

I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	7 360 000	48
Low transmission (0-1 cases per 1000 population)	3 460 000	23
Malaria free (0 cases)	4 480 000	29
Total	15 300 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (64%), *P. vivax* (36%)
 Major anopheles species: *An. dirus*, *An. minimus*, *An. maculatus*, *An. sundaicus*

Programme phase: Control

Reported confirmed cases: 25 152 Estimated cases, 2013: [62 000-95 000]
 Reported confirmed cases at community level: 29 993
 Reported deaths: 18 Estimated deaths, 2013: [10-220]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	2000
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	2000
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2000
	Sale of oral artemisinin-based monotherapies	Is banned	2008
	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
Surveillance	ACD for case investigation (reactive)	No	-
	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	-

Antimalaria treatment policy

Medicine	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; AS; 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 d)
Type of RDT used	<i>P. f.</i> + <i>P. v.</i> specific (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

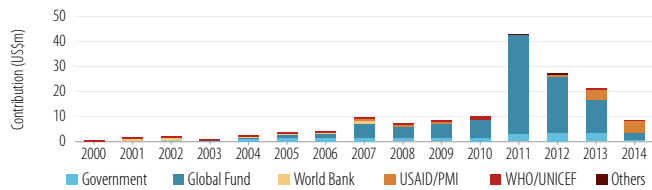
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005-2011	0	3.15	19.4	42 days	14	<i>P. falciparum</i>
DHA-PPQ	2008-2015	0	8.1	62.5	42 days	25	<i>P. falciparum</i>
DHA-PPQ	2010-2014	0	0	3.3	28 days	6	<i>P. vivax</i>

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

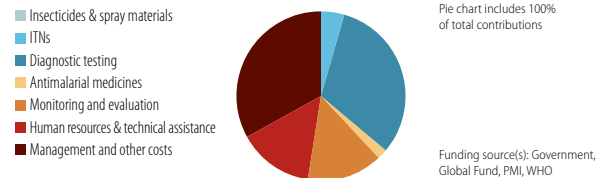
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014	Yes	Yes	-	-	<i>An. dirus</i> , <i>An. minimus</i> , other

III. Financing

Sources of financing

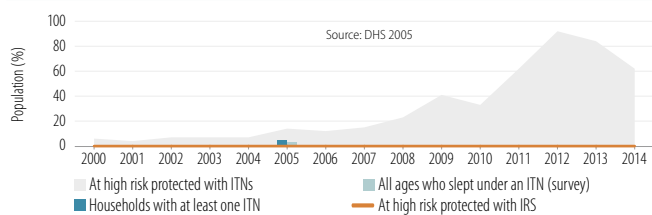


Financing by intervention in 2014

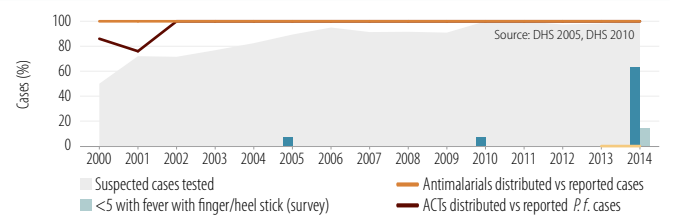


IV. Coverage

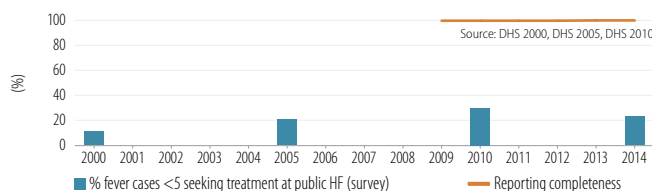
ITN and IRS coverage



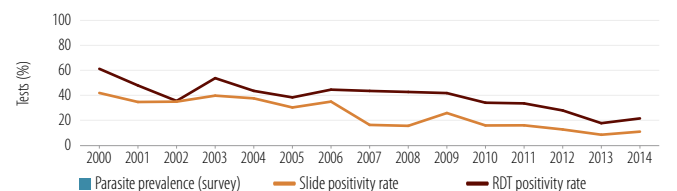
Cases tested and treated in public sector



Cases tracked

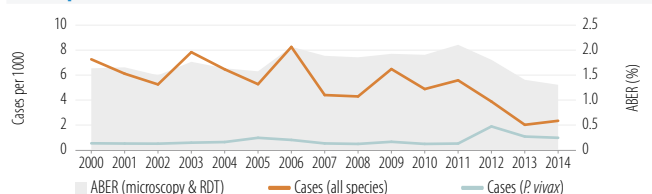


Test positivity

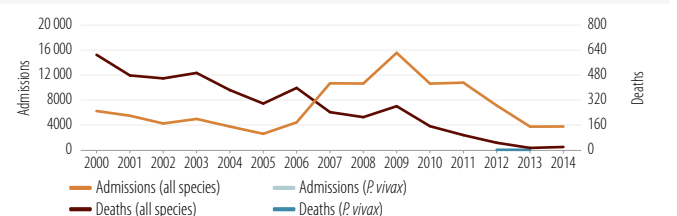


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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