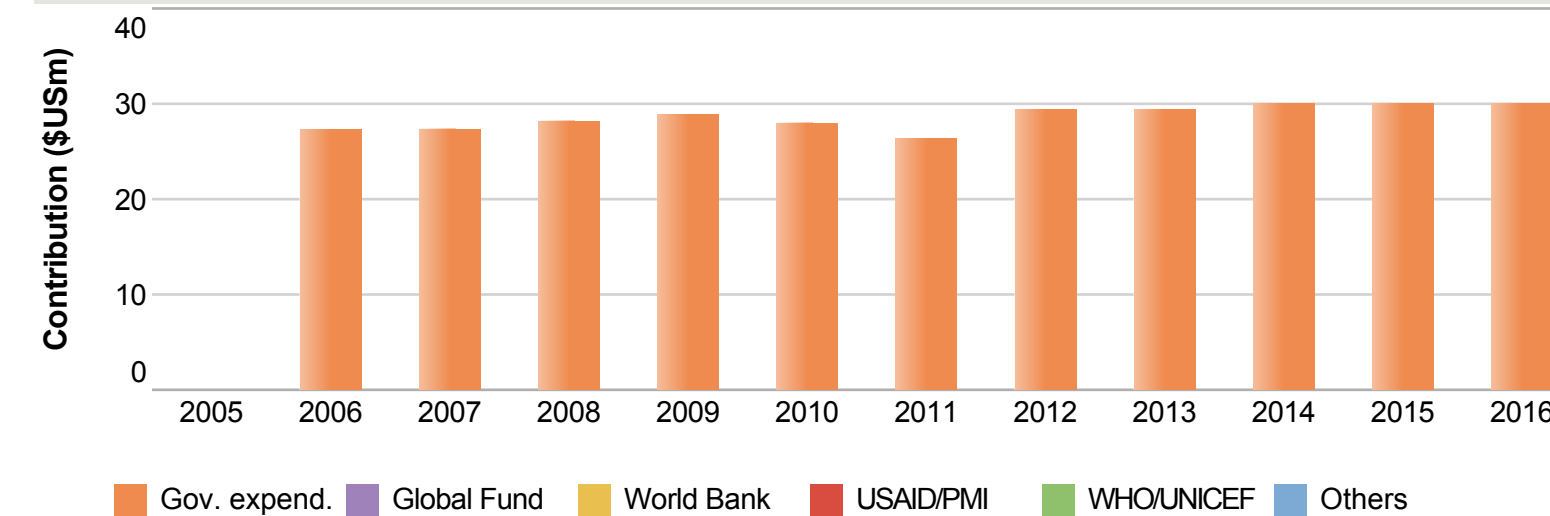
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ	2012
Treatment failure of <i>P. falciparum</i>	AL	2007
Treatment of severe malaria	AS; AM; QN	2015
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/Kg (14 days)
Type of RDT used	P.f + P.v specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species

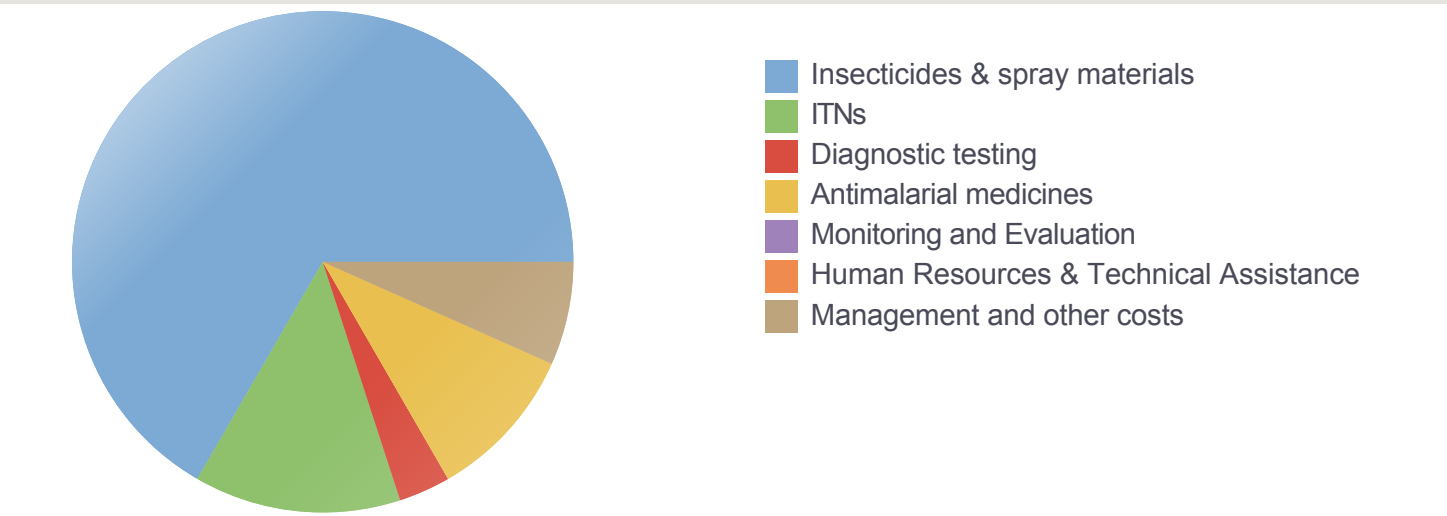
Insecticide resistance tests (mosquito mortality, %)							
Insecticide class	Years	Min	Mean	Max	No. of sites	Species	
Pyrethroids	2012-2012	1	1	1	2	<i>An. arabiensis</i>	

## III. Financing

Sources of financing

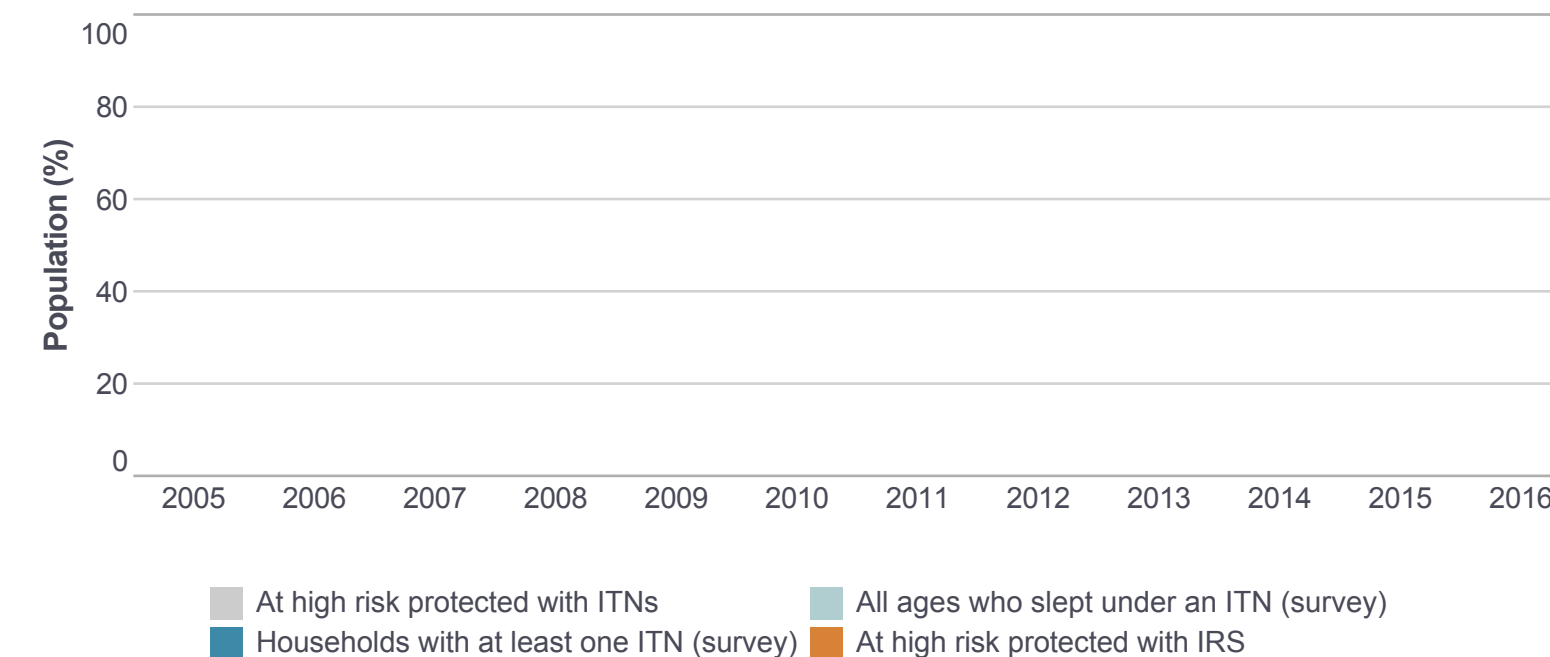


Government expenditure by intervention in 2016

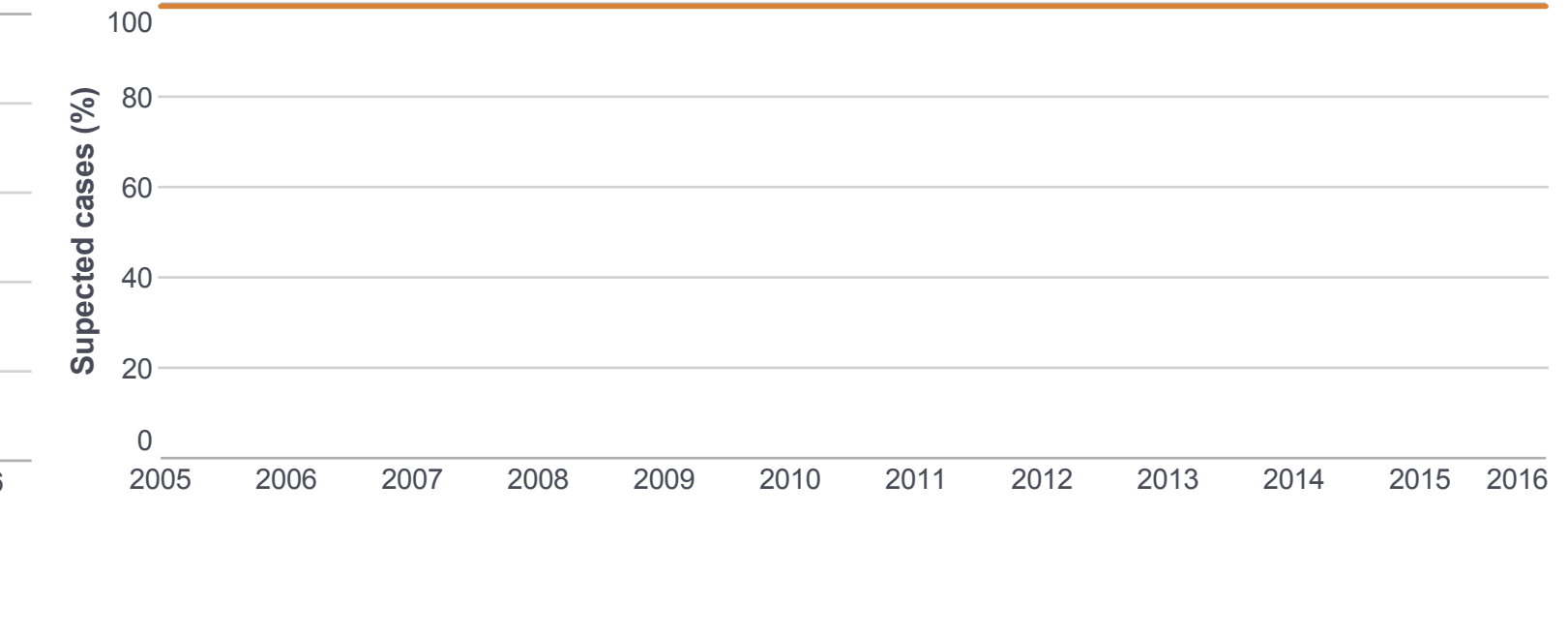


## IV. Coverage

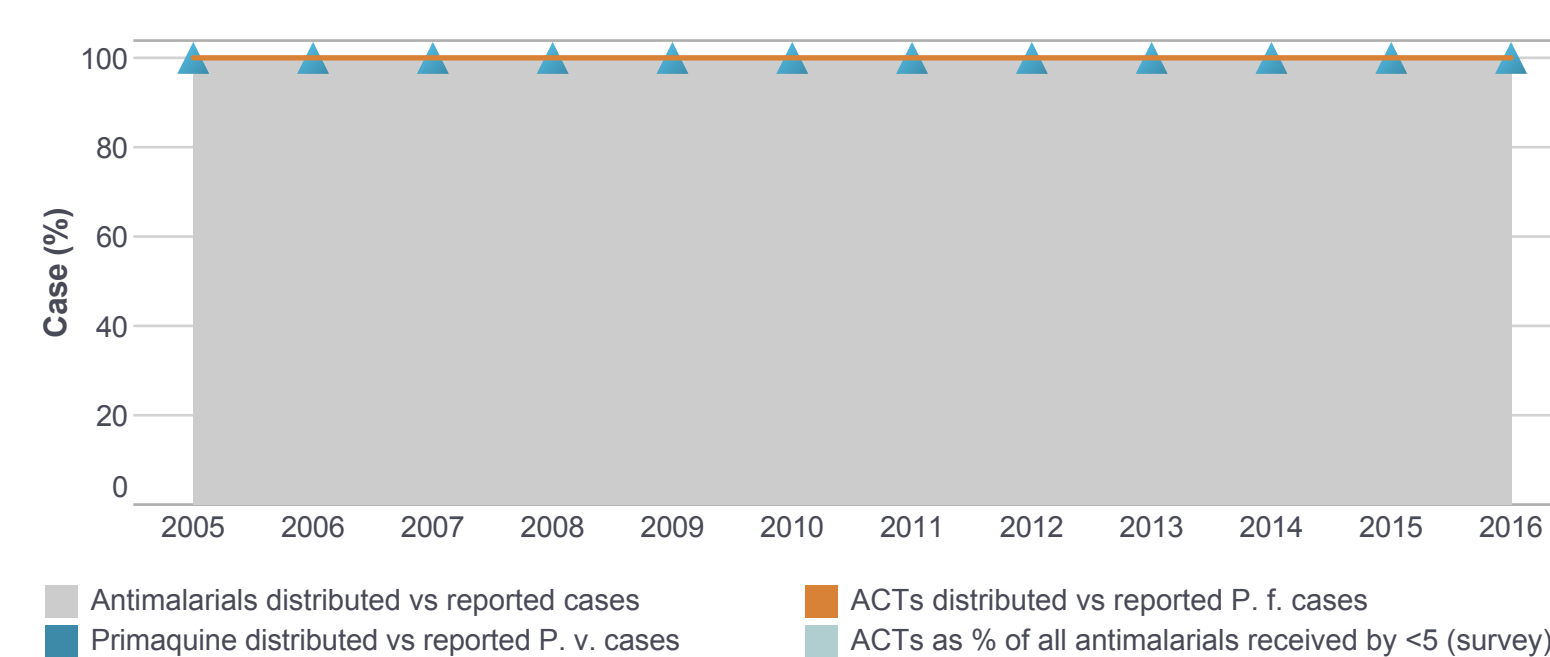
Coverage of ITN and IRS



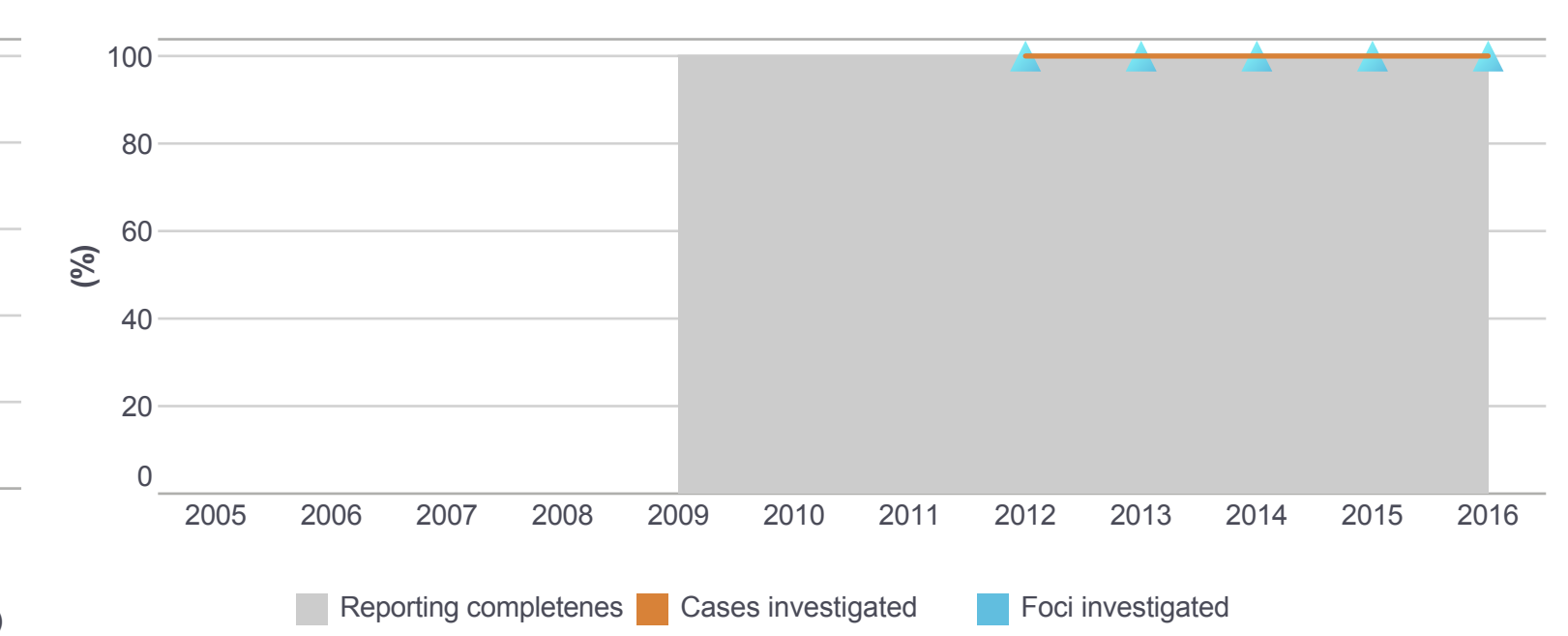
Cases tested



Cases treated

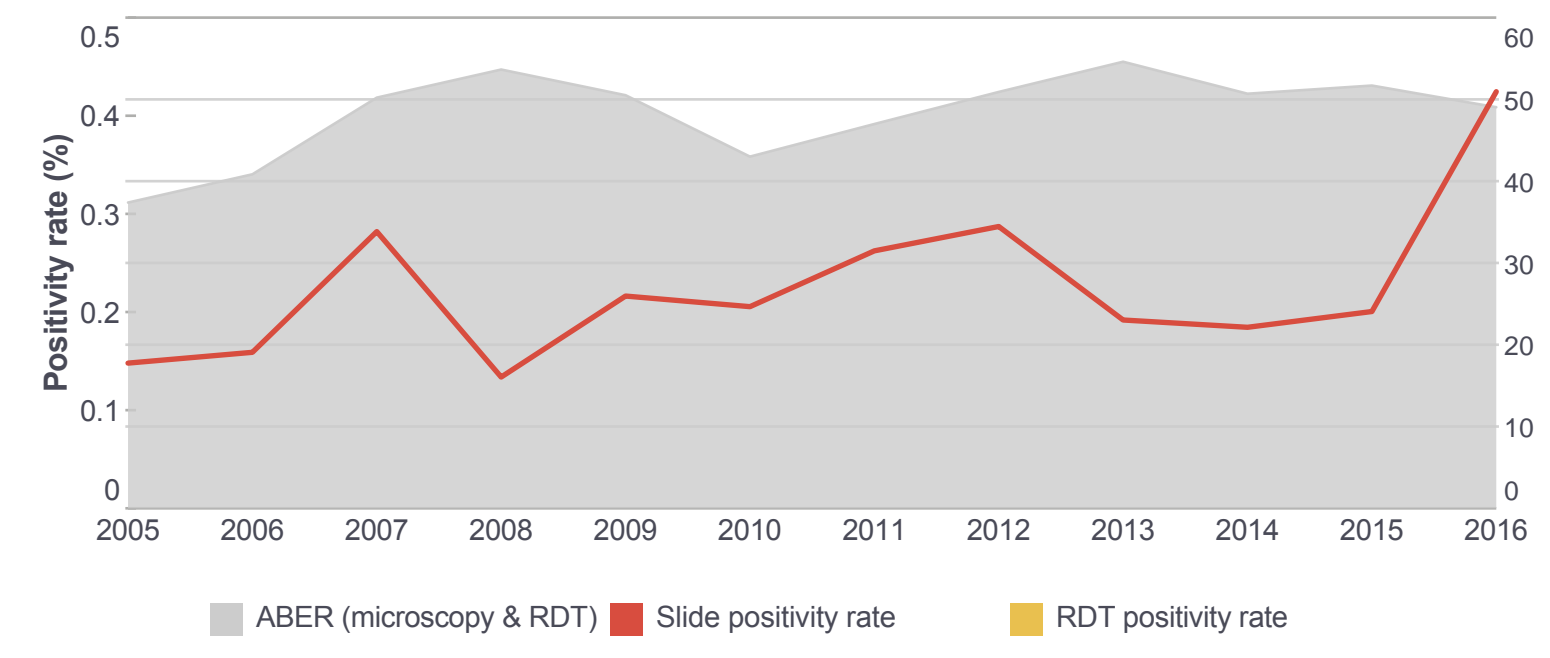


Cases tracked



## V. Impact

Confirmed malaria cases per 1000 and ABER



Number of malaria cases

