I. Epidemiological profile

Population | 2013 | %
--- | --- | ---
High transmission (> 1 case per 1000 population) | 872,000 | 77
Low transmission (≤ 1 case per 1000 population) | 261,000 | 23
Total | 1,133,000 | 100

Parasites and vectors
- Major plasmodium species: P. falciparum (50%), P. vivax (50%)
- Major anopheles species: An. subpictus, An. barbirostris

II. Intervention policies and strategies

| Intervention | Policies/strategies | Yes/No | Year adopted |
--- | --- | --- | ---
ITN | ITN/LLINs distributed free of charge | Yes | 2005
ITN/LLINs distributed to all age groups | Yes | 2008
IRS | IRS is recommended | Yes | 2006
DDT is authorized for IRS | No | 2006
Larval control | Use of larval control recommended | Yes | 2007
IPT | IPT used to prevent malaria during pregnancy | N/A | 2007
Diagnosis | Patients of all ages should receive diagnostic test | Yes | 2007
Malaria diagnosis is free of charge in public sector | Yes | 2007
Treatment | ACT is free for all ages in public sector | Yes | 2007
Artemisinin-based monotherapies withdrawn | No | 2012
Single dose of primaquine is used as gametocidal medicine for P. falciparum | No | 2012
Primaquine is used for radical treatment of P. vivax | No | 2012
GGPQ test is a requirement before treatment with primaquine | No | 2012
Directly observed treatment with primaquine is undertaken | No | 2012
System for monitoring of adverse reactions to antimalarials exists | Yes | 2012

III. Financing

| Source | Year |
--- | ---
Government | 2007–2013
Global Fund | 2007–2013
World Bank | 2008–2013
USG/PMI | 2008–2013
WHO/RK/KF | 2008–2013
Others | 2008–2013

IV. Coverage

| ITN and IRS coverage | Year |
--- | ---
Survey source: DHS 2010
At high risk protected with ITNs | 2006–2013
All ages who slept under an ITN (survey) | 2006–2013
Households with at least one ITN | 2006–2013
At high risk protected with IRS | 2006–2013

V. Impact

Impact: Achieved >75% decrease in case incidence in 2013