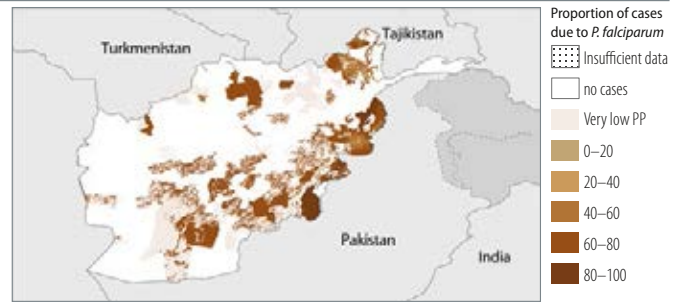
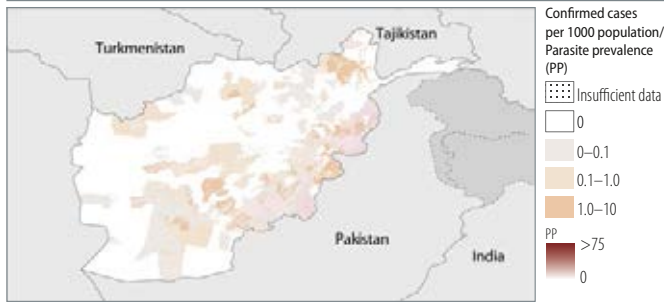


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### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	8 220 000	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: *P. falciparum* (5%), *P. vivax* (95%)  
 Major anopheles species: *An. stephensi*, *An. superpictus*, *An. hyrcanus*, *An. pulcherrimus*, *An. culicifacies*, *An. fluviatilis*

Programme phase: Control

Reported confirmed cases: 39 263  
 Reported deaths: 24

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2010
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2012
	DDT is authorized for IRS	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	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	Yes	2003
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2010
	G6PD test is a requirement before treatment with primaquine	Yes	2010
	Directly observed treatment with primaquine is undertaken	Yes	2011
	System for monitoring of adverse reactions to antimalarials exists	No	–

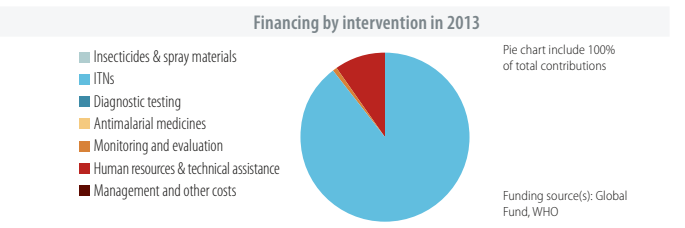
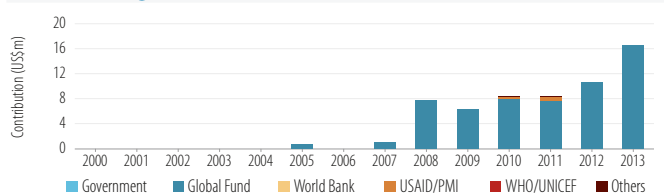
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2012
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i>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

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

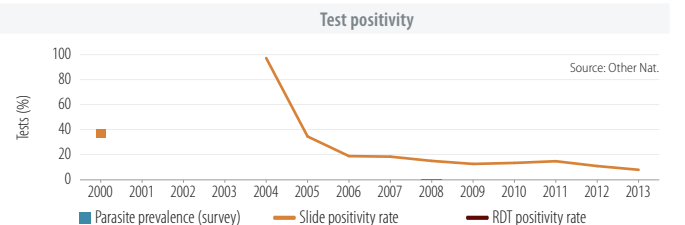
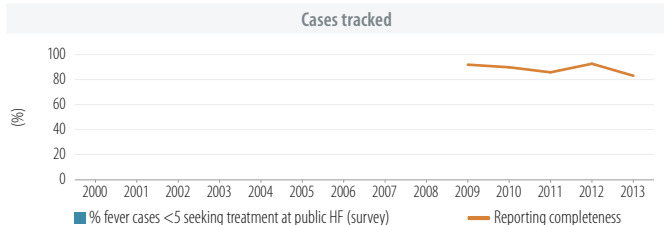
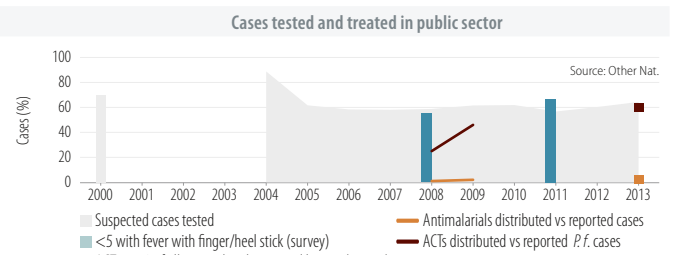
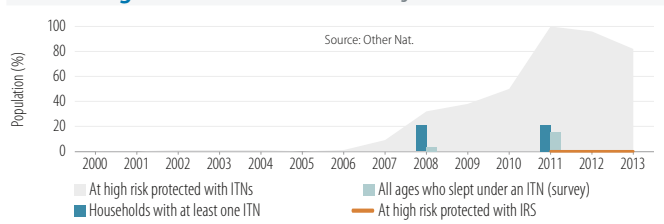
**Therapeutic efficacy tests (clinical and parasitological failure, %)**

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

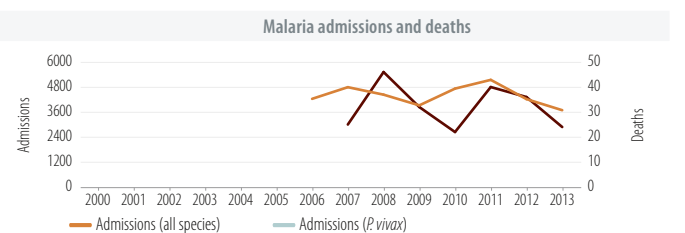
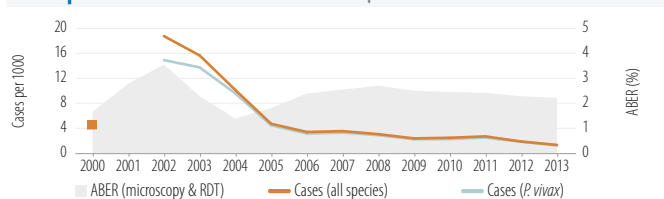
### III. Financing



### IV. Coverage



### V. Impact



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



### 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: *P. falciparum* (88%), *P. vivax* (13%)  
 Major anopheles species: *An. multicolor*, *An. labranchiae*, *An. sergentii*, *An. hispaniola*

Programme phase: Elimination

Total confirmed cases, 2013:	603	Indigenous cases, 2013:	0
Total deaths, 2013:	3	Indigenous deaths, 2013:	0

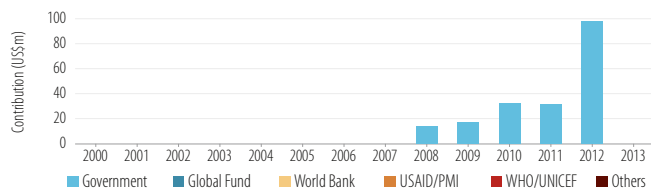
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	No	–
	ITNs/LLINs distributed to all age groups	No	–
<b>IRS</b>	IRS is recommended	Yes	1980
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	–	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	–	–
	Malaria diagnosis is free of charge in the public sector	Yes	1968
<b>Treatment</b>	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>	Yes	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	–				
	ACD of febrile cases at community level (pro-active)	No	–				
	Mass screening is undertaken	No	–				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	–				
	Foci and case investigation undertaken	Yes	1968				
	Case reporting from private sector is mandatory	Yes	–				
<b>Antimalaria treatment policy</b>			<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	Medicine	–	–				
First-line treatment of <i>P. falciparum</i>	–	–	–				
Treatment failure of <i>P. falciparum</i>	–	–	–				
Treatment of severe malaria	–	–	–				
Treatment of <i>P. vivax</i>	CQ	–	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	–	–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

### III. Financing

Sources of financing

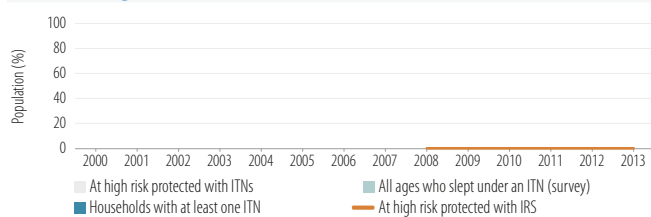


Financing by intervention in 2013

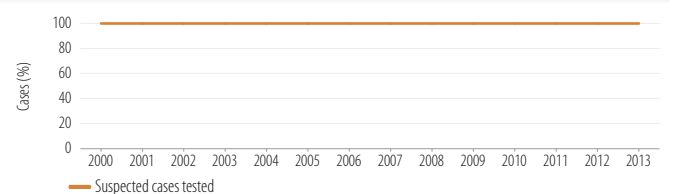
No data reported for 2013

### IV. Coverage

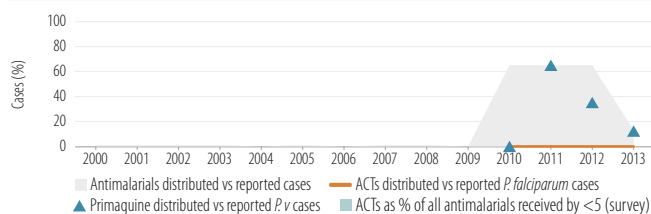
ITN and IRS coverage



Cases tested



Cases treated

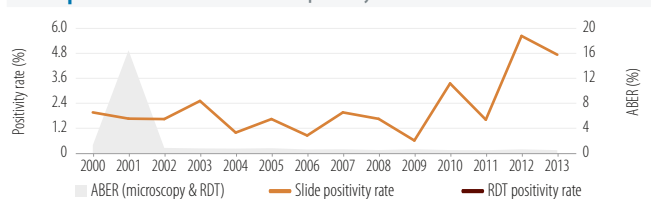


Cases tracked

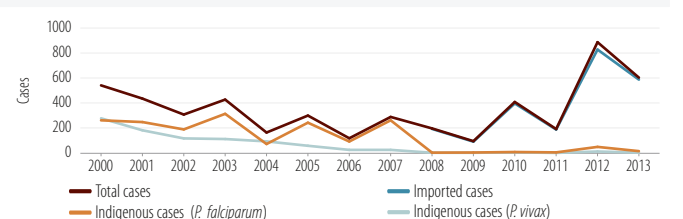


### V. Impact

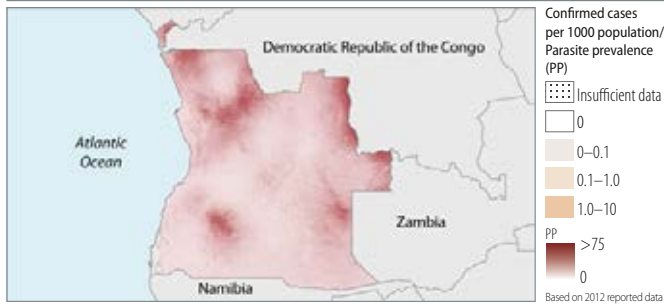
Malaria test positivity rate and ABER



Number of malaria cases



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



### 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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	1 999 868
Reported deaths:	7300

### II. Intervention policies and strategies

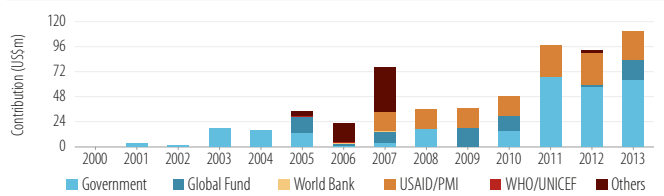
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	No	2010
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2009
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2006
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2006
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

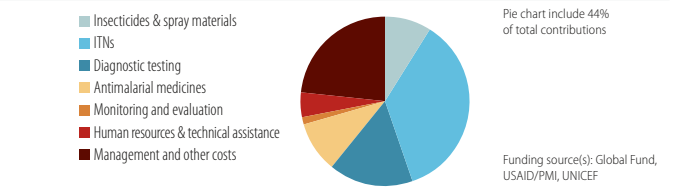
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2006
First-line treatment of <i>P. falciparum</i>	AL	2006
Treatment failure of <i>P. falciparum</i>	QN	2006
Treatment of severe malaria	QN	2006
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (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	<i>P. falciparum</i>
DHA-PPQ	2013-2013	0	0	0	28 days	2	<i>P. falciparum</i>

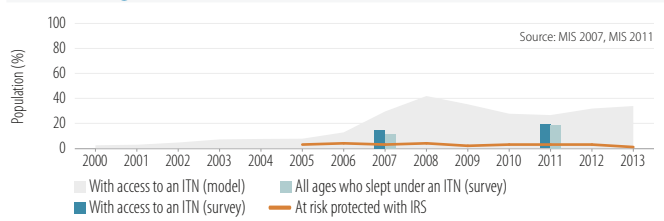
### III. Financing



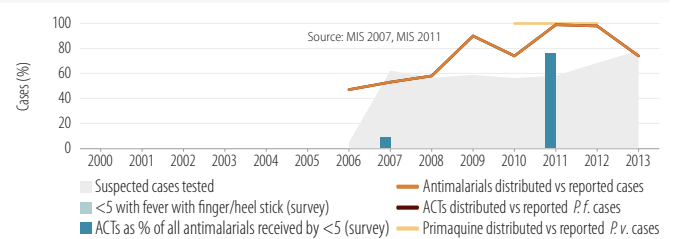
### Financing by intervention in 2013



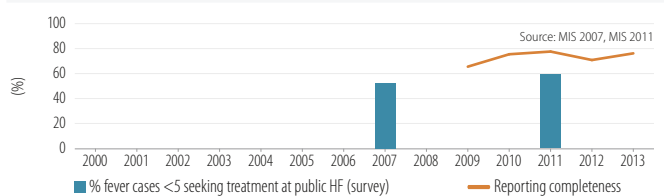
### IV. Coverage



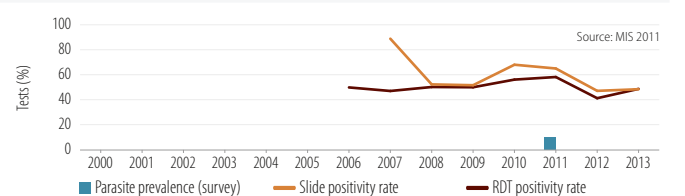
### Cases tested and treated in public sector



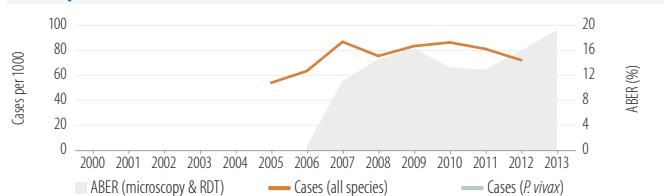
### Cases tracked



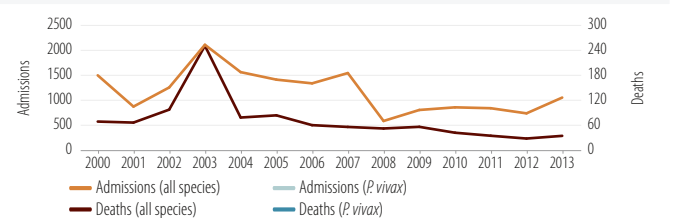
### Test positivity



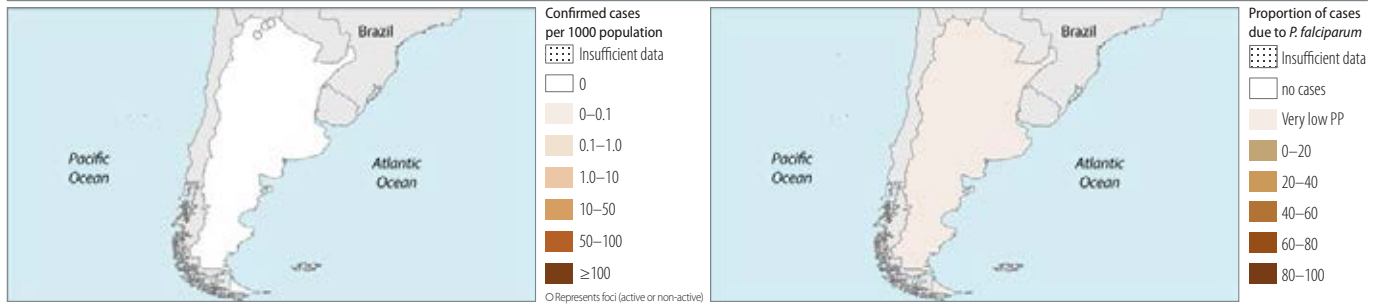
### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### 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: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)		
Major anopheles species: <i>An. pseudopunctipennis</i> , <i>An. darlingi</i>		
Programme phase: Elimination		
Total confirmed cases, 2013:	4	Indigenous cases, 2013: 0
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	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2013
	DDT is authorized for IRS	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	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1980
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

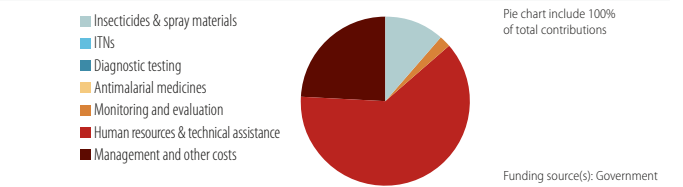
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	No	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	-				
	Case reporting from private sector is mandatory	Yes	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		AL+PQ	-				
Treatment failure of <i>P. falciparum</i>		-	-				
Treatment of severe malaria		-	-				
Treatment of <i>P. vivax</i>		CQ+PQ	-				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

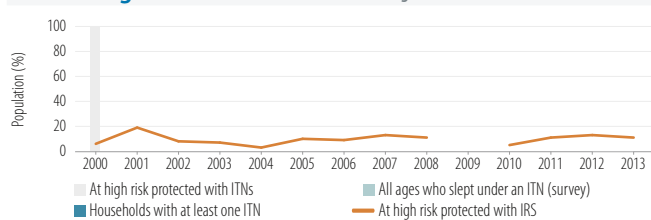


Financing by intervention in 2013

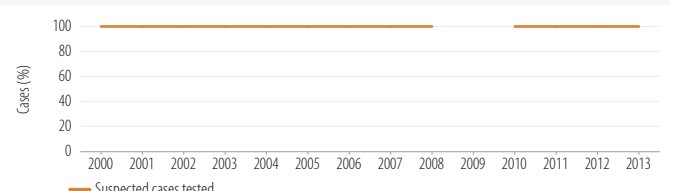


### IV. Coverage

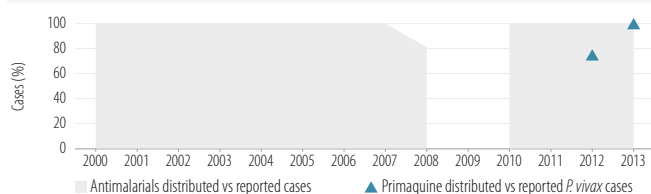
ITN and IRS coverage



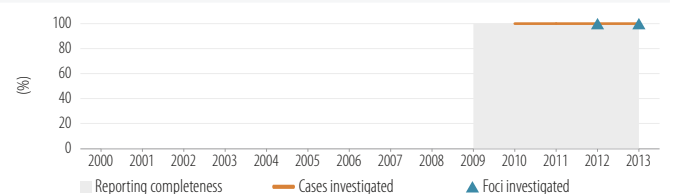
Cases tested



Cases treated

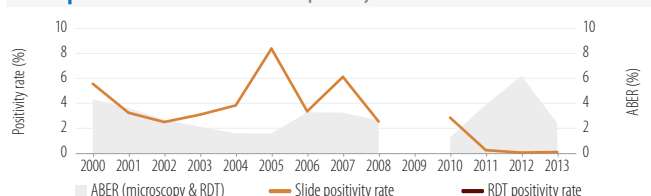


Cases tracked

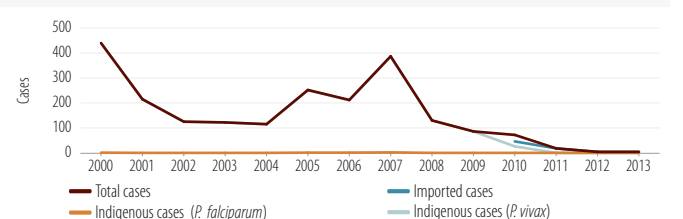


### V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



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



## I. Epidemiological profile

Population	2013	%
Number of active foci	6	0
Number of people living within active foci	12 600	0
Number of people living in malaria-free areas	9 400 000	100
Total	9 412 600	

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

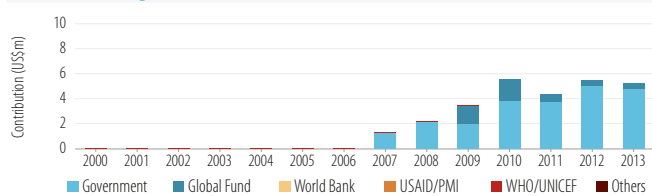
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1930
	DDT is authorized for IRS	No	-
Larval control	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	Yes	2009
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1956
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1956
	System for monitoring of adverse reactions to antimalarials exists	Yes	1956

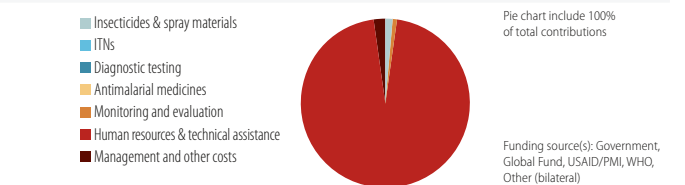
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	1930				
	ACD of febrile cases at community level (pro-active)	Yes	1930				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1998				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1998				
	Foci and case investigation undertaken	Yes	1930				
	Case reporting from private sector is mandatory	Yes	2008				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		AS+SP	2008				
First-line treatment of <i>P. falciparum</i>		AS+SP	2008				
Treatment failure of <i>P. falciparum</i>		QN+CL	2008				
Treatment of severe malaria		AS; QN	2008				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

## III. Financing

Sources of financing

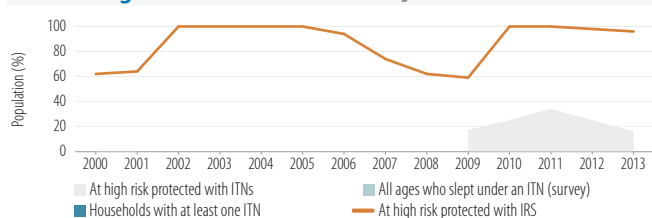


Financing by intervention in 2013

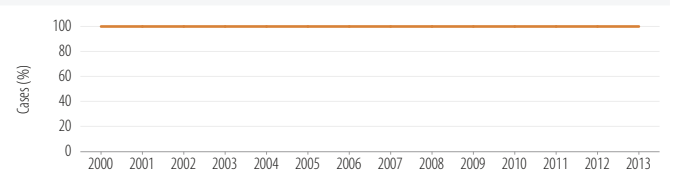


## IV. Coverage

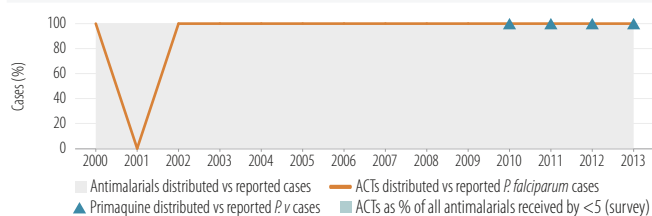
ITN and IRS coverage



Cases tested



Cases treated

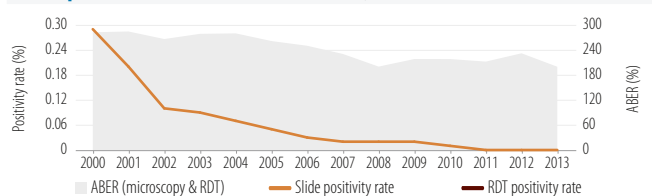


Cases tracked

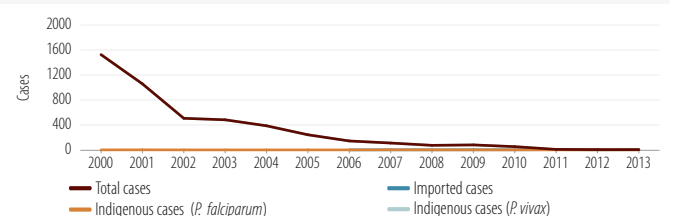


## V. Impact

Malaria test positivity rate and ABER

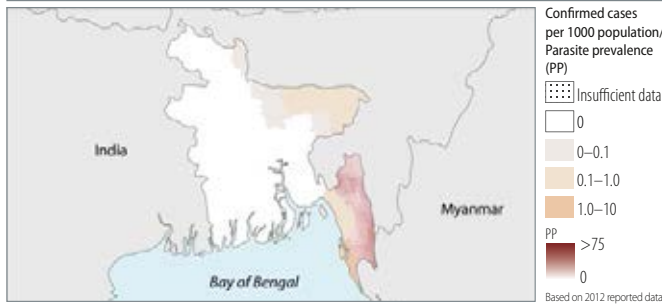


Number of malaria cases



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





### 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:	<i>P. falciparum</i> (87%), <i>P. vivax</i> (13%)
Major anopheles species:	<i>An. dirus</i> , <i>An. minimus</i> , <i>An. philippinensis</i> , <i>An. sundaicus</i> , <i>An. abimanus</i> , <i>An. annularis</i>
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	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	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	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	Yes	2008
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2008
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2008

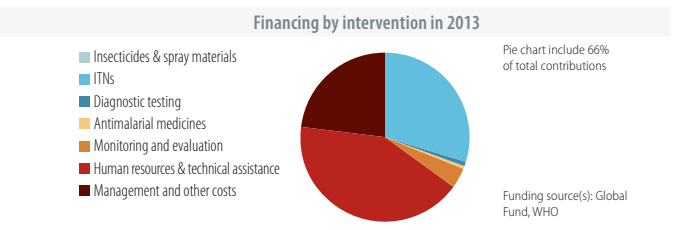
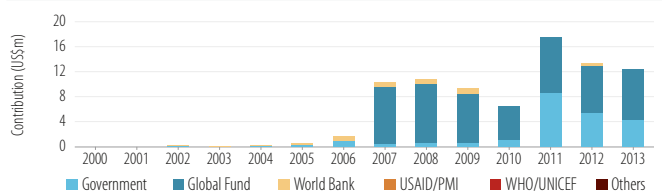
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2008
	ACD of febrile cases at community level (pro-active)	Yes	2008
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN+D; QN+T	2004
Treatment of severe malaria	AM; QN	2004
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)	

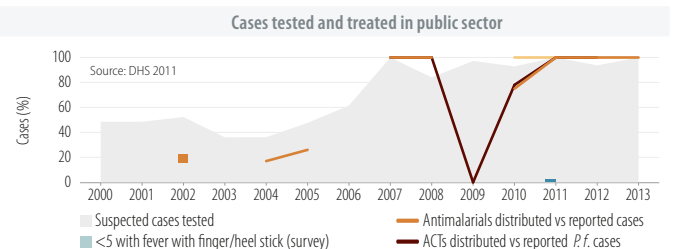
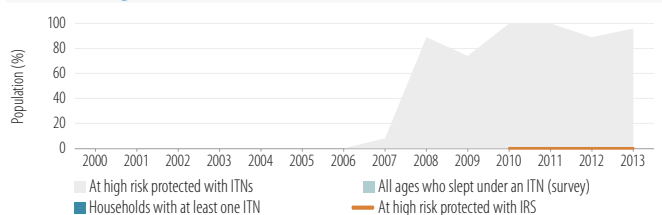
  

Therapeutic efficacy tests (clinical and parasitological failure, %)	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2010	0	0	2	28 days	7	<i>P. falciparum</i>	
QN+D	2008–2009	0	0	0	28 days	1	<i>P. falciparum</i>	

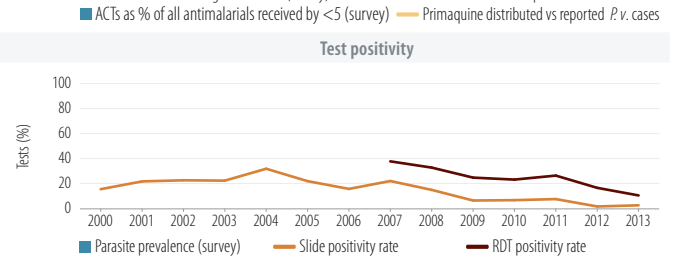
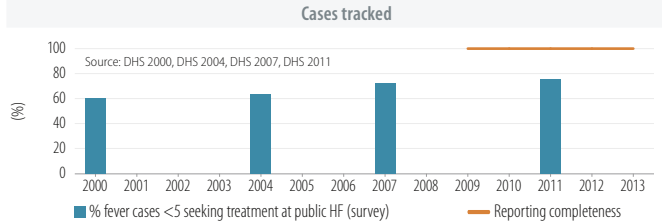
### III. Financing



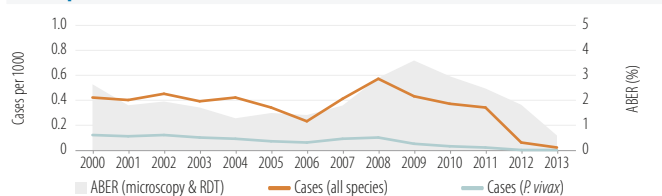
### IV. Coverage



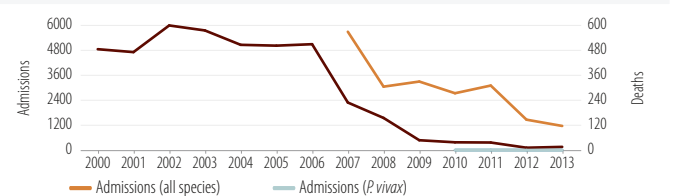
### V. Impact



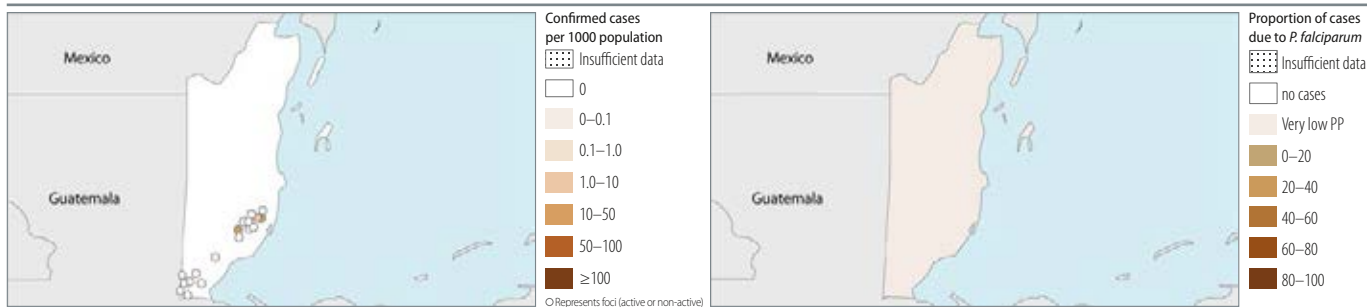
### Confirmed malaria cases per 1000 and ABER



### Malaria admissions and deaths



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



### 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	327 000	99
Total	331 540	

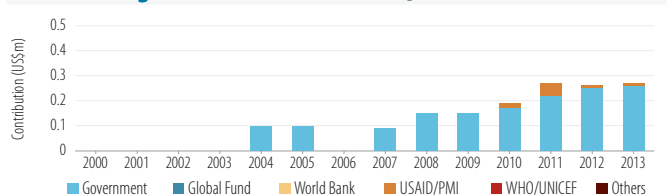
Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. darlingi</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	26	Indigenous cases, 2013:	20
Total deaths, 2013:	0	Indigenous deaths, 2013:	0

### II. Intervention policies and strategies

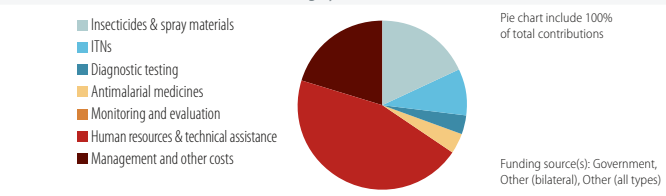
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	No	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	-				
	Case reporting from private sector is mandatory	Yes	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		CQ+PQ (1d)	-				
Treatment failure of <i>P. falciparum</i>		-	-				
Treatment of severe malaria		AL; QN	-				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

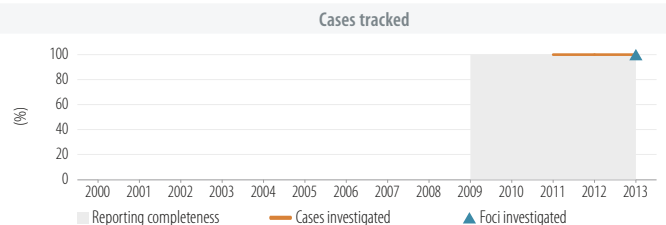
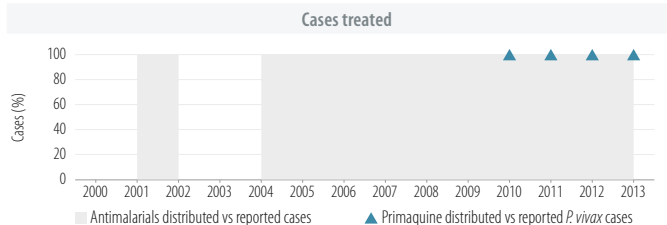
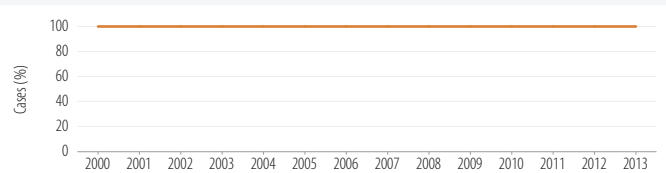
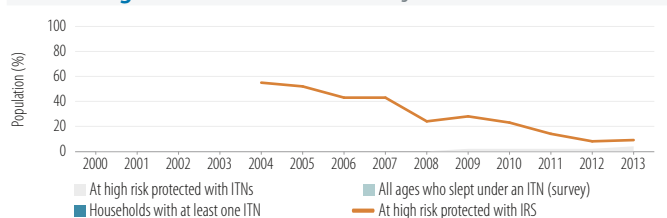
### III. Financing



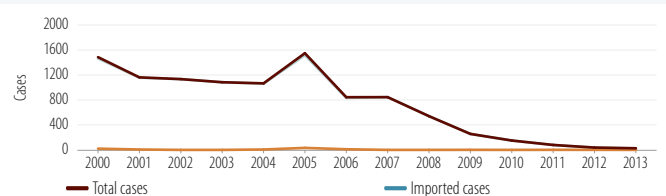
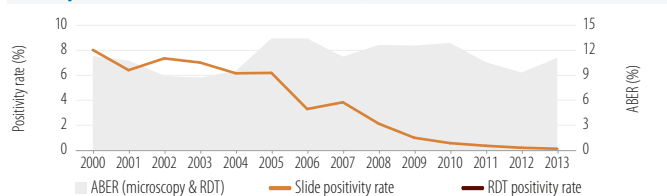
### Financing by intervention in 2013



### IV. Coverage



### V. Impact



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





### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. melas</i>
Programme phase:	Control
Reported confirmed cases:	1 078 834
Reported deaths:	2288

### II. Intervention policies and strategies

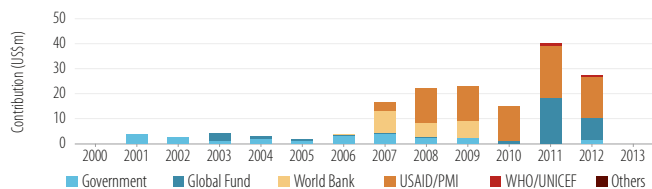
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2007
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2005

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

Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL	2004					
First-line treatment of <i>P. falciparum</i>	AL	2004					
Treatment failure of <i>P. falciparum</i>	QN	2004					
Treatment of severe malaria	QN	2004					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
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	0.75	6.5	28 days	6	<i>P. falciparum</i>

### III. Financing

Sources of financing

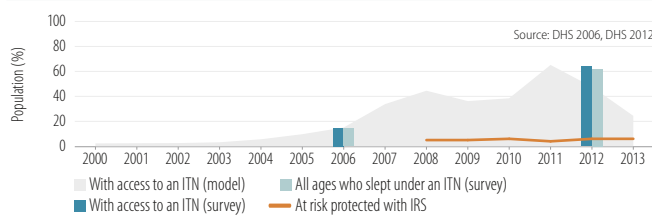


Financing by intervention in 2013

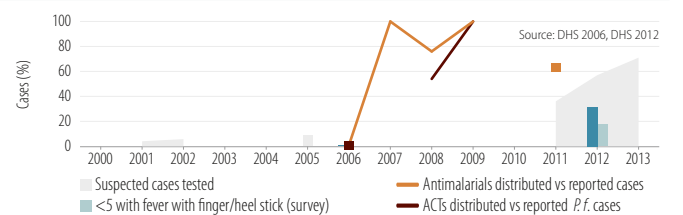
No data reported for 2013

### IV. Coverage

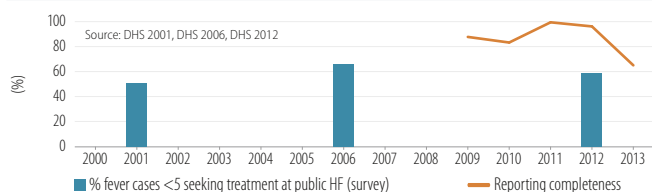
ITN and IRS coverage



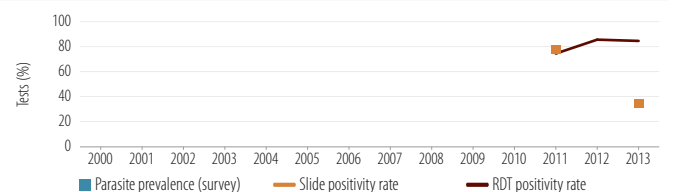
Cases tested and treated in public sector



Cases tracked

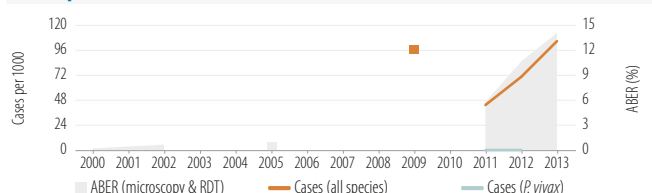


Test positivity

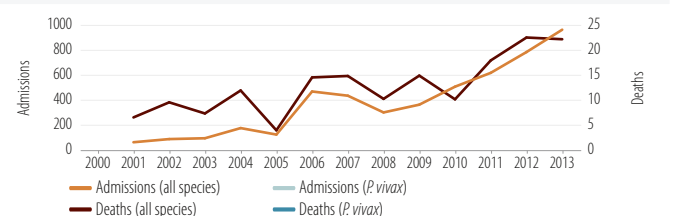


### V. Impact

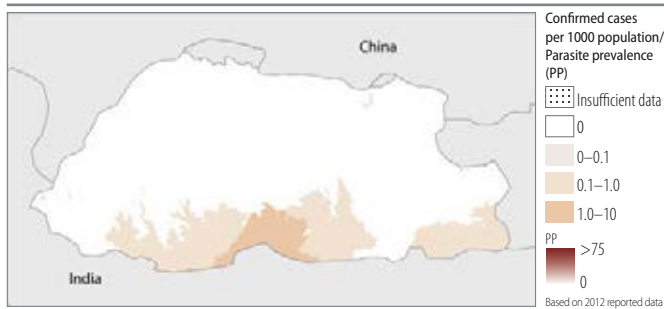
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



Impact: Insufficiently consistent data to assess trends



### 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: <i>P. falciparum</i> (59%), <i>P. vivax</i> (41%)			
Major anopheles species: <i>An. culicifacies</i> , <i>An. maculatus</i> , <i>An. philippiensis</i> , <i>An. annularis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	45	Indigenous cases, 2013:	15
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	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	1964
	DDT is authorized for IRS	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	Yes	1964
	Malaria diagnosis is free of charge in the public sector	Yes	1964
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2012

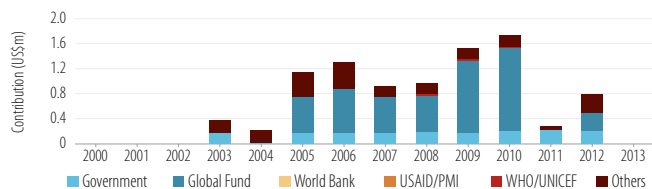
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2013
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	Yes	2011
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2012
	Uncomplicated <i>P.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

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AL	2006
Treatment failure of <i>P. falciparum</i>	QN	2006
Treatment of severe malaria	AM; QN	2006
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2006
Dosage of primaquine 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
AL	2005–2011	0	0	0	28 days	23	<i>P. falciparum</i>
CQ	2005–2011	0	0	0	28 days	22	<i>P. vivax</i>

### III. Financing

Sources of financing

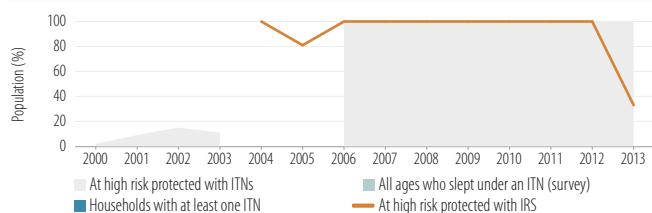


Financing by intervention in 2013

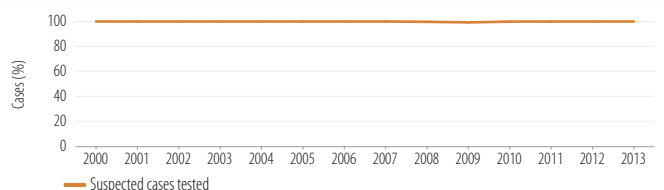
No data reported for 2013

### IV. Coverage

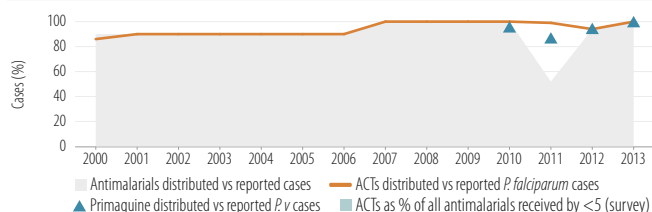
ITN and IRS coverage



Cases tested



Cases treated

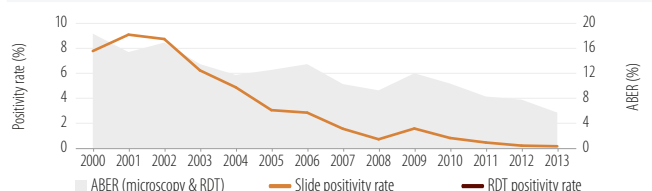


Cases tracked

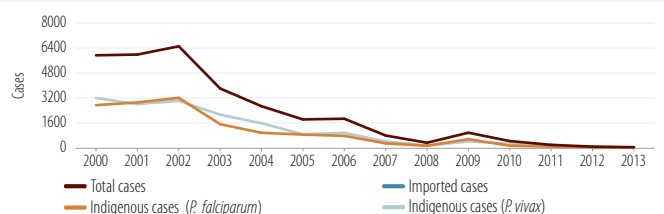


### V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



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



## I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	512 000	5
Low transmission (0-1 cases per 1000 population)	3 250 000	31
Malaria-free (0 cases)	6 900 000	65
Total	10 662 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (16%), <i>P. vivax</i> (84%)
Major anopheles species:	<i>An. darlingi</i> , <i>An. pseudopunctipennis</i>
Programme phase:	Control
Reported confirmed cases:	7342
Reported deaths:	0

## II. Intervention policies and strategies

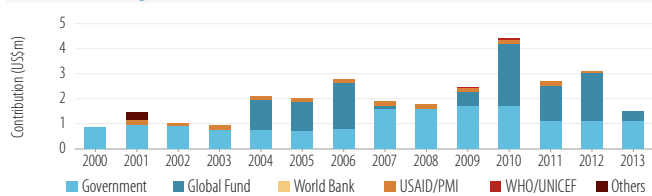
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	1959
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	1996
Treatment	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1998
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

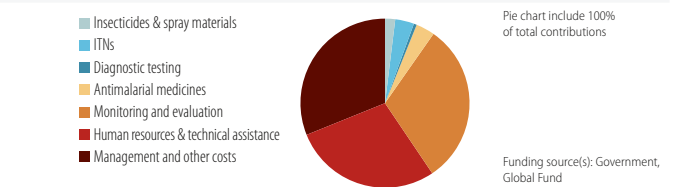
Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	-	-					
First-line treatment of <i>P. falciparum</i>	AS+MQ+PQ	2001					
Treatment failure of <i>P. falciparum</i>	QN+CL	-					
Treatment of severe malaria	QN	2001					
Treatment of <i>P. vivax</i>	CQ+PQ(7d)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

## III. Financing

Sources of financing

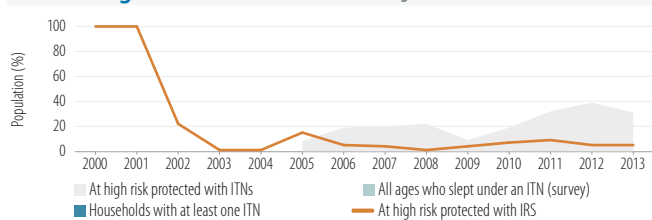


Financing by intervention in 2013

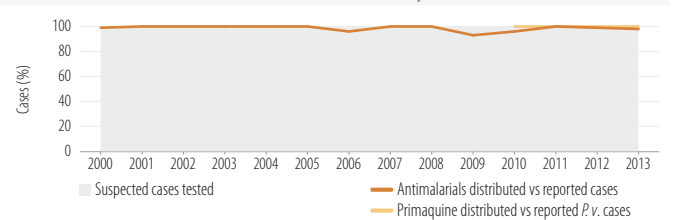


## IV. Coverage

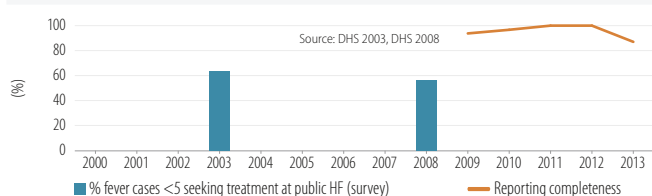
ITN and IRS coverage



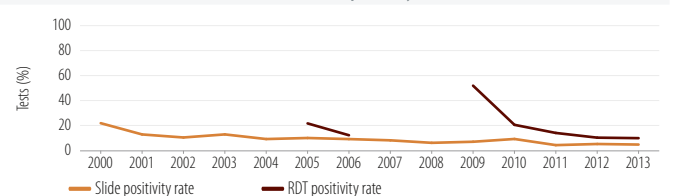
Cases tested and treated in public sector



Cases tracked

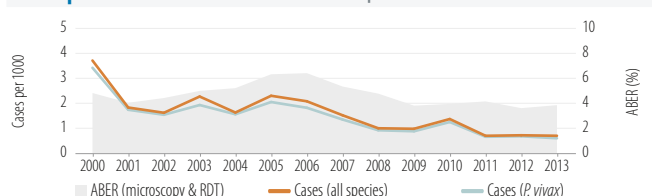


Test positivity

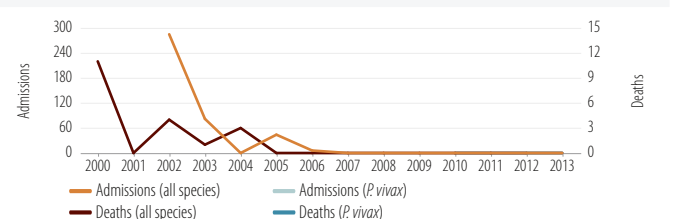


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



## I. Epidemiological profile

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	

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

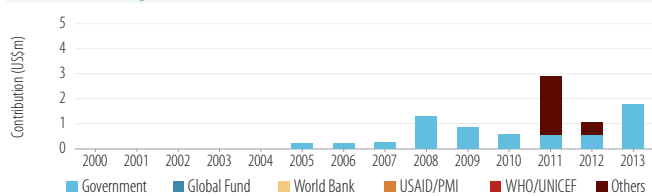
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	1997
IRS	IRS is recommended	Yes	1950
	DDT is authorized for IRS	Yes	1950
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	1995
Treatment	ACT is free for all ages in public sector	Yes	2007
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

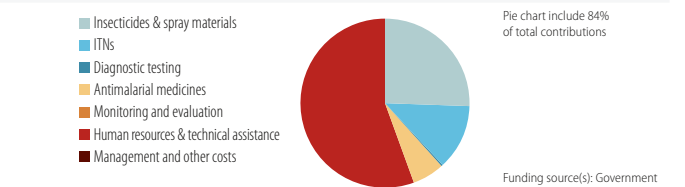
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	2012				
	ACD of febrile cases at community level (pro-active)	Yes	2012				
	Mass screening is undertaken	No	2012				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalarial treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria	AL	2007					
First-line treatment of <i>P. falciparum</i>	AL	2007					
Treatment failure of <i>P. falciparum</i>	QN	2007					
Treatment of severe malaria	QN	2007					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	Pf only						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

## III. Financing

Sources of financing

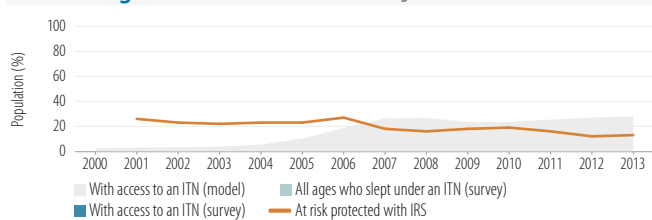


Financing by intervention in 2013

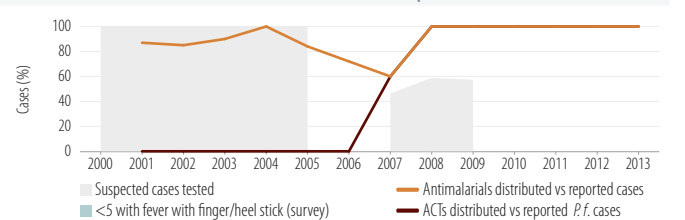


## IV. Coverage

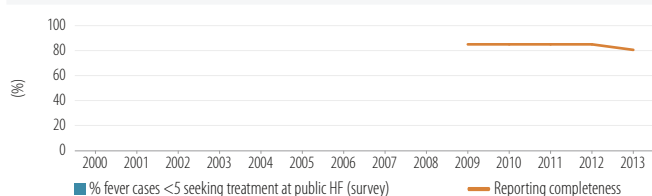
ITN and IRS coverage



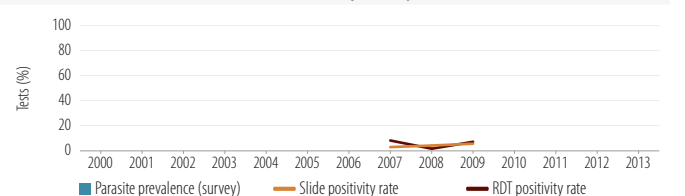
Cases tested and treated in public sector



Cases tracked

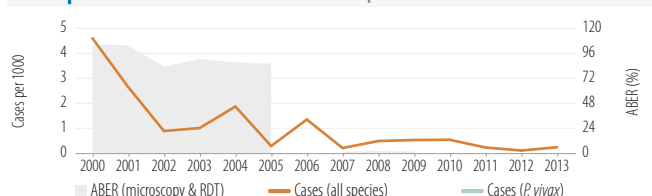


Test positivity

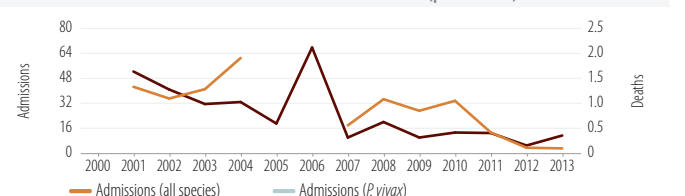


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



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



## I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4 610 000	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:	<i>P. falciparum</i> (18%), <i>P. vivax</i> (82%)
Major anopheles species:	<i>An. darlingi</i> , <i>An. albittarsis</i> , <i>An. aquasalis</i>
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	Yes	2007
	ITNs/LLINs distributed to all age groups	Yes	2007
IRS	IRS is recommended	Yes	1945
	DDT is authorized for IRS	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	Yes	1972
	Malaria diagnosis is free of charge in the public sector	Yes	1972
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	Yes	2010
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2011
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1972
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

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

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

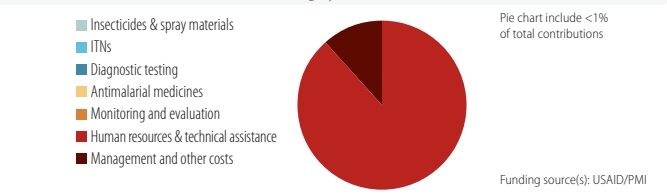
  

Therapeutic efficacy tests (clinical and parasitological failure, %)	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL		2005-2007	0	0	0	28 days	2	<i>P. falciparum</i>
AS+MQ		2005-2007	0	0	0	42 days	3	<i>P. falciparum</i>
CQ+PQ		2005-2008	1.3	3.25	5.2	28 days	2	<i>P. vivax</i>

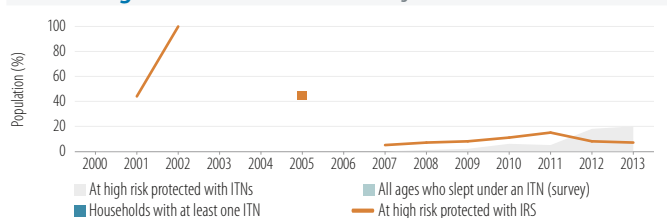
## III. Financing



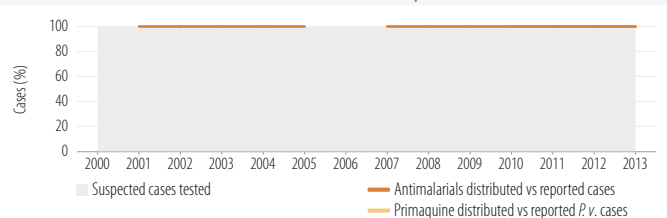
Financing by intervention in 2013



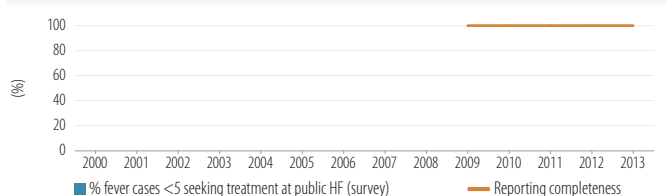
## IV. Coverage



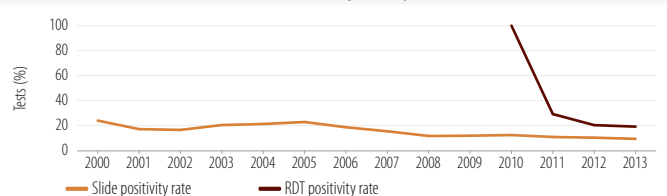
Cases tested and treated in public sector



Cases tracked

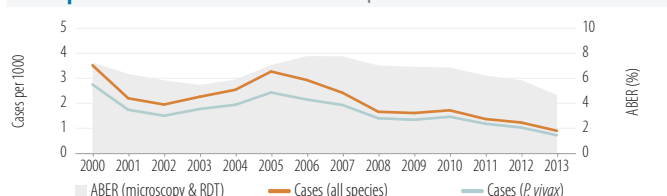


Test positivity

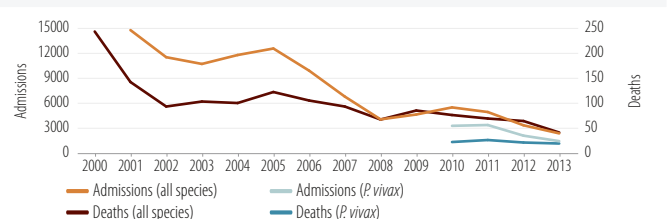


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Increase in case incidence 2000-2015



### 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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	3 769 051
Reported deaths:	6294

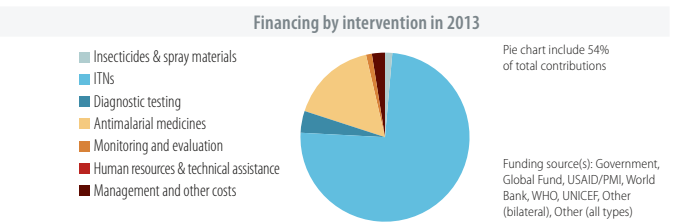
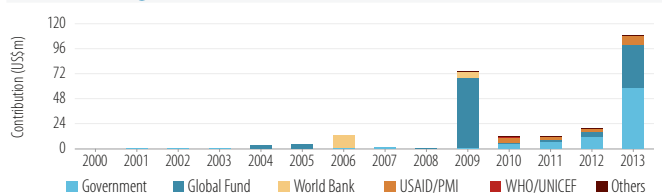
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2007
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	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	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	Yes	2009
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2009

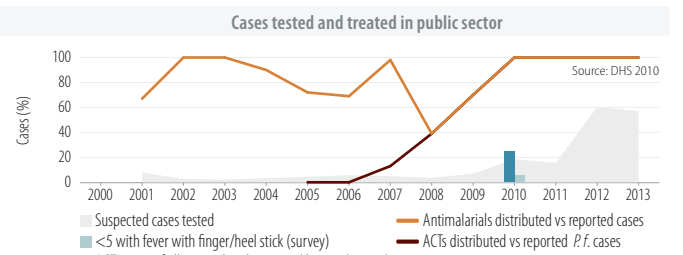
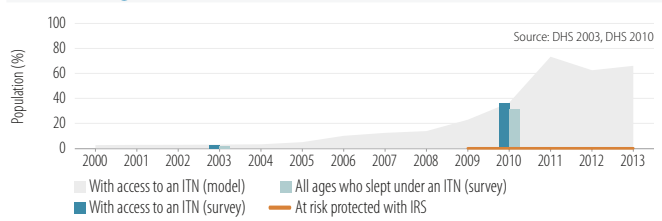
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i>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

Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL; AS+AQ	2005					
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2005					
Treatment failure of <i>P. falciparum</i>	QN	-					
Treatment of severe malaria	QN	-					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	<i>Pf</i> 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	<i>P. falciparum</i>
AS+AQ	2006-2012	0	5.05	21.5	28 days	6	<i>P. falciparum</i>

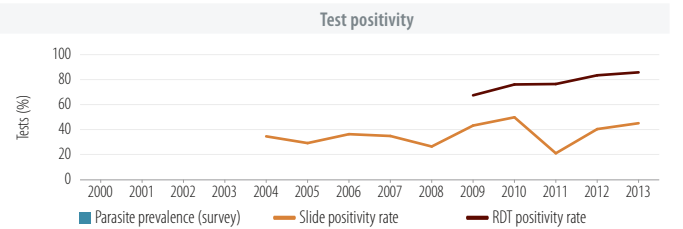
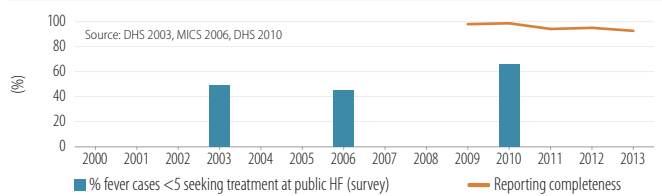
### III. Financing



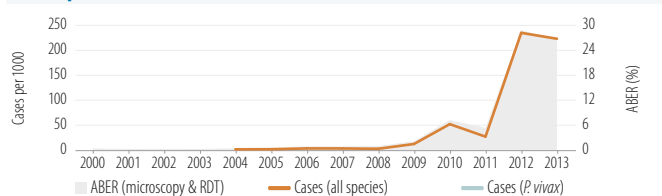
### IV. Coverage



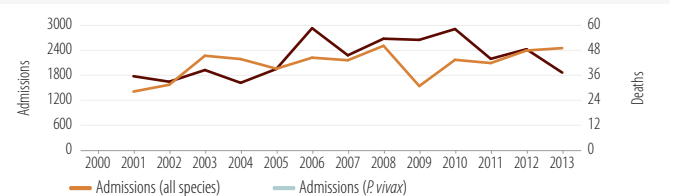
### V. Impact



### Confirmed malaria cases per 1000 and ABER

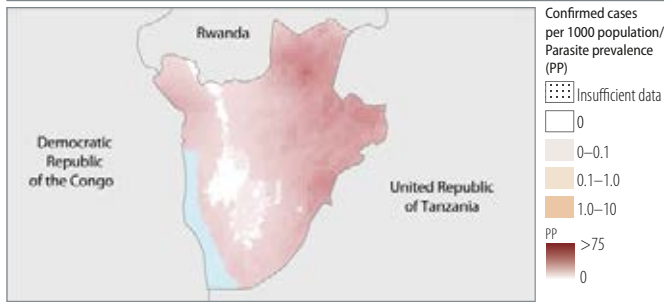


### Malaria admissions and deaths (per 100 000)



**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	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	4 141 387
Reported deaths:	3411

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	No	–
IRS	IRS is recommended	Yes	2009
	DDT is authorized for IRS	–	–
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	Yes	2012
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	No	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

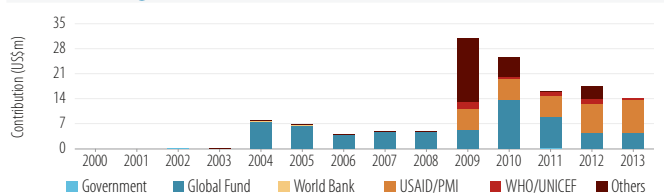
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	Yes	2010
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2003
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2003
First-line treatment of <i>P. falciparum</i>	AS+AQ	2003
Treatment failure of <i>P. falciparum</i>	QN	2003
Treatment of severe malaria	QN	2003
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

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	<i>P. falciparum</i>

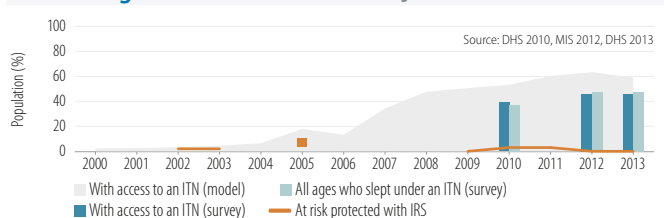
### III. Financing



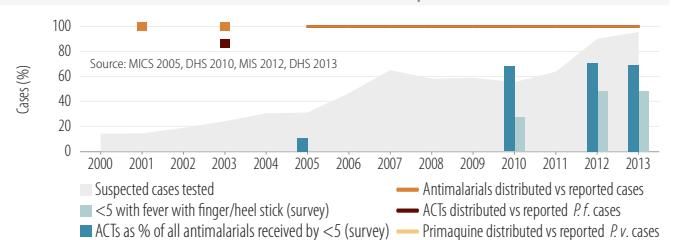
### Financing by intervention in 2013

No data reported for 2013

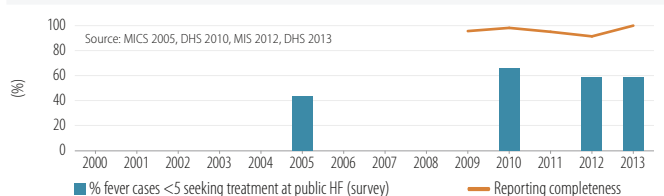
### IV. Coverage



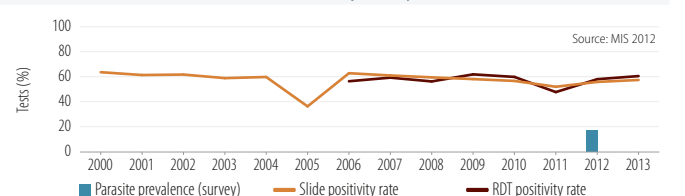
### Cases tested and treated in public sector



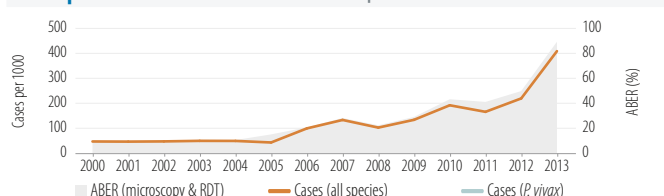
### Cases tracked



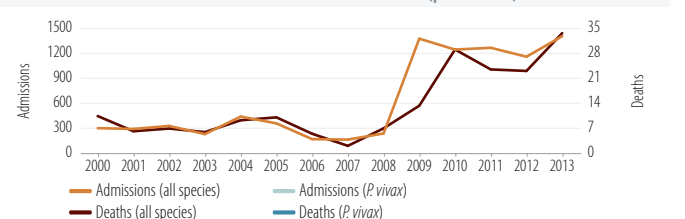
### Test positivity



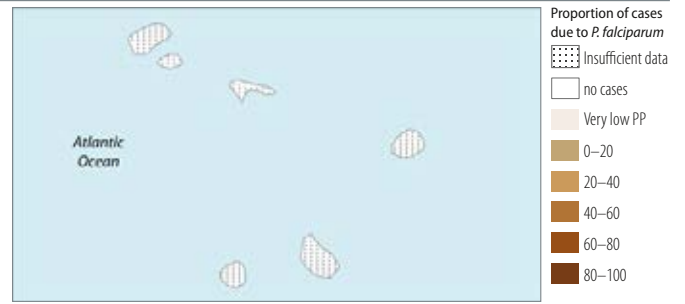
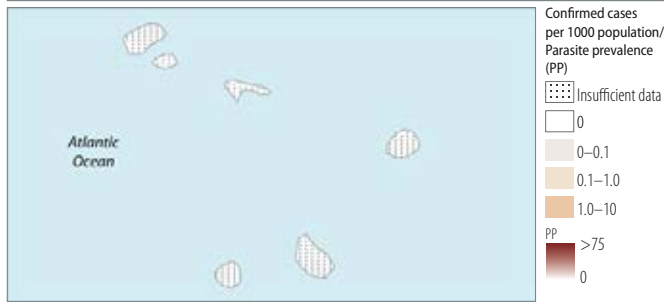
### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

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	200 000	40
Total	499 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. arabiensis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	46	Indigenous cases, 2013:	22
Total deaths, 2013:	0	Indigenous deaths, 2013:	0

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
<b>IRS</b>	IRS is recommended	Yes	1998
	DDT is authorized for IRS	No	-
<b>Larval control</b>	Use of larval control recommended	Yes	-
<b>IPT</b>	IPT used to prevent malaria during pregnancy	No	-
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	1998
	Malaria diagnosis is free of charge in the public sector	Yes	1975
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2008
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

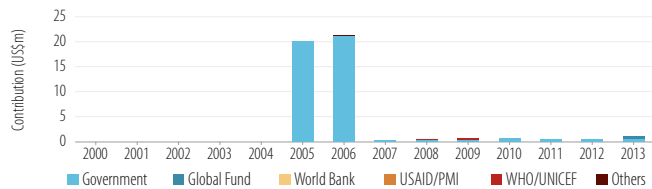
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax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

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

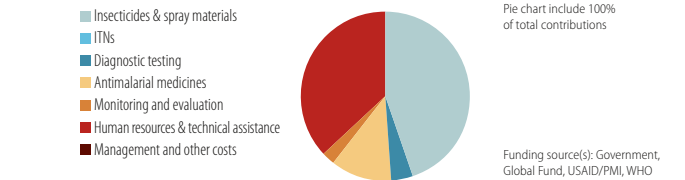
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

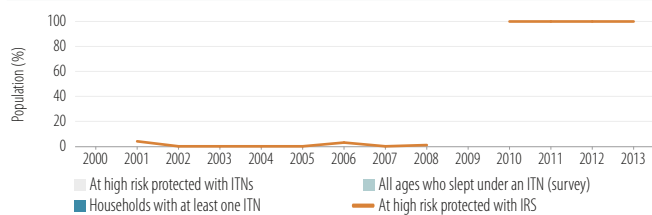


Financing by intervention in 2013

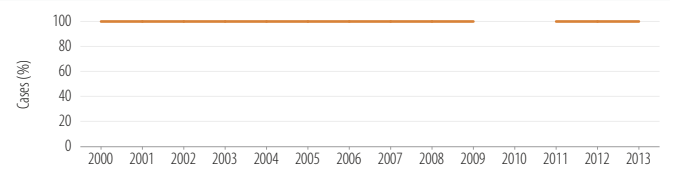


### IV. Coverage

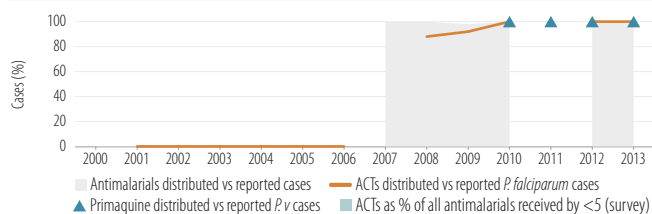
ITN and IRS coverage



Cases tested



Cases treated

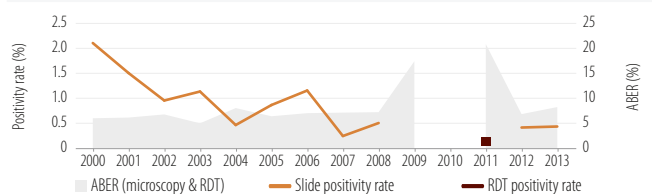


Cases tracked

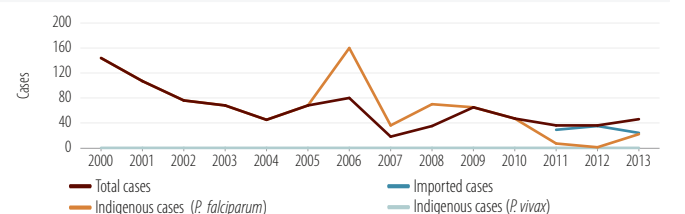


### V. Impact

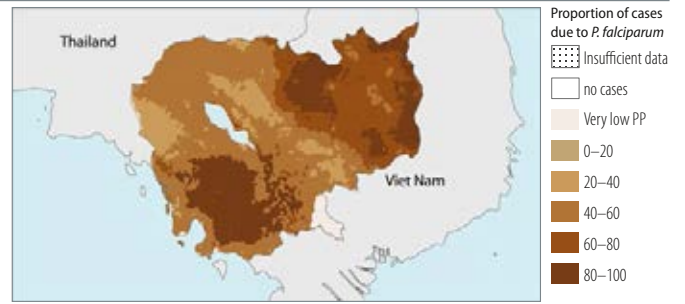
Malaria test positivity rate and ABER



Number of malaria cases



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



### I. Epidemiological profile

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)	7 110 000	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. sudaicus*

Programme phase: Control

Reported confirmed cases: 21 309  
 Reported deaths: 12

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	2000
<b>IRS</b>	IRS is recommended	No	–
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	No	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	2000
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2000
	Artemisinin-based monotherapies withdrawn	Yes	2011
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2013
	G6PD test is a requirement before treatment with primaquine	Yes	2012
	Directly observed treatment with primaquine is undertaken	No	–
System for monitoring of adverse reactions to antimalarials exists	Yes	2010	

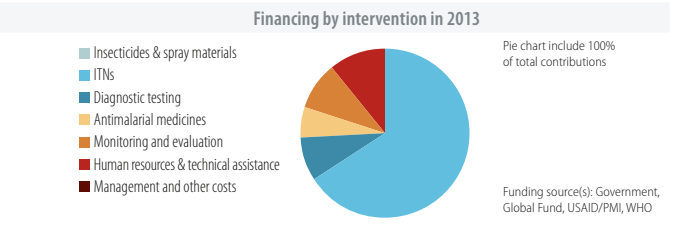
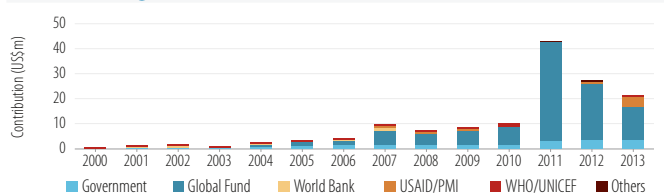
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	2010
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	Yes	2010
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P.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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AS+MQ; DHA-PPQ+PQ	2000
Treatment failure of <i>P. falciparum</i>	QN+T	2000
Treatment of severe malaria	AM; QN	–
Treatment of <i>P. vivax</i>	DHA-PPQ	2011
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)	

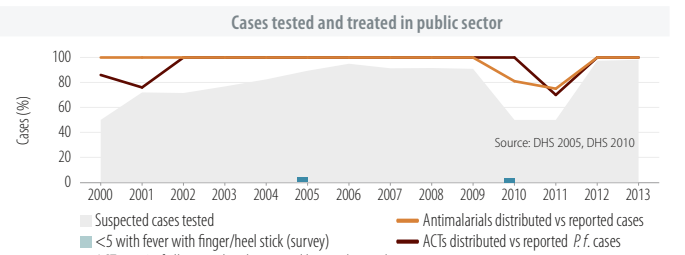
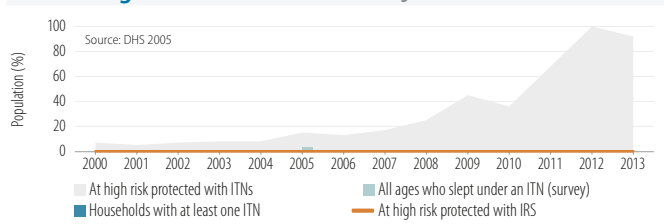
**Therapeutic efficacy tests (clinical and parasitological failure, %)**

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

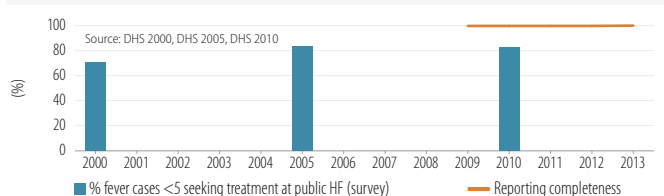
### III. Financing



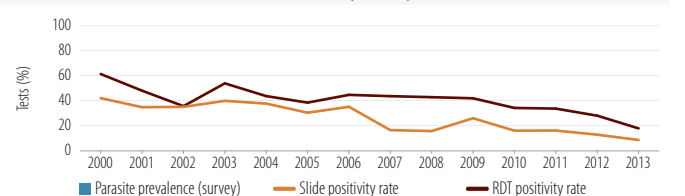
### IV. Coverage



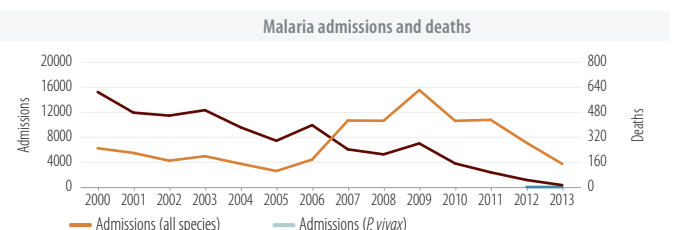
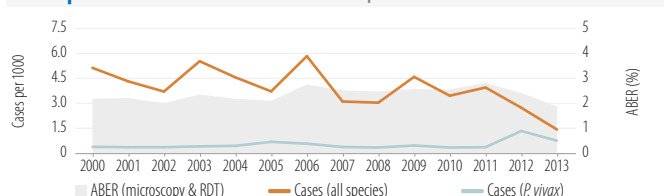
### Cases tracked



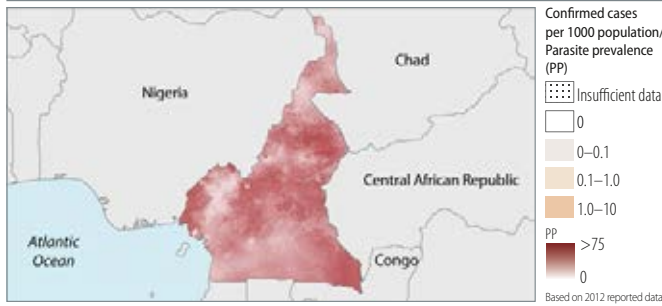
### Test positivity



### V. Impact



**Impact:** Increase in case incidence 2000–2015



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	15 800 000	71
Low transmission (0–1 cases per 1000 population)	6 450 000	29
Malaria-free (0 cases)	0	0
Total	22 250 000	

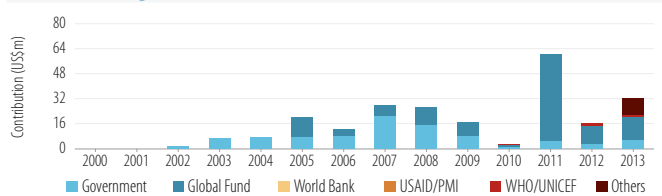
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. moucheti</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	26 651
Reported deaths:	4349

### II. Intervention policies and strategies

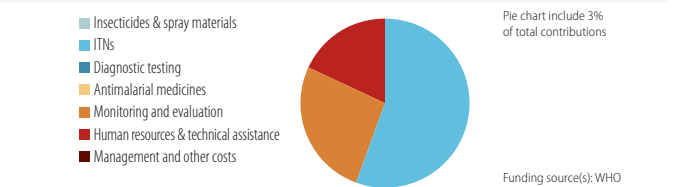
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	No	–
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	No	–
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	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	2004

Intervention	Policies/strategies	Yes/No	Year 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	No	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>							
	Medicine		Year adopted				
First-line treatment of unconfirmed malaria	AS+AQ		2004				
First-line treatment of <i>P. falciparum</i>	AS+AQ		2004				
Treatment failure of <i>P. falciparum</i>	QN		2004				
Treatment of severe malaria	AM; QN		2004				
Treatment of <i>P. vivax</i>	–		–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–		–				
Type of RDT used	–		–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

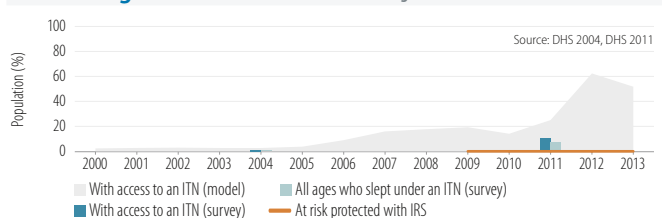
### III. Financing



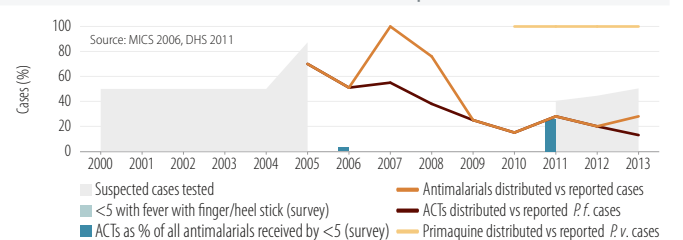
### Financing by intervention in 2013



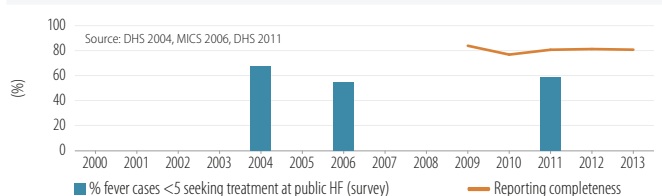
### IV. Coverage



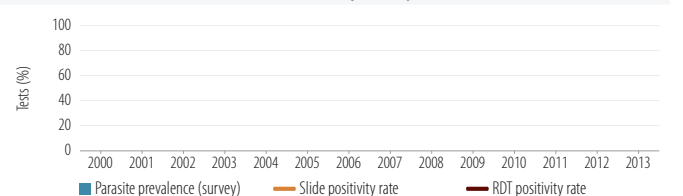
### Cases tested and treated in public sector



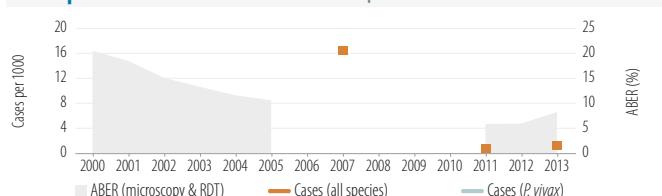
### Cases tracked



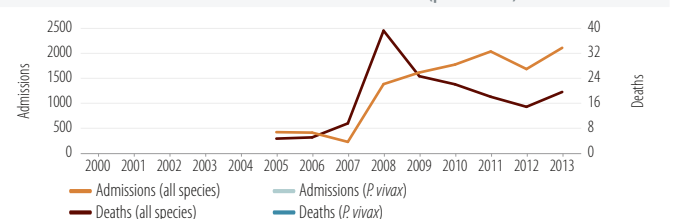
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4 620 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	4 620 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	116 300
Reported deaths:	1026

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2012
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	-	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

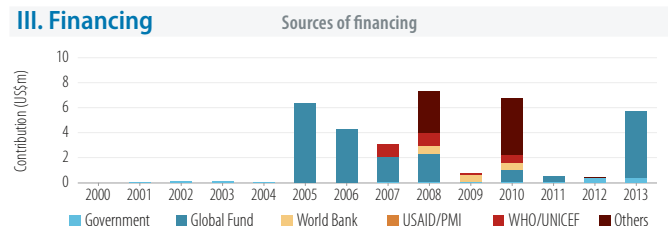
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-
	Uncomplicated <i>P. vivax</i> cases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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2005
First-line treatment of <i>P. falciparum</i>	AL	-
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	AM; QN	2005
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	-	-

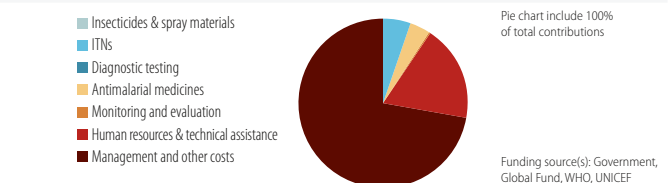
  

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2008-2010	0	3.8	7.6	28 days	2	<i>P. falciparum</i>
AS+AQ	2008-2010	0	3.4	6.8	28 days	2	<i>P. falciparum</i>

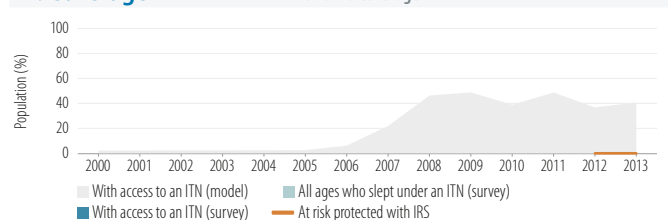
### III. Financing



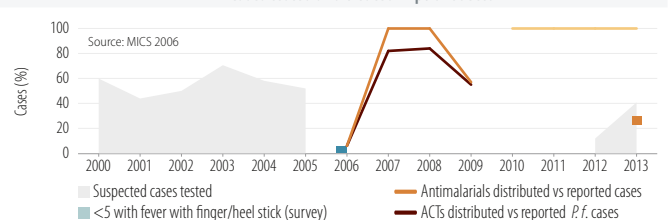
### Financing by intervention in 2013



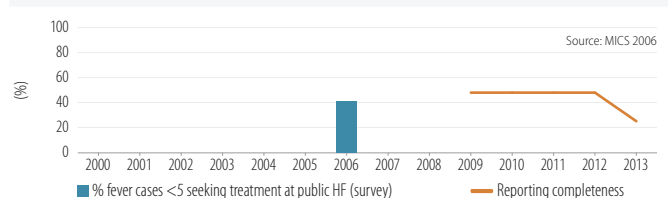
### IV. Coverage



### Cases tested and treated in public sector



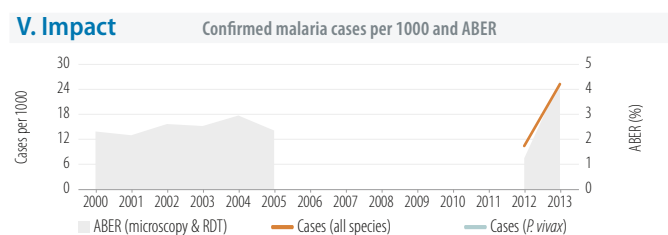
### Cases tracked



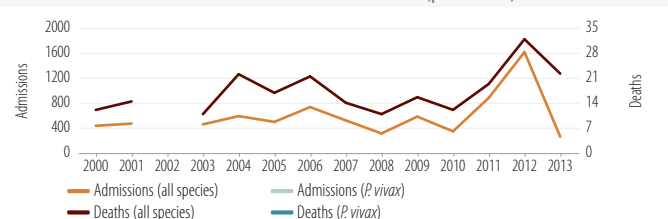
### Test positivity



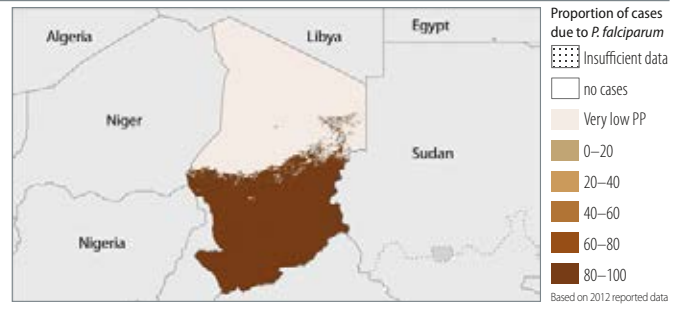
### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### 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	12 868 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. pharoensis</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	754 565
Reported deaths:	1881

### II. Intervention policies and strategies

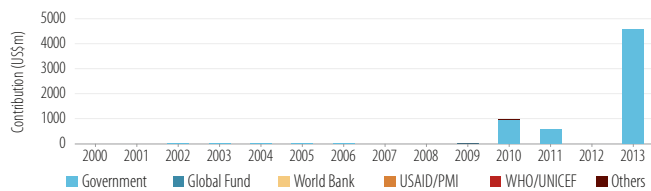
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2010
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during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

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

Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL; AS+AQ	-					
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	-					
Treatment failure of <i>P. falciparum</i>	QN	-					
Treatment of severe malaria	AM; QN	-					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	-	-					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2009-2011	0	0	1.8	28 days	3	<i>P. falciparum</i>

### III. Financing

Sources of financing

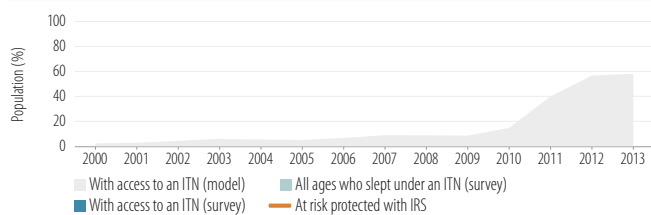


Financing by intervention in 2013

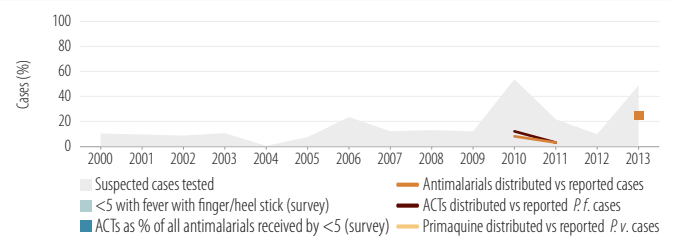
No data reported for 2013

### IV. Coverage

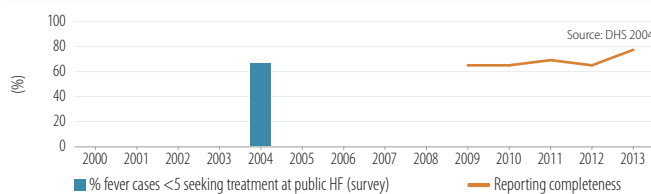
ITN and IRS coverage



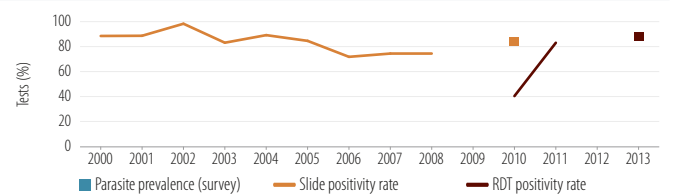
Cases tested and treated in public sector



Cases tracked

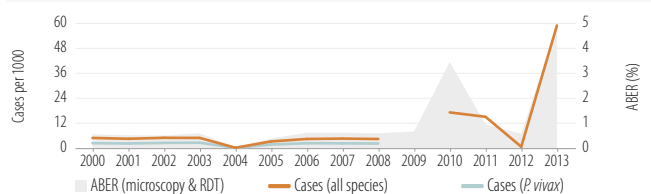


Test positivity

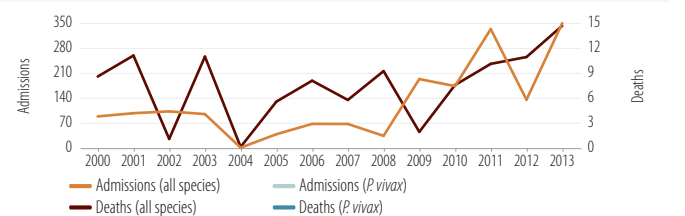


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



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:	<i>P. falciparum</i> (73%), <i>P. vivax</i> (23%)
Major anopheles species:	<i>An. sinensis</i> , <i>An. anthropophagus</i> , <i>An. dirus</i> , <i>An. minimus</i>
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	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2000
	DDT is authorized for IRS	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	Yes	2000
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1970
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1970
	System for monitoring of adverse reactions to antimalarials exists	Yes	1970

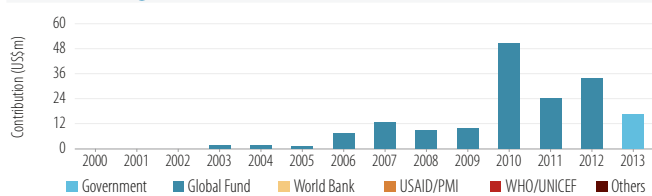
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2000
	ACD of febrile cases at community level (pro-active)	Yes	2000
	Mass screening is undertaken	Yes	1970
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P.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

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

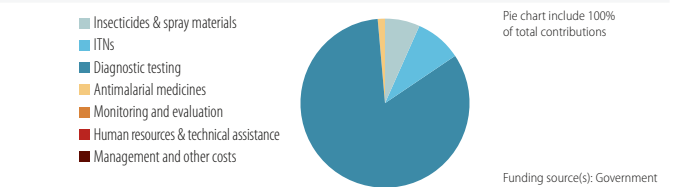
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
DHA-PPQ	2012-2012	0	1.15	2.3	42 days	2	<i>P. falciparum</i>
CQ	2008-2013	0	0	4.3	28 days	11	<i>P. vivax</i>
CQ+PQ	2008-2010	0	0	0	28 days	2	<i>P. vivax</i>

## III. Financing

Sources of financing

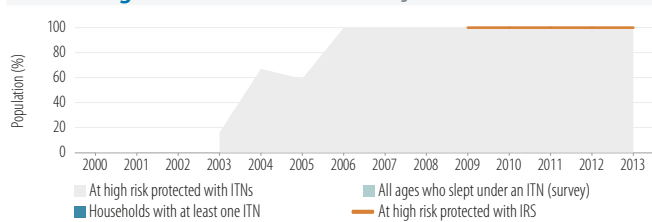


Financing by intervention in 2013

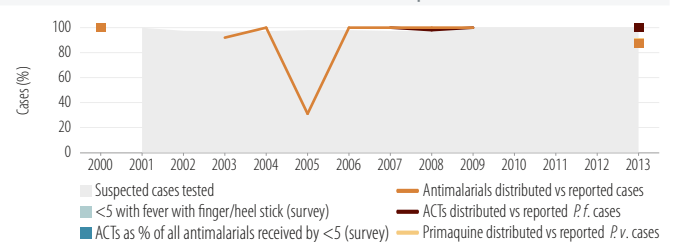


## IV. Coverage

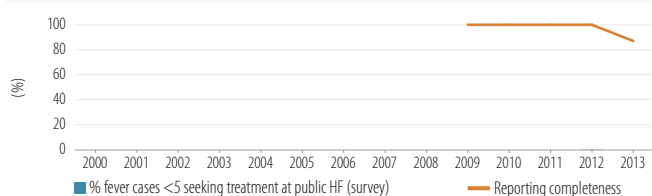
ITN and IRS coverage



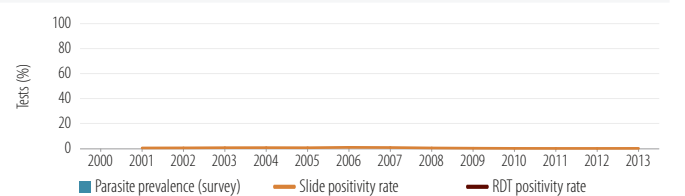
Cases tested and treated in public sector



Cases tracked

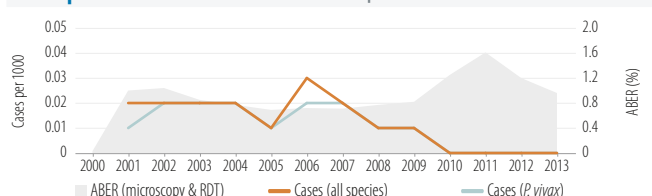


Test positivity

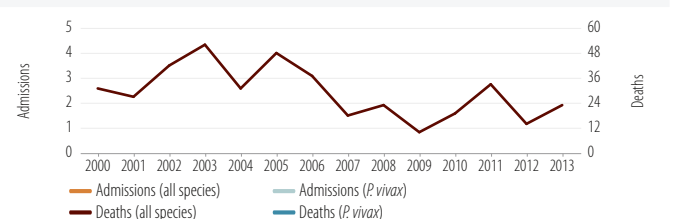


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### 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:	<i>P. falciparum</i> (34%), <i>P. vivax</i> (66%)
Major anopheles species:	<i>An. darlingi</i> , <i>An. albimanus</i> , <i>An. nunezovari</i> , <i>An. neivai</i> , <i>An. punctimaculata</i> , <i>An. pseudopunctipennis</i>
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	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	1958
	DDT is authorized for IRS	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	Yes	1984
	Malaria diagnosis is free of charge in the public sector	Yes	1958
Treatment	ACT is free for all ages in public sector	Yes	2008
	Artemisinin-based monotherapies withdrawn	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	2008
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

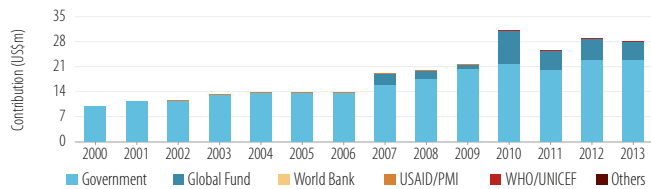
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	1998
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i>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

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

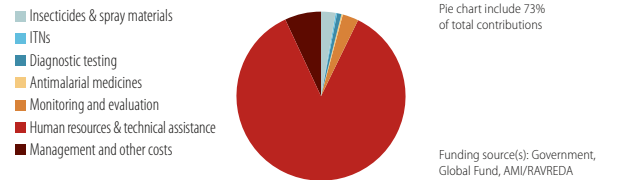
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2009	0	0.6	1	28 days	3	<i>P. falciparum</i>
CQ+PQ	2006-2011	0	0	0	28 days	2	<i>P. vivax</i>

### III. Financing

Sources of financing

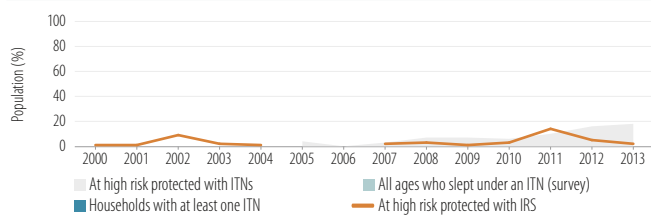


Financing by intervention in 2013

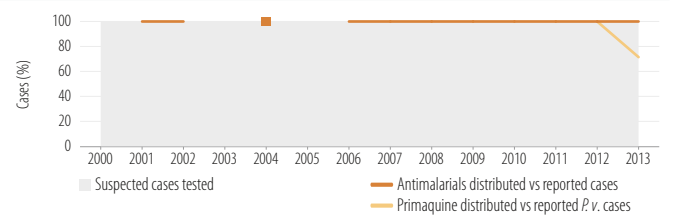


### IV. Coverage

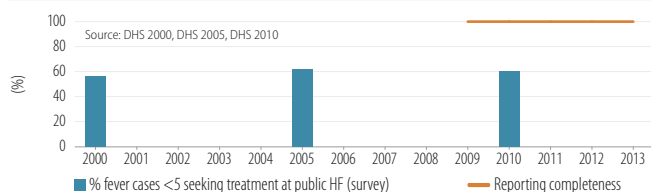
ITN and IRS coverage



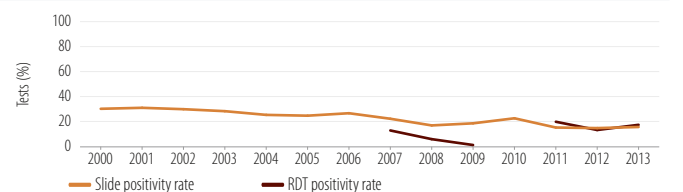
Cases tested and treated in public sector



Cases tracked

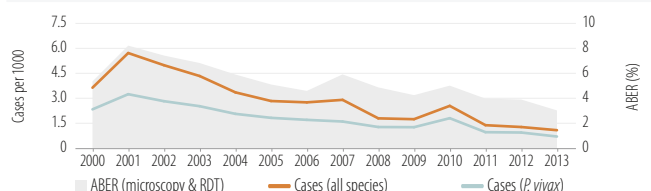


Test positivity

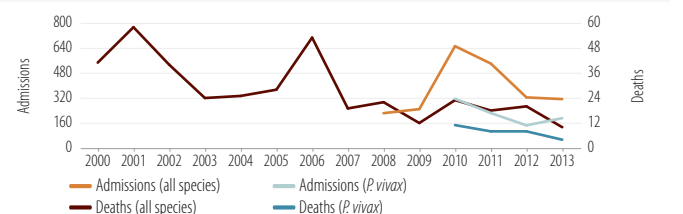


### V. Impact

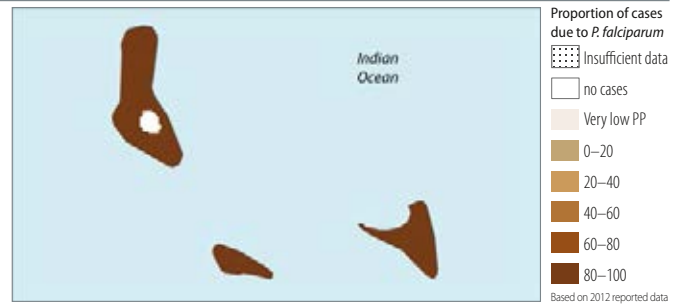
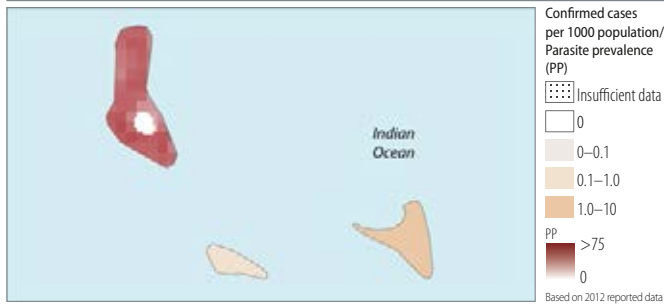
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Increase in case incidence 2000-2015



### 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:	<i>P. falciparum</i> (99%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	53 156
Reported deaths:	15

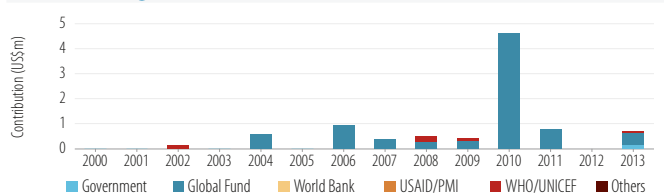
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2010
	DDT is authorized for IRS	Yes	–
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	Yes	1997
	Malaria diagnosis is free of charge in the public sector	Yes	2011
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	–	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

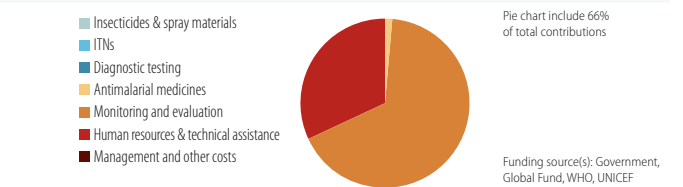
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2013
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	Yes	2010
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL	2003					
First-line treatment of <i>P. falciparum</i>	AL	2003					
Treatment failure of <i>P. falciparum</i>	QN	2003					
Treatment of severe malaria	QN	2003					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used	<i>Pf + Pv, Po, Pm</i> (Combo)						
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	<i>P. falciparum</i>

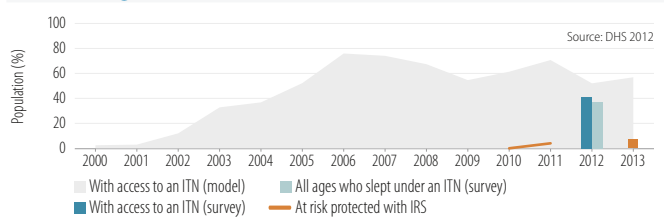
### III. Financing



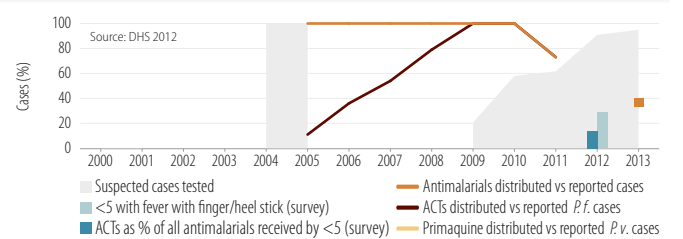
### Financing by intervention in 2013



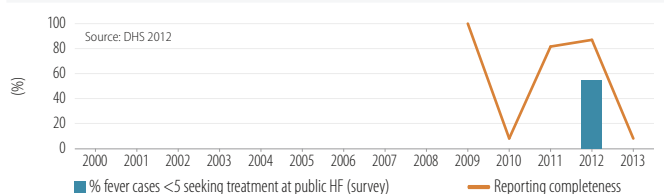
### IV. Coverage



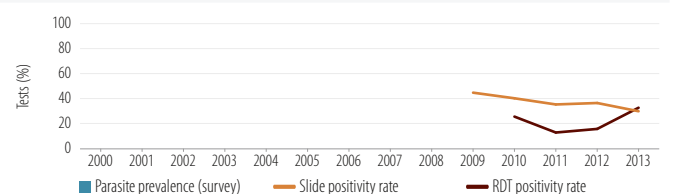
### Cases tested and treated in public sector



### Cases tracked



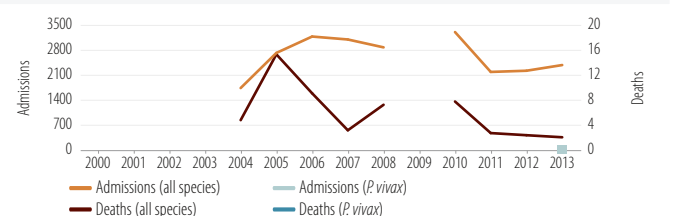
### Test positivity



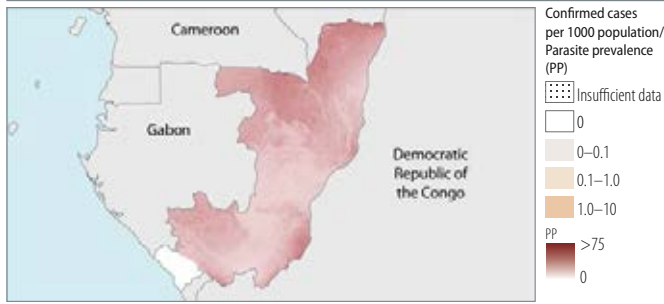
### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4 450 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	4 450 000	

**Parasites and vectors**

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)  
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. nili*, *An. moucheti*

Programme phase: Control

Reported confirmed cases: 43 232  
 Reported deaths: 2870

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2011
	ITNs/LLINs distributed to all age groups	Yes	2011
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	–
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	Yes	–
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	No	–
	Artemisinin-based monotherapies withdrawn	Yes	2007
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

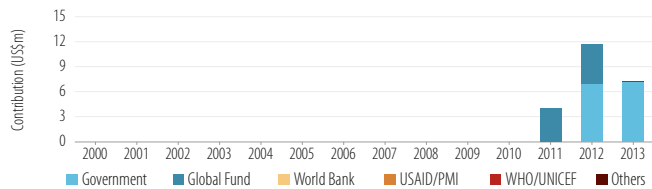
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	–
First-line treatment of <i>P. falciparum</i>	AS+AQ	–
Treatment failure of <i>P. falciparum</i>	AL	–
Treatment of severe malaria	QN	–
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
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	<i>P. falciparum</i>
AS+AQ	2005–2014	0	2.7	5.6	28 days	3	<i>P. falciparum</i>

### III. Financing

Sources of financing

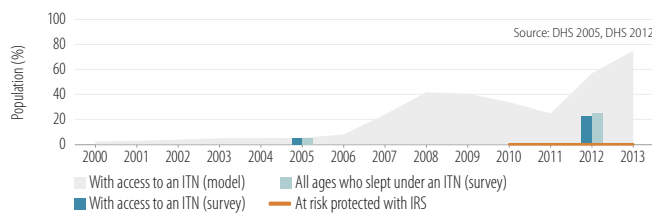


Financing by intervention in 2013

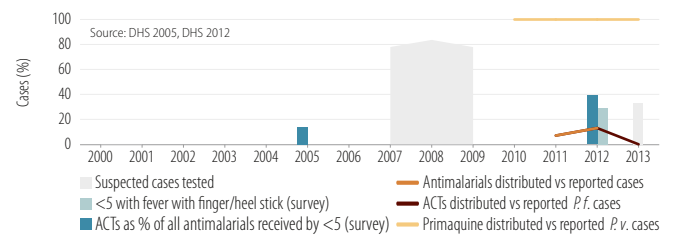
No data reported for 2013

### IV. Coverage

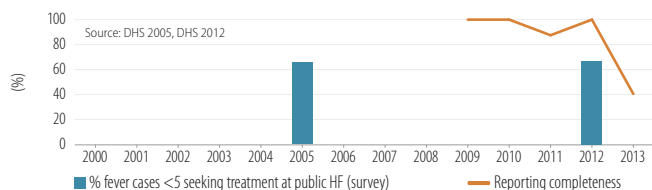
ITN and IRS coverage



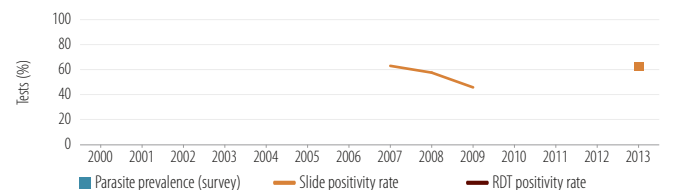
Cases tested and treated in public sector



Cases tracked

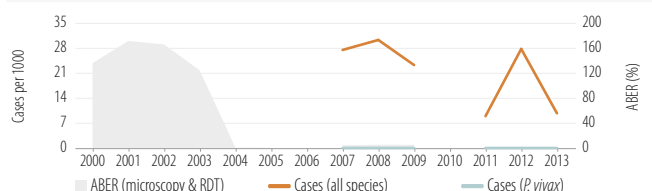


Test positivity

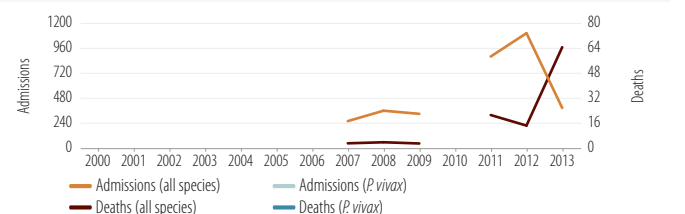


### V. Impact

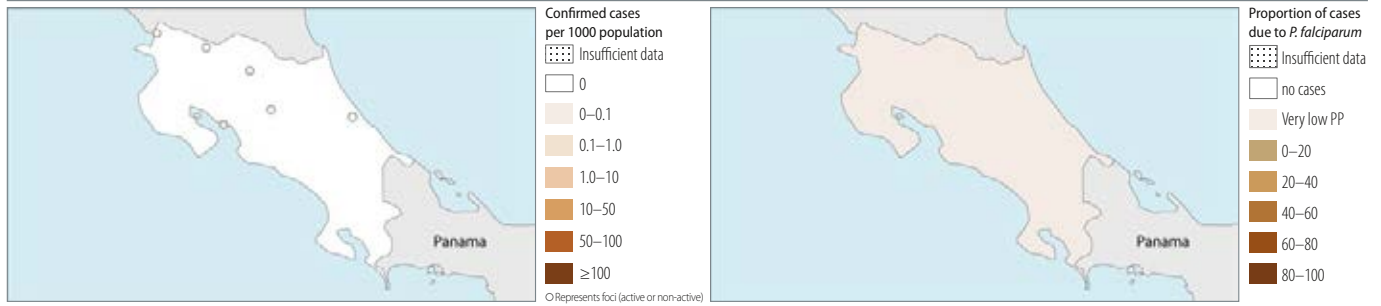
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



## 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	4870 000	100
Total	4872 500	

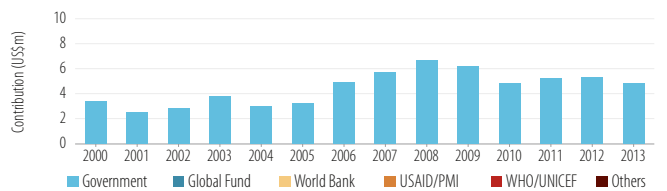
Parasites and vectors		
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)		
Major anopheles species: <i>An. albimanus</i>		
Programme phase: Elimination		
Total confirmed cases, 2013:	6	Indigenous cases, 2013: 0
Total deaths, 2013:	0	Indigenous deaths, 2013: 0

## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	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	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1957
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-				
	Foci and case investigation undertaken	Yes	-				
	Case reporting from private sector is mandatory	Yes	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		CQ+PQ(1d)	-				
Treatment failure of <i>P. falciparum</i>		CQ+PQ	-				
Treatment of severe malaria		QN	-				
Treatment of <i>P. vivax</i>		CQ+PQ(7d); CQ+PQ(14d)	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 days); 0.5mg/kg (7 days)	-				
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

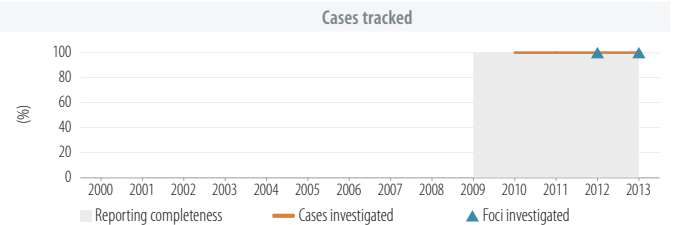
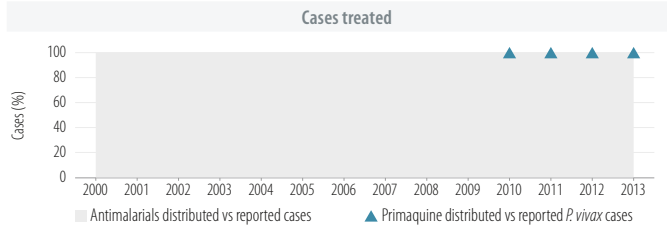
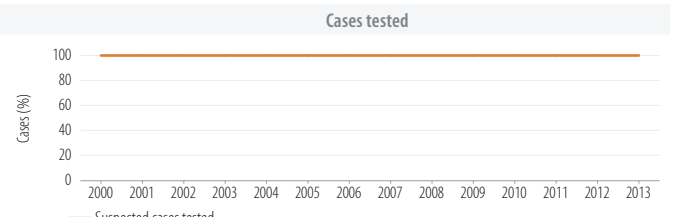
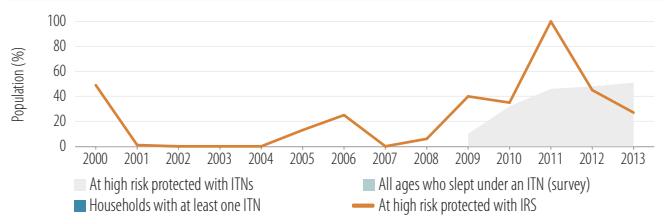
## III. Financing



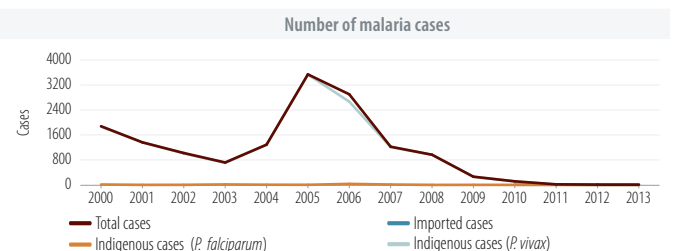
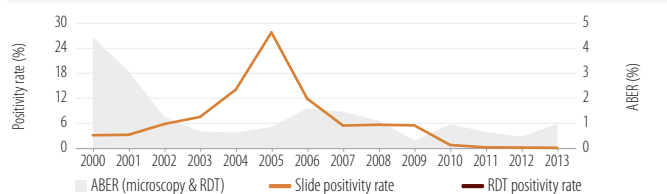
## Financing by intervention in 2013

No data reported for 2013

## IV. Coverage



## V. Impact



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



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	2 506 953
Reported deaths:	3261

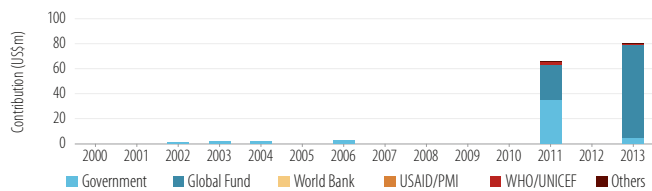
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	No	–
IRS	IRS is recommended	Yes	–
	DDT is authorized for IRS	Yes	–
Larval control	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	Yes	–
	Artemisinin-based monotherapies withdrawn	Yes	2007
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	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	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	No	–				
	ACD of febrile cases at community level (pro-active)	–	–				
	Mass screening is undertaken	–	–				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria	AS+AQ	2003					
First-line treatment of <i>P. falciparum</i>	AS+AQ	2003					
Treatment failure of <i>P. falciparum</i>	AL	2003					
Treatment of severe malaria	QN	2003					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
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	<i>P. falciparum</i>
AS+AQ	2007–2009	0	0	1.3	28 days	4	<i>P. falciparum</i>

### III. Financing

Sources of financing

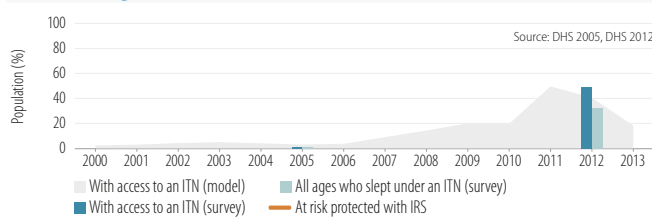


Financing by intervention in 2013

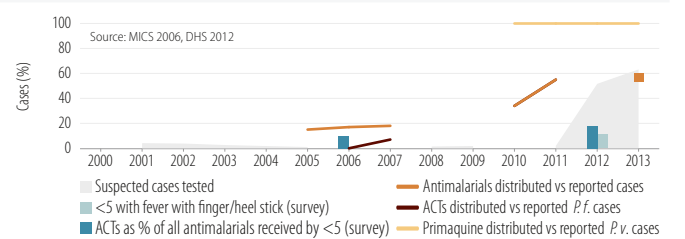
No data reported for 2013

### IV. Coverage

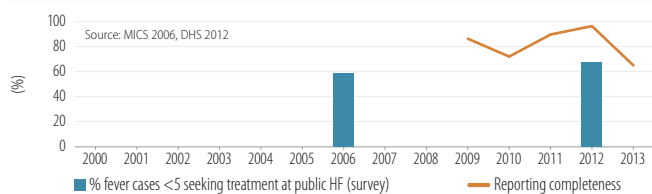
ITN and IRS coverage



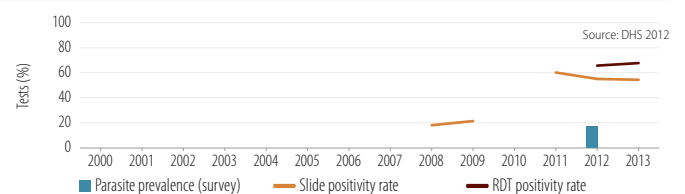
Cases tested and treated in public sector



Cases tracked

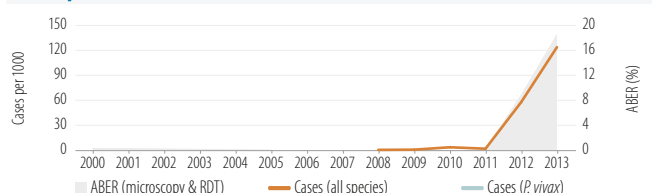


Test positivity

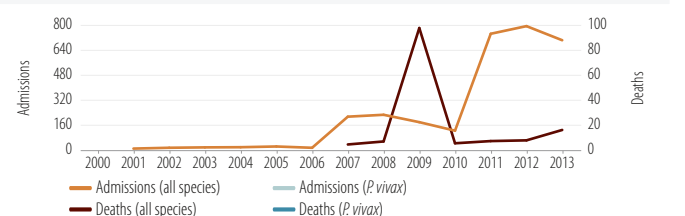


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



# Democratic People's Republic of Korea South-East Asia Region



## I. Epidemiological profile

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	11 800 000	47
Total	24 900 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. sinensis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	14 407	Indigenous cases, 2013:	14 407
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	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2002
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	-
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	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>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2000
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2000
	System for monitoring of adverse reactions to antimalarials exists	Yes	2002

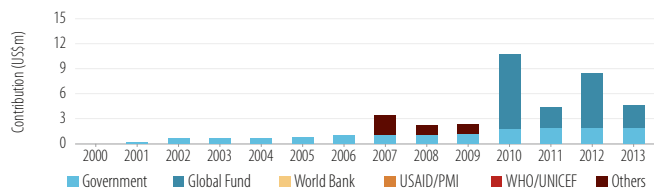
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	Yes	1999
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i>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

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	-	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	-	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	-

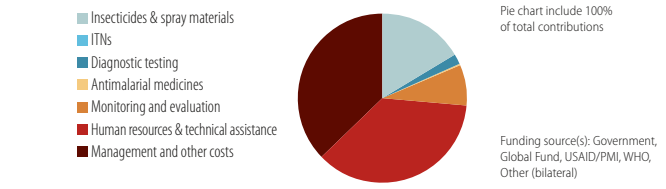
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

## III. Financing

Sources of financing

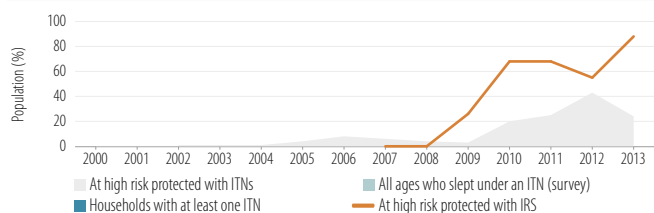


Financing by intervention in 2013

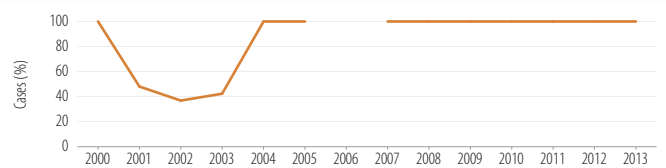


## IV. Coverage

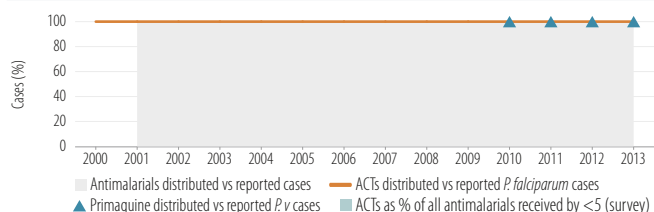
ITN and IRS coverage



Cases tested



Cases treated

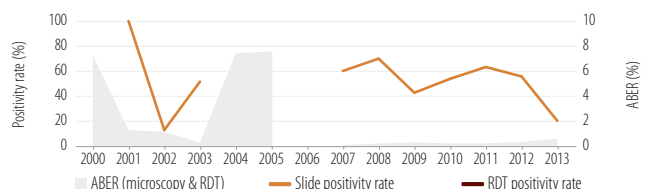


Cases tracked

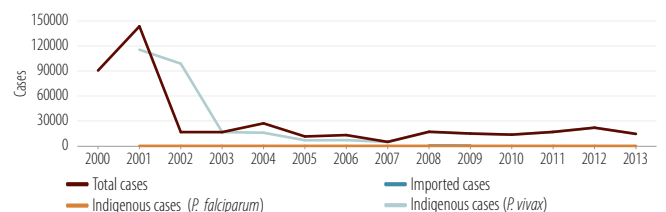


## V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



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



## I. Epidemiological profile

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

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. nili</i> , <i>An. moucheti</i>
Programme phase:	Control
Reported confirmed cases:	6 715 223
Reported deaths:	30 918

## II. Intervention policies and strategies

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

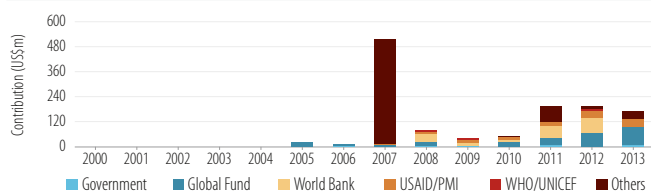
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	Yes	2010
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i>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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2005
First-line treatment of <i>P. falciparum</i>	AS+AQ	2005
Treatment failure of <i>P. falciparum</i>	QN	2005
Treatment of severe malaria	QN	2005
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	<i>Pf</i> + all species (Combo)	

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	<i>P. falciparum</i>
AS+AQ	2005–2012	0	4.2	6.9	28 days	8	<i>P. falciparum</i>

## III. Financing

Sources of financing

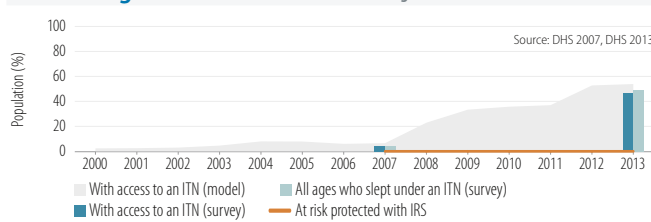


Financing by intervention in 2013

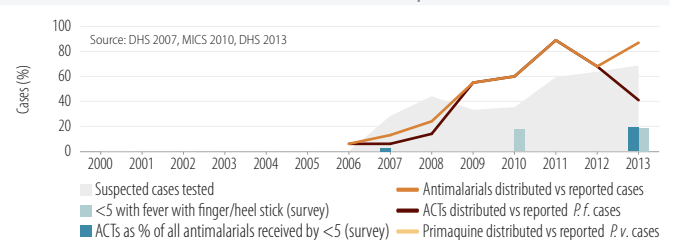
No data reported for 2013

## IV. Coverage

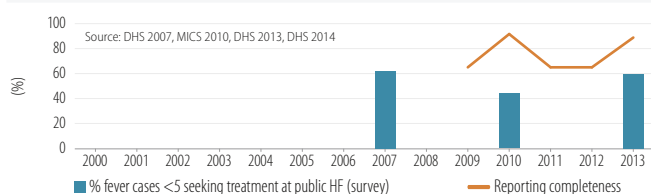
ITN and IRS coverage



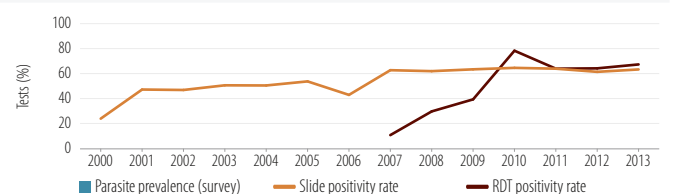
Cases tested and treated in public sector



Cases tracked

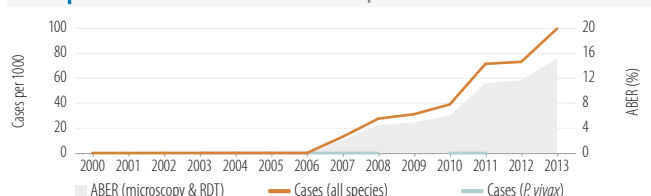


Test positivity

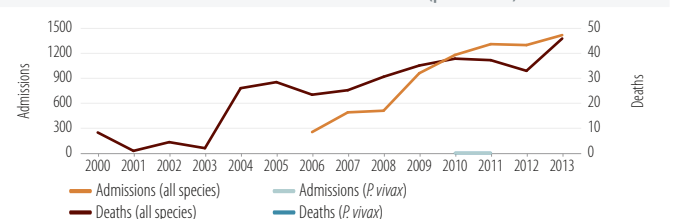


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	1684
Reported deaths:	17

### II. Intervention policies and strategies

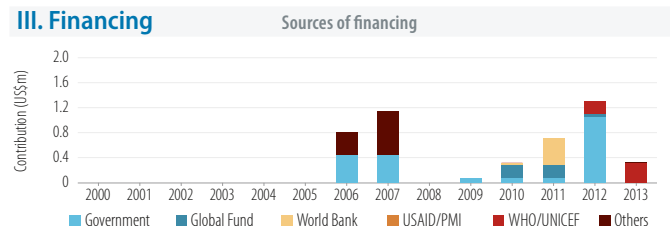
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	-
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2008
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2007
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2014
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2014
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

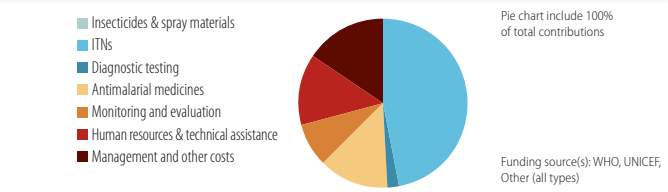
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2014
First-line treatment of <i>P. falciparum</i>	AL+PQ	2014
Treatment failure of <i>P. falciparum</i>	AS+AQ	2014
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	CQ+PQ (14 days)	-
Dosage of primaquine 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
-	-	-	-	-	-	-	-

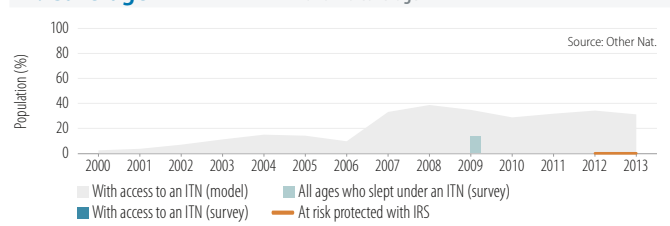
### III. Financing



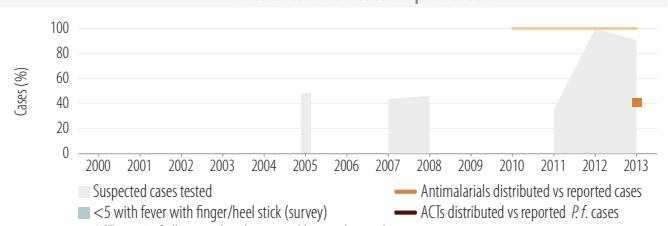
### Financing by intervention in 2013



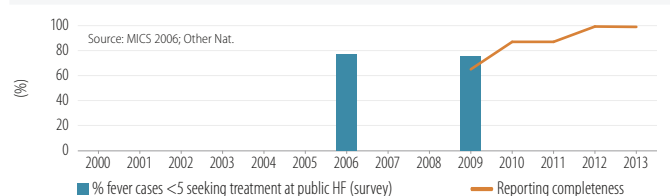
### IV. Coverage



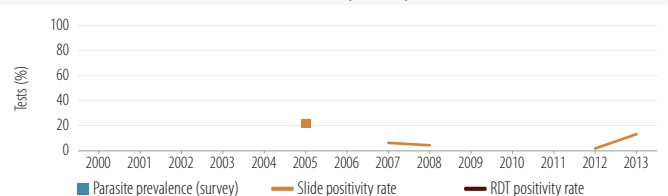
### Cases tested and treated in public sector



### Cases tracked

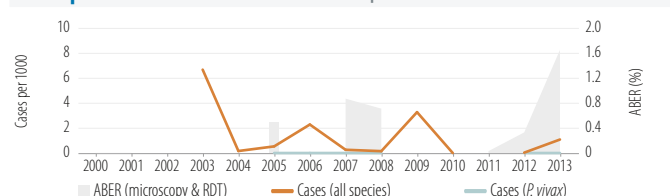


### Test positivity

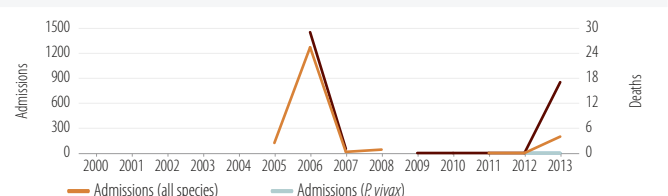


### V. Impact

#### Confirmed malaria cases per 1000 and ABER



#### Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



## 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)	1 500 000	14
Total	10 407 000	

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

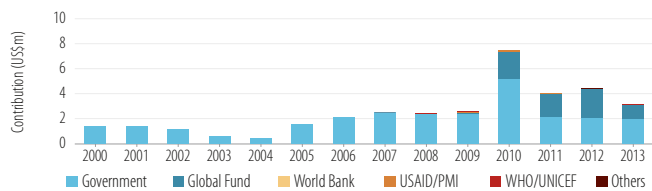
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	1946
	DDT is authorized for IRS	No	-
Larval control	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	Yes	1964
	Malaria diagnosis is free of charge in the public sector	Yes	1964
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1964
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1964
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

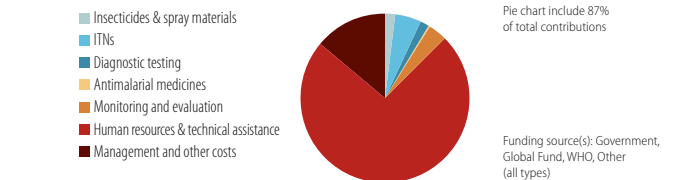
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	1964				
	Mass screening is undertaken	Yes	1964				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalaria treatment policy		Medicine	Year adopted				
	First-line treatment of unconfirmed malaria	-	-				
	First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-				
	Treatment failure of <i>P. falciparum</i>	CQ; QN	-				
	Treatment of severe malaria	CQ; QN	-				
	Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-				
	Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	-				
	Type of RDT used	<i>Pf</i> only					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

## III. Financing

Sources of financing

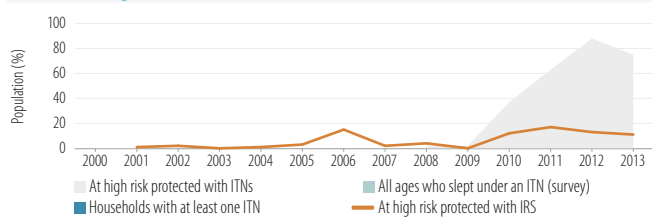


Financing by intervention in 2013

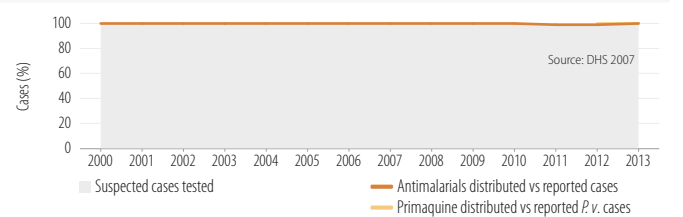


## IV. Coverage

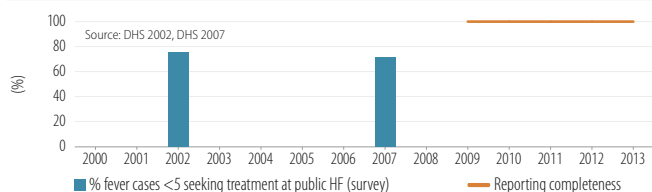
ITN and IRS coverage



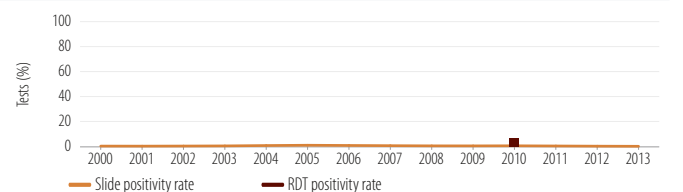
Cases tested and treated in public sector



Cases tracked

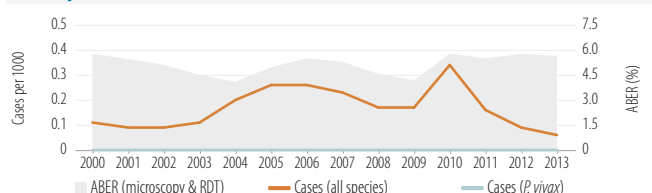


Test positivity

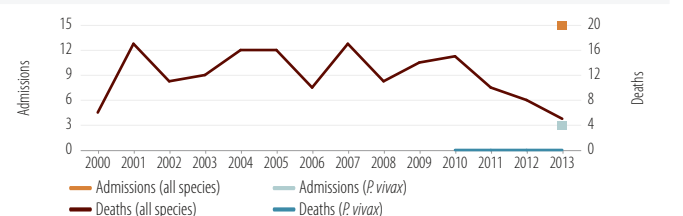


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

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	15 500 000	98
Total	15 765 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (43%), <i>P. vivax</i> (57%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. punctimaculata</i> , <i>An. pseudopunctipennis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	378	Indigenous cases, 2013:	368
Total deaths, 2013:	0	Indigenous deaths, 2013:	0

### II. Intervention policies and strategies

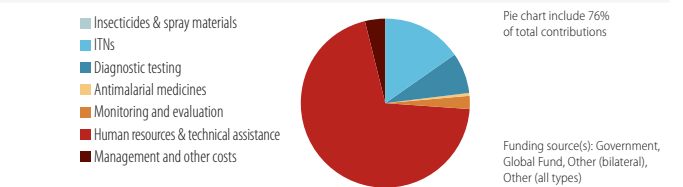
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	-
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1956
	Malaria diagnosis is free of charge in the public sector	Yes	1956
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	-				
	Case reporting from private sector is mandatory	No	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		AL+PQ	2012				
Treatment failure of <i>P. falciparum</i>		QN+CL	2004				
Treatment of severe malaria		QN	2004				
Treatment of <i>P. vivax</i>		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	<i>P. falciparum</i>

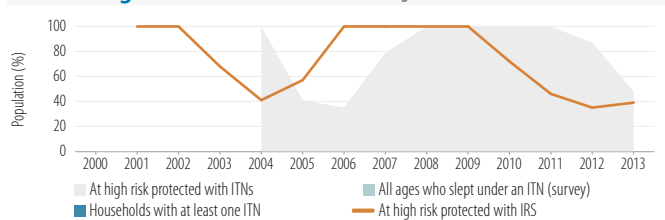
### III. Financing



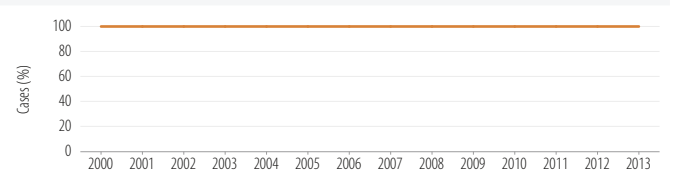
### Financing by intervention in 2013



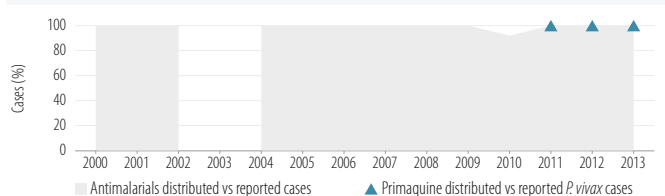
### IV. Coverage



### Cases tested



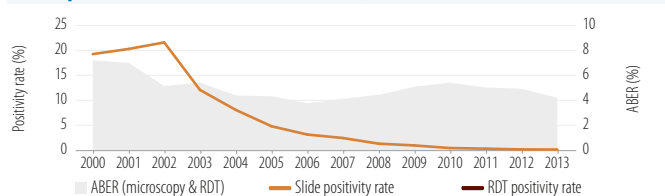
### Cases treated



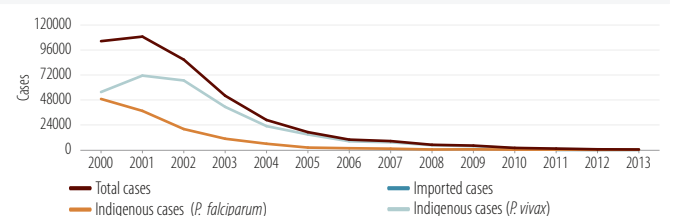
### Cases tracked



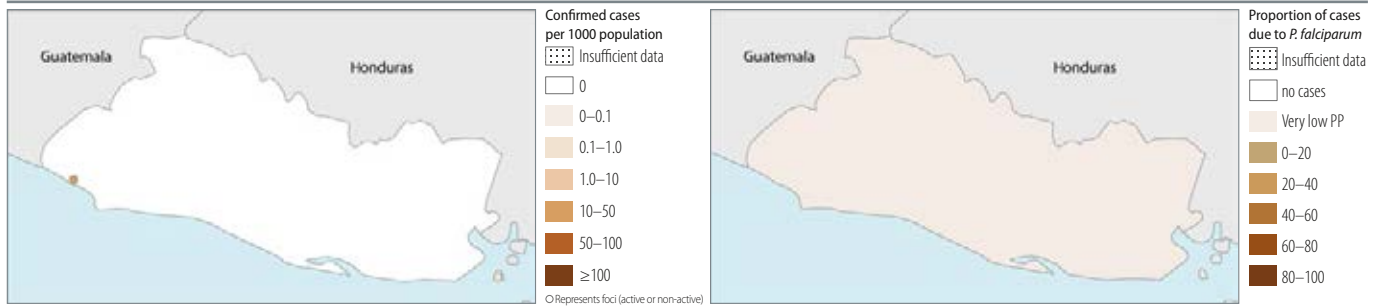
### V. Impact



### Number of malaria cases



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



## 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	6 290 000	99
Total	6 344 900	

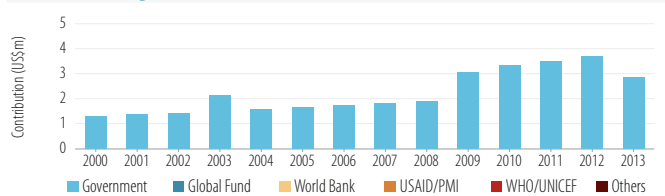
Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. pseudopunctipennis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	7	Indigenous cases, 2013:	6
Total deaths, 2013:	0	Indigenous deaths, 2013:	0

## II. Intervention policies and strategies

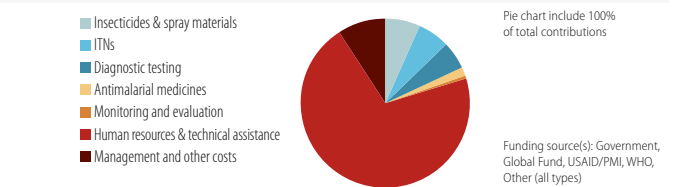
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	-
	ITNs/LLINs distributed to all age groups	Yes	2013
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	-				
Case reporting from private sector is mandatory	No	-					
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		CQ+PQ(1d)	-				
Treatment failure of <i>P. falciparum</i>		AL	-				
Treatment of severe malaria		QN	2012				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

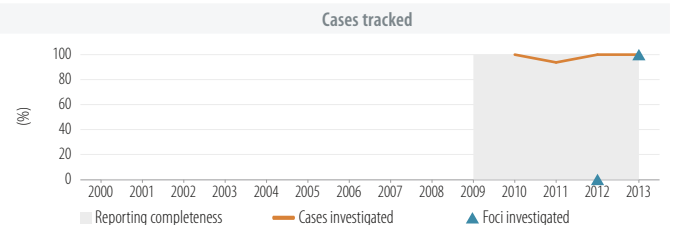
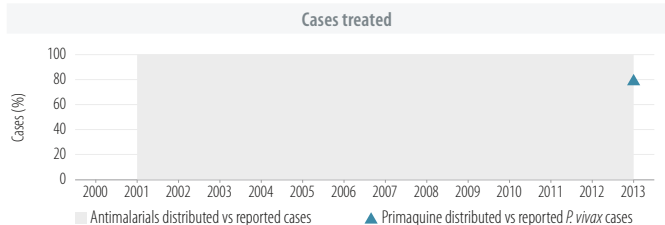
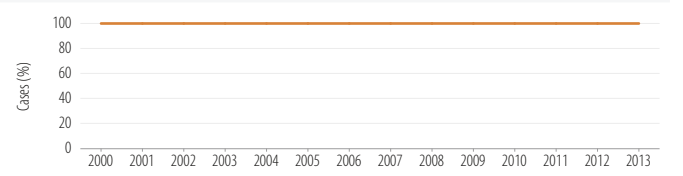
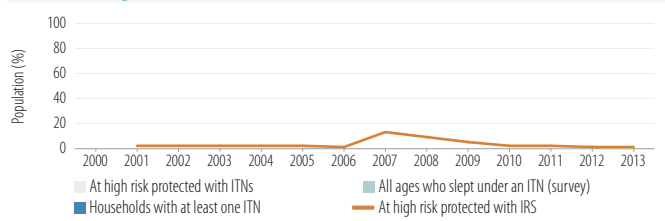
## III. Financing



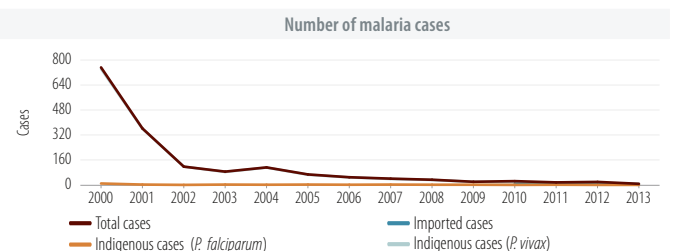
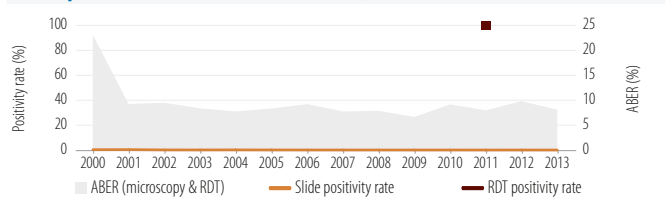
## Financing by intervention in 2013



## IV. Coverage



## V. Impact



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





### 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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. melas</i>
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	Yes	–
	ITNs/LLINs distributed to all age groups	No	–
IRS	IRS is recommended	Yes	–
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	–	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
Treatment	ACT is free for all ages in public sector	Yes	–
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	Yes	–
	Directly observed treatment with primaquine is undertaken	No	–
System for monitoring of adverse reactions to antimalarials exists	No	–	

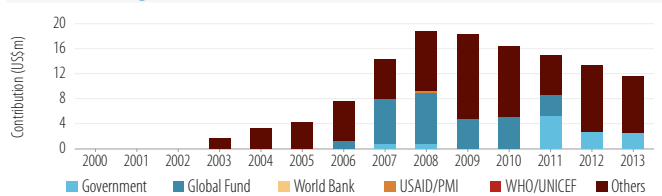
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	Yes	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–
	Uncomplicated <i>P. vivax</i>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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

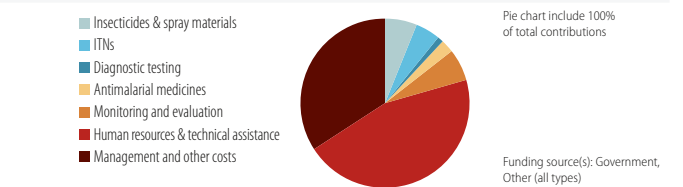
**Therapeutic efficacy tests (clinical and parasitological failure, %)**

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2006–2011	0	2.3	5	28 days	5	<i>P. falciparum</i>

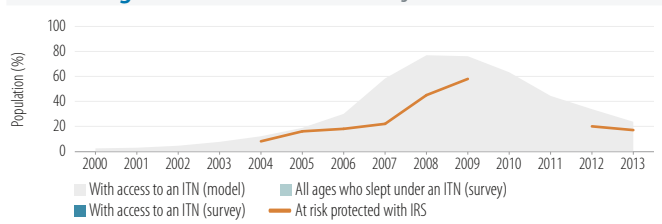
### III. Financing



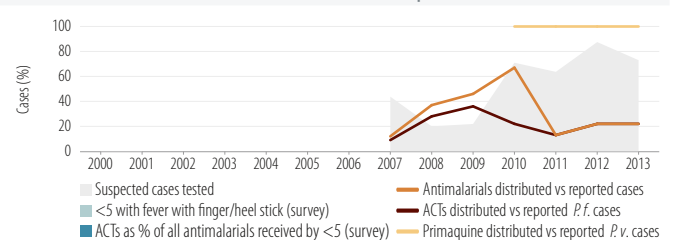
### Financing by intervention in 2013



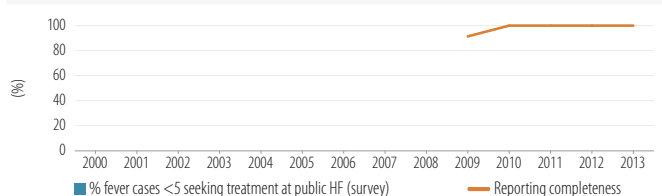
### IV. Coverage



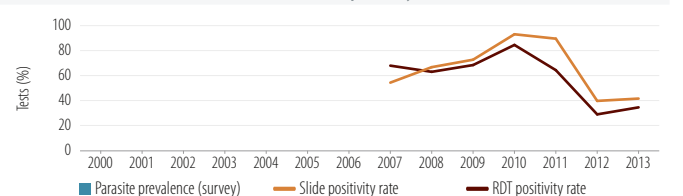
### Cases tested and treated in public sector



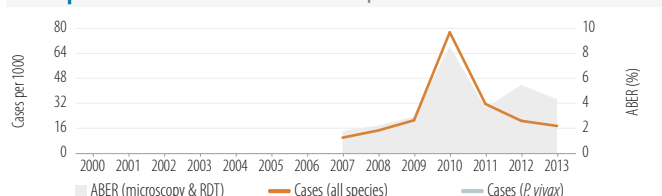
### Cases tracked



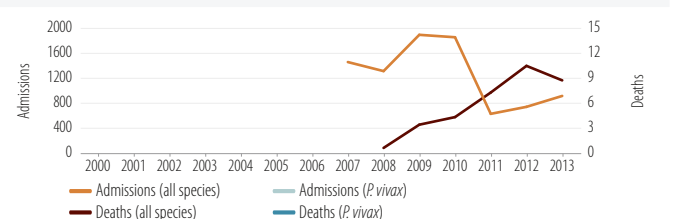
### Test positivity



### V. Impact



### Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	4 500 000	71
Low transmission (0–1 cases per 1000 population)	1 840 000	29
Malaria-free (0 cases)	0	0
Total	6 340 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (60%), <i>P. vivax</i> (39%)
Major anopheles species:	<i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	21 317
Reported deaths:	6

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2002
IRS	IRS is recommended	Yes	1995
	DDT is authorized for IRS	No	–
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	Yes	1997
	Malaria diagnosis is free of charge in the public sector	Yes	1997
Treatment	ACT is free for all ages in public sector	Yes	2007
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2002
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2013

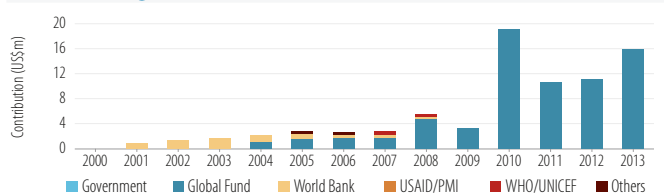
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i>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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2007
First-line treatment of <i>P. falciparum</i>	AS+AQ	2007
Treatment failure of <i>P. falciparum</i>	QN	2002
Treatment of severe malaria	QN	2002
Treatment of <i>P. vivax</i>	AS+AQ+PQ	2007
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)	

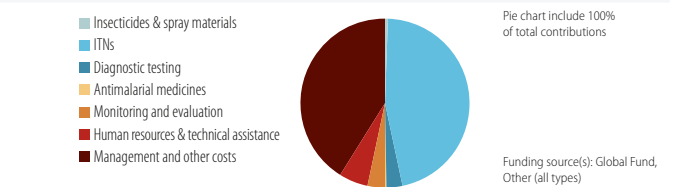
  

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2006–2012	0	2.25	9.3	28 days	16	<i>P. falciparum</i>

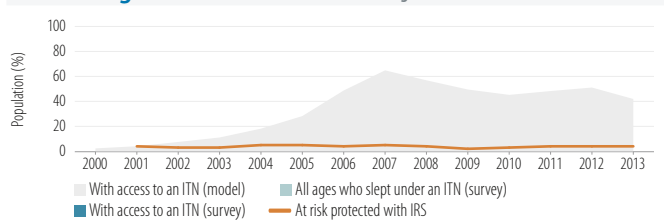
### III. Financing



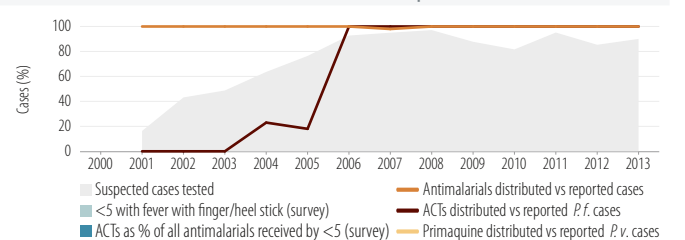
### Financing by intervention in 2013



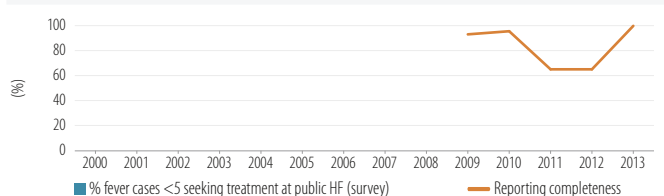
### IV. Coverage



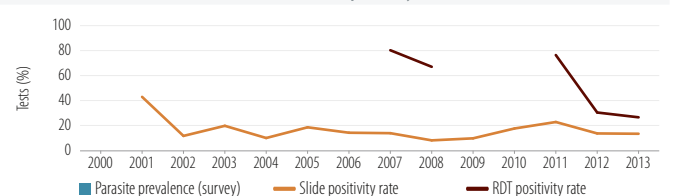
### Cases tested and treated in public sector



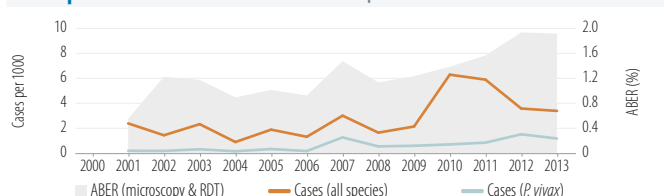
### Cases tracked



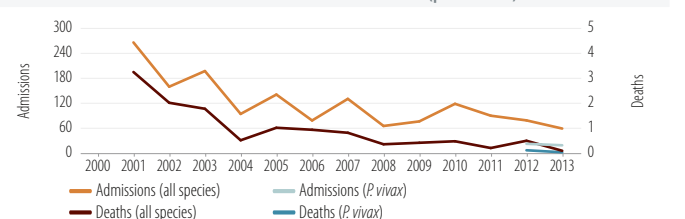
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



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



### I. Epidemiological profile

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	
Major plasmodium species:	<i>P. falciparum</i> (64%), <i>P. vivax</i> (36%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. pharoensis</i> , <i>An. funestus</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	2 645 454
Reported deaths:	358

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2004
IRS	IRS is recommended	Yes	1960
	DDT is authorized for IRS	No	–
Larval control	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	Yes	1960
	Malaria diagnosis is free of charge in the public sector	Yes	1960
Treatment	ACT is free for all ages in public sector	Yes	2004
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

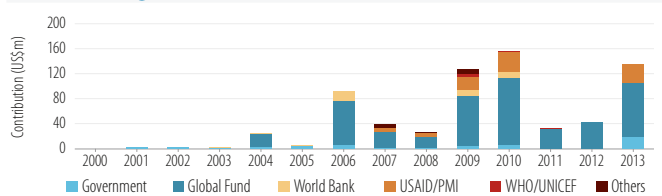
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	CQ	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>		–
Type of RDT used		–

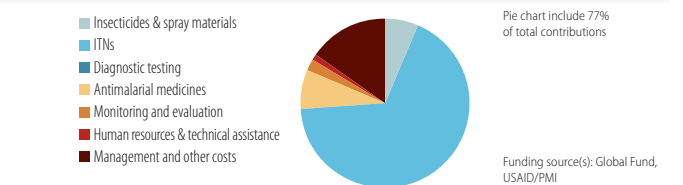
  

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2012	0	1	7.5	28 days	15	<i>P. falciparum</i>
QN	2006–2006	10	10	10	28 days	1	<i>P. falciparum</i>
CQ	2006–2010	3.8	7.05	13.7	28 days	4	<i>P. vivax</i>

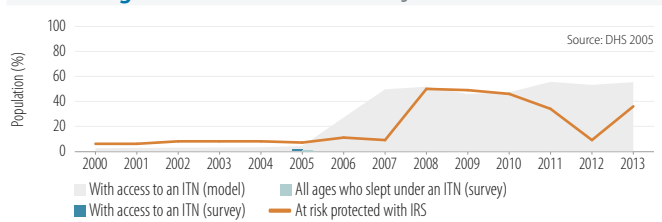
### III. Financing



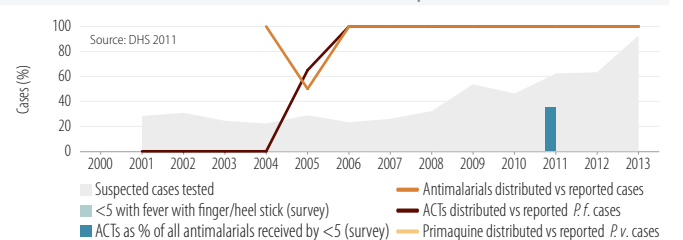
### Financing by intervention in 2013



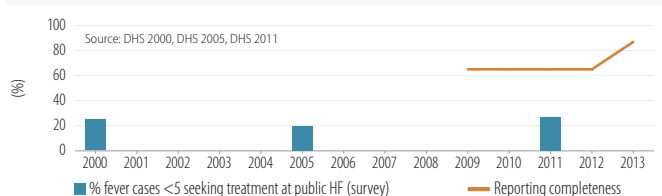
### IV. Coverage



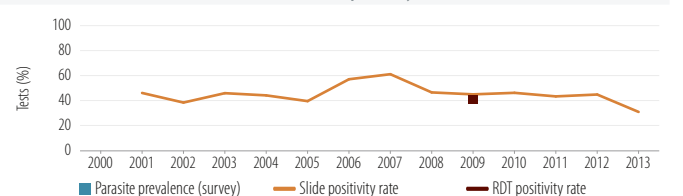
### Cases tested and treated in public sector



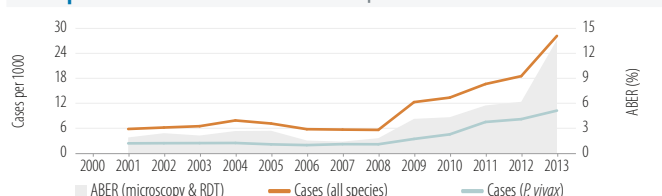
### Cases tracked



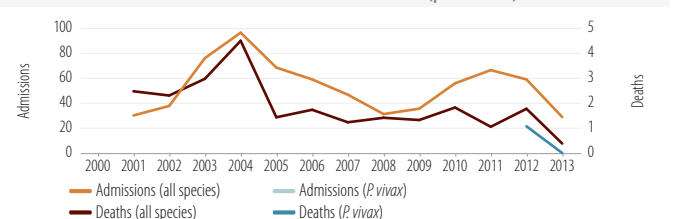
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



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



## 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:	<i>P. falciparum</i> (31%), <i>P. vivax</i> (68%)
Major anopheles species:	<i>An. darlingi</i>
Programme phase:	Control
Reported confirmed cases:	875
Reported deaths:	3

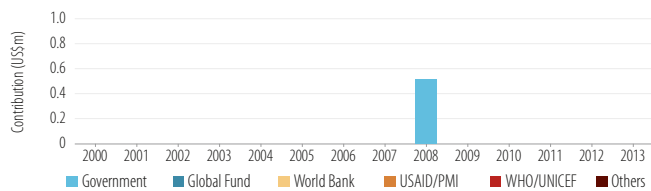
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	Yes	-
	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	Yes	-
	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>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	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	-	-

Intervention	Policies/strategies	Yes/No	Year 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	-	-				
<b>Antimalaria treatment policy</b>		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		AL; AT+PG	-				
Treatment failure of <i>P. falciparum</i>		-	-				
Treatment of severe malaria		AS; QN+D	-				
Treatment of <i>P. vivax</i>		CQ+PQ	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		-	-				
Type of RDT used		<i>Pf</i> + <i>Pv</i> , <i>Po</i> , <i>Pm</i> (Combo)					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

## III. Financing

Sources of financing

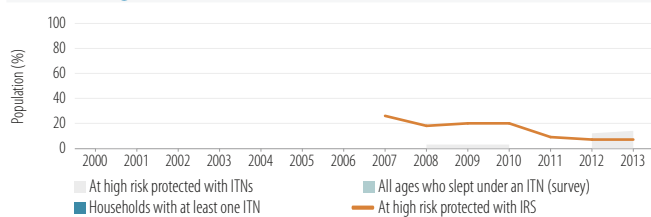


Financing by intervention in 2013

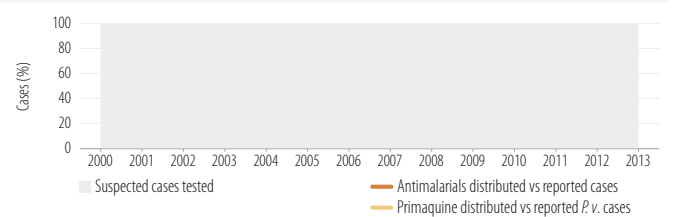
No data reported for 2013

## IV. Coverage

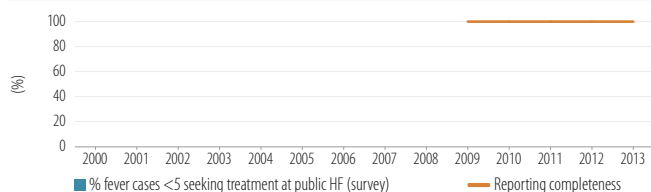
ITN and IRS coverage



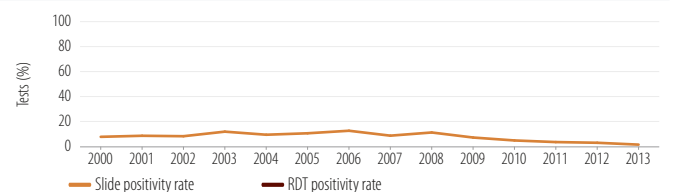
Cases tested and treated in public sector



Cases tracked

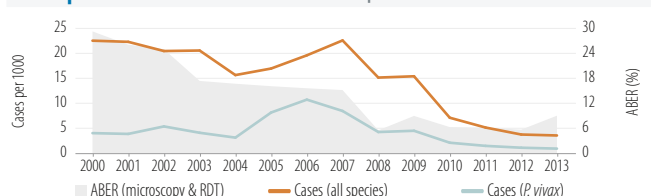


Test positivity

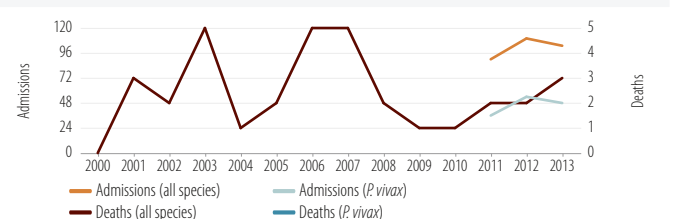


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	1 670 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	1 670 000	

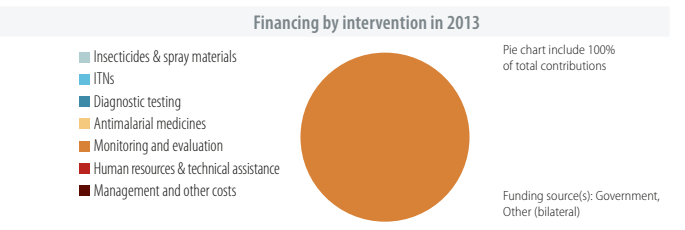
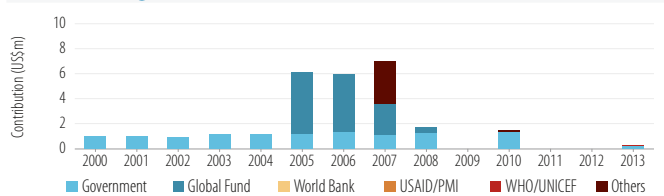
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. funestus</i> , <i>An. gambiae</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	28 982
Reported deaths:	273

### II. Intervention policies and strategies

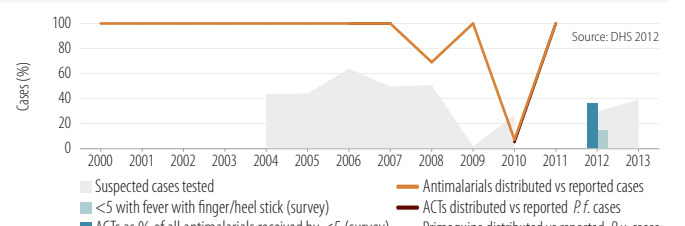
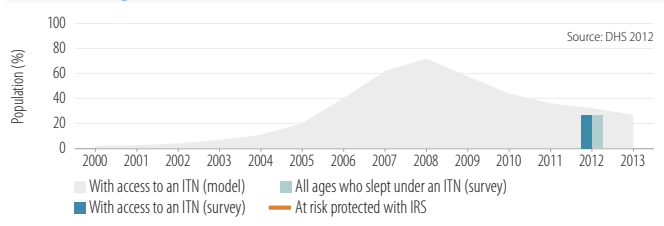
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	No	–
	ITNs/LLINs distributed to all age groups	Yes	2007
IRS	IRS is recommended	Yes	2013
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year 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	No	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria		AS+AQ	2003				
First-line treatment of <i>P. falciparum</i>		AS+AQ	2003				
Treatment failure of <i>P. falciparum</i>		AL	2003				
Treatment of severe malaria		QN	2003				
Treatment of <i>P. vivax</i>		–	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		–	–				
Type of RDT used		<i>Pf</i> + <i>Pv</i> , <i>Po</i> , <i>Pm</i> (Combo)					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

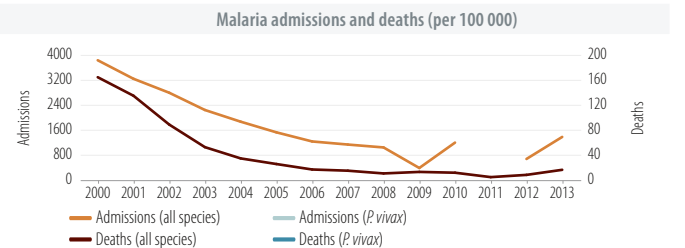
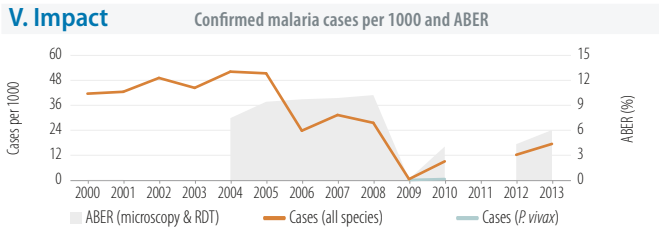
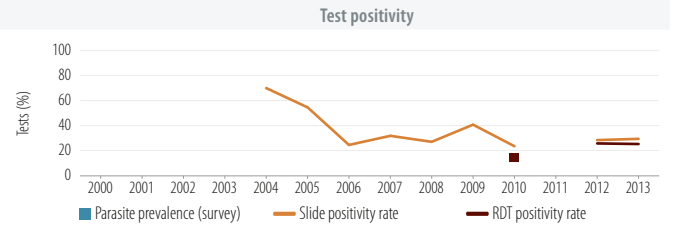
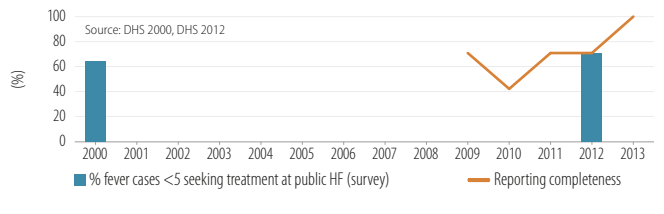
### III. Financing



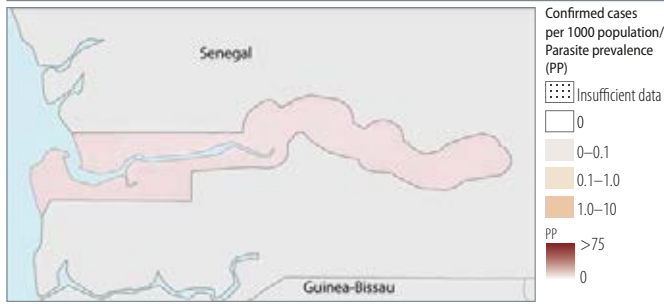
### IV. Coverage



### V. Impact



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. arabiensis</i> , <i>An. melas</i> , <i>An. pharoensis</i> , <i>An. funestus</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	240 792
Reported deaths:	262

### II. Intervention policies and strategies

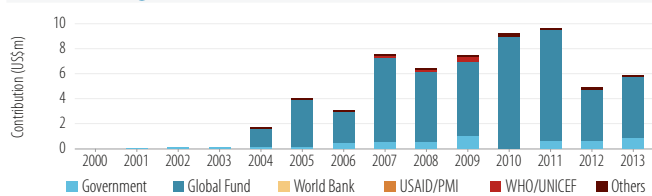
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	Yes	2007
Larval control	Use of larval control recommended	-	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2002
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	1998
Treatment	ACT is free for all ages in public sector	Yes	2008
	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	-	-

Intervention	Policies/strategies	Yes/No	Year 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	-	-

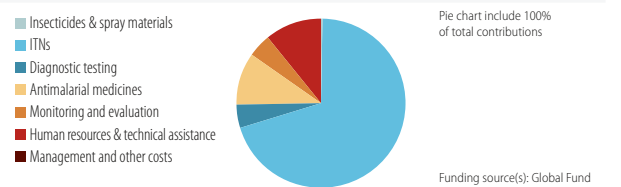
Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL	2005					
First-line treatment of <i>P. falciparum</i>	AL	2005					
Treatment failure of <i>P. falciparum</i>	QN	2005					
Treatment of severe malaria	QN	2005					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	<i>Pf</i> only						
Therapeutic efficacy 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	<i>P. falciparum</i>

### III. Financing

Sources of financing

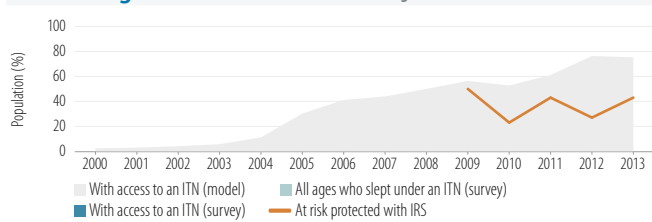


Financing by intervention in 2013

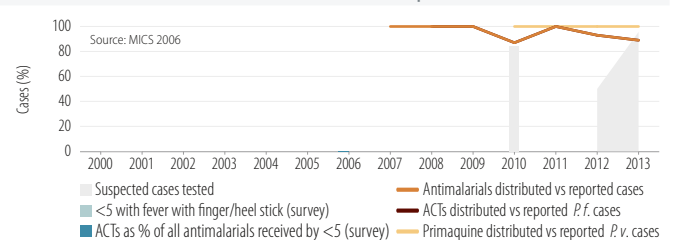


### IV. Coverage

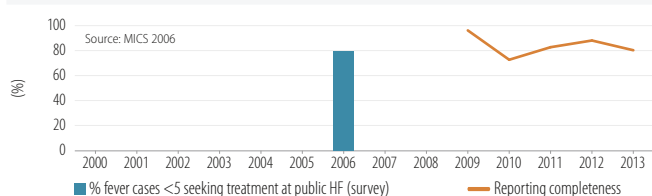
ITN and IRS coverage



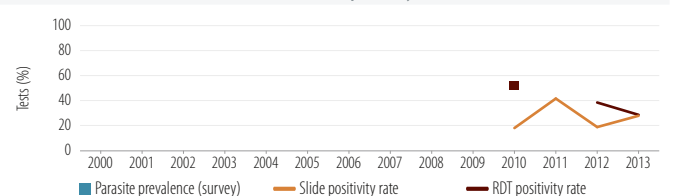
Cases tested and treated in public sector



Cases tracked

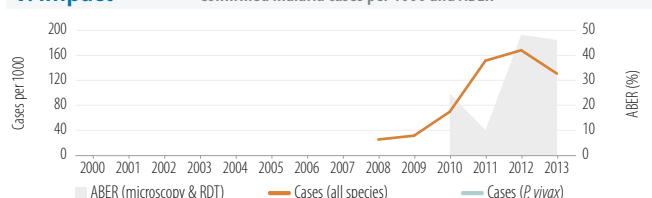


Test positivity

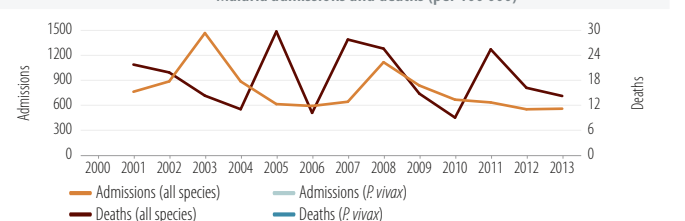


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends





### 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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	1 639 451
Reported deaths:	2506

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	No	–
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	Yes	2008
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	No	–
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2001

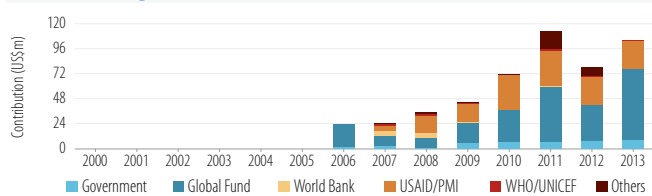
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	<i>Pf</i> only	

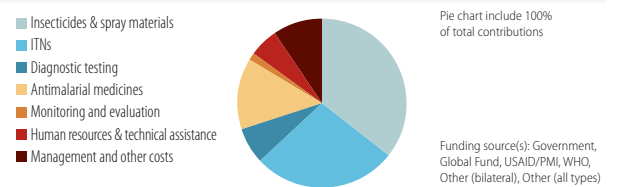
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2011	0	0	13.8	28 days	11	<i>P. falciparum</i>
AS+AQ	2005–2011	0	3.15	14	28 days	12	<i>P. falciparum</i>

### III. Financing

Sources of financing

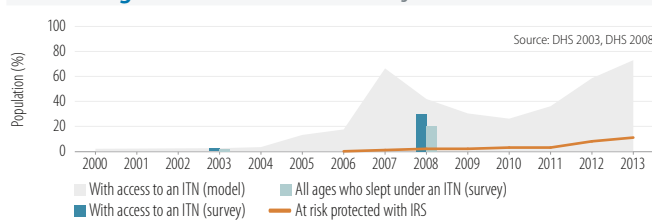


Financing by intervention in 2013

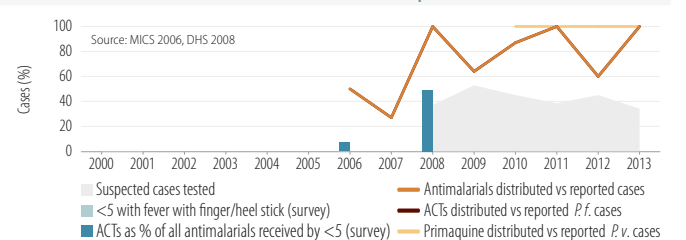


### IV. Coverage

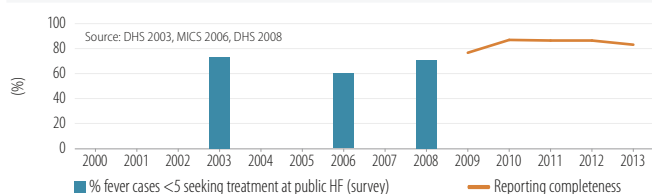
ITN and IRS coverage



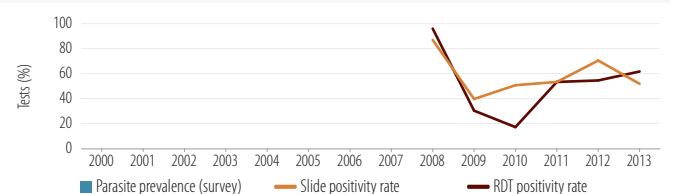
Cases tested and treated in public sector



Cases tracked

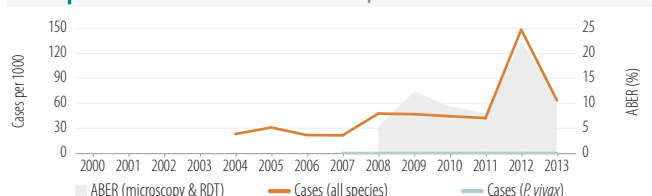


Test positivity

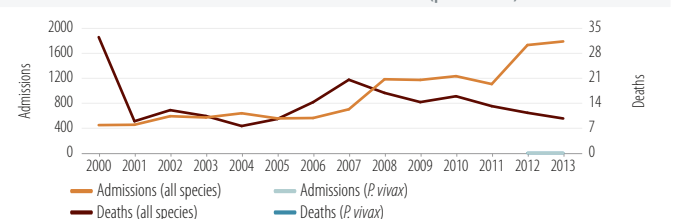


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	2 320 000	15
Low transmission (0-1 cases per 1000 population)	4 720 000	31
Malaria-free (0 cases)	8 430 000	54
Total	15 470 000	

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

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	-
	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	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

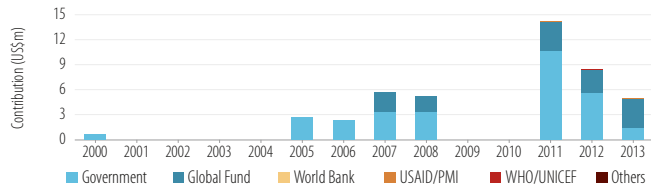
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i>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

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(3d)	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine 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
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

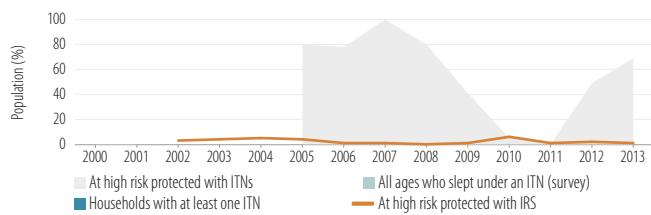


Financing by intervention in 2013

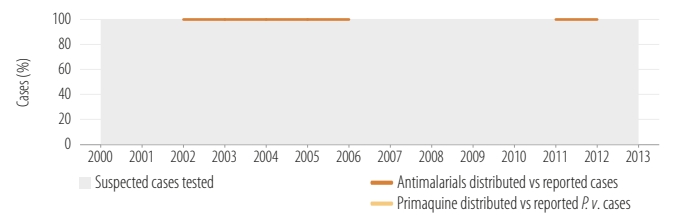
No data reported for 2013

### IV. Coverage

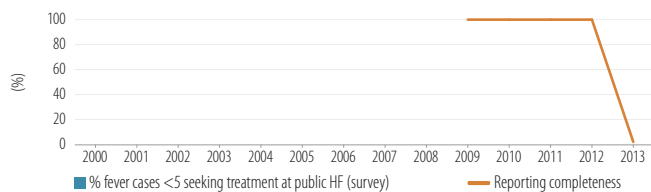
ITN and IRS coverage



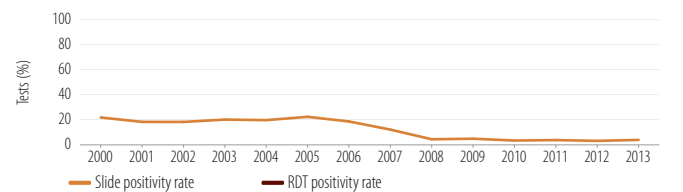
Cases tested and treated in public sector



Cases tracked

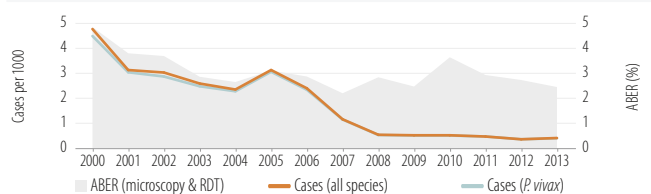


Test positivity

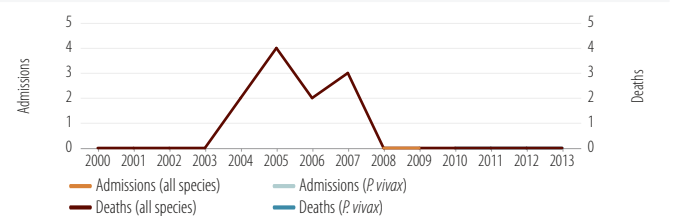


### V. Impact

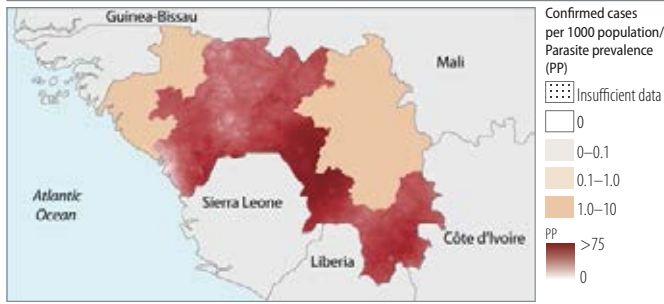
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

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	11 700 000	

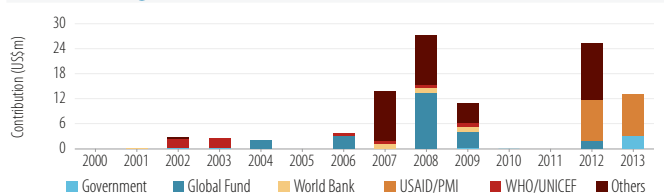
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. melas</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	211 257
Reported deaths:	108

### II. Intervention policies and strategies

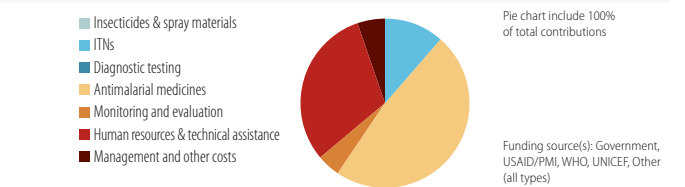
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2013
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2012
	Malaria diagnosis is free of charge in the public sector	Yes	2012
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2009

Intervention	Policies/strategies	Yes/No	Year 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	Yes	2009				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	AS+AQ	–					
First-line treatment of <i>P. falciparum</i>	AS+AQ	–					
Treatment failure of <i>P. falciparum</i>	QN	–					
Treatment of severe malaria	QN	–					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used	–	–					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

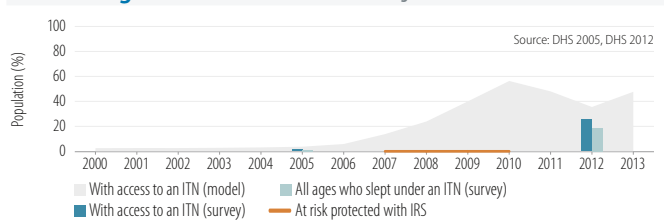
### III. Financing



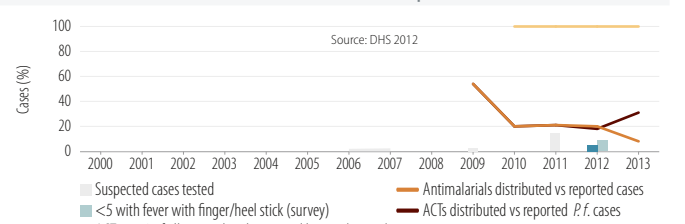
### Financing by intervention in 2013



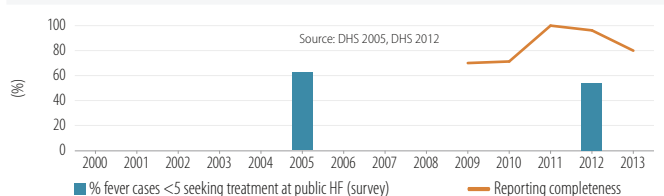
### IV. Coverage



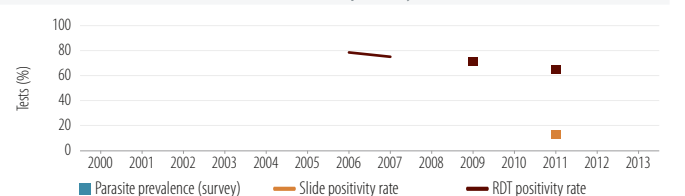
### Cases tested and treated in public sector



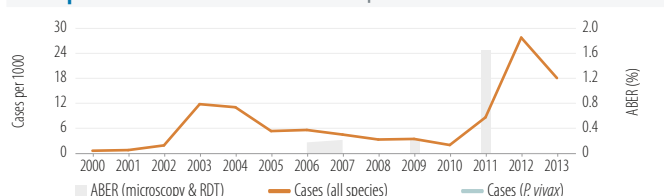
### Cases tracked



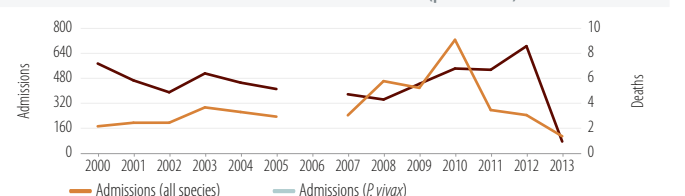
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



**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: 54 584  
 Reported deaths: 418

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	No	–
<b>IRS</b>	IRS is recommended	No	–
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	No	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	Yes	2005
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
<b>Treatment</b>	ACT is free for all ages in public sector	No	–
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

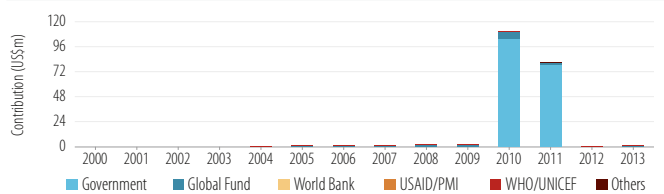
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	–	–
	Uncomplicated <i>P. vivax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

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

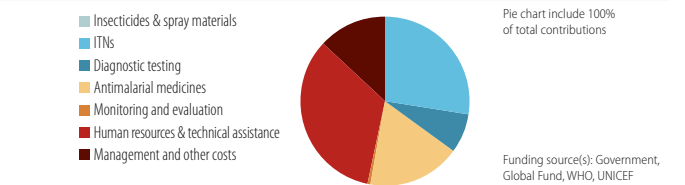
**Therapeutic efficacy tests (clinical and parasitological failure, %)**

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2008	3.6	3.6	3.6	28 days	1	<i>P. falciparum</i>

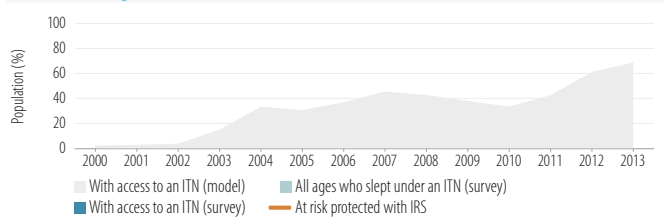
### III. Financing



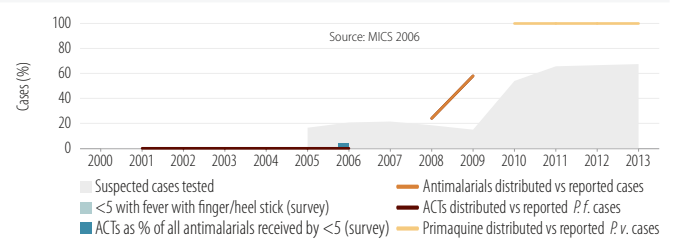
### Financing by intervention in 2013



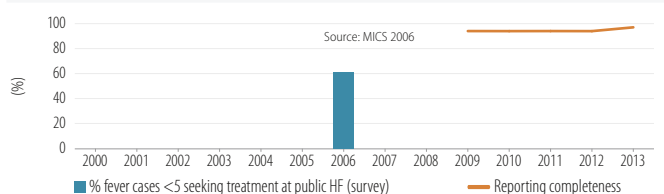
### IV. Coverage



### Cases tested and treated in public sector



### Cases tracked



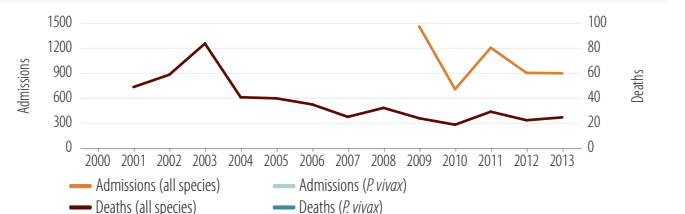
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



**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	

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

### II. Intervention policies and strategies

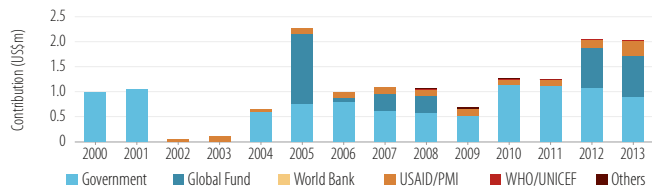
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1946
	Malaria diagnosis is free of charge in the public sector	Yes	1946
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

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

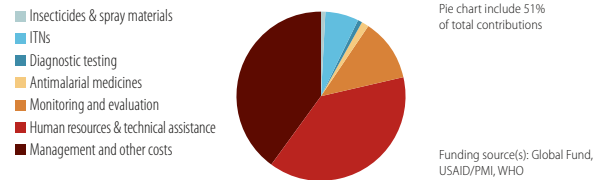
Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	-	-					
First-line treatment of <i>P. falciparum</i>	AL+PQ(1d)	2004					
Treatment failure of <i>P. falciparum</i>	QN+T	2004					
Treatment of severe malaria	AM	-					
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)						
Type of RDT used	-	-					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2006-2006	32.4	32.4	32.4	28 days	1	<i>P. vivax</i>

### III. Financing

Sources of financing

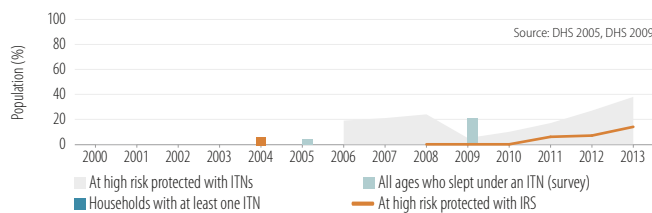


Financing by intervention in 2013

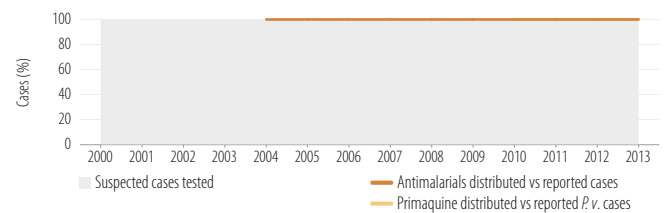


### IV. Coverage

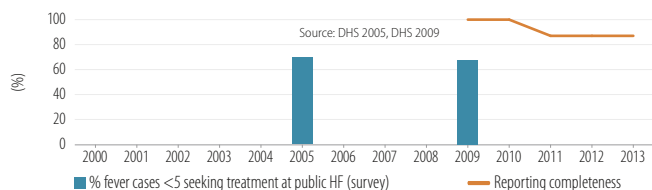
ITN and IRS coverage



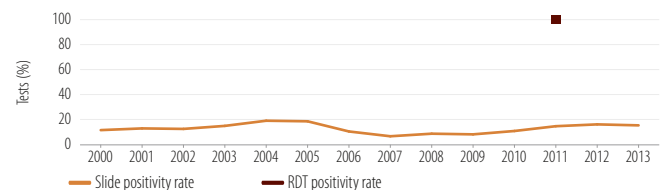
Cases tested and treated in public sector



Cases tracked

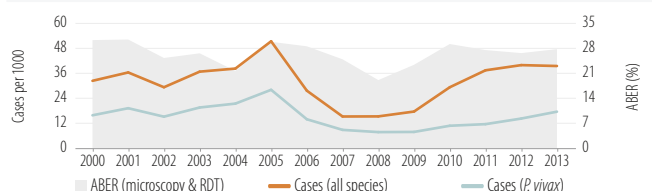


Test positivity

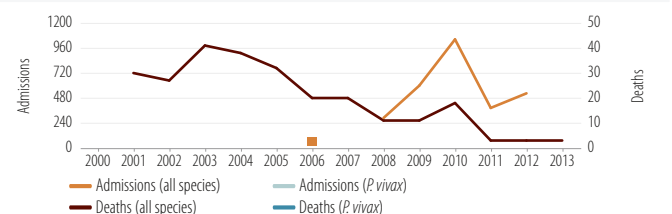


### V. Impact

Confirmed malaria cases per 1000 and ABER

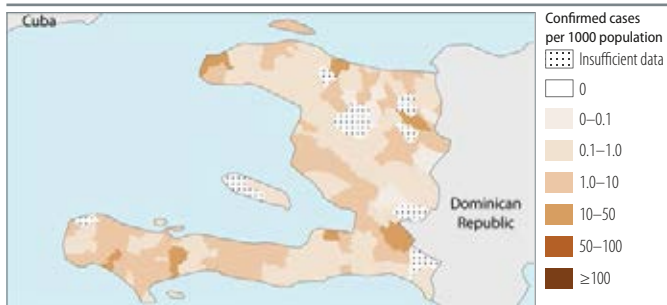


Malaria admissions and deaths



Impact: Increase in case incidence 2000-2015





### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	5 470 000	53
Low transmission (0-1 cases per 1000 population)	4 850 000	47
Malaria-free (0 cases)	0	0
Total	10 320 000	

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

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	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	Yes	1988
	Malaria diagnosis is free of charge in the public sector	Yes	2011
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

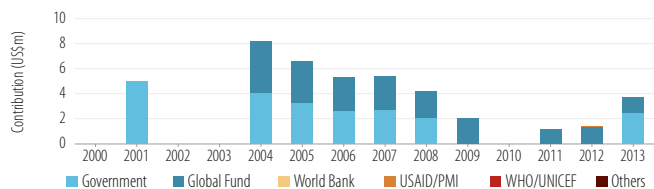
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i>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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-
Treatment failure of <i>P. falciparum</i>	MQ; SP	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	-
Type of RDT used	Pf+ all species (Combo)	-

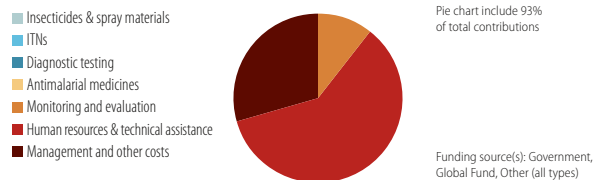
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

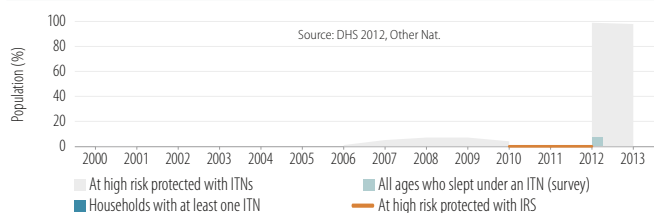


Financing by intervention in 2013

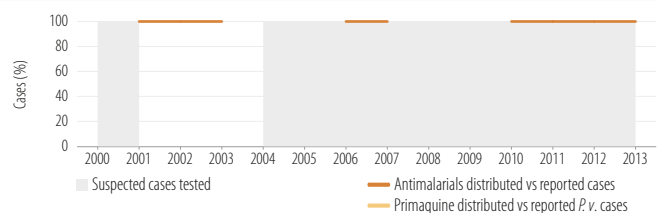


### IV. Coverage

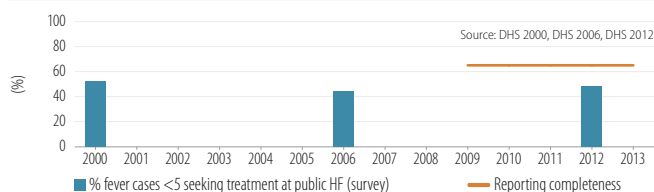
ITN and IRS coverage



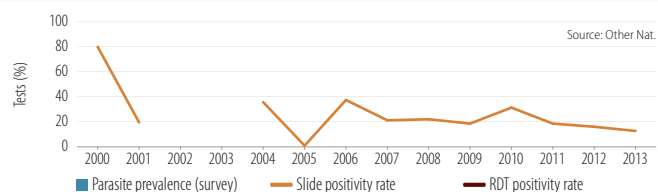
Cases tested and treated in public sector



Cases tracked

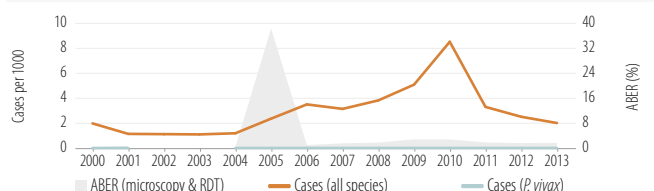


Test positivity

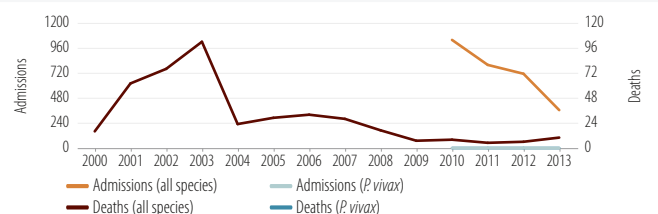


### V. Impact

Confirmed malaria cases per 1000 and ABER

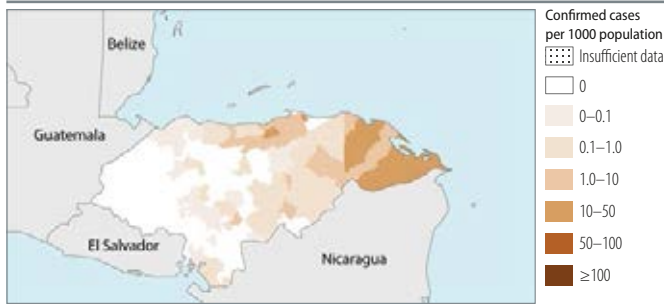


Malaria admissions and deaths



**Impact:** Increase in case incidence 2000-2015





## I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	1 130 000	14
Low transmission (0-1 cases per 1000 population)	4 760 000	59
Malaria-free (0 cases)	2 200 000	27
Total	8 090 000	

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

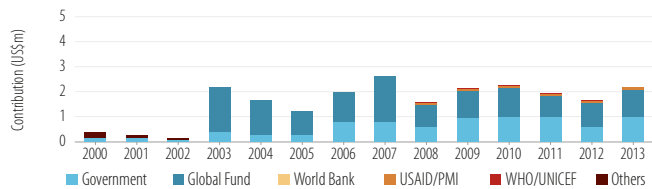
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	-
	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	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

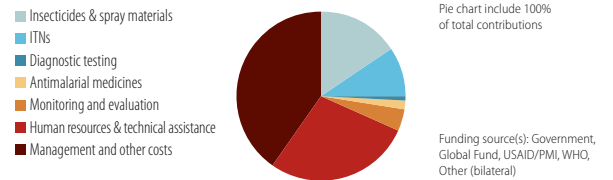
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		CQ+PQ(1d)	-				
Treatment failure of <i>P. falciparum</i>		SP	2011				
Treatment of severe malaria		QN	-				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 days)	-				
Type of RDT used		<i>Pf</i> + <i>P.v</i> specific (Combo)	-				
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

## III. Financing

Sources of financing

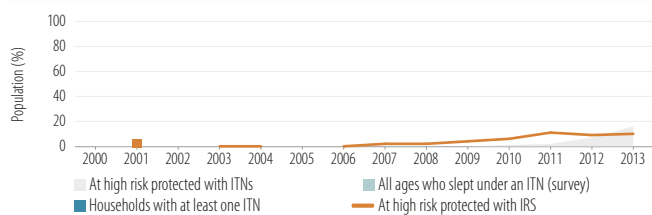


Financing by intervention in 2013

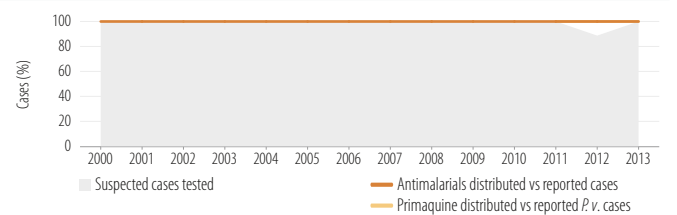


## IV. Coverage

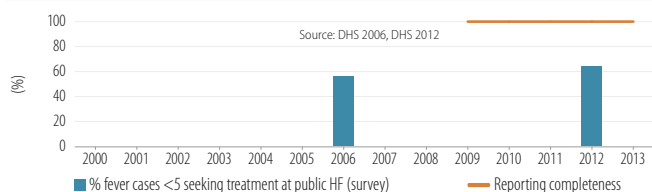
ITN and IRS coverage



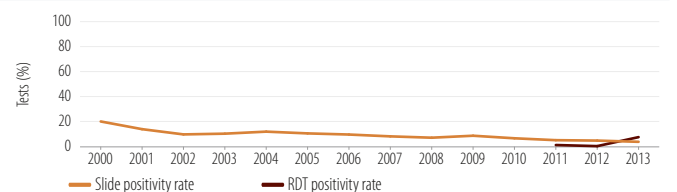
Cases tested and treated in public sector



Cases tracked

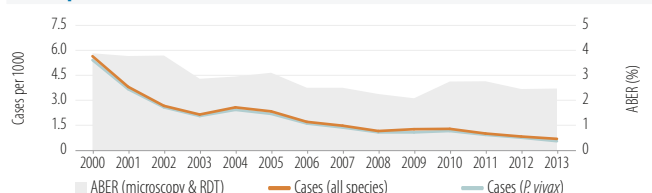


Test positivity

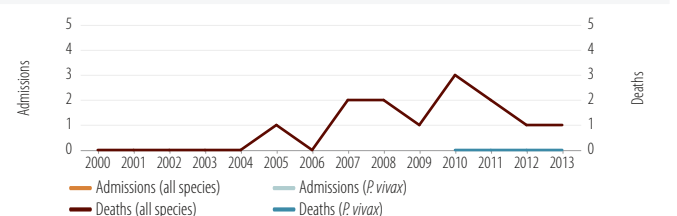


## V. Impact

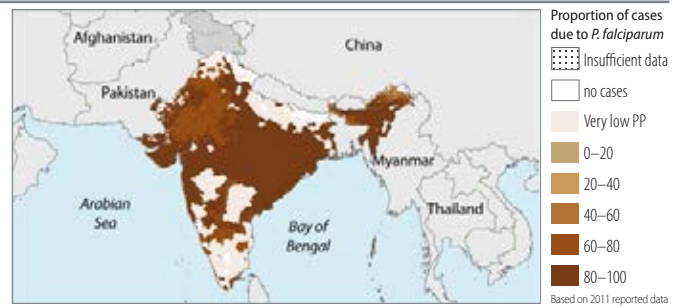
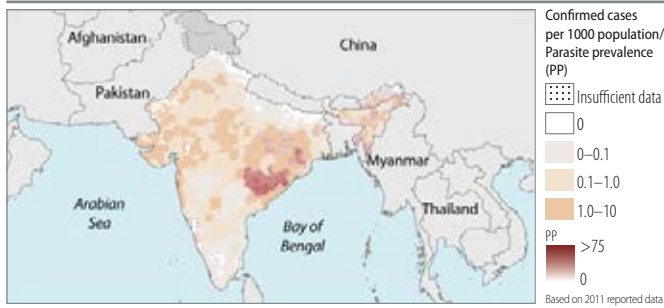
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

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	

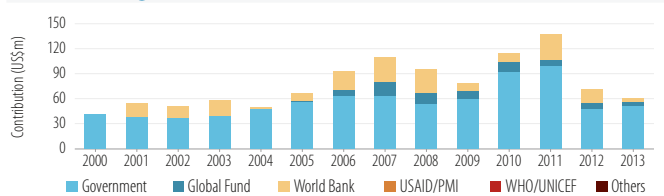
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (53%), <i>P. vivax</i> (47%)
Major anopheles species:	<i>An. culicifacies</i> , <i>An. fluviatilis</i> , <i>An. stephensi</i> , <i>An. minimus</i> , <i>An. dirus</i> , <i>An. annularis</i>
Programme phase:	Control
Reported confirmed cases:	881 730
Reported deaths:	440

### II. Intervention policies and strategies

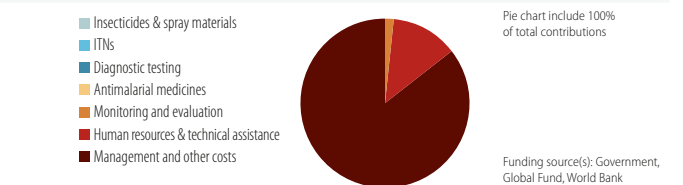
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2001
IRS	IRS is recommended	Yes	1953
	DDT is authorized for IRS	Yes	1953
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1958
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	No	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalarial treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		CQ	2007				
First-line treatment of <i>P. falciparum</i>		AS+SP+PQ	2007				
Treatment failure of <i>P. falciparum</i>		QN+D; QN+T	-				
Treatment of severe malaria		AM; AS; QN	2007				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	2007				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 days)					
Type of RDT used		<i>Pf</i> + <i>Pv</i> specific (Combo)					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

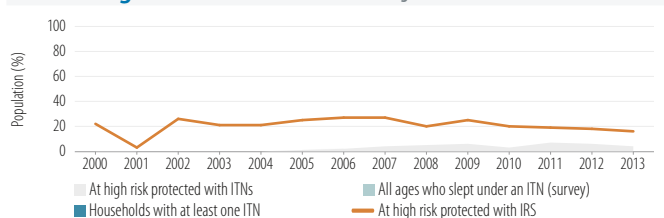
### III. Financing



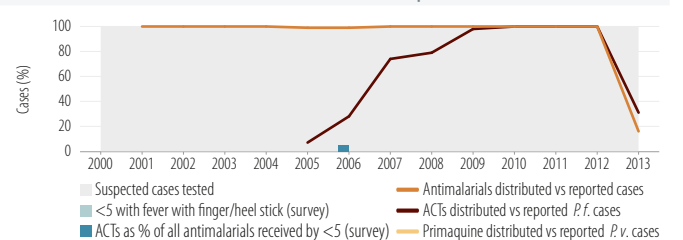
### Financing by intervention in 2013



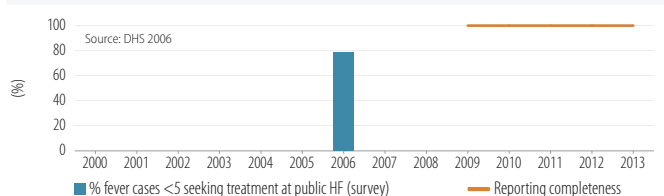
### IV. Coverage



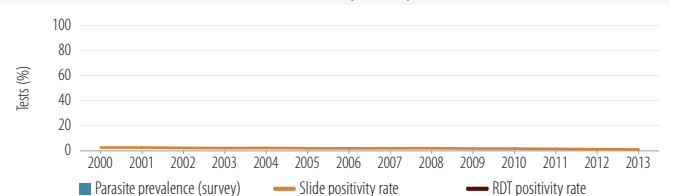
### Cases tested and treated in public sector



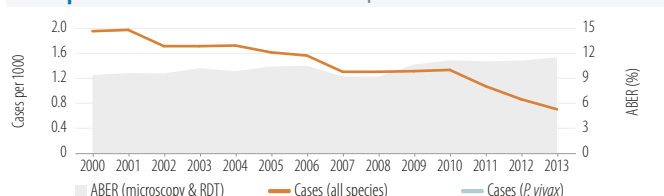
### Cases tracked



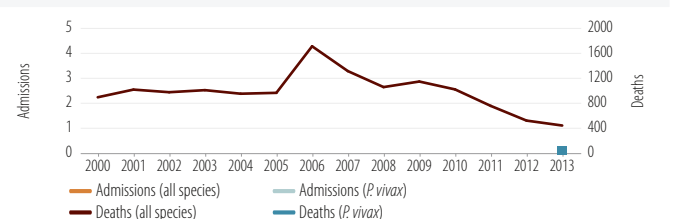
### Test positivity



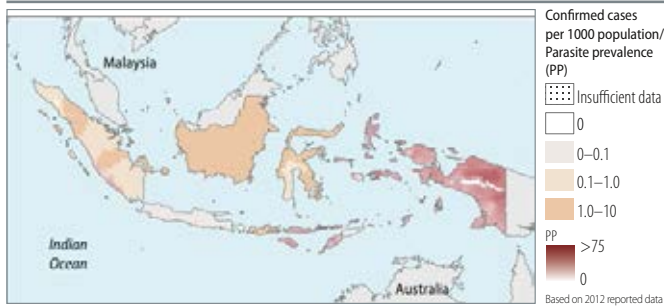
### V. Impact



### Malaria admissions and deaths



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	42 500 000	17
Low transmission (0-1 cases per 1000 population)	109 900 000	44
Malaria-free (0 cases)	97 400 000	39
Total	249 800 000	

**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

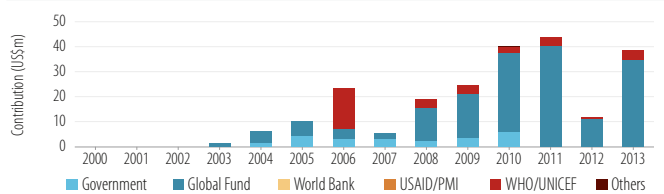
Reported confirmed cases: 343 527  
 Reported deaths: 45

### II. Intervention policies and strategies

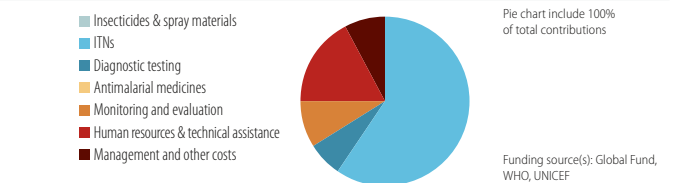
Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2004
<b>IRS</b>	IRS is recommended	Yes	1959
	DDT is authorized for IRS	No	-
<b>Larval control</b>	Use of larval control recommended	Yes	1990
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	-
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	1959
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2004
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-				
<b>Antimalaria treatment policy</b>	Medicine		Year adopted				
	First-line treatment of unconfirmed malaria	-	-				
	First-line treatment of <i>P. falciparum</i>	AS+AQ; DHA-PP+PQ	2008				
	Treatment failure of <i>P. falciparum</i>	QN+D+PQ	2004				
	Treatment of severe malaria	AM; AS; QN	2004				
	Treatment of <i>P. vivax</i>	AS+AQ; DHA-PP+PQ(14d)	2008				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)						
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)						
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

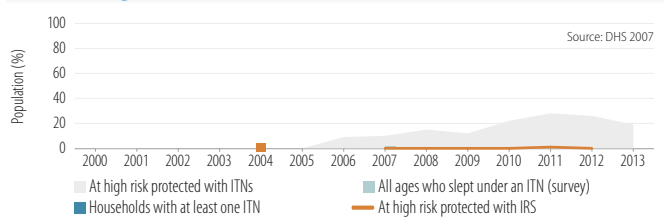
### III. Financing



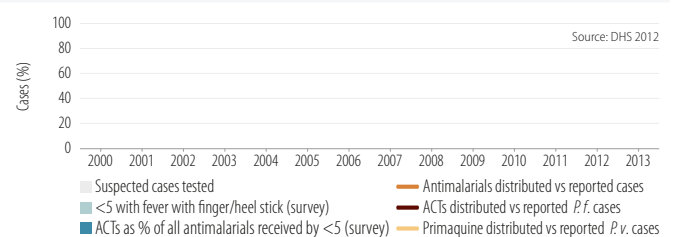
### Financing by intervention in 2013



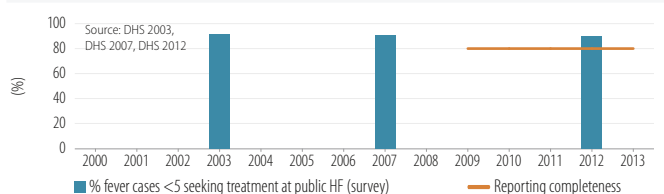
### IV. Coverage



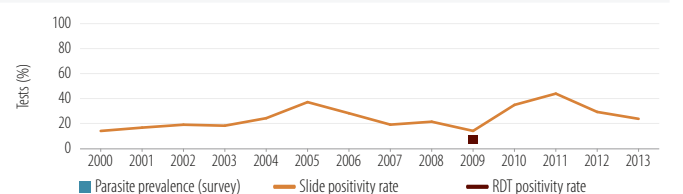
### Cases tested and treated in public sector



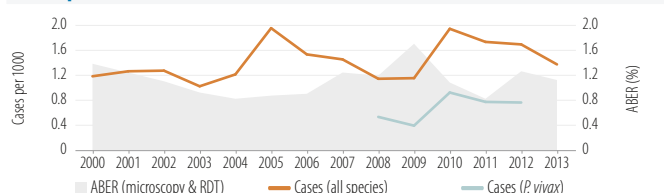
### Cases tracked



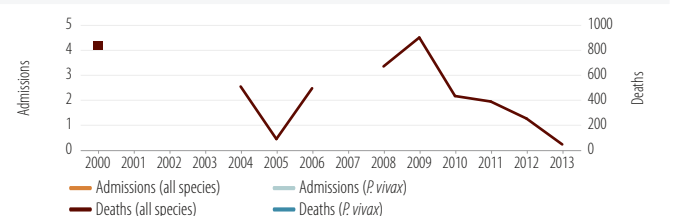
### Test positivity



### V. Impact



### Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



### 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	76 700 000	99
Total	77 446 000	

<b>Parasites and vectors</b>			
Major plasmodium species: <i>P. falciparum</i> (18%), <i>P. vivax</i> (82%)			
Major anopheles species: <i>An. stephensi</i> , <i>An. culicifacies</i> , <i>An. fluviatilis</i> , <i>An. superpictus</i>			
Programme phase: Elimination			
Total confirmed cases, 2013:	1373	Indigenous cases, 2013:	479
Total deaths, 2013:	2	Indigenous deaths, 2013:	0

### II. Intervention policies and strategies

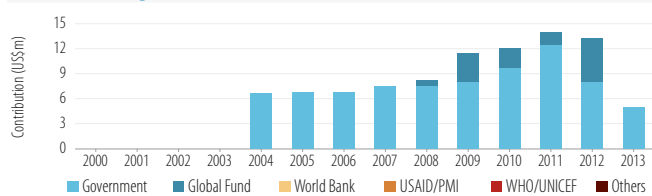
Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2005
<b>IRS</b>	IRS is recommended	Yes	–
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	1949
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	1949
<b>Treatment</b>	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>	Yes	1949
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1949
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	1949
	System for monitoring of adverse reactions to antimalarials exists	Yes	1949

Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	1949
	ACD of febrile cases at community level (pro-active)	Yes	1949
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–
	Foci and case investigation undertaken	Yes	2010
	Case reporting from private sector is mandatory	Yes	1949
<b>Antimalaria treatment policy</b>			
		<b>Medicine</b>	<b>Year adopted</b>
First-line treatment of unconfirmed malaria		–	–
First-line treatment of <i>P. falciparum</i>		AS+SP; AS+SP+PQ	2010
Treatment failure of <i>P. falciparum</i>		AL; AL+PQ	2010
Treatment of severe malaria		AS; QN+D	–
Treatment of <i>P. vivax</i>		CQ+PQ(14d & 8w)	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.75 mg/kg (8 weeks)	–

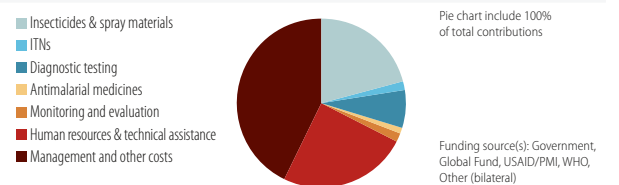
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005–2012	0	0	1	28 days	15	<i>P. falciparum</i>
CQ+PQ	2008–2011	0	0	0	28 days	4	<i>P. vivax</i>

### III. Financing

Sources of financing

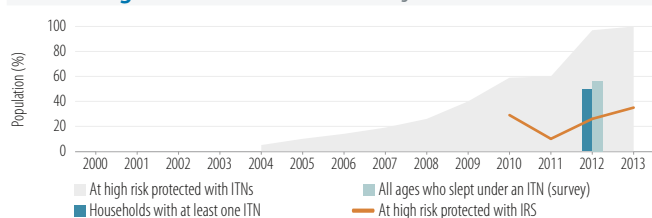


Financing by intervention in 2013

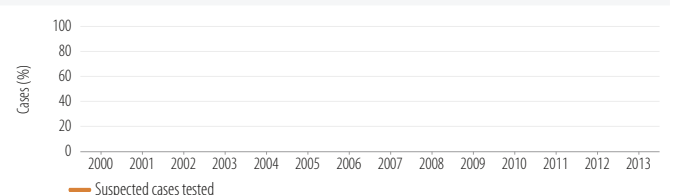


### IV. Coverage

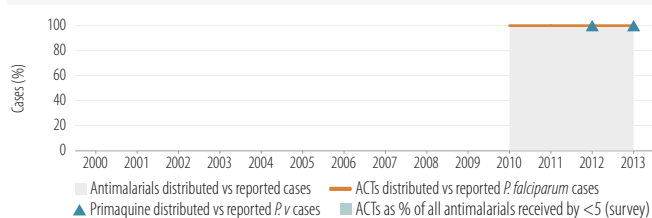
ITN and IRS coverage



Cases tested



Cases treated

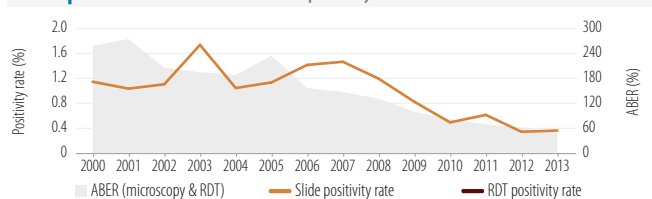


Cases tracked

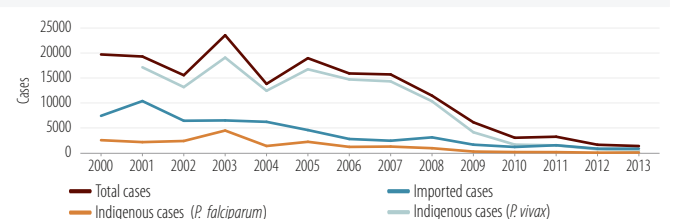


### V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



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



### 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)	10 600 000	24
Total	44 300 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. merus</i>
Programme phase:	Control
Reported confirmed cases:	2 335 286
Reported deaths:	360

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	No	–
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	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	–
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	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	–

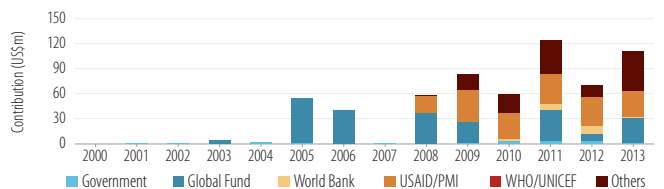
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

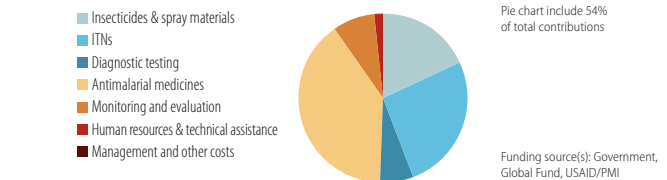
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

### III. Financing

Sources of financing

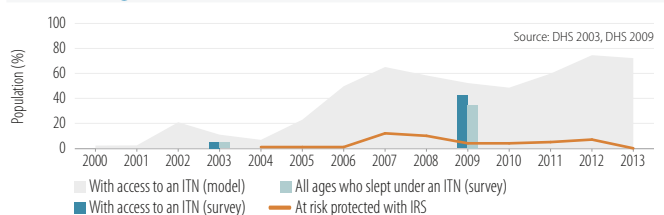


Financing by intervention in 2013

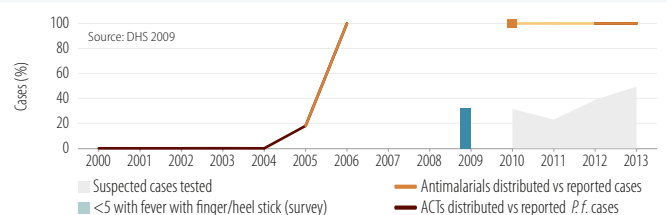


### IV. Coverage

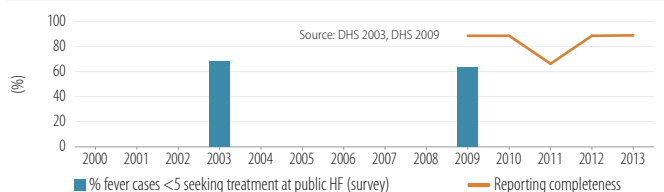
ITN and IRS coverage



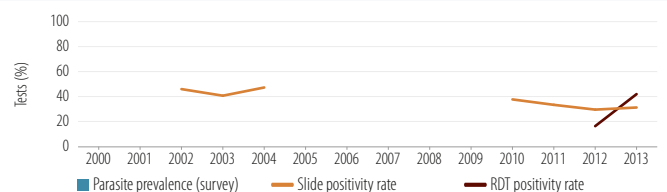
Cases tested and treated in public sector



Cases tracked

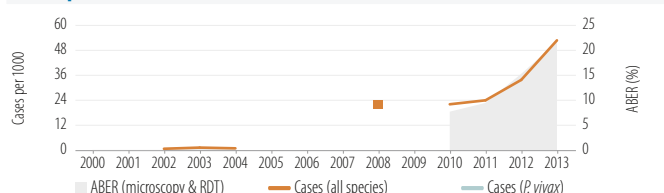


Test positivity

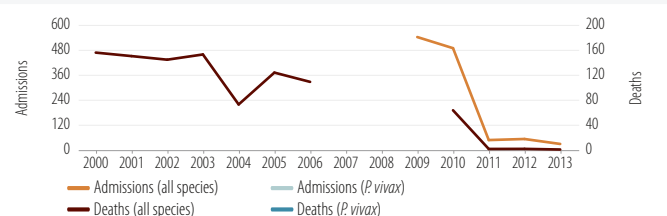


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends





### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	2 440 000	36
Low transmission (0-1 cases per 1000 population)	1 560 000	23
Malaria-free (0 cases)	2 780 000	41
Total	6 780 000	

**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: 38 131  
 Reported deaths: 28

### II. Intervention policies and strategies

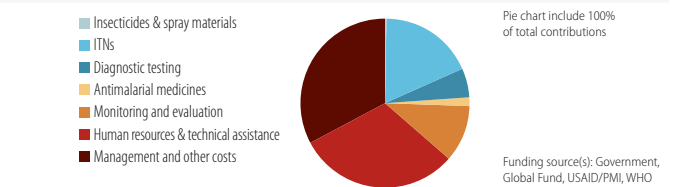
Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2000
<b>IRS</b>	IRS is recommended	Yes	2010
	DDT is authorized for IRS	No	-
<b>Larval control</b>	Use of larval control recommended	No	-
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	-
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2003
	Malaria diagnosis is free of charge in the public sector	Yes	2005
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	Yes	2007
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	Yes	2010
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	2012				
	ACD of febrile cases at community level (pro-active)	Yes	2012				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
<b>Antimalaria treatment policy</b>		Medicine	Year adopted				
	First-line treatment of unconfirmed malaria	AL	2001				
	First-line treatment of <i>P. falciparum</i>	QN+D	2001				
	Treatment failure of <i>P. falciparum</i>	CQ+PQ(14d)	2001				
	Treatment of severe malaria	CQ+PQ(14d)	2001				
	Treatment of <i>P. vivax</i>	AL	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		-					
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)						
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2013	0	1.2	18.1	28 days	12	<i>P. falciparum</i>

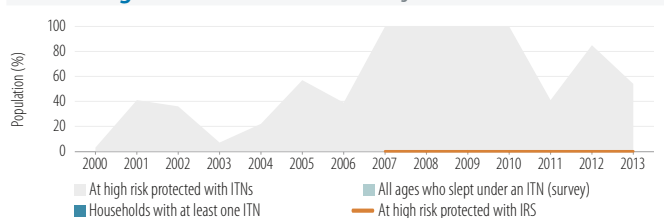
### III. Financing



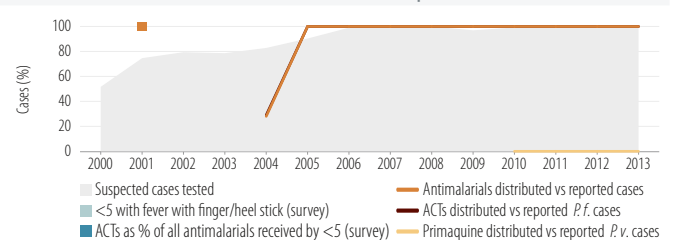
### Financing by intervention in 2013



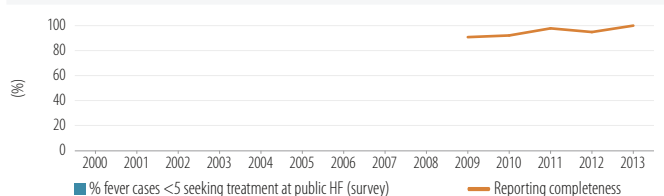
### IV. Coverage



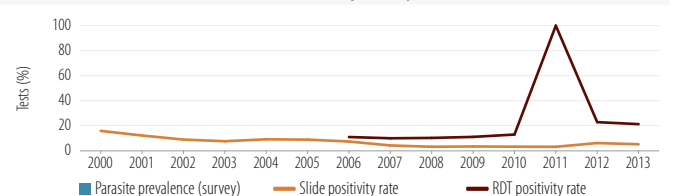
### Cases tested and treated in public sector



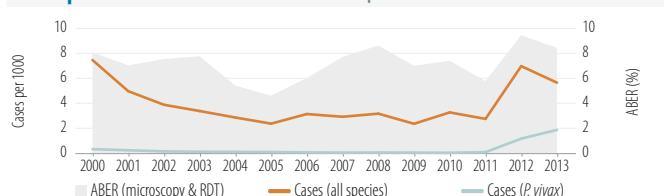
### Cases tracked



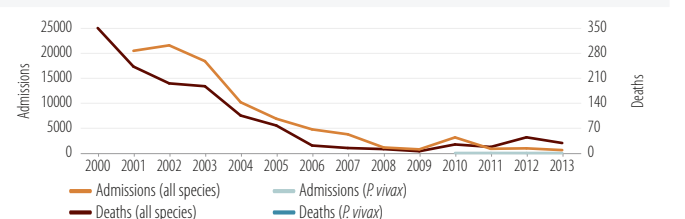
### Test positivity



### V. Impact



### Malaria admissions and deaths



**Impact:** Increase in case incidence 2000-2015





### 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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i>
Programme phase:	Control
Reported confirmed cases:	1 244 220
Reported deaths:	1191

### II. Intervention policies and strategies

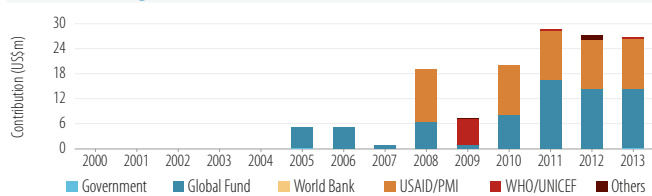
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2009
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2005
	Malaria diagnosis is free of charge in the public sector	Yes	2005
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

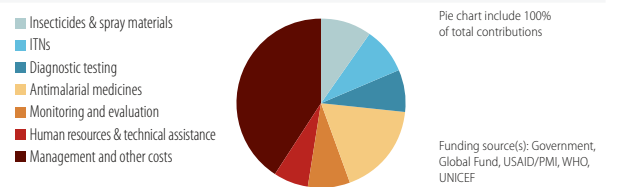
Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AS+AQ	2004					
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004					
Treatment failure of <i>P. falciparum</i>	QN	2004					
Treatment of severe malaria	QN	2004					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used		<i>Pf</i> only					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2007–2009	0	0	1	28 days	3	<i>P. falciparum</i>

### III. Financing

Sources of financing

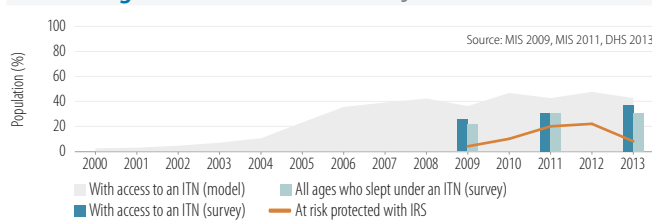


Financing by intervention in 2013

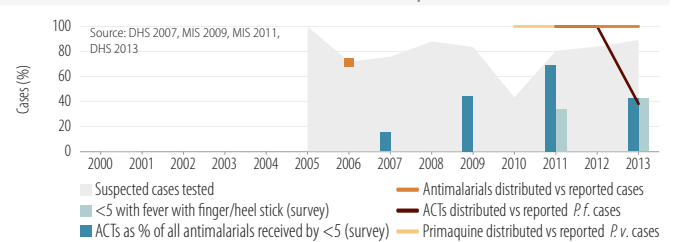


### IV. Coverage

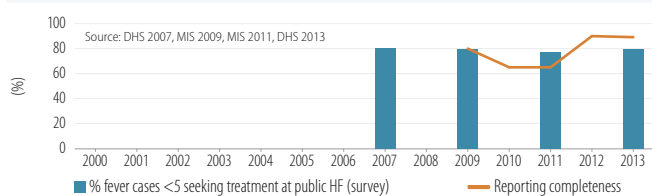
ITN and IRS coverage



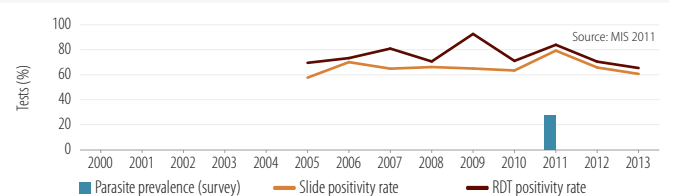
Cases tested and treated in public sector



Cases tracked

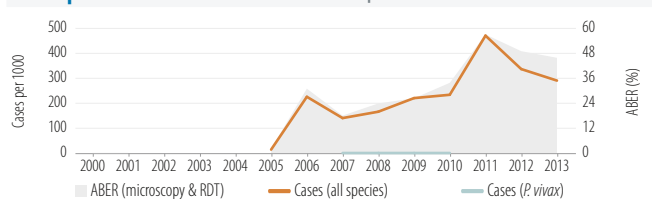


Test positivity

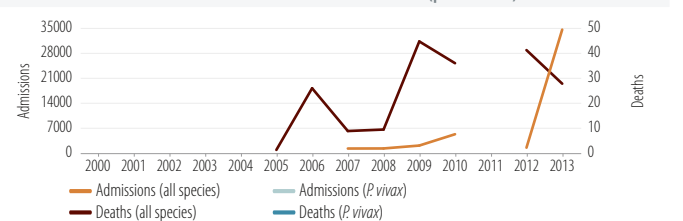


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



## I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	6 880 000	30
Low transmission (0–1 cases per 1000 population)	16 000 000	70
Malaria-free (0 cases)	0	0
Total	22 880 000	

**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: 387 045  
 Reported deaths: 641

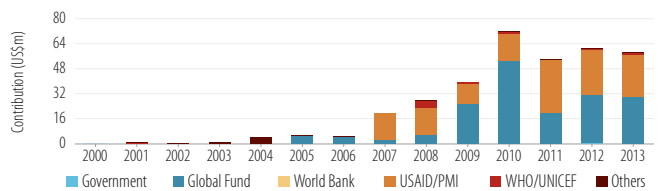
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2009
<b>IRS</b>	IRS is recommended	Yes	1993
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	No	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	Yes	2006
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2006
	Malaria diagnosis is free of charge in the public sector	Yes	2006
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	Yes	2006
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2008

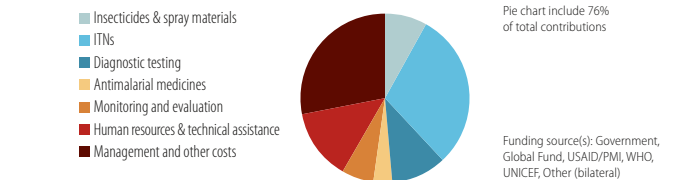
Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	2003				
	ACD of febrile cases at community level (pro-active)	Yes	1993				
	Mass screening is undertaken	Yes	2003				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2006				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
	First-line treatment of unconfirmed malaria	AS+AQ	2006				
	First-line treatment of <i>P. falciparum</i>	AS+AQ	2006				
	Treatment failure of <i>P. falciparum</i>	QN	2006				
	Treatment of severe malaria	QN	2006				
	Treatment of <i>P. vivax</i>	–	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used		<i>Pf</i> + <i>Pv</i> specific (Combo)					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
<b>Medicine</b>	<b>Year</b>	<b>Min</b>	<b>Median</b>	<b>Max</b>	<b>Follow-up</b>	<b>No. of studies</b>	<b>Species</b>
–	–	–	–	–	–	–	–

## III. Financing

Sources of financing

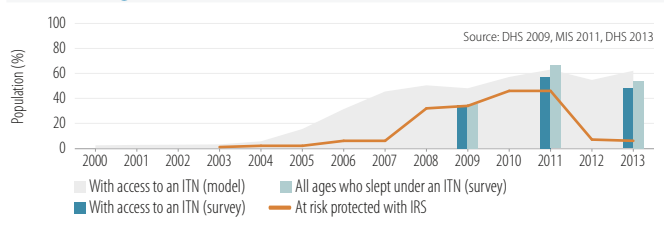


Financing by intervention in 2013

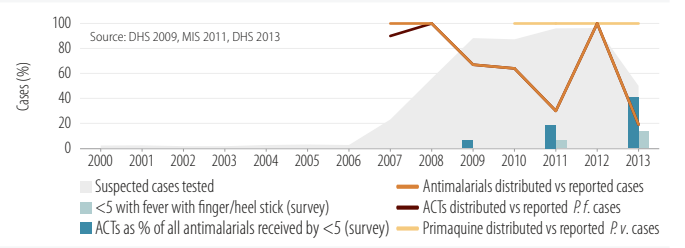


## IV. Coverage

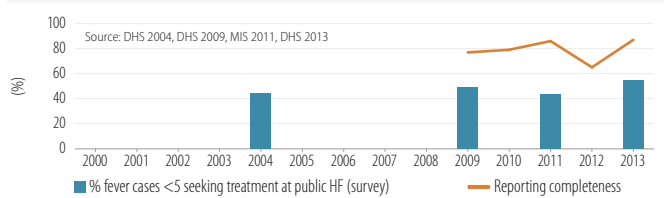
ITN and IRS coverage



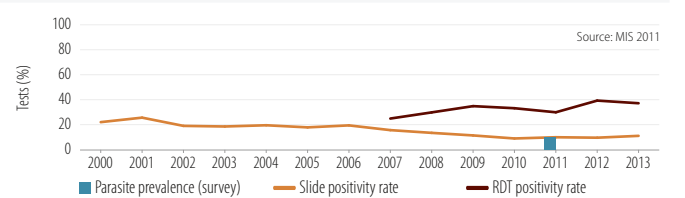
Cases tested and treated in public sector



Cases tracked

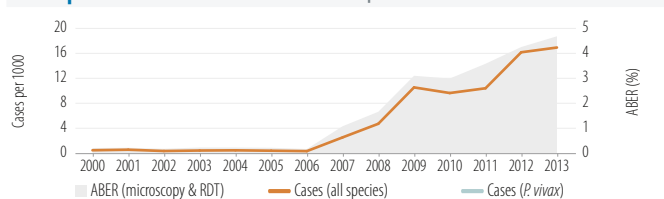


Test positivity

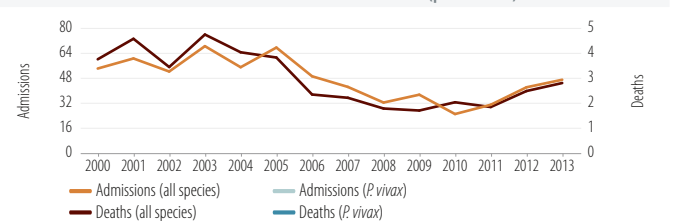


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	16 400 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	16 400 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. funestus</i> , <i>An. gambiae</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	1 280 892
Reported deaths:	3 723

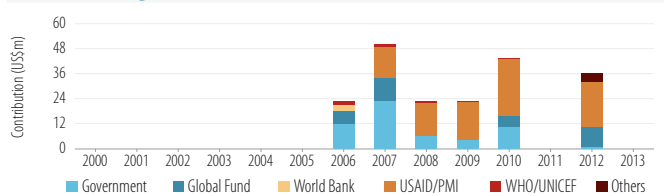
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	–
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	Yes	2011
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	Yes	2007
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2007

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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL	2007					
First-line treatment of <i>P. falciparum</i>	AL	2007					
Treatment failure of <i>P. falciparum</i>	AS+AQ	2007					
Treatment of severe malaria	QN	2007					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used	<i>Pf</i> 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	<i>P. falciparum</i>
AS+AQ	2005–2012	0	1.7	3.6	28 days	3	<i>P. falciparum</i>

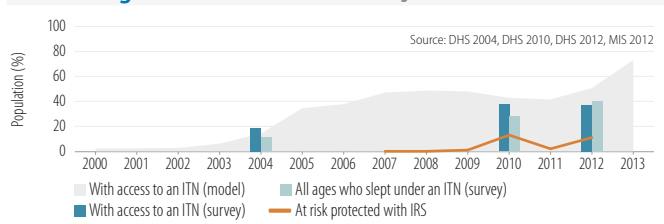
### III. Financing



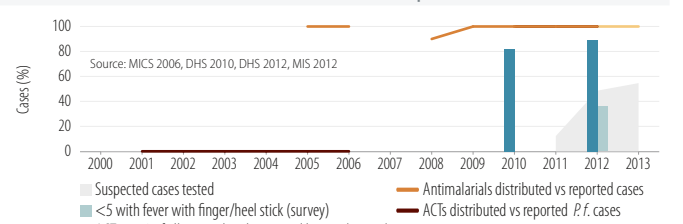
### Financing by intervention in 2013

No data reported for 2013

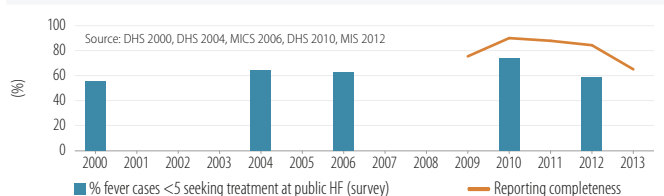
### IV. Coverage



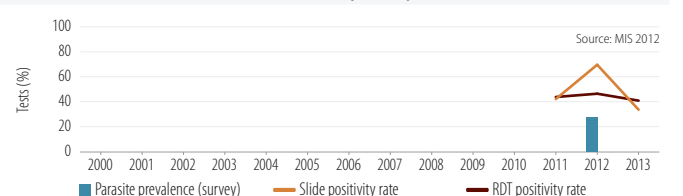
### Cases tested and treated in public sector



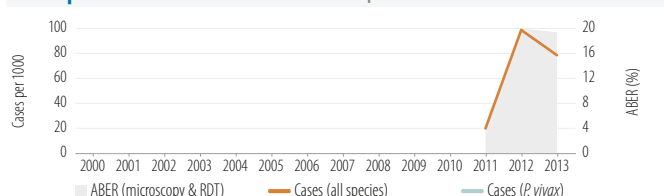
### Cases tracked



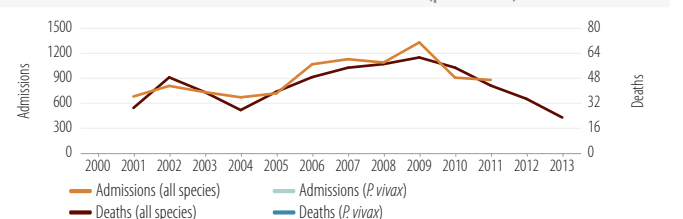
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### 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	28 700 000	96
Total	29 750 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (9%), <i>P. vivax</i> (8%)			
Major anopheles species: <i>An. balabacensis</i> , <i>An. donaldi</i> , <i>An. maculatus</i> , <i>An. sundaicus</i> , <i>An. flavirostris</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2013:	3850	Indigenous cases, 2013:	2921
Total deaths, 2013:	14	Indigenous deaths, 2013:	10

### II. Intervention policies and strategies

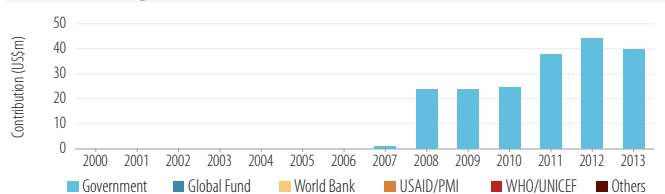
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1995
	ITNs/LLINs distributed to all age groups	Yes	1995
IRS	IRS is recommended	-	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria 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>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-
	Foci and case investigation undertaken	Yes	1995
	Case reporting from private sector is mandatory	Yes	1988
Antimalaria treatment policy		Medicine	Year adopted
First-line treatment of unconfirmed malaria		-	-
First-line treatment of <i>P. falciparum</i>		AS+MQ	-
Treatment failure of <i>P. falciparum</i>		QN+T	-
Treatment of severe malaria		QN+T	-
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/kg (14 days)	-

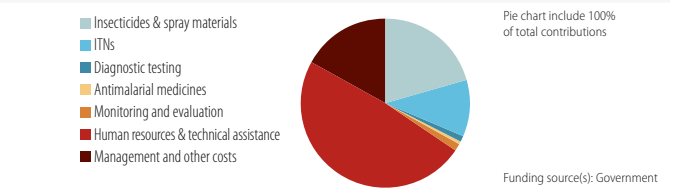
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

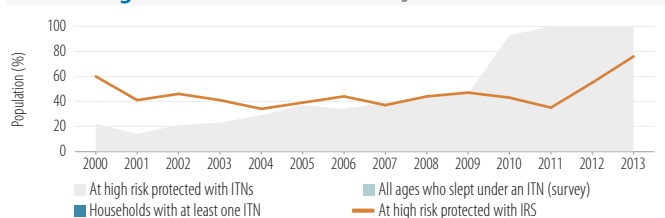


Financing by intervention in 2013

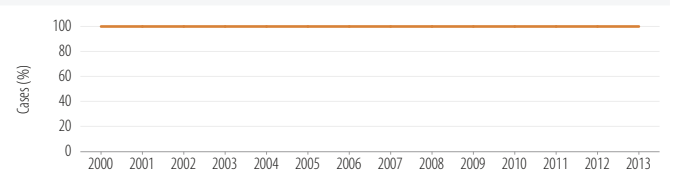


### IV. Coverage

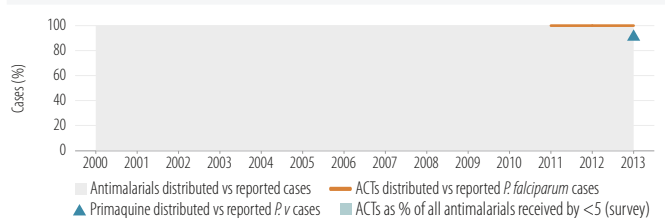
ITN and IRS coverage



Cases tested



Cases treated

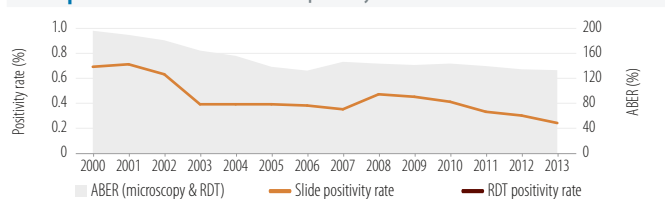


Cases tracked

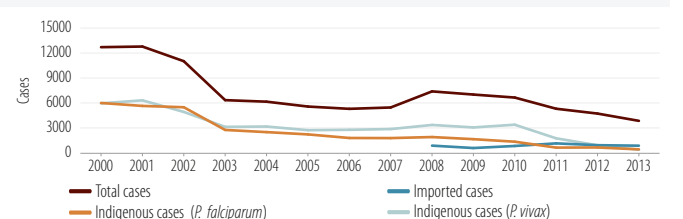


### V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



**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	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. funestus</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	1 367 218
Reported deaths:	1680

### II. Intervention policies and strategies

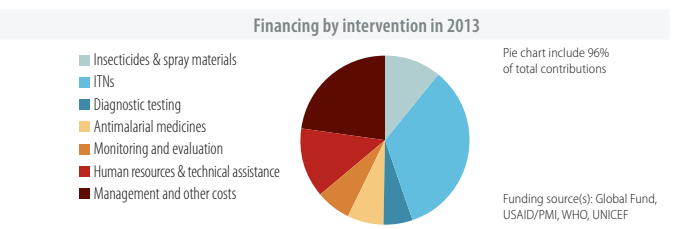
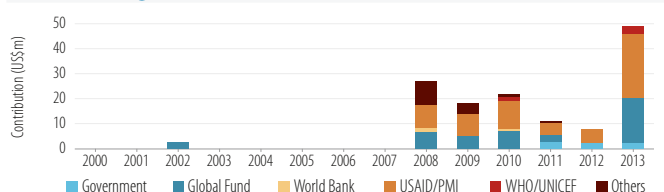
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	No	–
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	No	–
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	–	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2010

Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	Yes	2008
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1993
	Uncomplicated <i>P. vivax</i> cases routinely admitted	–	–

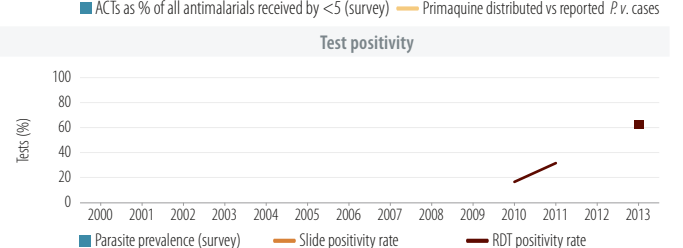
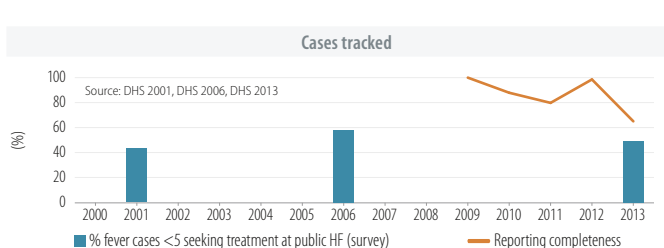
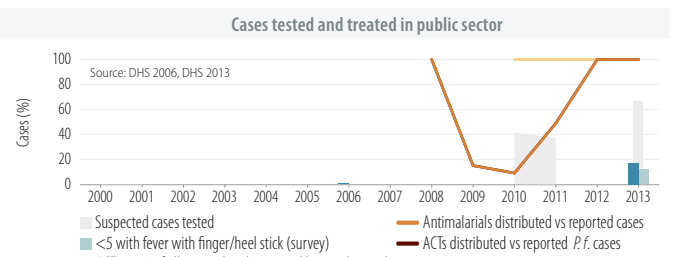
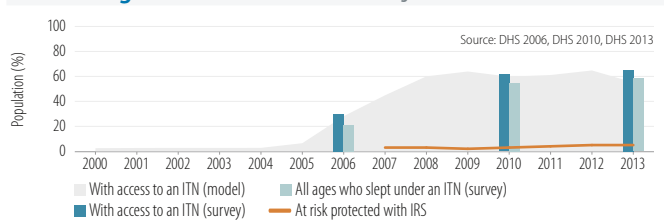
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2007
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2007
Treatment failure of <i>P. falciparum</i>	AL	2007
Treatment of severe malaria	QN	–
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

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

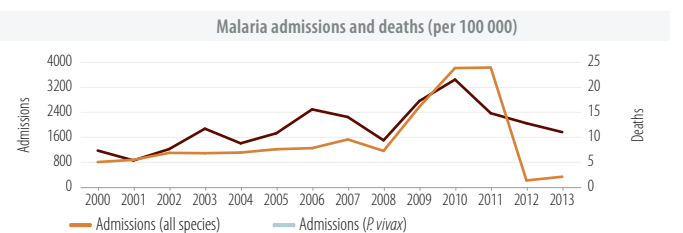
### III. Financing



### IV. Coverage



### V. Impact



**Impact:** Insufficiently consistent data to assess trends





### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	2 300 000	59
Low transmission (0–1 cases per 1000 population)	1 210 000	31
Malaria-free (0 cases)	389 000	10
Total	3 899 000	

**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
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	1998
	ITNs/LLINs distributed to all age groups	No	–
<b>IRS</b>	IRS is recommended	No	–
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	No	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	Yes	2008
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	Yes	2009
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	Yes	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

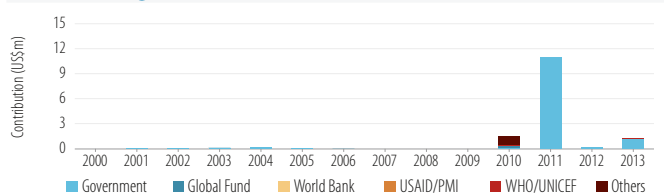
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	–	–
	Mass screening is undertaken	Yes	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–
	Uncomplicated <i>P. vivax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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	–
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	–
Treatment failure of <i>P. falciparum</i>	–	–
Treatment of severe malaria	QN	–
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

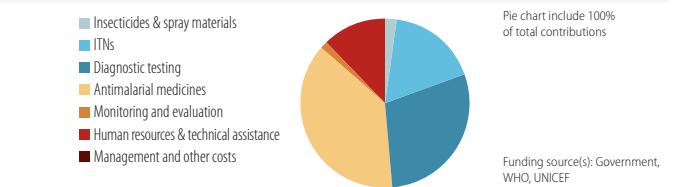
**Therapeutic efficacy tests (clinical and parasitological failure, %)**

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2012–2012	1.8	1.8	1.8	28 days	2	<i>P. falciparum</i>

### III. Financing



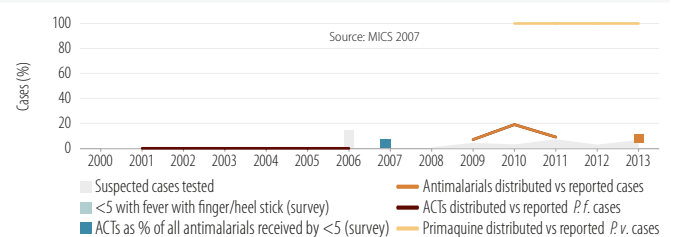
### Financing by intervention in 2013



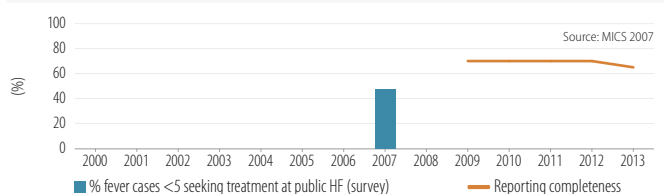
### IV. Coverage



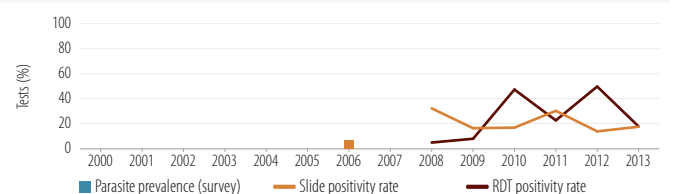
### Cases tested and treated in public sector



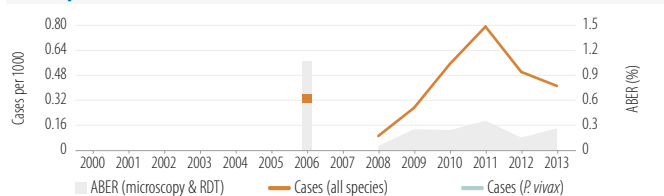
### Cases tracked



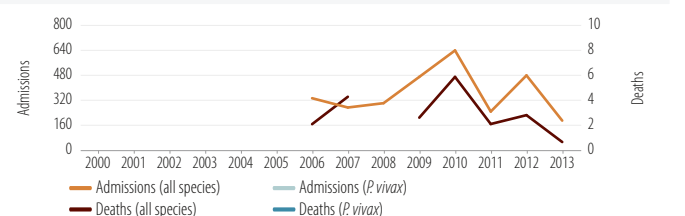
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends





### 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	222 000	100
Total	222 000	

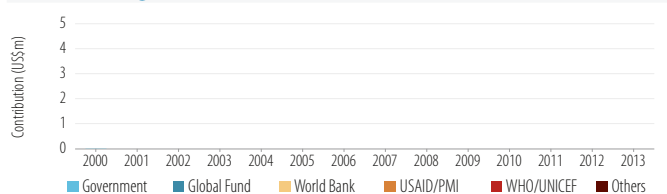
Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. funestus</i> , <i>An. gambiae</i>			
Programme phase: Elimination			
Total confirmed cases, 2013:	82	Indigenous cases, 2013:	1
Total deaths, 2013:	0	Indigenous deaths,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

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2010
	ITNs/LLINs distributed to all age groups	Yes	2010
<b>IRS</b>	IRS is recommended	–	–
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	–	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	–	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
<b>Treatment</b>	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>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	Yes	–
	Directly observed treatment with primaquine is undertaken	Yes	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	–				
	ACD of febrile cases at community level (pro-active)	No	–				
	Mass screening is undertaken	No	–				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	–				
	Foci and case investigation undertaken	Yes	–				
	Case reporting from private sector is mandatory	Yes	–				
<b>Antimalaria treatment policy</b>							
		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria							
		–	–				
First-line treatment of <i>P. falciparum</i>							
		AL	–				
Treatment failure of <i>P. falciparum</i>							
		QN	–				
Treatment of severe malaria							
		–	–				
Treatment of <i>P. vivax</i>							
		CQ+PQ	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
		–	–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
<b>Medicine</b>	<b>Year</b>	<b>Min</b>	<b>Median</b>	<b>Max</b>	<b>Follow-up</b>	<b>No. of studies</b>	<b>Species</b>
–	–	–	–	–	–	–	–

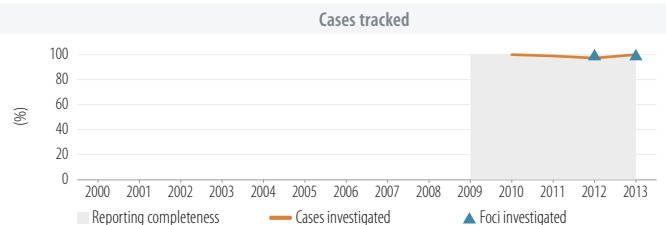
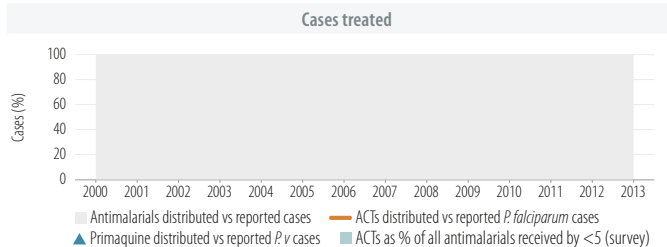
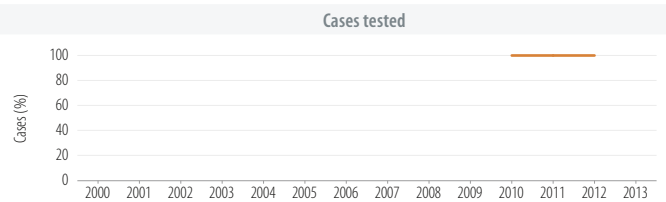
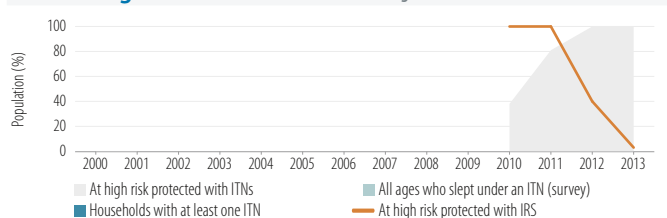
### III. Financing



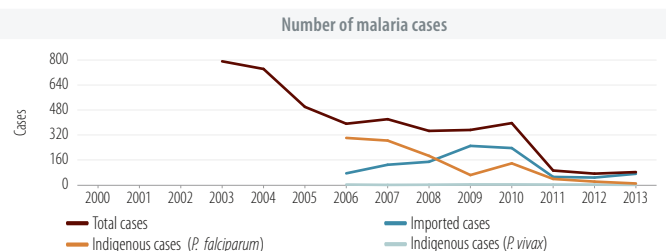
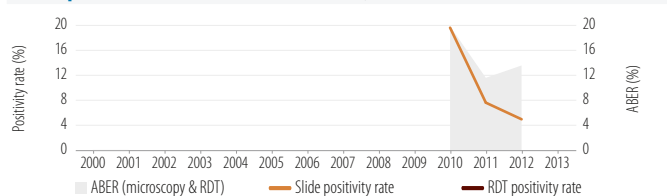
### Financing by intervention in 2013

No data reported for 2013

### IV. Coverage



### V. Impact



**Impact:** On track for >75% decrease in incidence 2000–2015



### 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: <i>P. falciparum</i> (1%), <i>P. vivax</i> (99%)			
Major anopheles species: <i>An. pseudopunctipennis</i> , <i>An. albimanus</i> , <i>An. darlingi</i> , <i>An. punctimacula</i> , <i>An. punctimacula</i>			
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

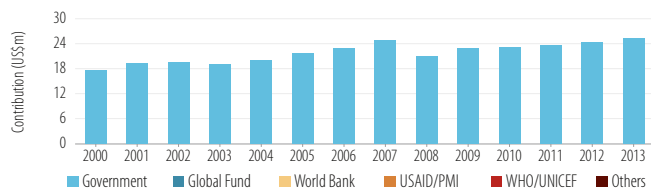
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-				
	Foci and case investigation undertaken	Yes	-				
	Case reporting from private sector is mandatory	Yes	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		CQ+PQ	-				
Treatment failure of <i>P. falciparum</i>		AL+QN	-				
Treatment of severe malaria		AL	-				
Treatment of <i>P. vivax</i>		CQ+PQ	-				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

Financing by intervention in 2013

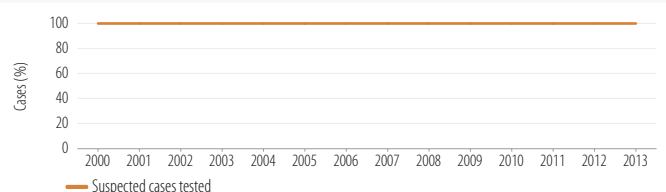
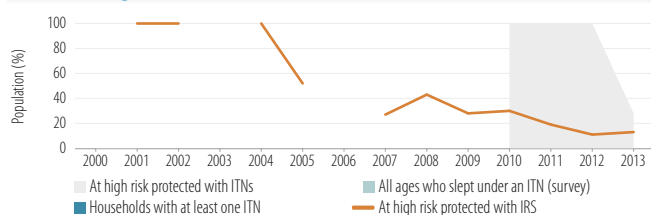


No data reported for 2013

### IV. Coverage

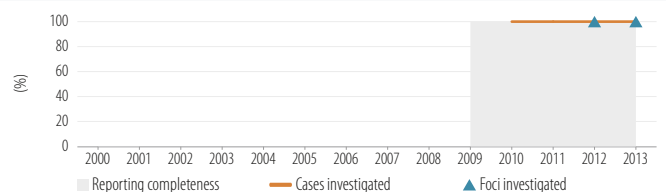
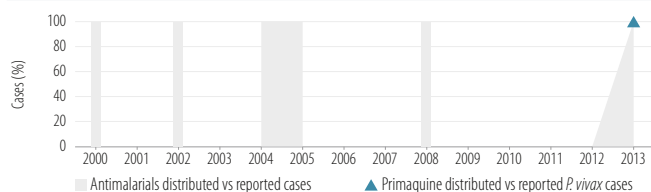
ITN and IRS coverage

Cases tested



Cases treated

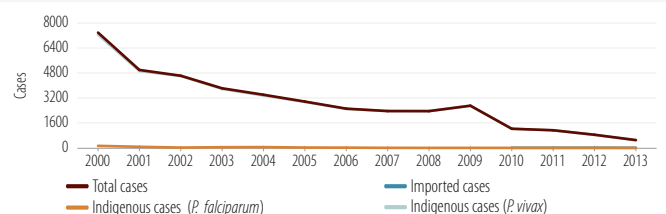
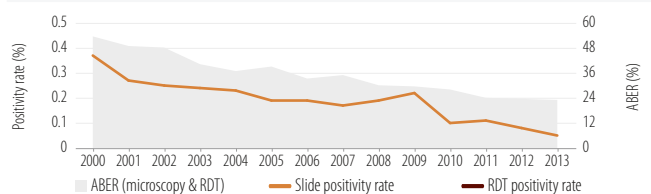
Cases tracked



### V. Impact

Malaria test positivity rate and ABER

Number of malaria cases



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



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. funestus</i> , <i>An. gambiae</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	2 998 874
Reported deaths:	2941

### II. Intervention policies and strategies

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

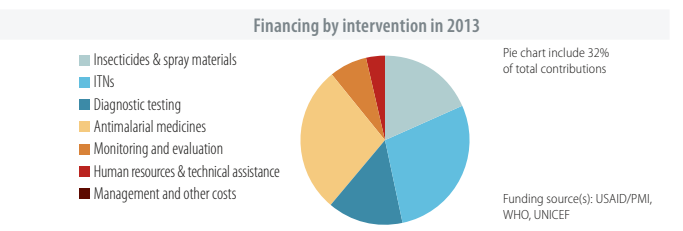
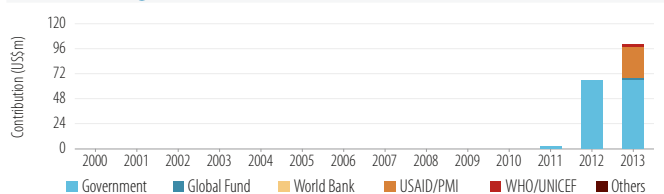
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	–	–
	Mass screening is undertaken	–	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	–	–
	Uncomplicated <i>P. vivax</i>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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	–	–
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

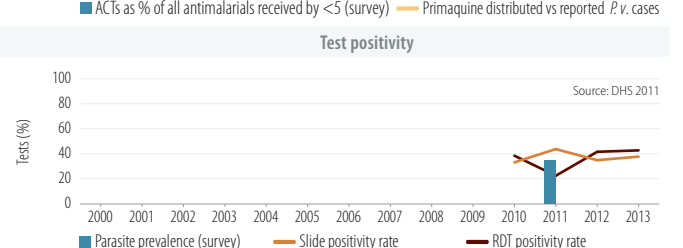
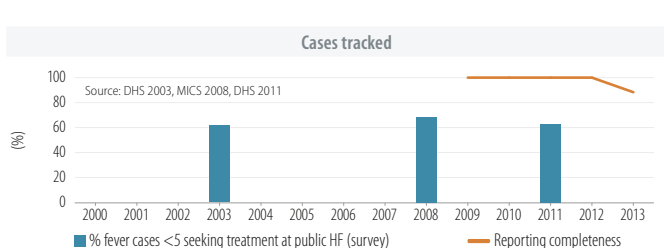
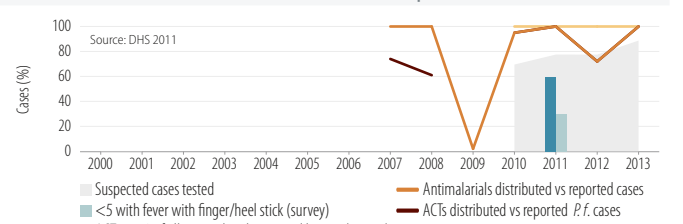
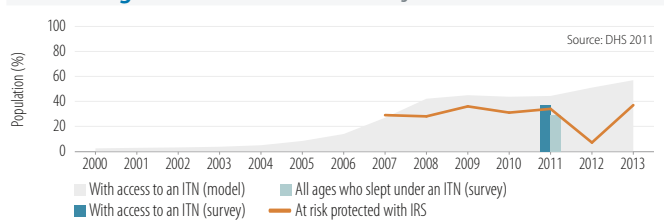
  

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2012	0	3.1	5.8	28 days	9	<i>P. falciparum</i>

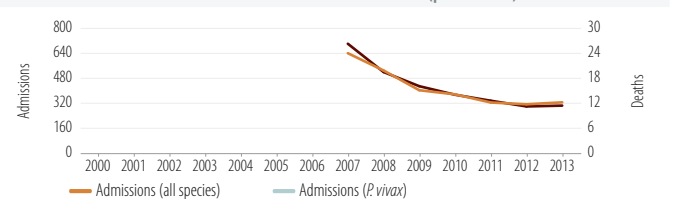
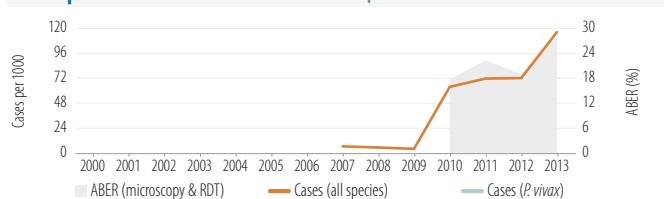
### III. Financing



### IV. Coverage



### V. Impact



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	19 700 000	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

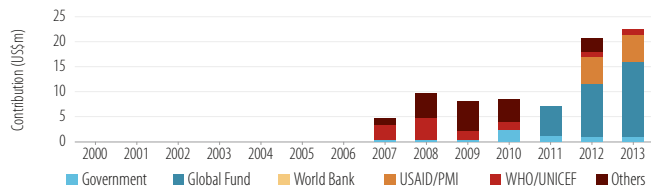
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2003
<b>IRS</b>	IRS is recommended	Yes	–
	DDT is authorized for IRS	Yes	–
<b>Larval control</b>	Use of larval control recommended	No	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	–
	Artemisinin-based monotherapies withdrawn	Yes	2012
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2010
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	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 <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>			<b>Year adopted</b>				
First-line treatment of unconfirmed malaria		–	–				
First-line treatment of <i>P. falciparum</i>		AL; AM; AS+MQ; DHA-PPQ; PQ	2008				
Treatment failure of <i>P. falciparum</i>		AS+D; AS+T	2008				
Treatment of severe malaria		AM; AS; QN	2008				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	2008				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 days)					
Type of RDT used		–	–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007–2013	0	1	6	28 days	20	<i>P. falciparum</i>
AS+MQ	2011–2013	0	0	2.2	42 days	5	<i>P. falciparum</i>
DHA-PPQ	2011–2013	2.5	3.4	4.8	42 days	3	<i>P. falciparum</i>

### III. Financing

Sources of financing

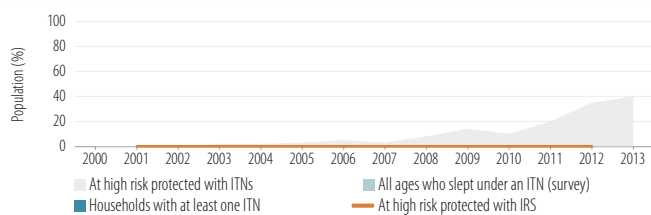


Financing by intervention in 2013

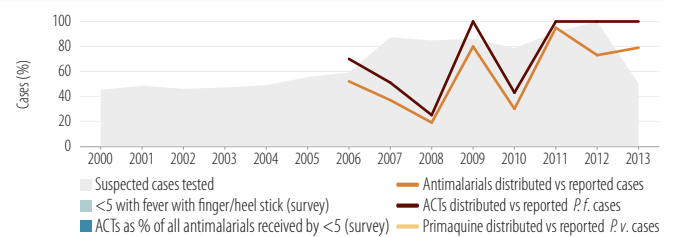
No data reported for 2013

### IV. Coverage

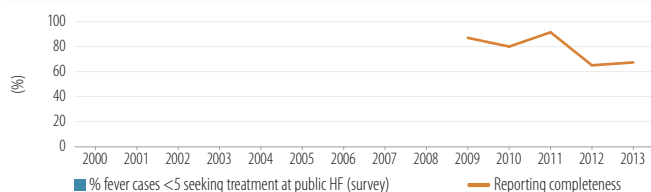
ITN and IRS coverage



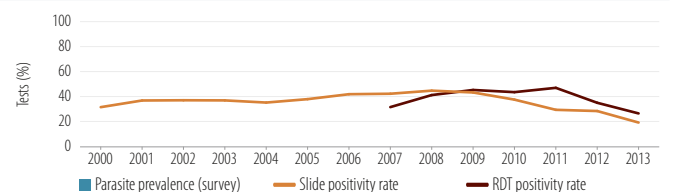
Cases tested and treated in public sector



Cases tracked

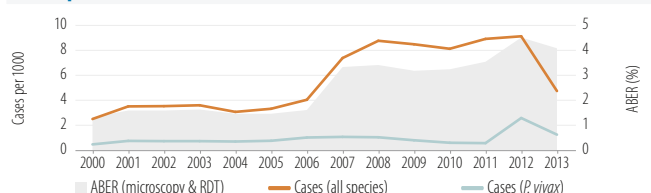


Test positivity

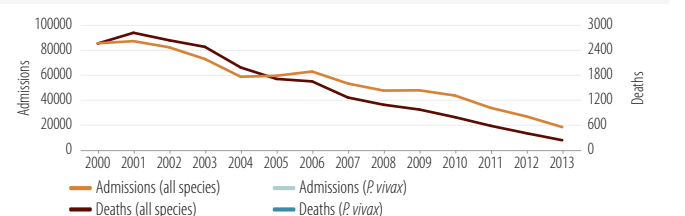


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Increase in case incidence 2000–2015



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. gambiae</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	4911
Reported deaths:	21

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1998
	ITNs/LLINs distributed to all age groups	Yes	–
IRS	IRS is recommended	Yes	1965
	DDT is authorized for IRS	Yes	1965
Larval control	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	Yes	2005
	Malaria diagnosis is free of charge in the public sector	Yes	1990
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	Yes	2005
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

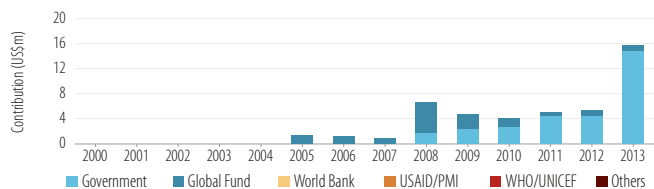
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2006
First-line treatment of <i>P. falciparum</i>	AL	2006
Treatment failure of <i>P. falciparum</i>	QN	2006
Treatment of severe malaria	QN	2006
Treatment of <i>P. vivax</i>	AL	2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>		–

Type of RDT used: Pf + Pv, Po, Pm (Combo)

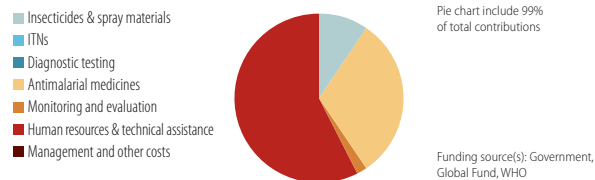
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

### III. Financing

Sources of financing

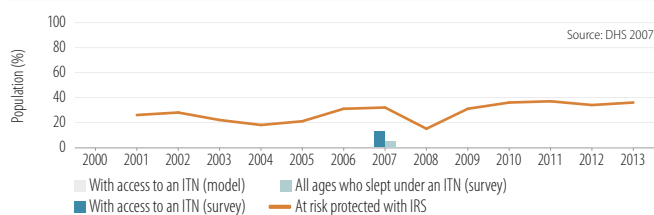


Financing by intervention in 2013

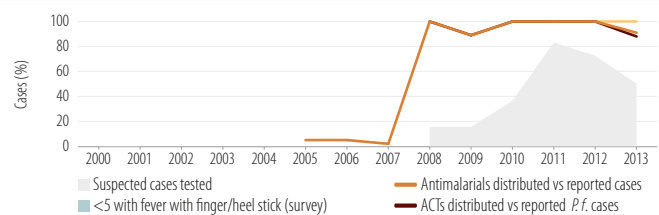


### IV. Coverage

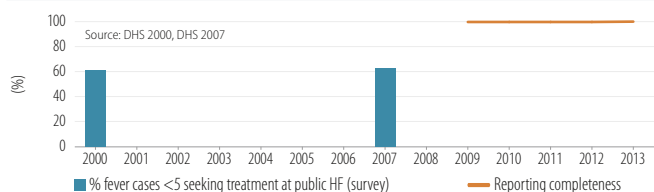
ITN and IRS coverage



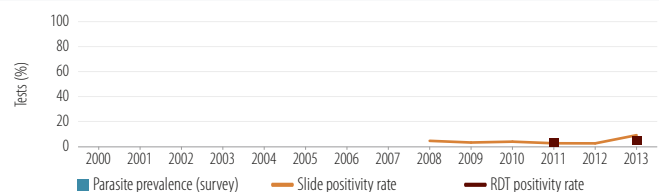
Cases tested and treated in public sector



Cases tracked

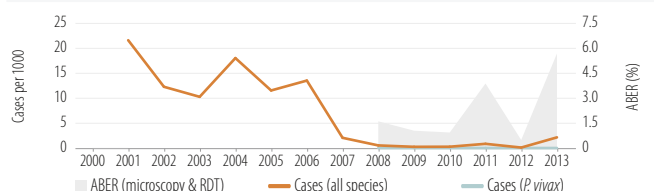


Test positivity

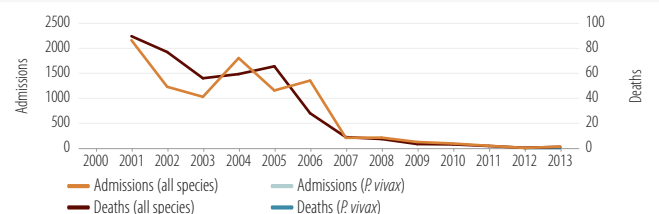


### V. Impact

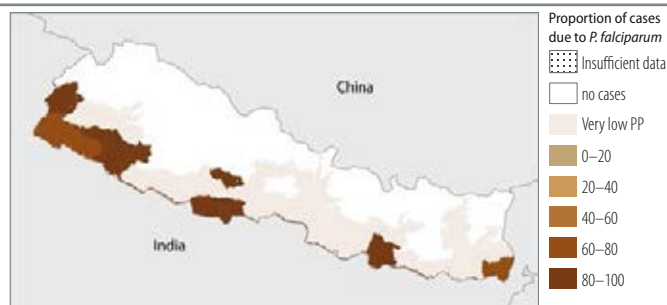
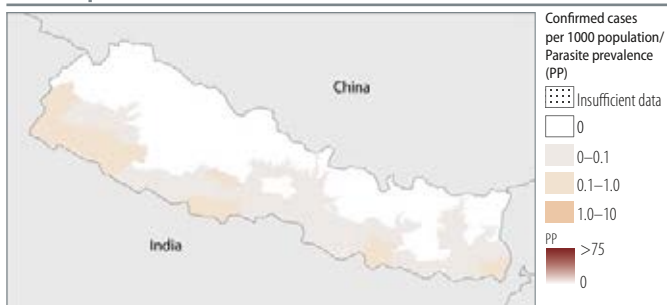
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



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



### 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	27 810 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (12%), <i>P. vivax</i> (88%)
Major anopheles species:	<i>An. fluviatilis</i> , <i>An. annularis</i> , <i>An. maculatus</i>
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	Yes	2007
	ITNs/LLINs distributed to all age groups	Yes	2007
IRS	IRS is recommended	Yes	1962
	DDT is authorized for IRS	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	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	1962
Treatment	ACT is free for all ages in public sector	Yes	2005
	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>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	–	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	–
	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 <i>P. vivax</i> cases routinely admitted	No	–

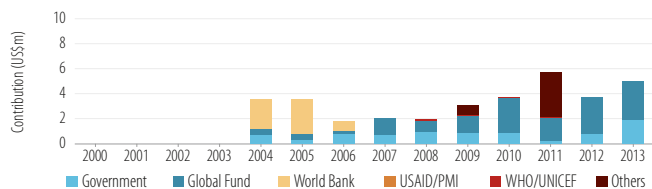
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ	–
First-line treatment of <i>P. falciparum</i>	AL+PQ	2004
Treatment failure of <i>P. falciparum</i>	AS; QN	–
Treatment of severe malaria	AS; QN	–
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	3.75 mg -15 mg/day (2 weeks)	–

Type of RDT used: Pf + Pv specific (Combo)

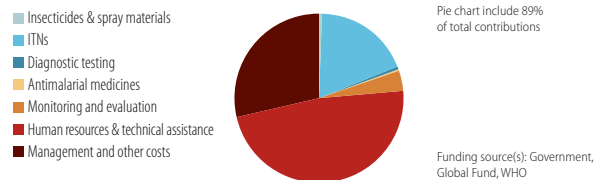
Therapeutic efficacy tests (clinical and parasitological failure, %)	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL		2005–2011	0	0	0	28 days	8	<i>P. falciparum</i>
CQ		2008–2011	0	0	0	28 days	8	<i>P. vivax</i>

### III. Financing

Sources of financing

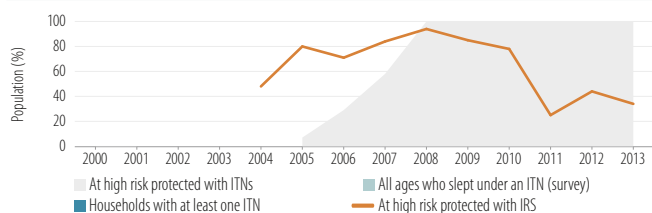


Financing by intervention in 2013

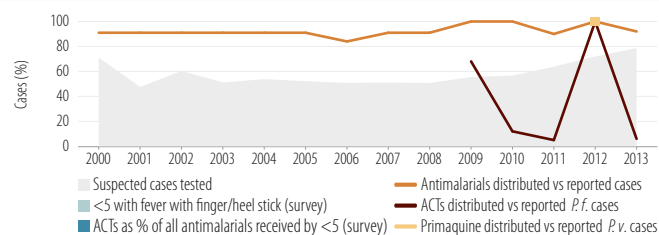


### IV. Coverage

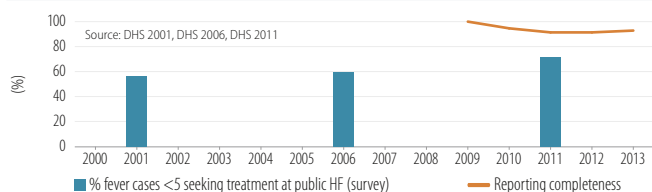
ITN and IRS coverage



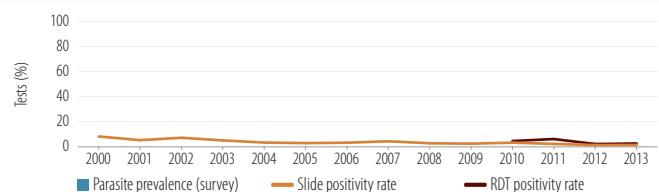
Cases tested and treated in public sector



Cases tracked

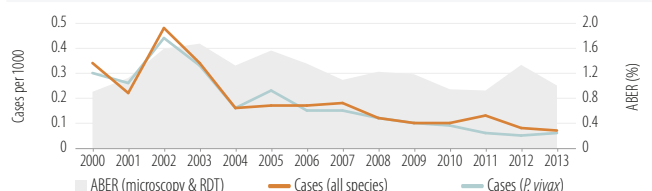


Test positivity

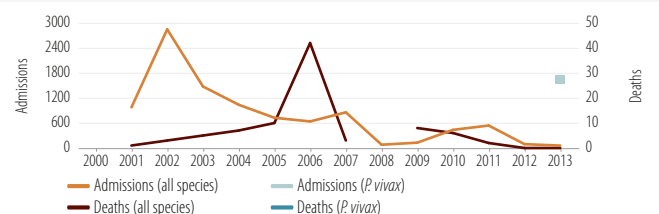


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Increase in case incidence 2000–2015





## 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)	3 030 000	50
Total	6 079 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (18%), <i>P. vivax</i> (82%)
Major anopheles species:	<i>An. albimanus</i> , <i>An. pseudopunctipennis</i>
Programme phase:	Control
Reported confirmed cases:	1194
Reported deaths:	0

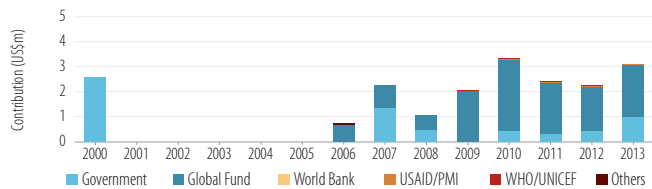
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2004
IRS	IRS is recommended	Yes	1959
	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	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
Treatment	ACT is free for all ages in public sector	Yes	–
	Artemisinin-based monotherapies withdrawn	No	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

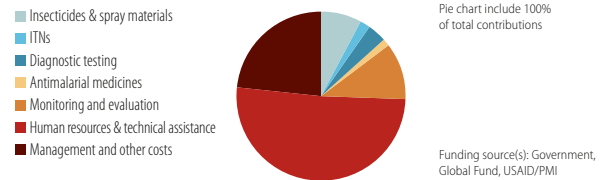
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	–				
	ACD of febrile cases at community level (pro-active)	Yes	–				
	Mass screening is undertaken	Yes	–				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		–	–				
First-line treatment of <i>P. falciparum</i>		CQ+PQ(1d)	–				
Treatment failure of <i>P. falciparum</i>		AS+MQ; AS+SP	–				
Treatment of severe malaria		QN	–				
Treatment of <i>P. vivax</i>		CQ+PQ(7d)	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/kg (7 days)	–				
Type of RDT used		<i>Pf</i> + <i>P.v</i> specific (Combo)					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

## III. Financing

Sources of financing

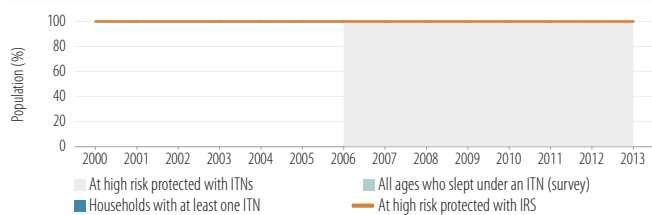


Financing by intervention in 2013

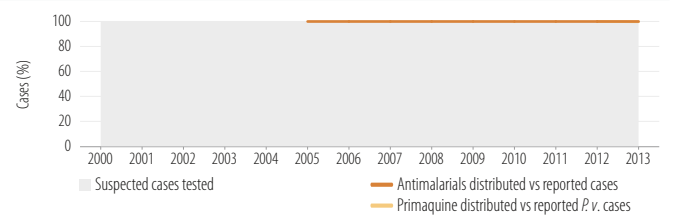


## IV. Coverage

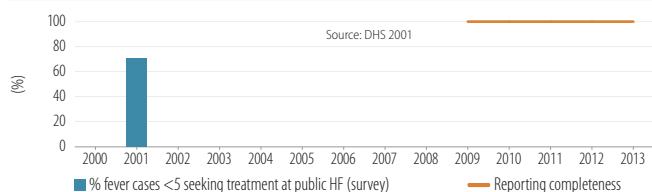
ITN and IRS coverage



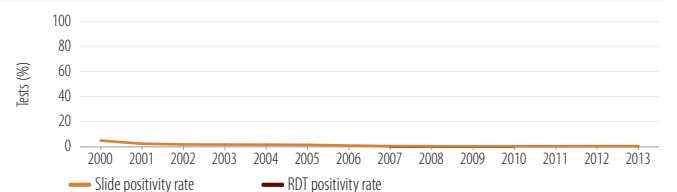
Cases tested and treated in public sector



Cases tracked

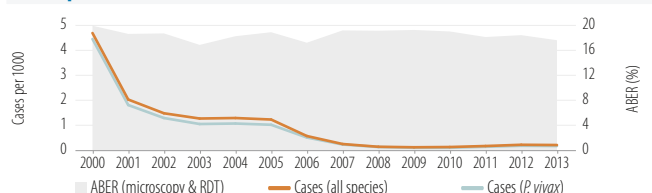


Test positivity

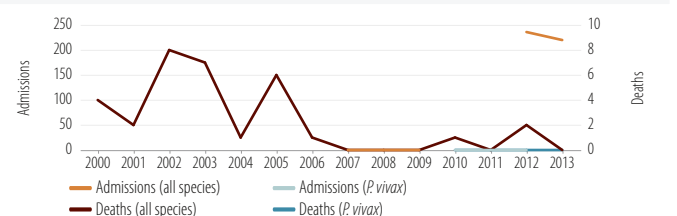


## V. Impact

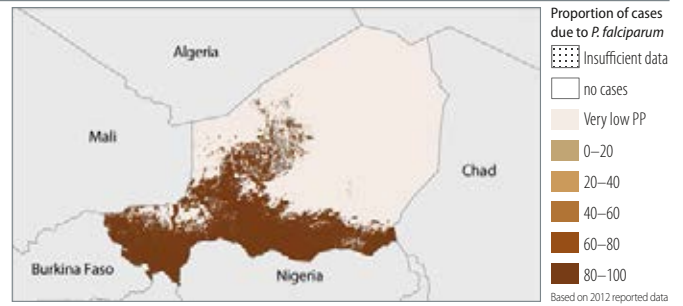
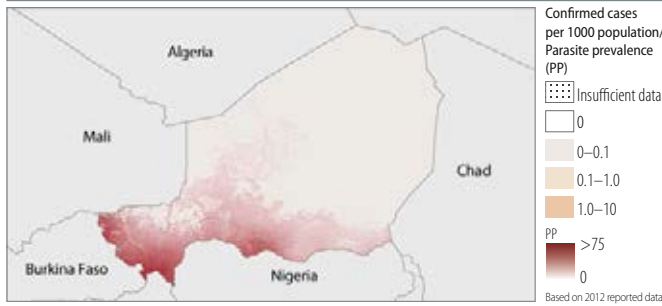
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	12 300 000	69
Low transmission (0-1 cases per 1000 population)	5 530 000	31
Malaria-free (0 cases)	0	0
Total	17 830 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (98%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	1 431 798
Reported deaths:	2209

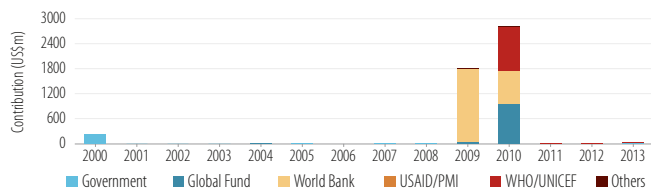
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	Yes	-
Larval control	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	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	Yes	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria	AL	2005					
First-line treatment of <i>P. falciparum</i>	AL	2005					
Treatment failure of <i>P. falciparum</i>	QN	2005					
Treatment of severe malaria	QN	2005					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	<i>Pf</i> only						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	3.7	5.55	10.4	28 days	6	<i>P. falciparum</i>

### III. Financing

Sources of financing

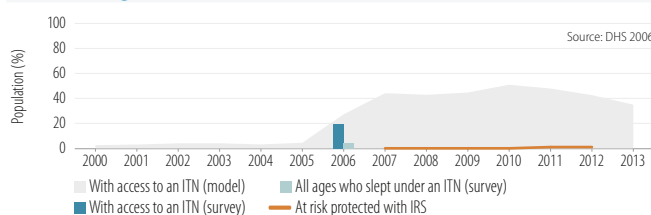


Financing by intervention in 2013

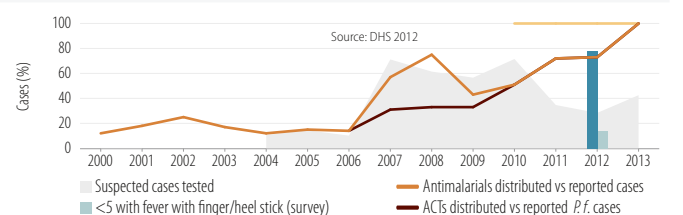
No data reported for 2013

### IV. Coverage

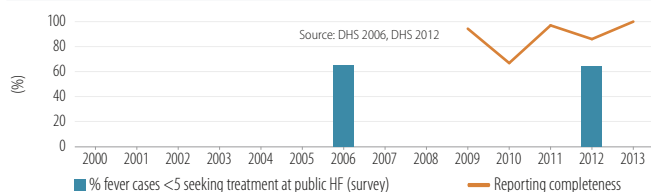
ITN and IRS coverage



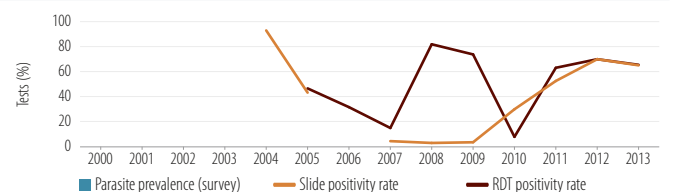
Cases tested and treated in public sector



Cases tracked

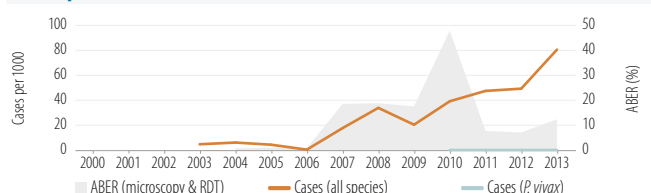


Test positivity

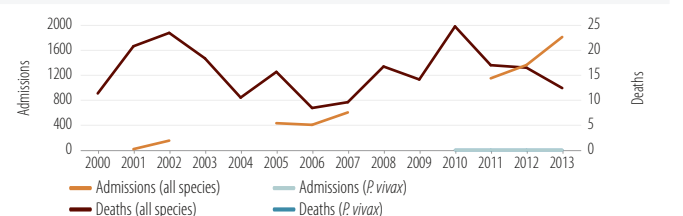


### V. Impact

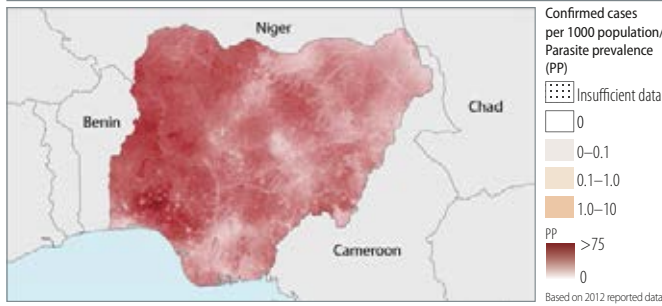
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	173 600 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	173 600 000	

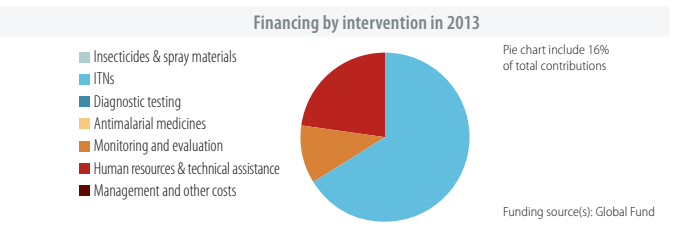
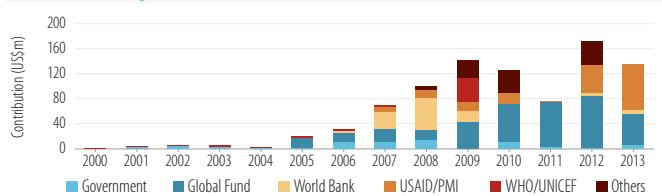
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i> , <i>An. moucheti</i> , <i>An. melas</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	
Reported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

### II. Intervention policies and strategies

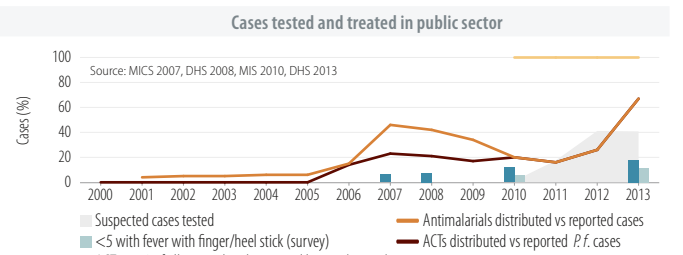
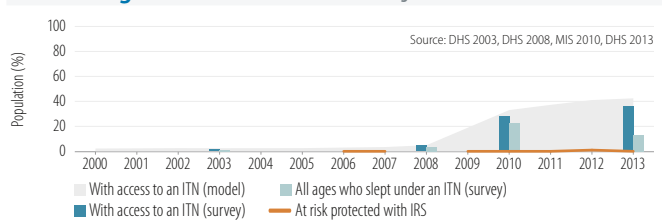
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria		AL; AS+AQ	2004				
First-line treatment of <i>P. falciparum</i>		AL; AS+AQ	2004				
Treatment failure of <i>P. falciparum</i>		QN	2004				
Treatment of severe malaria		AM; AS; QN	2004				
Treatment of <i>P. vivax</i>		-	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		-	-				
Type of RDT used		<i>Pf</i> + all species (Combo)					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

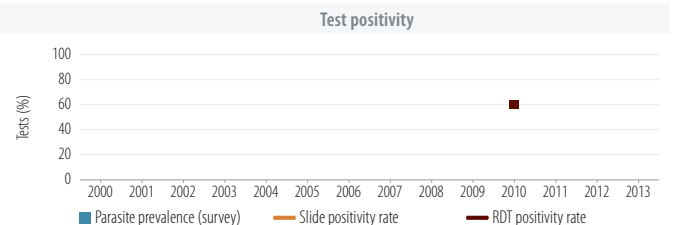
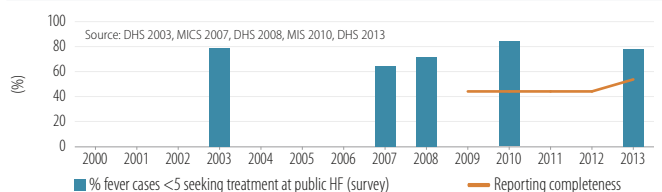
### III. Financing



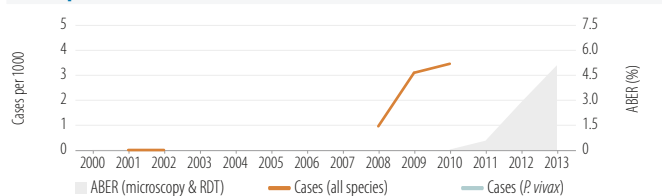
### IV. Coverage



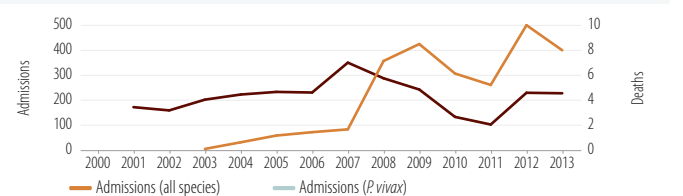
### V. Impact



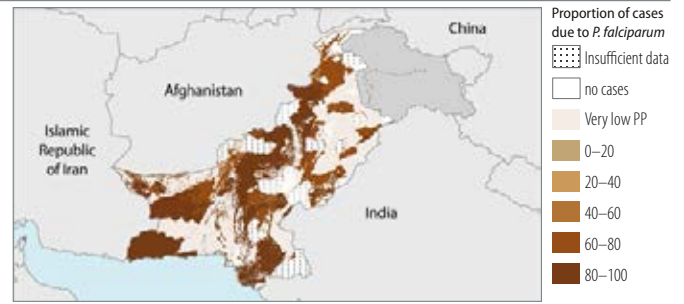
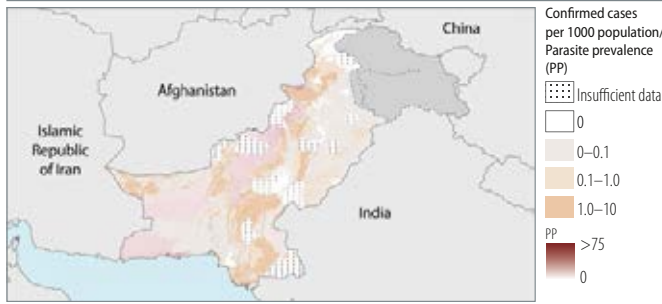
### Confirmed malaria cases per 1000 and ABER



### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### 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	
Major plasmodium species:	<i>P. falciparum</i> (17%), <i>P. vivax</i> (83%)
Major anopheles species:	<i>An. culicifacies</i> , <i>An. stephensi</i>
Programme phase:	Control
Reported confirmed cases:	281 755
Reported deaths:	244

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	No	2008
IRS	IRS is recommended	Yes	1961
	DDT is authorized for IRS	No	-
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	Yes	2011
	Malaria diagnosis is free of charge in the public sector	Yes	1961
Treatment	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	Yes	2009
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

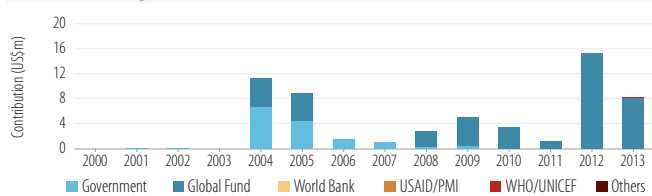
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases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

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

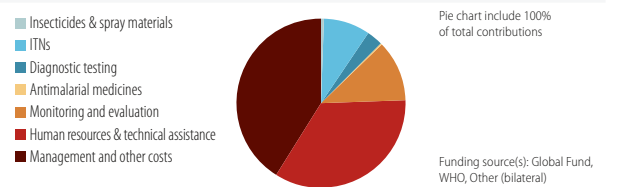
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2012-2013	0	0.6	1.2	28 days	2	<i>P. falciparum</i>
AS+SP	2007-2012	0	0	1.5	28 days	9	<i>P. falciparum</i>

### III. Financing

Sources of financing

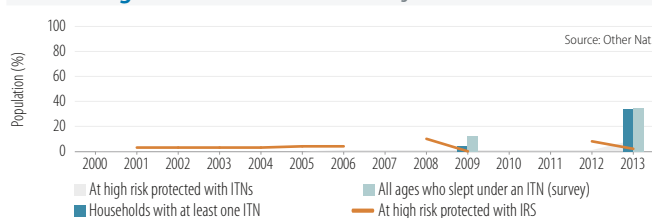


Financing by intervention in 2013

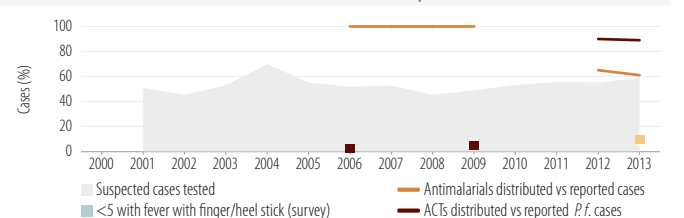


### IV. Coverage

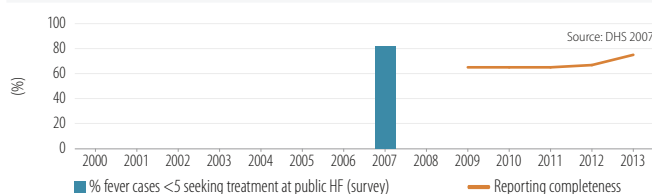
ITN and IRS coverage



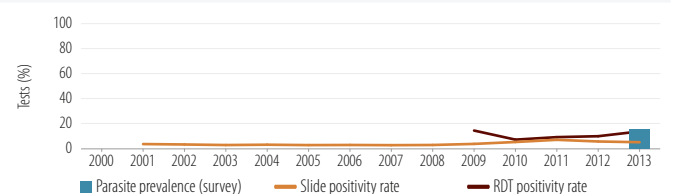
Cases tested and treated in public sector



Cases tracked

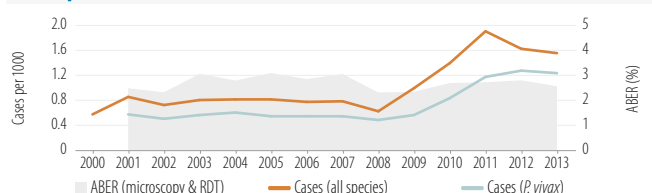


Test positivity

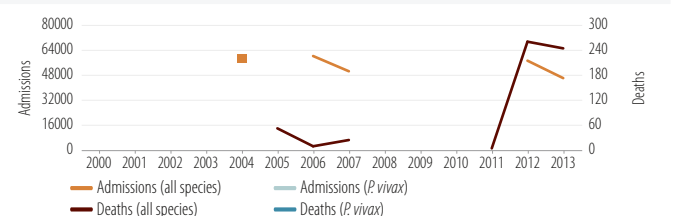


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



### 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)	943 000	24
Total	3 863 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (1%), <i>P. vivax</i> (99%)
Major anopheles species:	<i>An. albimanus</i> , <i>An. pseudopunctipennis</i> , <i>An. punctimacula</i> , <i>An. aquasalis</i> , <i>An. darlingi</i>
Programme phase:	Control
Reported confirmed cases:	705
Reported deaths:	0

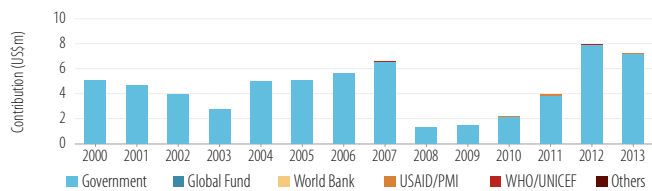
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	No	-
Larval control	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	Yes	1957
	Malaria diagnosis is free of charge in the public sector	Yes	1957
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

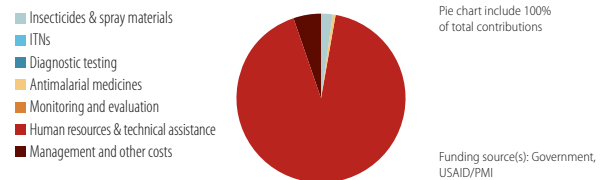
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
<b>Antimalaria treatment policy</b>		Medicine	Year adopted				
First-line treatment of unconfirmed malaria	-	-	-				
First-line treatment of <i>P. falciparum</i>	AL+PQ(1d)	2012	-				
Treatment failure of <i>P. falciparum</i>	-	-	-				
Treatment of severe malaria	QN	-	-				
Treatment of <i>P. vivax</i>	CQ+PQ(7d); CQ+PQ(14d)	-	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	-	-				
Type of RDT used	-	-	-				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

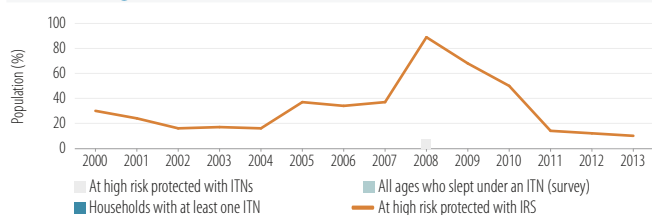


Financing by intervention in 2013

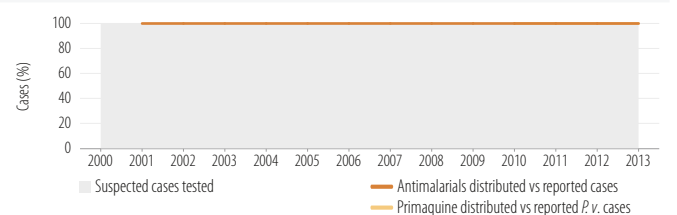


### IV. Coverage

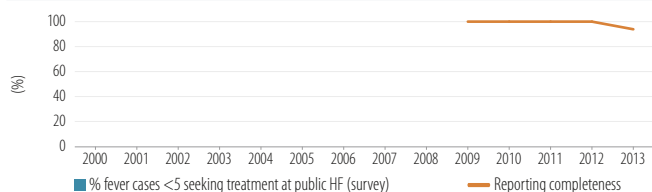
ITN and IRS coverage



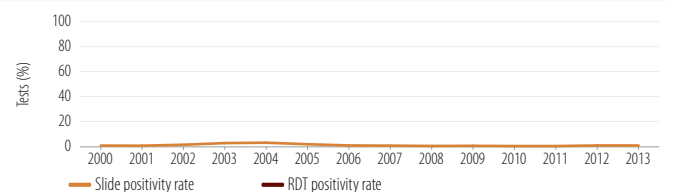
Cases tested and treated in public sector



Cases tracked

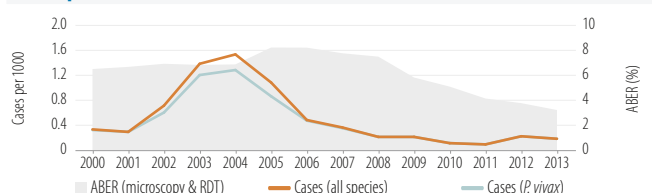


Test positivity

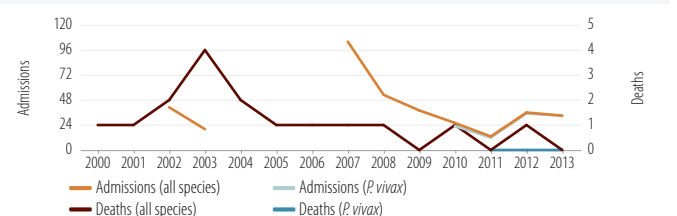


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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





### I. Epidemiological profile

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	7 319 000	

**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
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2005
<b>IRS</b>	IRS is recommended	Yes	2000
	DDT is authorized for IRS	No	-
<b>Larval control</b>	Use of larval control recommended	No	-
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	2010
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2004
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	Yes	2012
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2000

Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	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 <i>P. vivax</i> cases routinely admitted	No	-

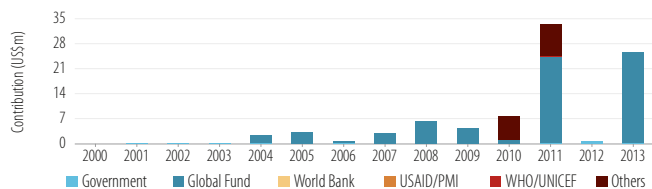
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2008
First-line treatment of <i>P. falciparum</i>	DHA-PPQ	2008
Treatment failure of <i>P. falciparum</i>	AM; AS	2008
Treatment of severe malaria	AL+PQ	2009
Treatment of <i>P. vivax</i>	AL; QN	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	7.5 mg - adult (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> , <i>Po</i> , <i>Pm</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	<i>P. falciparum</i>
DHA-PPQ	2005-2007	12	12	12	42 days	1	<i>P. falciparum</i>

### III. Financing

Sources of financing

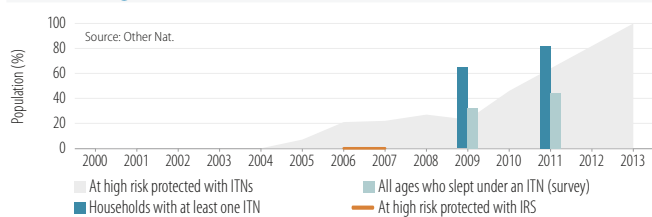


Financing by intervention in 2013

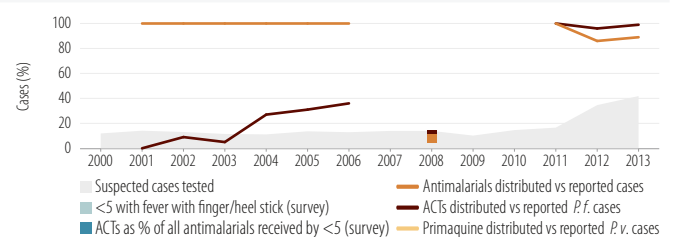
No data reported for 2013

### IV. Coverage

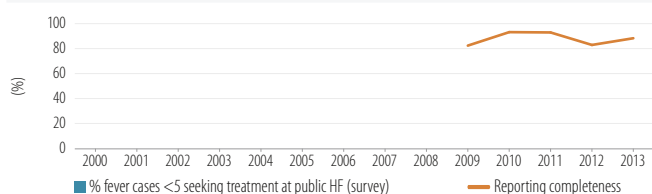
ITN and IRS coverage



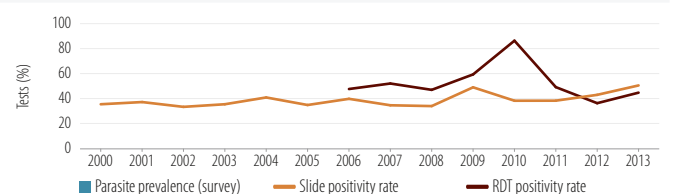
Cases tested and treated in public sector



Cases tracked

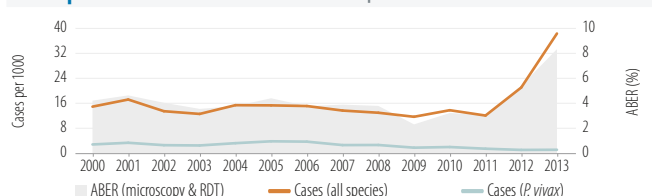


Test positivity

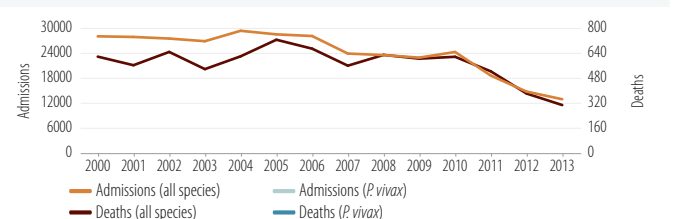


### V. Impact

Confirmed malaria cases per 1000 and ABER

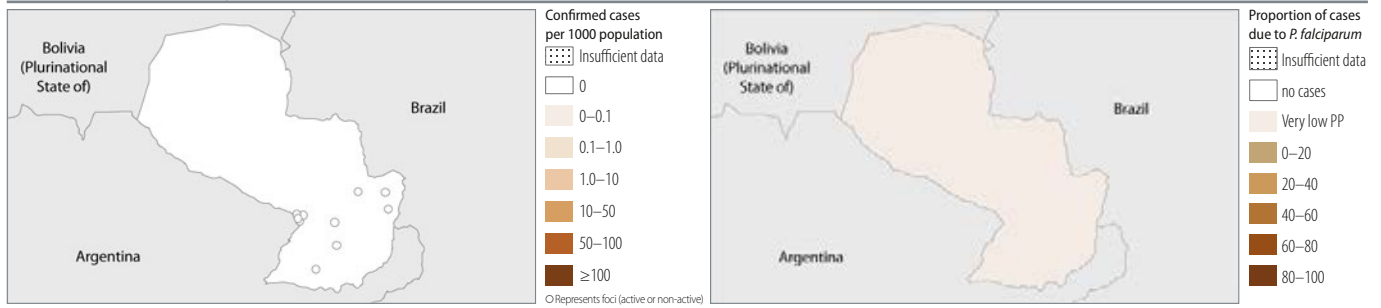


Malaria admissions and deaths



**Impact:** Increase in case incidence 2000-2015





## 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	5 740 000	84
Total	6 800 000	

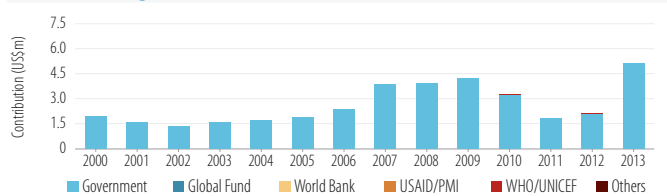
Parasites and vectors		
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)		
Major anopheles species: <i>An. darlingi</i> , <i>An. albicans</i>		
Programme phase: Elimination		
Total confirmed cases, 2013:	11	Indigenous cases, 2013: 0
Total deaths, 2013:	0	Indigenous deaths, 2013: 0

## II. Intervention policies and strategies

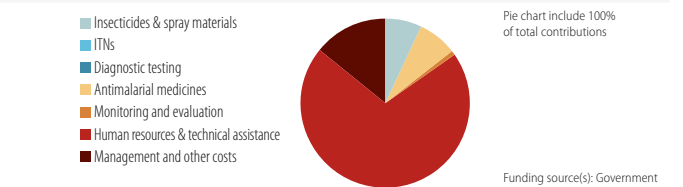
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1957
	Malaria diagnosis is free of charge in the public sector	Yes	1957
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1957
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	Yes	1957				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1957				
	Foci and case investigation undertaken	Yes	1957				
	Case reporting from private sector is mandatory	No	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		AL+PQ	-				
Treatment failure of <i>P. falciparum</i>		-	-				
Treatment of severe malaria		AS	-				
Treatment of <i>P. vivax</i>		CQ+PQ	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25mk/kg (14days)	-				
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

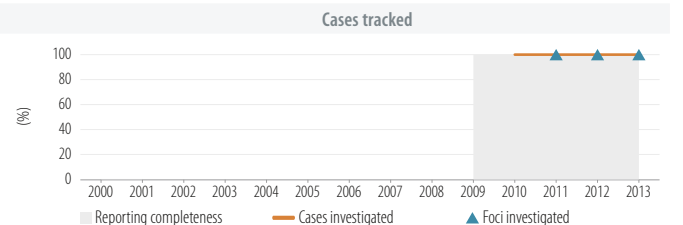
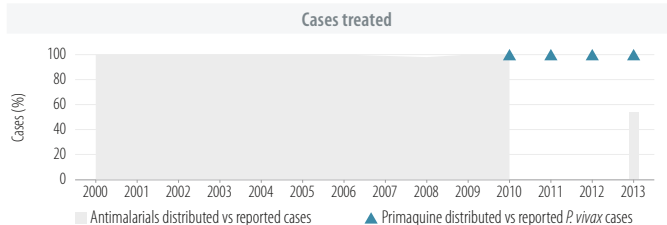
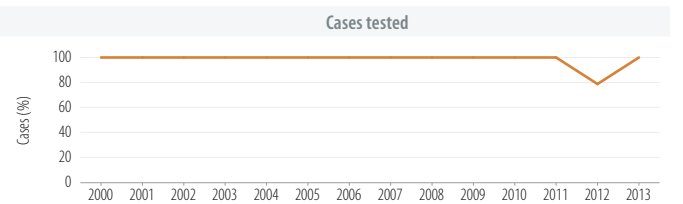
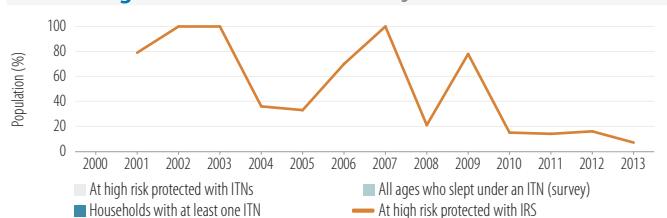
## III. Financing



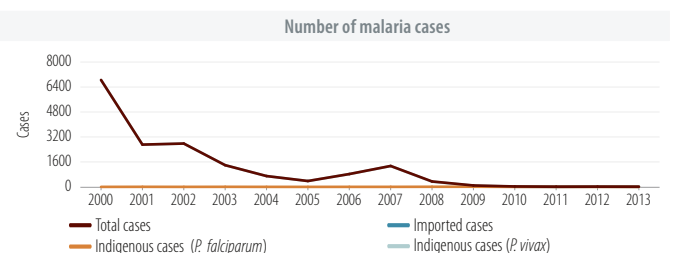
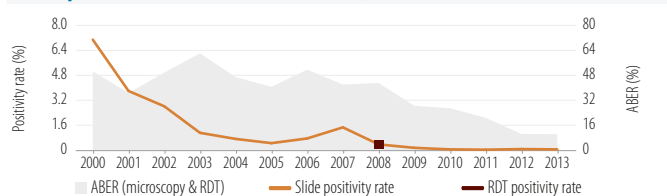
## Financing by intervention in 2013



## IV. Coverage



## V. Impact



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	1 370 000	5
Low transmission (0-1 cases per 1000 population)	3 490 000	12
Malaria-free (0 cases)	25 500 000	84
Total	30 360 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (16%), <i>P. vivax</i> (84%)
Major anopheles species:	<i>An. pseudopunctipennis</i> , <i>An. albimanus</i> , <i>An. darlingi</i>
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	Yes	-
	ITNs/LLINs distributed to all age groups	Yes	-
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	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	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

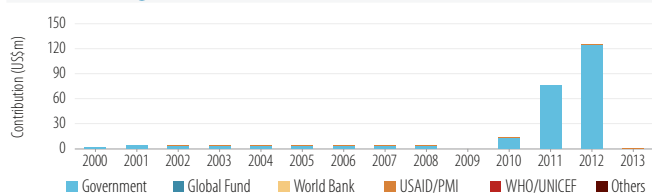
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i>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

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

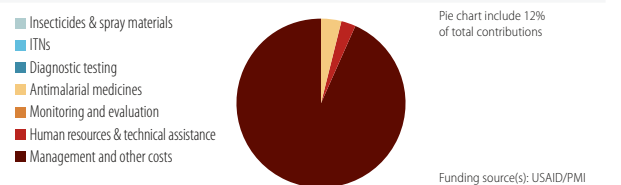
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005-2006	1.1	1.1	1.1	28 days	1	<i>P. falciparum</i>
CQ+PQ	2006-2008	0.5	0.6	1.1	28 days	3	<i>P. vivax</i>

### III. Financing

Sources of financing

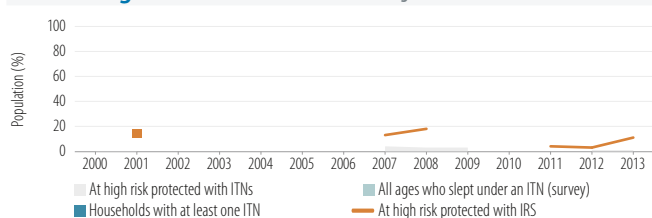


Financing by intervention in 2013

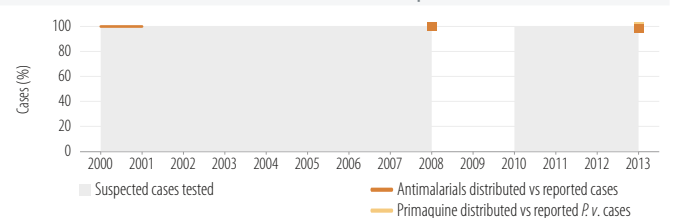


### IV. Coverage

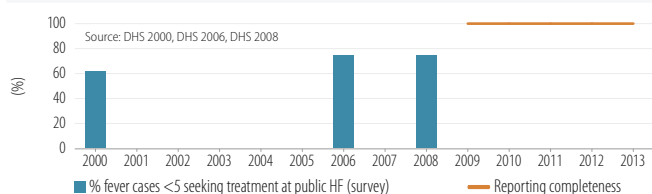
ITN and IRS coverage



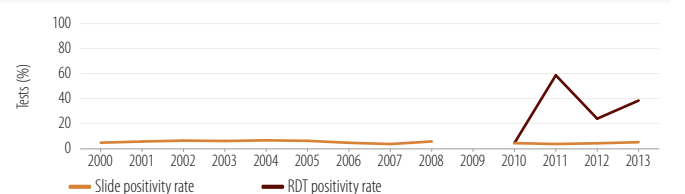
Cases tested and treated in public sector



Cases tracked

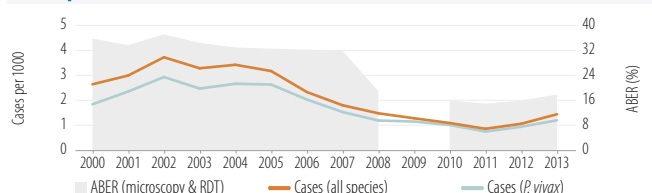


Test positivity

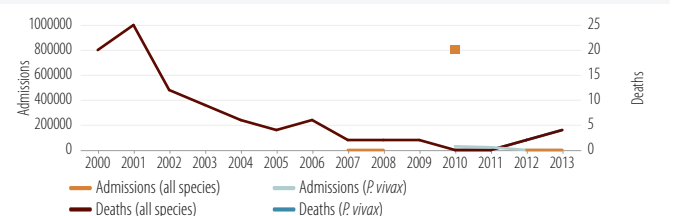


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	7 060 000	7
Low transmission (0-1 cases per 1000 population)	71 400 000	73
Malaria-free (0 cases)	19 900 000	20
Total	98 360 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (79%), <i>P. vivax</i> (20%)
Major anopheles species:	<i>An. flavirostris</i> , <i>An. maculatus</i> , <i>An. balabacensis</i> , <i>An. litoralis</i>
Programme phase:	Control
Reported confirmed cases:	6514
Reported deaths:	12

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2002
	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	Yes	2004
	Malaria diagnosis is free of charge in the public sector	Yes	2003
Treatment	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	Yes	2003
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2006
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2007
	G6PD test is a requirement before treatment with primaquine	Yes	2011
	Directly observed treatment with primaquine is undertaken	Yes	2010
	System for monitoring of adverse reactions to antimalarials exists	Yes	2009

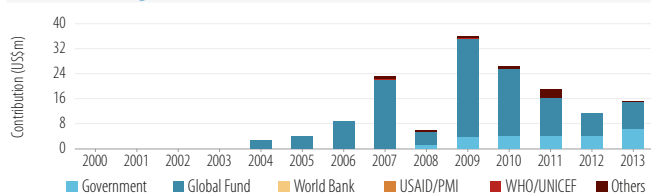
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2009
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	2009
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax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

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

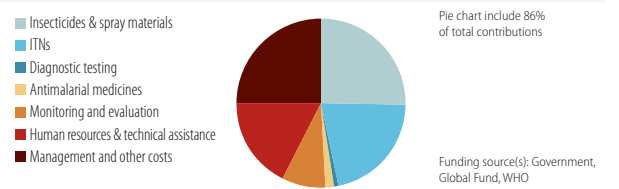
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2005-2010	0	0	0	28 days	2	<i>P. vivax</i>

### III. Financing

Sources of financing

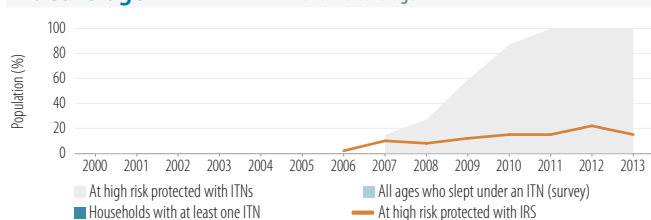


Financing by intervention in 2013

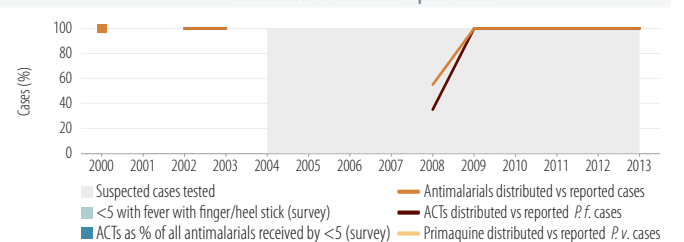


### IV. Coverage

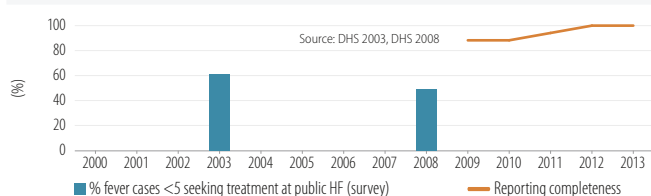
ITN and IRS coverage



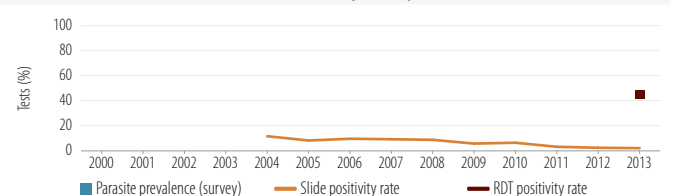
Cases tested and treated in public sector



Cases tracked

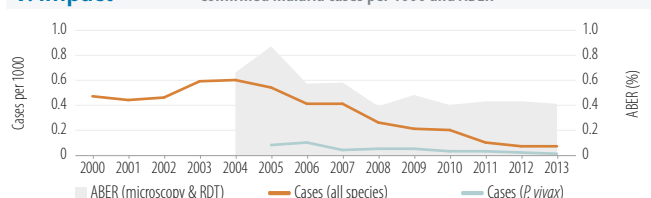


Test positivity

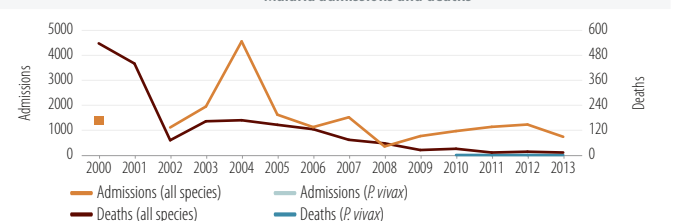


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### 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	

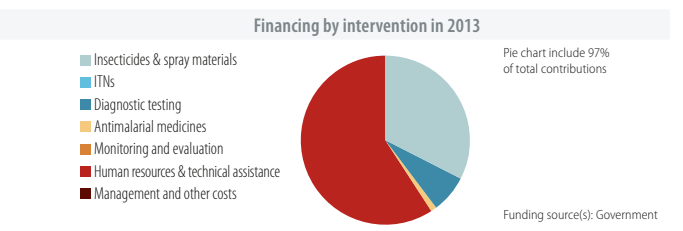
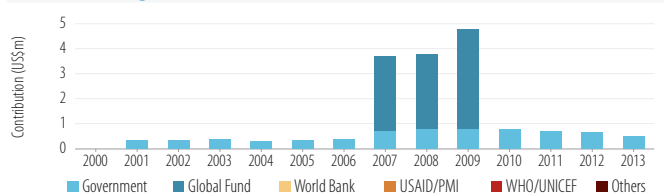
Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. sinensis</i>			
Programme phase: Elimination			
Total confirmed cases, 2013:	443	Indigenous cases, 2013:	383
Total deaths, 2013:	2	Indigenous deaths, 2013:	0

### II. Intervention policies and strategies

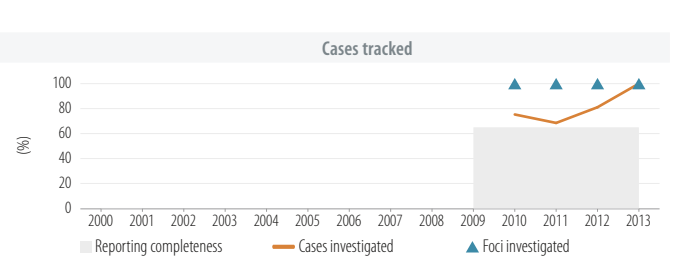
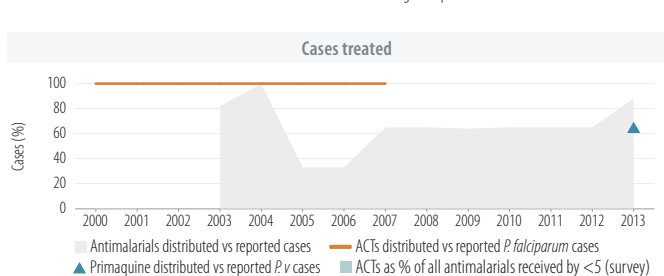
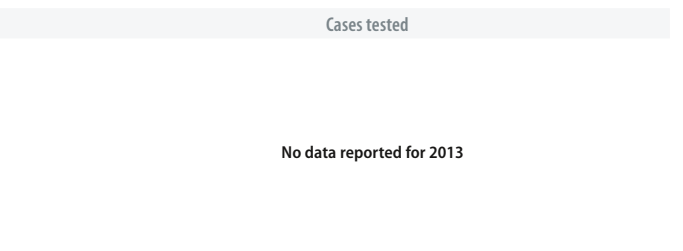
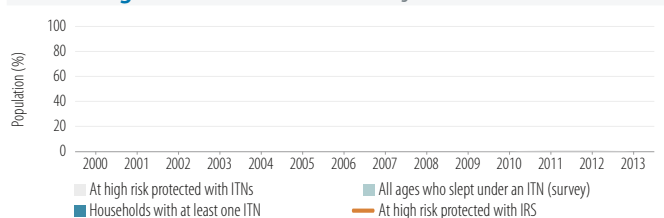
Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	No	–
<b>IRS</b>	IRS is recommended	–	–
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	2001
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	–	–
	Malaria diagnosis is free of charge in the public sector	Yes	2001
<b>Treatment</b>	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>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2001
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2011

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	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 <i>P. vivax</i> cases routinely admitted	Yes	2001				
	Foci and case investigation undertaken	Yes	2001				
	Case reporting from private sector is mandatory	Yes	2001				
<b>Antimalaria treatment policy</b>			<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	CQ	–	–				
First-line treatment of <i>P. falciparum</i>	–	–	–				
Treatment failure of <i>P. falciparum</i>	–	–	–				
Treatment of severe malaria	–	–	–				
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	–	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	–	–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

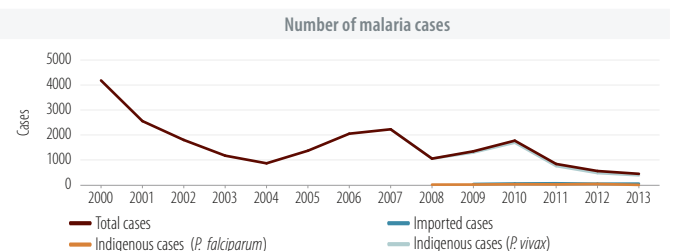
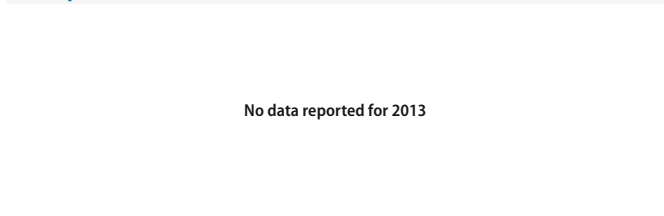
### III. Financing



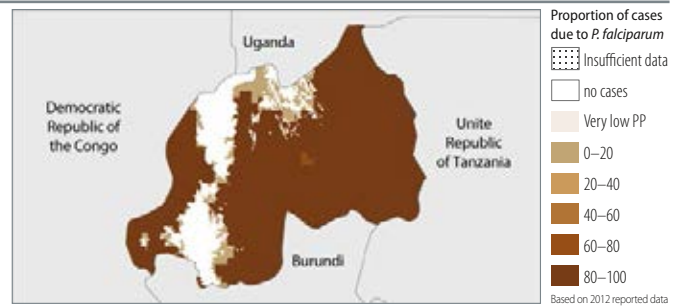
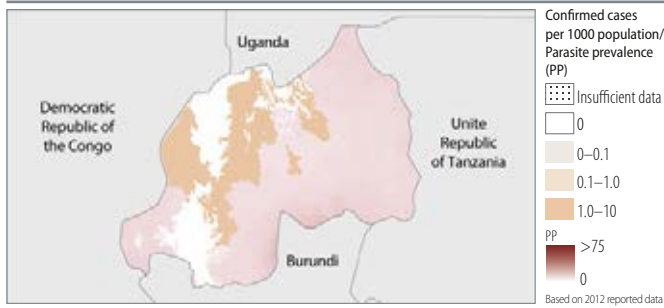
### IV. Coverage



### V. Impact



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



### I. Epidemiological profile

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	11 800 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	962 618
Reported deaths:	409

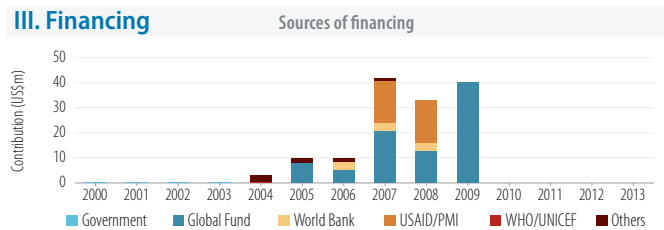
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2009
	DDT is authorized for IRS	No	-
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	Yes	2009
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL	2005					
First-line treatment of <i>P. falciparum</i>	AL	2005					
Treatment failure of <i>P. falciparum</i>	QN	2005					
Treatment of severe malaria	AS	2012					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	<i>Pf</i> + all species (Combo)						
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	<i>P. falciparum</i>

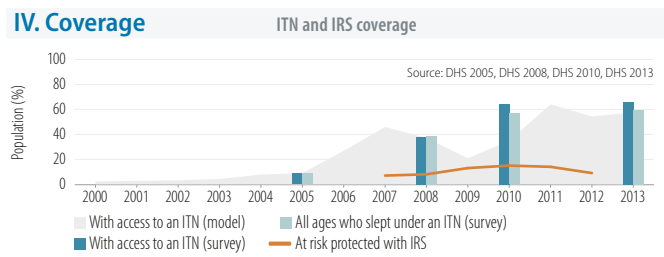
### III. Financing



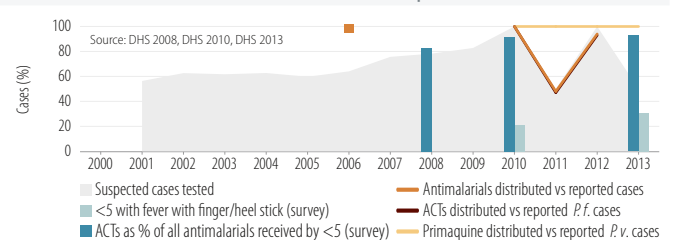
### Financing by intervention in 2013

No data reported for 2013

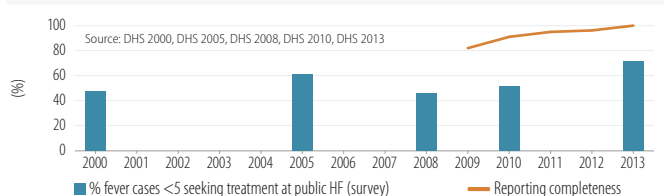
### IV. Coverage



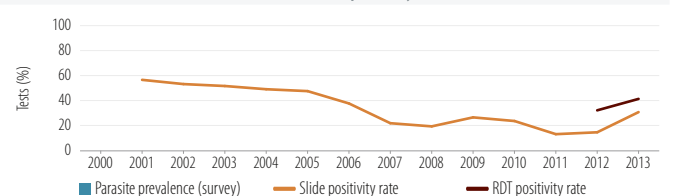
### Cases tested and treated in public sector



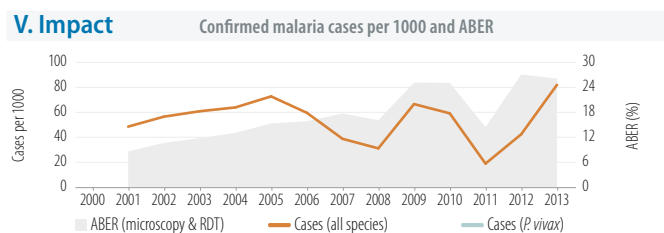
### Cases tracked



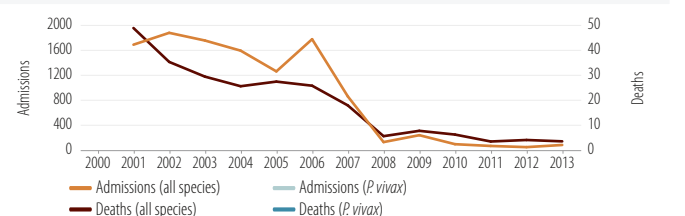
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	193 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	193 000	

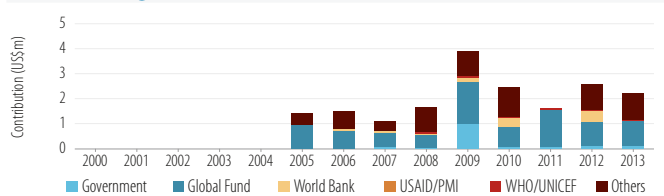
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i>
Programme phase:	Control
Reported confirmed cases:	9243
Reported deaths:	11

### II. Intervention policies and strategies

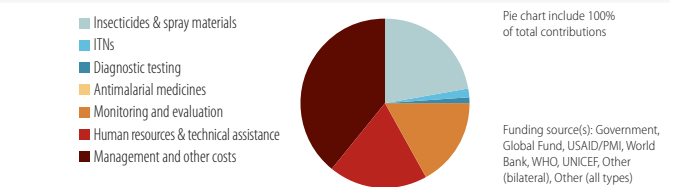
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	2004
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2001
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	Yes	2008
	Artemisinin-based monotherapies withdrawn	No	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2013
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	2013
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	2008				
	ACD of febrile cases at community level (pro-active)	Yes	2013				
	Mass screening is undertaken	No	–				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	AS+AQ	2004					
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004					
Treatment failure of <i>P. falciparum</i>	AL	2004					
Treatment of severe malaria	QN	2004					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	–					
Type of RDT used		–	–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

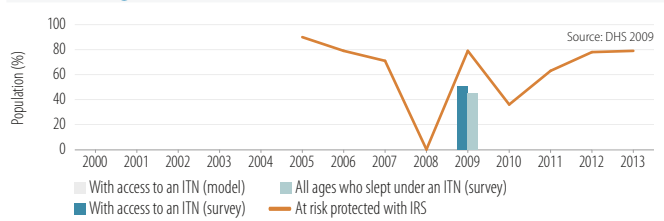
### III. Financing



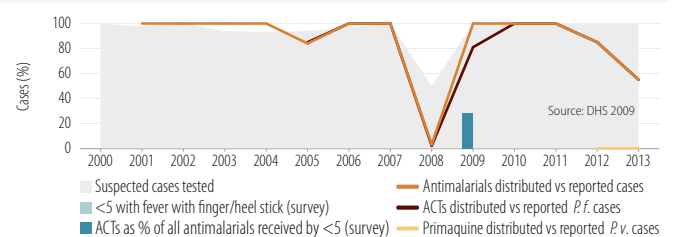
### Financing by intervention in 2013



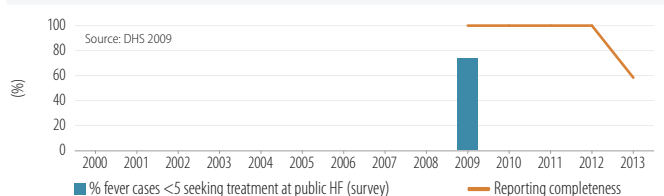
### IV. Coverage



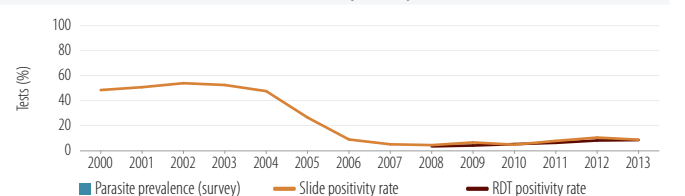
### Cases tested and treated in public sector



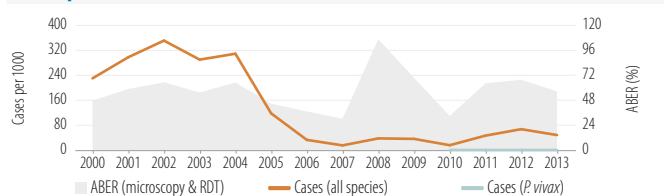
### Cases tracked



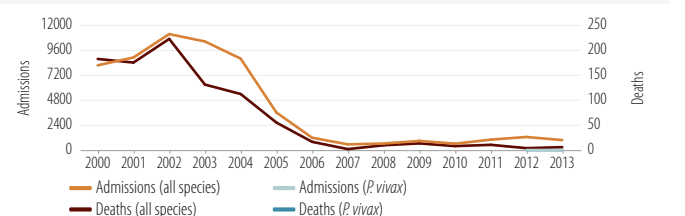
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



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





### I. Epidemiological profile

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

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. arabiensis</i> , <i>An. sergentii</i> , <i>An. stephensi</i> , <i>An. fluviatilis</i> , <i>An. multicolor</i>			
Programme phase: Elimination			
Total confirmed cases, 2013:	2513	Indigenous cases, 2013:	34
Total deaths, 2013:		Indigenous deaths, 2013:	0

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	1980
	ITNs/LLINs distributed to all age groups	Yes	1980
<b>IRS</b>	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
<b>Larval control</b>	Use of larval control recommended	Yes	-
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	-
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1963
<b>Treatment</b>	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>	Yes	1985
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	1985
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	1990

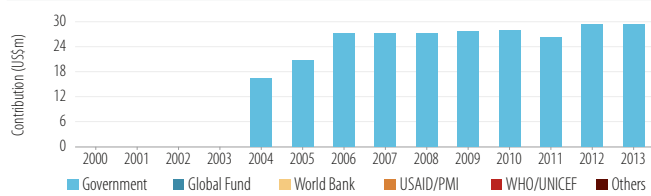
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	1980
	ACD of febrile cases at community level (pro-active)	Yes	1980
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	1990
	Case reporting from private sector is mandatory	No	-

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ	2012
Treatment failure of <i>P. falciparum</i>	AL	2007
Treatment of severe malaria	AM; AS; QN	2007
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine 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
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

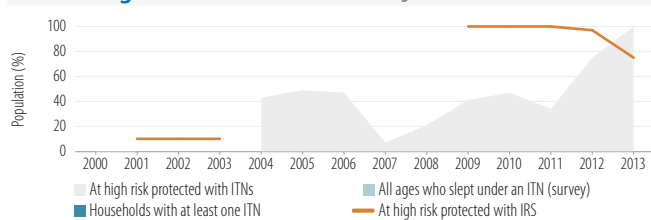


Financing by intervention in 2013

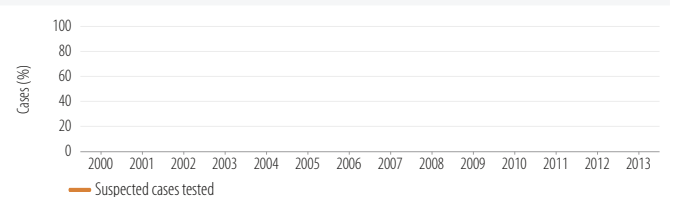
No data reported for 2013

### IV. Coverage

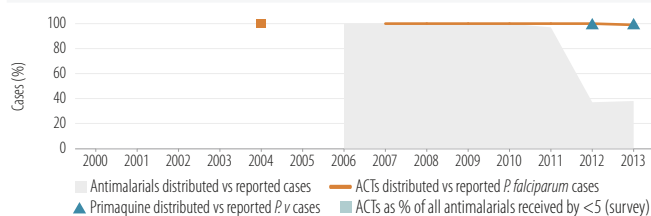
ITN and IRS coverage



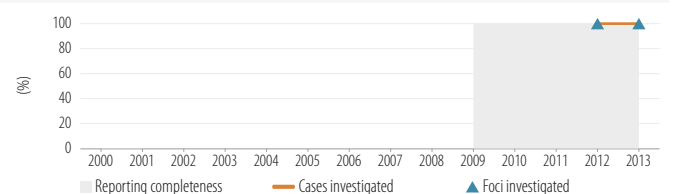
Cases tested



Cases treated

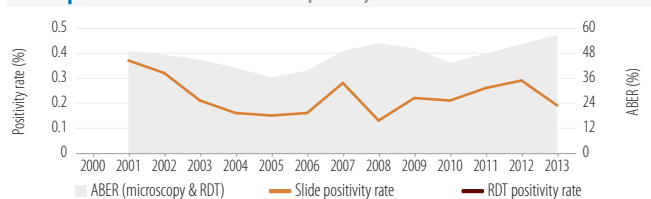


Cases tracked

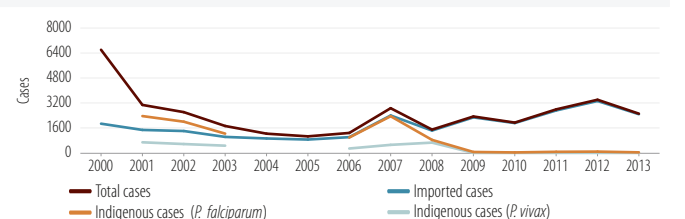


### V. Impact

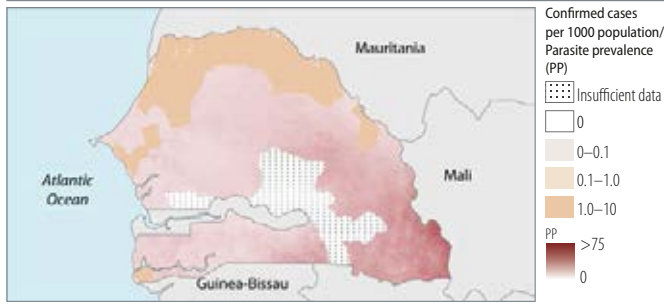
Malaria test positivity rate and ABER



Number of malaria cases



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	13 600 000	96
Low transmission (0-1 cases per 1000 population)	565 000	4
Malaria-free (0 cases)	0	0
Total	14 165 000	

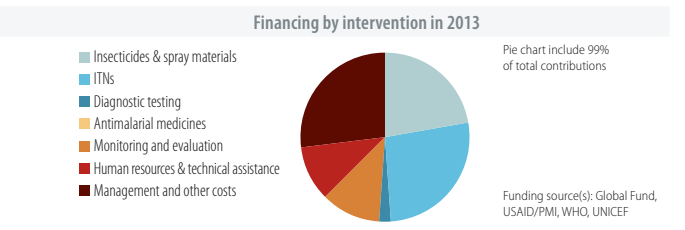
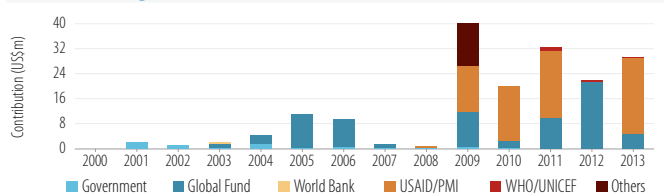
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. pharoensis</i> , <i>An. melas</i>
Programme phase:	Control
Reported confirmed cases:	345 889
Reported deaths: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

### II. Intervention policies and strategies

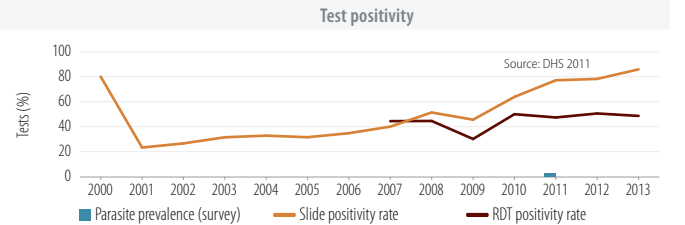
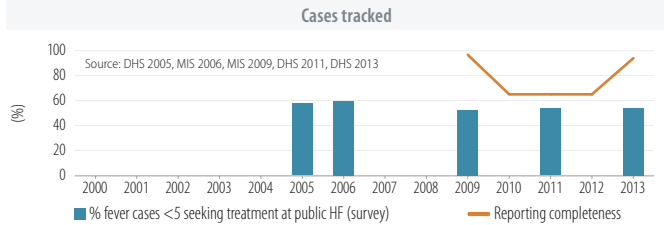
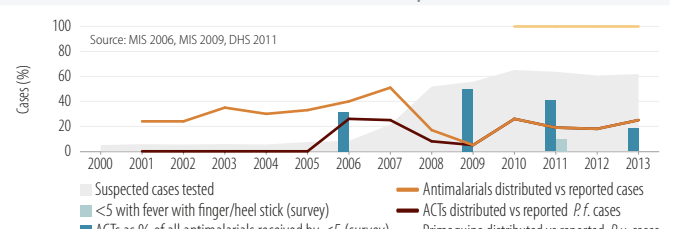
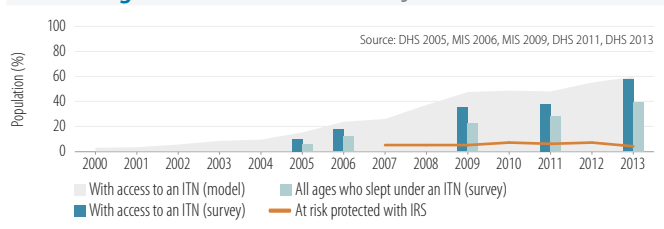
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1998
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	Yes	2010
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	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 <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria	AS+AQ	2005					
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2005					
Treatment failure of <i>P. falciparum</i>	-	-					
Treatment of severe malaria	QN	2005					
Treatment of <i>P. vivax</i>	-	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-					
Type of RDT used	Pf only						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

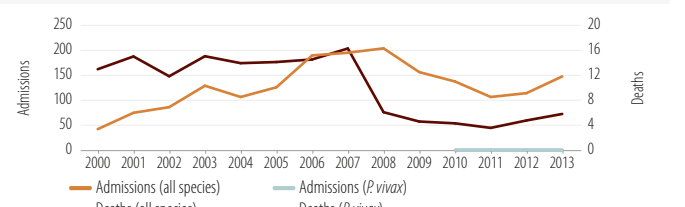
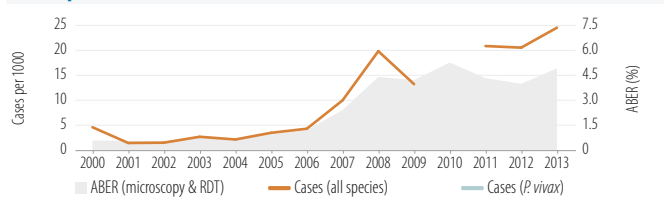
### III. Financing



### IV. Coverage



### V. Impact



**Impact:** Insufficiently consistent data to assess trends



### 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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. melas</i>
Programme phase:	Control
Reported confirmed cases:	1 701 958
Reported deaths:	4326

### II. Intervention policies and strategies

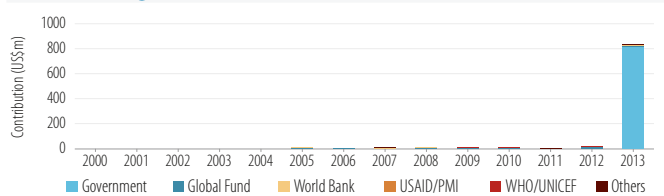
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2010
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	Yes	2005
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

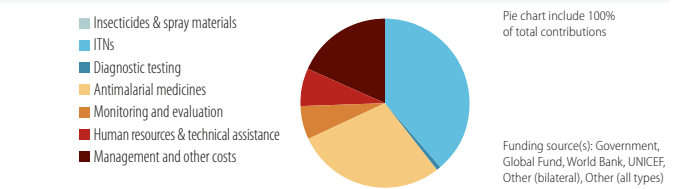
Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AS+AQ	2004					
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2004					
Treatment failure of <i>P. falciparum</i>	QN	2004					
Treatment of severe malaria	AM; QN	2004					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used	<i>Pf</i> 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	<i>P. falciparum</i>
AS+AQ	2011–2011	0	0	0	28 days	2	<i>P. falciparum</i>

### III. Financing

Sources of financing

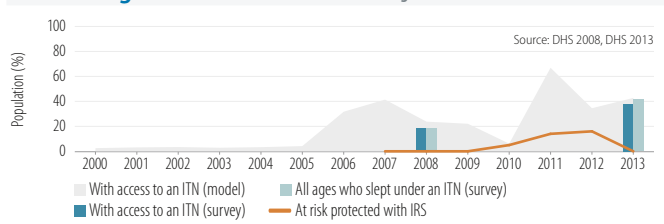


Financing by intervention in 2013

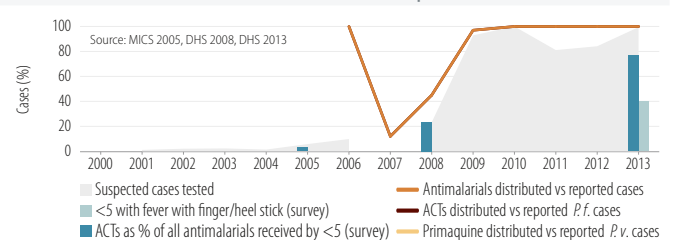


### IV. Coverage

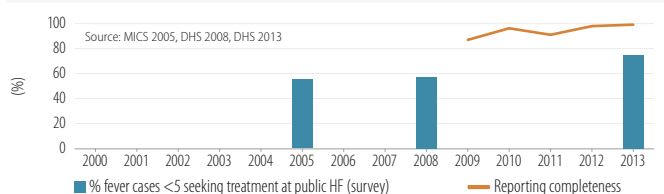
ITN and IRS coverage



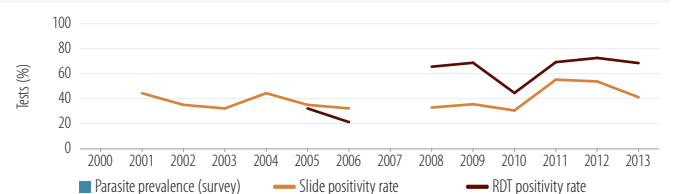
Cases tested and treated in public sector



Cases tracked

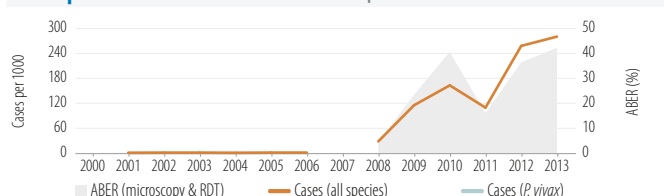


Test positivity

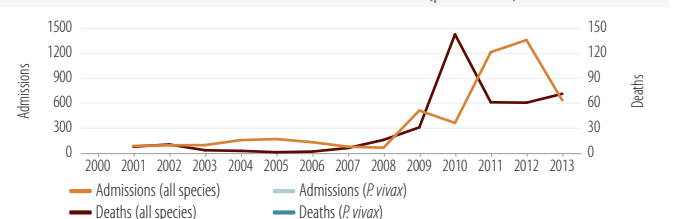


### V. Impact

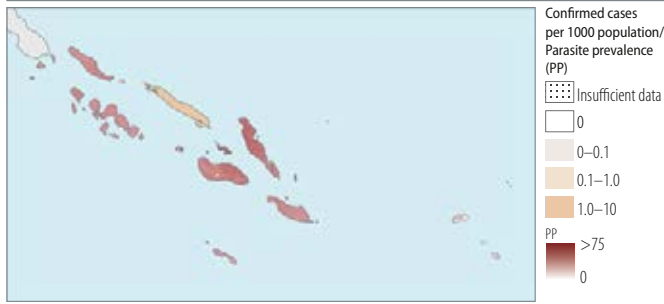
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### 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
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	1996
<b>IRS</b>	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	1969
<b>Larval control</b>	Use of larval control recommended	No	-
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	-
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	1968
	Malaria diagnosis is free of charge in the public sector	Yes	2007
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2008
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

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

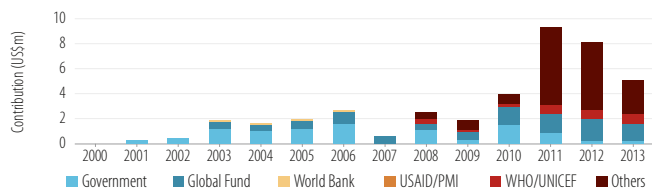
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2009
First-line treatment of <i>P. falciparum</i>	AL	2009
Treatment failure of <i>P. falciparum</i>	QN	2009
Treatment of severe malaria	AL; AS	2009
Treatment of <i>P. vivax</i>	AL+PQ(14d)	2009
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)	

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

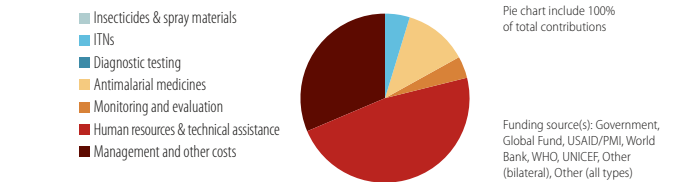
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2008-2013	0	0	6.3	28 days	3	<i>P. falciparum</i>
AL	2008-2013	4	5.1	31.6	28 days	3	<i>P. vivax</i>

### III. Financing

Sources of financing

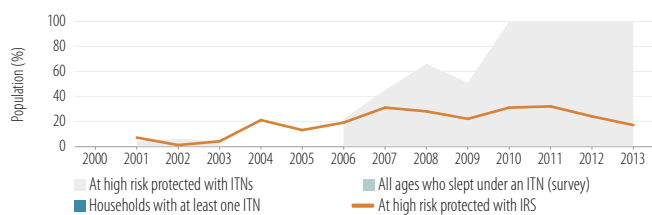


Financing by intervention in 2013

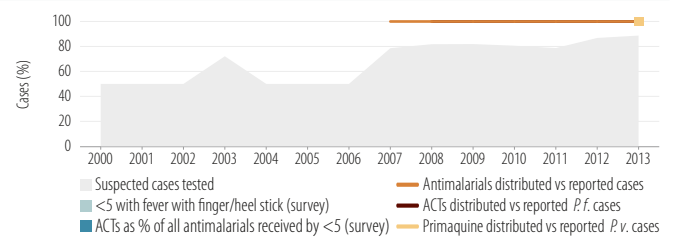


### IV. Coverage

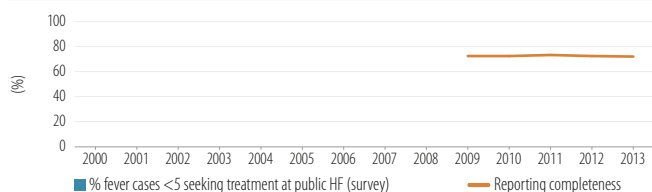
ITN and IRS coverage



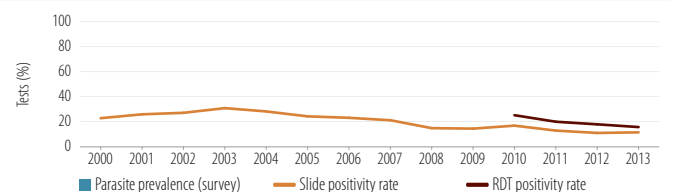
Cases tested and treated in public sector



Cases tracked

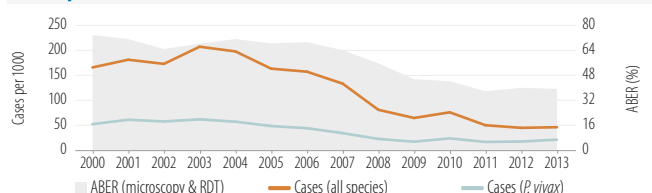


Test positivity

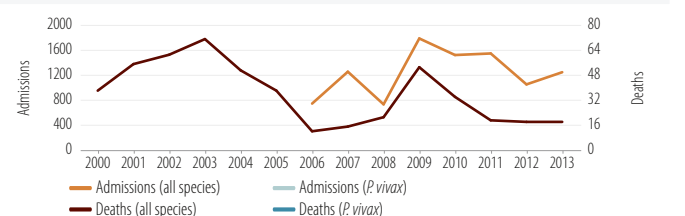


### V. Impact

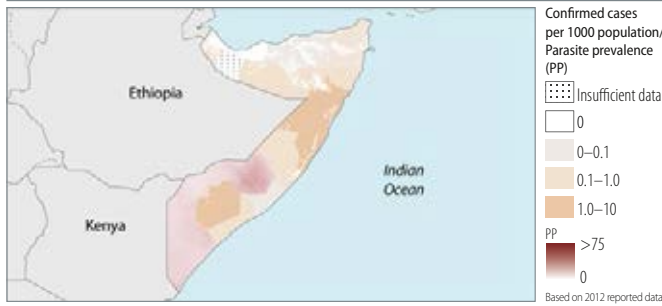
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Increase in case incidence 2000-2015



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	7 310 000	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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	10 470
Reported deaths:	

### II. Intervention policies and strategies

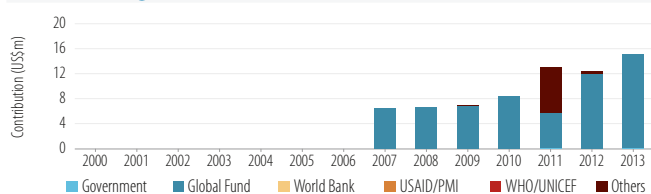
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	2004
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2006
	Malaria diagnosis is free of charge in the public sector	Yes	2006
Treatment	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

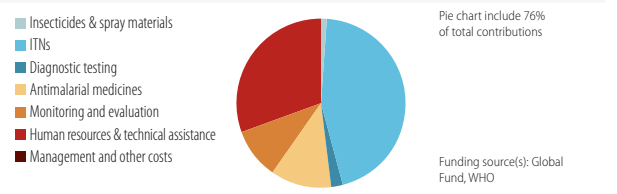
Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AS+SP	2011					
First-line treatment of <i>P. falciparum</i>	AS+SP	2011					
Treatment failure of <i>P. falciparum</i>	AL	2011					
Treatment of severe malaria	AS; QN	2006					
Treatment of <i>P. vivax</i>	CQ+PQ	2006					
Dosage of primaquine for radical treatment of <i>P. vivax</i>		–					
Type of RDT used	<i>Pf</i> + 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	<i>P. falciparum</i>
AS+SP	2005–2011	0	1	22.2	28 days	5	<i>P. falciparum</i>

### III. Financing

Sources of financing

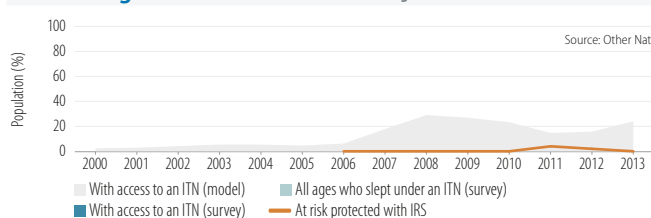


Financing by intervention in 2013

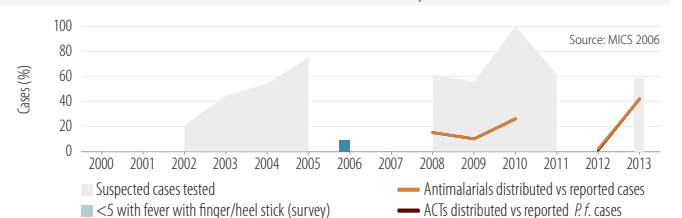


### IV. Coverage

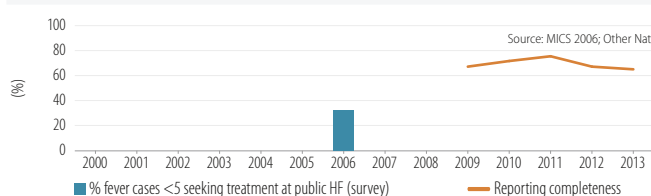
ITN and IRS coverage



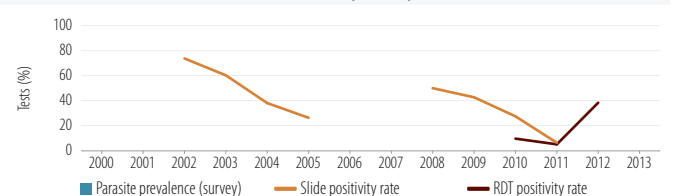
Cases tested and treated in public sector



Cases tracked

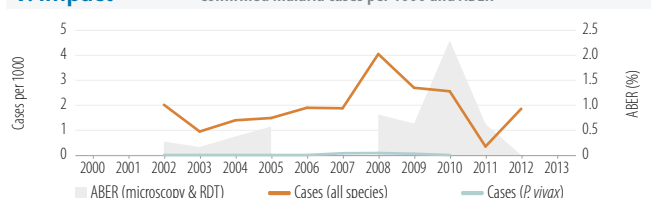


Test positivity

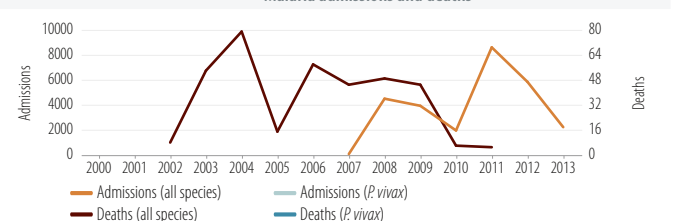


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	2 110 000	4
Low transmission (0–1 cases per 1000 population)	3 170 000	6
Malaria-free (0 cases)	47 500 000	90
Total	52 780 000	

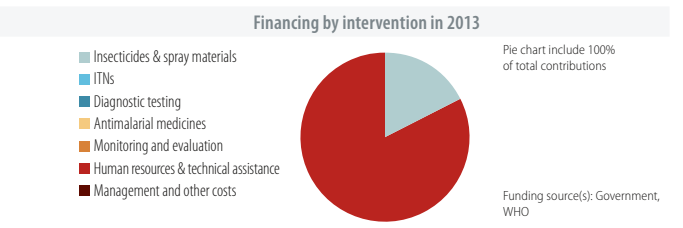
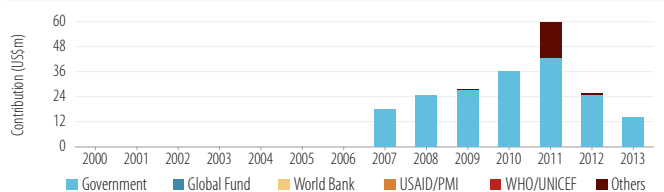
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	8645
Reported deaths:	105

### II. Intervention policies and strategies

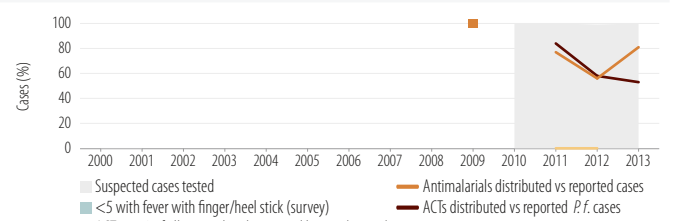
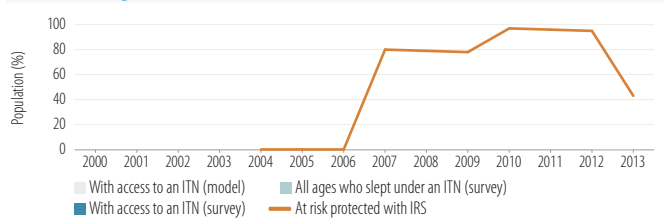
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	No	–
	ITNs/LLINs distributed to all age groups	No	–
IRS	IRS is recommended	Yes	1930
	DDT is authorized for IRS	Yes	–
Larval control	Use of larval control recommended	Yes	–
IPT	IPT used to prevent malaria during pregnancy	No	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	1997
Treatment	ACT is free for all ages in public sector	Yes	2001
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	Yes	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	–				
	ACD of febrile cases at community level (pro-active)	Yes	–				
	Mass screening is undertaken	No	–				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria		–	–				
First-line treatment of <i>P. falciparum</i>		AL; QN+CL; QN+D	2001				
Treatment failure of <i>P. falciparum</i>		AS; QN	2001				
Treatment of severe malaria		QN	2001				
Treatment of <i>P. vivax</i>		AL+PQ; CQ+PQ	–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		–	–				
Type of RDT used		–	–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

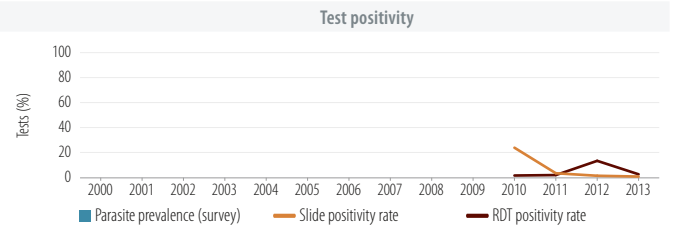
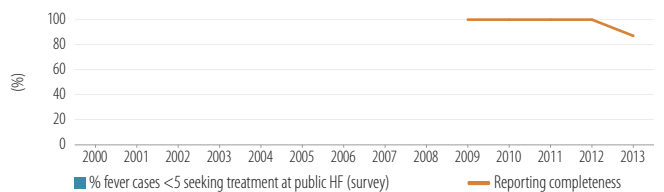
### III. Financing



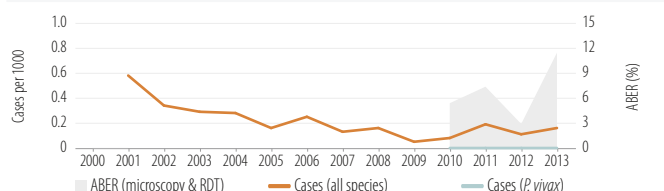
### IV. Coverage



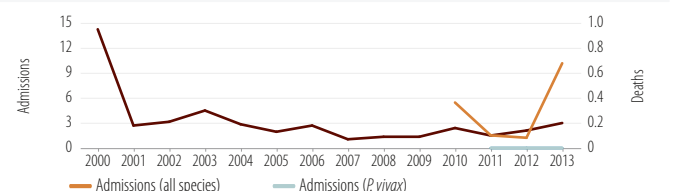
### V. Impact



### Confirmed malaria cases per 1000 and ABER



### Malaria admissions and deaths (per 100 000)



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





### I. Epidemiological profile

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	

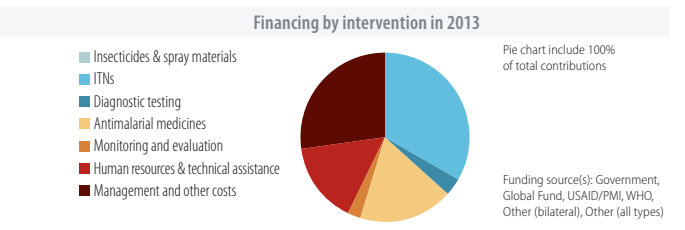
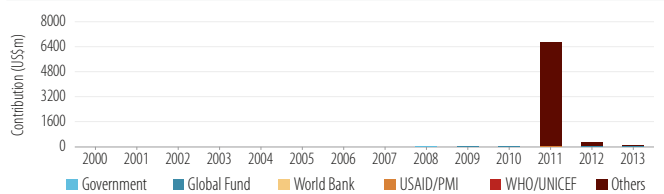
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. nili</i>
Programme phase:	Control
Reported confirmed cases:	262 520
Reported deaths:	1311

### II. Intervention policies and strategies

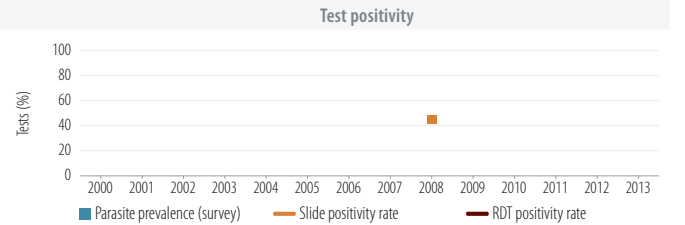
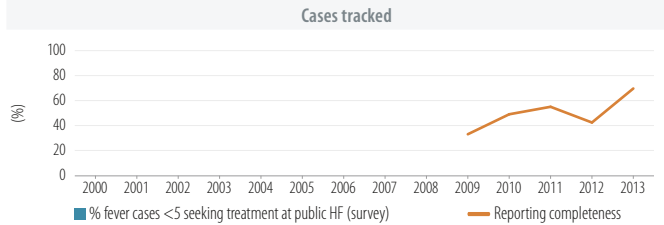
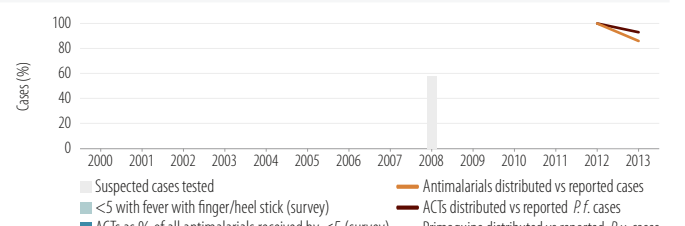
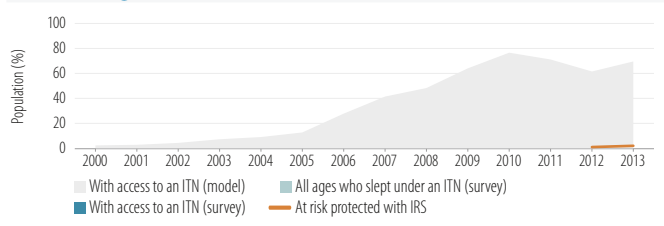
Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2008
<b>IRS</b>	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	Yes	2006
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	2005
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2006
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	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 <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalarial treatment policy</b>							
	<b>Medicine</b>		<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	AS+AQ		2006				
First-line treatment of <i>P. falciparum</i>	AS+AQ		2006				
Treatment failure of <i>P. falciparum</i>	AL		2006				
Treatment of severe malaria	AM; AS; QN		2004				
Treatment of <i>P. vivax</i>	AS+AQ+PQ		–				
Dosage of primaquine for radical treatment of <i>P. vivax</i>			–				
Type of RDT used	<i>Pf</i> + all species (Combo)						
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
<b>Medicine</b>	<b>Year</b>	<b>Min</b>	<b>Median</b>	<b>Max</b>	<b>Follow-up</b>	<b>No. of studies</b>	<b>Species</b>
–	–	–	–	–	–	–	–

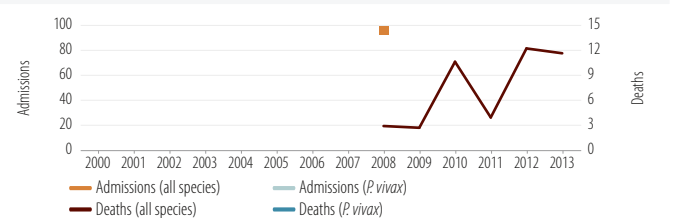
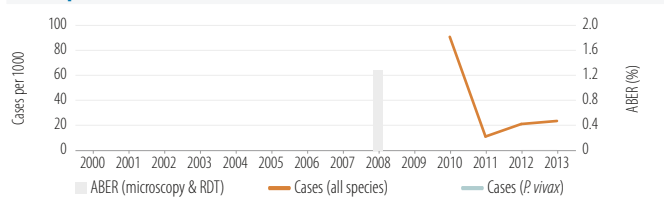
### III. Financing



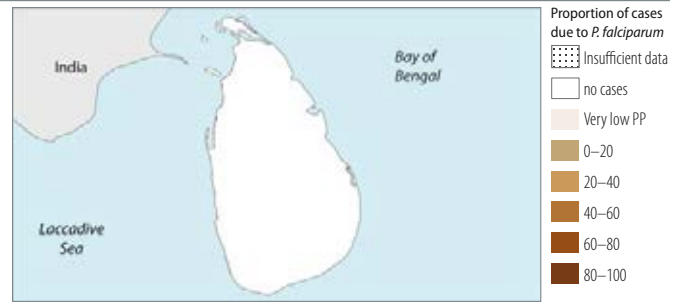
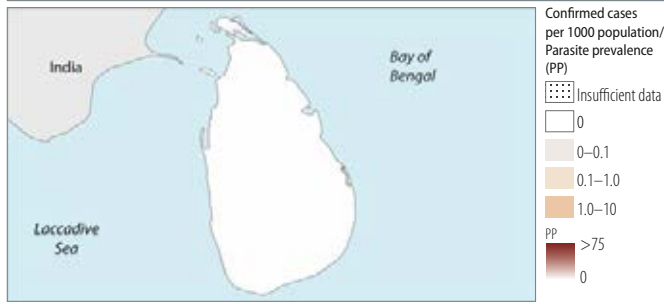
### IV. Coverage



### V. Impact



**Impact:** Insufficiently consistent data to assess trends



### 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	

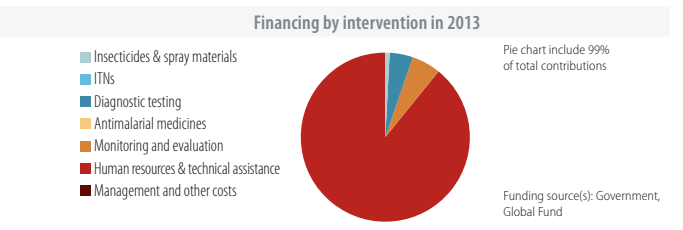
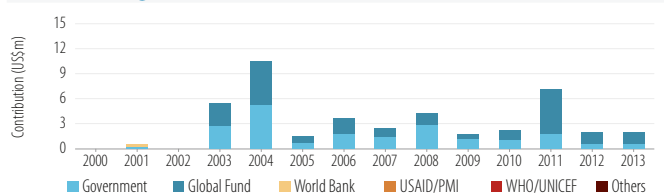
Parasites and vectors		
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)		
Major anopheles species: <i>An. culicifacies</i> , <i>An. subpictus</i> , <i>An. annularis</i> , <i>An. varuna</i>		
Programme phase: Elimination		
Total confirmed cases, 2013:	95	Indigenous cases, 2013: 0
Total deaths, 2013:	0	Indigenous deaths, 2013: 0

### II. Intervention policies and strategies

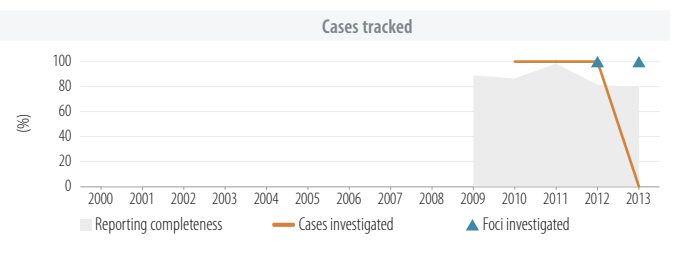
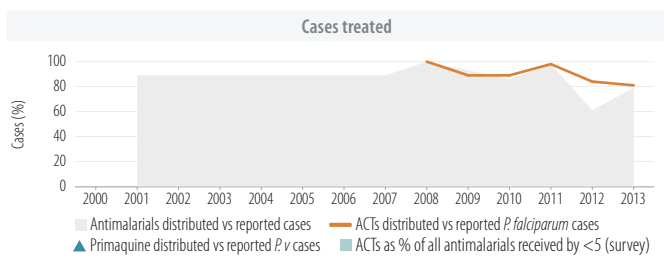
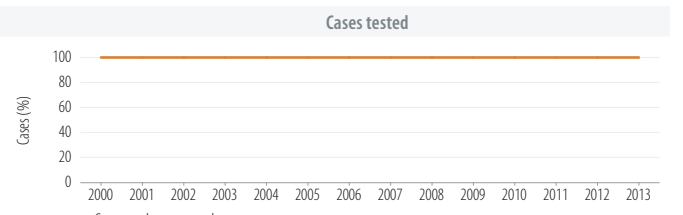
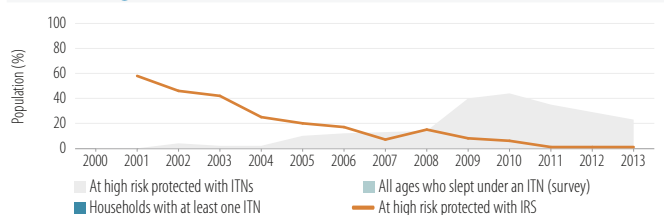
Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	2004
<b>IRS</b>	IRS is recommended	Yes	1945
	DDT is authorized for IRS	No	-
<b>Larval control</b>	Use of larval control recommended	Yes	-
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	-
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	-	-
	Malaria diagnosis is free of charge in the public sector	Yes	1911
<b>Treatment</b>	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>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-

Intervention	Policies/strategies	Yes/No	Year adopted				
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2008				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	1958				
	Case reporting from private sector is mandatory	Yes	2008				
<b>Antimalaria treatment policy</b>			<b>Year adopted</b>				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		AL+PQ	2008				
Treatment failure of <i>P. falciparum</i>		QN	1936				
Treatment of severe malaria		CQ+PQ(14d)	2008				
Treatment of <i>P. vivax</i>		AL (2nd & 3rd trimester); QN	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 days)	-				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

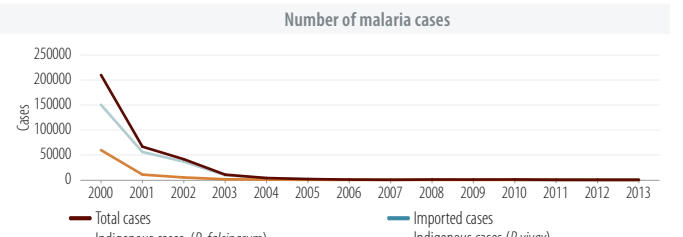
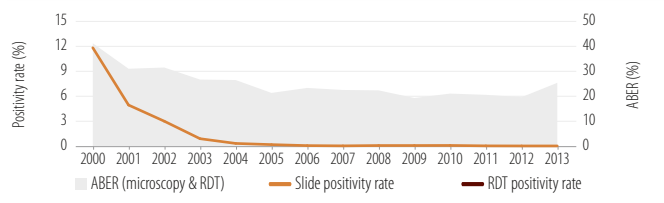
### III. Financing



### IV. Coverage



### V. Impact



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



### 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:	<i>P. falciparum</i> (95%), <i>P. vivax</i> (5%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. gambiae</i> , <i>An. nili</i> , <i>An. pharoensis</i>
Programme phase:	Control
Reported confirmed cases:	592 383
Reported deaths:	685

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	1956
	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	Yes	2009
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	Yes	2004
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2005
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

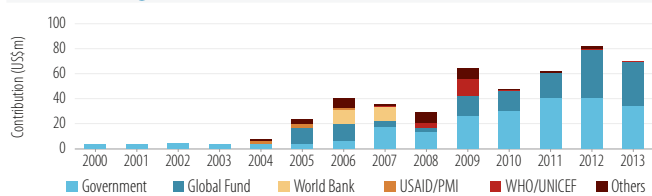
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases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

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+SP	2011
First-line treatment of <i>P. falciparum</i>	AS+SP	2011
Treatment failure of <i>P. falciparum</i>	AL	2011
Treatment of severe malaria	AM; QN	2011
Treatment of <i>P. vivax</i>	AL+PQ(14d)	2011
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)	
Type of RDT used	<i>Pf</i> + <i>Pv</i> specific (Combo)	

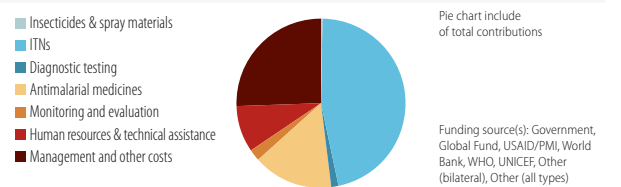
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

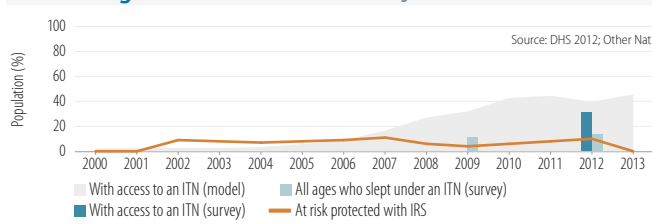


Financing by intervention in 2013

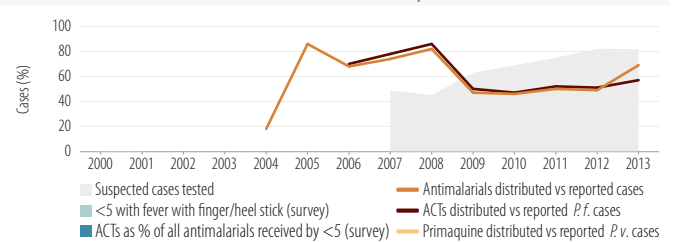


### IV. Coverage

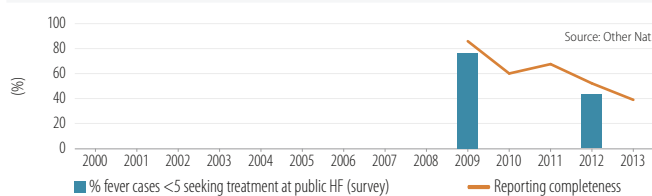
ITN and IRS coverage



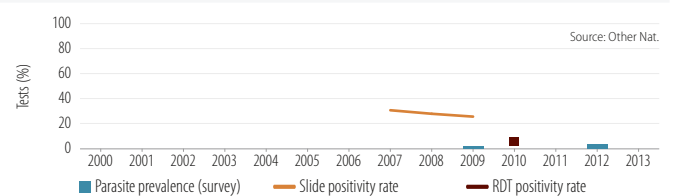
Cases tested and treated in public sector



Cases tracked

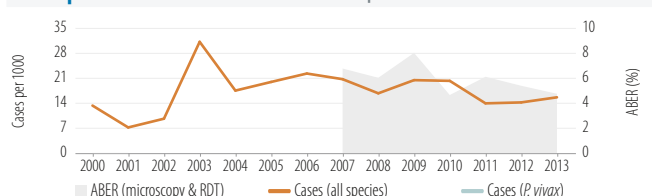


Test positivity

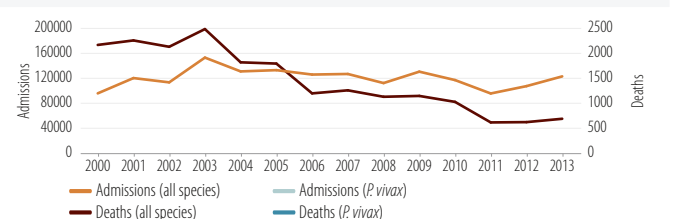


### V. Impact

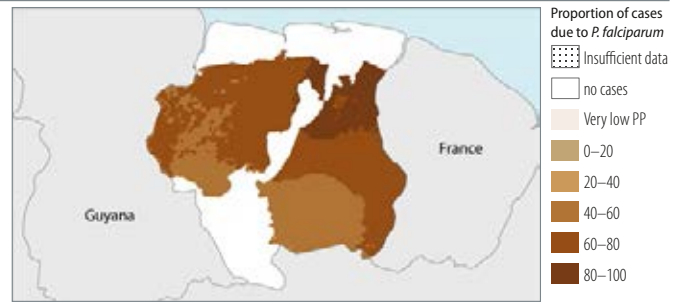
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



## 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)	455 000	84
Total	539 700	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (46%), <i>P. vivax</i> (54%)
Major anopheles species:	<i>An. darlingi</i> , <i>An. nuneztovari</i>
Programme phase:	Control
Reported confirmed cases:	729
Reported deaths:	1

## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	No	2006
	DDT is authorized for IRS	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	Yes	1955
	Malaria diagnosis is free of charge in the public sector	Yes	1955
Treatment	ACT is free for all ages in public sector	Yes	2004
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2004
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2004
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

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

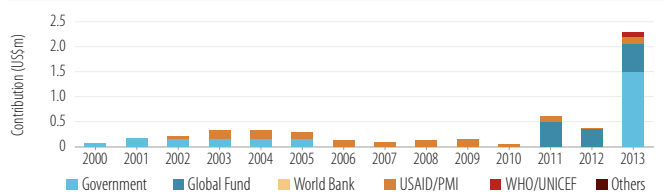
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL+PQ	2004
Treatment failure of <i>P. falciparum</i>	AS+MQ	2004
Treatment of severe malaria	AS	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of primaquine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

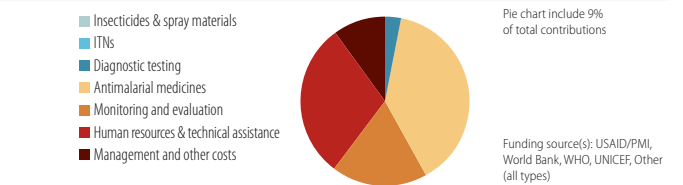
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	2.35	4.7	28 days	2	<i>P. falciparum</i>

## III. Financing

Sources of financing

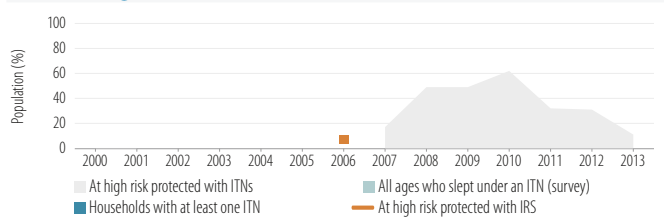


Financing by intervention in 2013

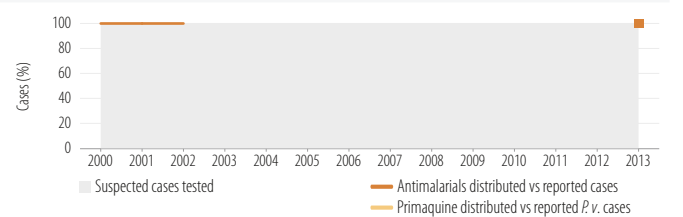


## IV. Coverage

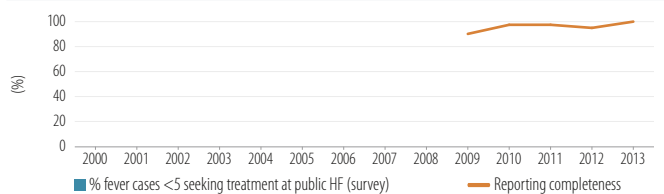
ITN and IRS coverage



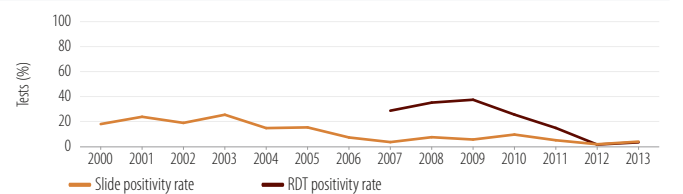
Cases tested and treated in public sector



Cases tracked

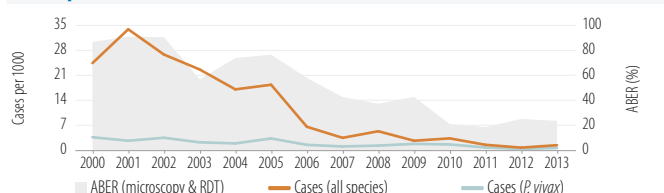


Test positivity

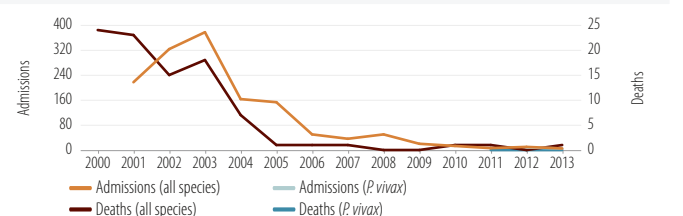


## V. Impact

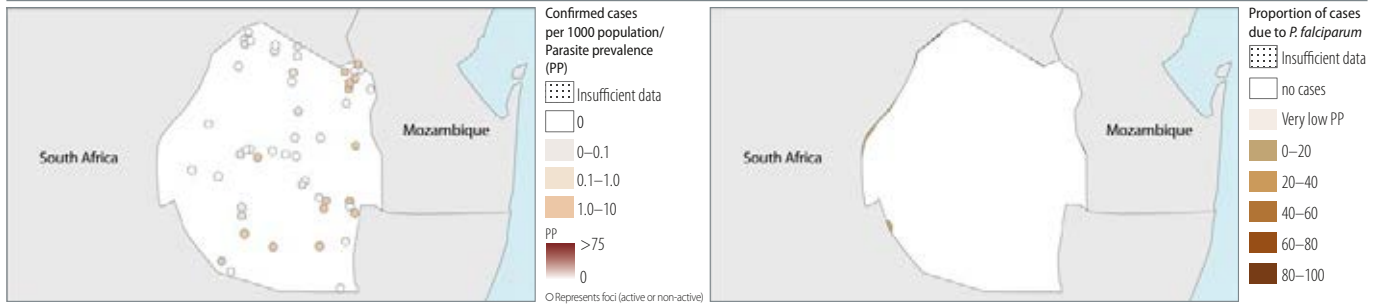
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. gambiae</i> , <i>An. funestus</i>
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	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	1946
	DDT is authorized for IRS	Yes	–
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	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2010
Treatment	ACT is free for all ages in public sector	Yes	2010
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2010

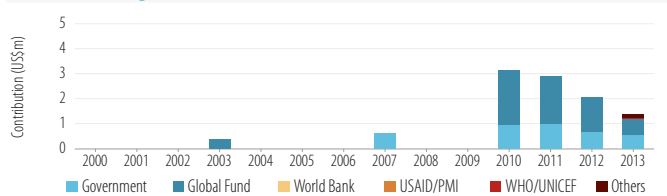
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	Yes	2012
	ACD of febrile cases at community level (pro-active)	Yes	2010
	Mass screening is undertaken	Yes	2010
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment 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	–	–
Treatment of <i>P. vivax</i>	QN	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

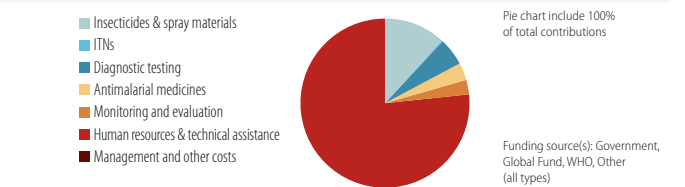
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

### III. Financing

Sources of financing

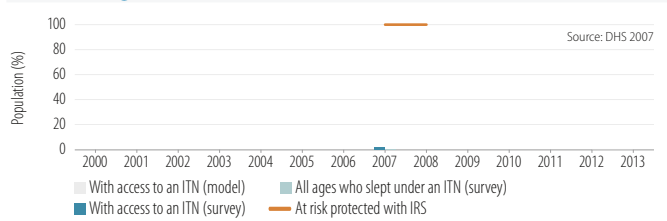


Financing by intervention in 2013

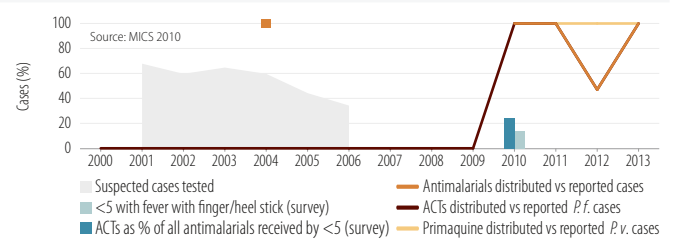


### IV. Coverage

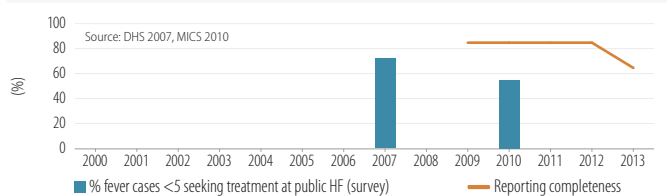
ITN and IRS coverage



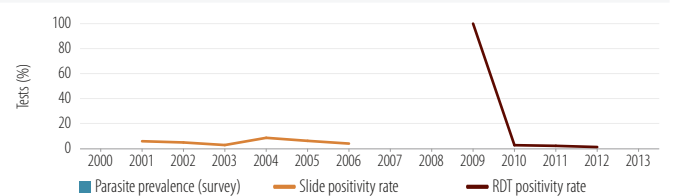
Cases tested and treated in public sector



Cases tracked

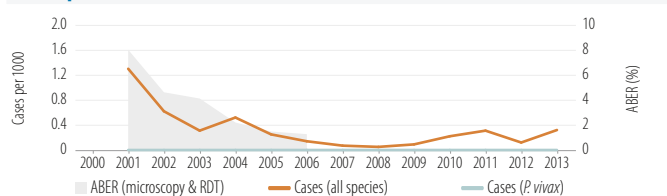


Test positivity

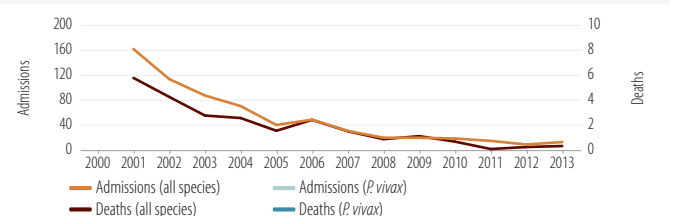


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



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



## I. Epidemiological profile

Population	2013	%
Number of active foci	14	
Number of people living within active foci	1 950 000	24
Number of people living in malaria-free areas	6 260 000	76
Total	8 210 000	

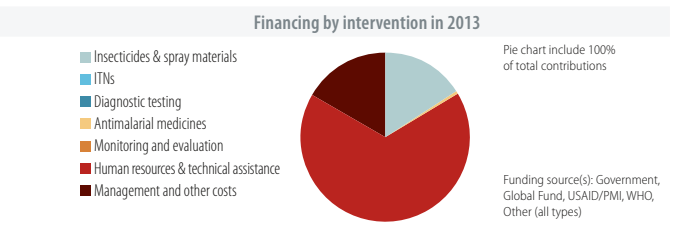
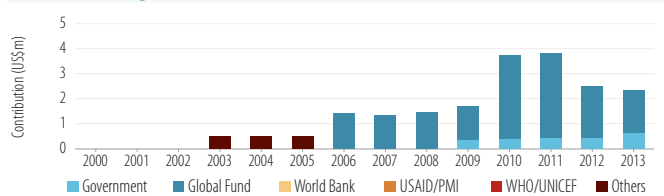
Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. superpictus</i> , <i>An. pulcherrimus</i>			
Programme phase: Elimination			
Total confirmed cases, 2013:	14	Indigenous cases, 2013:	3
Total deaths, 2013:	0	Indigenous deaths, 2013:	0

## II. Intervention policies and strategies

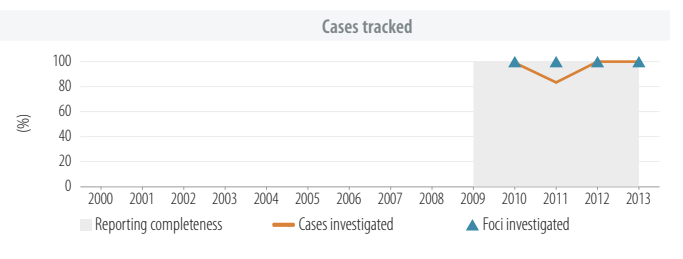
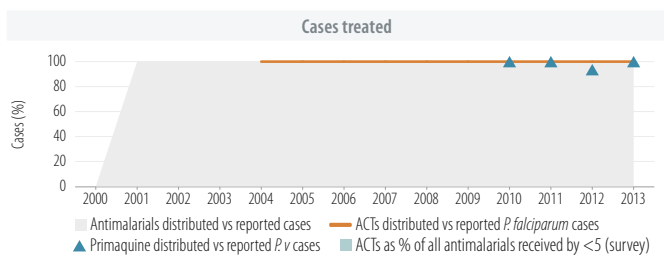
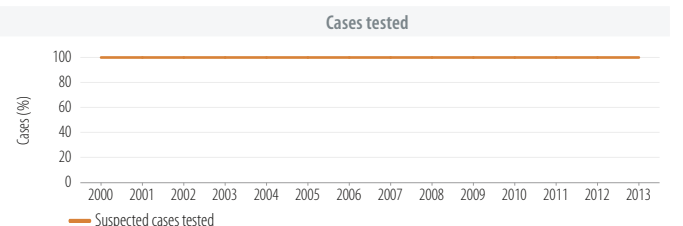
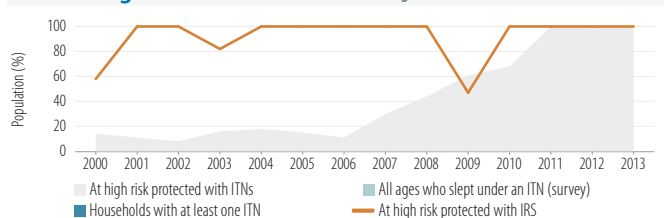
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	1997
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1998
IPT	IPT used to prevent 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	1997
Treatment	ACT is free for all ages in public sector	Yes	-
	Artemisinin-based monotherapies withdrawn	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2004
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1997
	G6PD test is a requirement before treatment with primaquine	No	2014
	Directly observed treatment with primaquine is undertaken	Yes	2004
	System for monitoring of adverse reactions to antimalarials exists	Yes	1997

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	2004				
	ACD of febrile cases at community level (pro-active)	No	-				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1997				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	2009				
	Case reporting from private sector is mandatory	Yes	2000				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		AL	2008				
Treatment failure of <i>P. falciparum</i>		QN	2004				
Treatment of severe malaria		QN	2004				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	2004				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

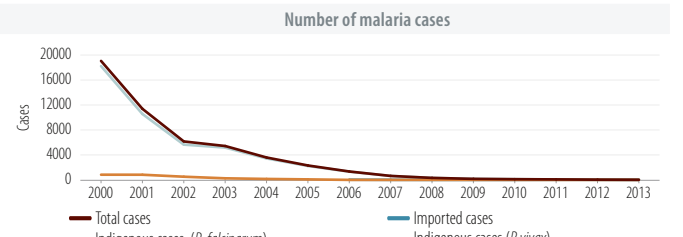
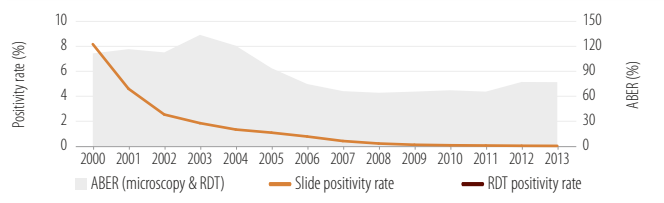
## III. Financing



## IV. Coverage



## V. Impact



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





### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	5 360 000	8
Low transmission (0–1 cases per 1000 population)	28 100 000	42
Malaria-free (0 cases)	33 500 000	50
Total	66 960 000	

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

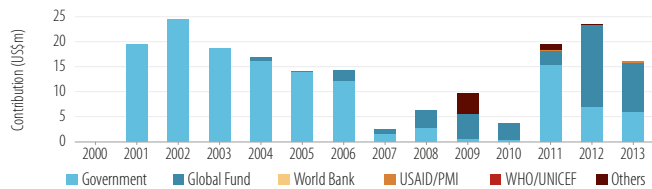
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	1992
IRS	IRS is recommended	Yes	1953
	DDT is authorized for IRS	No	–
Larval control	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	Yes	1991
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free for all ages in public sector	Yes	1995
	Artemisinin-based monotherapies withdrawn	Yes	1995
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1995
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1965
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	2008
	System for monitoring of adverse reactions to antimalarials exists	No	–

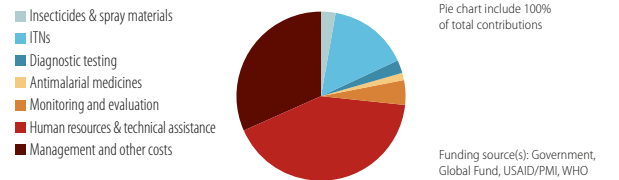
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	1958				
	ACD of febrile cases at community level (pro-active)	Yes	1958				
	Mass screening is undertaken	Yes	1958				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1995				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1995				
<b>Antimalaria treatment policy</b>			<b>Year adopted</b>				
	<b>Medicine</b>						
First-line treatment of unconfirmed malaria	–		–				
First-line treatment of <i>P. falciparum</i>	AS+MQ		2007				
Treatment failure of <i>P. falciparum</i>	QN+D		2007				
Treatment of severe malaria	QN+D		2007				
Treatment of <i>P. vivax</i>	CQ+PQ(14d)		2007				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)						
Type of RDT used			–				
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

### III. Financing

Sources of financing

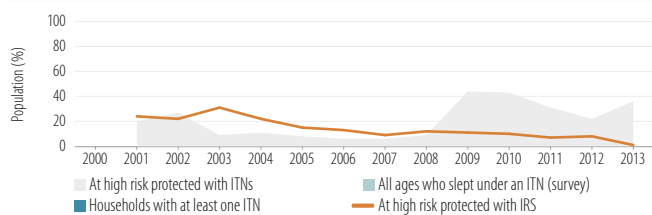


Financing by intervention in 2013

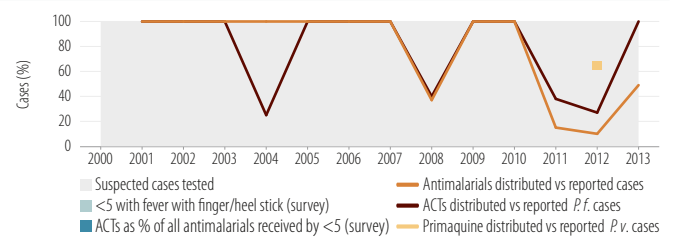


### IV. Coverage

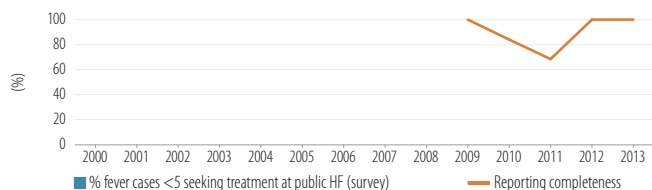
ITN and IRS coverage



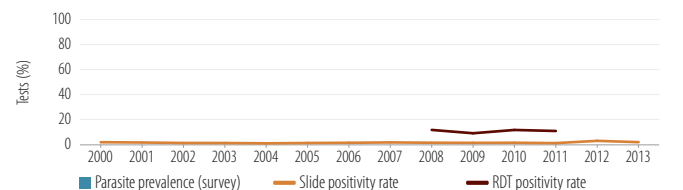
Cases tested and treated in public sector



Cases tracked

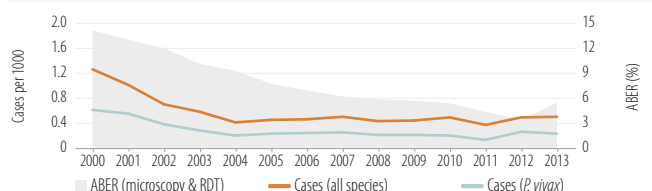


Test positivity

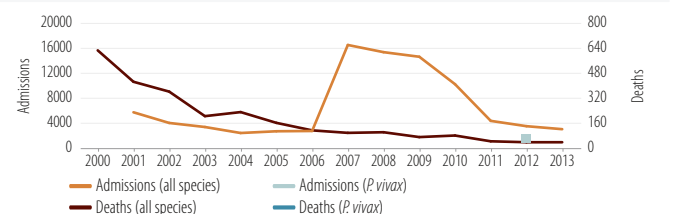


### V. Impact

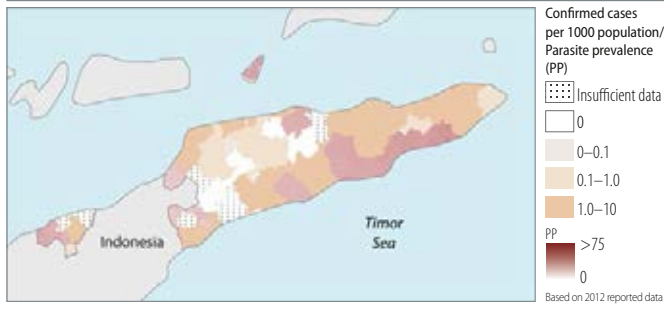
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### 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	
Major plasmodium species:	<i>P. falciparum</i> (50%), <i>P. vivax</i> (50%)
Major anopheles species:	<i>An. subpictus</i> , <i>An. barbirostris</i>
Programme phase:	Control
Reported confirmed cases:	1025
Reported deaths:	3

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	–
Larval control	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	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2007
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2006
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

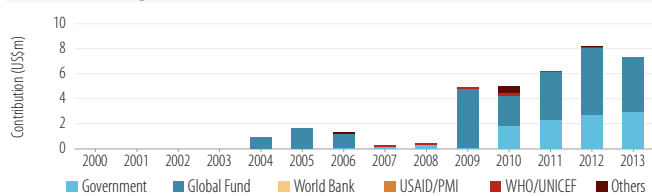
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AL	–
Treatment failure of <i>P. falciparum</i>	QN+D	–
Treatment of severe malaria	AM; AS; QN	–
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

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

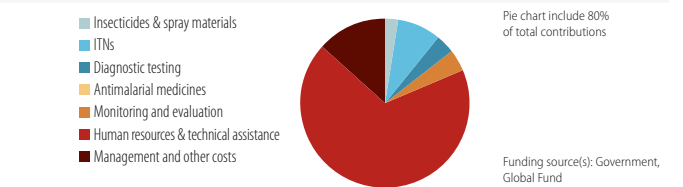
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

### III. Financing

Sources of financing

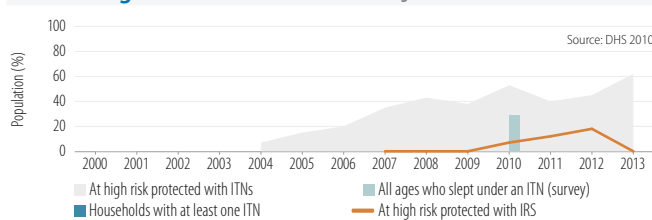


Financing by intervention in 2013

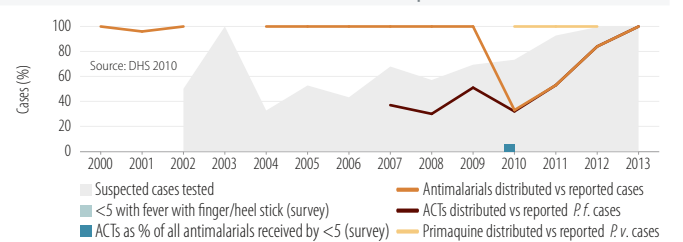


### IV. Coverage

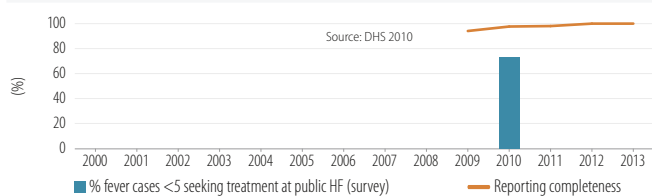
ITN and IRS coverage



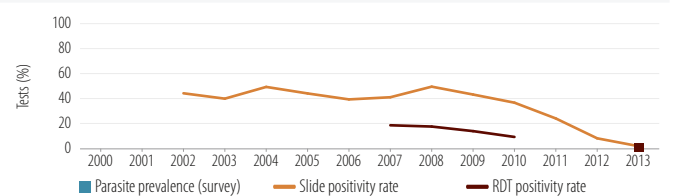
Cases tested and treated in public sector



Cases tracked

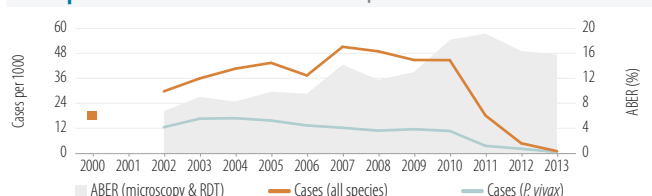


Test positivity

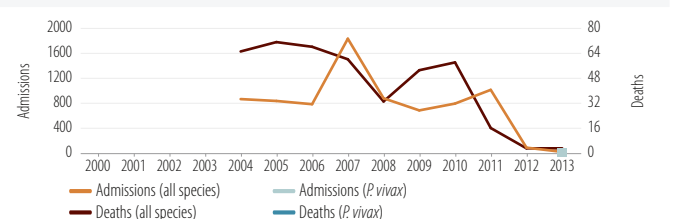


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	6 820 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	6 820 000	

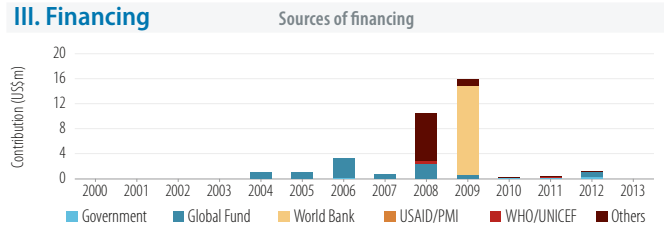
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. melas</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	882 430
Reported deaths:	1361

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2011
IRS	IRS is recommended	Yes	2011
	DDT is authorized for IRS	No	-
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	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2012
Treatment	ACT is free for all ages in public sector	No	-
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	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	2009

Intervention	Policies/strategies	Yes/No	Year 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	Yes	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
<b>Antimalaria treatment policy</b>		<b>Medicine</b>	<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	AL; AS+AQ	-	-				
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	-	-				
Treatment failure of <i>P. falciparum</i>	-	-	-				
Treatment of severe malaria	QN	-	-				
Treatment of <i>P. vivax</i>	-	-	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-	-				
Type of RDT used	<i>Pf</i> only						
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2013	0	1.4	4.4	28 days	11	<i>P. falciparum</i>
AS+AQ	2005-2013	0	0	6	28 days	11	<i>P. falciparum</i>

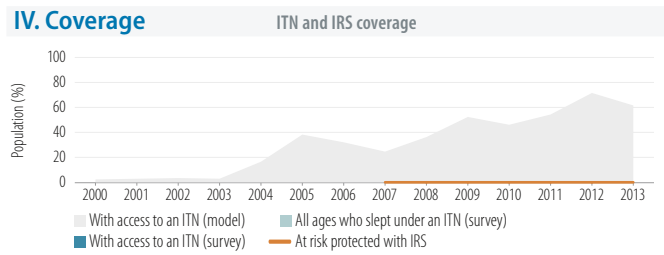
### III. Financing



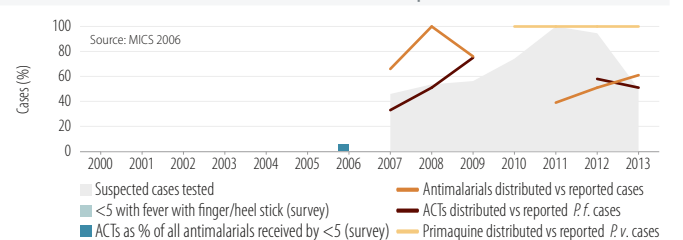
### Financing by intervention in 2013

No data reported for 2013

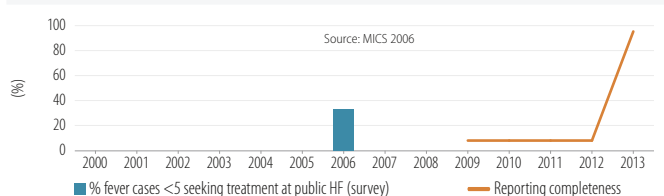
### IV. Coverage



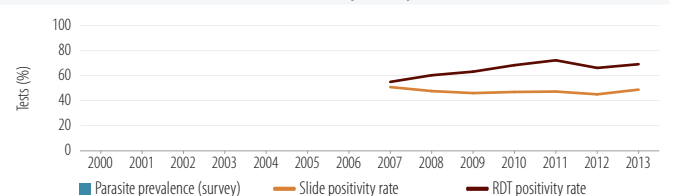
### Cases tested and treated in public sector



### Cases tracked

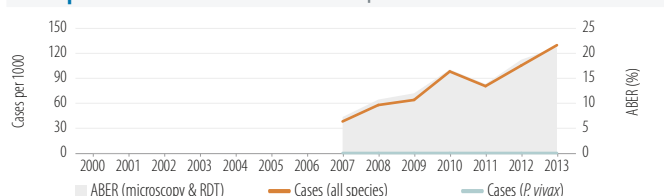


### Test positivity

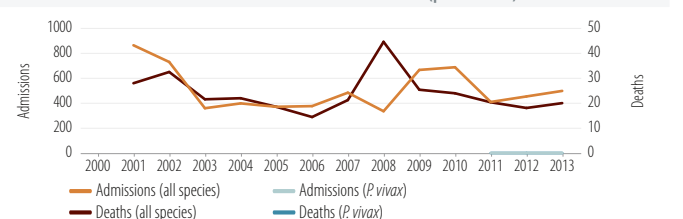


### V. Impact

#### Confirmed malaria cases per 1000 and ABER



#### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends



### 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	74 900 000	100
Total	74 900 000	

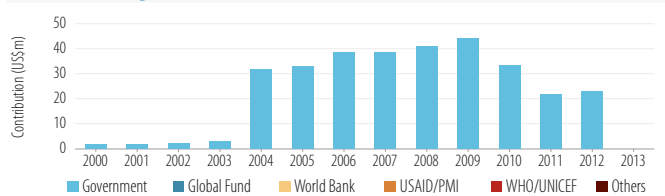
Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. sacharovi</i> , <i>An. superpictus</i> , <i>An. maculipennis</i>			
Programme phase: Elimination			
Total confirmed cases, 2013:	285	Indigenous cases, 2013:	0
Total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

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1926
	DDT is authorized for IRS	No	-
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>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1926
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2007
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
	Foci and case investigation undertaken	Yes	1926				
	Case reporting from private sector is mandatory	Yes	1930				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		-	-				
Treatment failure of <i>P. falciparum</i>		-	-				
Treatment of severe malaria		-	-				
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-				
Dosage of primaquine 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
-	-	-	-	-	-	-	-

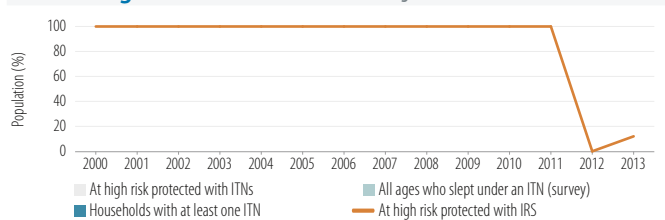
### III. Financing



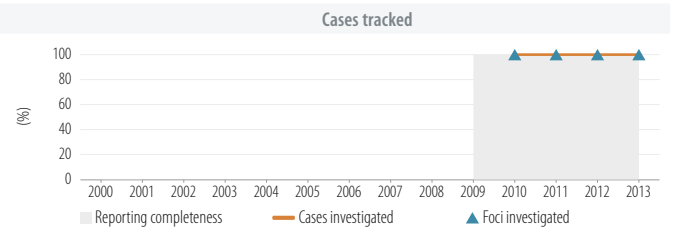
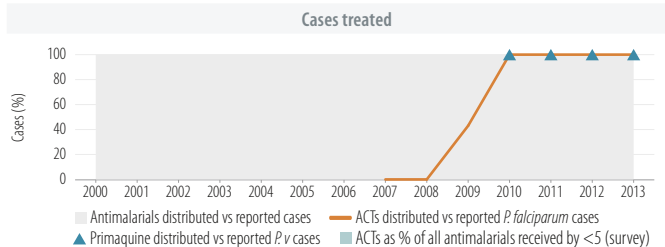
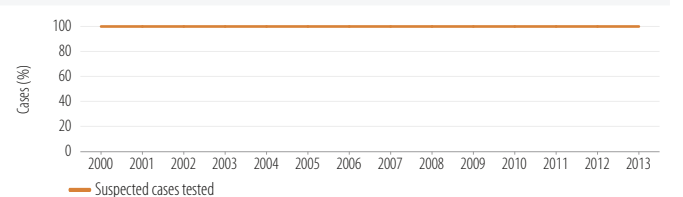
### Financing by intervention in 2013

No data reported for 2013

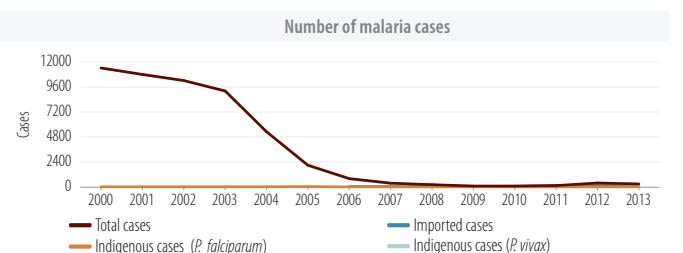
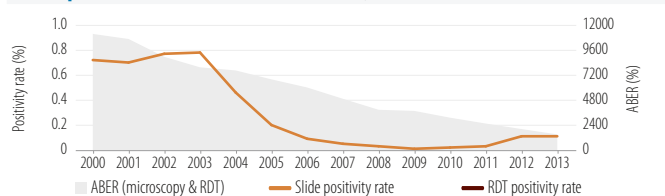
### IV. Coverage



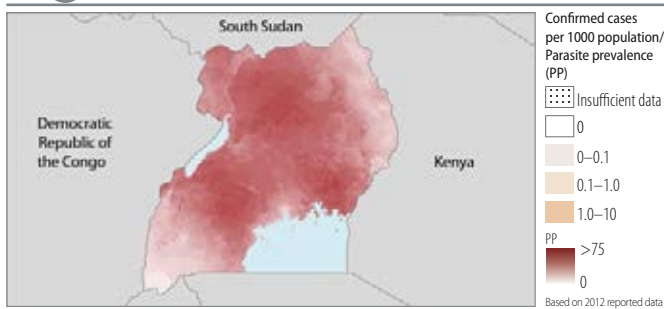
### Cases tested



### V. Impact



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



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	1 502 362
Reported deaths:	7 277

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2013
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	Yes	2008
Larval control	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	Yes	2012
	Malaria diagnosis is free of charge in the public sector	Yes	2001
Treatment	ACT is free for all ages in public sector	Yes	2005
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

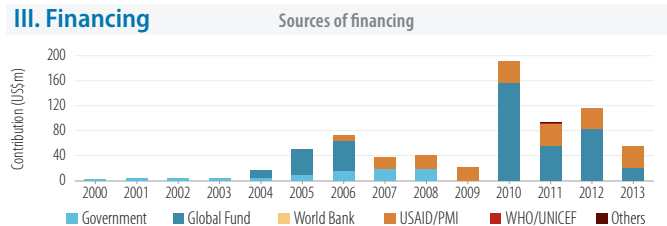
Intervention	Policies/strategies	Yes/No	Year adopted
Surveillance	ACD for case investigation (reactive)	No	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases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

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

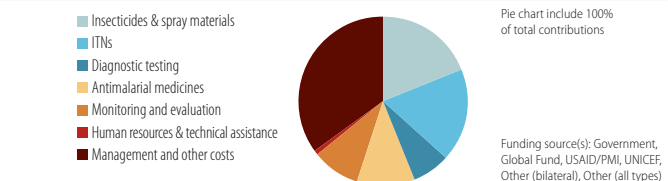
**Therapeutic efficacy tests (clinical and parasitological failure, %)**

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

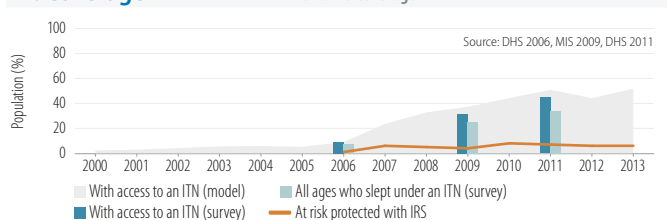
### III. Financing



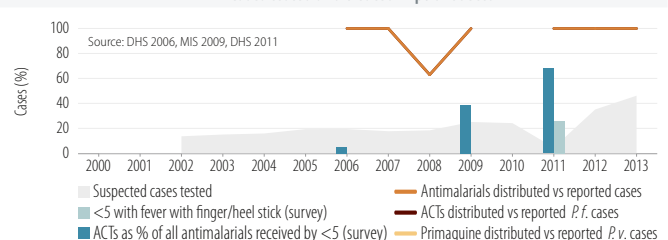
### Financing by intervention in 2013



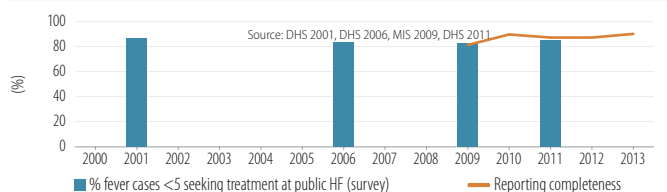
### IV. Coverage



### Cases tested and treated in public sector



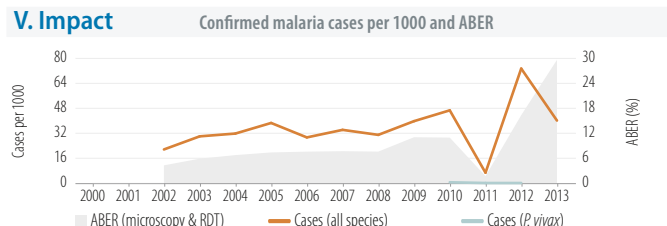
### Cases tracked



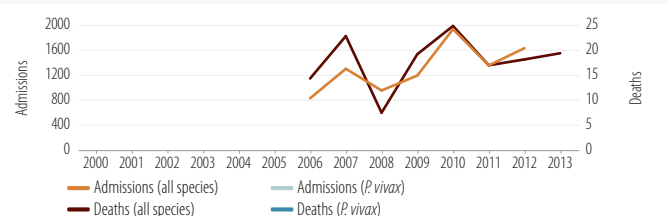
### Test positivity



### V. Impact

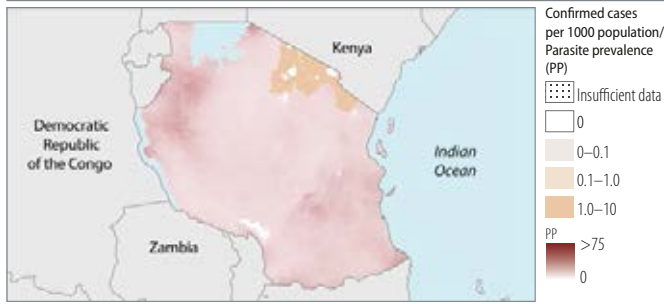


### Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends





## I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	34 900 000	73
Low transmission (0–1 cases per 1000 population)	12 900 000	27
Malaria-free (0 cases)	0	0
Total	47 800 000	

**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: 1 550 250  
 Reported deaths: 8526

## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	–
	ITNs/LLINs distributed to all age groups	No	–
<b>IRS</b>	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	Yes	2001
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	–
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	–
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	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 <i>P. vivax</i> cases routinely admitted	No	–

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–

Type of RDT used: Pf + Pv specific (Combo)

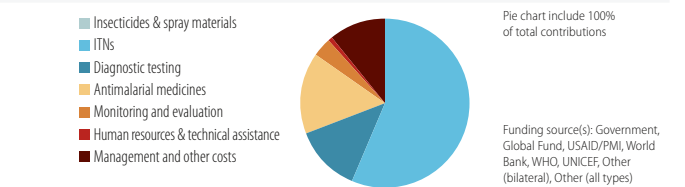
Therapeutic efficacy tests (clinical and parasitological failure, %)	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species

## III. Financing

Sources of financing

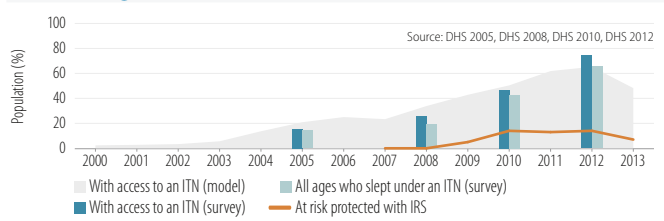


Financing by intervention in 2013

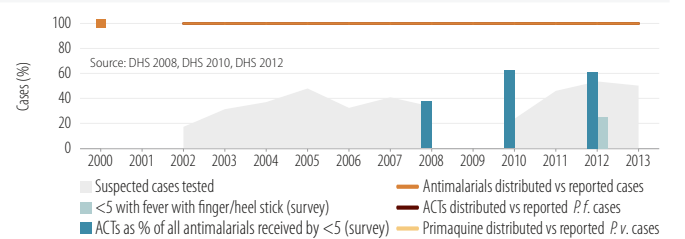


## IV. Coverage

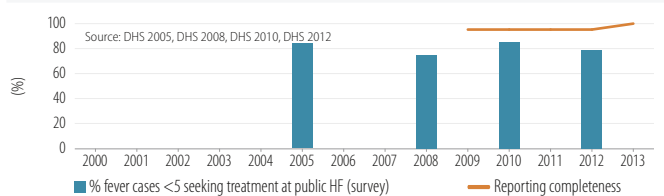
ITN and IRS coverage



Cases tested and treated in public sector



Cases tracked

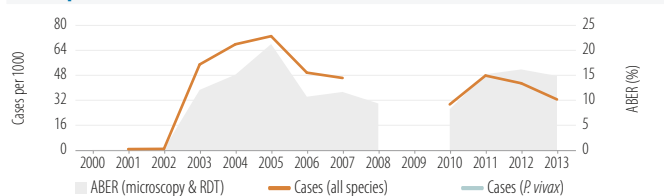


Test positivity

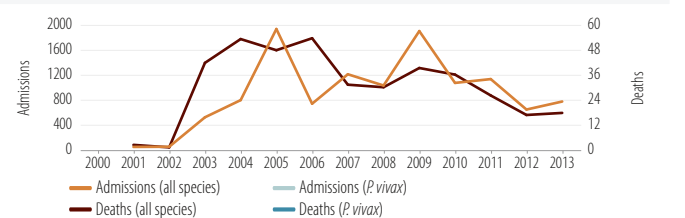


## V. Impact

Confirmed malaria cases per 1000 and ABER

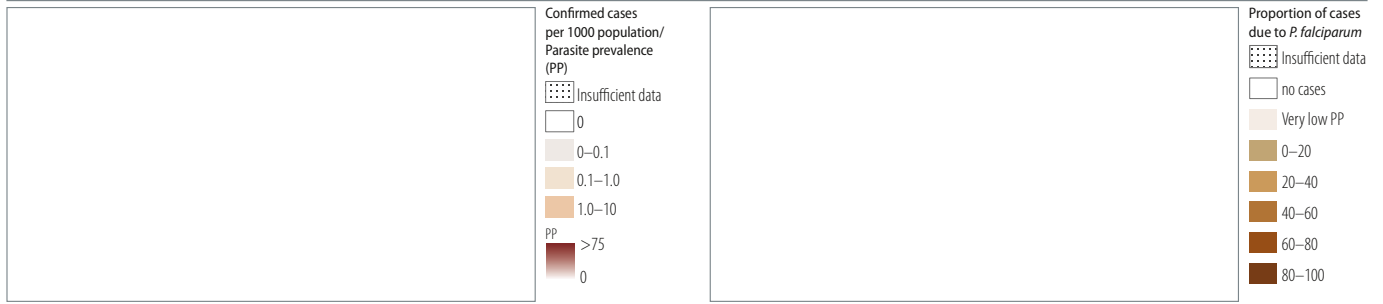


Malaria admissions and deaths (per 100 000)



**Impact:** Insufficiently consistent data to assess trends





## 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	

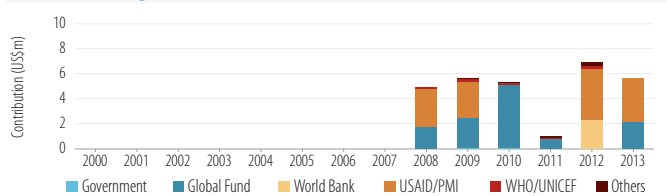
Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i>
Programme phase:	Control
Reported confirmed cases:	2194
Reported deaths:	2

## II. Intervention policies and strategies

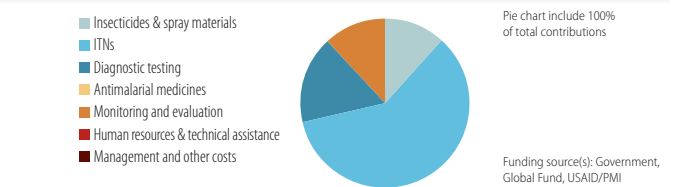
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2004
Treatment	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	–	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2003

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	No	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria	AS+AQ	2004					
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004					
Treatment failure of <i>P. falciparum</i>	QN	2004					
Treatment of severe malaria	QN	2004					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used	<i>Pf</i> + all species (Combo)						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2007	0	0	0	28 days	2	<i>P. falciparum</i>

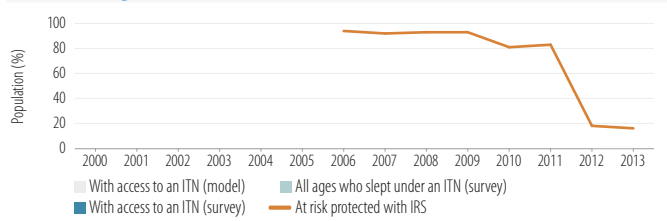
## III. Financing



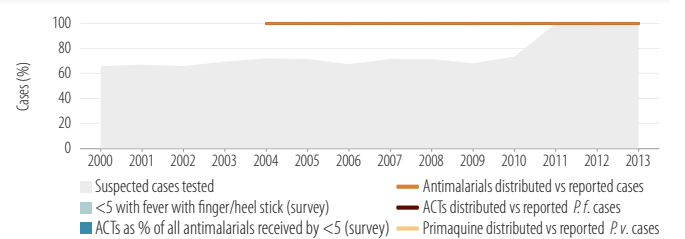
## Financing by intervention in 2013



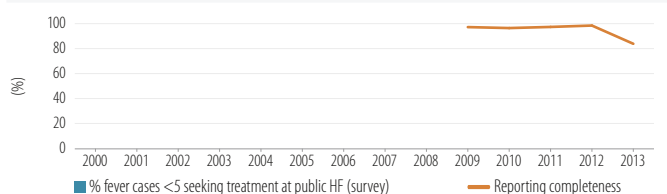
## IV. Coverage



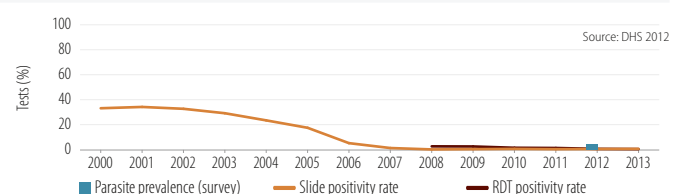
## Cases tested and treated in public sector



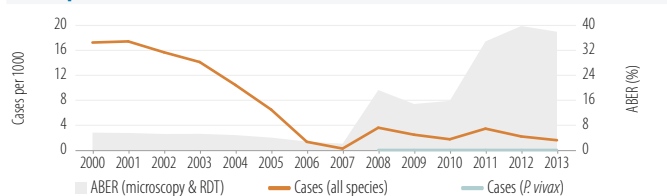
## Cases tracked



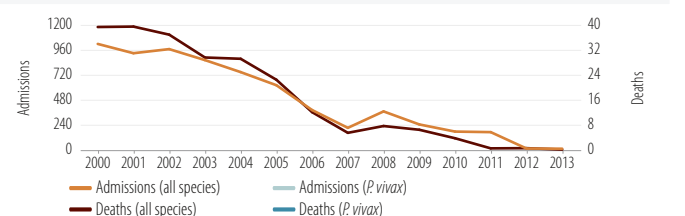
## Test positivity



## V. Impact



## Malaria admissions and deaths (per 100 000)



Impact: Insufficiently consistent data to assess trends



### 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:	<i>P. falciparum</i> (31%), <i>P. vivax</i> (69%)
Major anopheles species:	<i>An. farauti</i>
Programme phase:	Control
Reported confirmed cases:	2381
Reported deaths:	0

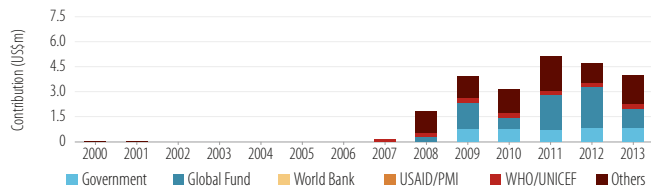
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	1990
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	No	–
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	Yes	2009
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	Yes	2012
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	Directly observed treatment with primaquine is undertaken	Yes	2009
	System for monitoring of adverse reactions to antimalarials exists	No	–

Intervention	Policies/strategies	Yes/No	Year 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 <i>P. falciparum</i> cases routinely admitted	No	–				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–				
<b>Antimalaria treatment policy</b>		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		–	–				
First-line treatment of <i>P. falciparum</i>		AL	2007				
Treatment failure of <i>P. falciparum</i>		QN	2007				
Treatment of severe malaria		QN	2007				
Treatment of <i>P. vivax</i>		AL+PQ(14d)	2007				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		–	–				
Type of RDT used		<i>Pf</i> + <i>Pv</i> specific (Combo)					
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011–2012	2.8	2.8	2.8	28 days	1	<i>P. vivax</i>

### III. Financing

Sources of financing

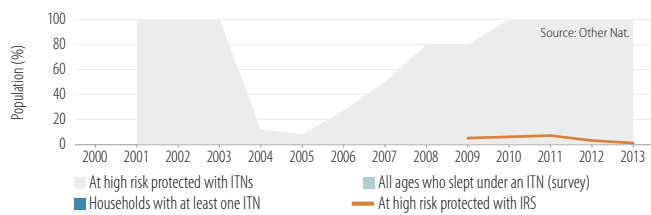


Financing by intervention in 2013

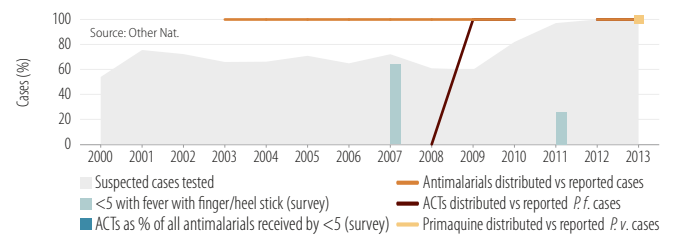
No data reported for 2013

### IV. Coverage

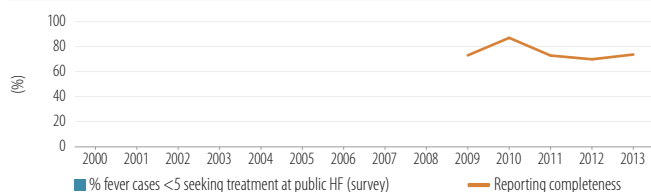
ITN and IRS coverage



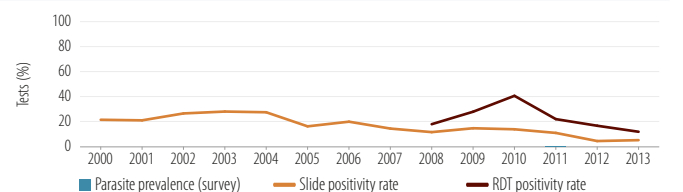
Cases tested and treated in public sector



Cases tracked

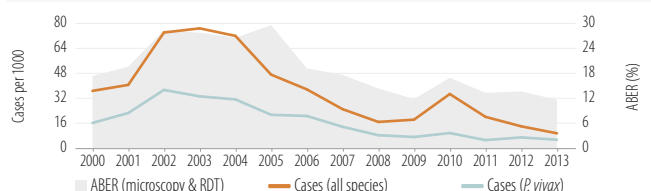


Test positivity

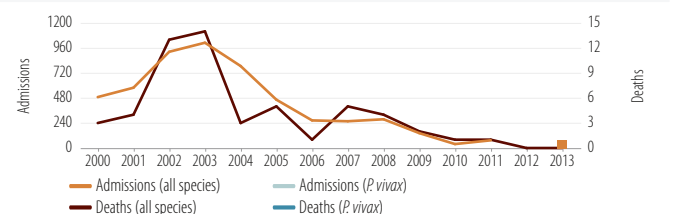


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Increase in case incidence 2000–2015



## I. Epidemiological profile

Population	2013	%
High transmission (> 1 case per 1000 population)	791 000	3
Low transmission (0-1 cases per 1000 population)	4 930 000	16
Malaria-free (0 cases)	24 700 000	81
Total	30 421 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (35%), <i>P. vivax</i> (65%)
Major anopheles species:	<i>An. darlingi</i> , <i>An. aquasalis</i> , <i>An. nuneztovari</i> , <i>An. braziliensis</i> , <i>An. albirtarsis</i>
Programme phase:	Control
Reported confirmed cases:	78 643
Reported deaths:	6

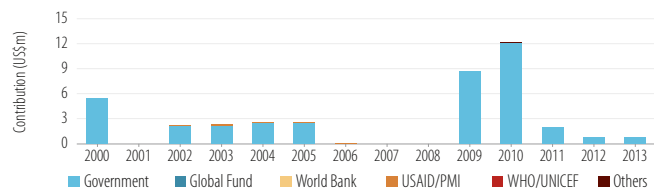
## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	-
	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	Yes	1936
	Malaria diagnosis is free of charge in the public sector	Yes	1936
Treatment	ACT is free for all ages in public sector	Yes	2004
	Artemisinin-based monotherapies withdrawn	Yes	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-

Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	-	-				
	ACD of febrile cases at community level (pro-active)	Yes	-				
	Mass screening is undertaken	Yes	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
Antimalaria treatment policy			Year adopted				
	Medicine						
	First-line treatment of unconfirmed malaria	-	-				
	First-line treatment of <i>P. falciparum</i>	AS+MQ+PQ	2004				
	Treatment failure of <i>P. falciparum</i>	QN+CL; QN+D; QN+T	2004				
	Treatment of severe malaria	AM; QN	2004				
	Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004				
	Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 days)					
	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	0	0	0	28 days	2	<i>P. falciparum</i>

## III. Financing

Sources of financing

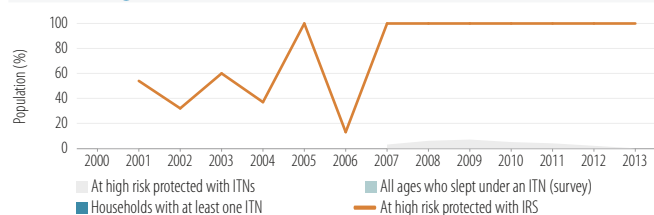


Financing by intervention in 2013

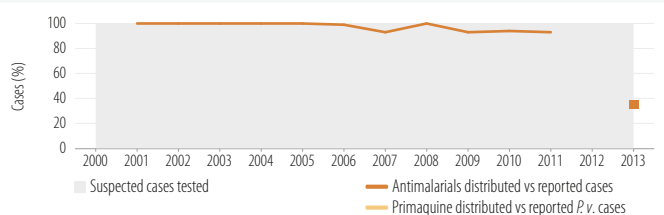
No data reported for 2013

## IV. Coverage

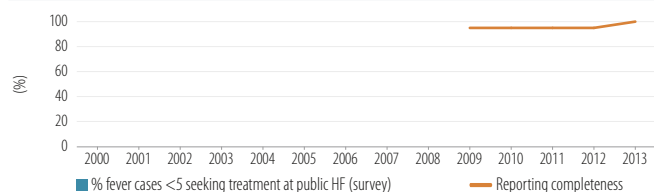
ITN and IRS coverage



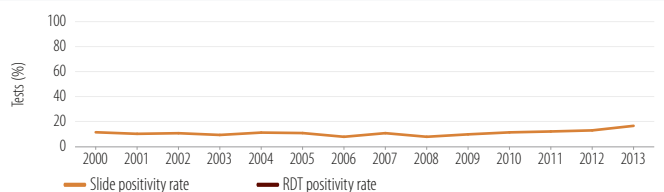
Cases tested and treated in public sector



Cases tracked

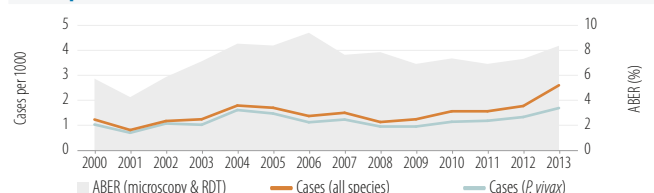


Test positivity

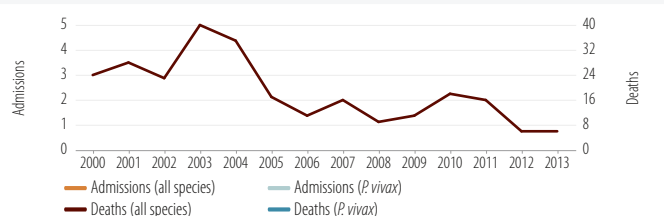


## V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Increase in case incidence 2000-2015



### 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)	57 300 000	63
Total	91 700 000	

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

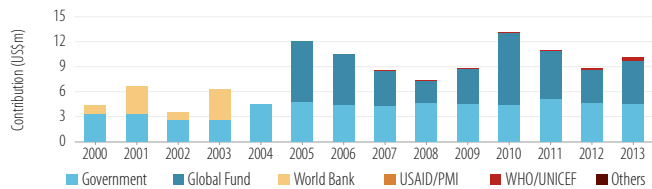
### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	1992
IRS	IRS is recommended	Yes	1958
	DDT is authorized for IRS	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	Yes	1958
	Malaria diagnosis is free of charge in the public sector	Yes	1958
Treatment	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	Yes	2013
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2003
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1960
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	1980

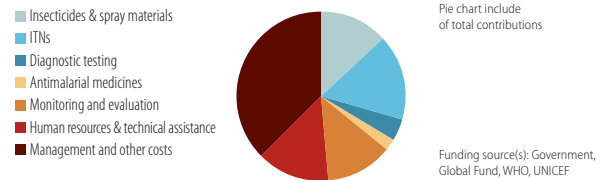
Intervention	Policies/strategies	Yes/No	Year adopted				
Surveillance	ACD for case investigation (reactive)	Yes	1958				
	ACD of febrile cases at community level (pro-active)	Yes	1958				
	Mass screening is undertaken	No	-				
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-				
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-				
<b>Antimalaria treatment policy</b>			<b>Year adopted</b>				
First-line treatment of unconfirmed malaria	DHA-PPQ		-				
First-line treatment of <i>P. falciparum</i>	QN+CL; QN+D		2013				
Treatment failure of <i>P. falciparum</i>	AS; QN		2013				
Treatment of severe malaria	CQ+PQ(14d)		2013				
Treatment of <i>P. vivax</i>	AS - 2nd & 3rd trimesters; QN		-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>			-				
Type of RDT used	<i>Pf</i> + <i>P.v</i> specific (Combo)						
<b>Therapeutic efficacy tests (clinical and parasitological failure, %)</b>							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

### III. Financing

Sources of financing

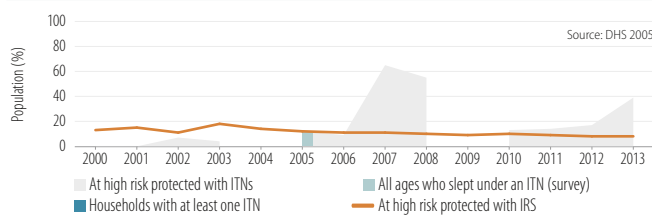


Financing by intervention in 2013

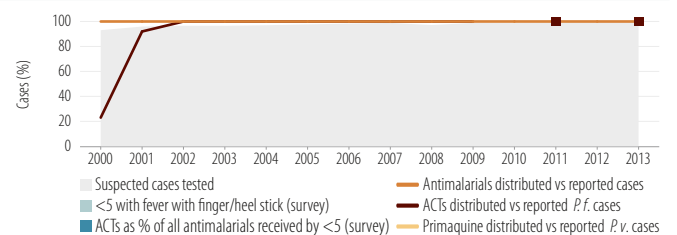


### IV. Coverage

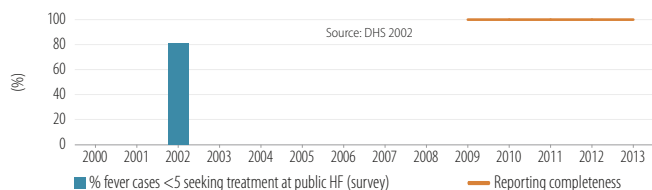
ITN and IRS coverage



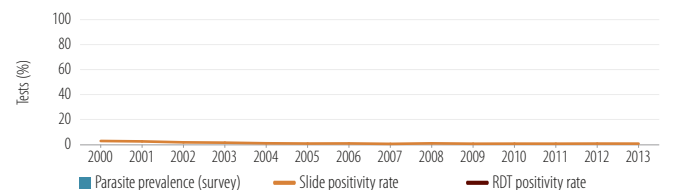
Cases tested and treated in public sector



Cases tracked

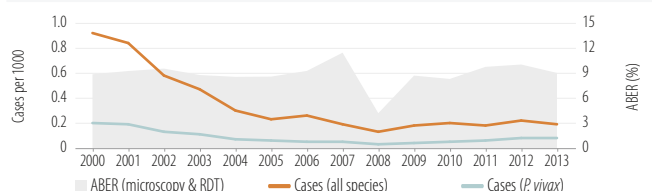


Test positivity

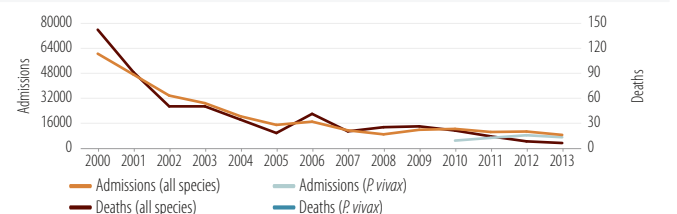


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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



### I. Epidemiological profile

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
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2009
<b>IRS</b>	IRS is recommended	Yes	2001
	DDT is authorized for IRS	No	–
<b>Larval control</b>	Use of larval control recommended	Yes	2002
<b>IPT</b>	IPT used to prevent malaria during pregnancy	N/A	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	2001
	Malaria diagnosis is free of charge in the public sector	Yes	2002
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	Yes	2009
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2001
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

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

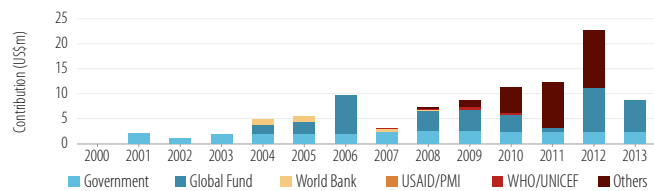
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+SP	2009
First-line treatment of <i>P. falciparum</i>	AS+SP	2009
Treatment failure of <i>P. falciparum</i>	AL	2009
Treatment of severe malaria	AM; QN	2009
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	–
Dosage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

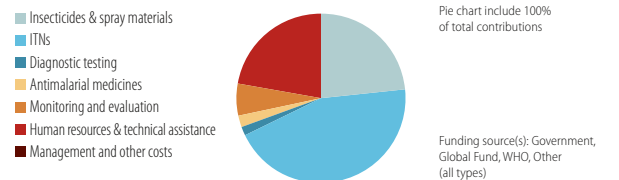
Therapeutic efficacy tests (clinical and parasitological failure, %)	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007–2010	0	0	1.1	28 days	3	<i>P. falciparum</i>	
AS+SP	2007–2011	0	0	1.5	28 days	6	<i>P. falciparum</i>	

### III. Financing

Sources of financing

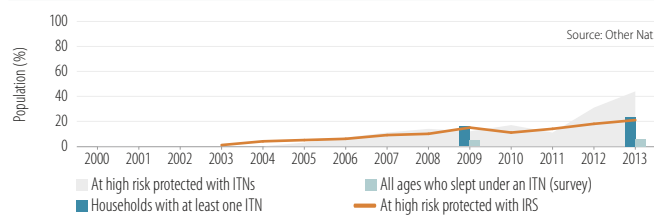


Financing by intervention in 2013

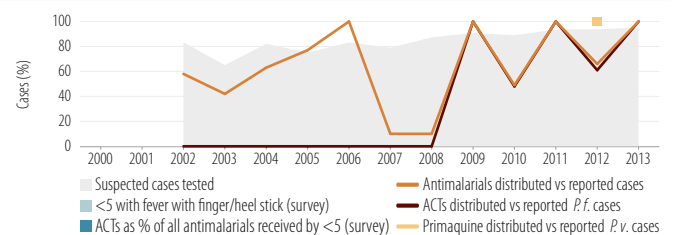


### IV. Coverage

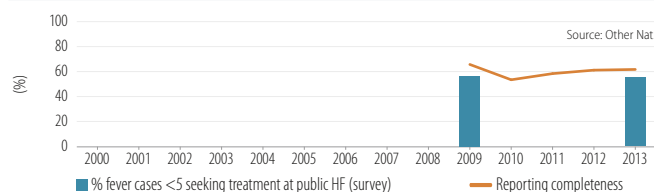
ITN and IRS coverage



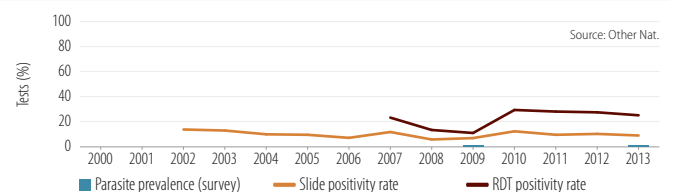
Cases tested and treated in public sector



Cases tracked

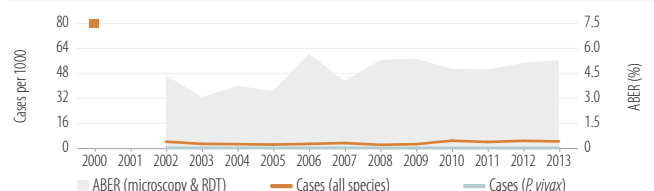


Test positivity

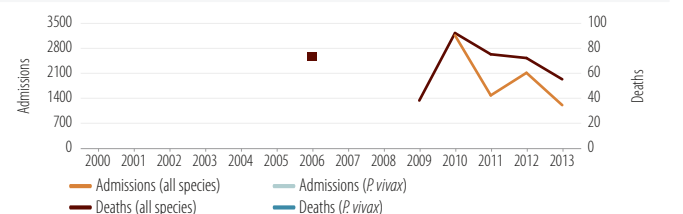


### V. Impact

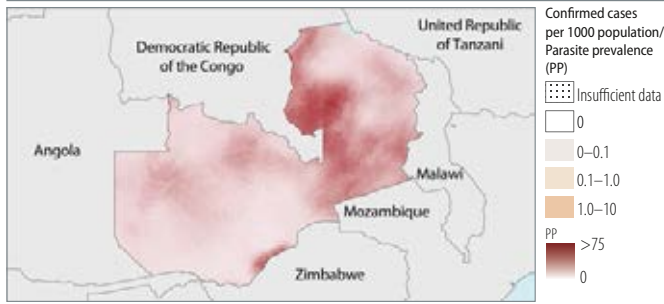
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



**Impact:** Insufficiently consistent data to assess trends



### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	
Reported deaths:	3548

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Year adopted
<b>ITN</b>	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	1998
<b>IRS</b>	IRS is recommended	Yes	–
	DDT is authorized for IRS	Yes	–
<b>Larval control</b>	Use of larval control recommended	No	–
<b>IPT</b>	IPT used to prevent malaria during pregnancy	Yes	–
<b>Diagnosis</b>	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
<b>Treatment</b>	ACT is free for all ages in public sector	Yes	2003
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	No	–

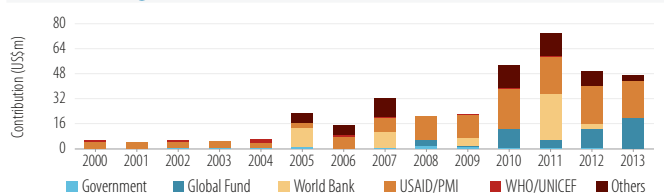
Intervention	Policies/strategies	Yes/No	Year adopted
<b>Surveillance</b>	ACD for case investigation (reactive)	Yes	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax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

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2002
First-line treatment of <i>P. falciparum</i>	AL	2002
Treatment failure of <i>P. falciparum</i>	QN	2002
Treatment of severe malaria	QN	2002
Treatment of <i>P. vivax</i>	–	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–
Type of RDT used	–	–

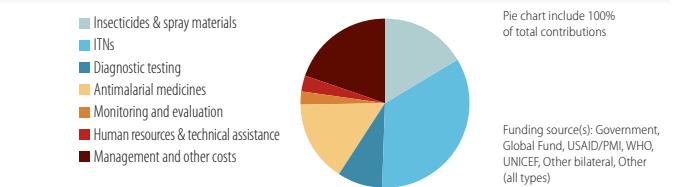
  

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2012	0	0	6.7	28 days	12	<i>P. falciparum</i>

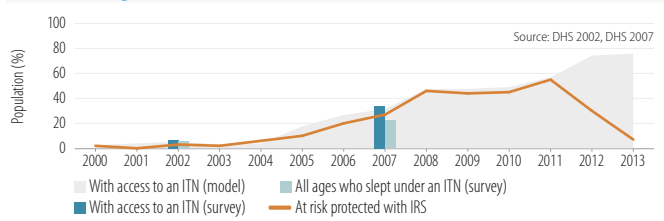
### III. Financing



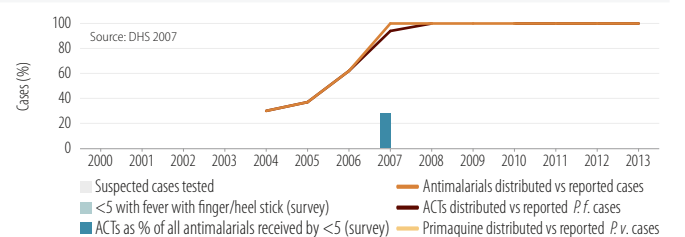
### Financing by intervention in 2013



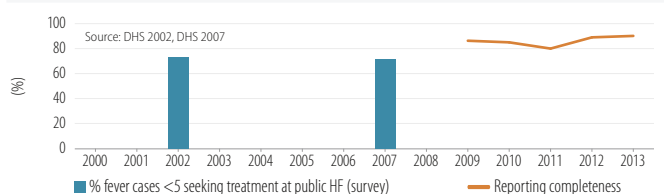
### IV. Coverage



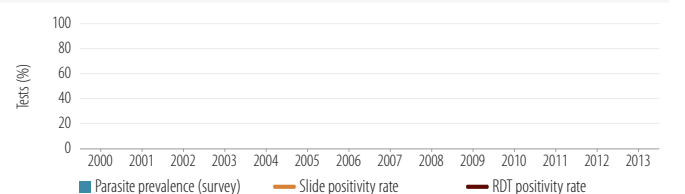
### Cases tested and treated in public sector



### Cases tracked



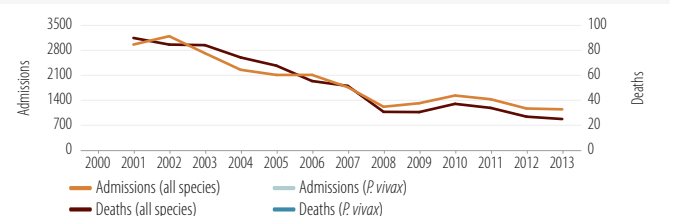
### Test positivity



### V. Impact



### Malaria admissions and deaths (per 100 000)



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





### I. Epidemiological profile

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:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. gambiae</i> , <i>An. funestus</i>
Programme phase:	Control
Reported confirmed cases:	422 633
Reported deaths:	352

### II. Intervention policies and strategies

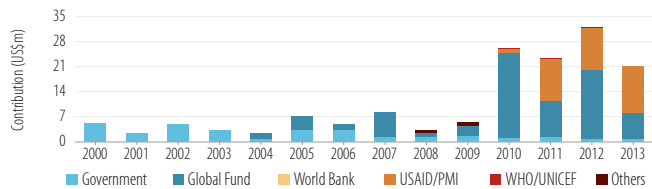
Intervention	Policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1947
	DDT is authorized for IRS	Yes	2004
Larval control	Use of larval control recommended	Yes	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free for all ages in public sector	Yes	2009
	Artemisinin-based monotherapies withdrawn	Yes	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	No	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	–

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	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

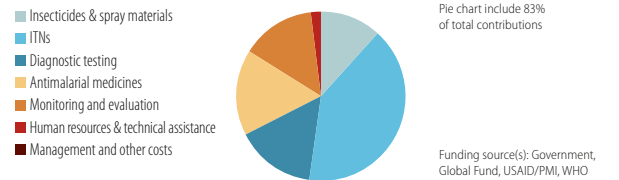
Antimalarial treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	AL	2004					
First-line treatment of <i>P. falciparum</i>	AL	2004					
Treatment failure of <i>P. falciparum</i>	QN	2004					
Treatment of severe malaria	QN	2004					
Treatment of <i>P. vivax</i>	–	–					
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–	–					
Type of RDT used	<i>Pf</i> only						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2010	0	2.4	14.3	28 days	28	<i>P. falciparum</i>

### III. Financing

Sources of financing

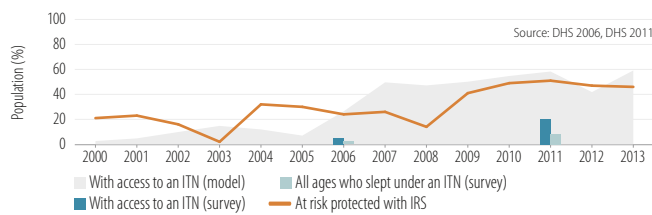


Financing by intervention in 2013

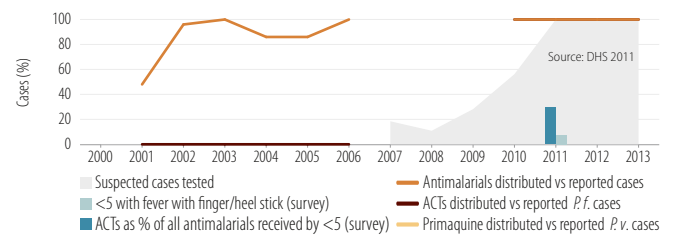


### IV. Coverage

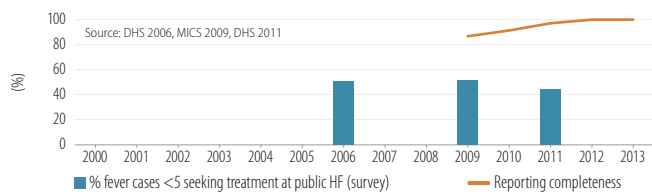
ITN and IRS coverage



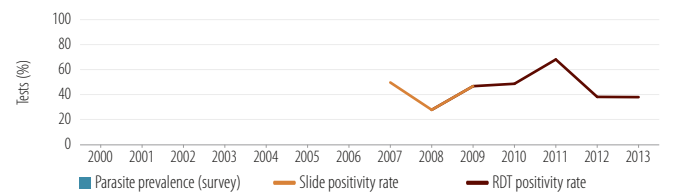
Cases tested and treated in public sector



Cases tracked

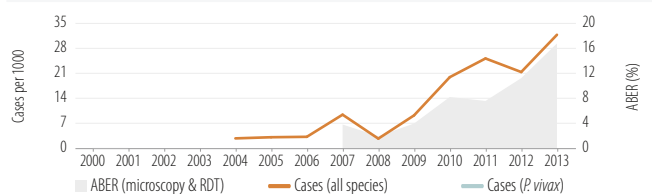


Test positivity

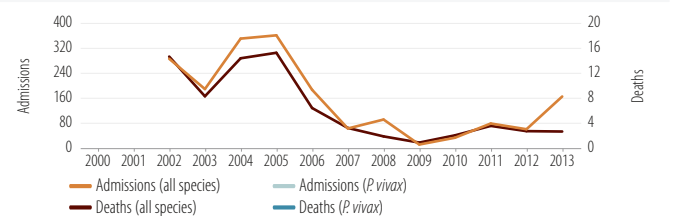


### V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)



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