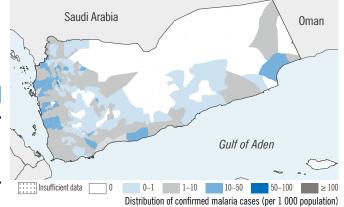
## Yemen

Parasites and vectors Major plasmodium species:

Phase: Control.

I. EPIDEMIOLOGICAL PROFILE		
Population (UN Population Division)	2010	%
High transmission ( $\geq 1$ case per 1000 population)	14 900 000	62
Low transmission (0-1 cases per 1000 population)	4 570 000	19
Malaria-free (0 cases)	4 570 000	19
Total	24 040 000	

P. falciparum (99%), P. vivax



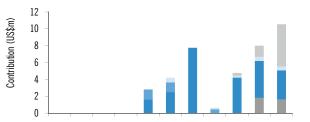
Major anopheles species: An. arabiensis, culicifacies, sergentii

II. INTERVENTION POLICIES AND STRATEGIES					
WHO-recommended policies/strategies	Yes/No	Year adopted			
ITNs/ LLINs: distributed free of charge	Yes	2002			
ITNs/ LLINs: distributed to all age groups	Yes	2009			
IRS is recommended	Yes	2001			
DDT is used for IRS	No	-			
IPT used to prevent malaria during pregnancy	NA	-			
Patients of all ages should receive diagnostic test	Yes	2001			
RDTs used at community level	Yes	2009			
ACT is free for all ages in public sector	Yes	2009			
Pre-referral treatment with recommended medicines	Yes	2009			
Oral artemisinin-based monotherapies are not registered	Yes	2009			
	WHO-recommended policies/strategies           ITNs/ LLINs: distributed free of charge           ITNs/ LLINs: distributed to all age groups           IRS is recommended           DDT is used for IRS           IPT used to prevent malaria during pregnancy           Patients of all ages should receive diagnostic test           RDTs used at community level           ACT is free for all ages in public sector           Pre-referral treatment with recommended medicines	WHO-recommended policies/strategies         Yes/No           ITNs/ LLINs: distributed free of charge         Yes           ITNs/ LLINs: distributed to all age groups         Yes           IRS is recommended         Yes           DDT is used for IRS         No           IPT used to prevent malaria during pregnancy         NA           Patients of all ages should receive diagnostic test         Yes           RDTs used at community level         Yes           ACT is free for all ages in public sector         Yes           Pre-referral treatment with recommended medicines         Yes			

**Antimalarial policy** Medicine Year adopted First-line treatment of unconfirmed malaria AS + SP2009 AS + SP2009 First-line treatment of P. falciparum 2009 Treatment failure of P. falciparum AL Treatment of severe malaria AM ;QN 2009 CQ + PQ(14d)Treatment of P. vivax

Therapeutic efficacy tests (therapeutic or parasitological failure, %)							
Medicine	Year	No. of Studies	Min	Median	Max	Follow-up	
AS+SP	2007–2007	2	0	0.75	1.5	28 days	

III. FINANCING – Government and external financing

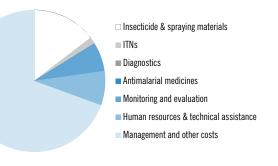


 2000
 2001
 2002
 2003
 2004
 2005
 2007
 2008
 2009
 2010

 Government\*
 Global Fund
 World bank
 USAID/PMI
 WH0/UNICEF
 Others

 \*Expenditure: costs for sub-national level, health systems, human resources, etc not included.

## Expenditure by intervention in 2010



Source: MIS 2009. 100 100 Households or population (%) 80 80 %) 60 60 Cases ( 40 40 20 20 0 0 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 Modelled % of households > = 1 ITN Households with at least one ITN Suspected cases tested Cases treated with any antimalarial All ages who slept under an ITN Population at risk protected with IRS P. falciparum cases potentially treated with ACT V. IMPACT – Malaria test positivity rate and ABER Confirmed cases, admissions and deaths (per 100 000) 10000 35 5.0

