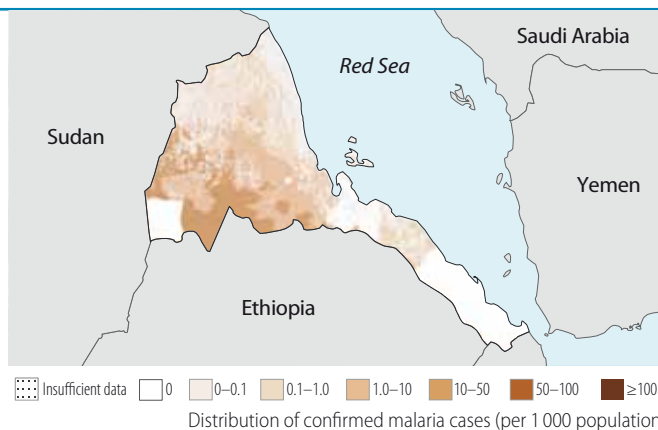


Phase: Control. Impact: >75% decrease in admission rates projected 2000–2015.



I. Epidemiological profile

Population (UN Population Division)	2011	%
High transmission (≥ 1 case per 1000 population)	3 840 000	71
Low transmission (0-1 cases per 1000 population)	1 570 000	29
Malaria-free (0 cases)	0	0
Total	5 410 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (68%), *P. vivax* (32%)
 Major anopheles species: *An. arabiensis*

II. Intervention policies and strategies

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN/LLIN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	1995
	DDT is used for IRS	No	–
IPT	IPT used to prevent malaria during pregnancy	No	–
Case management	Patients of all ages should receive diagnostic test	Yes	1997
	RDTs used at community level	Yes	2008
	ACT is free for all ages in public sector	Yes	2007
	Pre-referral treatment with recommended medicines	Yes	2002
	Marketing authorization for all oral artemisinin-based monotherapies withdrawn	Yes	–

Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ+SP	2007
First-line treatment of <i>P. falciparum</i>	AS+AQ	2007
For treatment failure of <i>P. falciparum</i>	QN	2007
Treatment of severe malaria	QN	2007
Treatment of <i>P. vivax</i>	CQ+PQ	–

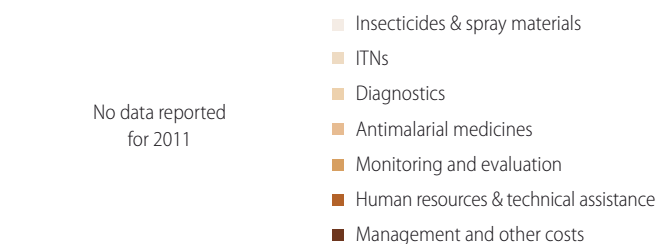
Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of studies	Min	Median	Max	Follow-up
AS+AQ	2006-2010	8	0	4.55	7.9	28 days

III. Financing

Government and external financing

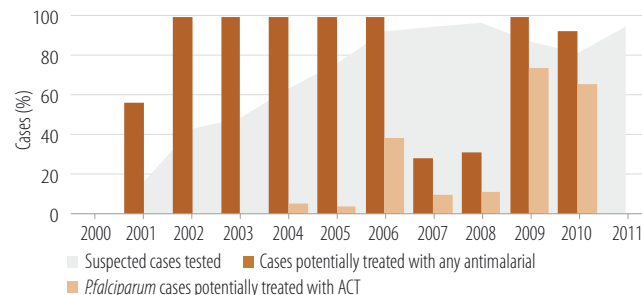
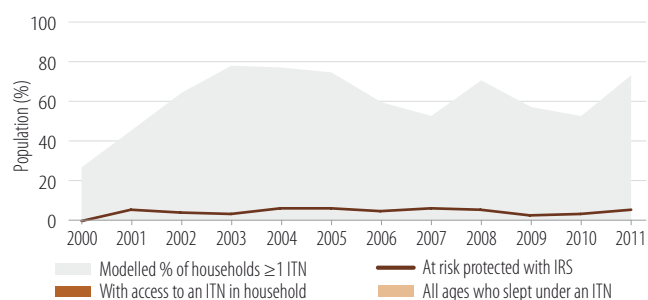
Expenditure by intervention in 2011



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)

