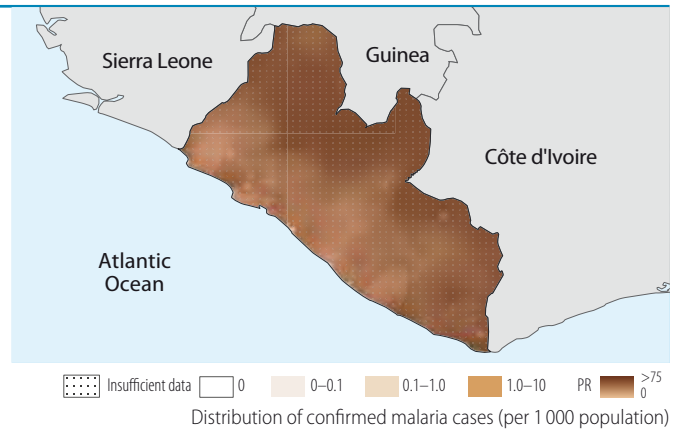


Phase: Control. Impact: Insufficiently consistent data to assess trends.



I. Epidemiological profile

Population (UN Population Division)	2011	%
High transmission (≥ 1 case per 1000 population)	4 130 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	4 130 000	

Parasites and vectors

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

II. Intervention policies and strategies

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN/LLIN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2009
	DDT is used for IRS	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Case management	Patients of all ages should receive diagnostic test	Yes	2005
	RDTs used at community level	Yes	-
	ACT is free for all ages in public sector	Yes	2005
	Pre-referral treatment with recommended medicines	No	-
	Marketing authorization for all oral artemisinin-based monotherapies withdrawn	Yes	-

Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004
For treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	-	-

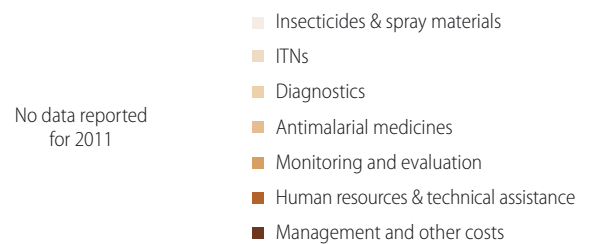
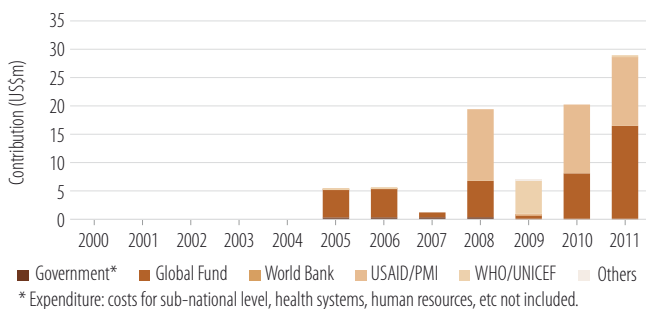
Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of studies	Min	Median	Max	Follow-up
AS+AQ	2007-2007	2	0	0	0	28 days

III. Financing

Government and external financing

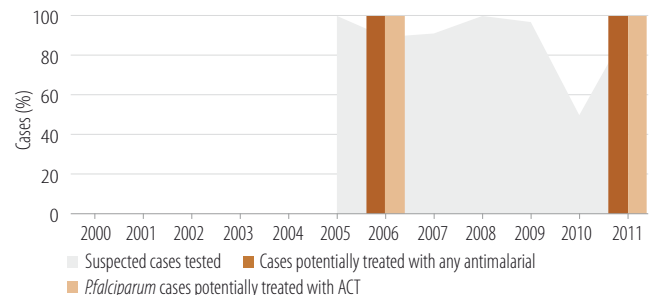
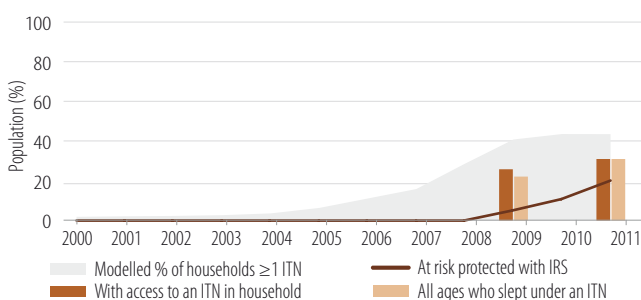
Expenditure by intervention in 2011



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)

