

I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	5 340 000	51
Low transmission (0-1 cases per 1000 population)	5 160 000	49
Malaria free (0 cases)	0	0
Total	10 500 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (-), <i>P. vivax</i> (-)			
Major anopheles species: <i>An. arabiensis</i> , <i>An. funestus</i>			
Programme phase: Control			
Reported confirmed cases:	11 001	Estimated cases, 2013:	[310 000-1 300 000]
Reported confirmed cases at community level:	0		
Reported deaths:	14	Estimated deaths, 2013:	[42-4800]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	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	No	-
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
	Sale of oral artemisinin-based monotherapies	are allowed	-
	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	-
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	-

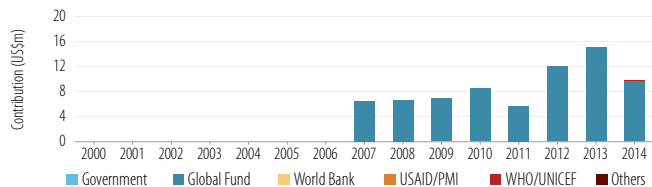
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+SP	2011
First-line treatment of <i>P. falciparum</i>	AS+SP	2011
Treatment failure of <i>P. falciparum</i>	AL	2011
Treatment of severe malaria	AS; QN	2006
Treatment of <i>P. vivax</i>	-	2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	<i>P. f</i> + all species (Combo).	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005-2011	0	1	22.2	28 days	5	<i>P. falciparum</i>
AL	2013-2013	0	0.5	1	28 days	2	<i>P. falciparum</i>

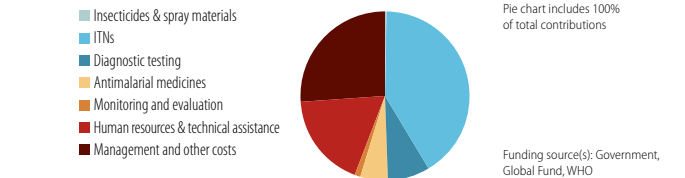
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2013	Yes	Yes	No	Yes	<i>An. arabiensis</i> , <i>An. funestus</i> s.l.

III. Financing

Sources of financing

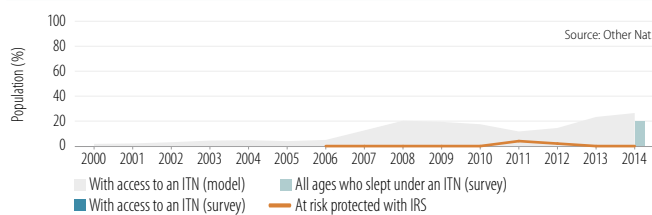


Financing by intervention in 2014

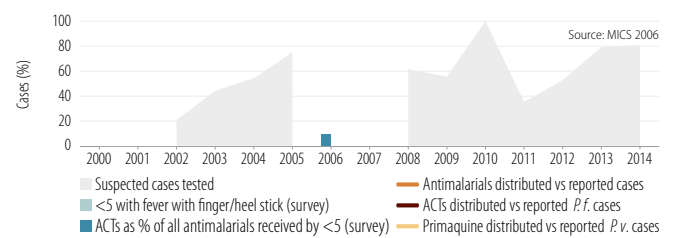


IV. Coverage

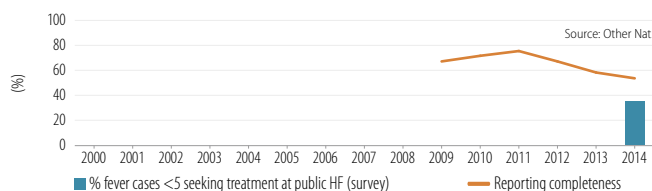
ITN and IRS coverage



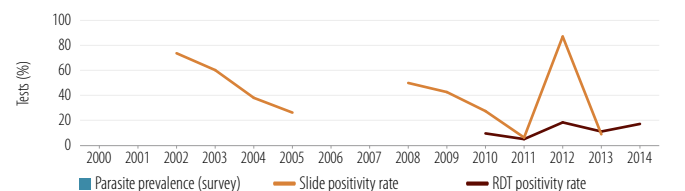
Cases tested and treated in public sector



Cases tracked

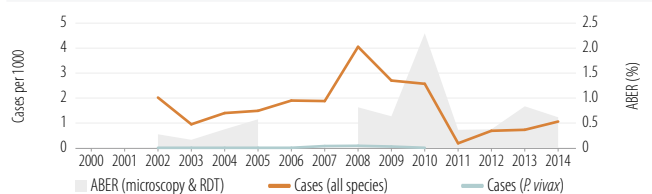


Test positivity

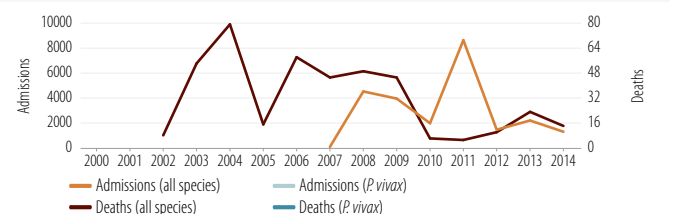


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends