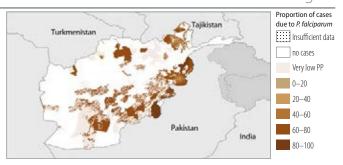
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			101





Population	2013	%
High transmission (> 1 case per 1000 population)	8 2 2 0 0 0 0	27
Low transmission (0–1 cases per 1000 population)	14 900 000	49
Malaria-free (0 cases)	7 460 000	24
Total	30 580 000	

Parasites and vectors	
Major plasmodium species: Major anopheles species:	P. falciparum (5%), P. vivax (95%) An. stephensi, An. superpictus, An. hyrcanus, An. pulcherrimus, An. culicifacies, An. fluviatilis
Programme phase:	Control
Reported confirmed cases:	39263
Reported deaths:	24

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	2010 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2012 -
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2000 2000
Treatment	ACT is free for all ages in public sector Artemisinin-based monotherapies withdrawn Single dose of primaquine is used as gametocidal medicine for 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 Yes No Yes Yes Yes No	2003 2003 - 2010 2010 2011 -

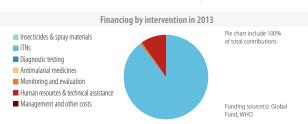
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	Yes No	2012
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-

Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	CQ	_	
First-line treatment of P. falciparum	AS+SP+PQ	2014	
Treatment failure of P. falciparum	QN	-	
Treatment of severe malaria	AM; AS; QN	_	
Treatment of P. vivax	CQ+PQ(8w)	-	
Dosage of primaquine for radical treatment of <i>P. vivax</i> 0.75 mg/kg (ı/kg (8 weeks)	
Type of RDT used	<i>P.f</i> + <i>P.v</i> , <i>P.o</i> , <i>P.m</i> (Combo)		

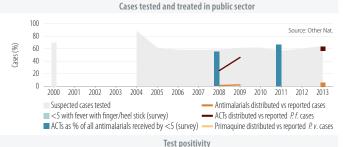
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005-2012	0	0	1	28 days	7	P. falciparum
CQ	2007-2009	0	0	0	28 days	4	P. vivax

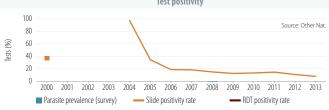


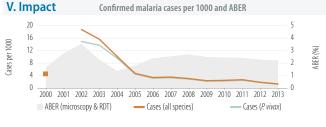


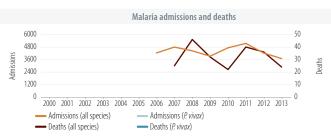


















I. Epidemiological profile

Population	2013	%
Number of active foci	0	
Number of people living within active foci	=	-
Number of people living in malaria-free areas	39 200 000	100
Total	39 200 000	

Parasites and vectors			
Major plasmodium species: Major anopheles species:		88%), P. vivax (13%) An. labranchiae, An. sergentii, A	An. hispaniola
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	603 3	Indigenous cases, 2013: Indigenous deaths, 2013:	0

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	No No	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1980 -
Larval contro	I Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 1968
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 Yes No Yes No	- - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	_
	Uncomplicated P. falciparum cases routinely admitted		Yes	_
	Uncomplicated P. vivax cases routinely admitted		Yes	-
	Foci and case investigation undertaken		Yes	1968
	Case reporting from private sector is mandatory		Yes	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	-		-
First-line treati	ment of <i>P. falciparum</i>	-		-

Therapeutic efficacy tests (clinical and parasitological failure, %)		
		0.25 mg/ kg (1 1 days)
Dosage of primaguine for radical treatment of P. vivax		0.25 mg/kg (14 days)
Treatment of P. vivax	CQ	-
Treatment of severe malaria	-	-
Treatment failure of <i>P. falciparum</i>	-	-
First-line treatment of <i>P. falciparum</i>	-	-
First-line treatment of unconfirmed malaria	_	_

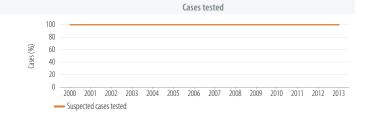
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
_	_	_	_	_	_	_	_

III. Financing Sources of financing Contribution (US\$m) 60 40 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

No data reported for 2013

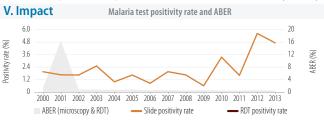
Financing by intervention in 2013

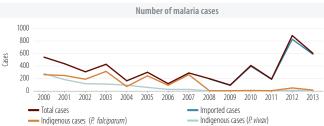




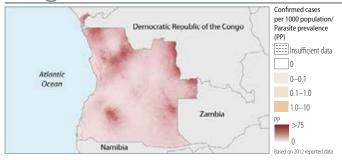








Angola





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	21 500 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	21 500 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. nili
Programme phase:	Control
Reported confirmed cases:	1 999 868
Reported deaths:	7300

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 No	2001 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2003
Larval contro	Use of larval control recommended	Yes	2009
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010 2006
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 Yes Yes No Yes	2006 - - 2006 - -

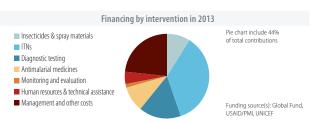
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			V

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2006
First-line treatment of P. falciparum	AL	2006
Treatment failure of P. falciparum	QN	2006
Treatment of severe malaria	QN	2006
Treatment of P. vivax	-	=
Dosage of primaquine for radical treatment of P. vivax	0.25 n	ng/kg (14 days)
Type of RDT used	P.f + P.v sp	ecific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

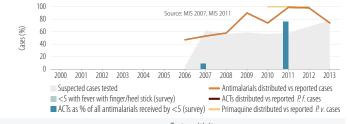
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2013-2013	2.7	6.5	10.3	28 days	2	P. falciparum
DHA-PPQ	2013-2013	0	0	0	28 days	2	P. falciparum



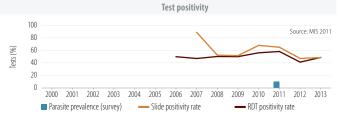


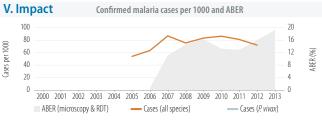
Cases tested and treated in public sector

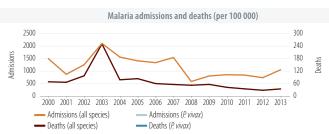






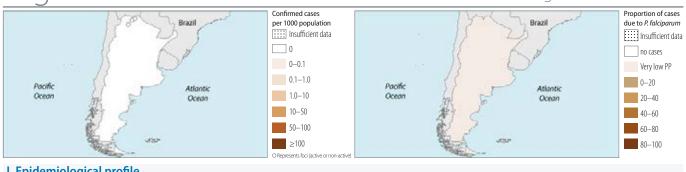






Impact: Insufficiently consistent data to assess trends

Argentina



I. Epidemiological profile

Population	2013	%
Number of active foci	0	
Number of people living within active foci	0	0
Number of people living in malaria-free areas	41 400 000	100
Total	41 400 000	

Parasites and vectors			
Major plasmodium species: Major anopheles species:		%), P. vivax (0%) ctipennis, An. darlingi	
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	4 0	Indigenous cases, 2013: Indigenous deaths, 2013:	0

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	No No	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2013 -
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 1980
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 Yes Yes No Yes Yes	- - - - -

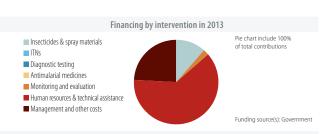
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

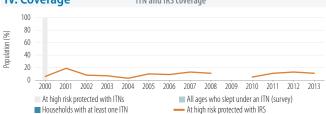
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	AL+PQ	-
Treatment failure of P. falciparum	-	-
Treatment of severe malaria	-	_
Treatment of P. vivax	CQ+PQ	-
Dosage of primaquine for radical treatment of P. vivax	0.25 n	ng/kg (14 days)
Th	0/)	

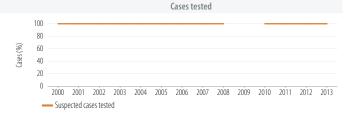
Therapeutic efficacy tests (clinical and parasitological failure, %)

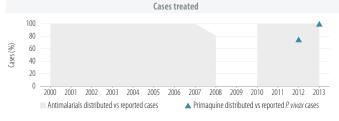
Medicine Min Median Follow-up No. of studies Year Max Species



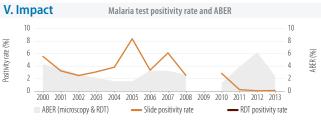


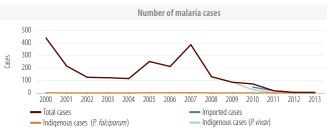












Medicine

Year

Min

Median





I. Epidemiological profile

Population	2013	%
Number of active foci	6	
Number of people living within active foci	12600	0
Number of people living in malaria-free areas	9 400 000	100
Total	9412600	

Parasites and vectors				
Major plasmodium species:	: P. falciparum (0%), P. vivax (0%)			
Major anopheles species:	An. sacharovi, An. maculipennis			
Programme phase:	Elimination			
Total confirmed cases, 2013:	4	Indigenous cases, 2013:	0	
Total deaths, 2013:	0	Indigenous deaths, 2013:		

Yes/ Year

Species

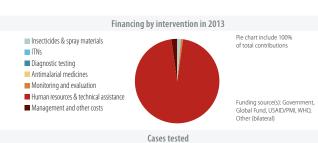
Follow-up No. of studies

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 No	2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1930 –
Larval contro	Use of larval control recommended	Yes	1930
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 1930
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 Yes No Yes Yes Yes	2009 - 1956 - 1956 1956

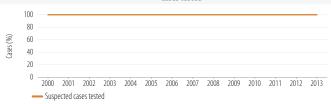
Intervention	Policies/strategies		No	adopted
Surveillance ACD for case investigation (reactive)			Yes	1930
	ACD of febrile cases at community level (pro-active)		Yes	1930
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	t t	Yes	1998
	Uncomplicated P. vivax cases routinely admitted		Yes	1998
	Foci and case investigation undertaken		Yes	1930
	Case reporting from private sector is mandatory		Yes	2008
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treati	ment of unconfirmed malaria	AS+SP		2008
First-line treati	ment of <i>P. falciparum</i>	AS+SP		2008
Treatment fails	ure of P. falciparum	QN+CL		2008
Treatment of s	evere malaria	AS; QN		2008
Treatment of F	? vivax	CQ+PQ(14d)		-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25	mg/kg	(14 days)
Therapeutic ef	ficacy tests (clinical and parasitological failure, %)			

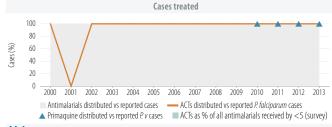




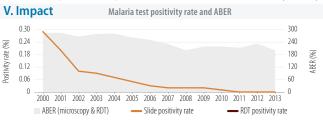
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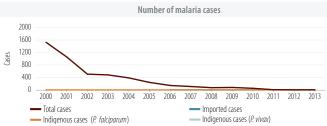




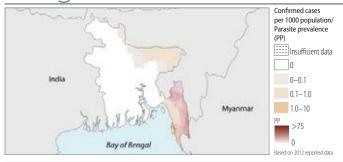








Bangladesh





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4 170 000	3
Low transmission (0–1 cases per 1000 population)	12 100 000	8
Malaria-free (0 cases)	140 400 000	90
Total	156 670 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (87%), P. vivax (13%)
Major anopheles species:	An. dirus, An. minimus, An. philippinensis, An. sundaicus, An. albimanus, An. annularis
Programme phase:	Control
Reported confirmed cases:	3864
Reported deaths:	15

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	2008
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2008 2008
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 - Yes Yes No No Yes	2008 - - 2008 - - 2008

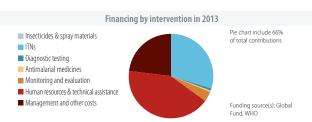
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated P. falciparum cases routinely admitted Uncomplicated P. vivax cases routinely admitted	Yes Yes No No No	2008 2008 - - -

Medicine	adopted	
_		
AL	2004	
QN+D; QN+T	2004	
AM; QN	2004	
CQ+PQ(14d)	2004	
0.25 mg/kg (14 days)		
P.f + P.v specific (Combo)		
	– AL QN+D; QN+T AM; QN CQ+PQ(14d) 0.25 m	

Therapeutic efficacy tests (clinical and parasitological failure, %)

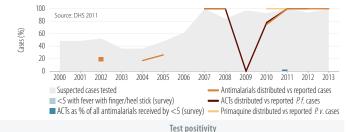
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2010	0	0	2	28 days	7	P. falciparum
QN+D	2008-2009	0	0	0	28 days	1	P. falciparum





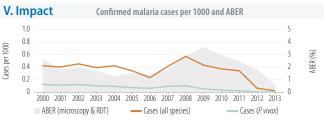
Cases tested and treated in public sector

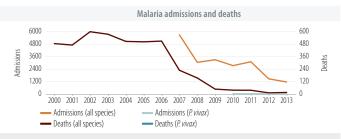




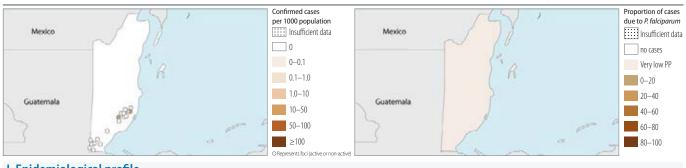








Belize



I. Epidemiological profile

Population	2013	%
Number of active foci	6	
Number of people living within active foci	4540	1
Number of people living in malaria-free areas Total	327 000 331 540	99

Parasites and vectors			
Major plasmodium species: Major anopheles species:	P. falciparum (0% An. albimanus, A		
Programme phase:	Pre-elimination		
Total confirmed cases, 2013: Total deaths, 2013:	26 0	Indigenous cases, 2013: Indigenous deaths, 2013:	20 0

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	2009 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	_ _
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	_ _
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 - Yes Yes No Yes No	2010 - - - - - -

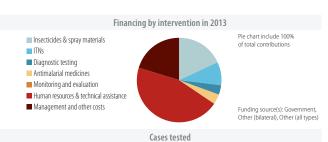
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	CQ+PQ (1d)	-
Treatment failure of P. falciparum	=	-
Treatment of severe malaria	AL; QN	-
Treatment of P. vivax	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of P. vivax	0.25 m	g/kg (14 days)
Th	0/)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

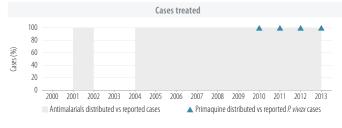
Medicine Year Min Median Max Follow-up No. of studies Species



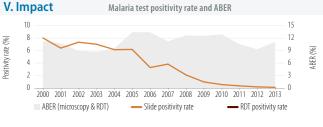


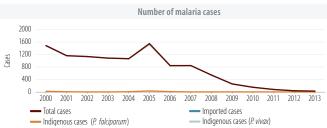
















Population	2013	%
High transmission (> 1 case per 1000 population)	10 300 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	10 300 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. melas
Programme phase:	Control
Reported confirmed cases:	1078834
Reported deaths:	2288

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 No	2007
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2006 -
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2011 2008
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	No - No No - No Yes	- - - - - - 2005

Intervention	Policies/stra	tegies					Yes/ No	Year adopted
Surveillance	ACD for case	investiga	ation (reactiv	re)			_	-
	ACD of febri	le cases a	t community	level (pro	-active)		Yes	-
	Mass screen	ing is unc	lertaken				No	-
	Uncomplica	ted P. falci	parum cases	routinely	admitted		Yes	-
	Uncomplicat	ed P. vivax	cases routin	ely admitte	ed		No	-
								Year
Antimalaria tre	eatment polic	у				Medicine		adopted
First-line treatr	ment of unco	nfirmed n	nalaria			AL		2004
First-line treatr	ment of P. falc	iparum				AL		2004
Treatment failu	are of P. falcipa	arum				QN		2004
Treatment of s	evere malaria					QN		2004
Treatment of P.	! vivax					-		-
Dosage of prim	aquine for rac	dical treatr	nent of <i>P. viva</i>	ЭX				-
Type of RDT us	ed							-
Therapeutic ef	ficacy tests (c	linical and	l parasitolog	ical failure	, %)			
Medicine	Year	Min	Median	Max	Follow-	up No. of st	udies	Species

0.75

2005-2011



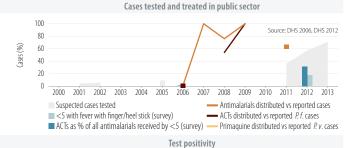
Financing by intervention in 2013

6.5

28 days

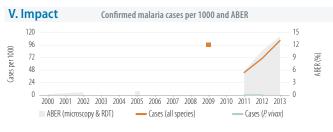
No data reported for 2013

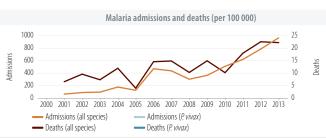








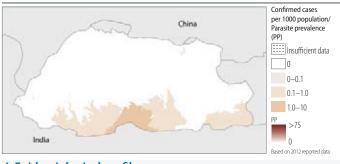


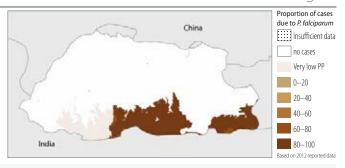


Impact: Insufficiently consistent data to assess trends

P. falciparum

Bhutan





I. Epidemiological profile

Population	2013	%
Number of active foci	-	
Number of people living within active foci	235 000	31
Number of people living in malaria-free areas	519 000	69
Total	754 000	

Parasites and vectors			
Major plasmodium species: Major anopheles species:		%), P. vivax (41%) An. maculatus, An. philippiens	is, An. annularis
Programme phase:	Pre-elimination		
Total confirmed cases, 2013: Total deaths, 2013:	45 0	Indigenous cases, 2013: Indigenous deaths, 2013:	15 0

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	2006 2006
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1964 –
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1964 1964
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 Yes Yes Yes No No Yes	2006 - 2012 - - - 2012

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	2013
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	2011
	Uncomplicated P. falciparum cases routinely admitted	Yes	2012
	Uncomplicated P. vivax cases routinely admitted	Yes	2012
	Foci and case investigation undertaken	Yes	2012
	Case reporting from private sector is mandatory	No	-
			1/

Antimalaria treatment policy	Medicine	rear adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	AL	2006
Treatment failure of P. falciparum	QN	2006
Treatment of severe malaria	AM; QN	2006
Treatment of P. vivax	CQ+PQ(14d)	2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 m	g/kg (14 days)

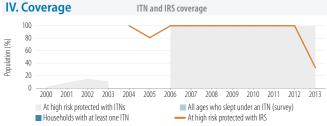
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	0	0	28 days	23	P. falciparum
CQ	2005-2011	0	0	0	28 days	22	P. vivax

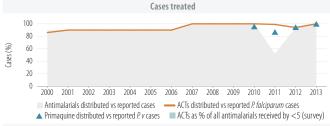
III. Financing Sources of financing 2.0 1.6 Contribution (US\$m) 1.2 0.8 2000 2001 2002 2003 2004 2008 2011 2006 2007 2005 ■ Government Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

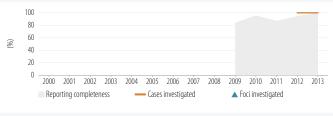
No data reported for 2013

Financing by intervention in 2013

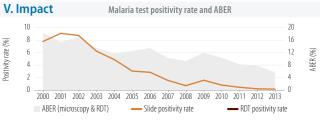


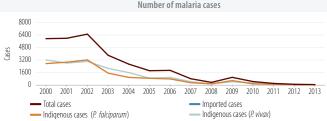






Cases tracked









I. Epidemiological profile

2013	%
512 000	5
3 250 000	31
6 900 000	65
10 662 000	
	512 000 3 250 000 6 900 000

Parasites and vectors	
	P. falciparum (16%), P. vivax (84%) An. darlingi, An. pseudopunctipennis
Programme phase:	Control
Reported confirmed cases: Reported deaths:	7342 0

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 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1959 –
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2000 1996
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 Yes Yes Yes No No No	2003 - 1998 - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		Yes	1998
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year

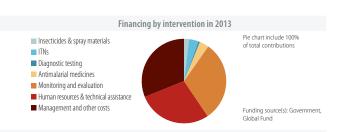
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	AS+MQ+PQ	2001
Treatment failure of P. falciparum	QN+CL	-
Treatment of severe malaria	QN	2001
Treatment of P. vivax	CQ+PQ(7d)	2001
Dosage of primaquine for radical treatment of P. vivax	0.50 mg/kg (7 days)	
Type of RDT used	P.f + P.v specific (Combo)	

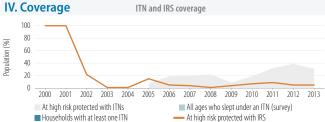
Therapeutic efficacy tests (clinical and parasitological failure, %)

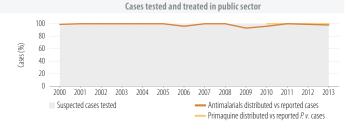
 Medicine
 Year
 Min
 Median
 Max
 Follow-up
 No. of studies
 Species

 CQ
 2006–2011
 0
 7.8
 10
 28 days
 4
 P. vivax

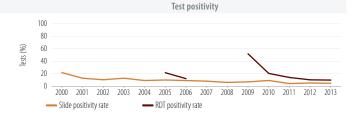


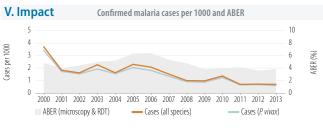


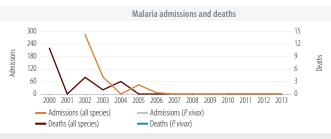
















Population	2013	%
High transmission (> 1 case per 1000 population)	364 000	18
Low transmission (0–1 cases per 1000 population)	950 000	47
Malaria-free (0 cases)	707 000	35
Total	2 021 000	
lotal	2 021 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. arabiensis, An. gambiae
Programme phase:	Control
Reported confirmed cases:	456
Reported deaths:	7

II. Intervention policies and strategies

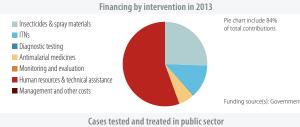
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2009 1997
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	1950 1950
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010 1995
Treatment	ACT is free for all ages in public sector Artemisnin-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 Yes No No No No No Yes	2007 - - - - - -

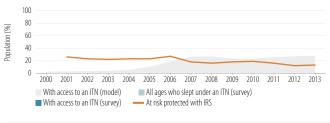
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2012
	ACD of febrile cases at community level (pro-active)		Yes	2012
	Mass screening is undertaken		No	2012
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	AL		2007
First-line treati	ment of <i>P. falciparum</i>	AL		2007
Treatment fails	ure of P. falciparum	QN		2007
Treatment of s	evere malaria	QN		2007

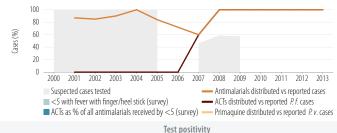
rifst-line treatment of unconfirmed malana	AL	2007
First-line treatment of P. falciparum	AL	2007
Treatment failure of P. falciparum	QN	2007
Treatment of severe malaria	QN	2007
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		P.f only
Therapeutic efficacy tests (clinical and parasitological failure, %)	

Medicine Year Min Median Max Follow-up No. of studies Species

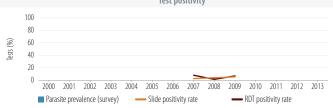


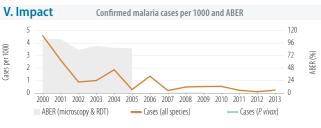


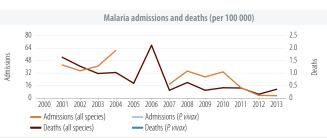


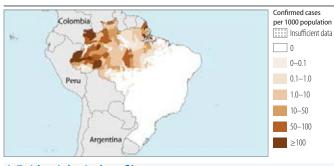














I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4610 000	2
Low transmission (0–1 cases per 1000 population)	36 100 000	18
Malaria-free (0 cases)	159 700 000	80
Total	200 410 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (18%), P. vivax (82%)
Major anopheles species:	An. darlingi, An. albitarsis, An. aquasalis
Programme phase:	Control
Reported confirmed cases:	177.767
Reported deaths:	41

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	2007 2007
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1945 –
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1972 1972
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 Yes Yes Yes No No No	2006 2010 2011 1972 - -

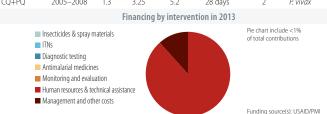
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	Yes Yes	-
	Mass screening is undertaken	Yes	_
	Uncomplicated P. falciparum cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	_

Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	=	_	
First-line treatment of P. falciparum	AL+PQ(1d); AS+MQ+PQ(1d)	2012	
Treatment failure of P. falciparum	QN+D+PQ	-	
Treatment of severe malaria	AM+CL; AS+CL; QN+CL	-	
Treatment of P. vivax	CQ+PQ(7d)	2006	
Dosage of primaquine for radical treatment of P. vivax	0.50 mg/kg (7 days		
Type of RDT used	P.f + all species (Combo)		

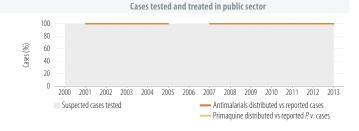
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2007	0	0	0	28 days	2	P. falciparum
AS+MQ	2005-2007	0	0	0	42 days	3	P. falciparum
CO+PO	2005-2008	13	3 25	5.2	28 days	2	P vivax

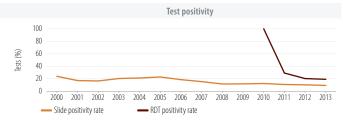


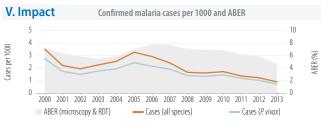


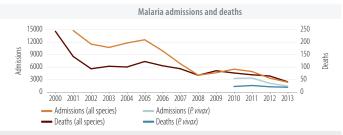


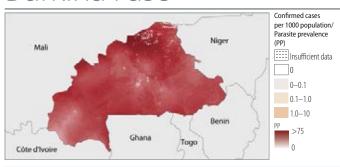














I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	16 900 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	16 900 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	3769051
Reported deaths:	6294

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	2007 1998
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2006
Larval contro	Use of larval control recommended	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2009 2009
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	No Yes No No No No No Yes	_ 2009 _ _ _ _ _ _ _ 2009

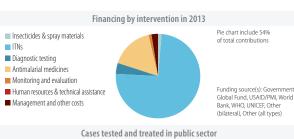
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	_
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

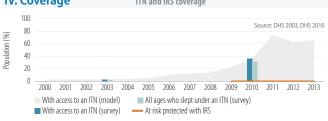
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ	2005
First-line treatment of P. falciparum	AL; AS+AQ	2005
Treatment failure of P. falciparum	QN	-
Treatment of severe malaria	QN	-
Treatment of P. vivax	_	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		P.f only

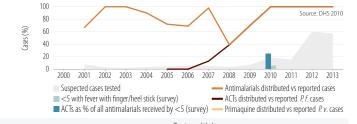
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2012	0	6.15	12.5	28 days	9	P. falciparum
AS+AQ	2006-2012	0	5.05	21.5	28 days	6	P. falciparum

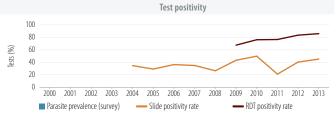


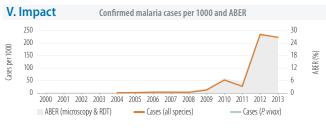


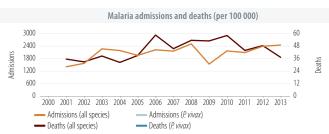












Impact: Insufficiently consistent data to assess trends





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	2 440 000	24
Low transmission (0–1 cases per 1000 population)	5 490 000	54
Malaria-free (0 cases)	2 240 000	22
Total	10 170 000	

Parasites and vectors	
	P. falciparum (100%), P. vivax (0%) An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases: Reported deaths:	4141387 3411

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 No	2004
IRS	IRS is recommended DDT is authorized for IRS	Yes –	2009
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2012
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	2009 - - - - - -

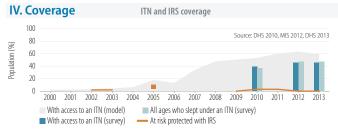
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)		– Yes	_ 2010
	Mass screening is undertaken Uncomplicated <i>P. falciparum</i> cases routinely admitted Uncomplicated <i>P. vivax</i> cases routinely admitted		No Yes No	2003 –
Antimalaria tre	eatment policy	Medicine		Year adopted
First-line treatment of unconfirmed malaria		AS+AQ		2003
First-line treatr	ment of <i>P. falciparum</i>	AS+AQ		2003
Treatment failu	ure of P. falciparum	QN		2003
Treatment of s	evere malaria	QN		2003
Treatment of P.	! vivax	-		-
Dosage of prim	aquine for radical treatment of P. vivax			-
Type of RDT us	ed			-

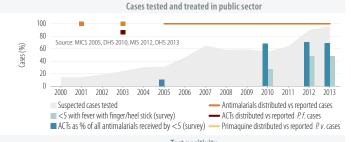
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2005-2006	2.9	5.2	7.5	28 days	2	P. falciparum

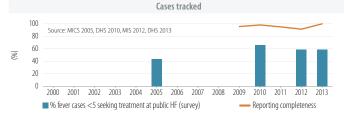
III. Financing Sources of financing 28 Contribution (US\$m) 21 2000 2001 2002 2003 2004 2007 2005 2006 2008 2009 ■ WHO/UNICFF ■ Others Global Fund World Bank USAID/PMI

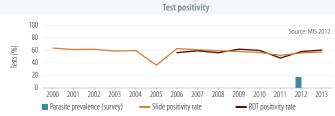
Financing by intervention in 2013

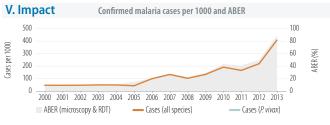
No data reported for 2013

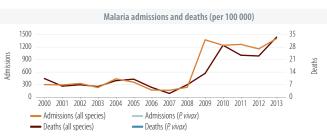




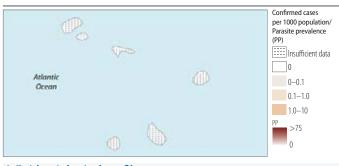


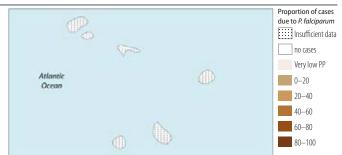






Impact: Insufficiently consistent data to assess trends





Population	2013	%
Number of active foci	2	
Number of people living within active foci	299 000	60
Number of people living in malaria-free areas Total	200 000 499 000	40

Major plasmodium species: Major anopheles species:	P. falciparum (10 An. arabiensis	0%), <i>P. vivax</i> (0%)	
Programme phase:	Pre-elimination		
Total confirmed cases, 2013: Total deaths, 2013:	46 0	Indigenous cases, 2013: Indigenous deaths, 2013:	22 0

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	No No	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1998 -
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1998 1975
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 - Yes No - Yes No	2008 - - - - - -

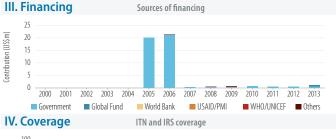
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	_
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	_
	Uncomplicated P. vivax cases routinely admitted	_	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

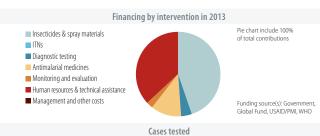
Yes/ Year

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2007
First-line treatment of P. falciparum	AL	2007
Treatment failure of P. falciparum	QN	-
Treatment of severe malaria	QN	
Treatment of P. vivax	_	_
Dosage of primaquine for radical treatment of <i>P. vivax</i>		

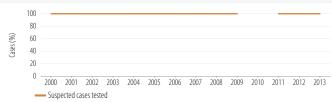
Therapeutic efficacy tests (clinical and parasitological failure, %)

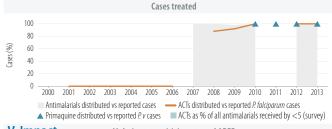
Medicine Year Min Median Max Follow-up No. of studies Species



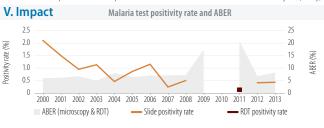


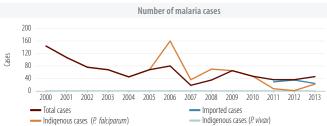
















Population	2013	%
High transmission (> 1 case per 1000 population)	6 660 000	44
Low transmission (0–1 cases per 1000 population)	1 360 000	9
Malaria-free (0 cases)	7 1 1 0 0 0 0	47
Total	15 130 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (55%), P. vivax (45%)
Major anopheles species:	An. dirus, An. minimus, An. maculatus, An. sundaicus
Programme phase:	Control
Reported confirmed cases:	21 309
Reported deaths:	12

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	2000 2000
IRS	IRS is recommended DDT is authorized for IRS	No No	_ _
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2000 2000
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 Yes No Yes Yes No Yes	2000 2011 - 2013 2012 - 2010

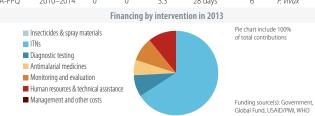
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated <i>P. falciparum</i> cases routinely admitted Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes No Yes No No	2010 - 2010 - -

Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	=	_	
First-line treatment of P. falciparum	AS+MQ; DHA-PPQ+PQ	2000	
Treatment failure of P. falciparum	QN+T	2000	
Treatment of severe malaria	AM; QN	_	
Treatment of P. vivax	DHA-PPQ	2011	
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/kg (14 day:		
Type of RDT used	P.f + P.v specific (Combo)		

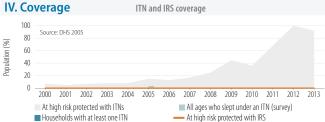
Therapeutic efficacy tests (clinical and parasitological failure, %)

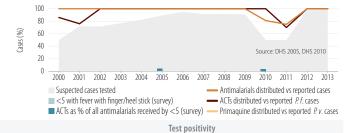
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005-2011	0	3.15	19.4	42 days	14	P. falciparum
DHA-PPQ	2008-2014	0	5.9	37.5	42 days	21	P. falciparum
DHA-PPO	2010-2014	0	0	3.3	28 days	6	P vivax



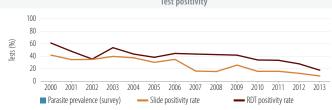


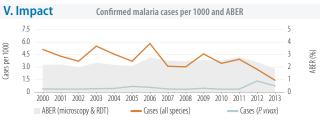
Cases tested and treated in public sector

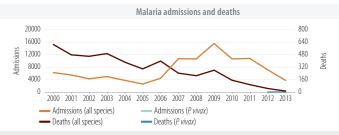




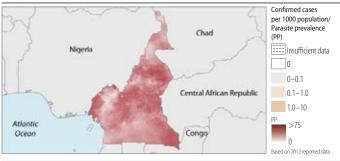








African Region





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	15 800 000	71
Low transmission (0–1 cases per 1000 population)	6 4 5 0 0 0 0	29
Malaria-free (0 cases)	0	C
Total	22 250 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. funestus, An. moucheti, An. nili
Programme phase:	Control
Reported confirmed cases:	26651
Reported deaths:	4349

Yes/ Year

Follow-up No. of studies Species

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 No	2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007
Larval contro	Use of larval control recommended	No	-
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 No	2011
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	No - No No - - Yes	- - - - - - 2004

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		_	_
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatr	ment of unconfirmed malaria	AS+AQ		2004
First-line treatr	ment of <i>P. falciparum</i>	AS+AQ		2004
Treatment failu	ure of P. falciparum	QN		2004
Treatment of s	evere malaria	AM; QN		2004
Treatment of F	! vivax	_		_
Dosage of prim	naquine for radical treatment of P. vivax			-
Type of RDT us	ed			-
Therapeutic ef	ficacy tests (clinical and parasitological failure, %)			

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— Admissions (P. vivax)

Deaths (P. vivax)

Median

III. Financing Sources of financing Financing by intervention in 2013 Pie chart include 3% of total contributions ■ Insecticides & spray materials Contribution (US\$m) ITNs ■ Diagnostic testing Antimalarial medicines Monitoring and evaluation ■ Human resources & technical assistance 2000 2001 2003 2004 Management and other costs 2002 2005 2006 2009 2011 2007 2008 Funding source(s): WHO Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others IV. Coverage ITN and IRS coverage Cases tested and treated in public sector 100 100 Source: MICS 2006, DHS 2011 Source: DHS 2004, DHS 2011 80 80 Population (%) Cases (%) 60 40 40 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 With access to an ITN (model) All ages who slept under an ITN (survey) Suspected cases tested — Antimalarials distributed vs reported cases ■ With access to an ITN (survey) <5 with fever with finger/heel stick (survey)</p> ACTs distributed vs reported P. f. cases — At risk protected with IRS ■ ACTs as % of all antimalarials received by <5 (survey) — Primaquine distributed vs reported P. v. cases Test positivity Cases tracked 100 Source: DHS 2004, MICS 2006, DHS 2011 80 80 Tests (%) 60 60 % 40 40 20 20 2000 2001 2002 2003 2004 2005 2006 2009 2010 2011 2012 2013 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2007 2008 2008 ■ % fever cases <5 seeking treatment at public HF (survey) Reporting completeness Parasite prevalence (survey) Slide positivity rate RDT positivity rate V. Impact Confirmed malaria cases per 1000 and ABER Malaria admissions and deaths (per 100 000) 20 25 2500 40 16 20 2000 32 Cases per 1000 12 15 ABER (%) 1500 **Seaths** 1000 10

500

— Admissions (all species)

— Deaths (all species)

Medicine

Year

ABER (microscopy & RDT)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— (ases (all species)

Cases (P vivax)





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4620000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	4620000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	116300
Reported deaths:	1026

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	2006 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2012
Larval contro	Use of larval control recommended	-	-
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 No	-
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	2010 - - - - - -

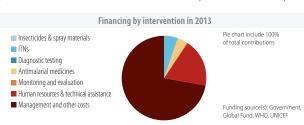
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	_	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	_	-
	Uncomplicated P. vivax cases routinely admitted	-	-
			Year

Medicine	adopted
AL	2005
AL	-
QN	-
AM; QN	2005
-	-
	-
	=
	AL AL QN

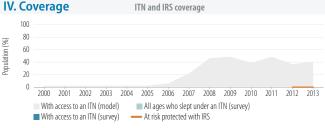
Therapeutic efficacy tests (clinical and parasitological failure, %)

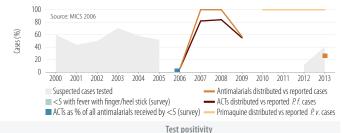
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2008-2010	0	3.8	7.6	28 days	2	P. falciparum
AS+AQ	2008-2010	0	3.4	6.8	28 days	2	P. falciparum





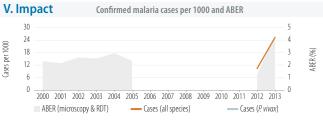
Cases tested and treated in public sector

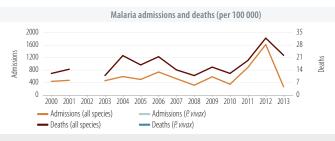




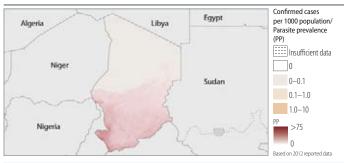


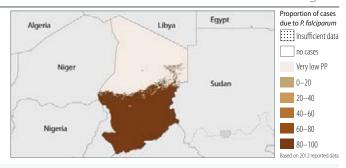












I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	10 300 000	80
Low transmission (0–1 cases per 1000 population)	2 440 000	19
Malaria-free (0 cases)	128 000	1
Total	12868000	

Parasites and vectors	
	P. falciparum (100%), P. vivax (0%) An. arabiensis, An. funestus, An. pharoensis, An. nili
Programme phase:	Control
Reported confirmed cases: Reported deaths:	754565 1881

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 No	2010 -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	_ _
Larval control	Use of larval control recommended	No	-
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	- -
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	- - - - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated <i>P. falciparum</i> cases routinely admitted	– No – Yes	- - - -
	Uncomplicated P. vivax cases routinely admitted	_	-

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ	_
First-line treatment of P. falciparum	AL; AS+AQ	-
Treatment failure of P. falciparum	QN	-
Treatment of severe malaria	AM; QN	=
Treatment of P. vivax	=	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		-
The second is a ffective to the definite of an all and a second of the last of	0/)	

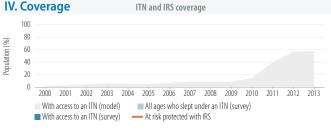
Therapeutic efficacy tests (clinical and parasitological failure, %) Min

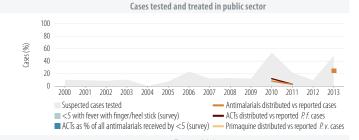
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2009-2011	0	0	1.8	28 days	3	P. falciparum



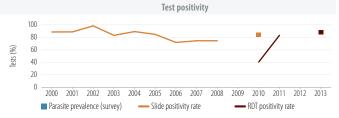


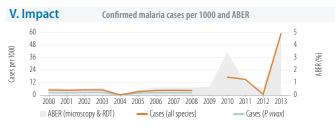
Financing by intervention in 2013

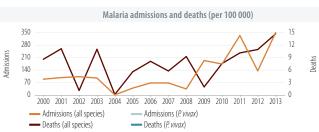












Impact: Insufficiently consistent data to assess trends







I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	197 000	0
Low transmission (0–1 cases per 1000 population)	579 300 000	42
Malaria-free (0 cases)	806 100 000	58
Total	1 385 597 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (73%), P. vivax (23%)
Major anopheles species:	An. sinensis, An. anthropophagus, An. dirus, An. minimus
Programme phase:	Control
Reported confirmed cases:	4086
Reported deaths:	23

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	2003 2000
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2000
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2000
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 Yes No Yes Yes Yes	2006 - - 1970 - 1970 1970

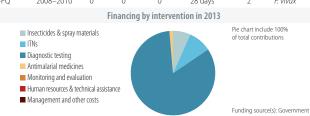
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	Yes Yes	2000 2000
	Mass screening is undertaken	Yes	1970
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	ART+NQ; ART-PPQ; AS+AQ; DHA	A-PPQ 2009
First-line treatment of P. falciparum	_	_
Treatment failure of P. falciparum	AM; AS; PYR	2009
Treatment of severe malaria	CQ+PQ(8d)	2006
Treatment of P. vivax	QN	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		_

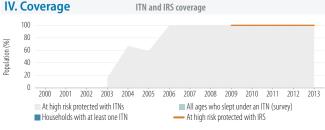
Therapeutic efficacy tests (clinical and parasitological failure, %)

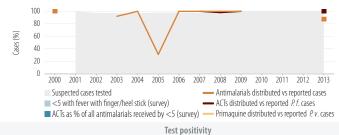
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
DHA-PPQ	2012-2012	0	1.15	2.3	42 days	2	P. falciparum
CQ	2008-2013	0	0	4.3	28 days	11	P. vivax
CQ+PQ	2008-2010	0	0	0	28 days	2	P. vivax



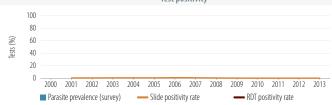


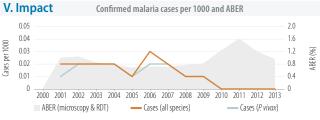
Cases tested and treated in public sector

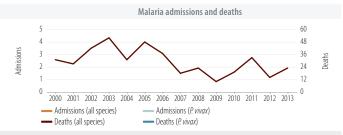












Colombia





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	7 150 000	15
Low transmission (0–1 cases per 1000 population)	3 720 000	8
Malaria-free (0 cases)	37 400 000	78
Total	48 270 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (34%), P. vivax (66%)
Major anopheles species:	An. darlingi, An. albimanus, An. nunestovari, An. neivai, An. punctimacula, An. pseudopunctipennis
Programme phase:	Control
Reported confirmed cases:	51 696
Reported deaths:	10

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	2005 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1958 -
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1984 1958
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 Yes No No Yes	2008 - 2008 - - - -

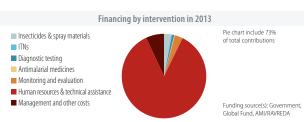
ı	ntervention	Policies/strategies	No	adopted
•	Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated P. foliciparum cases routinely admitted	Yes No No	1998 - -
		Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

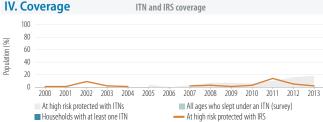
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	AL	2006
Treatment failure of P. falciparum	QN(3d)+CL(5d)	2004
Treatment of severe malaria	AS; AL	_
Treatment of P. vivax	CQ+PQ(14d)	1960s
Dosage of primaquine for radical treatment of P. vivax	0.25 mg	g/kg (14 days)
Type of RDT used	<i>P.f</i> + <i>P.v</i> spe	cific (Combo)

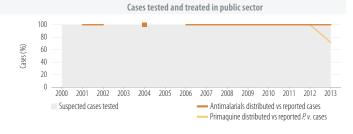
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2009	0	0.6	1	28 days	3	P. falciparum
CQ+PQ	2006-2011	0	0	0	28 days	2	P. vivax

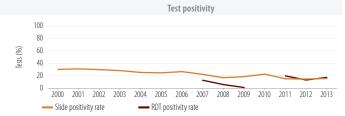


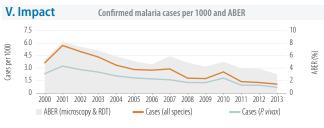


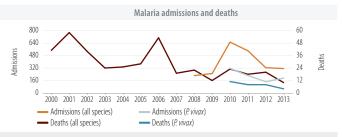






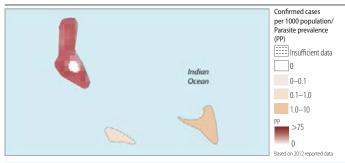


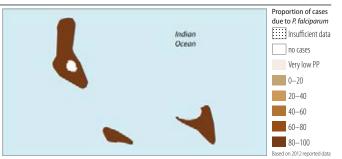




Impact: Increase in case incidence 2000-2015

Comoros African Region





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	691 000	94
Low transmission (0–1 cases per 1000 population)	44 100	6
Malaria-free (0 cases)	0	0
Total	735 100	

Parasites and vectors	
Major plasmodium species:	P. falciparum (99%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	53 156
Reported deaths:	15

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	2005 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	2010
Larval control	Use of larval control recommended	No	_
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	1997 2011
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	2010 - - - - - -

Intervention	Policies/strategies		Yes/ No	Year adopted
Surveillance	ACD for case investigation (reactive)		Yes	2013
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		Yes	2010
	Uncomplicated P. falciparum cases routinely admitted		Yes	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria treatment policy		Medicine		adopted
First-line treatr	ment of unconfirmed malaria	AL		2003
First-line treatr	ment of <i>P. falciparum</i>	AL		2003
Treatment failu	ure of P. falciparum	QN		2003
Treatment of s	evere malaria	QN		2003
Treatment of F	? vivax	-		_
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>			-
Type of RDT us	sed	P.f + P.	v, P.o, P.m	(Combo)
Thoronouticof	Fraguetosts (clinical and navacital agical failure 0/)			

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2011	0	0	3.2	28 days	12	P. falciparum



ABER (microscopy & RDT)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— (ases (all species)

Cases (P vivax)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- Admissions (P vivax)

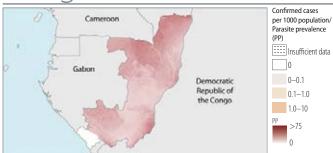
Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)

Year

Congo





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4450000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	4450000	

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:	43 232
Reported deaths:	2870

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	2011 2011
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007 -
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	_ _
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	No Yes No No No No No	_ 2007 _ _ _ _ _ _

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	No No	-
	Mass screening is undertaken	No	_
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	-
First-line treatment of P. falciparum	AS+AQ	_
Treatment failure of P. falciparum	AL	_
Treatment of severe malaria	QN	_
Treatment of P. vivax	-	_
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		-

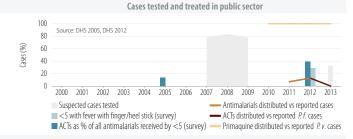
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2014	0	2.8	3.6	28 days	3	P. falciparum
AS+AQ	2005-2014	0	2.7	5.6	28 days	3	P. falciparum

Financing by intervention in 2013

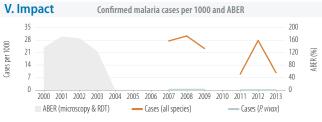
No data reported for 2013

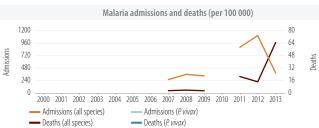












Impact: Insufficiently consistent data to assess trends

due to P. falcinarum

Insufficient data

no cases

0-20

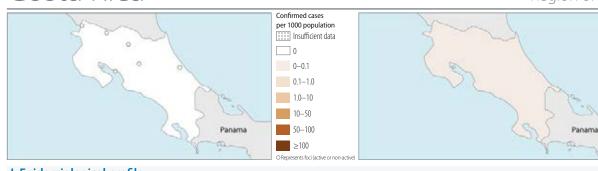
20-40

40-60

60-80

80-100

Very low PP



I. Epidemiological profile

Population	2013	%
Number of active foci	1	
Number of people living within active foci	2500	0
Number of people living in malaria-free areas	4870000	100
Total	4872500	

Parasites and vectors			
Major plasmodium species: Major anopheles species:	P. falciparum (0 An. albimanus	%), P. vivax (100%)	
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	6 0	Indigenous cases, 2013: Indigenous deaths, 2013:	0

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	2009 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1957 –
Larval contro	I Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 1957
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	No - Yes Yes No Yes Yes	- - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routin	ely admitted	Yes	-
	Uncomplicated P. vivax cases routinely adm	itted	Yes	-
	Foci and case investigation undertaken		Yes	-
	Case reporting from private sector is mar	datory	Yes	-
Antimalaria tro	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	_		-
First-line treatr	ment of <i>P. falciparum</i>	CQ+PQ(1d)		_
Treatment failu	ure of P. falciparum	CQ+PQ		_
Treatment of s	evere malaria	QN		_
Treatment of P.	! vivax	CQ+PQ(7d); CQ+PQ(14d	l)	-
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days); 0.5r	ng/k	g (7 days)
Therapeutic ef	ficacy tests (clinical and parasitological fail	ure, %)		

Medicine Median Year Min Max Follow-up No. of studies Species

III. Financing Sources of financing Contribution (US\$m) 2003 2006 Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

No data reported for 2013

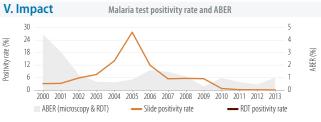
Financing by intervention in 2013

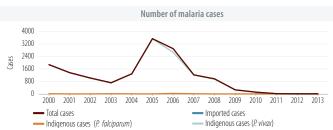
















Population	2013	%
High transmission (> 1 case per 1000 population)	20 300 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	20 300 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	2506953
Reported deaths:	3261

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 No	2008
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	- -
Larval contro	Use of larval control recommended	-	_
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 2012
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 Yes No - - - Yes	_ 2007 _ _ _ _ _ _

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	_	-
	Mass screening is undertaken	-	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	2003
First-line treatment of P. falciparum	AS+AQ	2003
Treatment failure of P. falciparum	AL	2003
Treatment of severe malaria	QN	2003
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		-

Therapeutic efficacy tests (clinical and parasitological failure, %)

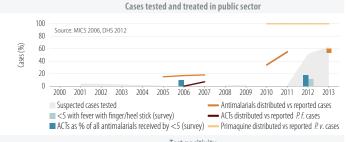
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2009	0	2.6	7.4	28 days	9	P. falciparum
AS+AQ	2007-2009	0	0	1.3	28 days	4	P. falciparum

| Sources of financing | Sources of financing

Financing by intervention in 2013

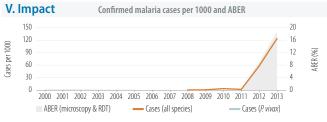
No data reported for 2013

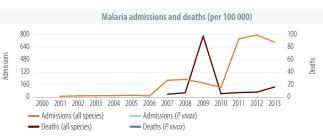






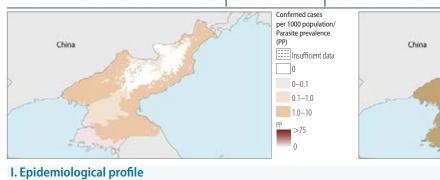






Impact: Insufficiently consistent data to assess trends

emocratic People's Republic of Korea South-East Asia Region





Population	2013	%
Number of active foci	2252	
Number of people living within active foci	13 100 000	53
Number of people living in malaria-free areas Total	11 800 000 24 900 000	47

Parasites and vectors			
Major plasmodium species: Major anopheles species:	P. falciparum (0% An. sinensis	6), <i>P. vivax</i> (100%)	
Programme phase:	Pre-elimination		
Total confirmed cases, 2013: Total deaths, 2013:	14407 0	Indigenous cases, 2013: Indigenous deaths, 2013:	14407 0

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	2002 2002
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007
Larval contro	Use of larval control recommended	Yes	2002
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 1953
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	- No Yes No Yes Yes	- - 2000 - 2000 2002

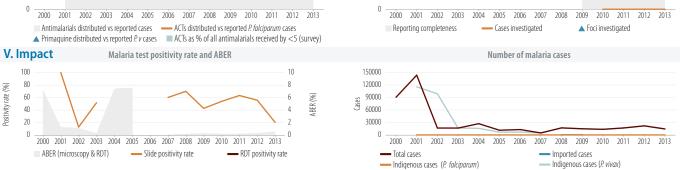
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	_
	ACD of febrile cases at community level (pro-active)	Yes	1999
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Foci and case investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

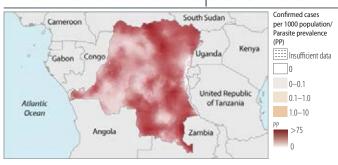
Year

Antimalaria treatment policy	Medicine	rear adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	_	-
Treatment failure of P. falciparum	=	-
Treatment of severe malaria	-	_
Treatment of P. vivax	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of P. vivax	0.25 m	g/kg (14 days)
They amount is office ou toots (clinical and navacital origal failure	0/)	

Medicine Min Median Follow-up No. of studies Year Max Species









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 (0%), 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	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

Intervention	Policies/strategies		No	adopted
Surveillance	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	-
Antimalaria tu	naturant nalicu	Madicina		Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	2005
First-line treatment of P. falciparum	AS+AQ	2005
Treatment failure of P. falciparum	QN	2005
Treatment of severe malaria	QN	2005
Treatment of P. vivax	=-	-
Dosage of primaquine for radical treatment of P. vivax		_
Type of RDT used	e of RDT used P.f + all species	

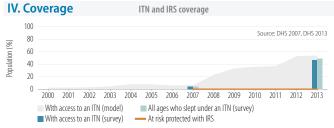
Therapeutic efficacy tests (clinical and parasitological failure, %)

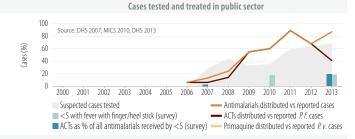
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2013	0	2.4	9.2	28 days	10	P. falciparum
AS+AQ	2005-2012	0	4.2	6.9	28 days	8	P. falciparum

III. Financing Sources of financing 600 480 Contribution (US\$m) 360 240 120 2003 2004 2005 2006 2009 2007 Government Global Fund World Bank USAID/PMI ■ WHO/UNICFF ■ Others

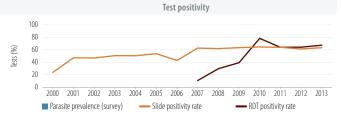
Financing by intervention in 2013

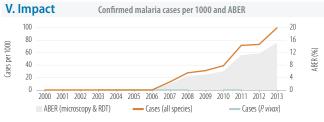
No data reported for 2013

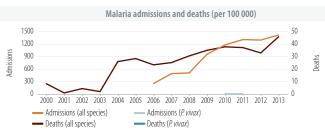












Impact: Insufficiently consistent data to assess trends





Population	2013	%
High transmission (> 1 case per 1000 population)	0	0
Low transmission (0–1 cases per 1000 population)	436 000	50
Malaria-free (0 cases)	436 000	50
Total	872 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	1684
Reported deaths:	17

Intervention Policies/strategies

Medicine

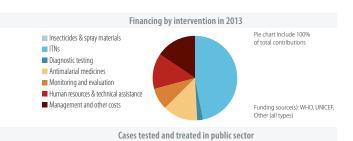
II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2008
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2006 -
Larval contro	Use of larval control recommended	Yes	2008
IPT	IPT used to prevent malaria during pregnancy	N/A	-
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 - Yes Yes No No No	2007 - 2014 2014 - - -

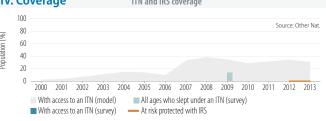
ilitervelition	rulicies/strategies		NO	auopteu
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-act	ive)	No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely adm	nitted	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatr	ment of unconfirmed malaria	AL		2014
First-line treatr	ment of <i>P. falciparum</i>	AL+PQ		2014
Treatment failu	ure of P. falciparum	AS+AQ		2014
Treatment of s	evere malaria	QN		-
Treatment of F	? vivax	CQ+PQ (14 days)		-
Dosage of primaquine for radical treatment of P. vivax		0.25	mg/kg	(14 days)
Type of RDT us	sed			-
Therapeutic ef	ficacy tests (clinical and parasitological failure, %))		
	, , , , , , , , , , , , , , , , , , , ,			

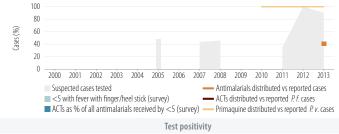
Median





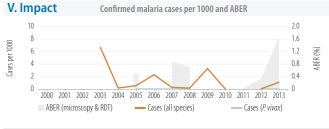
Follow-up No. of studies Species

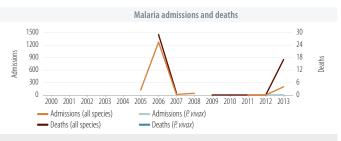




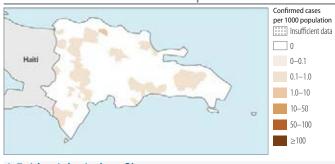


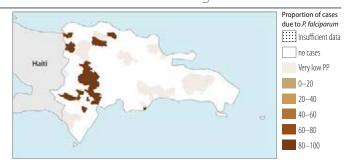






Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	447 000	4
Low transmission (0–1 cases per 1000 population)	8 460 000	81
Malaria-free (0 cases) Total	1 500 000 10 407 000	14

Parasites and vectors	
Major plasmodium species:	P. falciparum (99%), P. vivax (1%)
Major anopheles species:	An. albimanus
Programme phase:	Control
Reported confirmed cases:	579
Reported deaths:	5

II. Intervention policies and strategies

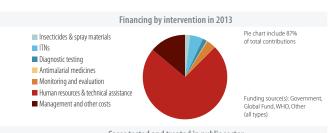
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2008 2008
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1946 -
Larval contro	Use of larval control recommended	Yes	1964
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1964 1964
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	No - Yes Yes No Yes No	- 1964 1964 - -

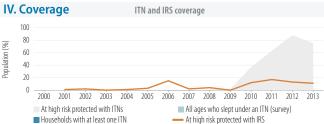
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	Yes Yes	- 1964
	Mass screening is undertaken	Yes	1964
	Uncomplicated <i>P. falciparum</i> cases routinely admitted Uncomplicated <i>P. vivax</i> cases routinely admitted	No No	— ; — ;
			Year

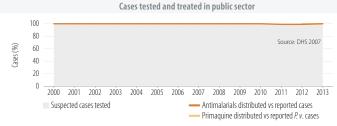
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	
First-line treatment of P. falciparum	CQ+PQ(1d)	-
Treatment failure of P. falciparum	CQ; QN	-
Treatment of severe malaria	CQ; QN	-
Treatment of P. vivax	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of P. vivax	0.25 m	ig/kg (14 days)
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



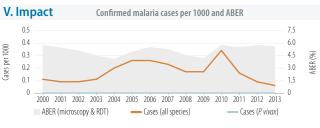


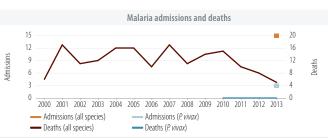












Impact: On track for 50%-75% decrease in case incidence 2000-2015





Population	2013	%
Number of active foci	3	
Number of people living within active foci	265 000	2
Number of people living in malaria-free areas Total	15 500 000 15 765 000	98

Parasites and vectors				
Major plasmodium species: Major anopheles species:		%), P. vivax (57%) n. punctimacula, An. pseudop	ounctipennis	
Programme phase:	Pre-elimination			
Total confirmed cases, 2013: Total deaths, 2013:	378 0	Indigenous cases, 2013: Indigenous deaths, 2013:	368 0	

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	2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2005
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1956 1956
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 Yes Yes Yes No Yes No	2005 - - - - - -

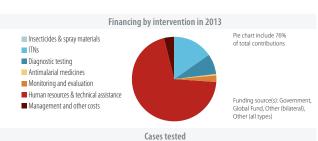
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	No	-

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	AL+PQ	2012
Treatment failure of P. falciparum	QN+CL	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/kg (7 days	

Therapeutic efficacy tests (clinical and parasitological failure, %)

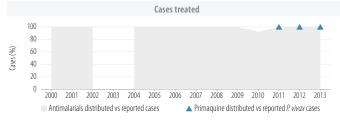
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2006	0	0	0	28 days	1	P. falciparum



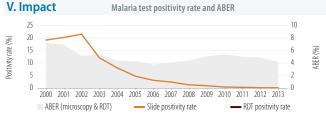


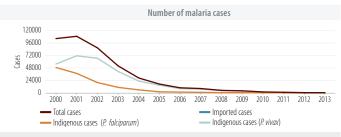






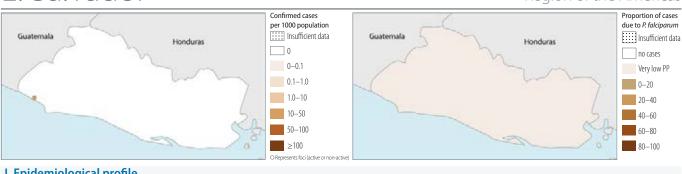






Year

El Salvador



I. Epidemiological profile

Population	2013	%
Number of active foci	2	
Number of people living within active foci	54 900	1
Number of people living in malaria-free areas Total	6 290 000 6 344 900	99

Parasites and vectors			
Major plasmodium species: Major anopheles species:		h), P. vivax (100%) n. pseudopunctipennis	
Programme phase:	Pre-elimination		
Total confirmed cases, 2013: Total deaths, 2013:	7 0	Indigenous cases, 2013: Indigenous deaths, 2013:	6 0

II. Intervention policies and strategies

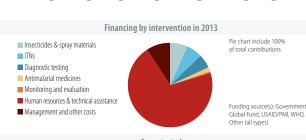
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	- 2013
IRS	IRS is recommended DDT is authorized for IRS	Yes No	_ _
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010
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	No - Yes Yes No Yes No	- - - - -

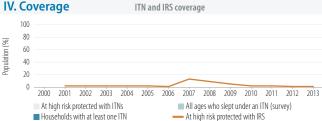
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)		Yes	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
	Foci and case investigation undertaken		Yes	-
	Case reporting from private sector is mandatory		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	-		-

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	=	
First-line treatment of P. falciparum	CQ+PQ(1d)	_
Treatment failure of P. falciparum	AL	_
Treatment of severe malaria	QN	2012
Treatment of P. vivax	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of P. vivax	0.25 m	g/kg (14 days)
Therapoutic officacy tests (clinical and parasitological failure	06)	

Medicine Year Min Median Max Follow-up No. of studies Species



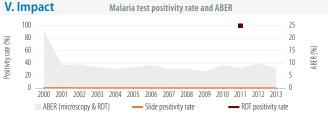


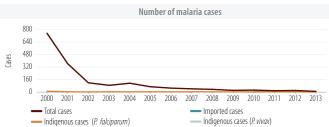












Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	757 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	757 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. melas
Programme phase:	Control
Reported confirmed cases:	13 129
Reported deaths:	66

II. Intervention policies and strategies

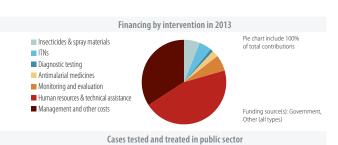
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes No	-
IRS	IRS is recommended DDT is authorized for IRS	Yes No	-
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	-
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 Yes No No	- - - - -

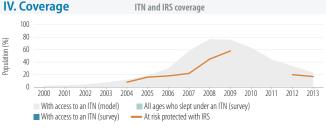
Policies/strategies		No	adopted
ACD for case investigation (reactive)		-	_
ACD of febrile cases at community level (pro-active)		No	-
Mass screening is undertaken		Yes	-
Uncomplicated P. falciparum cases routinely admitted		Yes	-
Uncomplicated P. vivax cases routinely admitted		No	-
			Year
eatment policy	Medicine		adopted
ment of unconfirmed malaria	AS+AQ		2004
ment of <i>P. falciparum</i>	AS+AQ		2004
ure of <i>P. falciparum</i>	QN		2004
evere malaria	QN		2004
! vivax	-		-
aquine for radical treatment of <i>P. vivax</i>			-
	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated P. foliciparum cases routinely admitted Uncomplicated P. vivax cases routinely admitted eatment policy ment of unconfirmed malaria ment of P. falciparum ure of P. falciparum evere malaria vivax	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated P. falciparum cases routinely admitted Uncomplicated P. vivax cases routinely admitted Uncomplicated P. vivax cases routinely admitted eatment policy ment of unconfirmed malaria AS+AQ ment of P. falciparum AS+AQ one vere malaria QN vivax —	ACD for case investigation (reactive) — ACD of febrile cases at community level (pro-active) No Mass screening is undertaken Yes Uncomplicated P. falciparum cases routinely admitted Yes Uncomplicated P. vivax cases routinely admitted No eatment policy Medicine ment of unconfirmed malaria AS+AQ ment of P. falciparum ON evere malaria QN evere malaria QN Vivax —

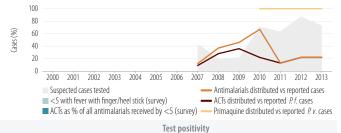
Therapeutic	efficacy tests (cli	nical and	d parasitolog	ical failure	e, %)		
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AO	2006-2011	0	2.3	5	28 davs	5	P. falciparum

Type of RDT used

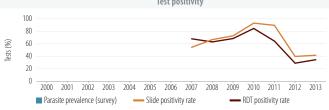


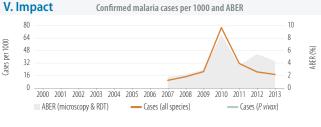


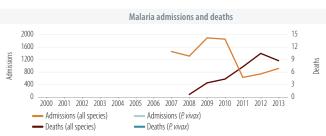
















Population	2013	%
High transmission (> 1 case per 1000 population)	4500000	71
Low transmission (0–1 cases per 1000 population)	1 840 000	29
Malaria-free (0 cases)	0	0
Total	6 3 4 0 0 0 0	

Parasites and vectors	
Major plasmodium species:	P. falciparum (60%), P. vivax (39%)
Major anopheles species:	An. arabiensis
Programme phase:	Control
Reported confirmed cases:	21317
Reported deaths:	6

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	2002 2002
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1995 -
Larval control	Use of larval control recommended	Yes	1995
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1997 1997
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 Yes No Yes No No Yes	2007 - - 2002 - - 2013

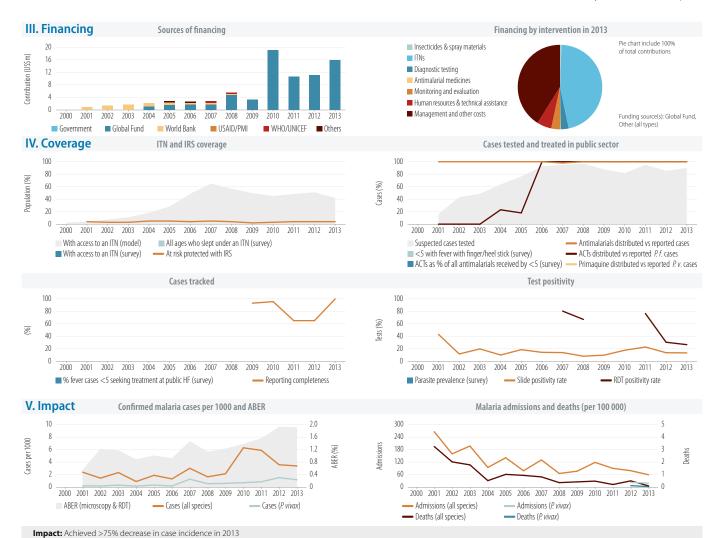
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment nolicy	Madicina		Year

Yes/ Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	2007
First-line treatment of P. falciparum	AS+AQ	2007
Treatment failure of P. falciparum	QN	2002
Treatment of severe malaria	QN	2002
Treatment of P. vivax	AS+AQ+PQ	2007
Dosage of primaquine for radical treatment of P. vivax	0.25 mg	g/kg (14 days)
Type of RDT used	P.f + P.v spe	cific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2006-2012	0	2.25	9.3	28 days	16	P. falciparum







Population	2013	%
High transmission (> 1 case per 1000 population)	941 000	1
Low transmission (0–1 cases per 1000 population)	62 100 000	66
Malaria-free (0 cases)	31 100 000	33
Total	94 141 000	

Parasites and vectors	
	P. falciparum (64%), P. vivax (36%) An. arabiensis, An. pharoensis, An. funestus, An. nili
Programme phase:	Control
Reported confirmed cases: Reported deaths:	2 6 4 5 4 5 4 5 4 5 8 5 8 5 8 5 8 5 8 5 8 5

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	2004 2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1960 -
Larval contro	Use of larval control recommended	Yes	1960
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1960 1960
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 No	2004 - - - - - -

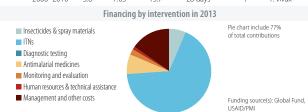
lr	ntervention	Policies/strategies	No	adopted
S	urveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated <i>P. foliciparum</i> cases routinely admitted	No No No	- - - -
_		Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of P. falciparum	AL	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	CQ	2004
Dosage of primaquine for radical treatment of P. vivax		_
Type of PDT used		

Therapeutic efficacy tests (clinical and parasitological failure, %)

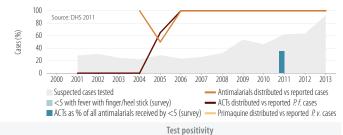
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2012	0	1	7.5	28 days	15	P. falciparum
QN	2006-2006	10	10	10	28 days	1	P. falciparum
CQ	2006-2010	3.8	7.05	13.7	28 days	4	P. vivax



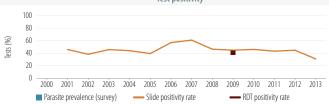


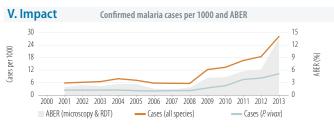
Cases tested and treated in public sector

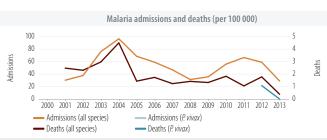












Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	213 000	86
Low transmission (0–1 cases per 1000 population)	36 100	14
Malaria-free (0 cases)	0	0
Total	249 100	

Parasites and vectors	
Major plasmodium species:	P. falciparum (31%), P. vivax (68%)
Major anopheles species:	An. darlingi
Programme phase:	Control
Reported confirmed cases:	875
Reported deaths:	3

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	2012 2012
IRS	IRS is recommended DDT is authorized for IRS	Yes No	-
Larval contro	I Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- -
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 Yes - -	- - - - - -

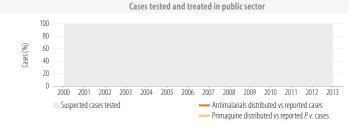
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		-	-
	ACD of febrile cases at community level (pro-active)		-	-
	Mass screening is undertaken		_	-
	Uncomplicated P. falciparum cases routinely admitted		_	-
	Uncomplicated P. vivax cases routinely admitted		-	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	-		-
First-line treatr	ment of <i>P. falciparum</i>	AL; AT+PG		-
Treatment failu	ure of P. falciparum	-		-
Treatment of s	evere malaria	AS; QN+D		-
Treatment of F	? vivax	CQ+PQ		-
D				

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Therapeutic ef	ficacy tests (c	linical and	l parasitolog	ical failure	2, %)		
Type of RDT us	sed					P.f + P.v, P.o, P.	m (Combo)
Dosage of prin	naquine for ra	dical treatr	nent of <i>P. viva</i>	1X			_
Treatment of P. vivax						Q+PQ	-

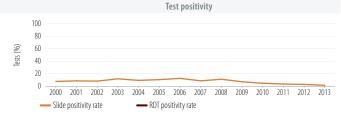
Financing by intervention in 2013

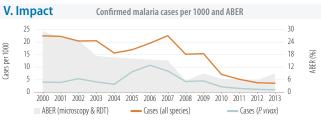
No data reported for 2013

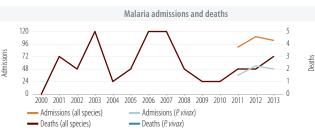
















Population	2013	%
High transmission (> 1 case per 1000 population)	1670000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	1670000	

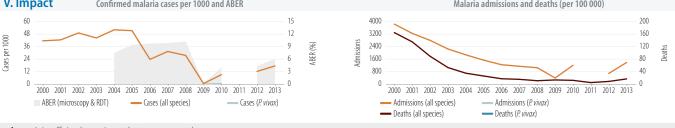
Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. funestus, An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	28 982
Reported deaths:	273

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	No Yes	_ 2007
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2013
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2009 –
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	2003 - - - - - -

Intervention	Policies/stra	tegies					Yes/ No	Year adopted
Surveillance							_	-
	ACD of febri			level (pro-	active)		No	-
	Mass screen						No	-
	Uncomplica						No	-
	Uncomplica	ted <i>P. vivax</i>	cases routin	ely admitte	d		No	-
								Year
Antimalaria tre	eatment polic	.y			Me	edicine		adopted
First-line treatr	ment of unco	nfirmed m	nalaria		Α	S+AQ		2003
First-line treatr	First-line treatment of <i>P. falciparum</i> AS+AQ				2003			
Treatment failu	are of P. falcipa	arum				AL		2003
Treatment of s	evere malaria					QN		2003
Treatment of P.	' vivax					-		-
Dosage of prim	aquine for ra	dical treatr	nent of <i>P. viva</i>	1X				_
Type of RDT used $P.f + P.v, P.o, P.m$					(Combo)			
Therapeutic ef	ficacy tests (c	linical and	parasitolog	ical failure,	%)			
Medicine	Year	Min	Median	Max	Follow-up	No. of stu	dies	Species

III. Financing Sources of financing Financing by intervention in 2013 Pie chart include 100% of total contributions ■ Insecticides & spray materials ITNs Contribution (US\$m) ■ Diagnostic testing Antimalarial medicines Monitoring and evaluation ■ Human resources & technical assistance 2002 2003 2004 2005 2008 2009 2010 2011 2012 2013 Management and other costs 2006 2007 Funding source(s): Government, Other (bilateral) ■ WHO/UNICEF ■ Others Global Fund World Bank USAID/PMI IV. Coverage ITN and IRS coverage Cases tested and treated in public sector 100 100 Source: DHS 2012 Source: DHS 2012 80 80 Population (%) Cases (%) 60 40 40 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 With access to an ITN (model) All ages who slept under an ITN (survey) Suspected cases tested — Antimalarials distributed vs reported cases ■ With access to an ITN (survey) <5 with fever with finger/heel stick (survey)</p> ACTs distributed vs reported P.f. cases — At risk protected with IRS ■ ACTs as % of all antimalarials received by <5 (survey) — Primaquine distributed vs reported P. v. cases Test positivity Cases tracked 100 Source: DHS 2000, DHS 2012 80 80 Tests (%) 60 60 % 40 40 20 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 ■ % fever cases <5 seeking treatment at public HF (survey) - Reporting completeness Parasite prevalence (survey) Slide positivity rate RDT positivity rate V. Impact Confirmed malaria cases per 1000 and ABER Malaria admissions and deaths (per 100 000)







Population	2013	%
High transmission (> 1 case per 1000 population)	1 850 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	1 850 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. melas, An. pharoensis, An. funestus, An. nili
Programme phase:	Control
Reported confirmed cases:	240 792
Reported deaths:	262

Yes/ Year

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	2000 1998
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	2008 2007
Larval contro	Use of larval control recommended	-	_
IPT	IPT used to prevent malaria during pregnancy	Yes	2002
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2009 1998
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 - - - - -	2008 - - - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		-	_
	ACD of febrile cases at community level (pro-active)		-	-
	Mass screening is undertaken		_	-
	Uncomplicated P. falciparum cases routinely admitted		_	-
	Uncomplicated P. vivax cases routinely admitted		-	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatr	ment of unconfirmed malaria	AL		2005
First-line treatr	ment of <i>P. falciparum</i>	AL		2005
Treatment failu	ure of P. falciparum	QN		2005
Treatment of s	evere malaria	QN		2005
Treatment of F	? vivax	-		-
Dosage of prim	naquine for radical treatment of P. vivax			-
Type of RDT us	sed			P.f only

Therapeutic emcacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2013	0	1.6	11.9	28 days	7	P. falciparum



Impact: Insufficiently consistent data to assess trends

Yes/ Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	25 900 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	25 900 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	1639451
Reported deaths:	2506

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	2004 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2005 –
Larval control	Use of larval control recommended	Yes	1999
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2008
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	No - No No No No Yes	- - - - - - 2001

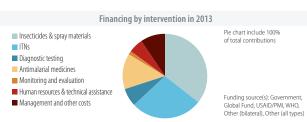
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	_
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of P. falciparum	AL; AS+AQ	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	_	-
Dosage of primaquine for radical treatment of P. vivax		_
Type of RDT used		P.f only

Therapeutic efficacy tests (clinical and parasitological failure, %)

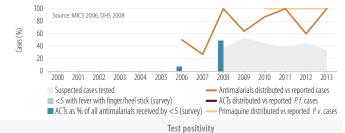
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	0	13.8	28 days	11	P. falciparum
AS+AQ	2005-2011	0	3.15	14	28 days	12	P. falciparum





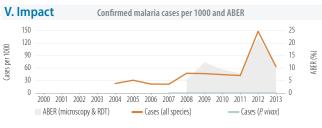
Cases tested and treated in public sector

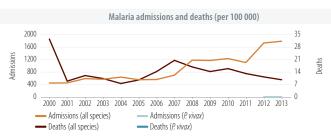












adopted

Guatemala





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	2 320 000	15
Low transmission (0–1 cases per 1000 population)	4720000	31
Malaria-free (0 cases)	8 4 3 0 0 0 0	54
Total	15 470 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (2%), P. vivax (98%)
Major anopheles species:	An. albimanus, An. pseudopunctipennis, An. darlingi
Programme phase:	Control
Reported confirmed cases:	6214
Reported deaths:	0

Intervention Policies/strategies

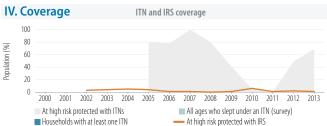
II. Intervention policies and strategies

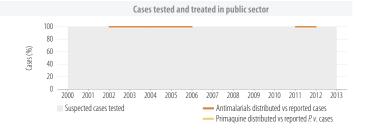
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2006 2006
IRS	IRS is recommended DDT is authorized for IRS	Yes No	_ _
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	-
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 Yes Yes No No Yes	- - - - - -

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Therapeutic e	fficacy tests (c	linical and	l parasitolog	ical failure,	, %)		
Type of RDT u	sed						
Dosage of primaquine for radical treatment of <i>P. vivax</i>					0.25 mg/	kg (14 days)	
Treatment of P. vivax			CQ+	PQ(14d)	-		
Treatment of s						QN	-
Treatment fail						_	-
First-line treatment of <i>P. falciparum</i>			CQ-	CQ+PQ(3d)			
First-line treat	ment of unco	nfirmed n	nalaria			_	-
Antimalaria tr	eatment polic	Ту			Me	edicine	Year adopted
	Uncomplica					N	0 –
	Uncomplica			routinely a	admitted	N	-
	Mass screen			/ level (pro-	-active)	N.	-
Surveillance	ACD for case ACD of febri				0.00011.00	Ye N	

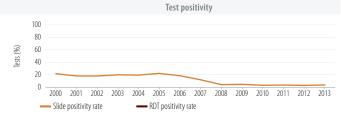
No data reported for 2013

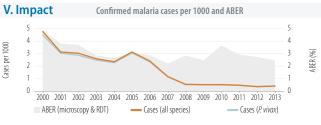
Financing by intervention in 2013

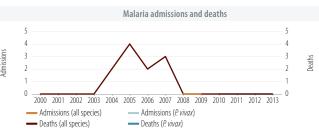












Impact: Achieved >75% decrease in case incidence in 2013







Population	2013	%
High transmission (> 1 case per 1000 population)	11 700 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	11700000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. melas, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	211 257
Reported deaths:	108

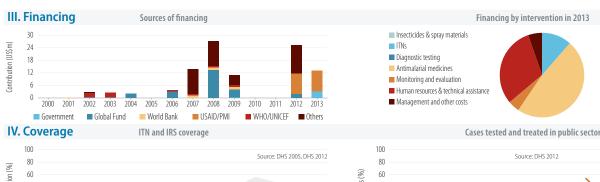
II. Intervention policies and strategies

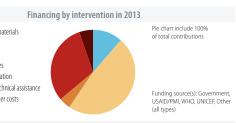
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2009 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2013
Larval contro	I Use of larval control recommended	No	_
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2012 2012
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	2010 - - - - - - 2009

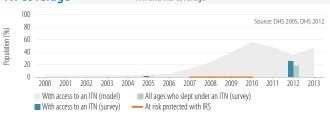
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	2009
	Uncomplicated P. vivax cases routinely admitted	No	-

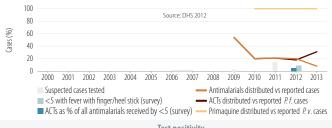
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	_
First-line treatment of P. falciparum	AS+AQ	-
Treatment failure of P. falciparum	QN	-
Treatment of severe malaria	QN	-
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		_
Type of RDT used		-
Therapeutic efficacy tests (clinical and parasitological failure.	%)	

Medicine Year Median Follow-up No. of studies Species



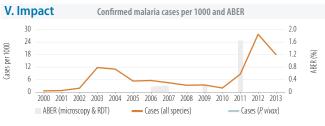


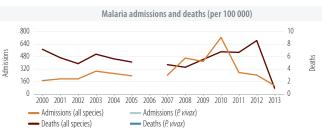












Impact: Insufficiently consistent data to assess trends





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	1 700 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	1 700 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	54584
Reported deaths:	418

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 No	2005
IRS	IRS is recommended DDT is authorized for IRS	No No	-
Larval control	Use of larval control recommended	No	_
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2008 2008
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	No No No No No No Yes	- - - - - -

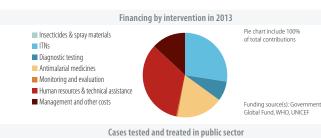
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	– No	-
	Mass screening is undertaken	No	_
	Uncomplicated <i>P. falciparum</i> cases routinely admitted Uncomplicated <i>P. vivax</i> cases routinely admitted	-	_
	oncomplicated 1. Was cases loadinely duffitted		

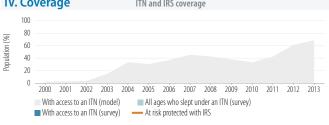
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	-
First-line treatment of P. falciparum	AL	_
Treatment failure of P. falciparum	QN	_
Treatment of severe malaria	QN	_
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		=
Therapeutic efficacy tests (clinical and parasitological failure,	%)	

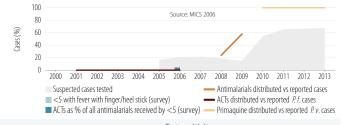
 Medicine
 Year
 Min
 Median
 Max
 Follow-up
 No. of studies
 Species

 AL
 2006–2008
 3.6
 3.6
 3.6
 28 days
 1
 P. falciparum

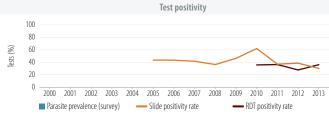


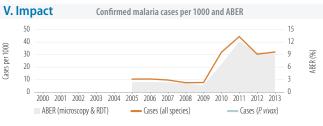


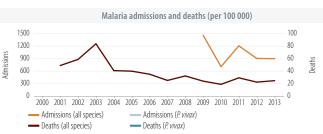












Impact: Insufficiently consistent data to assess trends





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	280 000	35
Low transmission (0–1 cases per 1000 population)	464 000	58
Malaria-free (0 cases)	56 000	7
Total	800 000	
Total	000 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (55%), P. vivax (44%)
Major anopheles species:	An. darlingi, An. aquasalis
Programme phase:	Control
Reported confirmed cases:	31 479
Reported deaths:	3

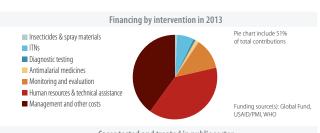
II. Intervention policies and strategies

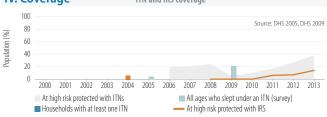
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2005 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	_ _
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1946 1946
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 Yes Yes Yes No No No	2005 - - - - - -

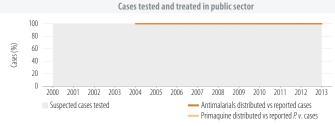
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)		Yes	-
	Mass screening is undertaken		Yes	-
	Uncomplicated P. falciparum cases routinely admitted	d	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	_		_
First-line treatr	ment of <i>P. falciparum</i>	AL+PQ(1d)		2004
Treatment failu	ure of P. falciparum	QN+T		2004
Treatment of s	evere malaria	AM		-
Treatment of F	? vivax	CQ+PQ(14d)		2004
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days		(14 days)
Type of RDT us	sed			-

Therapeutic efficacy tests (clinical and parasitological failure, %) Medicine Year Min Median Max Follow-up No. of studies Species 2006-2006 32.4 32.4 32.4 28 days P. vivax

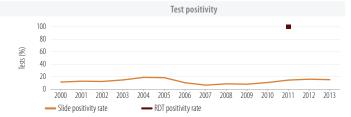


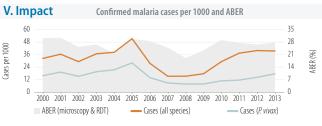


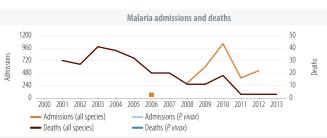








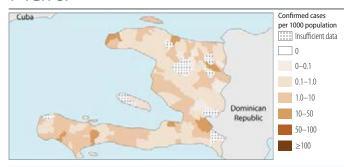


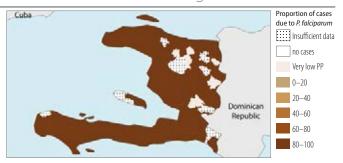


adopted

24







I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	5 470 000	53
Low transmission (0–1 cases per 1000 population)	4850000	47
Malaria-free (0 cases)	0	0
Total	10 320 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. albimanus
Programme phase:	Control
Reported confirmed cases:	20 586
Reported deaths:	10

Intervention Policies/strategies

II. Intervention policies and strategies

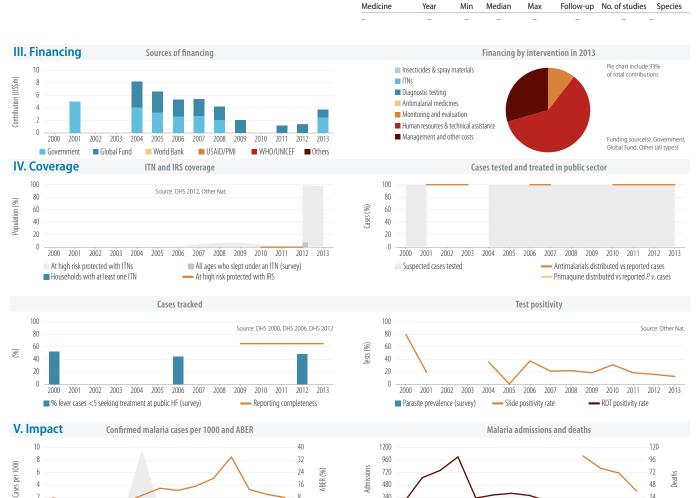
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2012 2012
IRS	IRS is recommended DDT is authorized for IRS	No No	-
Larval contro	Use of larval control recommended	Yes	2011
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1988 2011
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 Yes Yes No No Yes	- - - - -

Surveillance	ACD for case investigation (reactive)	,	Yes –
	ACD of febrile cases at community level (pro-act	tive)	No –
	Mass screening is undertaken		No –
	Uncomplicated P. falciparum cases routinely adm	nitted	No –
	Uncomplicated P. vivax cases routinely admitted		No –
			Year
Antimalaria tre	eatment policy	Medicine	adopted
First-line treatn	nent of unconfirmed malaria	-	_
First-line treatn	nent of <i>P. falciparum</i>	CQ+PQ(1d)	_
Treatment failu	ire of P. falciparum	MQ; SP	_
Treatment of se	evere malaria	QN	_
Treatment of P.	vivax	CQ+PQ(14d)	_
Dosage of prim	aquine for radical treatment of P. vivax	0.25 mg	g/kg (14 days)
Type of RDT us	ed	P.f + all spe	ecies (Combo)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— Admissions (P. vivax)

Deaths (*P. vivax*)



240

— Admissions (all species)

Deaths (all species)

ABER (microscopy & RDT)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Cases (all species)

— Cases (P. vivax)

P.f + P.v specific (Combo)

Follow-up No. of studies Species

Honduras





I. Epidemiological profile

2013	%
1 130 000	14
4760000	59
2 200 000	27
8 090 000	
	1 130 000 4 760 000 2 200 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (21%), P. vivax (79%)
Major anopheles species:	An. albimanus, An. pseudopunctipennis, An. darlingi, An. cruzii, An. argyritarsis
Programme phase:	Control
Reported confirmed cases:	5428
Reported deaths:	1

ntion Policies/strategie

Therapeutic efficacy tests (clinical and parasitological failure, %)

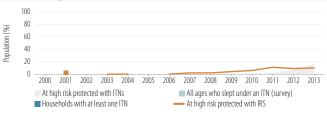
Min Median Max

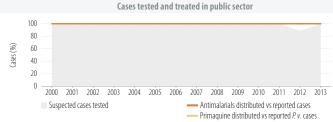
II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2009 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	- -
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- -
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 Yes Yes No No No	- - - - -

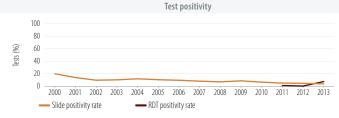
intervention	Policies/strategies		NO	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-	active)	Yes	-
	Mass screening is undertaken		Yes	-
	Uncomplicated P. falciparum cases routinely a	dmitted	No	-
	Uncomplicated P. vivax cases routinely admitted	d	No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	-		-
First-line treatr	ment of <i>P. falciparum</i>	CQ+PQ(1d)		-
Treatment failu	ure of <i>P. falciparum</i>	SP		2011
Treatment of s	evere malaria	QN		-
Treatment of F	? vivax	CQ+PQ(14d)		-
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>	0.25	mg/kg	(14 days)

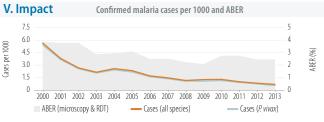
III. Financing Sources of financing Financing by intervention in 2013 Pie chart include 100% of total contributions ■ Insecticides & spray materials ITNs Contribution (US\$m) ■ Diagnostic testing Antimalarial medicines Monitoring and evaluation ■ Human resources & technical assistance Funding source(s): Government, ■ Management and other costs 2003 2004 2008 Global Fund, USAID/PMI, WHO, Other (bilateral) 2005 2006 2007 2009 Global Fund World Bank USAID/PMI ■ WHO/UNICFF ■ Others IV. Coverage ITN and IRS coverage Cases tested and treated in public sector 100 100 80 80

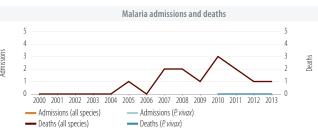




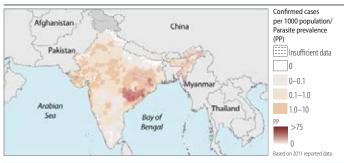


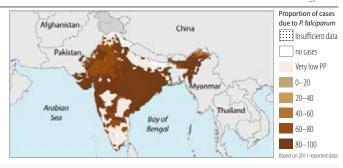












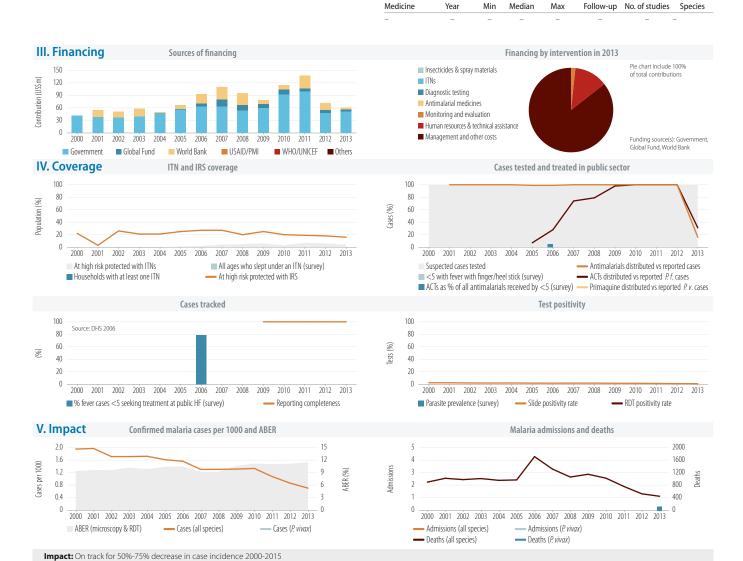
Population	2013	%
High transmission (> 1 case per 1000 population)	275 500 000	22
Low transmission (0–1 cases per 1000 population)	838 900 000	67
Malaria-free (0 cases)	137 700 000	11
Total	1 252 100 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (53%), P. vivax (47%)
Major anopheles species:	An. culicifacies, An. fluviatilis, An. stephensi, An. minimus, An. dirus, An. annularis
Programme phase:	Control
Reported confirmed cases:	881730
Reported deaths:	440

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	2001 2001
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	1953 1953
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1958 1953
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 Yes Yes Yes Yes No Yes	2006 - - - - - -

Intervention	Policies/strate	gies						No	adopted
Surveillance	ACD for case in	nvestiga	ation (reactiv	/e)				Yes	-
	ACD of febrile	cases a	t community	y level (pro-	active)			No	_
	Mass screening	g is und	lertaken					Yes	-
	Uncomplicate							No	-
	Uncomplicated	l P. vivax	cases routin	ely admitted	d			No	-
									Year
Antimalaria tr	eatment policy					Me	dicine		adopted
First-line treatment of unconfirmed malaria				CQ		2007			
First-line treatment of P. falciparum			AS+	-SP+PQ		2007			
Treatment failu	ire of P. falciparu	ım				QN+D; QN+T		-	
Treatment of s	evere malaria					AM;	AS; QN		2007
Treatment of F	! vivax					CQ+	PQ(14d)		2007
Dosage of primaquine for radical treatment of P. vivax					0.25	mg/kg	(14 days)		
Type of RDT used $P.f + P.v \text{ sp}$			pecific	(Combo)					
Therapeutic ef	ficacy tests (clin	ical and	l parasitolog	ical failure,	%)				
Medicine	Year	Min	Median	Max	Follow	-up	No. of stud	dies	Species







I. Epidemiological profile

42 500 000	17
109 900 000	44
97 400 000	39
249 800 000	
	109 900 000 97 400 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (56%), P. vivax (44%)
Major anopheles species:	An. sundaicus, An. balabacensis, An. maculatus, An. farauti, An. subpictus, An. subpictus
Programme phase:	Control
Reported confirmed cases:	343 527
Reported deaths:	45

II. Intervention policies and strategies

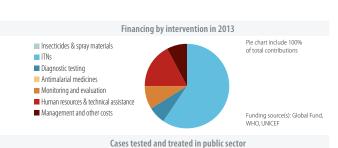
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2006 2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1959 –
Larval contro	Use of larval control recommended	Yes	1990
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2007 1959
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 Yes Yes No No Yes	2004

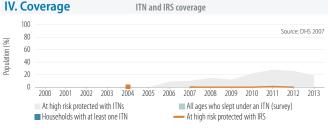
Intervention	Policies/strategies	No		adopted
Surveillance	ACD for case investigation (reactive)	Ye	s	-
	ACD of febrile cases at community leve	(pro-active) Ye	S	-
	Mass screening is undertaken	Ye	S	_
	Uncomplicated P. falciparum cases routi	nely admitted Ye	S	_
	Uncomplicated P. vivax cases routinely ad	mitted Ye	S	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	-		_
First-line treatment of P. falciparum		AS+AQ; DHA-PP+PQ		2008
Treatment fails	ure of <i>P. falciparum</i>	QN+D+PQ		2004
Treatment of s	evere malaria	AM; AS; QN		2004
Treatment of A	Vivay	AS+AO: DHA-PP+PO(14d)		2008

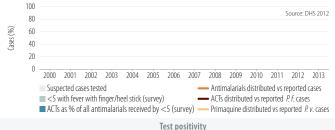
0.25 mg/kg (14 days) Dosage of primaquine for radical treatment of P. vivax Type of RDT used P.f + P.v specific (Combo) Therapeutic efficacy tests (clinical and parasitological failure, %)

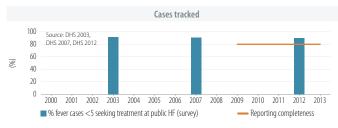
Year Min Median Max Follow-up No. of studies Species

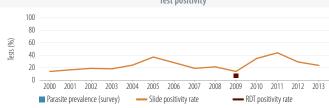


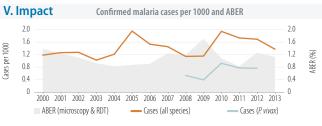


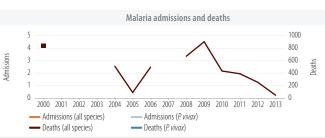
















I. Epidemiological profile

Population	2013	%
Number of active foci	282	
Number of people living within active foci	746 000	1
Number of people living in malaria-free areas Total	76 700 000 77 446 000	99

Parasites and vectors				
Major plasmodium species: Major anopheles species:		8%), P. vivax (82%) n. culicifacies, An. fluviatilis, Ar	n. superpictus	
Programme phase:	Elimination			
Total confirmed cases, 2013: Total deaths, 2013:	1373 2	Indigenous cases, 2013: Indigenous deaths, 2013:	479 0	

II. Intervention policies and strategies

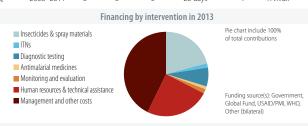
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2005 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	- -
Larval control	Use of larval control recommended	Yes	1949
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 1949
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 Yes No Yes Yes	- 1949 1949 - 1949 1949

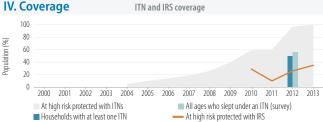
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	1949
	ACD of febrile cases at community level (p	ro-active)	Yes	1949
	Mass screening is undertaken		No	_
	Uncomplicated P. falciparum cases routine	ly admitted	No	_
	Uncomplicated P. vivax cases routinely admi	tted	No	-
	Foci and case investigation undertaken		Yes	2010
	Case reporting from private sector is mand	datory	Yes	1949
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treati	ment of unconfirmed malaria	_		-
First-line treati	ment of <i>P. falciparum</i>	AS+SP; AS+SP+PQ		2010
Treatment failu	ure of P. falciparum	AL; AL+PQ		2010
Treatment of s	evere malaria	AS; QN+D		_
Treatment of F	? vivax	CQ+PQ(14d & 8w)		-
Dosage of prin	naguine for radical treatment of P. vivax	0.75 m	a/ka	(8 weeks)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005-2012	0	0	1	28 days	15	P. falciparum
CO+PO	2008-2011	0	0	0	28 days	4	P vivax



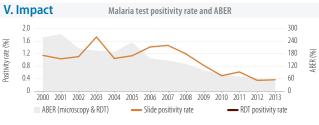


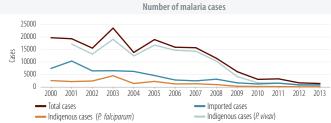










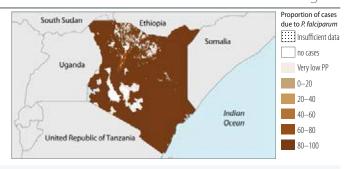


Impact: Achieved >75% decrease in case incidence in 2013

Yes/ Year







I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	16 000 000	36
Low transmission (0–1 cases per 1000 population)	17 700 000	40
Malaria-free (0 cases)	10600000	24
Total	44 300 000	
lotal	44 300 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. funestus, An. merus
Programme phase:	Control
Reported confirmed cases:	2335286
Reported deaths:	360

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	2006 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2003
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2009
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 Yes No - - - Yes	2006 - - - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	_
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		-	-
Antimalaria tr	eatment policy	Medicine		Year adopted

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of P. falciparum	AL	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	=	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		=
Therapeutic efficacy tests (clinical and parasitological failure,	%)	

Medicine Year Median Follow-up No. of studies Species

III. Financing Sources of financing Financing by intervention in 2013 Pie chart include 54% of total contributions 150 ■ Insecticides & spray materials 120 ITNs Contribution (US\$m) ■ Diagnostic testing 90 Antimalarial medicines 60 Monitoring and evaluation ■ Human resources & technical assistance 2003 2004 2005 2007 Management and other costs 2002 2006 2008 2009 Funding source(s): Government Global Fund, USAID/PMI Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others IV. Coverage ITN and IRS coverage Cases tested and treated in public sector 100 100 Source: DHS 2003, DHS 2009 Source: DHS 2009 80 80 Population (%) Cases (%) 60 40 40 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 With access to an ITN (model) All ages who slept under an ITN (survey) Suspected cases tested — Antimalarials distributed vs reported cases ■ With access to an ITN (survey) — At risk protected with IRS <5 with fever with finger/heel stick (survey)</p> ACTs distributed vs reported P.f. cases ■ ACTs as % of all antimalarials received by <5 (survey) — Primaquine distributed vs reported P. v. cases Test positivity Cases tracked 100 100 Source: DHS 2003, DHS 2009 80 80 Tests (%) 60 60 % 40 40 20 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 ■ % fever cases <5 seeking treatment at public HF (survey) - Reporting completeness Parasite prevalence (survey) Slide positivity rate RDT positivity rate V. Impact Confirmed malaria cases per 1000 and ABER Malaria admissions and deaths (per 100 000) 60 25 200 600 48 20 480 160 Cases per 1000 Admissions 15 ABER (%) 360 120 Deaths 24 10 240 80 120 40

ABER (microscopy & RDT)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Cases (all species)

— Cases (P. vivax)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 0

- Admissions (P vivax)

Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)





2013	%
2 440 000	36
1 560 000	23
2 780 000	41
6780000	
	2 440 000 1 560 000 2 780 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (73%), P. vivax (27%)
Major anopheles species:	An. dirus, An. minimus, An. maculatus, An. jeyporiensis
Programme phase:	Control
Reported confirmed cases:	38131
Reported deaths:	28

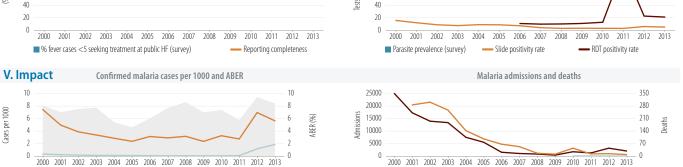
II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2003 2000
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2010
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2003 2005
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 Yes No No Yes No No	2005 2007 - - 2010 -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2012
	ACD of febrile cases at community level (pro-ac	tive)	Yes	2012
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely adr	mitted	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatr	ment of unconfirmed malaria	AL		2001
First-line treatr	ment of <i>P. falciparum</i>	QN+D		2001
Treatment failu	ure of <i>P. falciparum</i>	CQ+PQ(14d)		2001
Treatment of s	evere malaria	CQ+PQ(14d)		2001
Treatment of F	? vivax	AL		-
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>			-
Type of RDT us	sed	P.f + P.v	specific	(Combo)

71							
Therapeutic	efficacy tests (cli	nical and	d parasitolog	ical failure	2, %)		
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Al	2005-2013	0	1.2	18.1	28 days	12	P. falciparum





— Admissions (all species)

Deaths (all species)

Admissions (*P. vivax*)
Deaths (*P. vivax*)

Impact: Increase in case incidence 2000-2015

ABFR (microscopy & RDT)

— (ases (all species)

— Cases (P. vivax)

Yes/ Year







I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4 290 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	4 290 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae
Programme phase:	Control
Reported confirmed cases:	1 244 220
Reported deaths:	1191

II. Intervention policies and strategies

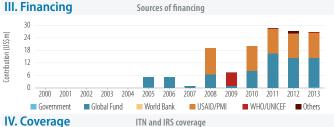
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2005 2008
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2009 –
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2005 2005
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	2005 - - - - -

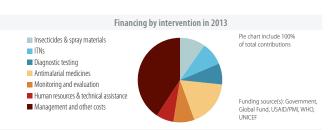
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted

Antimalaria treatment poncy	Medicille	auopteu
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of P. falciparum	AS+AQ	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	-	_
Dosage of primaquine for radical treatment of P. vivax		_
Type of RDT used		P.f only

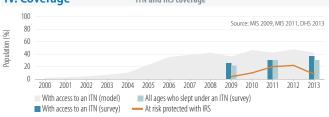
Therapeutic efficacy tests (clinical and parasitological failure, %) Medicine Year Min Median Max Follow-up No. of studies

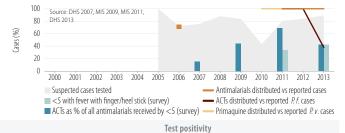
Species AS+AQ 2007-2009 28 days P. falciparum



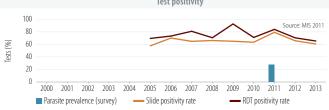


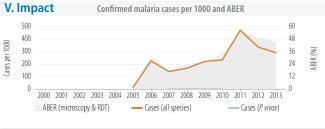
Cases tested and treated in public sector

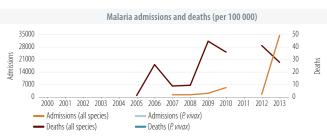












Yes/ Year





I. Epidemiological profile

2013	%
6 880 000	30
16 000 000	70
0	0
22 880 000	
	6 880 000 16 000 000 0

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. funestus, An. gambiae, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	387 045
Reported deaths:	641

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	2004 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1993 –
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2006 2006
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 Yes No No No No No Yes	2006 2006 - - - - 2008

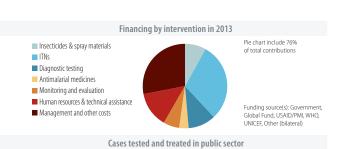
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2003
	ACD of febrile cases at community level (pro-active)		Yes	1993
	Mass screening is undertaken		Yes	2003
	Uncomplicated P. falciparum cases routinely admitted	d	Yes	2006
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	AS+AQ		2006
First-line treati	ment of <i>P. falciparum</i>	AS+AQ		2006
Treatment fails	ure of P. falciparum	QN		2006

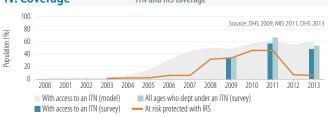
Treatment failure of P. falciparum	QN	2006
Treatment of severe malaria	QN	2006
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used	<i>P.f</i> + <i>P.v</i> sp	ecific (Combo)
Theraneutic efficacy tests (clinical and parasitological failure %)		

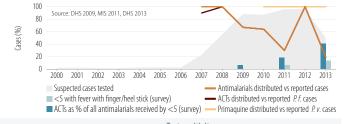
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine Year Min Median Max Follow-up No. of studies Species

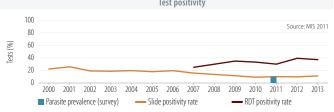


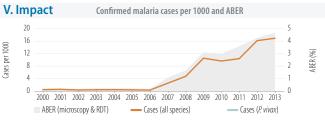


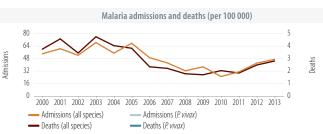












Impact: Insufficiently consistent data to assess trends

Yes/ Year

Malawi





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	16400000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	16400000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. funestus, An. gambiae, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	1280892
Reported deaths:	3723

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	2006 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007 -
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	1993
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2011
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	2007 - - - - - - 2007

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	_
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treati	ment of unconfirmed malaria	AL		2007
Eirct line treat	mont of D falcinarum	ΛI		2007

Antimataria treatment poncy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2007
First-line treatment of P. falciparum	AL	2007
Treatment failure of P. falciparum	AS+AQ	2007
Treatment of severe malaria	QN	2007
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		_
Type of RDT used		P.f only

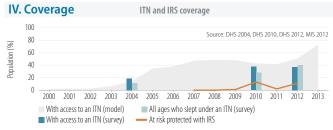
Therapeutic efficacy tests (clinical and parasitological failure, %)

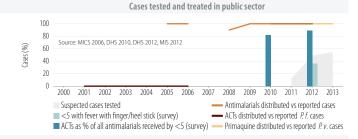
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2012	0	4.45	19.5	28 days	8	P. falciparum
AS+AQ	2005-2012	0	1.7	3.6	28 days	3	P. falciparum

III. Financing Sources of financing Contribution (US\$m) 36 24 2002 2003 2004 2005 2006 2011 2012 2008 2007 2009 2010 Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

Financing by intervention in 2013

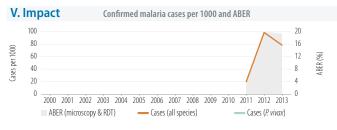
No data reported for 2013

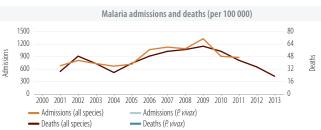












Malaysia





I. Epidemiological profile

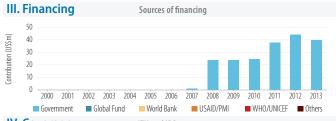
Population	2013	%
Number of active foci	3027	
Number of people living within active foci	1 050 000	4
Number of people living in malaria-free areas Total	28 700 000 29 750 000	96

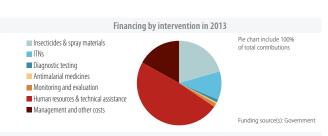
Parasites and vectors			
Major plasmodium species: Major anopheles species:			An. sundaicus, An. flavirostris
Programme phase:	Pre-elimination		
Total confirmed cases, 2013: Total deaths, 2013:	3850 14	Indigenous cases, 2013: Indigenous deaths, 2013:	2921 10

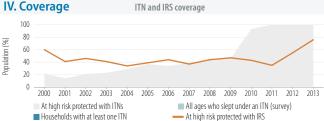
II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	1995 1995
IRS	IRS is recommended DDT is authorized for IRS	– No	- -
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 1967
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 Yes Yes Yes Yes	- - - - - -

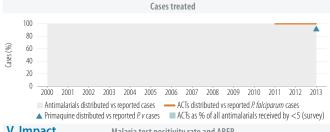
Intervention	Policies/strat	tegies					No	adopted
Surveillance	ACD for case	investiga	ation (reactiv	e)			Yes	_
	ACD of febril				active)		Yes	_
	Mass screeni	ing is unc	lertaken ´	,			Yes	_
	Uncomplicat	ted P. falci	parum cases	routinely a	dmitted		Yes	_
	Uncomplicat	ed P. vivax	cases routin	ely admitted			Yes	_
	Foci and case	e investio	ation under	aken			Yes	1995
	Case reportir	ng from p	rivate sector	is mandato	ry		Yes	1988
								Year
Antimalaria tro	eatment polic	у				Medicine		adopted
First-line treatr	ment of uncor	nfirmed n	nalaria			-		_
First-line treatr	ment of <i>P. falci</i>	parum				AS+MQ		-
Treatment failu	ure of P. falcipa	irum				QN+T		_
Treatment of s						QN+T		_
Treatment of P	. vivax				CC	Q+PQ(14d)		-
Dosage of prim	naquine for rad	lical treatr	ment of <i>P. viva</i>	1X		0.50	0 mg/kg	g (14 days)
Therapeutic ef	ficacy tests (cl	inical and	l parasitolog	ical failure,	%)			
Medicine	Year	Min	Median	Max	Follow-u	p No. of stu	udies	Species



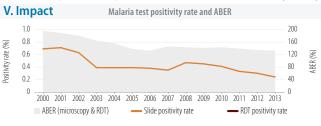


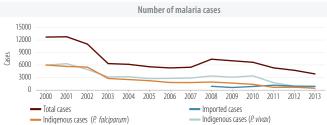






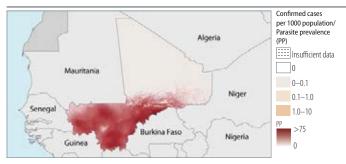






Impact: Achieved >75% decrease in case incidence in 2013







I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	13 800 000	90
Low transmission (0–1 cases per 1000 population)	1 530 000	10
Malaria-free (0 cases)	0	0
Total	15 330 000	
Malaria-free (0 cases)	0	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. funestus, An. funestus
Programme phase:	Control
Reported confirmed cases:	1367218
Reported deaths:	1680

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 No	2005 –
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007 –
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2008 2008
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	No - No No - No Yes	- - - - - 2010

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

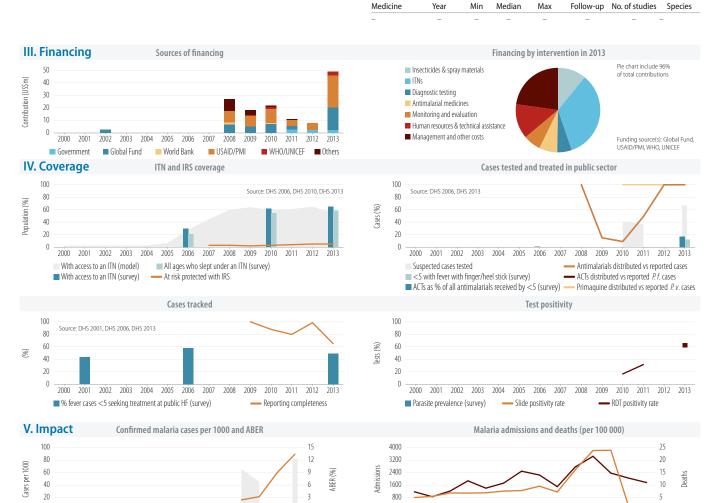
— (ases (all species)

— Cases (P. vivax)

ABER (microscopy & RDT)

Impact: Insufficiently consistent data to assess trends

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active) Mass screening is undertaken Uncomplicated P. faiciparum cases routinely admitted Uncomplicated P. vivax cases routinely admitted	d	Yes No Yes	2008 - 1993 -
Antimalaria tre	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	AS+AQ		2007
First-line treatment of P. falciparum		AL; AS+AQ		2007
Treatment failure of P. falciparum		AL		2007
Treatment of s	evere malaria	QN		-
Treatment of P.	? vivax	_		-
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>			-
Type of RDT us	sed			-
Therapeutic ef	ficacy tests (clinical and parasitological failure, %)			



2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- Admissions (P vivax)

Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)





2013	%
2 300 000	59
1 210 000	31
389 000	10
3 899 000	
	2 300 000 1 210 000 389 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. pharoensis
Programme phase:	Control
Reported confirmed cases:	1587
Reported deaths:	25

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 No	1998 -
IRS	IRS is recommended DDT is authorized for IRS	No No	-
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2008
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2011 2009
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 Yes No Yes Yes No Yes	2009 - - - - - -

Intervention	Policies/strategies	No	adopted
Surveillance ACD for case investigation (reactive)		-	-
	ACD of febrile cases at community level (pro-active)	-	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	-
	Uncomplicated P. vivax cases routinely admitted	Yes	-
			Voor

Yes/ Year

Medicine	adopted
AS+AQ	_
AL; AS+AQ	-
=	-
QN	-
-	-
	-
	-
	AS+AQ AL; AS+AQ —

The rapeutic efficacy tests (clinical and parasitological failure, %)

 Medicine
 Year
 Min
 Median
 Max
 Follow-up
 No. of studies
 Species

 AS+AQ
 2012–2012
 1.8
 1.8
 1.8
 28 days
 2
 P. falciparum



— Admissions (all species)

— Deaths (all species)

- Admissions (P vivax)

Deaths (P. vivax)

Impact: Insufficiently consistent data to assess trends

Cases (all species)

— Cases (P. vivax)

ABER (microscopy & RDT)

Yes/ Year





Population	2013	%
Number of active foci	0	
Number of people living within active foci	0	0
Number of people living in malaria-free areas	222 000	100
Total	222 000	

Parasites and vectors				
Major plasmodium species:	es: P. falciparum (100%), P. vivax (0%)			
Major anopheles species:	An. funestus, An. gambiae			
Programme phase:	Elimination			
Total confirmed cases, 2013:	82	Indigenous cases, 2013:	1 0	
Total deaths, 2013:	0	Indigenous deaths, 2013:		

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	2010 2010
IRS	IRS is recommended DDT is authorized for IRS	– No	-
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	-
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	- No Yes Yes Yes Yes	- - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		Yes	_
	Uncomplicated P. vivax cases routinely admitted		Yes	-
	Foci and case investigation undertaken		Yes	-
	Case reporting from private sector is mandatory		Yes	-
A . At I t . A .	and the second s	M. P.A.		Year

Antimalaria treatment policy	Medicine	rear adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	AL	-
Treatment failure of P. falciparum	QN	_
Treatment of severe malaria	_	_
Treatment of P. vivax	CQ+PQ	-
Dosage of primaquine for radical treatment of P. vivax		-
There are the control of the control	0/)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

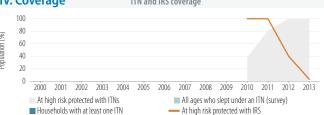
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species



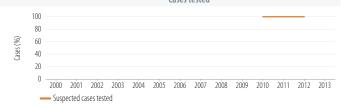


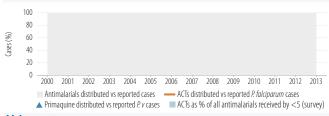
Financing by intervention in 2013

IV. Coverage ITN and IRS coverage

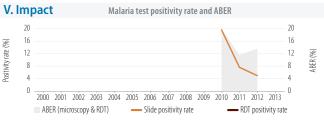


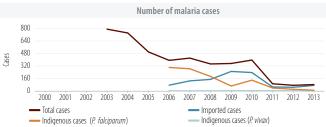
Cases treated











Mexico





I. Epidemiological profile

Population	2013	%
Number of active foci	61	
Number of people living within active foci	4 060 000	3
Number of people living in malaria-free areas	118 300 000	97
Total	122 360 000	

Parasites and vectors			
Major plasmodium species:	P. falciparum (196), P. vivax (99%)		
Major anopheles species:	An. pseudopunctipennis, An. albimanus, An. darlingi, An. punctimacula, An. punctimacula		
Programme phase:	Pre-elimination		
Total confirmed cases, 2013:	499	Indigenous cases, 2013:	495
Total deaths, 2013:	0	Indigenous deaths, 2013:	0

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	2012 2012
IRS	IRS is recommended DDT is authorized for IRS	No No	- -
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- -
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	No - Yes Yes No Yes Yes	- - - - -

Intervention	Policies/strategies		No	adopted	
Surveillance	ACD for case investigation (reactive)		Yes	-	
	ACD of febrile cases at community level (pro-active)		Yes	-	
	Mass screening is undertaken		Yes	-	
	Uncomplicated P. falciparum cases routinely admitted		Yes	-	
	Uncomplicated P. vivax cases routinely admitted		Yes	_	
	Foci and case investigation undertaken		Yes	-	
	Case reporting from private sector is mandatory		Yes	_	
				Year	
Antimalaria tro	eatment policy	Medicine		adopted	
First-line treatr	ment of unconfirmed malaria	-		-	
First-line treatr	ment of <i>P. falciparum</i>	CQ+PQ		_	
Treatment failu	ure of P. falciparum	AL+QN		_	
Treatment of s	evere malaria	AL		-	
Treatment of P.	! vivax	CQ+PQ		-	
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>	0.25	mg/kg	(14 days)	
Therapeutic efficacy tests (clinical and parasitological failure, %)					

Min

Year

Median

Medicine



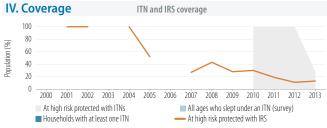
No data reported for 2013

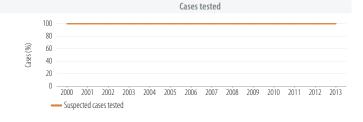
Financing by intervention in 2013

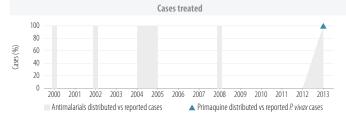
Max

Follow-up No. of studies

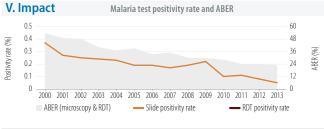
Species

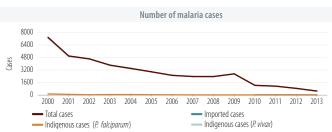












Impact: Achieved >75% decrease in case incidence in 2013





Population	2013	%
High transmission (> 1 case per 1000 population)	25 800 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	25 800 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. funestus, An. gambiae, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	2998874
Reported deaths:	2941

II. Intervention policies and strategies

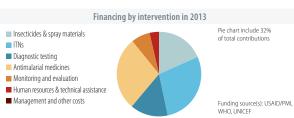
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	-
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	-
Larval contro	Use of larval control recommended	-	-
IPT	IPT used to prevent malaria during pregnancy	Yes	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	-
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 - - - -	- - - - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	_	-
	Mass screening is undertaken	_	-
	Uncomplicated P. falciparum cases routinely admitted	-	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

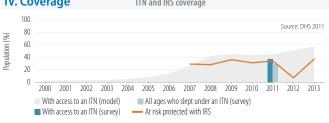
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of P. falciparum	AL	2004
Treatment failure of P. falciparum	-	_
Treatment of severe malaria	QN	2004
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		=

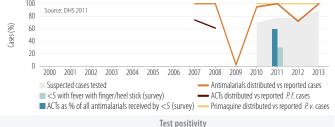
Therapeutic efficacy tests (clinical and parasitological failure, %) Medicine Year Min Median Max Follow-up No. of studies Species 2005-2012 3.1 5.8 9 28 days P. falciparum

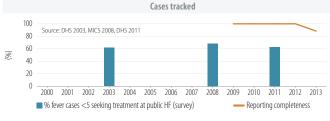


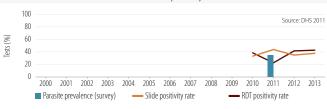


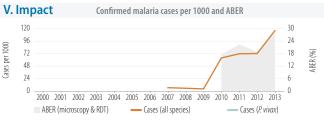
Cases tested and treated in public sector

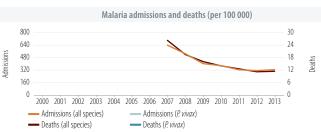












Impact: Insufficiently consistent data to assess trends

Myanmar





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	19700000	37
Low transmission (0–1 cases per 1000 population)	12 200 000	23
Malaria-free (0 cases)	21 300 000	40
Total	53 200 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (74%), P. vivax (26%)
Major anopheles species:	An. minimus, An. dirus
Programme phase:	Control
Reported confirmed cases:	333 871
Reported deaths:	236

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	2003 2003
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	_ _
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	_ _
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 System for monitoring of adverse reactions to antimalarials exists	Yes Yes Yes Yes No No Yes	2012 2010 - - - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

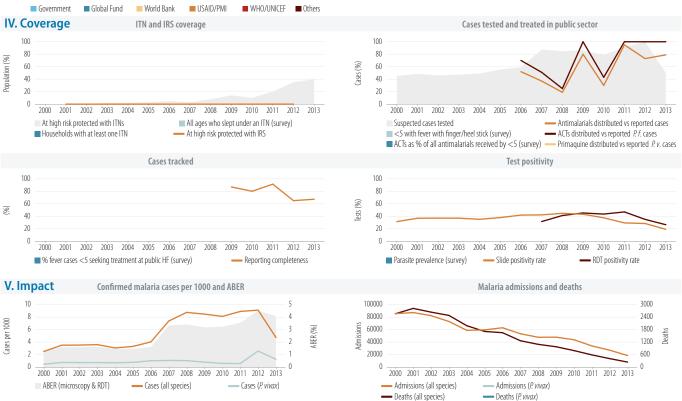
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	=	_
First-line treatment of P. falciparum	AL; AM; AS+MQ; DHA-PPQ; PQ	2008
Treatment failure of P. falciparum	AS+D; AS+T	2008
Treatment of severe malaria	AM; AS; QN	2008
Treatment of P. vivax	CQ+PQ(14d)	2008
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/kg	(14 days)
T (00T)		

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2013	0	1	6	28 days	20	P. falciparum
AS+MQ	2011-2013	0	0	2.2	42 days	5	P. falciparum
DHA-PPQ	2011-2013	2.5	3.4	4.8	42 days	3	P. falciparum

No data reported for 2013

Financing by intervention in 2013



Impact: Increase in case incidence 2000-2015





Population	2013	%
High transmission (> 1 case per 1000 population)	1 540 000	67
Low transmission (0–1 cases per 1000 population)	115 000	5
Malaria-free (0 cases)	645 000	28
Total	2 300 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. arabiensis, An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	4911
Reported deaths:	21

II. Intervention policies and strategies

Impact: Achieved >75% decrease in case incidence in 2013

Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	1998 -
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	1965 1965
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2005 1990
Treatment	ACT is free for all ages in public sector Artemisnin-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 Yes No Yes No No Yes	2005 2005 - - - - -

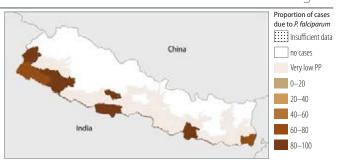
Intervention	Policies/strategies		Yes/ No	Year adopted
Surveillance	ACD for case investigation (reactive)		Yes	2012
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		Yes	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatment of unconfirmed malaria		AL		2006
First-line treatr	ment of <i>P. falciparum</i>	AL		2006
Treatment failu	ure of P. falciparum	QN		2006
Treatment of s	evere malaria	QN		2006
Treatment of P. vivax		AL		2006
Dosage of prim	naquine for radical treatment of P. vivax			_
Type of RDT used $P.f + P.v., F$			v, P.o, P.m	(Combo)
Theraneutic ef	ficacy tests (clinical and parasitological failure %)			

Max Medicine Year Median Follow-up No. of studies Species









I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	1 010 000	4
Low transmission (0–1 cases per 1000 population)	12 300 000	44
Malaria-free (0 cases)	14 500 000	52
Total	27810000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (12%), P. vivax (88%)
Major anopheles species:	An. fluviatilis, An. annularis, An. maculatus
Programme phase:	Control
Reported confirmed cases:	1974
Reported deaths:	0

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	2007 2007
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1962 –
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 1962
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 - Yes No - Yes	2005 - - - - - -

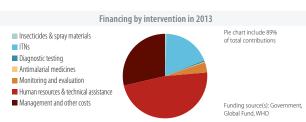
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-

Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	CQ	_	
First-line treatment of P. falciparum	AL+PQ	2004	
Treatment failure of P. falciparum	AS; QN	-	
Treatment of severe malaria	AS; QN	-	
Treatment of P. vivax	CQ+PQ(14d)	2004	
Dosage of primaquine for radical treatment of P. vivax	3.75 mg -15 mg/day (2 weeks		
Type of RDT used	P.f + P.v specific (Combo)		

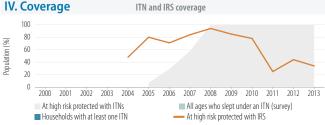
Therapeutic efficacy tests (clinical and parasitological failure, %)

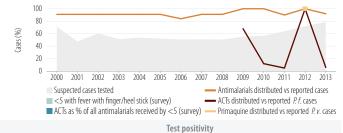
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	0	0	28 days	8	P. falciparum
CQ	2008-2011	0	0	0	28 days	8	P. vivax





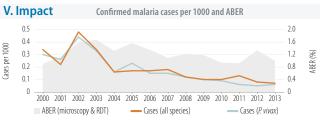
Cases tested and treated in public sector

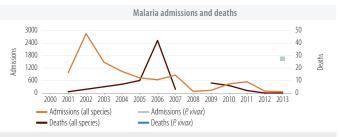












Impact: Increase in case incidence 2000-2015

Nicaragua





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	79 000	1
Low transmission (0–1 cases per 1000 population)	2 970 000	49
Malaria-free (0 cases) Total	3 030 000 6 079 000	50

Parasites and vectors	
	P. falciparum (18%), P. vivax (82%) An. albimanus, An. pseudopunctipennis
Programme phase:	Control
Reported confirmed cases: Reported deaths:	1194 0

II. Intervention policies and strategies

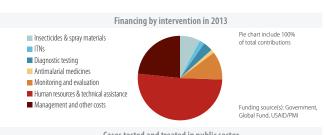
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2004 2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1959 –
Larval contro	Use of larval control recommended	Yes	_
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	-
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 Yes Yes No Yes No	- 2013 - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (pro-activ	ve)	Yes	-
	Mass screening is undertaken		Yes	-
	Uncomplicated P. falciparum cases routinely admi	itted	Yes	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tro	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	-		-
First-line treatr	ment of <i>P. falciparum</i>	CQ+PQ(1d)		-
Treatment failu	ure of P. falciparum	AS+MQ; AS+SP		-
Treatment of s	evere malaria	QN		-
Treatment of F	2 vivax	CO+PO(7d)		_

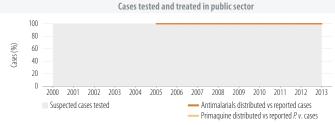
0.50 mg/kg (7 days) Dosage of primaquine for radical treatment of P. vivax Type of RDT used P.f + P.v specific (Combo) Therapeutic efficacy tests (clinical and parasitological failure, %)

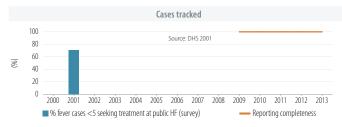
Year Min Median Max Follow-up No. of studies Species

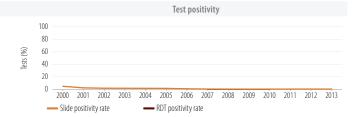


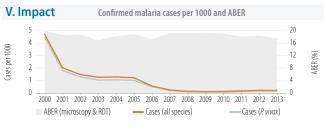


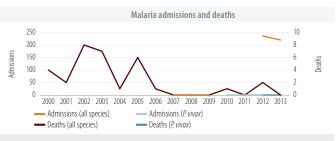




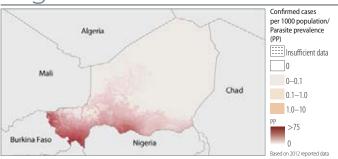


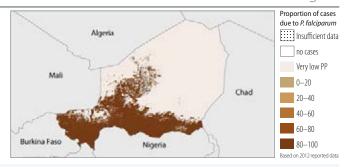






Niger





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	12 300 000	69
Low transmission (0–1 cases per 1000 population)	5 5 3 0 0 0 0	31
Malaria-free (0 cases) Total	0 17 830 000	0

Parasites and vectors	
Major plasmodium species:	P. falciparum (98%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	1431798
Reported deaths:	2209

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 No	2005 –
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	2003
Larval contro	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010
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	No Yes No No - No Yes	- - - - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2005
First-line treatment of P. falciparum	AL	2005
Treatment failure of P. falciparum	QN	2005
Treatment of severe malaria	QN	2005
Treatment of P. vivax	=-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		P.f only

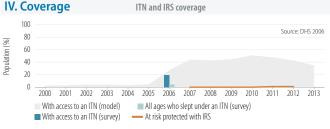
Therapeutic efficacy tests (clinical and parasitological failure, %)

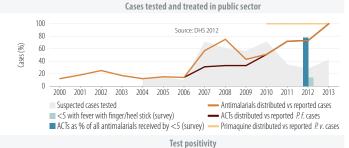
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AI	2005-2011	3.7	5.55	10.4	28 days	6	P. falciparum



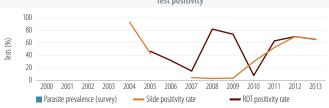
Financing by intervention in 2013

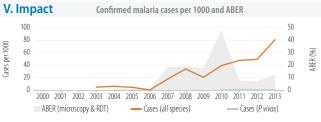
No data reported for 2013

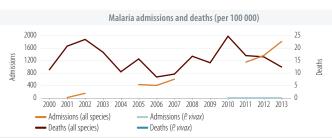












Impact: Insufficiently consistent data to assess trends

ligeria





I. Epidemiological profile

2013	%
173 600 000	100
0	0
0	0
173 600 000	
	173 600 000 0 0

Parasites and vectors	
Major plasmodium species: Major anopheles species:	P. falciparum (100%), P. vivax (0%) An. gambiae, An. funestus, An. arabiensis, An. moucheti, An. melas, An. nili
Programme phase:	Control
Reported confirmed cases: Reported deaths:	7878

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	2001 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2007
Larval contro	Use of larval control recommended	Yes	2010
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	2010
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 Yes No No No No No Yes	2009 - - - - - -

A	ACD for case investigation (reactive)			
			No	_
	ACD of febrile cases at community level (pro-active	2)	No	-
	Mass screening is undertaken		No	-
	Incomplicated P. falciparum cases routinely admitt	ed	No	-
L	Incomplicated P. vivax cases routinely admitted		No	_
				Year
Antimalaria treatment policy Medicine				adopted
First-line treatment of unconfirmed malaria		AL; AS+AQ		2004
irst-line treatme	ent of <i>P. falciparum</i>	AL; AS+AQ		2004
Freatment failure	e of P. falciparum	QN		2004
Freatment of sev	ere malaria	AM; AS; QN		2004
Freatment of P. v.	ivax	_		-
Dosage of prima	quine for radical treatment of P. vivax			-
Type of RDT used P.f			species	(Combo



— Admissions (all species)

Deaths (all species)

Impact: Insufficiently consistent data to assess trends

Cases (all species)

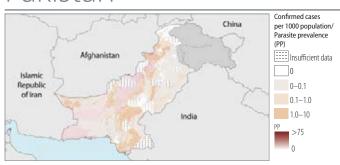
— Cases (P. vivax)

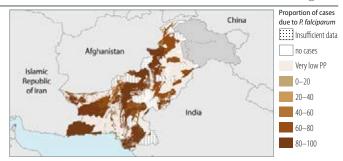
ABER (microscopy & RDT)

- Admissions (P vivax)

Deaths (P. vivax)

Yes/ Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	52 700 000	29
Low transmission (0–1 cases per 1000 population)	126 400 000	69
Malaria-free (0 cases)	3 080 000	2
Total	182 180 000	

Parasites and vectors	
	P. falciparum (17%), P. vivax (83%) An. culicifacies, An. stephensi
Programme phase:	Control
Reported confirmed cases: Reported deaths:	281 755 244

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 No	2008 2008
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1961 -
Larval control	Use of larval control recommended	Yes	1961
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2011 1961
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 Yes Yes Yes Yes No No	2009 2009 2012 2009 2009 —

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	No No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	

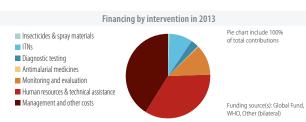
Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	CQ	-	
First-line treatment of P. falciparum	AS+SP+PQ	2013	
Treatment failure of P. falciparum	AL; QN	2013	
Treatment of severe malaria	AS; QN	2007	
Treatment of P. vivax	CQ+PQ(14d)	2007	
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/kg (14 days)		
Type of RDT used	P.f + P.v specific (Combo)		

Therapeutic efficacy tests (clinical and parasitological failure, %)

100

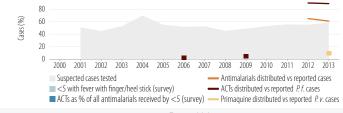
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2012-2013	0	0.6	1.2	28 days	2	P. falciparum
AS+SP	2007-2012	0	0	1.5	28 days	9	P. falciparum





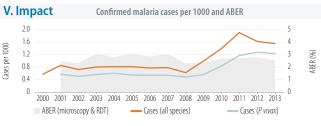
Cases tested and treated in public sector

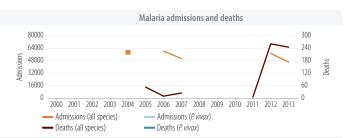








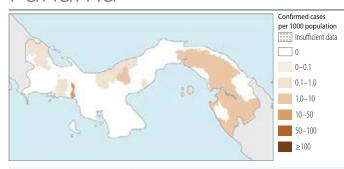




Impact: Insufficiently consistent data to assess trends

adopted

Follow-up No. of studies Species





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	170 000	4
Low transmission (0–1 cases per 1000 population)	2 750 000	71
Malaria-free (0 cases) Total	943 000 3 863 000	24

Parasites and vectors	
Major plasmodium species:	P. falciparum (196), P. vivax (9996)
Major anopheles species:	An. albimanus, An. pseudopunctipennis, An. punctimacula, An. aquasalis, An. darlingi
Programme phase:	Control
Reported confirmed cases:	705
Reported deaths:	0

Intervention Policies/strategies

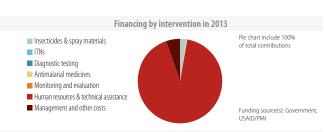
Medicine

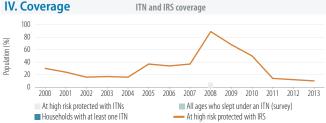
II. Intervention policies and strategies

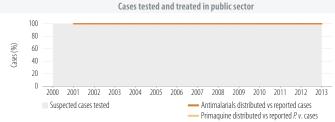
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes No	-
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1957 –
Larval contro	Use of larval control recommended	Yes	1957
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1957 1957
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 Yes Yes No Yes No	- - - - - -

Surveillance	ACD for case investigation (reactive)		Yes	-
	ACD of febrile cases at community level (p	oro-active)	Yes	-
	Mass screening is undertaken		Yes	-
	Uncomplicated P. falciparum cases routine	ly admitted	No	_
	Uncomplicated P. vivax cases routinely adm	itted	No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	_		_
First-line treati	ment of <i>P. falciparum</i>	AL+PQ(1d)		2012
Treatment fails	ure of P. falciparum	=		-
Treatment of s	evere malaria	QN		-
Treatment of F	? vivax	CQ+PQ(7d); CQ+PQ(14d	d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i> 0		0.25 m	ng/kg	(14 days)
Type of RDT us	sed			-
Therapeutic ef	ficacy tests (clinical and parasitological fails	ıre, %)		



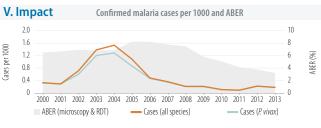


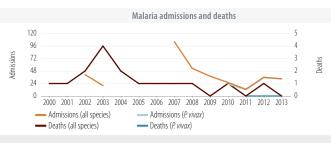


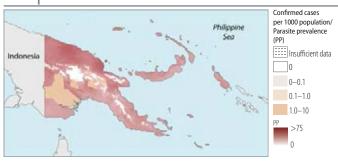














Population	2013	%
High transmission (> 1 case per 1000 population)	6 880 000	94
Low transmission (0–1 cases per 1000 population)	439 000	6
Malaria-free (0 cases)	0	0
Total	7319000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (87%), P. vivax (11%)
Major anopheles species:	An. punctulatus, An. farauti, An. koliensis
Programme phase:	Control
Reported confirmed cases:	279 994
Reported deaths:	307

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	2004 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2000
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	2010
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010 2004
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 Yes No Yes No No Yes	2010 2012 - 2009 - - 2000

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

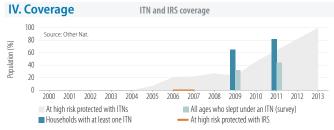
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2008
First-line treatment of P. falciparum	DHA-PPQ	2008
Treatment failure of P. falciparum	AM; AS	2008
Treatment of severe malaria	AL+PQ	2009
Treatment of <i>P. vivax</i> AL; QN		-
Dosage of primaquine for radical treatment of P. vivax	7.5 mg - adult (14 days)	
Type of RDT used	<i>P.f</i> + <i>P.v</i> , <i>P.o</i> , <i>P.m</i> (Combo)	

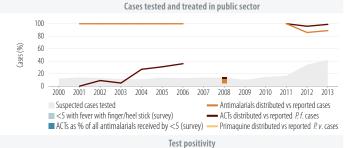
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2007	2.7	2.7	2.7	28 days	1	P. falciparum
DHA-PPQ	2005-2007	12	12	12	42 days	1	P. falciparum

Financing by intervention in 2013

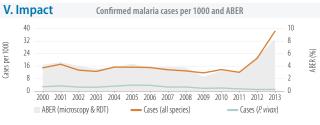
No data reported for 2013

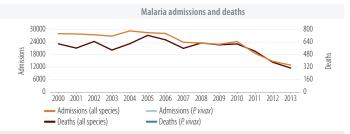






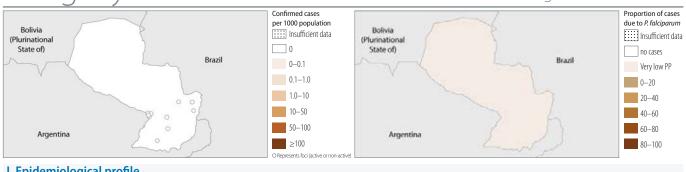






Impact: Increase in case incidence 2000-2015

Yes/ Year



I. Epidemiological profile

Population	2013	%
Number of active foci	0	
Number of people living within active foci	1 060 000	16
Number of people living in malaria-free areas Total	5 740 000 6 800 000	84

Parasites and vectors			
Major plasmodium species: Major anopheles species:	P. falciparum (0 An. darlingi, An.		
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	11 0	Indigenous cases, 2013: Indigenous deaths, 2013:	0

II. Intervention policies and strategies

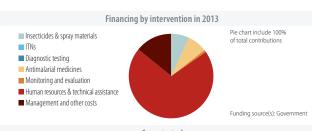
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	No No	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1957 –
Larval contro	I Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1957 1957
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 - Yes Yes No - No	2005 - - 1957 - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	1957
	ACD of febrile cases at community level (pro-active)		Yes	1957
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		Yes	1957
	Uncomplicated P. vivax cases routinely admitted		Yes	1957
	Foci and case investigation undertaken		Yes	1957
	Case reporting from private sector is mandatory		No	_
Antimalaria tro	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	-		-
First-line treatr	ment of <i>P. falciparum</i>	AL+PQ		_
Treatment failu	ure of P. falciparum	-		_
Treatment of s	evere malaria	AS		_
Treatment of P.	! vivax	CQ+PQ		-
Dosage of prim	naquine for radical treatment of P. vivax		0.25mk/kg	g (14days)

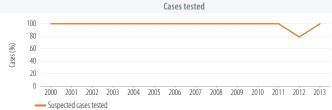
Therapeutic efficacy tests (clinical and parasitological failure, %)				
Dosage of primaquine for radical treatment of <i>P. vivax</i> 0.25 mk/kg (1				
Treatment of P. vivax	CQ+PQ	_		
Treatment of severe malaria	AS	-		
Treatment failure of P. falciparum	-	-		
First-line treatment of <i>P. falciparum</i>	AL+PQ	-		
First-line treatment of unconfirmed malaria	_	-		

Medicine Year Min Median Max Follow-up No. of studies Species



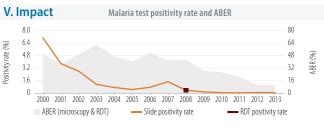


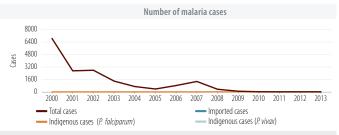












Yes/

Peru





I. Epidemiological profile

2013	%
1 370 000	5
3 490 000	12
25 500 000	84
30 360 000	
	1 370 000 3 490 000 25 500 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (16%), P. vivax (84%)
Major anopheles species:	An. pseudopunctipennis, An. albimanus, An. darlingi
Programme phase:	Control
Reported confirmed cases:	43 468
Reported deaths:	4

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	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	-
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	-
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 Yes No Yes No Yes Yes	- - - - -

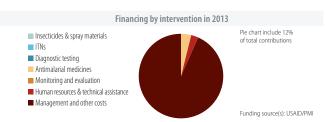
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	Yes	_
	Uncomplicated P. vivax cases routinely admitted	Yes	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	AS+MQ	2001
Treatment failure of P. falciparum	=	-
Treatment of severe malaria	AS+MQ	_
Treatment of P. vivax	CQ+PQ(7d)	-
Dosage of primaquine for radical treatment of P. vivax	of primaquine for radical treatment of <i>P. vivax</i> 0.50 mg/kg	
Type of RDT used		_

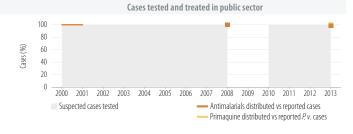
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005-2006	1.1	1.1	1.1	28 days	1	P. falciparum
CQ+PQ	2006-2008	0.5	0.6	1.1	28 days	3	P. vivax

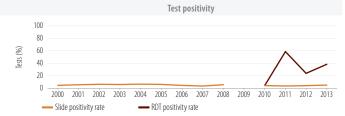


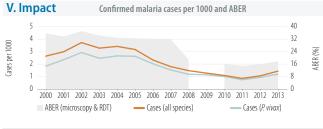


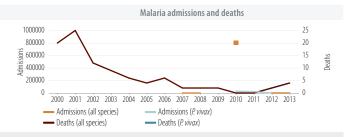












Impact: On track for 50%-75% decrease in case incidence 2000-2015





2013	%
7 060 000	7
71 400 000	73
19 900 000	20
98 360 000	
	7 060 000 71 400 000 19 900 000

Parasites and vectors	
	P. falciparum (79%), P. vivax (20%) An. flavirostris, An. maculatus, An. balabacensis, An. litoralis
Programme phase:	Control
Reported confirmed cases: Reported deaths:	6514 12

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	2006 2000
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2002 -
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2004 2003
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 Yes Yes Yes Yes Yes Yes	2003 2003 2006 2007 2011 2010 2009

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2009
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		Yes	2009
	Uncomplicated P. falciparum cases routinely admitted		No	_
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria treatment policy Medicine		Medicine		Year adopted

Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	AL	2009	
First-line treatment of P. falciparum	AL+PQ	2009	
Treatment failure of P. falciparum	QN+CL; QN+D; QN+T	2002	
Treatment of severe malaria	QN+T	2002	
Treatment of P. vivax	CQ+PQ(14d)	2002	
Dosage of primaquine for radical treatment of P. vivax	0.50 mg/kg (14 days)		
Type of RDT used $P.f + P.v$ specific (Co		fic (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine Year Min Median Follow-up No. of studies 2005-2010 0 28 days P. vivax



ABER (microscopy & RDT)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Cases (all species)

— Cases (P. vivax)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- Admissions (P vivax)

Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)

Yes/ Year





I. Epidemiological profile

Population	2013	%
Number of active foci	25	
Number of people living within active foci	5 630 000	11
Number of people living in malaria-free areas	43 600 000	89
Total	49 230 000	

Parasites and vectors			
Major plasmodium species: Major anopheles species:	P. falciparum (0 An. sinensis	0%), <i>P. vivax</i> (100%)	
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	443 2	Indigenous cases, 2013: Indigenous deaths, 2013:	383 0

II. Intervention policies and strategies

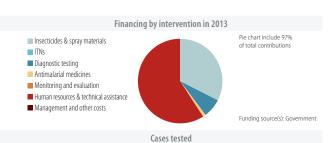
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes No	2001 –
IRS	IRS is recommended DDT is authorized for IRS	– No	-
Larval contro	Use of larval control recommended	Yes	2001
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 2001
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>R. falciparum</i> Primaquine is used for radical treatment of <i>R. 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	- No Yes No No Yes	- - 2001 - - 2011

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	d	No	-
	Uncomplicated P. vivax cases routinely admitted		Yes	2001
	Foci and case investigation undertaken		Yes	2001
	Case reporting from private sector is mandatory		Yes	2001
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatment of unconfirmed malaria		CQ		_
First-line treatment of P. falciparum				-
Treatment failure of <i>P. falciparum</i>		-		-
Treatment of s	evere malaria	-		-
Treatment of F	? vivax	CQ+PQ(14d)		-
Dosage of primaquine for radical treatment of P. vivax		0.25	mg/kg	(14 days)

Therapeutic efficacy tests (clinical and parasitological failure, %)

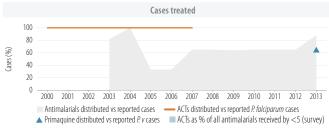
Medicine Year Min Median Max Follow-up No. of studies Species







No data reported for 2013





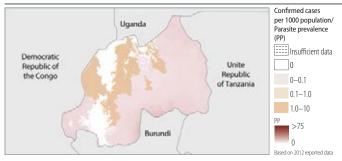
V. Impact

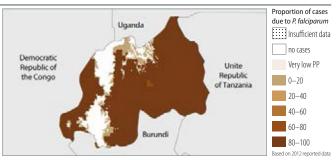
Malaria test positivity rate and ABER

Number of malaria cases

5000
4000
3000
1000
0
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013
— Total cases
— Indigenous cases (*P. falciparum*)
— Indigenous cases (*P. falciparum*)

No data reported for 2013





Population	2013	%
High transmission (> 1 case per 1000 population)	11 800 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	11800000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	962618
Reported deaths:	409

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 No	2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2009
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2009
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	No No No No No No	- - - - -

Intervention	Policies/strategies		Yes/ No	Year adopted
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treatment of unconfirmed malaria		AL		2005
First-line treatr	ment of <i>P. falciparum</i>	AL		2005
Treatment failu	ure of <i>P. falciparum</i>	QN		2005
Treatment of s	evere malaria	AS		2012
Treatment of F	? vivax	-		_
Dosage of prim	naquine for radical treatment of P. vivax			-
Type of RDT used P.f + all spe		II species	(Combo)	
	ficacy tests (clinical and parasitological failure, %)	r.i + a	ii species	(COITID

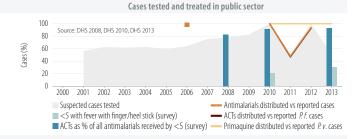
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2009	0	1.3	4.5	28 days	3	P. falciparum

III. Financing Sources of financing 50 Contribution (US\$m) 30 20 2000 2001 2002 2003 2004 2010 2011 2012 2013 2005 2006 2007 2009 ■ Government Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

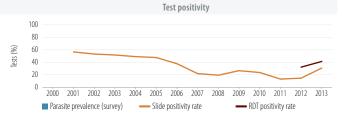


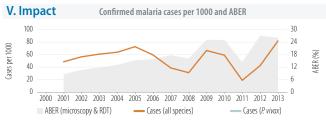
No data reported for 2013

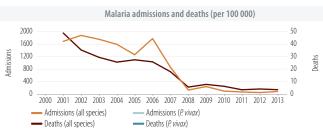


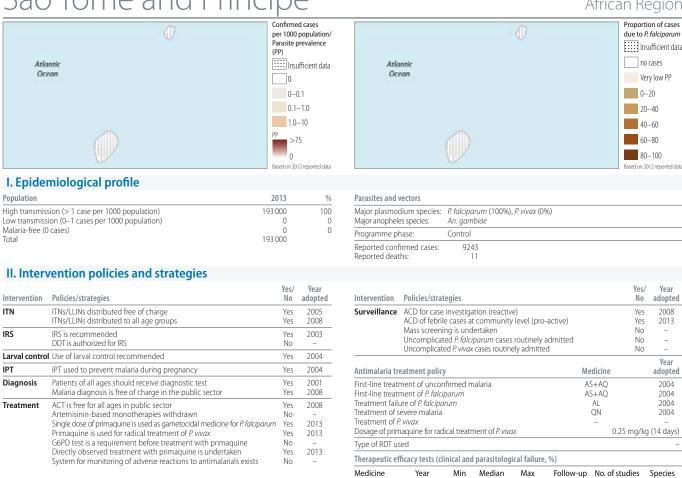


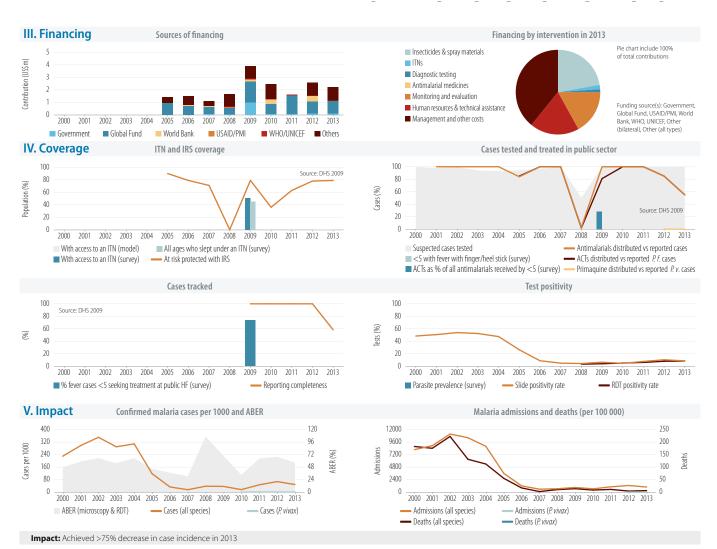
















Population	2013	%
Number of active foci	29	
Number of people living within active foci	40 400	0
Number of people living in malaria-free areas	28 800 000	100
Total	28 840 400	

Parasites and vectors			
Major plasmodium species: Major anopheles species:		00%), P. vivax (0%) An. sergentii, An. stephensi, An.	fluviatilis, An. multicolor
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	2513	Indigenous cases, 2013: Indigenous deaths, 2013:	34 0

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	1980 1980
IRS	IRS is recommended DDT is authorized for IRS	Yes No	- -
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 1963
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 Yes Yes Yes No Yes	- 1985 - 1985 - 1990

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	1980
	ACD of febrile cases at community level (pro-active)		Yes	1980
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	d	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
	Foci and case investigation undertaken		Yes	1990
	Case reporting from private sector is mandatory		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	_		_
First-line treati	ment of <i>P. falciparum</i>	AS+SP+PQ		2012
Treatment fails	ure of <i>P. falciparum</i>	AL		2007
Treatment of s	evere malaria	AM; AS; QN		2007
Treatment of F	2 vivax	CO+PO(14d)		_

Therapeutic efficacy tests (clinical and parasitological failure, %) Medicine Median Max Follow-up No. of studies Species

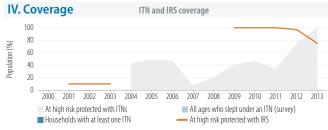
0.25 mg/kg (14 days)

Dosage of primaquine for radical treatment of *P. vivax*

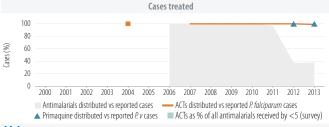
III. Financing Sources of financing Contribution (US\$m) 2002 2003 2004 2006 Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

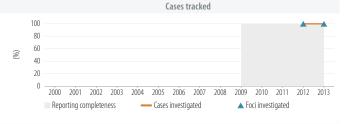
No data reported for 2013

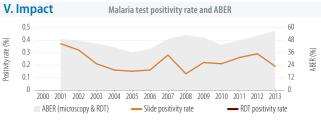
Financing by intervention in 2013

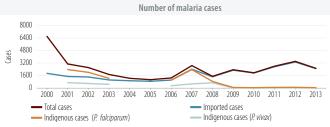












Senegal





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	13600000	96
Low transmission (0–1 cases per 1000 population)	565 000	4
Malaria-free (0 cases)	0	0
Total	14 165 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. funestus, An. pharoensis, An. melas
Programme phase:	Control
Reported confirmed cases:	345 889
Reported deaths:	815

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	1998 1998
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2005 –
Larval contro	I Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
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 Yes No No No No No Yes	2010 2010 - - - - 2007

Intervention	Policies/strategies		Yes/ No	Year adopted
Surveillance	ACD for case investigation (reactive)		Yes	2012
	ACD of febrile cases at community level (pro-active)		Yes	2012
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	ł	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	AS+AO		2005
First-line treatr	ment of <i>P. falciparum</i>	AL; AS+AQ		2005
Treatment failu	ure of <i>P. falciparum</i>	-		-
Treatment of s	evere malaria	QN		2005
Treatment of F	? vivax	-		-
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>			-
Type of RDT us	sed			P.f only
Therapeutic ef	ficacy tests (clinical and parasitological failure, %)			

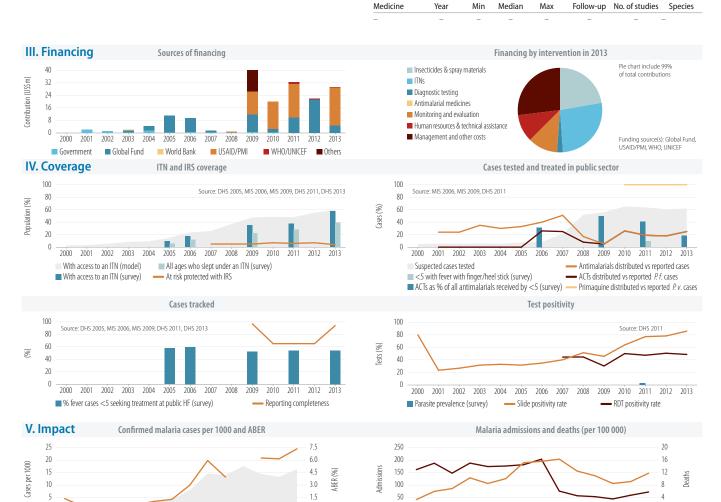
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- Admissions (P vivax)

Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)



ABER (microscopy & RDT)

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Cases (all species)

Cases (P vivax)

Yes/ Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	6 090 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	6 090 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. melas
Programme phase:	Control
Reported confirmed cases:	1701958
Reported deaths:	4326

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	2002 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2010
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010 2008
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 Yes No No No No No Yes	2010 2005 - - - - 2005

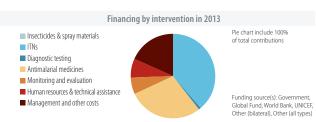
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of P. falciparum	AL; AS+AQ	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	AM; QN	2004
Treatment of P. vivax	_	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		P.f only

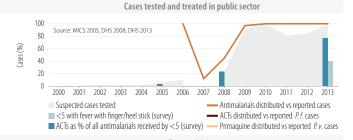
Therapeutic efficacy tests (clinical and parasitological failure, %)

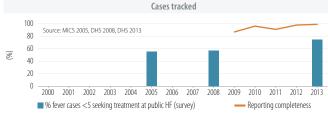
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011-2011	0	0	0	28 days	2	P. falciparum
AS+AQ	2011-2011	0	0	0	28 days	2	P. falciparum

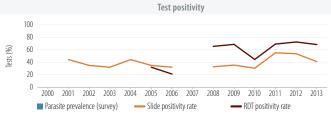


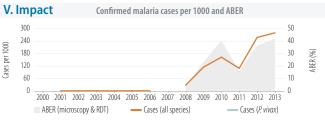


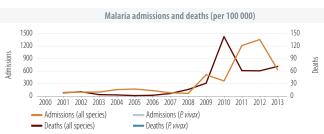




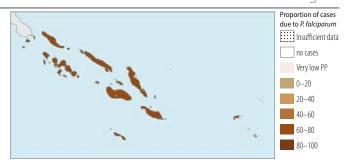












I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	556 000	99
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	5610	1
Total	561 610	

Parasites and vectors	
Major plasmodium species:	P. falciparum (53%), P. vivax (47%)
Major anopheles species:	An. farauti, An. punctulatus, An. koliensis
Programme phase:	Control
Reported confirmed cases:	25 609
Reported deaths:	18

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	2009 1996
IRS	IRS is recommended DDT is authorized for IRS	Yes No	- 1969
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1968 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 Yes Yes No No	2008 - 2009 2009 - -

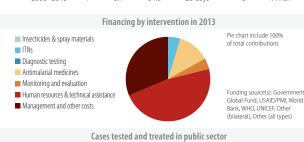
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	1990
	ACD of febrile cases at community level (pro-active)	Yes	2013
	Mass screening is undertaken	Yes	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

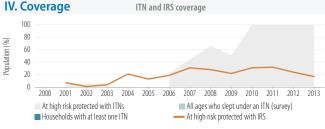
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2009
First-line treatment of P. falciparum	AL	2009
Treatment failure of P. falciparum	QN	2009
Treatment of severe malaria	AL; AS	2009
Treatment of P. vivax	AL+PQ(14d)	2009
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/kg (14 days)	
pe of RDT used $P.f + P.v$ specific (Co		cific (Combo)

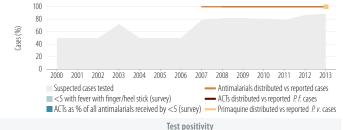
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2008-2013	0	0	6.3	28 days	3	P. falciparum
Al	2008-2013	4	5.1	31.6	28 days	3	P. vivax

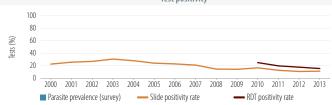


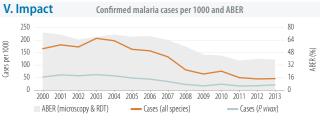


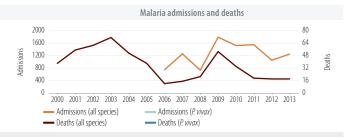






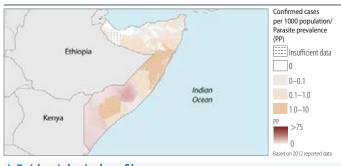






Impact: Increase in case incidence 2000-2015

Somalia





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	7310000	70
Low transmission (0–1 cases per 1000 population)	3 180 000	30
Malaria-free (0 cases)	0	0
Total	10 490 000	

Parasites and vectors	
Major plasmodium species: Major anopheles species:	P. falciparum (100%), P. vivax (0%) An. arabiensis, An. funestus
Programme phase:	Control
Reported confirmed cases: Reported deaths:	10 470

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	2005 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2004
Larval control	Use of larval control recommended	No	_
IPT	IPT used to prevent malaria during pregnancy	N/A	_
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2006 2006
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 No	2006 - - - - - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	2006
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Vear

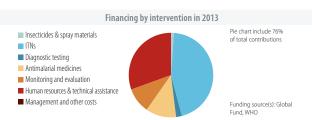
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+SP	2011
First-line treatment of P. falciparum	AS+SP	2011
Treatment failure of P. falciparum	AL	2011
Treatment of severe malaria	AS; QN	2006
Treatment of P. vivax	CQ+PQ	2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>		-

P.f + all species (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

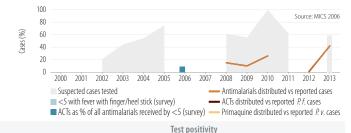
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2013-2013	0	0.5	1	28 days	2	P. falciparum
AS+SP	2005-2011	0	1	22.2	28 days	5	P. falciparum



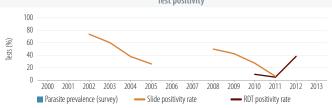


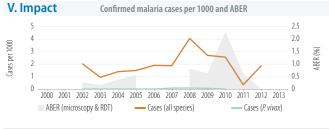
Cases tested and treated in public sector

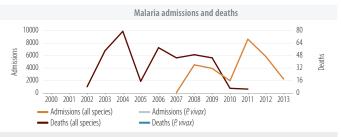












Impact: Insufficiently consistent data to assess trends





I. Epidemiological profile

2013	%
2110000	4
3 170 000	6
47 500 000	90
52 780 000	
	2110 000 3170 000 47 500 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. arabiensis, An. funestus
Programme phase:	Control
Reported confirmed cases:	8645
Reported deaths:	105

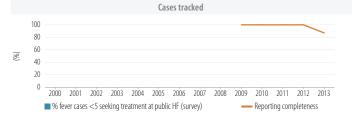
II. Intervention policies and strategies

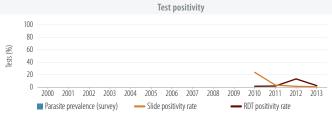
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	No No	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	1930 –
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 1997
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 Yes No No Yes No	2001 - - - - -

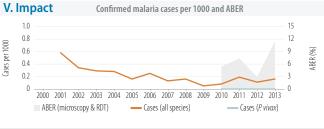
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

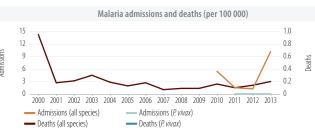
Antimalaria treatment policy					Medicine		adopted	
First-line treatr	ment of unco	nfirmed n		_		-		
First-line treatr	ment of P. falo	iparum			AL; QN-	+CL; QN+D	2001	
Treatment failu	ure of P. falcip	arum .			Α	S; QN	2001	
Treatment of s	evere malaria	3				QN	2001	
Treatment of F	Treatment of P. vivax					AL+PQ; CQ+PQ		
Dosage of prim	Dosage of primaquine for radical treatment of P. vivax						-	
Type of RDT us	Type of RDT used							
Therapeutic ef	Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species	

III. Financing Sources of financing Financing by intervention in 2013 Pie chart include 100% of total contributions ■ Insecticides & spray materials ITNs Contribution (US\$m) ■ Diagnostic testing 36 Antimalarial medicines 24 Monitoring and evaluation ■ Human resources & technical assistance 2000 2001 2002 2003 2004 2005 2006 2007 Management and other costs 2008 2009 Funding source(s): Government Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others IV. Coverage ITN and IRS coverage Cases tested and treated in public sector 100 100 80 80 Population (%) Cases (%) 60 40 40 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 Antimalarials distributed vs reported cases
 ACTs distributed vs reported *P. f.* cases All ages who slept under an ITN (survey) With access to an ITN (model) Suspected cases tested <5 with fever with finger/heel stick (survey)</p> ■ With access to an ITN (survey) — At risk protected with IRS ■ ACTs as % of all antimalarials received by <5 (survey) — Primaquine distributed vs reported P. v. cases













Population	2013	%
High transmission (> 1 case per 1000 population)	11 300 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	11 300 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. funestus, An. nili
Programme phase:	Control
Reported confirmed cases:	262 520
Reported deaths:	1311

II. Intervention policies and strategies

Impact: Insufficiently consistent data to assess trends

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	2006
Larval contro	I Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	- 2005
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 No	2006 - - - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	d d	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treatr	ment of unconfirmed malaria	AS+AQ		2006
First-line treatr	ment of <i>P. falciparum</i>	AS+AQ		2006
Treatment failu	ure of P. falciparum	AL		2006
Treatment of s	evere malaria	AM; AS; QN		2004
Treatment of F	? vivax	AS+AQ+PQ		-
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>			-
Type of RDT us	ha	Df⊥ all	cnacia	(Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Year Min Median Max Follow-up No. of studies Species



No adopted





I. Epidemiological profile

Population	2013	%
Number of active foci	0	
Number of people living within active foci	0	0
Number of people living in malaria-free areas	21 300 000	100
Total	21 300 000	

Parasites and vectors			
Major plasmodium species: Major anopheles species:	P. falciparum (0%), P. vivax (0 An. culicifacies, An. subpictus		
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:		s cases, 2013: s deaths, 2013:	0

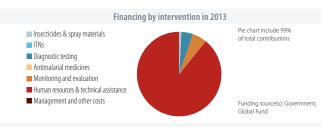
Intervention Policies/strategies

II. Intervention policies and strategies

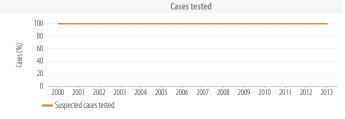
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	1992 2004
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1945 –
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 1911
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 Yes Yes Yes Yes	- - - - -

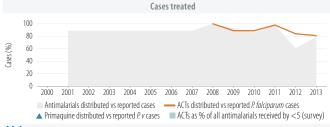
Surveillance	ACD for case	e investiga	ition (reactiv	e)			Yes	-
	ACD of febri	ile cases a	community	level (p	ro-active)		Yes	-
	Mass screen	ing is und	ertaken				Yes	-
	Uncomplica	ited P. falci	parum cases	routine	ly admitted		Yes	2008
	Uncomplica	ted P. vivax	cases routine	ely admi	tted		No	-
	Foci and cas	se investig	ation undert	aken			Yes	1958
	Case reporti	ing from p	rivate sector	is mano	latory		Yes	2008
								Year
Antimalaria tr	eatment polic	.y			1	Nedicine		adopted
First-line treat	ment of unco	nfirmed m	nalaria			-		-
First-line treat	ment of P. falo	iparum				AL+PQ		2008
Treatment fail	ure of P. falcip	arum .				QN		1936
Treatment of s	evere malaria	ì			CC	+PQ(14d)		2008
Treatment of F	? vivax				AL (2nd &am	p; 3rd trimest	ter); QN	- 1
Dosage of prin	naquine for ra	dical treatr	nent of <i>P. viva</i>	1X		0.25	mg/kg	(14 days)
Therapeutic ef	ficacy tests (c	linical and	parasitolog	ical failu	re, %)			
Medicine	Year	Min	Median	Max	Follow-u	No. of stu	dies	Species



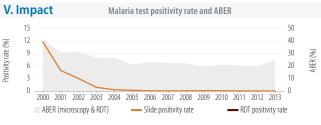


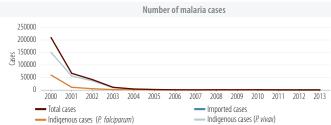






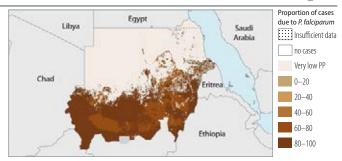






Sudar





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	33 000 000	87
Low transmission (0–1 cases per 1000 population)	4 970 000	13
Malaria-free (0 cases)	0	0
Total	37 970 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (95%), P. vivax (5%)
Major anopheles species:	An. arabiensis, An. funestus, An. gambiae, An. nili, An. pharoensis
Programme phase:	Control
Reported confirmed cases:	592383
Reported deaths:	685

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	2005 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1956 -
Larval contro	I Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2009 –
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 Yes No Yes No No No	2005 2004 - 2005 - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		No	_
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	d	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatr	ment of unconfirmed malaria	AS+SP	AS+SP 2011	
First-line treatr	ment of <i>P. falciparum</i>	AS+SP		2011
Treatment failu	ure of P. falciparum	AL		2011
Treatment of s	evere malaria	AM; QN		2011
Treatment of F	? vivax	AL+PQ(14d)		2011
Dosage of prim	naquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)		(14 days)
Type of RDT us	sed	P.f + P.v specific (Combo)		(Combo)
Therapeutic ef	ficacy tests (clinical and parasitological failure, %)			



— Admissions (all species)

— Deaths (all species)

Cases (P vivax)

— (ases (all species)

ABER (microscopy & RDT)

- Admissions (P vivax)

Deaths (P. vivax)





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	84 700	16
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases) Total	455 000 539 700	84

Parasites and vectors	
	P. falciparum (46%), P. vivax (54%) An. darlingi, An. nuneztovari
Programme phase:	Control
Reported confirmed cases: Reported deaths:	729 1

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	2006 2006
IRS	IRS is recommended DDT is authorized for IRS	No No	2006 -
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1955 1955
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 Yes Yes Yes No No No	2004 2004 2004

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	Yes No	2000 2000
	Mass screening is undertaken	Yes	2000
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
			Voor

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	AL+PQ	2004
Treatment failure of P. falciparum	AS+MQ	2004
Treatment of severe malaria	AS	-
Treatment of P. vivax	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of P. vivax		_
Type of RDT used		-

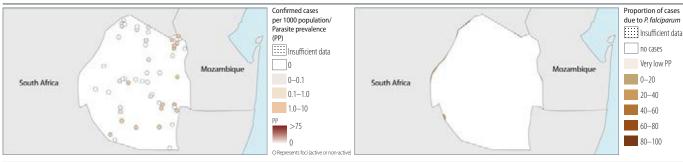
Therapeutic efficacy tests (clinical and parasitological failure, %)

 Medicine
 Year
 Min
 Median
 Max
 Follow-up
 No. of studies
 Species

 AL
 2005–2011
 0
 2.35
 4.7
 28 days
 2
 P. falciparum







Population	2013	%
High transmission (> 1 case per 1000 population)	0	0
Low transmission (0–1 cases per 1000 population)	350 000	28
Malaria-free (0 cases)	900 000	72
Total	1 250 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. arabiensis, An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	131
Reported deaths:	4

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	2002 2010
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	1946 -
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010 2010
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	2010 - - - - - - 2010

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Cases (all species)

ABER (microscopy & RDT)

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2012
	ACD of febrile cases at community level (pro-active)		Yes	2010
	Mass screening is undertaken		Yes	2010
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
Allullialalla ul	eatment policy	Medicille		auopteu
First-line treatr	ment of unconfirmed malaria	AL		2009
First-line treatment of <i>P. falciparum</i> QN				2009
Treatment failure of <i>P. falciparum</i> QN				-
Treatment of severe malaria –				-
T	0.1.1			

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Therapeutic ef	fficacy tests (cl	inical and	l parasitolog	ical failur	2, %)		
Type of RDT us	sed						-
Dosage of prin	naquine for rac	lical treatr	nent of <i>P. viva</i>	2X			-
Treatment of F	P. vivax					QN	-
Treatment of s	severe malaria					-	-
Treatment fails	ure of P. falcipa	irum				QN	-
First-line treati	ment of <i>P. falc.</i>	iparum				QN	2009

III. Financing Sources of financing Financing by intervention in 2013 Pie chart include 100% of total contributions ■ Insecticides & spray materials ITNs Contribution (US\$m) ■ Diagnostic testing Antimalarial medicines Monitoring and evaluation ■ Human resources & technical assistance Funding source(s): Government, 2003 2004 2005 2006 2007 2000 2001 2002 2008 2009 2010 2011 2012 Management and other costs Global Fund, WHO, Other (all types) Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others IV. Coverage ITN and IRS coverage Cases tested and treated in public sector 100 100 Source: MICS 2010 Source: DHS 2007 80 80 Population (%) Cases (%) 60 60 40 40 20 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 All ages who slept under an ITN (survey) With access to an ITN (model) Suspected cases tested — Antimalarials distributed vs reported cases <5 with fever with finger/heel stick (survey)</p> — ACTs distributed vs reported P. f. cases ■ With access to an ITN (survey) — At risk protected with IRS ■ ACTs as % of all antimalarials received by <5 (survey) — Primaquine distributed vs reported P. v. cases Test positivity Cases tracked 100 Source: DHS 2007, MICS 2010 80 80 Tests (%) 60 60 % 40 40 20 20 2000 2001 2002 2003 2004 2005 2006 2007 2009 2010 2011 2012 2013 2009 2010 2011 2012 2013 2000 2001 2002 2004 2005 2006 2007 2008 2008 2003 ■ % fever cases <5 seeking treatment at public HF (survey) Parasite prevalence (survey) Slide positivity rate RDT positivity rate V. Impact Confirmed malaria cases per 1000 and ABER Malaria admissions and deaths (per 100 000) 2.0 200 1.6 160 Cases per 1000 ABER (%) Admissions 1.2 120 Deaths 0.8 80 0.4 40 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 0

— Admissions (all species)

— Deaths (all species)

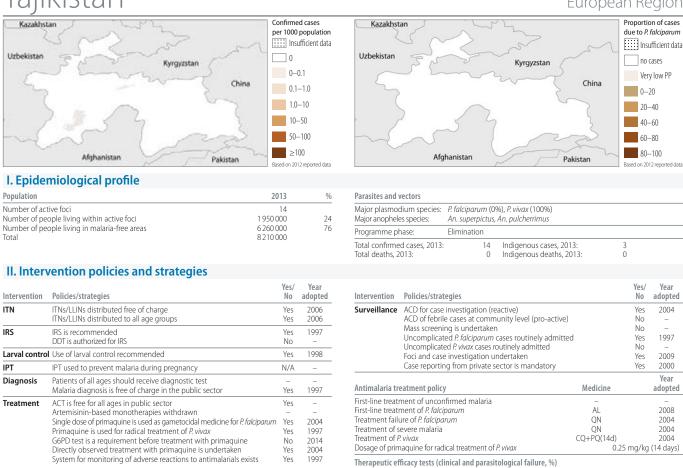
— Admissions (P. vivax)

Deaths (P. vivax)

Cases (P vivax)

Year







Yes/ Year

Thailand





I. Epidemiological profile

2013	%
5 360 000	8
28 100 000	42
33 500 000	50
66 960 000	
	5 360 000 28 100 000 33 500 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (44%), P. vivax (47%)
Major anopheles species:	An. dirus, An. minimus, An. maculatus, An. sundaicus
Programme phase:	Control
Reported confirmed cases:	33 302
Reported deaths:	37

II. Intervention policies and strategies

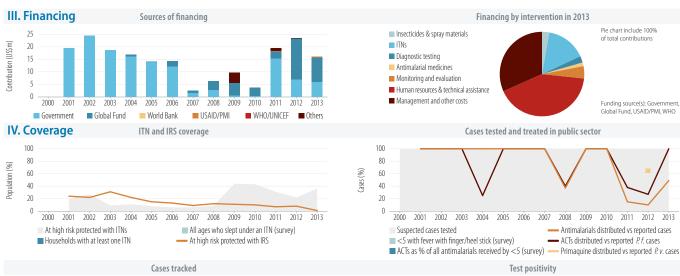
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	1992 1992
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1953 -
Larval contro	I Use of larval control recommended	Yes	1953
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1991 1953
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 Yes Yes Yes No Yes No	1995 1995 1995 1965 - 2008

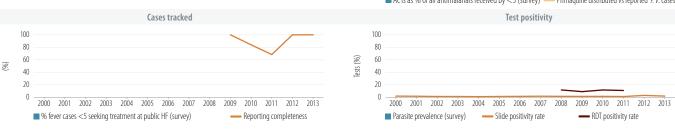
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	1958
	ACD of febrile cases at community level (pro-active)		Yes	1958
	Mass screening is undertaken		Yes	1958
	Uncomplicated P. falciparum cases routinely admitted		Yes	1995
	Uncomplicated P. vivax cases routinely admitted		Yes	1995
Antimalaria tr	eatment policy	Medicine		Year adopted

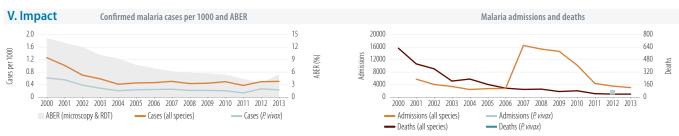
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	_
First-line treatment of P. falciparum	AS+MQ	2007
Treatment failure of P. falciparum	QN+D	2007
Treatment of severe malaria	QN+D	2007
Treatment of P. vivax	CQ+PQ(14d)	2007
Dosage of primaquine for radical treatment of P. vivax	0.25 m	g/kg (14 days)
Type of RDT used		-
Therapeutic efficacy tests (clinical and parasitological failure, %)		

Medicine

Year Median Follow-up No. of studies Species

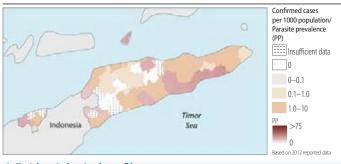






Impact: On track for 50%-75% decrease in case incidence 2000-2015

Yes/ Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	872 000	77
Low transmission (0–1 cases per 1000 population)	261 000	23
Malaria-free (0 cases)	0	0
Total	1 133 000	

Parasites and vectors	
	P. falciparum (50%), P. vivax (50%) An. subpictus, An. barbirostris
Programme phase:	Control
Reported confirmed cases: Reported deaths:	1025 3

II. Intervention policies and strategies

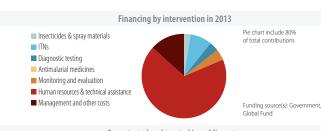
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2005 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2006
Larval contro	Use of larval control recommended	Yes	2007
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2007 2000
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 Yes No No No No	2007 - - 2006 - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	2002
	ACD of febrile cases at community level (pro-active)	Yes	2009
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
			Year

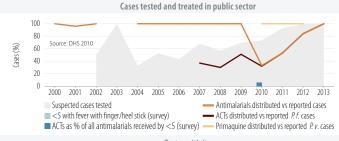
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of P. falciparum	AL	_
Treatment failure of P. falciparum	QN+D	-
Treatment of severe malaria	AM; AS; QN	-
Treatment of P. vivax	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		-
Therapeutic efficacy tests (clinical and parasitological failure	, %)	

Medicine Year Min Median Max Follow-up No. of studies Species

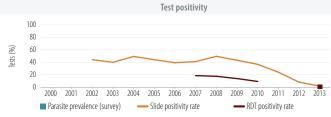


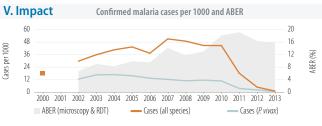


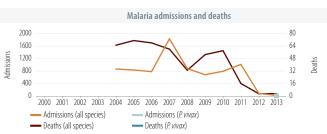
















Population	2013	%
High transmission (> 1 case per 1000 population)	6820000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	6820000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. melas, An. arabiensis
Programme phase:	Control
Reported confirmed cases:	882 430
Reported deaths:	1361

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	2004 2011
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2011 -
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2010 2012
Treatment	ACT is free for all ages in public sector Artemisnin-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	No Yes No No - - Yes	- - - - - - 2009

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		_	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		Yes	_
	Uncomplicated P. vivax cases routinely admitted		No	-
A 4:		Madiaina		Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ	-
First-line treatment of P. falciparum	AL; AS+AQ	-
Treatment failure of P. falciparum	=	-
Treatment of severe malaria	QN	_
Treatment of P. vivax	_	_
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		P.f only

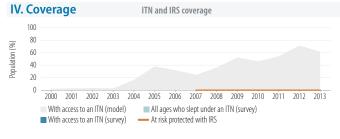
Therapeutic efficacy tests (clinical and parasitological failure, %)

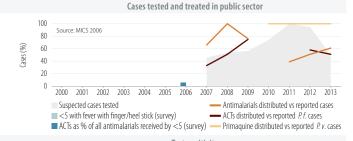
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2013	0	1.4	4.4	28 days	11	P. falciparum
AS+AQ	2005-2013	0	0	6	28 days	11	P. falciparum

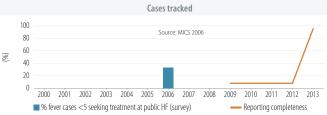
III. Financing Sources of financing Contribution (US\$m) 12 2002 2003 2004 2005 2010 2011 2012 2013 2007 2006 2008 Global Fund World Bank USAID/PMI ■ WHO/UNICEF ■ Others

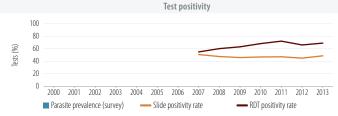
Financing by intervention in 2013

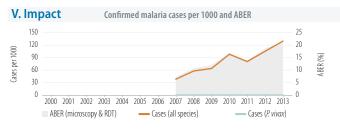
No data reported for 2013

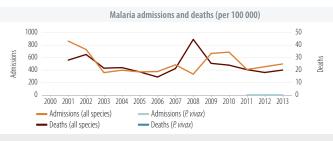












Impact: Insufficiently consistent data to assess trends







Population	2013	%
Number of active foci	0	
Number of people living within active foci	0	0
Number of people living in malaria-free areas	74 900 000	100
Total	74 900 000	

Parasites and vectors			
Major plasmodium species: Major anopheles species:		%), P. vivax (100%) .n. superpictus, An. maculipennis	
Programme phase:	Elimination		
Total confirmed cases, 2013: Total deaths, 2013:	285 3	Indigenous cases, 2013: Indigenous deaths, 2013:	0

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	No No	- -
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1926 -
Larval control	Use of larval control recommended	Yes	1926
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	– Yes	- 1926
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	- No Yes No Yes No	- - 1926 - 2007

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2010
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted	d	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
	Foci and case investigation undertaken		Yes	1926
	Case reporting from private sector is mandatory		Yes	1930
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treati	ment of unconfirmed malaria	-		_
First-line treati	ment of <i>P. falciparum</i>	-		-
Treatment fails	ure of P. falciparum	-		-
Treatment of s	evere malaria	-		-
Treatment of F	? vivax	CQ+PQ(14d)		_
Dosage of primaguine for radical treatment of <i>P. vivax</i> 0.25 mg/kg ((14 days)		

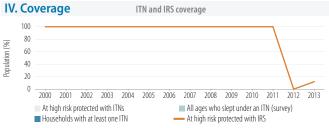
Therapeutic efficacy tests (clinical and parasitological failure, %)

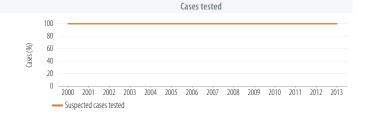
Medicine Year Min Median Max Follow-up No. of studies Species

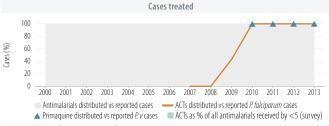
Sources of financing 50 40 30 20 10 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 Government Global Fund World Bank USAID/PMI WHO/UNICEF Others

No data reported for 2013

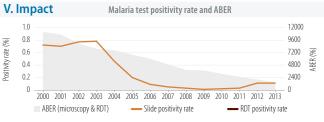
Financing by intervention in 2013

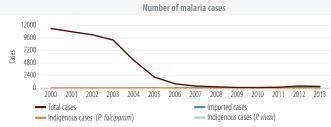


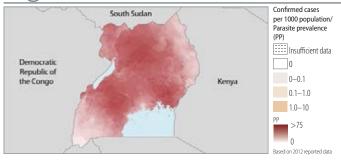














Population	2013	%
High transmission (> 1 case per 1000 population)	33 800 000	90
Low transmission (0–1 cases per 1000 population)	3 760 000	10
Malaria-free (0 cases)	0	0
Total	37 560 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. funestus, An. funestus
Programme phase:	Control
Reported confirmed cases:	1502362
Reported deaths:	7277

II. Intervention policies and strategies

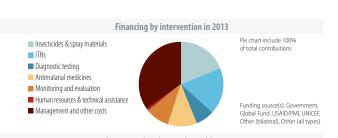
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	2006 2013
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	2005 2008
Larval contro	Use of larval control recommended	Yes	2011
IPT	IPT used to prevent malaria during pregnancy	Yes	1998
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2012 2001
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	2005 - - - - - -

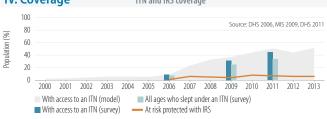
Intervention	Policies/strategies		Yes/ No	Year adopted
Surveillance	ACD for case investigation (reactive)		No	-
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted
First-line treati	ment of unconfirmed malaria	AL		2004
First-line treati	ment of <i>P. falciparum</i>	AL		2004
T	and a find find a summer	ON		2004

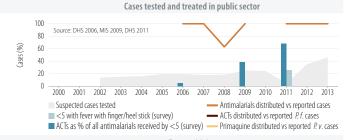
Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of P. falciparum	AL	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		-
Therapeutic efficacy tests (clinical and parasitological failure, $\%$	b)	

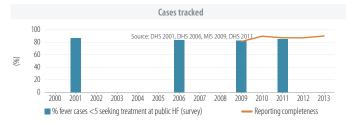
Medicine Year Min Median Max Follow-up No. of studies Species



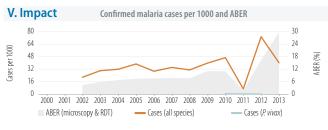


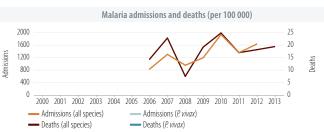








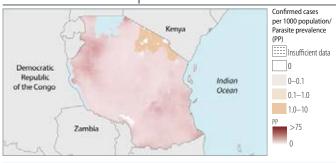




Impact: Insufficiently consistent data to assess trends

United Republic of Tanzania (Mainland)

African Region





I. Epidemiological profile

	%
4 900 000	73
2 900 000	27
0	0
7 800 000	
	2 900 000

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae, An. arabiensis, An. funestus
Programme phase:	Control
Reported confirmed cases:	1550250
Reported deaths:	8526

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 No	-
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2006
Larval contro	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2009
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	- - - - -

Intervention	Policies/strategies		Yes/ No	Year adopted
Surveillance	ACD for case investigation (reactive)		No	_
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treati	ment of unconfirmed malaria	AL		2004
First-line treati	ment of <i>P. falciparum</i>	AL		2004
	ure of P. falciparum	QN		2004
Treatment of s	evere malaria	QN		2004
Treatment of F	? vivax	_		-
Dosage of prin	naquine for radical treatment of P. vivax			-
Type of RDT us	sed	P.f + P.1	v specific	(Combo)
Therapeutic ef	ficacy tests (clinical and parasitological failure, %)			

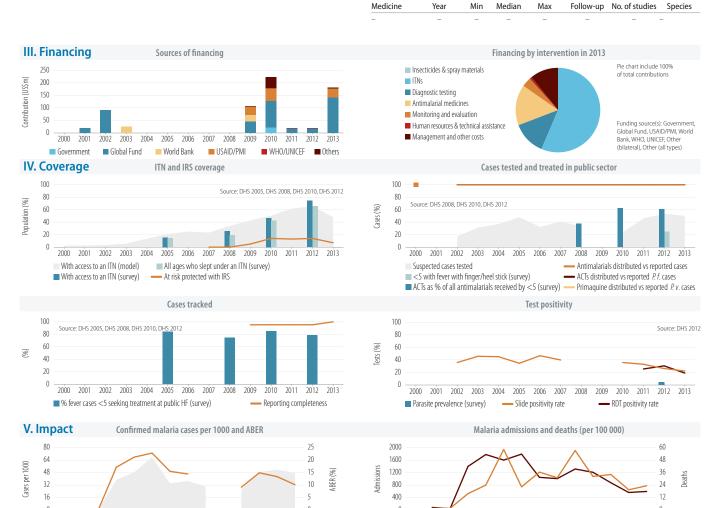
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- Admissions (P vivax)

Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)



2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— (ases (all species)

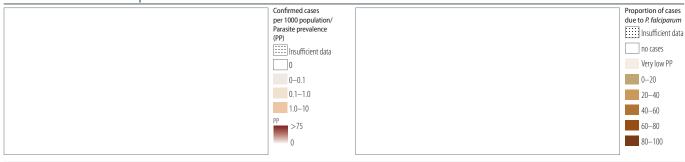
Cases (P vivax)

ABER (microscopy & RDT)

United Republic of Tanzania (Zanzibar)

African Region

Yes/ Year



I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	1 390 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	1 390 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. gambiae
Programme phase:	Control
Reported confirmed cases:	2194
Reported deaths:	2

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	2005 2008
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2006
Larval control	Use of larval control recommended	Yes	2012
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 2004
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 Yes	2003 - - - - - - 2003

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

Cases (all species)

— (ases (P. vivax)

ABER (microscopy & RDT)

Impact: Insufficiently consistent data to assess trends

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	2008
	ACD of febrile cases at community level (pro-active)	Yes	2011
	Mass screening is undertaken	Yes	2011
	Uncomplicated P. falciparum cases routinely admitted	No	_
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of P. falciparum	AS+AQ	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	QN	2004
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used	P.f + all s	pecies (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine Year Min Median Max Follow-up No. of studies Species 2006-2007 0 0 28 days 2 P. falciparum



2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

- Admissions (P vivax)

Deaths (P. vivax)

— Admissions (all species)

Deaths (all species)

Vanuatu





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	250 000	99
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	2530	1
Total	252 530	

Parasites and vectors	
Major plasmodium species:	P. falciparum (31%), P. vivax (69%)
Major anopheles species:	An. farauti
Programme phase:	Control
Reported confirmed cases:	2381
Reported deaths:	0

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 1990
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2008 -
Larval control	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	N/A	
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes No	2009
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 Yes No Yes Yes Yes No	2009 2012 - 2009 2009 2009 -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	2013
	ACD of febrile cases at community level (pro-active)	Yes	2013
	Mass screening is undertaken	Yes	2013
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Voor

Antimalaria treatment policy	Medicine	adopted	
First-line treatment of unconfirmed malaria	-	-	
First-line treatment of P. falciparum	AL	2007	
Treatment failure of P. falciparum	QN	2007	
Treatment of severe malaria	QN	2007	
Treatment of P. vivax	AL+PQ(14d)	2007	
Dosage of primaquine for radical treatment of P. vivax		-	
Type of RDT used	P.f + P.v specific (Combo)		

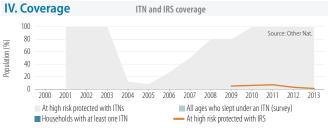
Therapeutic efficacy tests (clinical and parasitological failure, %)

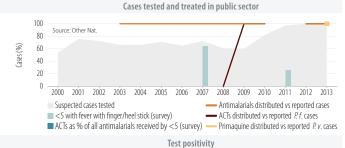
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011-2012	2.8	2.8	2.8	28 davs	1	P. vivax





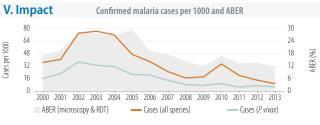
No data reported for 2013

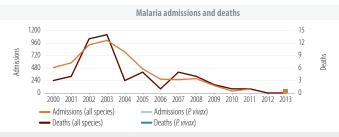












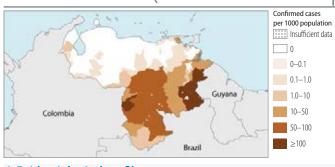
Impact: Increase in case incidence 2000-2015

adopted

P. falciparum

Follow-up No. of studies Species

28 days





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	791 000	3
Low transmission (0–1 cases per 1000 population)	4930000	16
Malaria-free (0 cases)	24700000	81
Total	30 421 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (35%), P. vivax (65%)
Major anopheles species:	An. darlingi, An. aquasalis, An. nuneztovari, An. braziliensis, An. albitarsis
Programme phase:	Control
Reported confirmed cases:	78643
Reported deaths:	6

Intervention Policies/strategies

Year

2005-2006

Min

0

Median

0

Medicine

AS+MQ

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	2005 2005
IRS	IRS is recommended DDT is authorized for IRS	Yes No	-
Larval contro	I Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1936 1936
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 Yes Yes Yes No Yes No	2004 - - - - - -

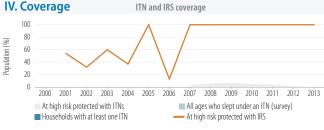
Surveillance	ACD for case investigation (reactive)		-	_
	ACD of febrile cases at community level (pro-active) Mass screening is undertaken		Yes	-
			Yes	-
	Uncomplicated P. falciparum cases routinely	complicated <i>P. falciparum</i> cases routinely admitted		-
	Uncomplicated P. vivax cases routinely admitt	ted	No	-
Antimalaria tre	eatment policy	Medi	cine	Year adopted
First-line treatn	nent of unconfirmed malaria	-		-
First-line treatn	nent of <i>P. falciparum</i>	AS+M0	Q+PQ	2004
Treatment failu	re of P. falciparum	QN+CL; QN	+D; QN+T	2004
Treatment of se	evere malaria	AM;	QN	2004
Treatment of P.	vivax	CQ+PC)(14d)	2004
Dosage of prim	aquine for radical treatment of P. vivax		0.25 mg/kg	(14 days)
Type of RDT us	ed			
Therapeutic eff	ficacy tests (clinical and parasitological failur	e, %)		

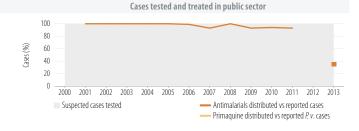




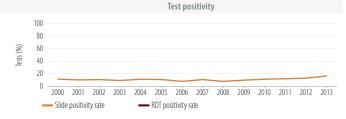
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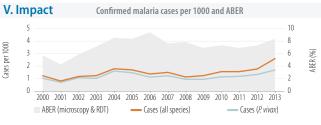
No data reported for 2013

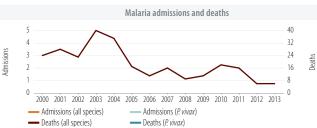












Yes/ Year





I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	16 100 000	18
Low transmission (0–1 cases per 1000 population)	18 300 000	20
Malaria-free (0 cases) Total	57 300 000 91 700 000	63

Parasites and vectors	
Major plasmodium species:	P. falciparum (60%), P. vivax (40%)
Major anopheles species:	An. minimus, An. dirus, An. sundaicus
Programme phase:	Control
Reported confirmed cases:	17 128
Reported deaths:	6

II. Intervention policies and strategies

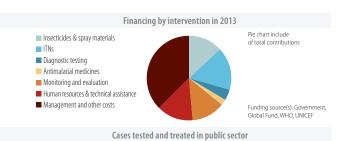
Intervention	Policies/strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge ITNs/LLINs distributed to all age groups	Yes Yes	1992 1992
IRS	IRS is recommended DDT is authorized for IRS	Yes No	1958 -
Larval contro	I Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	1958 1958
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 Yes Yes Yes No No Yes	2003 2013 2003 1960 - - 1980

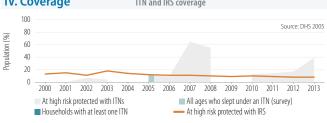
Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	1958
	ACD of febrile cases at community level (pro-activ	/e)	Yes	1958
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admir	tted	No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
				Year
Antimalaria tr	eatment policy	Medicine		adopted
First-line treatr	ment of unconfirmed malaria	DHA-PPQ		_
First-line treatr	ment of <i>P. falciparum</i>	QN+CL; QN+D		2013
Treatment failure of <i>P. falciparum</i> AS; QN		AS; QN		2013
Treatment of s	ovoro malaria	CO+PO(14d)		2013

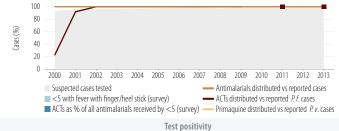
Treatment failure of P. falciparum	AS; QN	2013
Treatment of severe malaria	CQ+PQ(14d)	2013
Treatment of P. vivax	AS - 2nd & amp; 3rd trimesters; QN	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		_
Type of RDT used	P.f + P.v specific (Combo)
Therapeutic efficacy tests (clinical and parasitological fai	ilure, %)	

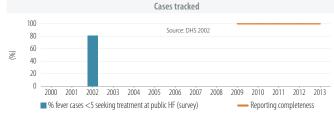
Follow-up No. of studies Species



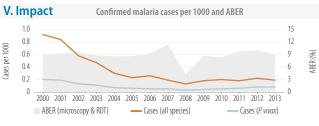


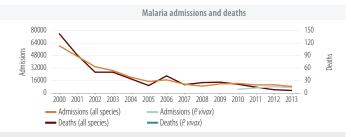


















Population	2013	%
High transmission (> 1 case per 1000 population)	10 400 000	43
Low transmission (0–1 cases per 1000 population)	6 290 000	26
Malaria-free (0 cases)	7 670 000	31
Total	24 360 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (99%), P. vivax (1%)
Major anopheles species:	An. arabiensis, An. culicifacies, An. sergentii
Programme phase:	Control
Reported confirmed cases:	102 778
Reported deaths:	55

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	2002 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes No	2001 -
Larval control	Use of larval control recommended	Yes	2002
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	2001 2002
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 Yes No Yes Yes No No	2009 2009 - 2001 2009 - -

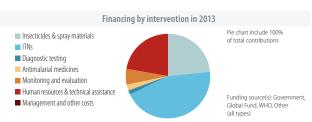
Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive) ACD of febrile cases at community level (pro-active)	Yes No	2006
	Mass screening is undertaken	Yes	2001
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AS+SP	2009
First-line treatment of P. falciparum	AS+SP	2009
Treatment failure of P. falciparum	AL	2009
Treatment of severe malaria	AM; QN	2009
Treatment of P. vivax	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of P. vivax	0.25 mg	g/kg (14 days)
Type of RDT used		P.f only

Therapeutic efficacy tests (clinical and parasitological failure, %)

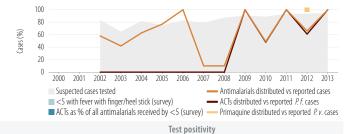
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2010	0	0	1.1	28 days	3	P. falciparum
AS+SP	2007-2011	0	0	1.5	28 days	6	P. falciparum

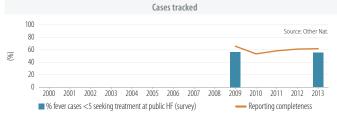


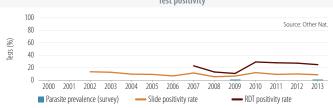


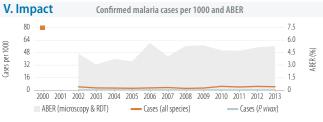
Cases tested and treated in public sector

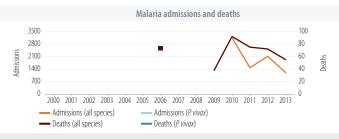


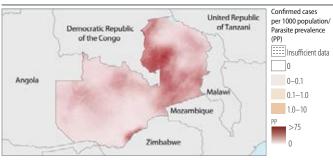














Population	2013	%
High transmission (> 1 case per 1000 population)	14 300 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	14 300 000	

Parasites and vectors	
Major plasmodium species: Major anopheles species:	P. falciparum (100%), P. vivax (0%) An. gambiae, An. funestus, An. arabiensis
Programme phase:	Control
Reported confirmed cases: Reported deaths:	3548

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	2005 1998
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	-
Larval contro	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	-
Diagnosis	Patients of all ages should receive diagnostic test Malaria diagnosis is free of charge in the public sector	Yes Yes	-
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 Yes No No No No No	2003 - - - - - -

Intervention	Policies/strategies	No	adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
			Year

Yes/ Year

Deaths

40

20

Antimalaria treatment policy	Medicine	adopted
First-line treatment of unconfirmed malaria	AL	2002
First-line treatment of P. falciparum	AL	2002
Treatment failure of P. falciparum	QN	2002
Treatment of severe malaria	QN	2002
Treatment of P. vivax	-	-
Dosage of primaquine for radical treatment of P. vivax		-
Type of RDT used		-

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2012	0	0	6.7	28 davs	12	P. falciparum

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— Admissions (P. vivax) Deaths (P. vivax)



1400

700

— Admissions (all species)

Deaths (all species)

Impact: On track for 50%-75% decrease in case incidence 2000-2015

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

— (ases (all species)

- (ases (P. vivax)

ABER (microscopy & RDT)





ABER (microscopy & RDT)

Cases (all species)

Impact: On track for 50%-75% decrease in case incidence 2000-2015

Population	2013	%
High transmission (> 1 case per 1000 population)	6 660 000	50
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	6 660 000	50
Total	13 320 000	

Parasites and vectors	
Major plasmodium species:	P. falciparum (100%), P. vivax (0%)
Major anopheles species:	An. arabiensis, An. gambiae, An. funestus
Programme phase:	Control
Reported confirmed cases:	422 633
Reported deaths:	352

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	2009 2009
IRS	IRS is recommended DDT is authorized for IRS	Yes Yes	1947 2004
Larval contro	Use of larval control recommended	Yes	-
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	2009 2009
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 Yes No No No No No Yes	2009 - - - - - -

Intervention	Policies/strategies		No	adopted
Surveillance	ACD for case investigation (reactive)		Yes	2012
	ACD of febrile cases at community level (pro-active)		No	-
	Mass screening is undertaken		No	-
	Uncomplicated P. falciparum cases routinely admitted		No	-
	Uncomplicated P. vivax cases routinely admitted		No	-
Antimalaria tr	eatment policy	Medicine		Year adopted

Yes/ Year

	adopted
AL	2004
AL	2004
QN	2004
QN	2004
-	-
	-
	P.f only
	- -

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
ΔI	2006-2010	0	2.4	143	28 days	28	P falcinarum



— Admissions (all species)

Deaths (all species)

- Admissions (P. vivax)

Deaths (P. vivax)