



I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	65 500 000	97
Low transmission (0–1 cases per 1000 population)	2 030 000	3
Malaria-free (0 cases)	0	0
Total	67 530 000	

Parasites and vectors				
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)			
Major anopheles species:	An. gambiae, An. funestus, An. nili, An. moucheti			
Programme phase:	Control			
Reported confirmed cases:	6715 223			
Reported deaths:	30 918			

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2008 2008
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007
Larval contro	I Use of larval control recommended	Yes	1998
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2007 2007
Treatment	ACT is free for all ages in public sector Artemisinin-based monotherapies withdrawn Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i> Primaquine is used for radical treatment of <i>P. vivax</i> G6PD test is a requirement before treatment with primaquine Directly observed treatment with primaquine is undertaken System for monitoring of adverse reactions to antimalarials exists	Yes No No No No No No Yes	2006 - - - - - - - 2010

ACD for case investigation (reactive)				
		-	_	
ACD of febrile cases at community level (pro-active)		Yes	2010	
Mass screening is undertaken		No	-	
Uncomplicated P. falciparum cases routinely admitted		No	-	
Uncomplicated P. vivax cases routinely admitted		No	-	
			Year	
Antimalaria treatment policy			adopted	
First-line treatment of unconfirmed malaria			2005	
First-line treatment of <i>P. falciparum</i>			2005	
Treatment failure of P. falciparum			2005	
Treatment of severe malaria			-	
Treatment of P. vivax			-	
aquine for radical treatment of <i>P. vivax</i>			-	
of RDT used P.f + all species (Com		(Combo)		
	Uncomplicated P. vivax cases routinely admitted atment policy ent of unconfirmed malaria ent of P. falciparum ve of P. falciparum vivax squine for radical treatment of P. vivax	Uncomplicated <i>P. vivax</i> cases routinely admitted atment policy Medicine Lent of unconfirmed malaria AS+AQ Lent of <i>P. falciparum</i> Lent of unconfirmed malaria AS+AQ Lent of <i>P. falciparum</i> Lent of <i>P. falciparum</i> Lent of <i>P. falciparum</i> Lent of <i>P. vivax</i>	Uncomplicated P. vivax cases routinely admitted Astment policy Medicine Lent of unconfirmed malaria Ast AQ Lent of P. falciparum Lent of Unconfirmed malaria Ast AQ Lent of P. falciparum Lent Of Unconfirmed malaria Ast AQ Lent Of P. falciparum Lent Of Unconfirmed malaria Ast ON Lent Of Unconfirmed malaria Ast ON Lent Of Unconfirmed malaria Lent O	

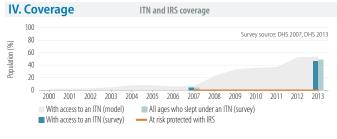
Therapeutic efficacy tests (clinical and parasitological failure, %)

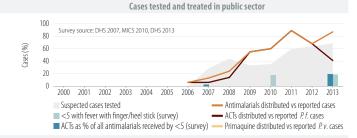
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2013	0	2.4	9.2	28 days	10	P. falciparum
AS+AQ	2005-2012	0	4.2	6.9	28 days	8	P. falciparum

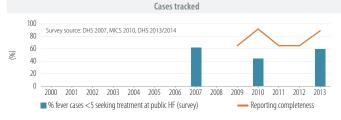
III. Financing Sources of financing 600 Contribution (US\$m) 360 240 120 2002 2003 2004 2005 2006 2009 2007 ■ Government ■ Global Fund World Bank USAID/PMI ■ WHO/UNICFF ■ Others

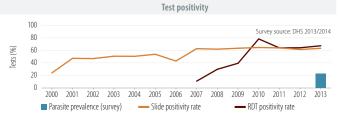
No data reported for 2013

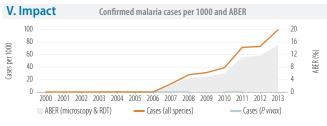
Financing by intervention in 2013

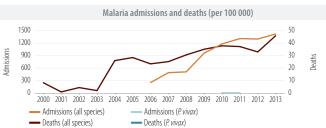












Impact: Insufficiently consistent data to assess trends