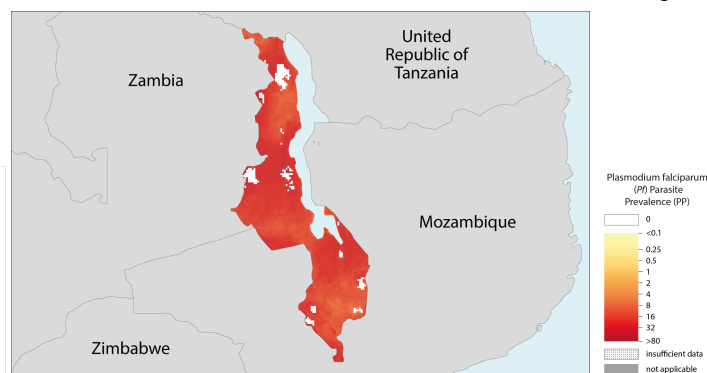
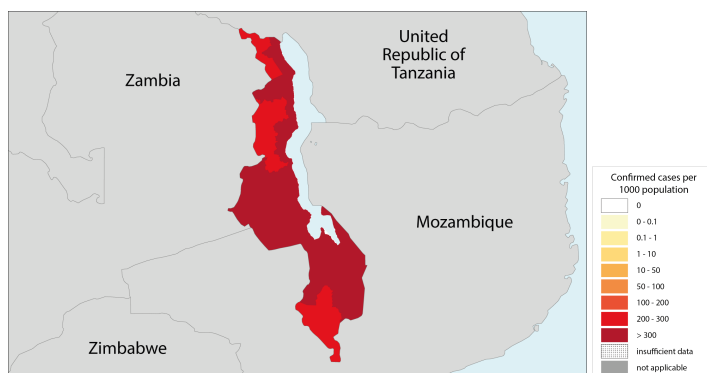


Malawi

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	18.6M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	18.6M	

Parasites and vectors			
Major plasmodium species:		P.falciparum: 100 (%) , P.vivax: 0 (%)	
Major anopheles species:		An. funestus, An. gambiae, An. arabiensis	
Reported confirmed cases (health facility):	4 901 344	Estimated cases:	4.3M [2.7M, 6.4M]
Confirmed cases at community level:	922 984		
Confirmed cases from private sector:	-		
Reported deaths:	3613	Estimated deaths:	7.1K [6.1K, 8.1K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2007
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	1993
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2007
	The sale of oral artemisinin-based monotherapies (oAMTs)	is banned	2011
	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	2007
	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	2007
First-line treatment of <i>P. falciparum</i>						AL	2007
For treatment failure of <i>P. falciparum</i>						AS+AQ	2007
Treatment of severe malaria						AS; QN	2007
Treatment of <i>P. vivax</i>						-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used						P.f only	
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2014	0	3.35	19.5	28 days	10	<i>P. falciparum</i>
AS+AQ	2012-2014	1	1.5	2	28 days	2	<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	2010-2015	92% (25)	<i>An. arabiensis</i> , <i>An. funestus</i> s.l., <i>An. funestus</i> s.s., <i>An. gambiae</i> s.l.			No	
Organochlorines	2010-2015	50% (16)	<i>An. funestus</i> s.l.			No	
Organophosphates	2010-2015	8.7% (23)	<i>An. funestus</i> s.l.			No	
Pyrethroids	2010-2017	85.29% (68)	<i>An. arabiensis</i> , <i>An. funestus</i> s.l., <i>An. funestus</i> s.s., <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

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