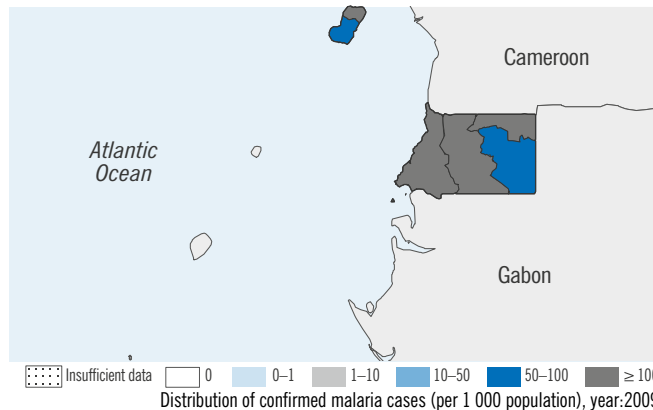


Equatorial Guinea

Phase: Control. Coverage: In 2010, ITN/LLINs delivered were sufficient to protect 25%–50% of the population at risk.



I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission (≥ 1 case per 1000 population)	700 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	700 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax*
 Major anopheles species: *An. gambiae*, *cinctus*, *melas*

II. INTERVENTION POLICIES AND STRATEGIES

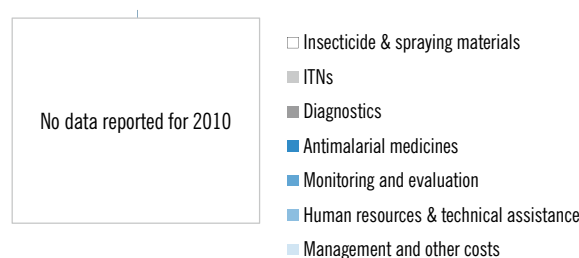
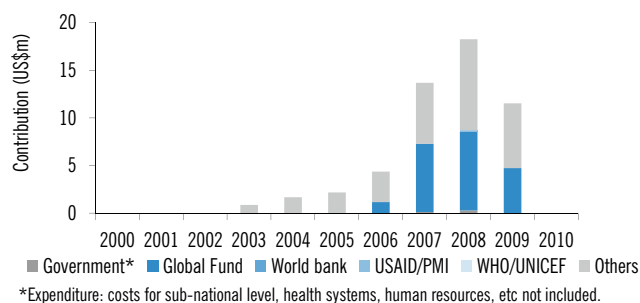
Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/ LLINs: distributed free of charge	Yes	2007
	ITNs/ LLINs: distributed to all age groups	-	-
IRS	IRS is recommended	Yes	2005
	DDT is used for IRS	-	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Case management	Patients of all ages should receive diagnostic test	Yes	2005
	RDTs used at community level	Yes	2005
	ACT is free for all ages in public sector	Yes	2008
	Pre-referral treatment with recommended medicines	Yes	2008
	Oral artemisinin-based monotherapies are not registered	Yes	2008

Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	-	-

Therapeutic efficacy tests (therapeutic or parasitological failure, %)						
Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
AS+AQ	2006–2006	1	3.3	3.3	3.3	28 days

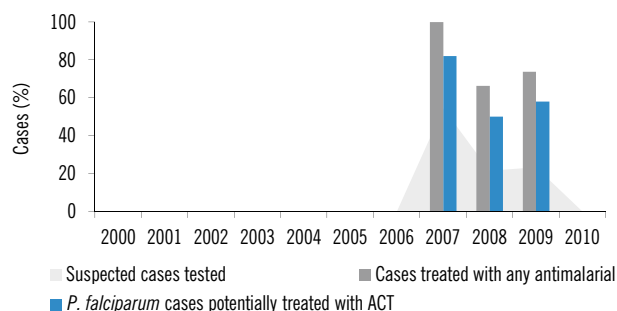
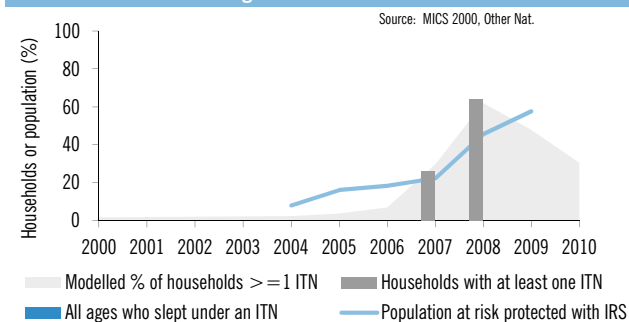
III. FINANCING – Government and external financing

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

Confirmed cases, admissions and deaths (per 100 000)

