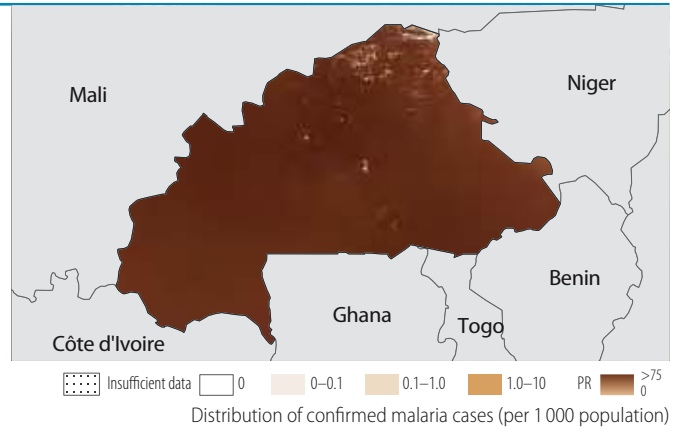


Phase: Control. Impact: Insufficiently consistent data to assess trends.



I. Epidemiological profile

Population (UN Population Division)	2011	%
High transmission (≥ 1 case per 1000 population)	17 000 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	17 000 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>arabiensis</i>

II. Intervention policies and strategies

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN/LLIN	ITNs/LLINs distributed free of charge	Yes	2007
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2006
	DDT is used for IRS	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Case management	Patients of all ages should receive diagnostic test	Yes	2009
	RDTs used at community level	No	-
	ACT is free for all ages in public sector	Yes	-
	Pre-referral treatment with recommended medicines	Yes	2005
	Marketing authorization for all oral artemisinin-based monotherapies withdrawn	Yes	2009

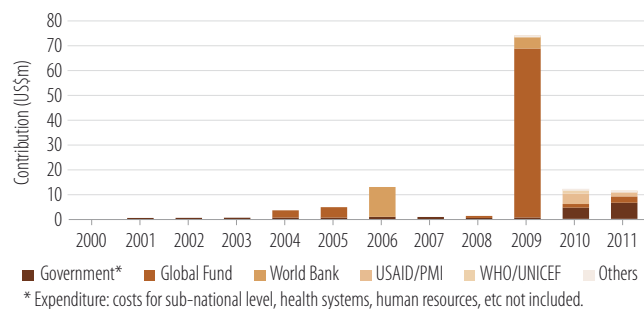
Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL ;AS+AQ	2005
First-line treatment of <i>P. falciparum</i>	AL ;AS+AQ	2005
For treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	-	-

Therapeutic efficacy tests (therapeutic or parasitological failure, %)

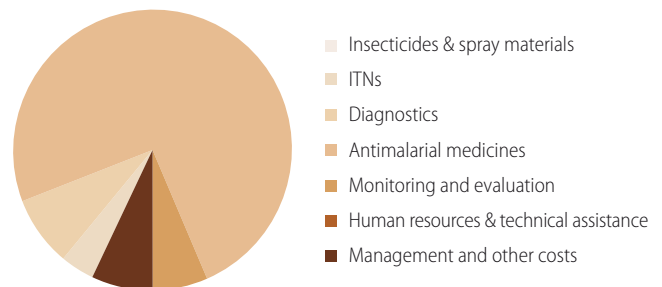
Medicine	Year	No. of studies	Min	Median	Max	Follow-up
AL	2005-2009	6	1.9	7	12.5	28 days
AS+AQ	2006-2009	3	3.2	15.3	21.5	28 days

III. Financing

Government and external financing

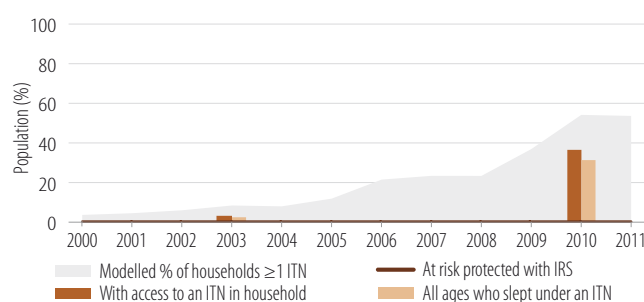


Expenditure by intervention in 2011

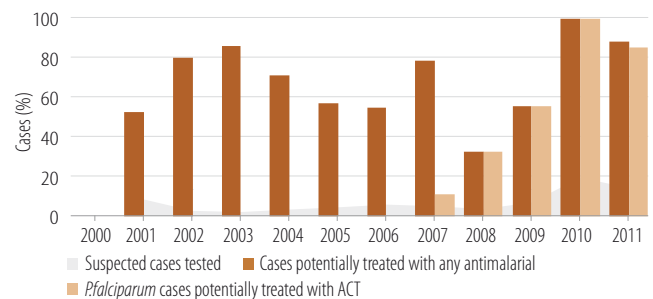


IV. Coverage

Coverage of ITN and IRS

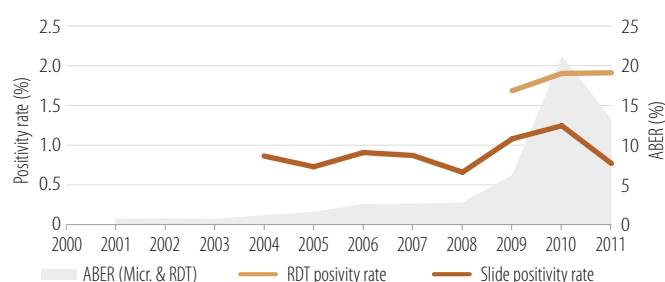


Cases tested and ACT delivered: Programme data (public sector)



V. Impact

Malaria test positivity rate and ABER



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

