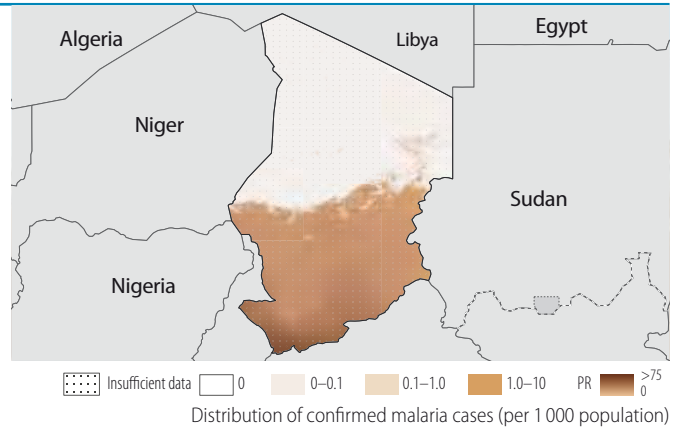


Phase: Control. Impact: Insufficiently consistent data to assess trends.



I. Epidemiological profile

Population (UN Population Division)	2011	%
High transmission (≥ 1 case per 1000 population)	9 220 000	80
Low transmission (0-1 cases per 1000 population)	2 190 000	19
Malaria-free (0 cases)	115 000	1
Total	11 525 000	

Parasites and vectors

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

II. Intervention policies and strategies

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN/LLIN	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2011
IRS	IRS is recommended	Yes	–
	DDT is used for IRS	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Case management	Patients of all ages should receive diagnostic test	Yes	–
	RDTs used at community level	No	–
	ACT is free for all ages in public sector	Yes	–
	Pre-referral treatment with recommended medicines	Yes	–
	Marketing authorization for all oral artemisinin-based monotherapies withdrawn	No	–

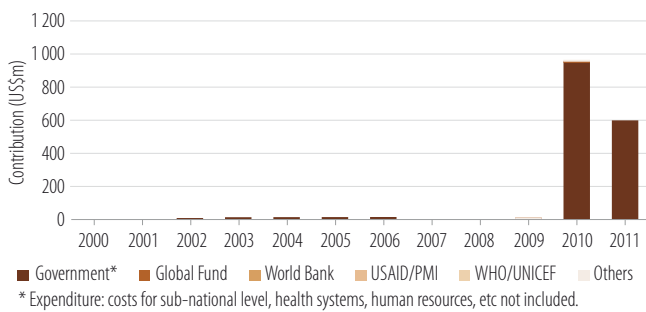
Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL ;AS+AQ	–
First-line treatment of <i>P. falciparum</i>	AL ;AS+AQ	–
For treatment failure of <i>P. falciparum</i>	QN	–
Treatment of severe malaria	AM ;QN	–
Treatment of <i>P. vivax</i>	–	–

Therapeutic efficacy tests (therapeutic or parasitological failure, %)

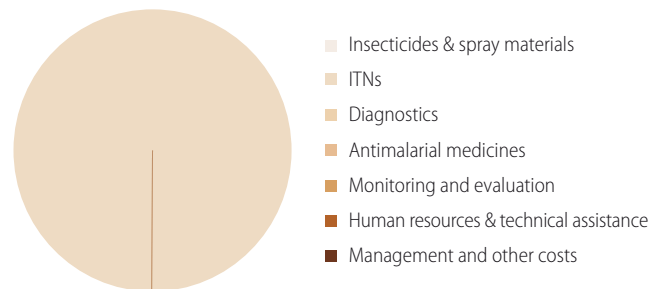
Medicine	Year	No. of studies	Min	Median	Max	Follow-up
AS+AQ	2009-2009	2	0	0	0	28 days

III. Financing

Government and external financing

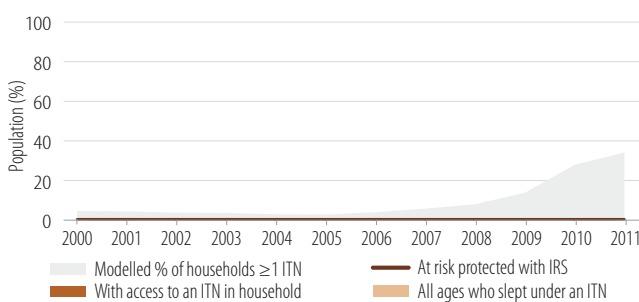


Expenditure by intervention in 2011

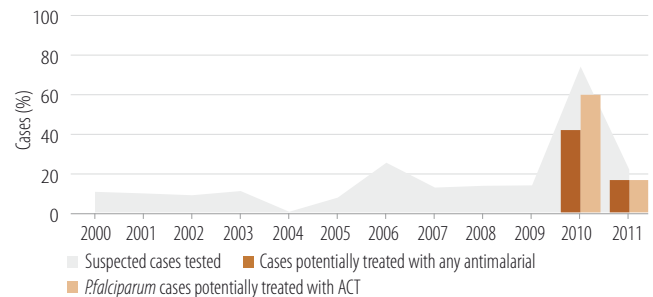


IV. Coverage

Coverage of ITN and IRS

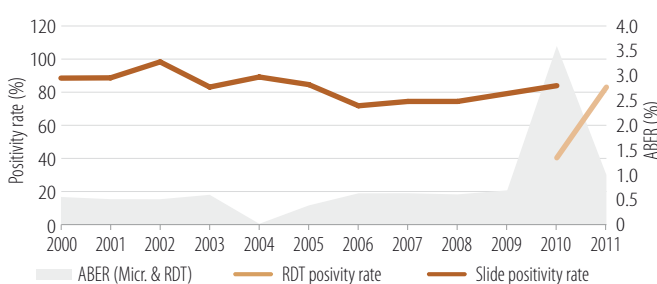


Cases tested and ACT delivered: Programme data (public sector)



V. Impact

Malaria test positivity rate and ABER



Microscopically confirmed cases, admissions and deaths (per 100 000)

