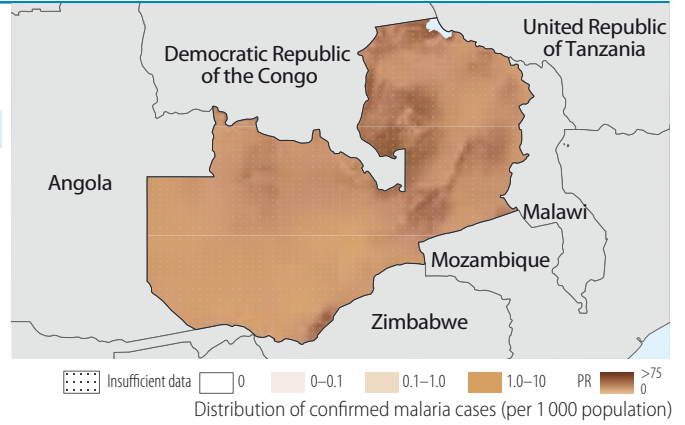


Phase: Control. Impact: 50%–75% decrease in admission rates projected 2000–2015.



I. Epidemiological profile

Population (UN Population Division)	2011	%
High transmission (≥ 1 case per 1000 population)	13 500 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	0	0
Total	13 500 000	

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> , <i>funestus</i>

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	1998
IRS	IRS is recommended	Yes	–
	DDT is used for IRS	Yes	2001
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Case management	Patients of all ages should receive diagnostic test	Yes	2001
	RDTs used at community level	Yes	2007
	ACT is free for all ages in public sector	Yes	2003
	Pre-referral treatment with recommended medicines	Yes	1998
	Marketing authorization for all oral artemisinin-based monotherapies withdrawn	Yes	2003

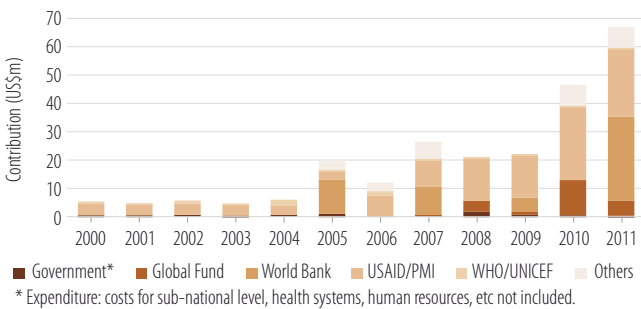
Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2002
First-line treatment of <i>P. falciparum</i>	AL	2002
For treatment failure of <i>P. falciparum</i>	QN	2002
Treatment of severe malaria	QN	2002
Treatment of <i>P. vivax</i>	–	–

Therapeutic efficacy tests (therapeutic or parasitological failure, %)

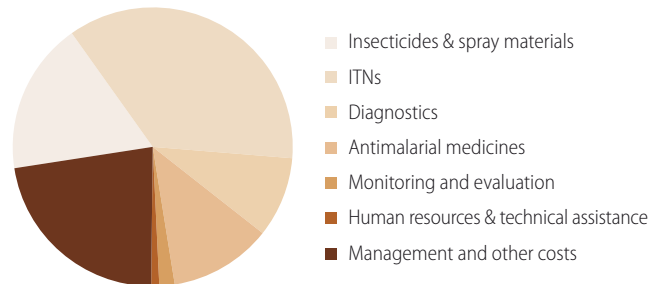
Medicine	Year	No. of studies	Min	Median	Max	Follow-up
AL	2005-2009	9	0	0	6.7	28 days

III. Financing

Government and external financing

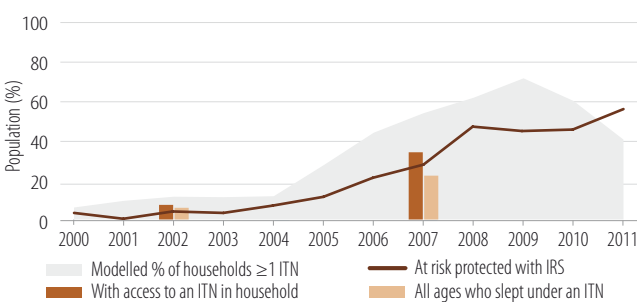


Expenditure by intervention in 2011

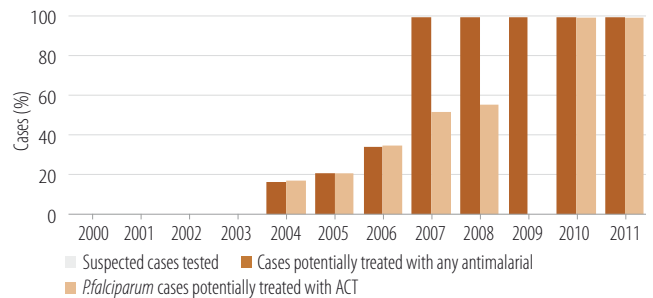


IV. Coverage

Coverage of ITN and IRS

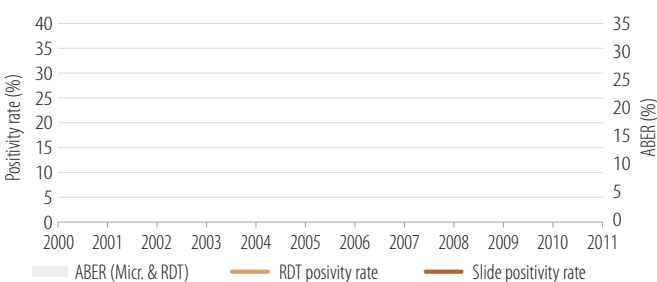


Cases tested and ACT delivered: Programme data (public sector)



V. Impact

Malaria test positivity rate and ABER



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

