

I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	34 200 000	87
Low transmission (0-1 cases per 1000 population)	5 200 000	13
Malaria free (0 cases)	0	0
Total	39 400 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (95%), *P. vivax* (5%)
 Major anopheles species: *An. arabiensis*, *An. funestus*, *An. gambiae*, *An. nili*, *An. pharoensis*

Programme phase: Control

Reported confirmed cases: 1 068 506 Estimated cases, 2013: [940 000-1 800 000]
 Reported deaths: 823 Estimated deaths, 2013: [120-6500]

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	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	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	Yes	2005
	Sale of oral artemisinin-based monotherapies	Is banned	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	-
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	Adopted
First-line treatment of unconfirmed malaria	AS+SP 2005
First-line treatment of <i>P. falciparum</i>	AS+SP 2005
Treatment failure of <i>P. falciparum</i>	AL 2005
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 d)
Type of RDT used	<i>P. f + P. v</i> specific (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

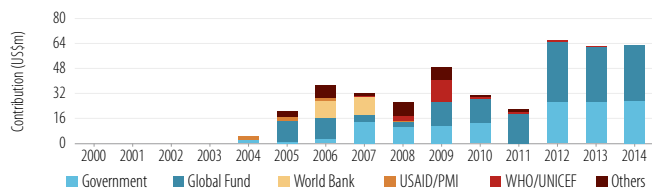
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2015	0	0	4.5	28 days	18	<i>P. falciparum</i>
AS+SP	2005-2015	0	2	18.1	28 days	18	<i>P. falciparum</i>
AL	2011-2011	0	0	0	28 days	1	<i>P. vivax</i>

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

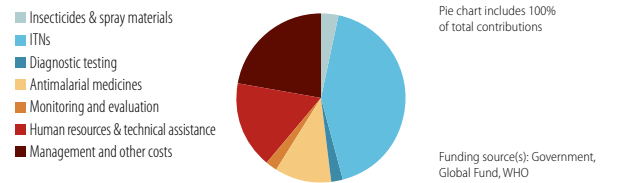
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	Yes	<i>An. arabiensis</i>

III. Financing

Sources of financing

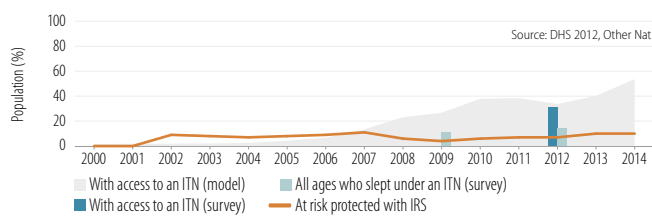


Financing by intervention in 2014

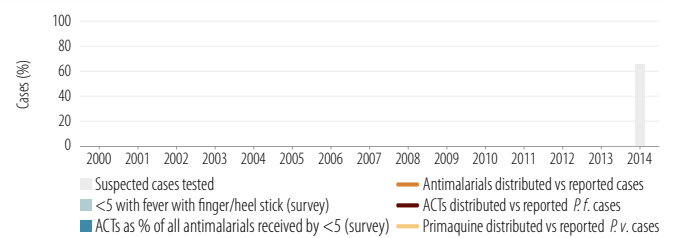


IV. Coverage

ITN and IRS coverage



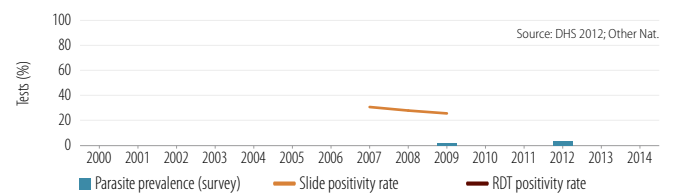
Cases tested and treated in public sector



Cases tracked

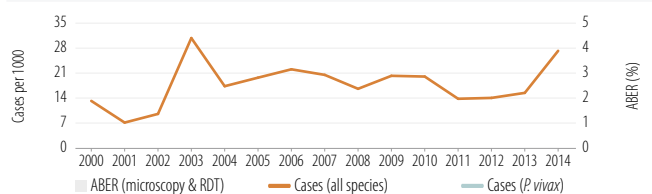


Test positivity

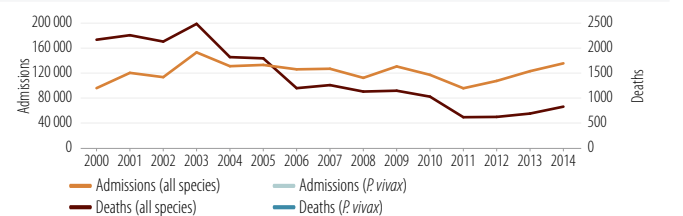


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends