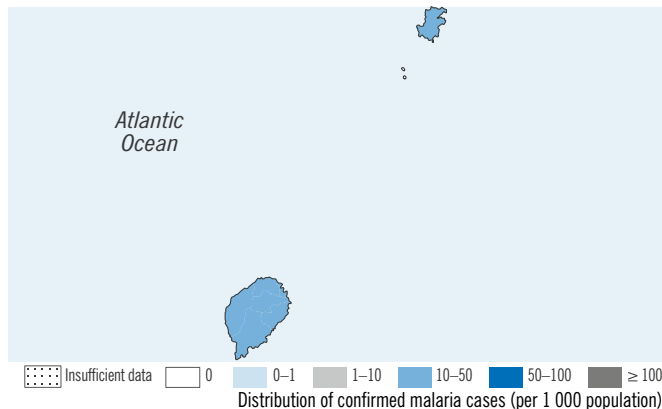


# Sao Tome and Principe

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



## I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission ( $\geq 1$ case per 1000 population)	165 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	165 000	

### Parasites and vectors

Major plasmodium species: *P. falciparum* (99%), *P. vivax*  
 Major anopheles species: *An. gambiae*

## II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/ LLINs: distributed free of charge	Yes	2005
	ITNs/ LLINs: distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2003
	DDT is used for IRS	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Case management	Patients of all ages should receive diagnostic test	Yes	2001
	RDTs used at community level	No	-
	ACT is free for all ages in public sector	Yes	2010
	Pre-referral treatment with recommended medicines	Yes	2004
	Oral artemisinin-based monotherapies are not registered	Yes	2009

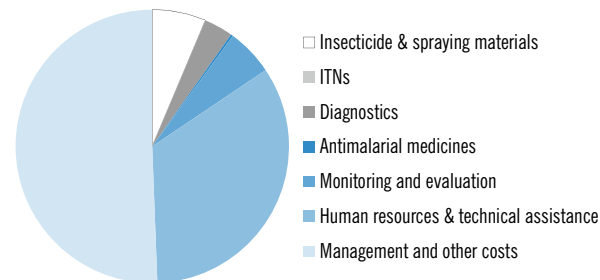
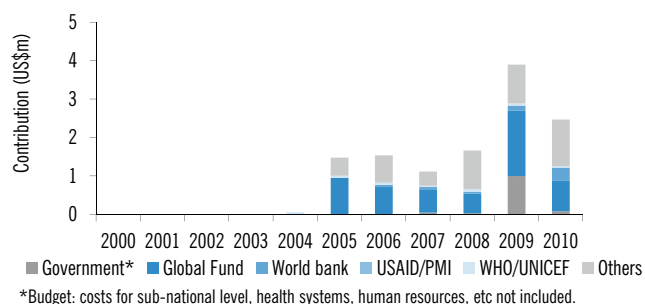
Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004
Treatment failure of <i>P. falciparum</i>	AL	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	-	-

### Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
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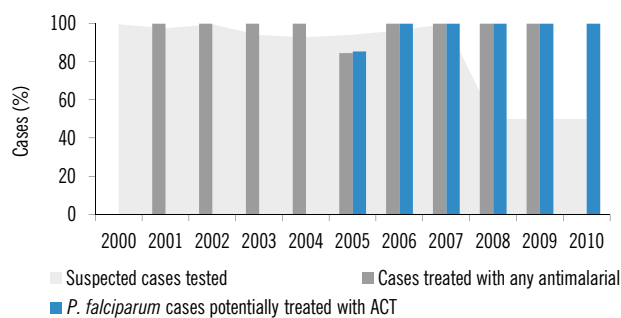
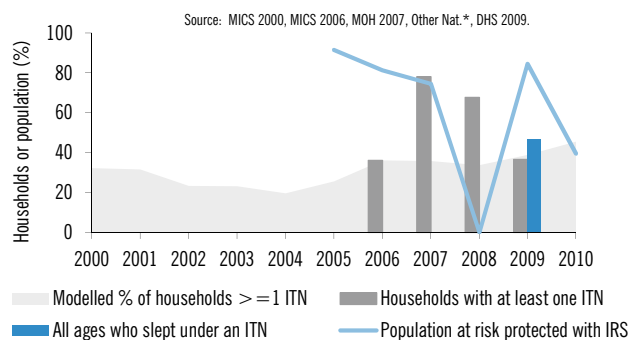
## III. FINANCING – Government and external financing

### 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)

