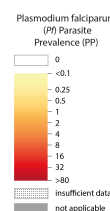
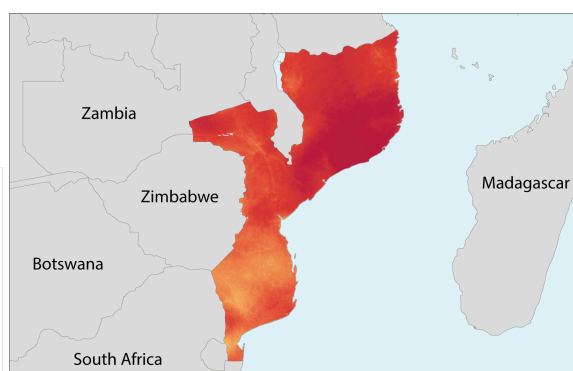
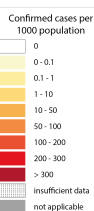
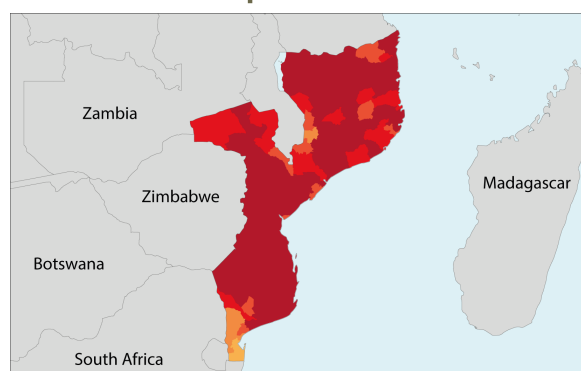


Mozambique

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	29.7M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	29.7M	

Reported cases and deaths

Reported confirmed cases (health facility):	8 921 081
Confirmed cases at community level:	971 520
Confirmed cases from private sector:	-
Reported deaths:	1114

Parasites and vectors

Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)
Major anopheles species:	<i>An. funestus</i> , <i>An. gambiae</i> , <i>An. arabiensis</i>

Estimates

Estimated cases:	10M [7.4M, 13.6M]
Estimated deaths:	14.7K [12.2K, 17.2K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2003
	DDT is used for IRS	Yes	2006
Larval control	Use of Larval Control	No	
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	2005
Treatment	ACT is free for all ages in public sector	Yes	2005
	The sale of oral artemisinin-based monotherapies (oAMTs)	has never been allowed	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	No	-
	Primaquine is used for radical treatment of P. vivax	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2002
	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	No	-
Surveillance	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

Antimalaria treatment policy

	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of P. falciparum	AL	2004
For treatment failure of P. falciparum	-	-
Treatment of severe malaria	AS, QN	2004
Treatment of P. vivax	-	-

Dosage of primaquine for radical treatment of P. vivax

Type of RDT used	Pf only
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Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011-2015	0	3.1	5.8	28 days	9	<i>P. falciparum</i>
AS+AQ	2011-2012	0	0	1.4	28 days	3	<i>P. falciparum</i>

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)

Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³
Carbamates	2010-2017	15.52% (58)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.	No
Organochlorines	2010-2017	14.06% (64)	<i>An. gambiae</i> s.l.	No
Organophosphates	2011-2017	0% (50)	-	Yes
Pyrethroids	2010-2017	48.68% (76)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.	Yes

¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

³Class used for malaria vector control in 2017