# **Cape Verde**

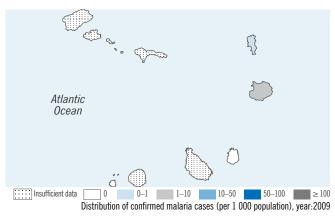
Phase: Pre-elimination. Coverage: In 2010, IRS was sufficient to protect >50% of the population at risk.

I. EPIDEMIOLOGICAL PROFILE				
Population (UN Population Division)	2010	%		
High transmission (≥ 1 case per 1000 population)	0	0		
Low transmission (0-1 cases per 1000 population)	129 000	26		
Malaria-free (0 cases)	367 000	74		
Total	496 000			

Parasites and vectors

Major plasmodium species: P. falciparum (100%), P. vivax

Major anopheles species: An. gambiae, arabiensis

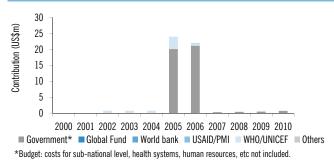


Year adopted 2007

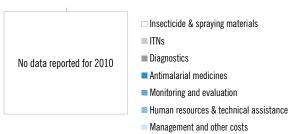
2007

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted	Antimalarial policy	Medicine
ITN	ITNs/ LLINs: distributed free of charge	No	-	First-line treatment of unconfirmed malaria	AL
	ITNs/ LLINs: distributed to all age groups	No	-	First-line treatment of <i>P. falciparum</i>	AL
IRS	IRS is recommended	Yes	1998	Treatment failure of <i>P. falciparum</i>	QN
	DDT is used for IRS	No	-	Treatment of severe malaria	QN
IPT	IPT used to prevent malaria during pregnancy	No	-	Treatment of <i>P. vivax</i>	-
Case management	Patients of all ages should receive diagnostic test	Yes	1998		
	RDTs used at community level	Yes	2008	Therapeutic efficacy tests (therapeutic or parasite	ological failure, %
	ACT is free for all ages in public sector	Yes	2008	Medicine Year No. of Studies I	Min Median
	Pre-referral treatment with recommended medicines	Yes	-		
	Oral artemisinin-based monotherapies are not registered	No	-		

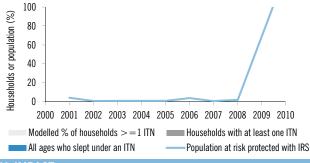
### III. FINANCING - Government and external financing



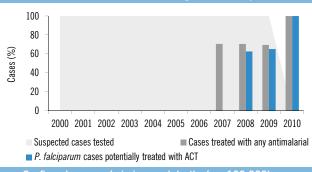
## Expenditure by intervention in 2010



#### IV. COVERAGE - Coverage of ITN and IRS



#### Cases tested and ACT delivered: Programme data (public sector)



#### V. IMPACT – Malaria test positivity rate and ABER



