

Regional profiles

African Region



West Africa

Algeria	Liberia
Benin	Mali
Burkina Faso	Mauritania
Cabo Verde	Niger
Côte d'Ivoire	Nigeria
Gambia	Senegal
Ghana	Sierra Leone
Guinea	Togo
Guinea-Bissau	

Central Africa

Angola	Congo
Burundi	Democratic Republic of the Congo
Cameroon	Equatorial Guinea
Central African Republic	Gabon
Chad	Sao Tome and Principe

East Africa and areas of high transmission in southern Africa

Comoros	Rwanda
Eritrea	South Sudan
Ethiopia	Uganda
Kenya	United Republic of Tanzania
Madagascar	Zambia
Malawi	
Mozambique	

Countries with low transmission in southern Africa

Botswana	Swaziland
Namibia	Zimbabwe
South Africa	

Region of the Americas



Argentina	Guyana
Belize	Haiti
Bolivia (Plurinational State of)	Honduras
Brazil	Mexico
Colombia	Nicaragua
Costa Rica	Panama
Dominican Republic	Paraguay
Ecuador	Peru
El Salvador	Suriname
French Guiana, France	Venezuela (Bolivarian Republic of)
Guatemala	

Eastern Mediterranean Region



Afghanistan	Pakistan
Djibouti	Saudi Arabia
Iran (Islamic Republic of)	Somalia
Iraq	Sudan
	Yemen

European Region



Azerbaijan	Tajikistan
Georgia	Turkey
Kyrgyzstan	Uzbekistan

South-East Asia Region



Bangladesh	Myanmar
Bhutan	Nepal
Democratic People's Republic of Korea	Sri Lanka
India	Thailand
Indonesia	Timor-Leste

Western Pacific Region



Cambodia	Philippines
China	Republic of Korea
Lao People's Democratic Republic	Solomon Islands
Malaysia	Vanuatu
Papua New Guinea	Viet Nam

West Africa

Population at risk: About 342 million people in the 17 countries of this subregion are at risk for malaria, with 289 million at high risk (reported incidence >1 per 1000) (Figure A). Malaria cases are almost exclusively due to *P. falciparum*. Among malaria endemic countries, 15 are focused on malaria control, while Cabo Verde is in the pre-elimination programme phase, and Algeria in the elimination phase.

Financing: Funding for malaria control rose substantially from US\$ 104 million in 2005 to US\$ 586 million in 2012, with a minimal increase to US\$ 637 million in 2014 (Figure B). In 2012–2014, funding per capita per year exceeded US\$ 4 in three countries (Cabo Verde, the Gambia and Liberia) (Figure C), was US\$ 1–3 in 12 countries, and was less than US\$ 1 in two countries (Mauritania and Niger).

Interventions: In 2014, the proportion of the at-risk population estimated to have access to an insecticide-treated mosquito net (ITN) in their household exceeded 50% in 11 countries (Burkina Faso, Côte d'Ivoire, the Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, Sierra Leone and Togo) (Figure D). Benin, Cabo Verde, the Gambia, Ghana, Mali and Senegal used indoor residual spraying (IRS), although this was limited to coverage of between 5% and 20% of the at-risk population. Liberia, Benin and Nigeria had implemented IRS on a limited scale and had stopped spraying in 2014. Algeria did not report on vector control coverage in 2014. All countries, except Guinea, Liberia, Mali and Togo delivered sufficient antimalarial medicines to treat more than 80% of patients attending public health facilities (Figure E). Côte d'Ivoire did not report on the delivery of antimalarial medicines.

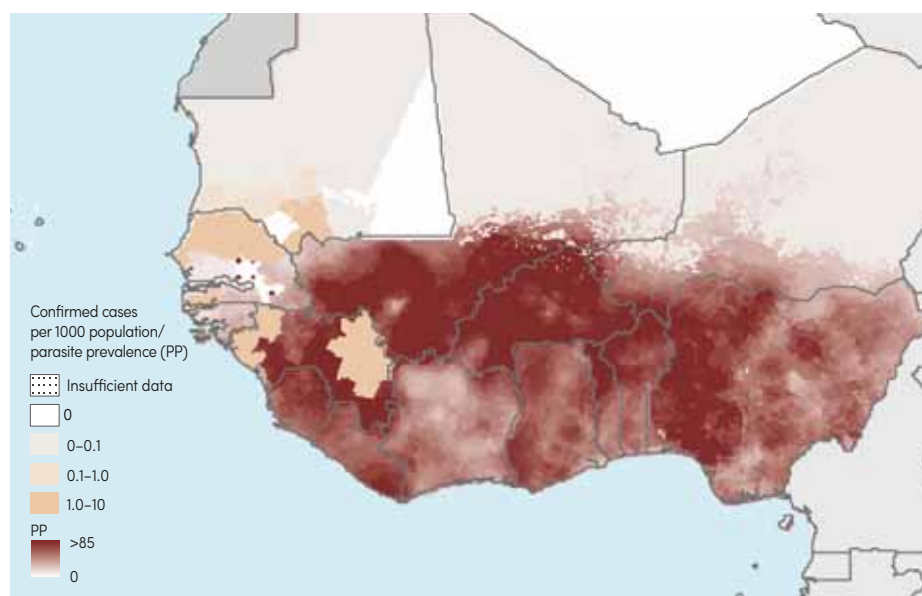
Insecticide resistance: Countries in West Africa, particularly Benin, Burkina Faso, Côte d'Ivoire and Ghana, have long been reporting high prevalence of insecticide resistance in malaria vectors. Since 2010, reports of pyrethroid and dichlorodiphenyltrichloroethane (DDT) resistance have been widespread, with increased reports of carbamate resistance. Organophosphate resistance has been reported in six of 11 countries, indicating the need to develop alternative insecticides.

Antimalarial drug efficacy: Fourteen countries in West Africa have adopted either artesunate–amodiaquine (AS–AQ) or artemether–lumefantrine (AL) as their first-line treatment. The therapeutic efficacy of both treatments remains high, with a median treatment failure rate of less than 10%.

Trends in cases and deaths: Algeria exceeded the target of a 75% reduction in case incidence between 2000 and 2014 (Figure G). It reported 266 cases, of which 260 were imported. Cabo Verde achieved a 72% decrease in case incidence between 2000 and 2014. In 2014, it reported only 46 cases, of which 20 were imported, and two malaria deaths. In the remaining 14 countries, it was not possible to assess trends in case incidence or admissions, because of inconsistent reporting, or changes in diagnostic testing coverage (mostly increased testing) or access to health services. However, special studies undertaken to assess malaria trends shed some light on the situation in a few countries. For example, a review of trends in a sample of 83 hospitals nationwide in Ghana between 2005 and 2013 showed an increase in confirmed malaria cases, admissions and deaths in all age groups, although malaria deaths in children aged under 5 years fell by 29% (WHO, unpublished results). The increase in confirmed cases appeared to be related to expanded diagnostic testing and increased access to health services. The slide positivity rate (SPR) for all ages remained stable at 34%. Also, a review of trends in 186 hospitals in Nigeria between 2005 and 2013 indicated an increase, or no change, in confirmed malaria cases, admissions and deaths for all age groups, and a stable SPR (59%) (WHO, unpublished results). Subnational decreases in morbidity and mortality have been reported from Burkina Faso for 1999–2009 (1), Senegal for 1990–2012 (2,3) and Togo for 2005–2010 (4,5), but these findings are insufficient to draw conclusions about national trends.

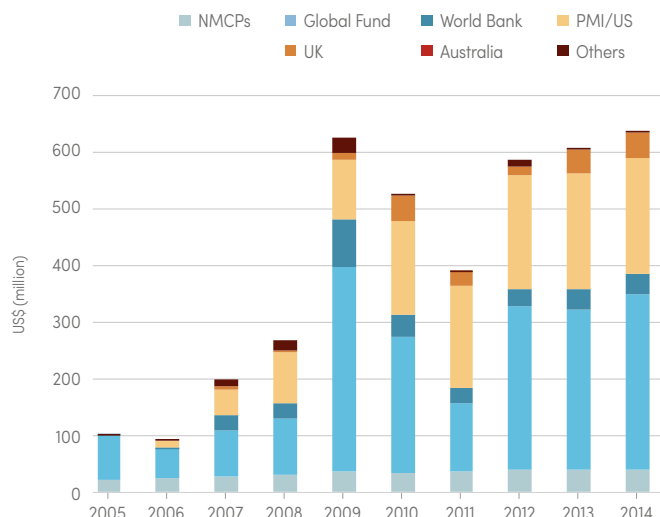
Modelled estimates of case incidence fell by at least 75% between 2000 and 2015 in three countries (the Gambia, Guinea-Bissau and Senegal), and by 50–75% in three countries (Ghana, Liberia and Mauritania). The remaining eight countries had a decrease in case incidence of less than 50% (Figure F).

A. Confirmed malaria cases per 1000 population/parasite prevalence, 2014



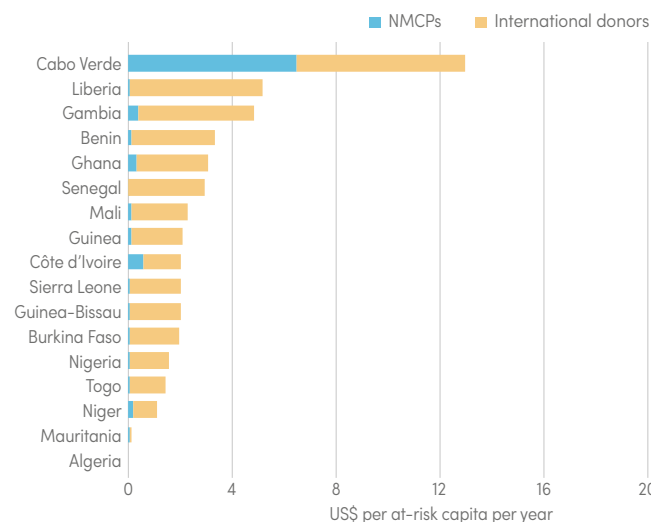
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

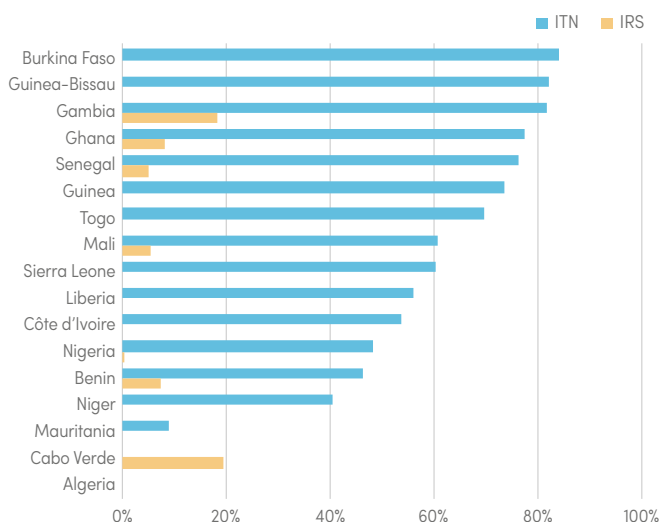


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

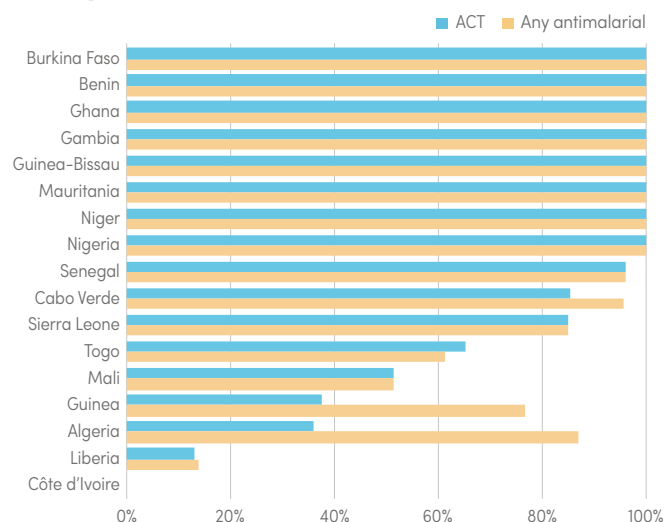


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



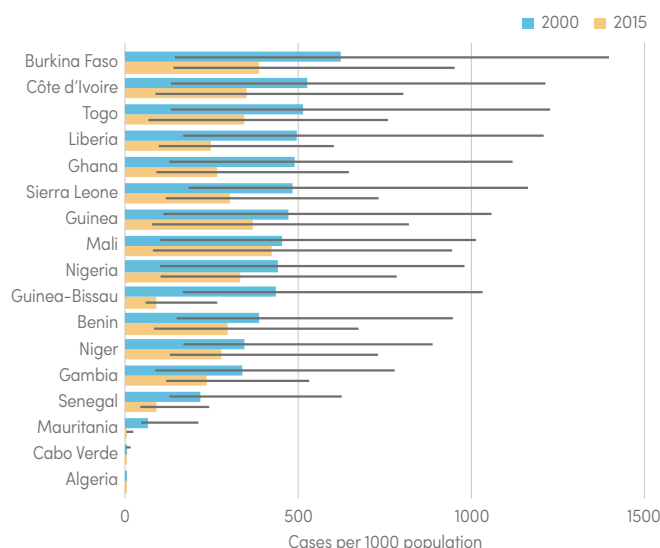
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of estimated malaria cases in the public sector, 2014

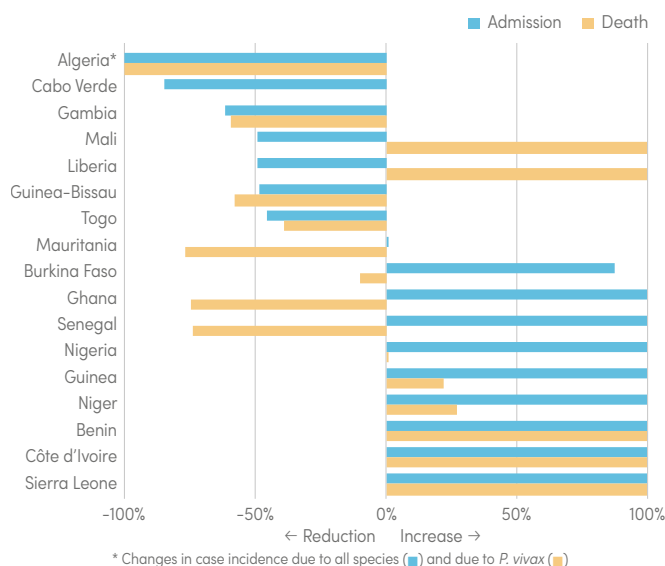


ACT, artemisinin-based combination therapy

F. Estimated incidence of malaria in 2000 and 2015



G. Change in admission and death rates, 2000–2014



* Changes in case incidence due to all species (■) and due to *P. vivax* (■)

Central Africa

Population at risk: About 158 million people in the 10 countries of this subregion are at some risk for malaria, with 145 million at high risk (Figure A). Cases are almost exclusively due to *P. falciparum*. All endemic countries in the subregion are in the control phase.

Financing: Funding for malaria control in the subregion rose from US\$ 81 million in 2005 to US\$ 300 million in 2013, but declined to US\$ 237 million in 2014 (Figure B). Malaria funding per capita per year during 2012–2014 was highest in Sao Tome and Principe at US\$ 13.8, was between US\$ 1 and US\$ 3 in six countries, and was less than US\$ 1 in the remaining three countries (Figure C).

Interventions: In 2014, the proportion of the at-risk population estimated to have access to an ITN in their household exceeded 50% in four countries (Burundi, Central African Republic, Chad, and Sao Tome and Principe) (Figure D). IRS was used to protect the at-risk population in two countries (Sao Tome and Principe, protecting >50%; and Equatorial Guinea, 20%). Five countries (Burundi, Central African Republic, Chad, Democratic Republic of the Congo and Gabon) reported distributing sufficient artemisinin-based combination therapy (ACT) to treat more than 80% of estimated malaria cases attending public health facilities in 2014. Angola and Congo did not report on delivery of ACT (Figure E).

Insecticide resistance: Since 2010, there have been reports of resistance to pyrethroids and DDT for the eight countries tested, with no data reported for Gabon and Sao Tome and Principe. Also, carbamate resistance has been reported for Angola, Burundi and Cameroon. To date, no countries in the region have reported organophosphate resistance.

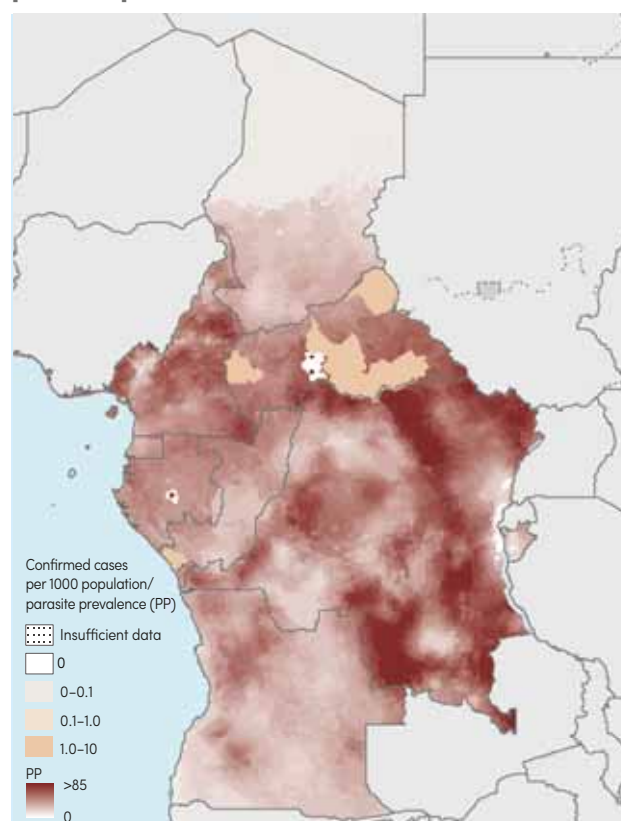
Antimalarial drug efficacy: All countries in central Africa have adopted either AS-AQ or AL as their first-line treatment. The therapeutic efficacy of both treatments remains high, with a median treatment failure rate of less than 10% observed for both medicines.

Trends in cases and deaths: Between 2000 and 2014, only Sao Tome and Principe achieved at least 75% reduction in case incidence; it also reported decreases of more than 90% in malaria admission and death rates. Although the number of cases and admissions during 2011–2013 increased compared to the number in the previous 4 years, the number of cases fell from 9234 in 2013 to 1754 in 2014. Malaria admissions also fell from 1843 in 2013 to 417 in 2014, the lowest number reported for the country since 2000.

In the remaining nine countries, it was not possible to assess trends using routinely reported data, because of incomplete reporting, or changes in health service access or diagnostic testing. The number of confirmed malaria cases and admissions has increased in several countries in recent years, possibly reflecting improved reporting or improved access to health services (Figure G). Subnational decreases in malaria morbidity and mortality have been reported in Equatorial Guinea on Bioko Island (6), although high transmission persisted in some foci (7). Similar decreases occurred in the Mbakong district of Cameroon (8) between 2006 and 2012. However, no evidence of a decreased malaria burden was reported in both urban and rural settings of Gabon (9).

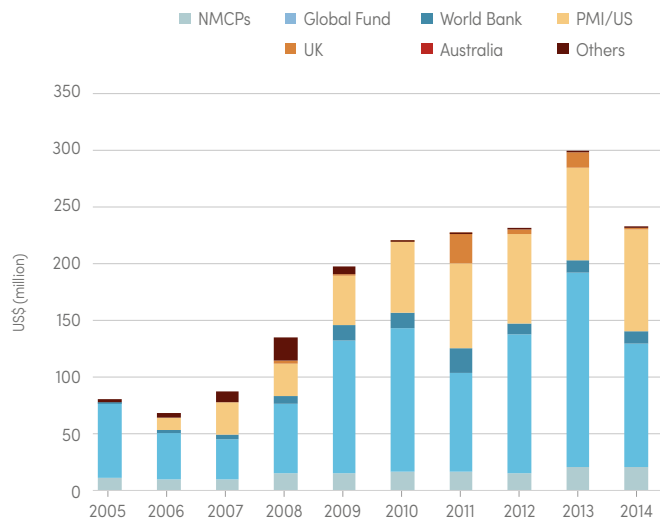
Estimates malaria case incidence inferred from surveys of parasite prevalence suggest that, between 2000 and 2015, four countries (Angola, Burundi, Congo and Democratic Republic of the Congo) had decreases in case incidence of 50–75% between 2000 and 2015, and the remaining five countries had decreases of less than 50% (Figure F).

A. Confirmed malaria cases per 1000 population/ parasite prevalence, 2014



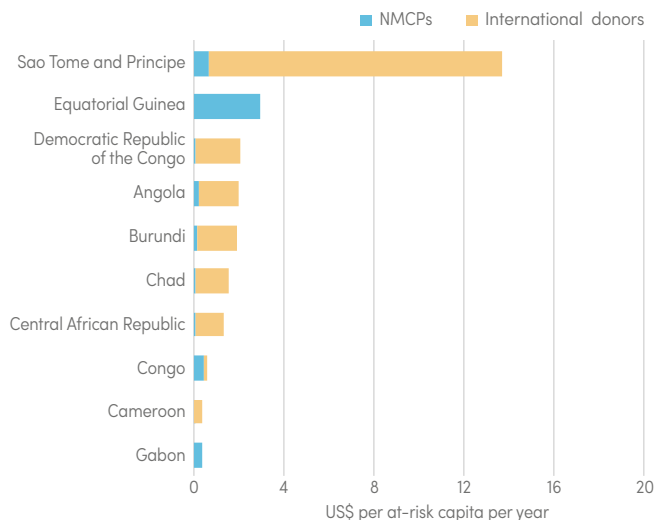
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

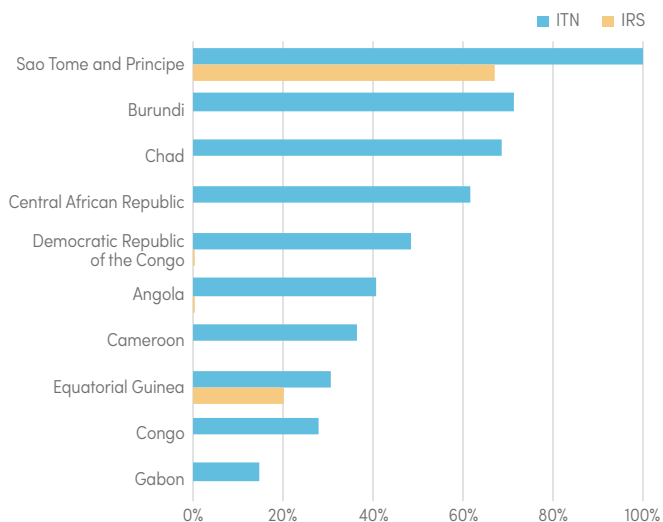


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

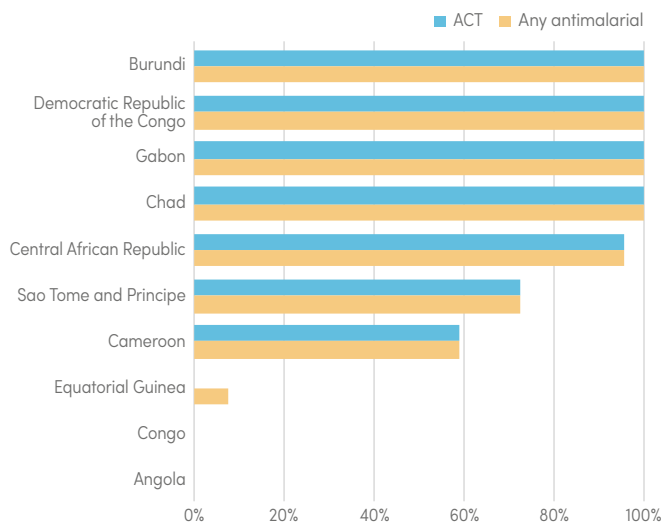


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



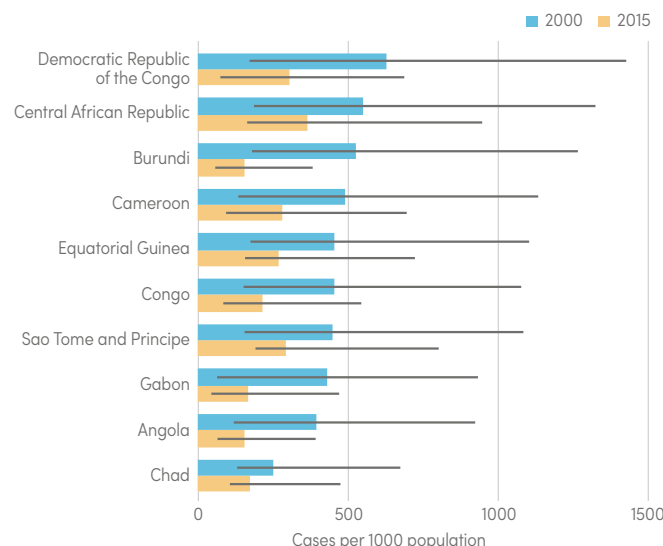
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of estimated malaria cases in the public sector, 2014

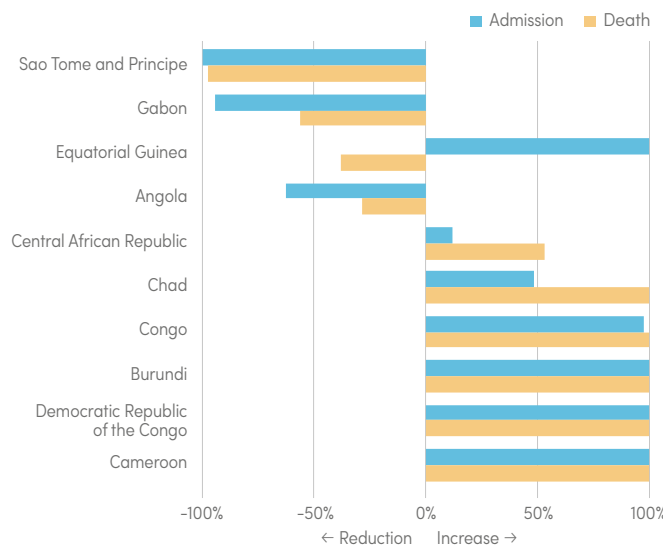


ACT, artemisinin-based combination therapy

F. Estimated incidence of malaria in 2000 and 2015



G. Change in admission and death rates, 2000–2014



East Africa and areas of high transmission in southern Africa

Population at risk: About 313 million people in the 12 countries of the subregion are at some risk for malaria, with 254 million at high risk (Figure A). About 25% of the population of Ethiopia and Kenya live in areas that are free of malaria. *P. falciparum* is the predominant species, except in Eritrea and Ethiopia, where *P. vivax* accounts for about 31% and 26% of reported cases, respectively. All countries in the subregion are focused on malaria control activities.

Financing: Funding for malaria control in the subregion increased from US\$ 206 million in 2005 to US\$ 803 million in 2013, but declined to US\$ 636 million in 2014 (Figure B). Malaria funding was less than US\$ 3 per capita per year during 2012–2014 in eight countries, and exceeded US\$ 3 per capita in four countries (Comoros, Malawi, Rwanda and Zambia) (Figure C).

Interventions: In 2014, the proportion of the at-risk population estimated to have access to an ITN in their household exceeded 50% in 10 countries (Comoros, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Uganda and Zambia), and in Zanzibar in the United Republic of Tanzania (Figure D). IRS was used in eight countries, with the protected proportion of the at-risk population exceeding 60% in Ethiopia. In 2014, all reporting countries except the Comoros distributed sufficient ACT to treat all patients attending public health facilities, although South Sudan and Uganda did not report (Figure E).

Insecticide resistance: Pyrethroid resistance is widespread in this subregion; since 2010, resistance has been confirmed in all reporting countries except the Comoros and Mayotte (France). DDT resistance is also common, but is yet to be confirmed for malaria vectors in Mozambique. Carbamate resistance has also been reported for at least one malaria vector in most countries, and organophosphate resistance has been reported for Ethiopia, Kenya, Mayotte (France), the United Republic of Tanzania and Zambia.

Antimalarial drug efficacy: All countries in the subregion have adopted either AS-AQ or AL as their first-line treatment policy. The therapeutic efficacy of both treatments remains high, with a median treatment failure rate of less than 10% observed for both treatments.

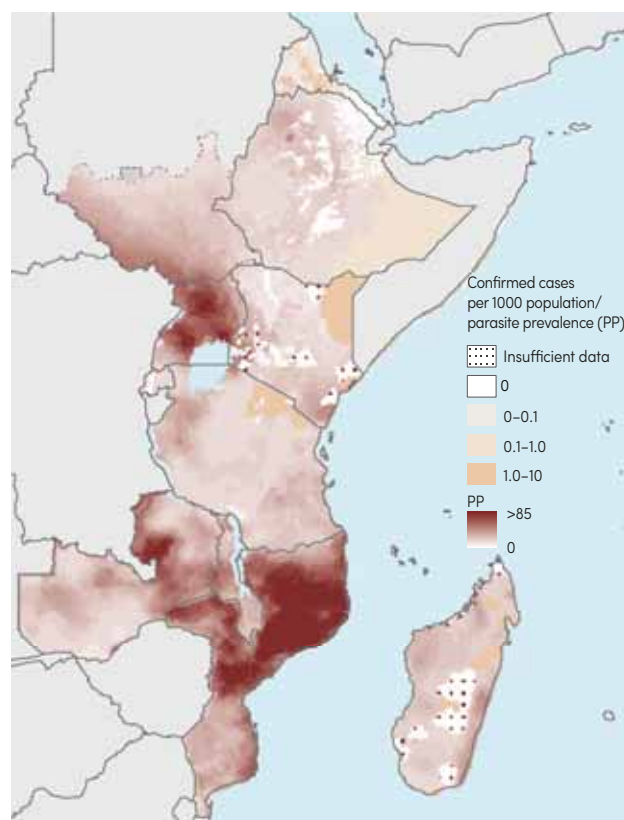
Trends in cases and deaths: Between 2000 and 2014, malaria admission rates declined by at least 75% in the Comoros, Eritrea, Rwanda, and Zanzibar in the United Republic of Tanzania, similar to rates in other studies (10,11). A 50–75% decrease in malaria admission rates by 2015 is projected for Zambia (Figure G). Although admission rates in Rwanda have decreased markedly since 2000, the country reported a tripling in confirmed malaria cases (from 483 000 to 1.6 million), and a doubling in admissions (from 5306 to 11138) between 2012 and 2014, which may be partially attributed to the inclusion of reports from health facilities in the private sector since 2011 (resulting in an increase in reporting health facilities from 428 in 2011 to 672 in 2014). In the Comoros, confirmed cases fell sharply from 53 156 in 2013 to 2203 in 2014 (96% decrease), and malaria admissions from 17 485 in 2013 to 1049 in 2014 (94% decrease) following mass drug administration with dihydroartemisinin-piperazine (DHA-PPQ) plus primaquine, and large-scale distribution of long-lasting insecticidal nets (LLINs) in early 2014. In Madagascar, admission rates fell during 2000–2010, but subsequently rose. The admission rate in 2014 was 28% less than that in 2000. Decreases in malaria admissions also occurred in Mozambique between 2007 and 2012, but there were small increases in subsequent years; no comparable data from earlier than 2007 are available. For the remaining six countries (Ethiopia, Kenya, Malawi, South Sudan, Uganda and the United

Republic of Tanzania), it was not possible to assess trends between 2000 and 2014 because of inconsistent reporting, or changes in health service accessibility or diagnostic testing. In 2015, Uganda reported a sixfold increase in confirmed cases (compared to the average number of cases in 2012–2014) in districts in which IRS was withdrawn and where vector control subsequently relied solely on ITNs. Substantial increases also occurred in other districts (a threefold increase in confirmed cases in 2015 compared to the average number in 2012–2014) (WHO, unpublished results).

In Ethiopia, a study of 41 hospitals with complete data for analysis (of the total 62 hospitals below an altitude of 2000 metres) found a 66% decrease in confirmed cases between 2001 and 2011 (12), which is consistent with a 50–75% decrease in case incidence by 2015. Evidence of subnational reductions in morbidity and mortality have been reported in the Muheza district in the northeast of the United Republic of Tanzania between 1992 and 2012 (13); on the south coast of Kenya between 1996 and 2010 (14); and in northern Uganda between 2007 and 2011. The reductions follow introduction of IRS (15,16). However, these results are insufficient to make inferences about national trends.

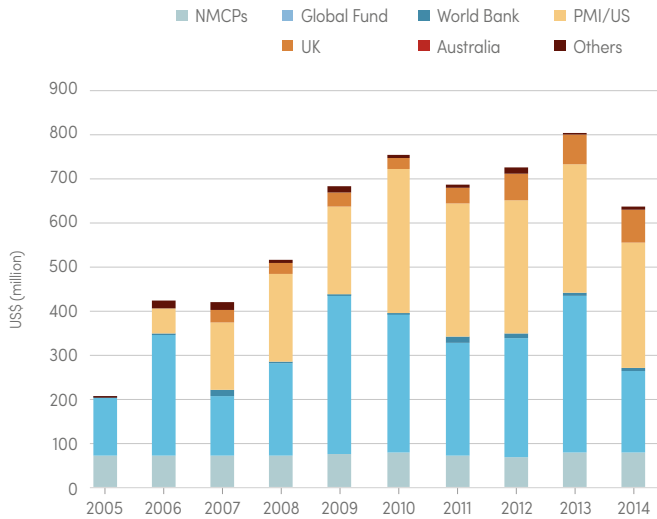
Estimates of malaria case incidence inferred from surveys of parasite prevalence suggest that four countries had decreases in case incidence of more than 75% between 2000 and 2015 (Ethiopia, Madagascar, Rwanda, United Republic of Tanzania). Five countries (Malawi, Mozambique, South Sudan, Uganda and Zambia) had estimated decreases of 50–75% during the same period, and the remaining four countries had estimated decreases in case incidence of less than 50% (Figure F).

A. Confirmed malaria cases per 1000 population/ parasite prevalence, 2014



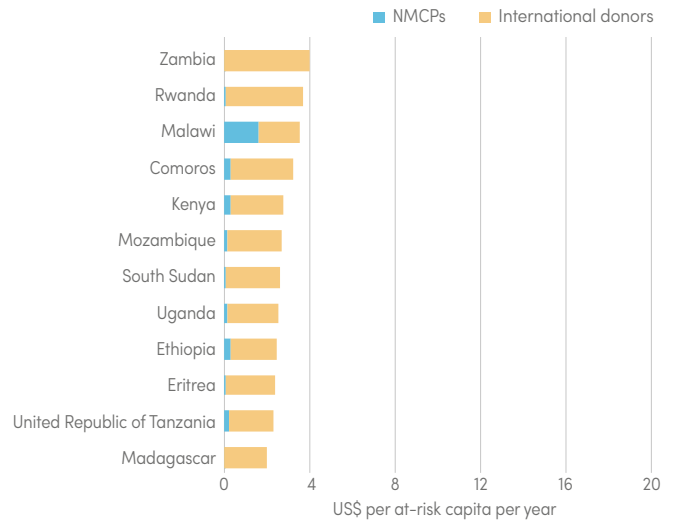
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

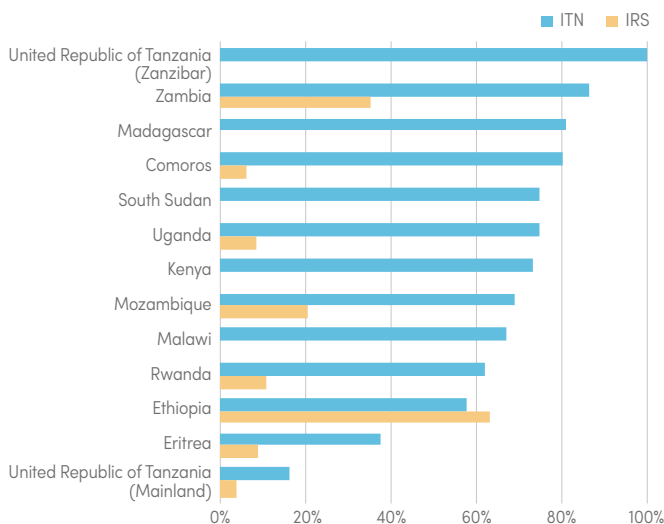


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

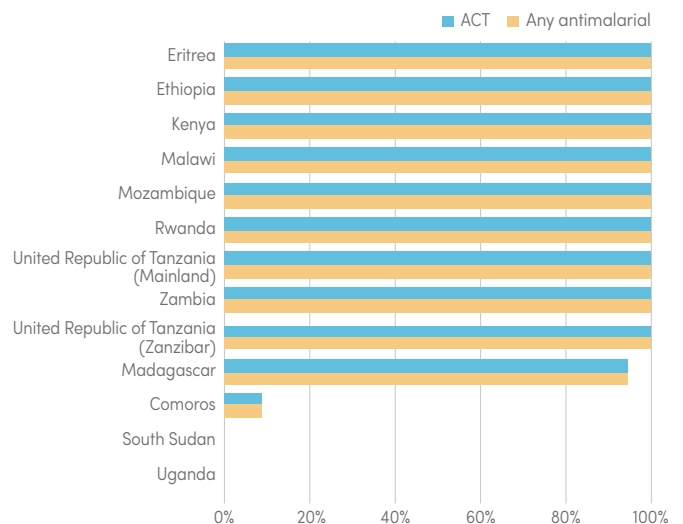


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



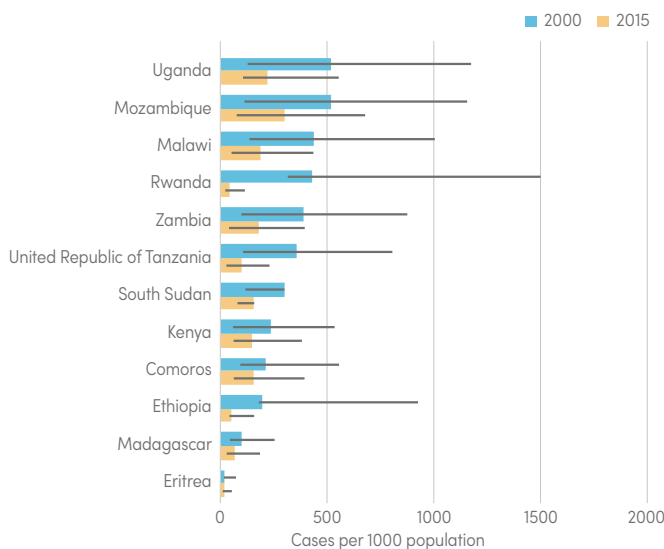
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of estimated malaria cases in the public sector, 2014

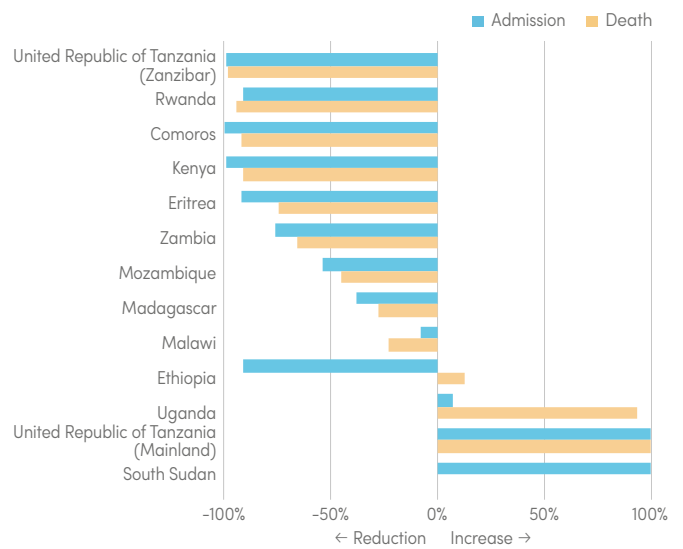


ACT, artemisinin-based combination therapy

F. Estimated incidence of malaria in 2000 and 2015



G. Change in admission and death rates, 2000–2014



Countries with low transmission in southern Africa

Population at risk: About 21 million people in the five countries of this subregion are at some risk for malaria, with 8 million at high risk (Figure A). About 72%, or 54 million people, live in areas that are free of malaria. Countries in the subregion are focused on malaria control activities, although four have initiated some elimination activities. Malaria transmission is highly seasonal. Most malaria cases are caused by *P. falciparum*.

Financing: Funding for malaria control increased from US\$ 35 million in 2005 to US\$ 66 million in 2012, but declined to US\$ 51 million in 2014 (Figure B). During 2012–2014, funding exceeded US\$ 4 per capita per year in two countries (South Africa and Swaziland); in all other countries, funding was below US\$ 4 per capita per year (Figure C). Swaziland had by far the highest investment (US\$ 11 per capita per year), the majority of which was from international sources.

Interventions: In 2014, the proportion of the high-risk population estimated to have access to an ITN in their household exceeded 50% in Botswana, Namibia and Zimbabwe. IRS was also used extensively in Botswana (100%) and Zimbabwe (79%), indicating that ITNs and IRS were deployed together in most of the at-risk population in these countries. Only IRS was used in South Africa (100%) (Figure D). South Africa and Zimbabwe delivered sufficient antimalarial medicines to treat more than 80% of malaria cases attending public health facilities (Figure E). Botswana and Namibia did not report on antimalarial treatments delivered.

Insecticide resistance: Recent monitoring data are limited for countries in the subregion, with the exception of Zimbabwe and Namibia. Since 2010, pyrethroid resistance has been reported for Botswana and Zimbabwe, with reports of carbamate resistance in Zimbabwe, although the vectors remain susceptible to organophosphates. DDT resistance is yet to be confirmed.

Antimalarial drug efficacy: All countries in the subregion have adopted AL as their first-line treatment. The therapeutic efficacy

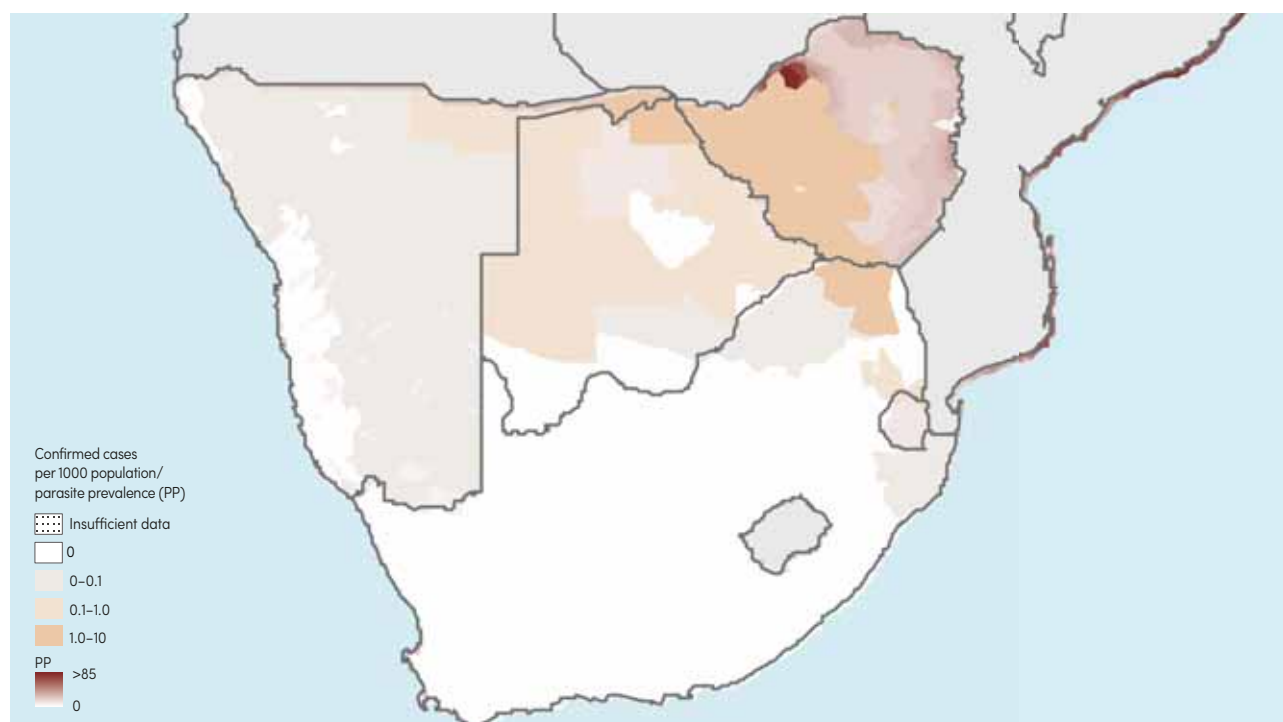
of both AS-AQ and AL remains high, with a median treatment failure rate of less than 10% observed for both treatments.

Trends in cases and deaths: Four countries in this subregion (Botswana, Namibia, South Africa and Swaziland) achieved a decrease of more than 50% in malaria admission rates between 2000 and 2014 (Figure G). Reported malaria mortality rates also fell by more than 75% in these countries. However, the number of reported cases in the four countries more than doubled between 2012 and 2014; between 2013 and 2014 alone, cases increased from 14 142 to 29 234 (52%), with increases of 224% in Botswana and 200% in Namibia.

In Zimbabwe, the number of diagnostic tests performed increased fivefold between 2004 and 2014, with RDTs increasingly replacing microscopy. Thus, it is not possible to assess trends using nationally reported cases. However, a review of malaria admissions data from 45 hospitals indicated a reduction in malaria admission and mortality rates of 64% and 71%, respectively, between 2003 and 2012, which is consistent with a decrease in malaria admission rates and mortality rates of more than 75% between 2000 and 2015. A subnational study also showed a decrease in malaria case incidence in the Mutasa district between 2003 and 2011 (17).

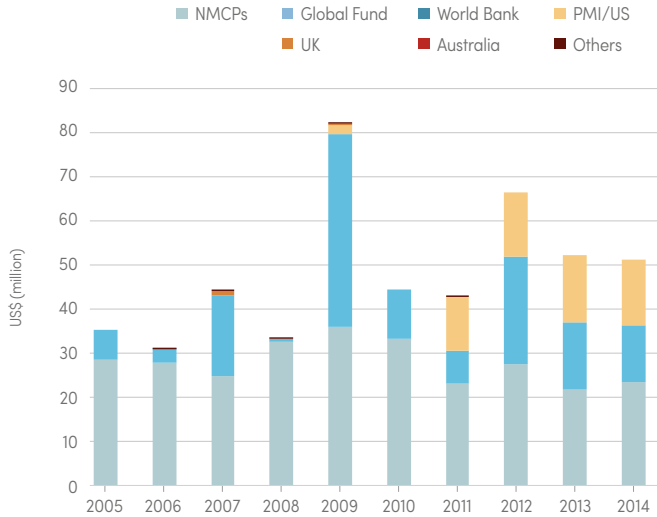
The five countries in the subregion, together with Angola, Mozambique and Zambia, are signatories to the Elimination 8 (E8) regional initiative. Launched in March 2009, this initiative includes the goal of malaria elimination from four countries – Botswana, Namibia, South Africa and Swaziland – by 2020, and elimination from the region by 2030. Despite relatively low numbers of confirmed malaria cases in 2014, unconfirmed cases comprised 10% of total recorded cases in Botswana, 2% in South Africa and 5% in Swaziland. Thus, diagnostic testing needs further strengthening.

A. Confirmed malaria cases per 1000 population/parasite prevalence, 2014



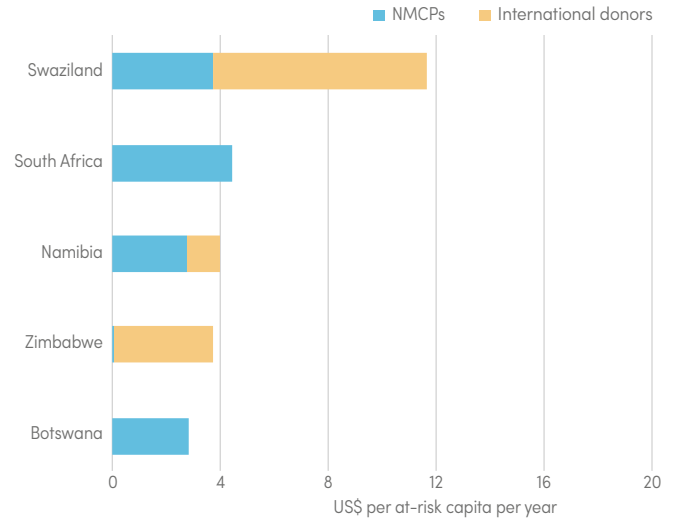
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

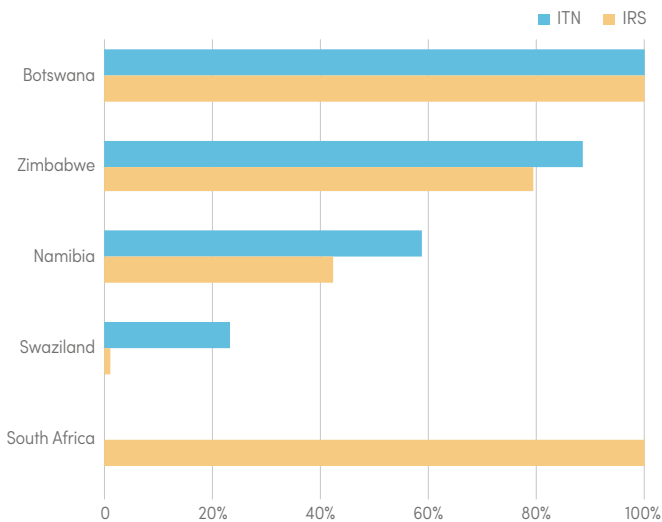


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

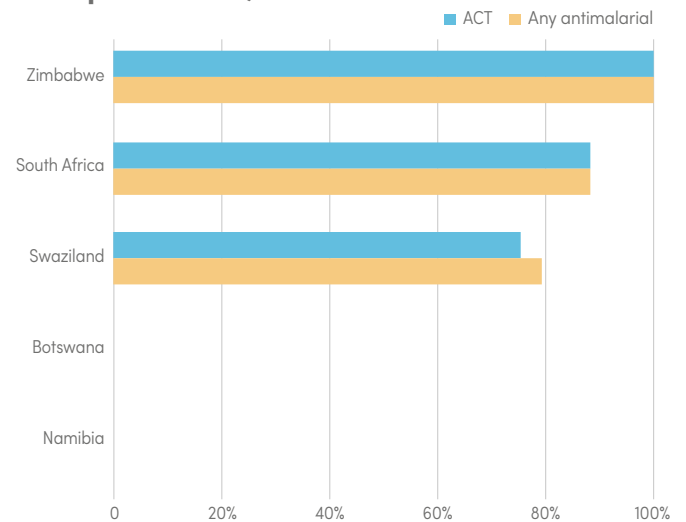


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



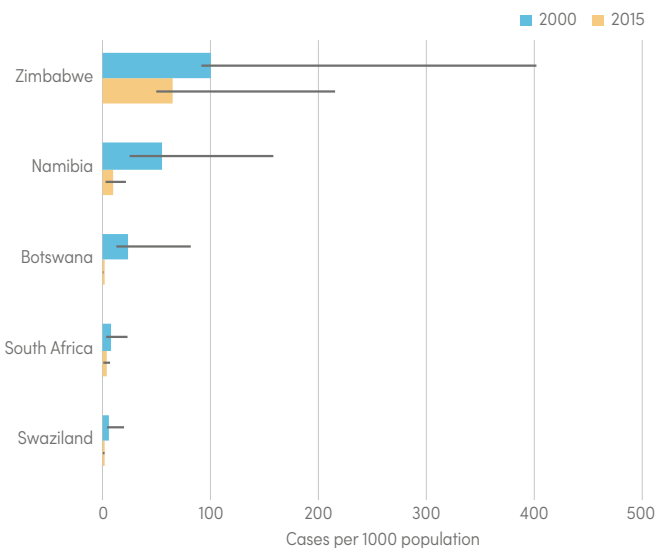
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of estimated malaria cases in the public sector, 2014

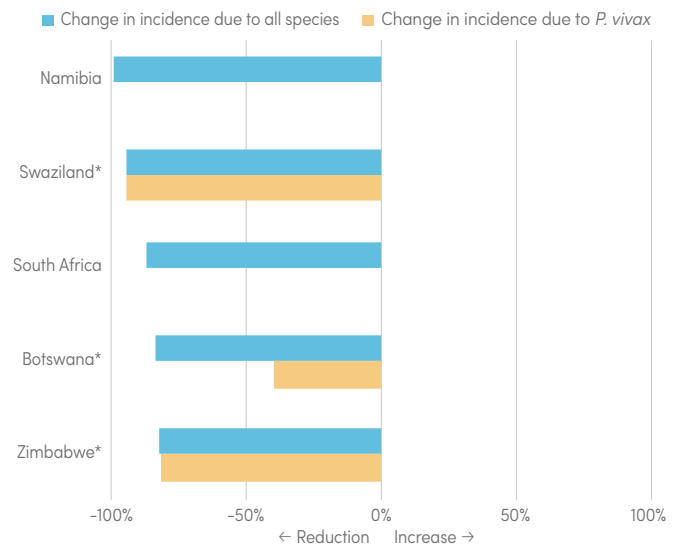


ACT, artemisinin-based combination therapy

F. Estimated incidence of malaria in 2000 and 2015



G. Change in case incidence of microscopically confirmed cases, 2000–2014



* Changes in case incidence due to all species (■) and due to *P. vivax* (■)

Region of the Americas

Population at risk: In the WHO Region of the Americas, about 112 million people in 21 countries and territories are estimated to be at some risk for malaria, with 20 million at high risk (reported incidence >1 per 1000 [Figure A]). *P. vivax* is responsible for more than 70% of reported malaria cases in the region, although *P. falciparum* malaria comprises more than 50% of cases in French Guiana (France) and Guyana, and essentially 100% of cases in the Dominican Republic and Haiti (Figure F). Belize, the Dominican Republic, Ecuador, El Salvador and Mexico are in the pre-elimination phase and three countries are in the elimination phase (Argentina, Costa Rica and Paraguay). The remainder are in the control phase.

Financing: Funding for malaria control in the region increased from US\$ 190 million in 2005 to US\$ 230 million in 2011, but fell to US\$ 151 million in 2014 (Figure B). For 2012–2014, funding for malaria control exceeded US\$ 4 per capita per year in seven of the 20 countries (Argentina, Costa Rica, El Salvador, Mexico, Panama, Paraguay and Suriname) (Figure C). In 2014, control was 100% domestically funded in 10 countries, of which five are in the pre-elimination phase and three are in the elimination phase.

Interventions: All 21 countries or territories in the region apply IRS or ITNs (or both) in focal areas with ongoing transmission. In 2012–2014, six countries distributed enough ITNs or applied IRS to protect more than 50% of the population at high risk. Nicaragua protected more than 70% of its at-risk population with LLINs and IRS, and the Bolivarian Republic of Venezuela protected 100% of its at-risk population with LLINs and IRS. (Figure D). Fourteen countries reported distribution of sufficient antimalarial medicines to treat more than 80% of malaria cases attending public health facilities (Figure E).

Insecticide resistance: Although most of the reports show susceptibility of the major vectors to the insecticides tested, resistance to the four main classes of insecticides has been reported within the Region. However, reported data are limited; since 2010, only Ecuador has reported data for the four classes. Nevertheless, since 2010, pyrethroid resistance has been reported in seven countries, with DDT resistance also reported in some areas of Colombia. Carbamate resistance was confirmed for at least one vector population in three countries (Ecuador, Nicaragua and Panama), as was organophosphate resistance in the Dominican Republic, Ecuador and Guatemala. Thus, although reported data are limited, insecticide resistance generally seems restricted in distribution.

Antimalarial drug efficacy: Therapeutic efficacy studies of AL and artesunate+mefloquine (AS+MQ) have demonstrated high treatment efficacy in the Region, with a median treatment failure rate of less than 10%.

Trends in cases and deaths: The number of confirmed malaria cases in the region decreased from 1.2 million in 2000 to 390 000 in 2014. Three countries accounted for 77% of cases in 2013: Brazil (37%), Bolivarian Republic of Venezuela (23%) and Colombia (17%). Between 2000 and 2014, decreases of more than 75% in the incidence of microscopically confirmed malaria were reported in 15 of the 21 countries and territories that had ongoing transmission in 2000 (Argentina, Belize, Bolivia [Plurinational State of], Brazil, Colombia, Costa Rica, Ecuador, El Salvador, French Guiana [France], Guatemala, Honduras, Mexico, Nicaragua, Paraguay and Suriname). The Dominican Republic is projected to achieve a 75% decrease in case incidence by 2015, and Guyana and Panama should achieve a 50–75% decrease. A decrease in case incidence of less than 25% by 2015 is projected for Peru. The

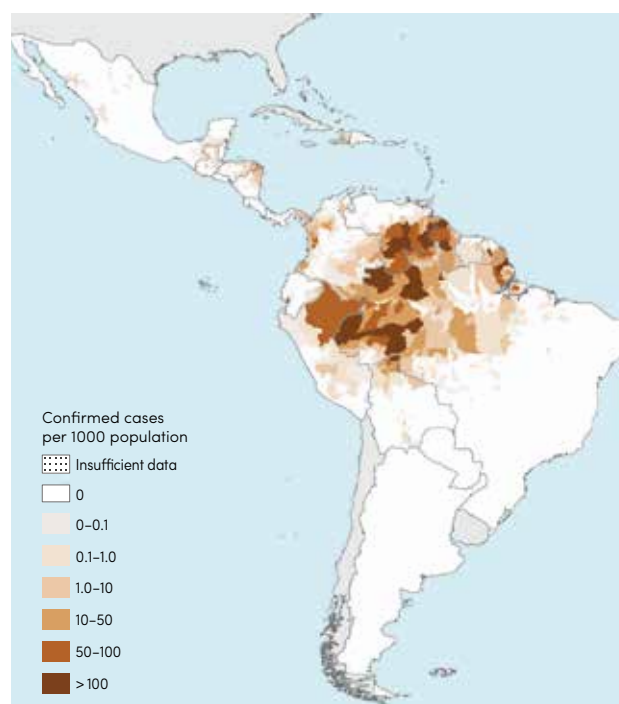
Bolivarian Republic of Venezuela has reported an increase in case incidence every year since 2008, including more than 90 000 in 2014, the greatest number in 50 years. Overall, the incidence of microscopically confirmed cases in this country increased by 41% between 2000 and 2014. The worst affected areas are in the states of Bolivar and Amazonas, which border Guyana and Brazil in the east of the country. In Haiti, it is not possible to discern clear trends, because of differences in diagnostic testing and inconsistent reporting over time (Figure G). However, diagnostic and surveillance systems have improved in recent years.

The region reported 79 deaths due to malaria in 2014, an 80% decline compared with deaths in 2000. Brazil accounts for almost half of the deaths due to malaria in the region.

Argentina, which is in the elimination phase, has reported zero indigenous cases since 2011, and has initiated the process of certification for malaria elimination. Also, Paraguay has reported zero indigenous cases since 2012, and Costa Rica reported zero indigenous cases in 2013 and one relapsed case in 2014.

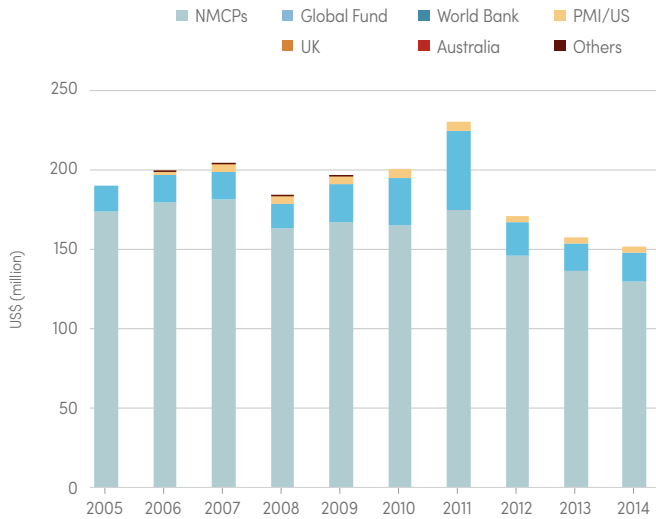
Four countries in the pre-elimination phase reported fewer than 1100 cases in total: Belize, 19 *P. vivax* cases; Ecuador, 368 *P. vivax* and *P. falciparum* cases; El Salvador, six *P. vivax* cases; and Mexico, 656 *P. vivax* cases. Ten countries in Central America and the Caribbean have joined a regional initiative that aims to eliminate malaria by 2020 (Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua and Panama).

A. Confirmed malaria cases per 1000 population, 2014



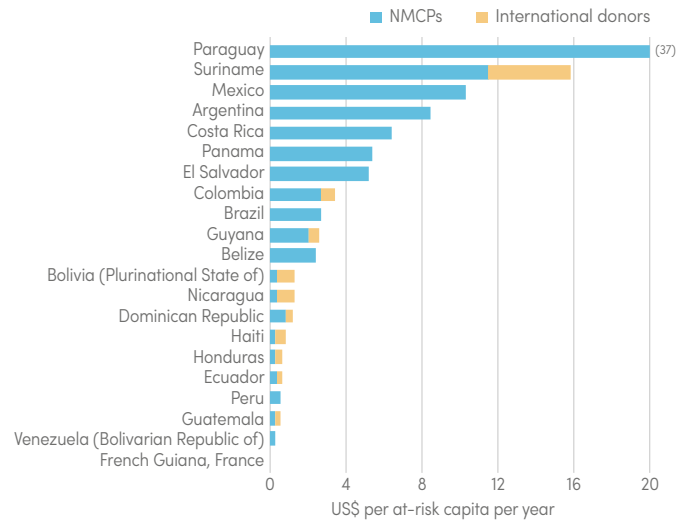
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

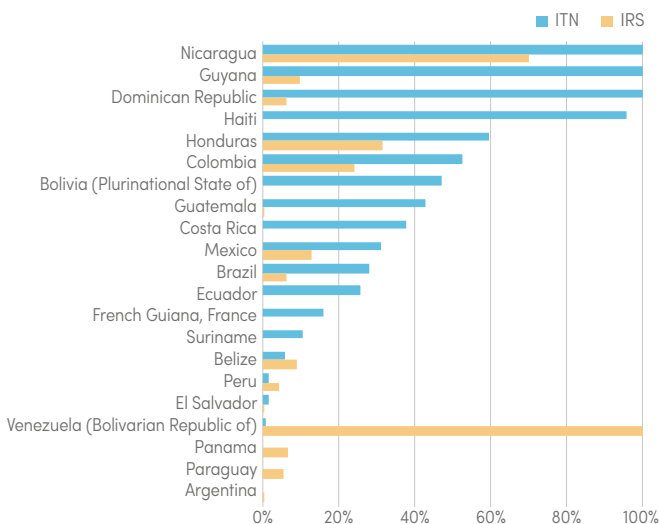


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

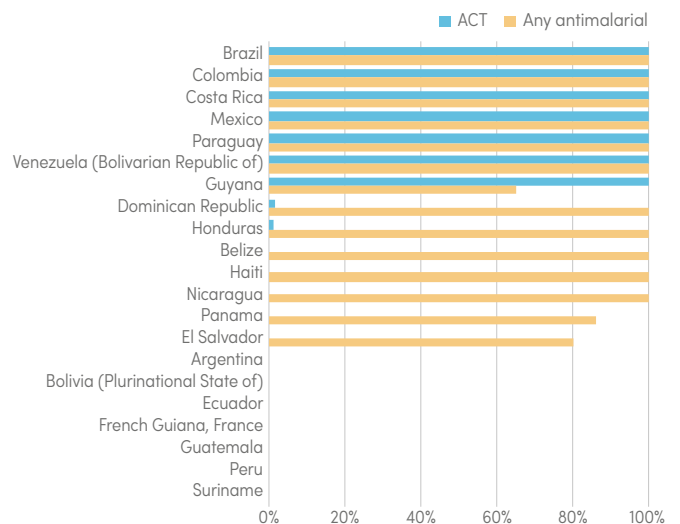


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



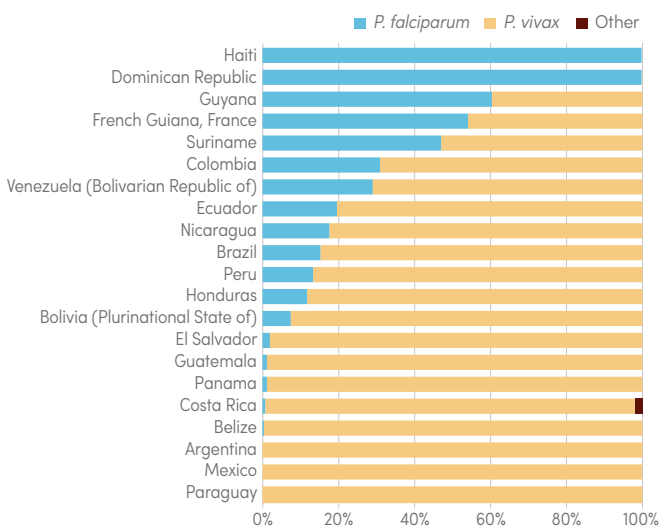
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of reported malaria cases in the public sector, 2014

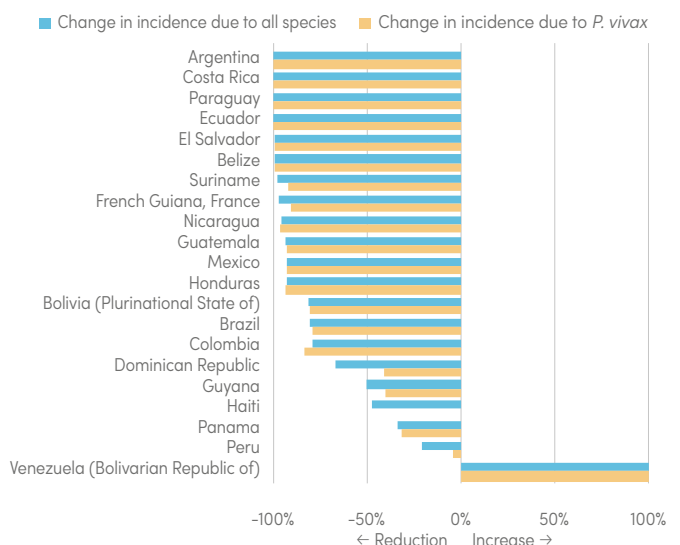


ACT, artemisinin-based combination therapy

F. Proportion of malaria cases due to *P. falciparum* and *P. vivax*, 2010–2014



G. Change in case incidence of microscopically confirmed cases, 2000–2014



Eastern Mediterranean Region

Population at risk: In 2014, about 276 million people in eight countries in the region were at some risk of malaria, with 108 million at high risk (reported incidence rates >1 per 1000 [Figure A]). Six countries have areas of high malaria transmission (Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen); transmission is focal in the Islamic Republic of Iran and Saudi Arabia in the two countries that are in the elimination phase. Most cases are due to *P. falciparum*, except in Afghanistan, Iran (Islamic Republic of) and Pakistan, where *P. vivax* predominates (Figure F).

Financing: Funding for malaria control in the region rose from US\$ 59 million in 2005 to US\$ 200 million in 2012, but fell to US\$ 120 million in 2014 (Figure B). During 2012–2014, funding per capita was highest in the Islamic Republic of Iran and Saudi Arabia (US\$ 29 and 25 per capita per year, respectively). Funding per capita per year was less than US\$ 4 in the other countries of the region (Figure C). In 2014, domestic funding for malaria control accounted for 100% of funding in Saudi Arabia and for 58% in the Islamic Republic of Iran.

Interventions: Afghanistan, Sudan and Yemen distributed sufficient ITNs in 2012–2014 to protect 100%, 54% and 82% of their high-risk populations, respectively (Figure D). Sudan and Yemen also used IRS to a limited extent. ITNs were used in targeted foci in the Islamic Republic of Iran and Saudi Arabia. The Islamic Republic of Iran and Saudi Arabia reported delivering sufficient antimalarial medicines (including ACT) to treat all cases attending public health facilities (Figure E). Data reported by other countries were incomplete.

Insecticide resistance: Since 2010, Afghanistan, the Islamic Republic of Iran, Somalia and Sudan have reported resistance to the four classes of insecticide, and Pakistan has reported resistance to the three classes tested (excluding carbamates). Pyrethroid and DDT resistance has also been detected in Yemen, with vectors still susceptible to carbamates. Resistance to carbamates has been detected in Djibouti, but vectors remain susceptible to the other three classes of insecticide. Susceptibility to pyrethroids and organophosphates has been reported in Saudi Arabia.

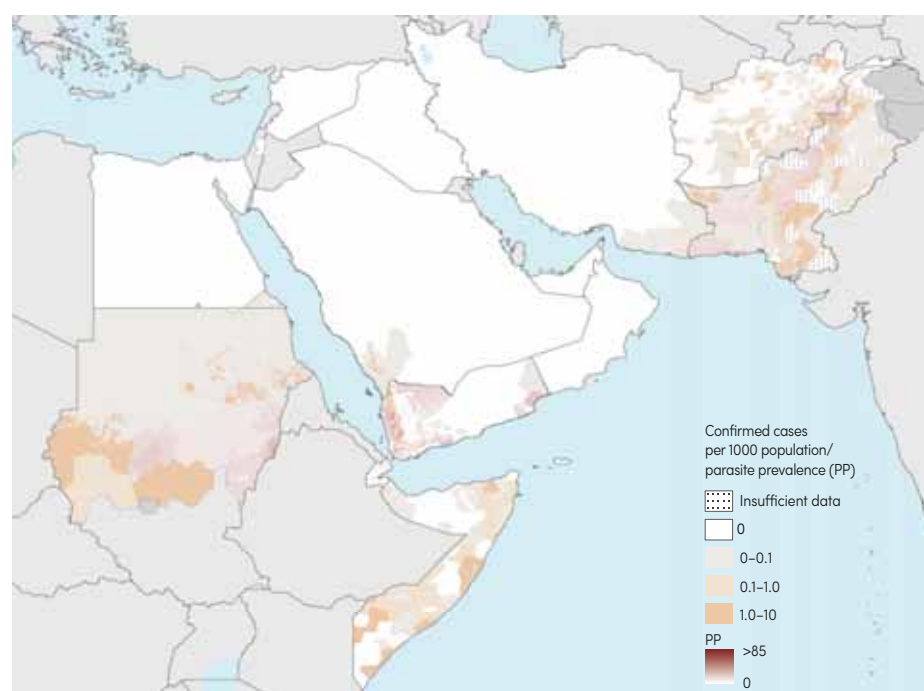
Antimalarial drug efficacy: All countries in the region have adopted artesunate+sulfadoxine-pyrimethamine (AS+SP) as their first-line treatments, except Djibouti where AL is the first-line treatment. A high rate of treatment failures has been observed with AS+SP in Somalia and Sudan. The treatment efficacy of AL remains high throughout the region.

Trends in cases and deaths: The number of confirmed malaria cases reported in the region decreased from 2 million in 2000 to 1.5 million in 2014. Two countries accounted for 91% of cases in 2014: Sudan (72%) and Pakistan (19%). Seven countries achieved more than 75% decrease in the incidence of microscopically confirmed cases between 2000 and 2014 (Afghanistan, Iraq, Islamic Republic of Iran, Morocco, Oman, Saudi Arabia and Syrian Arab Republic) (Figure G), although the current situation in the Syrian Arab Republic precludes verification of reported numbers. In 2014, the Islamic Republic of Iran and Saudi Arabia reported only 376 and 51 locally acquired cases, respectively. Assessment of trends was not possible for Djibouti, Pakistan, Somalia, Sudan and Yemen, due to inconsistent reporting.

The number of deaths in the region due to malaria fell from 2166 in 2000 to 960 in 2014. Two countries accounted for more than 90% of the deaths in 2014: Sudan (86%) and Pakistan (6%).

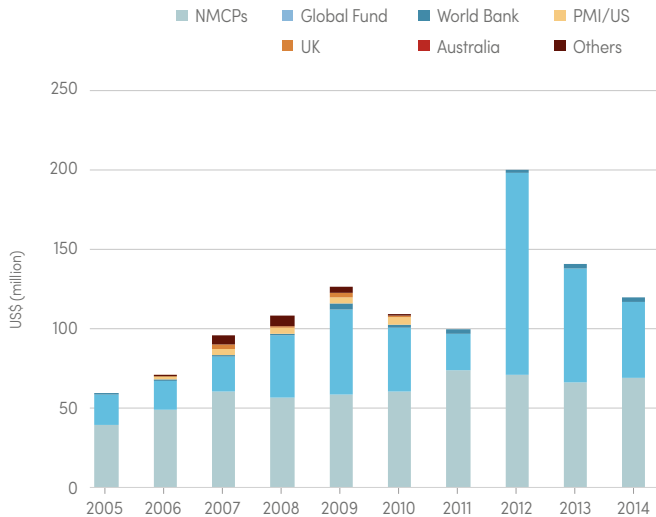
Four countries in the region are in the prevention of reintroduction phase (Egypt, since 1998; Iraq, since 2011; Oman, since 2004; and Syrian Arab Republic, since 2005). Morocco was certified as free of malaria in 2010. An outbreak in Egypt of 22 locally acquired cases in May–June 2014 was limited to a village 20 km north of Aswan, and was contained using preventive measures. Oman has been battling small outbreaks linked to importation of parasites since 2007; the country reported 984 imported and 15 introduced *P. vivax* cases in 2014. The Syrian Arab Republic reported 21 imported *P. falciparum* cases in 2014; however, the current situation in the country precludes verification of the number of malaria cases.

A. Confirmed malaria cases per 1000 population/parasite prevalence, 2014



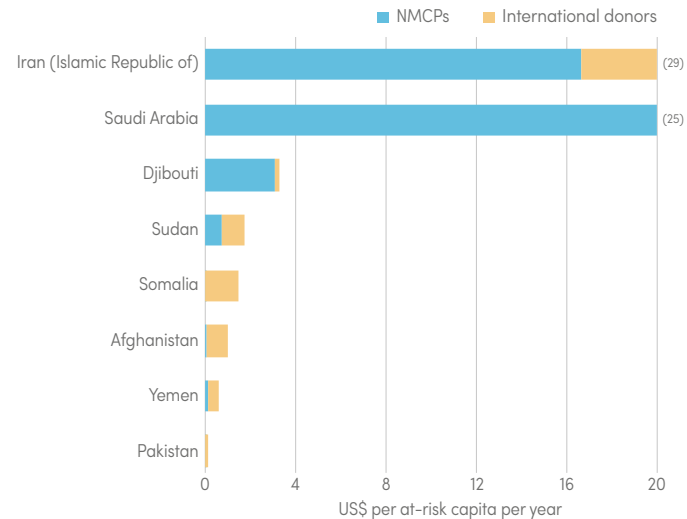
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

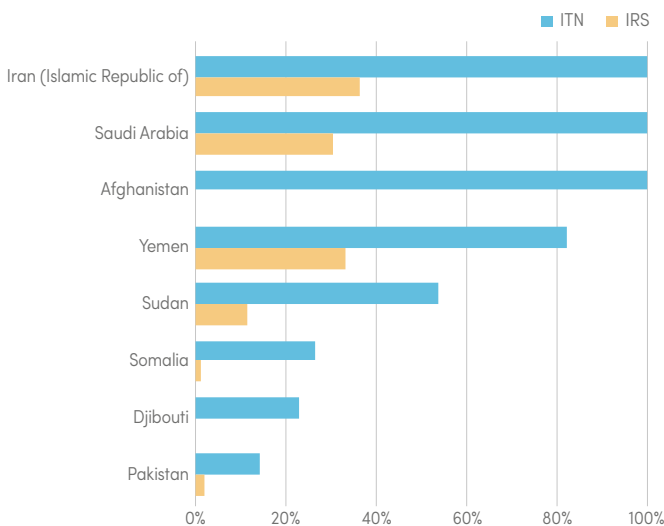


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

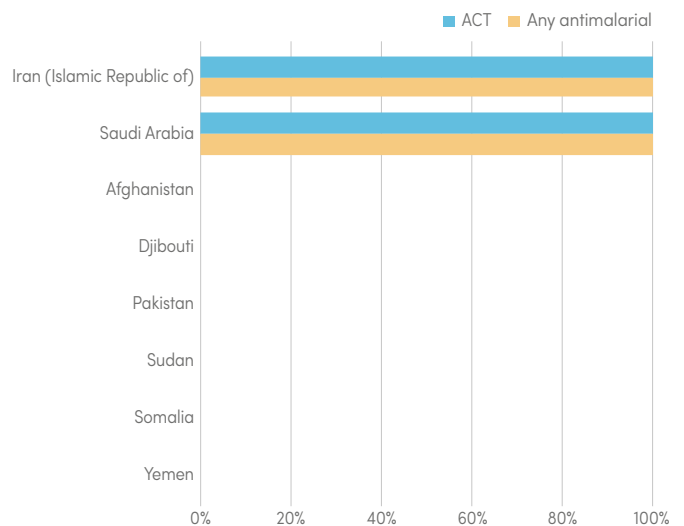


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



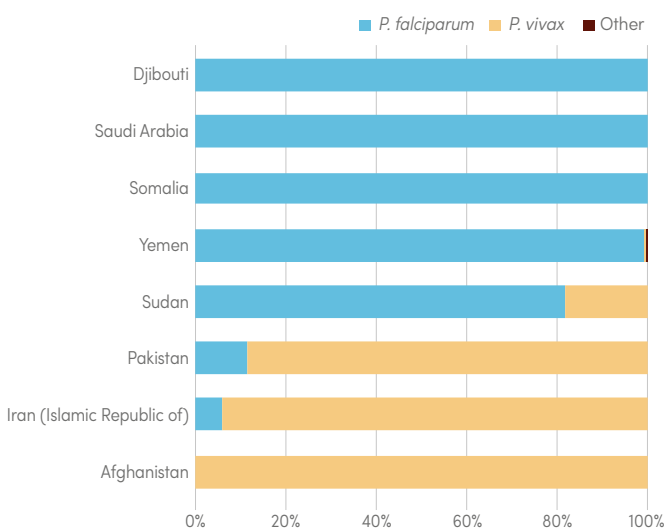
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of reported cases in the public sector, 2014

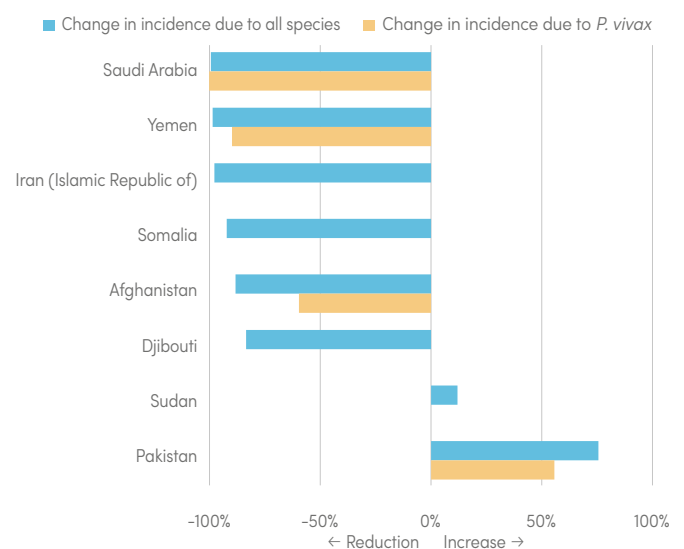


ACT, artemisinin-based combination therapy

F. Proportion of malaria cases due to *P. falciparum* and *P. vivax*, 2010–2014



G. Change in case incidence of microscopically confirmed cases, 2000–2014



European Region

Population at risk: In 2000, eight countries in the WHO European Region (Armenia, Azerbaijan, Georgia, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan and Uzbekistan) had indigenous transmission of malaria; however, in 2014, indigenous transmission was confined to Tajikistan, in which 3 million people were living in areas with some risk for malaria. Turkey and Tajikistan are in the elimination phase, with the other countries in the prevention of reintroduction phase. In 2015, the WHO European Region reported zero indigenous cases for the first time.

Financing: Funding for malaria control in the region rose from about US\$ 42 million in 2005 to US\$ 58 million in 2009, but fell to US\$ 29 million in 2014 (Figure B). Between 2012 and 2014, funding per capita per year ranged from US\$ 1.5 in Tajikistan to US\$ 2566 in Turkey (Figure C).

Interventions: In all countries in the region, malaria is a notifiable disease. Each case and focus is epidemiologically investigated and classified; there are national quality assurance programmes for microscopy and for radical treatment of *P. vivax* cases, and there is adequate access to antimalarial medicines. IRS and ITNs are used in targeted focal areas.

Insecticide resistance: Since 2010, data from standard bioassays have been reported for two countries only (Azerbaijan and Tajikistan), with susceptibility to pyrethroids confirmed in both countries, and susceptibility to organophosphates confirmed in Tajikistan. Continuous monitoring is necessary in the areas in which IRS and ITN use continues.

Trends in cases and deaths: All countries in the region achieved a 100% decrease in case incidence between 2000 and 2015

(Figure G). Among the eight countries with local transmission in 2000, the number of indigenous malaria cases declined from 32 405 in 2000, to 2 in 2014, and to zero in 2015. The two cases in 2014 were in Tajikistan, both *P. vivax* malaria. No indigenous cases have been reported in Tajikistan during 2015 (as of 1 December 2015).

Two countries within the region have been certified as free of malaria (Turkmenistan, in 2010; and Armenia, in 2011). In 2014, Kyrgyzstan successfully passed the first of two WHO evaluations for certification as a malaria-free country. Azerbaijan has reported zero indigenous cases since 2012, and has moved to prevention of reintroduction. Greece, which had a resurgence of locally acquired *P. vivax* cases during 2009–2013 (mostly introduced cases), reported zero indigenous cases since 2013.

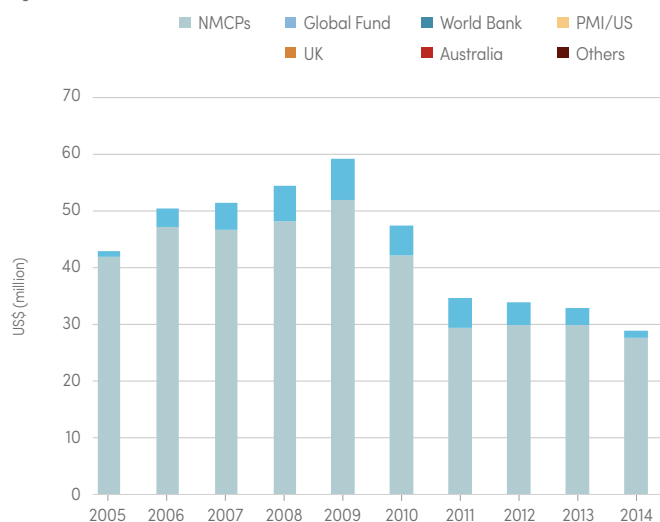
The region appears to have attained the goal of interruption of local malaria transmission by 2015, as set out in the 2005 Tashkent Declaration. However, although zero indigenous cases were reported in 2015, cases with a long incubation period might appear in 2016. Moreover, the region remains exposed to importation of cases, particularly along the border between Afghanistan and Tajikistan, and thus to potential re-establishment of transmission. In 2014, the region reported introduced cases in the Russian Federation and Spain and a relapse in Tajikistan. In 2015, Greece reported 6 introduced cases and Georgia an induced case. These events illustrate the need for constant vigilance to ensure that any reappearance of malaria in the WHO European Region is rapidly detected and contained.

A. Confirmed malaria cases per 1000 population, 2014



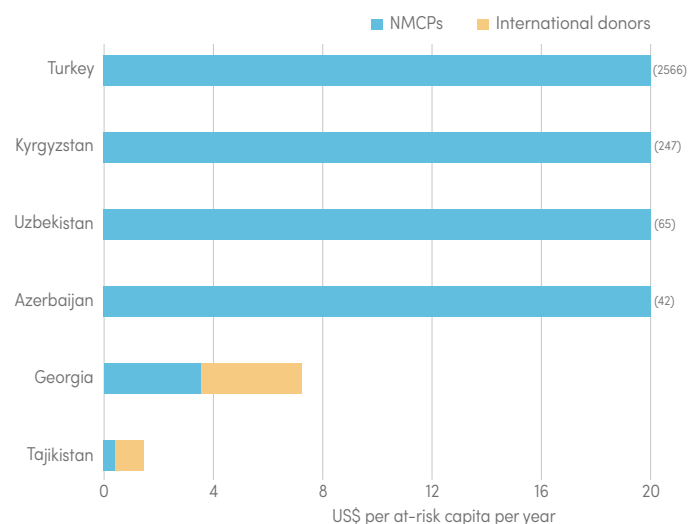
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

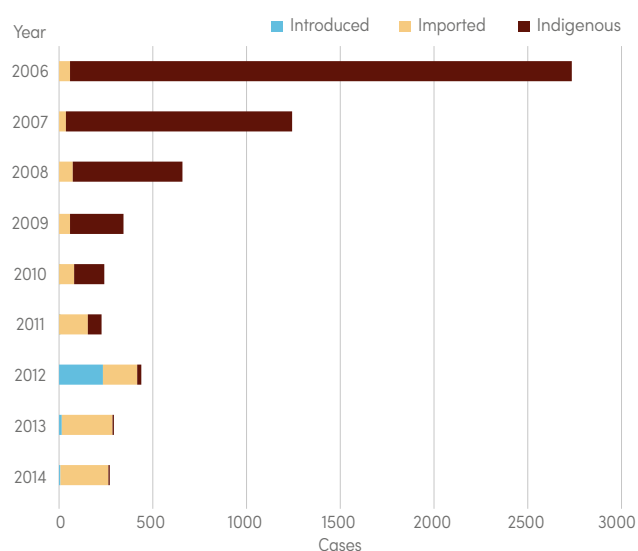


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

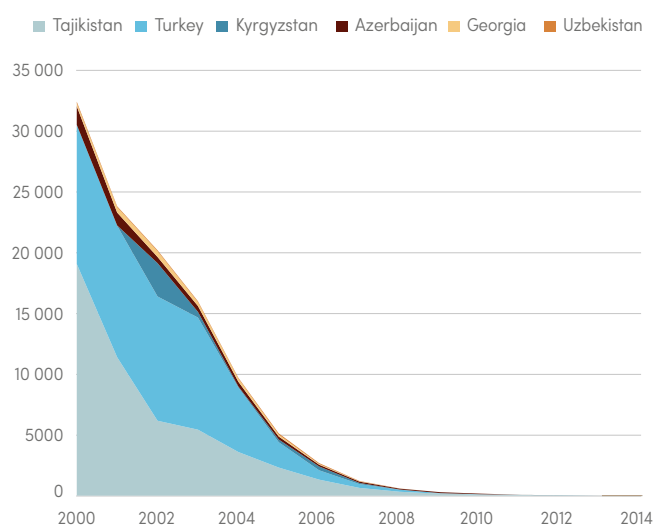
C. US\$ spent per at-risk capita for malaria control, 2012–2014



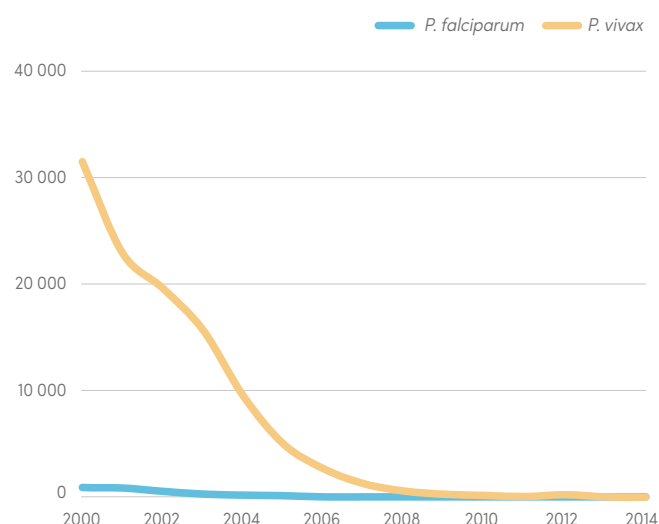
D. Reported malaria cases, 2006–2014



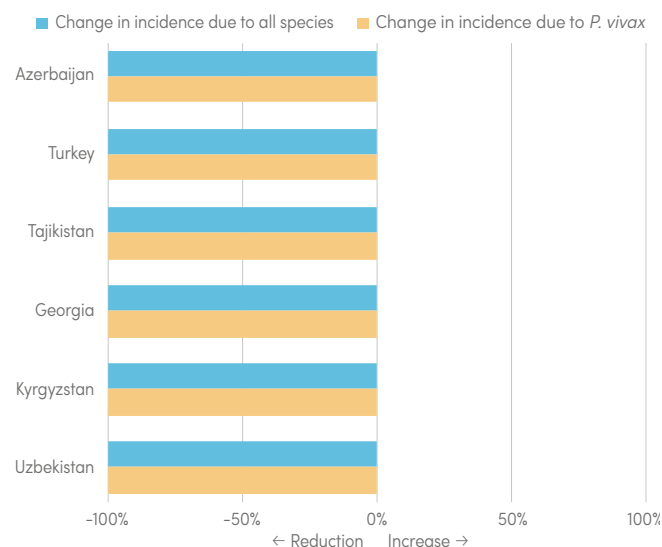
E. Reported number of indigenous malaria cases, 2000–2014



F. Number of local malaria cases reported by year, 2000–2014



G. Change in case incidence of microscopically confirmed cases, 2000–2014



South-East Asia Region

Population at risk: About 1.3 billion people are at some risk of malaria in 10 countries, with about 231 million at high risk (Figure A). The proportion of cases due to *P. falciparum* varies greatly within the region, from 15% to 79% in eight countries with transmission of more than one plasmodium species; cases are exclusively due to *P. vivax* in the Democratic People's Republic of Korea (Figure F). Bhutan and the Democratic People's Republic of Korea are in the pre-elimination phase. Sri Lanka has reported no locally acquired cases since October 2012, and is now in the prevention of reintroduction phase. Other countries in the region are in the control phase.

Financing: Funding for malaria control in the region increased from US\$ 125 million in 2005 to US\$ 262 million in 2010, but then fell to US\$ 187 million in 2014 (Figure B). In 2012–2014, funding exceeded US\$ 4 per capita per year only in Timor-Leste (Figure C). Funding is lowest in countries with the largest populations at risk, including India and Indonesia. This circumstance possibly occurs because of the challenge of providing adequate financing for such large populations, but also because populations at risk may be defined according to comparatively large administrative units in which the entire population is classified as high risk, even if malaria transmission is confined to a limited area.

Interventions: In 2012–2014, six countries (Bangladesh, Bhutan, Democratic People's Republic of Korea, Myanmar, Nepal and Timor-Leste) reported delivering sufficient ITNs or IRS to protect more than 60% of their populations at high risk (Figure D). IRS coverage was highest in Bhutan and in the Democratic People's Republic of Korea. In 2014, all countries, except India, Indonesia and Nepal, reported delivering sufficient quantities of antimalarial medicines (including ACT) to treat all reported cases in public health facilities (Figure E).

Insecticide resistance: In India, there is widespread resistance to DDT and pyrethroids, and areas with carbamate and organophosphate (malathion) resistance. Sri Lanka has reported resistance to the four insecticide classes. Since 2010, Bangladesh, Indonesia and

Myanmar have reported resistance to pyrethroids, with additional reports of DDT resistance in Myanmar, and carbamate resistance in Indonesia.

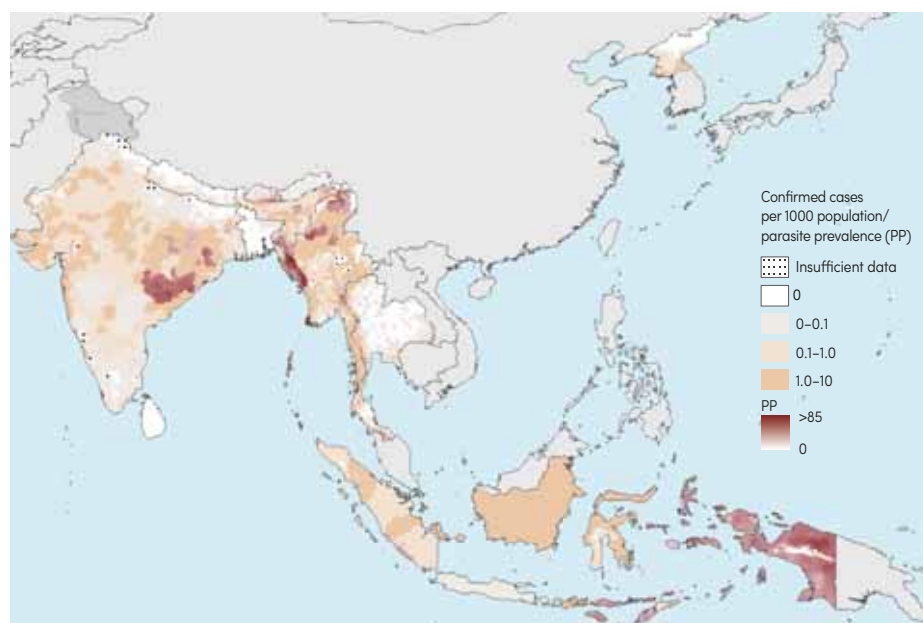
Antimalarial drug efficacy: AL remains effective throughout the Region. The efficacy of AS+SP is decreasing in northeast India, near the Myanmar border. Following high treatment failure rates with AS+MQ in Thailand, the national treatment policy was changed to DHA-PPQ in 2015. This is described in more detail in Section 5.6.

Trends in cases and deaths: The number of confirmed malaria cases reported in the region decreased from 2.9 million to 1.6 million between 2000 and 2014. Just three countries accounted for 96% of cases in 2014: India (70%), Indonesia (16%) and Myanmar (10%). Six countries reported more than 75% decrease in the incidence of confirmed cases between 2000 and 2014 (Bangladesh, Bhutan, Democratic People's Republic of Korea, Nepal, Timor-Leste and Sri Lanka) (Figure G). Two countries (India and Thailand) are projected to achieve a decrease of 50–75% in case incidence by 2015. The decline in Thailand may be underestimated, because the data since 2012 include cases reported by nongovernmental organizations working on the borders of Cambodia and Myanmar. Because of changes in diagnostic testing over time, the direction of trends in Myanmar before 2008 cannot be discerned, although the incidence of confirmed cases decreased by 68% between 2008 and 2015. Similarly, the direction of trends in Indonesia cannot be discerned due to inconsistent reporting.

Reported malaria deaths in the region fell from 5482 to 812 between 2000 and 2014. No malaria-related deaths have been reported from Nepal since 2012, or from Bhutan since 2013.

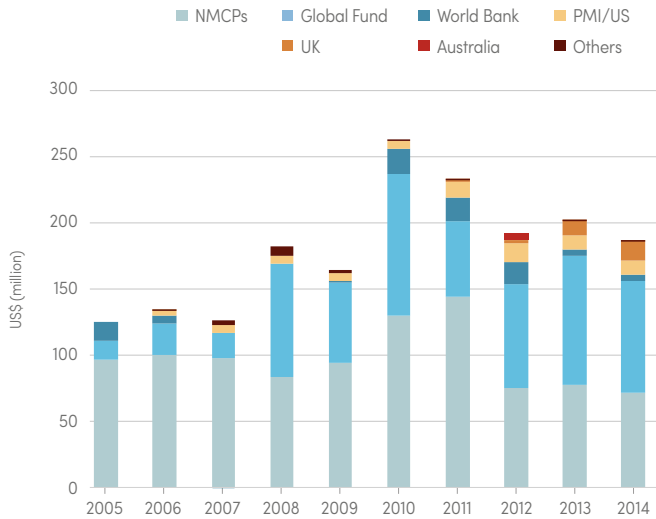
Bhutan, which is in the pre-elimination phase, had 15 indigenous and 30 introduced cases in 2013, and 19 indigenous cases in 2014. Reported cases in the Democratic People's Republic of Korea, which is also in the pre-elimination phase, dropped sharply from 23 537 in 2012 to 10 535 in 2014 (55% decrease).

A. Confirmed malaria cases per 1000 population/parasite prevalence, 2014



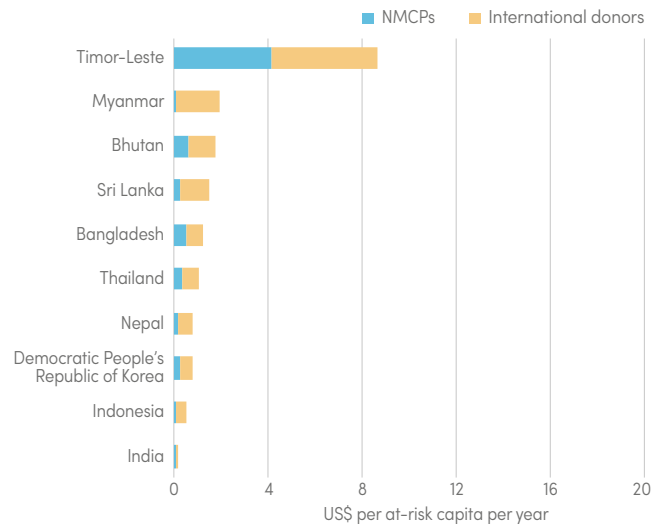
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

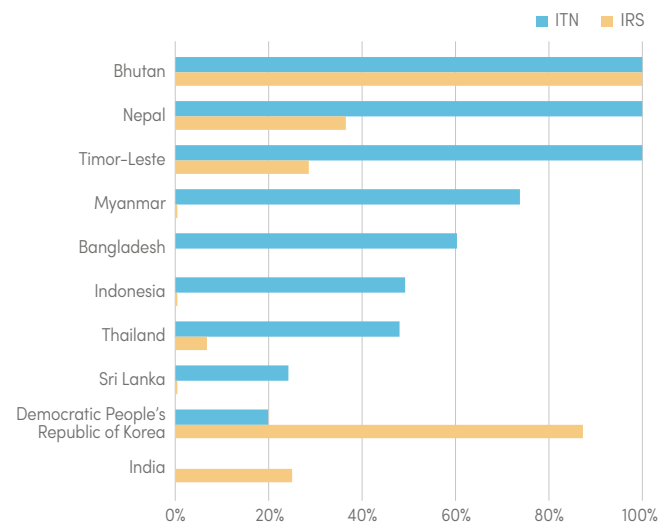


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

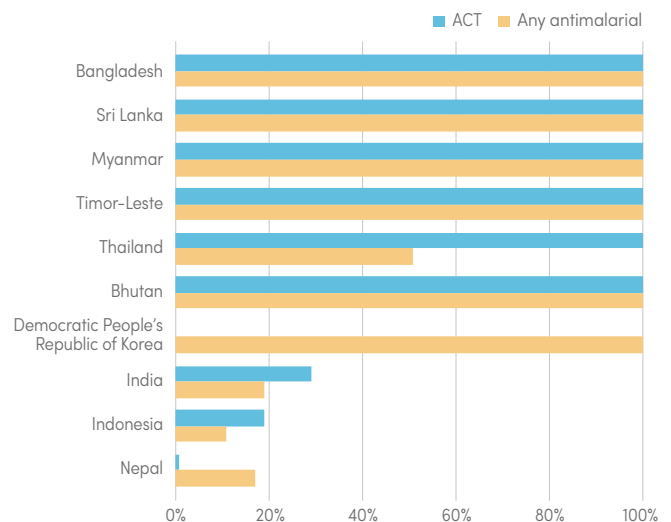


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



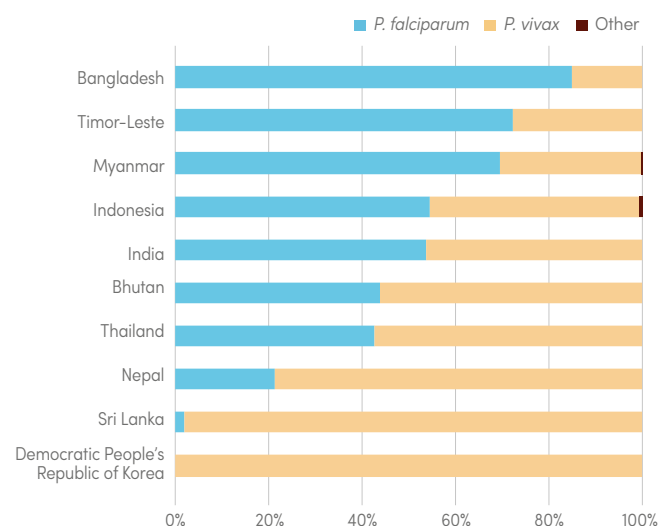
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of estimated malaria cases in the public sector, 2014

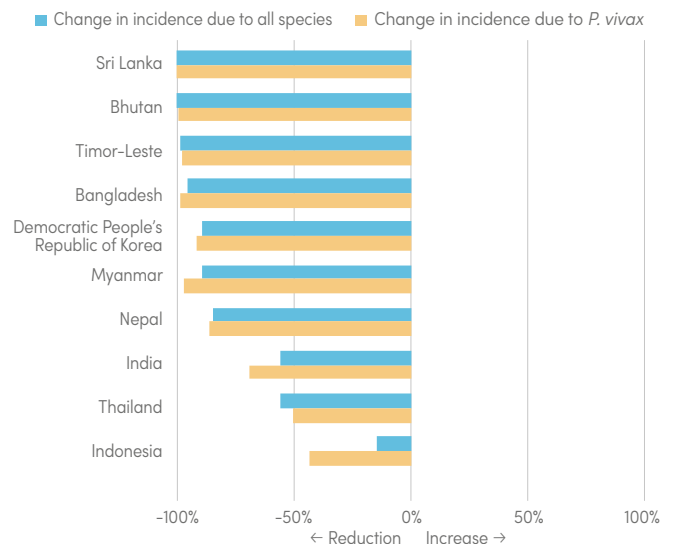


ACT, artemisinin-based combination therapy

F. Proportion of cases due to *P. falciparum* and *P. vivax*, 2010–2014



G. Change in case incidence of microscopically confirmed cases, 2000–2014



Western Pacific Region

Population at risk: About 730 million people in the region are at some risk for malaria, with 30 million at high risk (Figure A). Malaria transmission is highest in Papua New Guinea, the Solomon Islands and Vanuatu. In other countries in the region, transmission is much more focal, disproportionately affecting ethnic minorities and migrant workers. Both *P. falciparum* and *P. vivax* are prevalent, but cases are mostly due to *P. vivax* in the Republic of Korea (Figure F). Recently, *P. knowlesi* has increased in public health importance, particularly in Malaysia, where it accounted for 38% of the reported cases in 2014. Malaysia is in the pre-elimination phase, and China and the Republic of Korea are in the elimination phase. Other countries in the region are in the control phase.

Financing: Funding for malaria control in the region increased from US\$ 77 million in 2005 to US\$ 182 million in 2010. Funding then dropped to US\$ 112 million in 2011, but has been gradually increasing since, reaching US\$ 156 million in 2014 (Figure B). During 2012–2014, malaria funding per capita per year in the region was highest in Malaysia (US\$ 47), exceeded US\$ 5 in Vanuatu, and was less than US\$ 5 in the other eight countries (Figure C).

Interventions: In 2012–2014, the number of ITNs delivered was sufficient to protect more than 60% of the population at high risk in seven countries. In China, 100% of the at-risk population was protected with IRS. In Malaysia, more than 60% were protected with IRS and ITNs, although it is not clear whether both interventions were applied in the same area (Figure D). Nationally representative surveys in Papua New Guinea showed an increase in the proportion of the population with access to an LLIN in their household, from 44% in 2011 to 68% in 2014; the proportion of RDT-positive cases treated with ACT rose from 0% to 78%. The Republic of Korea reported low levels of vector control coverage (with the exception of the Korean Demilitarized Zone), possibly due to the focal nature of the disease. In 2014, all countries, except the Republic of Korea, reported delivering sufficient antimalarial medicines to treat more than 80% of patients attending public health facilities (Figure E).

Insecticide resistance: Since 2010, pyrethroid resistance has been reported in malaria vectors of local importance in Cambodia, China, Lao People's Democratic Republic, the Philippines and Viet Nam, with all countries but Viet Nam also reporting DDT resistance. Organophosphate resistance has been reported in China.

Antimalarial drug efficacy: Both AL and DHA-PPQ remain effective where those medicines are used as the first-line treatment. In Cambodia, efficacy studies conducted in areas where dihydroartemisinin-piperazine (DP) is failing have found AS+MQ effec-

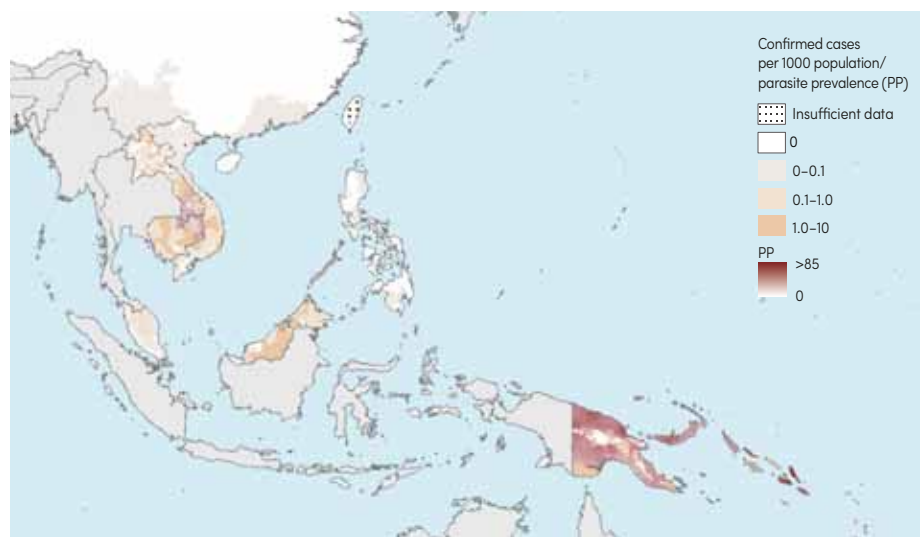
tive, and AS+MQ has since become the first-line treatment in these areas (see Section 5.6).

Trends in cases and deaths: Three countries accounted for 89% of reported confirmed cases in 2014: Papua New Guinea (71%), Lao People's Democratic Republic (12%) and Cambodia (6%). Eight of the 10 countries in the region achieved more than 75% reduction in the incidence of microscopically confirmed cases between 2000 and 2014 (Cambodia, China, Malaysia, Philippines, Republic of Korea, Solomon Islands, Vanuatu, Viet Nam) (Figure G). Cambodia is on track to achieve a 50–75% reduction in case incidence by 2015. In Vanuatu, reported cases dropped sharply from 2381 in 2013 to 982 in 2014 (58% decrease). Although the Lao People's Democratic Republic has reduced malaria incidence by 50% since 2000, case incidence has increased since 2011, with more than 48 000 cases reported in 2014. This increase is associated with an influx of migrant workers in the south of the country. Papua New Guinea has reported considerably more confirmed cases since 2012, due to an increase in diagnostic testing with RDTs. However, the incidence of malaria admissions to public health facilities decreased by more than 75% between 2000 and 2014, and nationally representative household surveys indicated a drop in parasite prevalence from 12.4% to 1.8% between 2009 and 2014.

Reported malaria deaths in the region decreased from 2360 to 264 between 2000 and 2014. In 2014, two countries accounted for 86% of all reported deaths: Papua New Guinea (77%) and the Solomon Islands (9%). Vanuatu has reported no deaths from malaria since 2012.

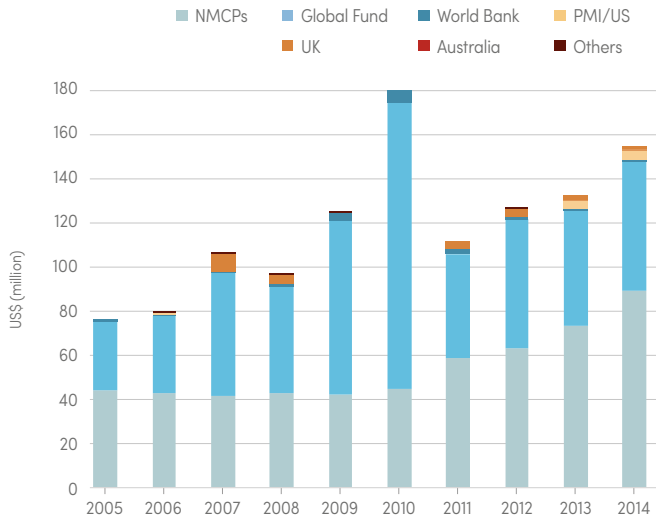
Malaysia is in the pre-elimination phase, but the number of indigenous cases increased from 2921 in 2013 to 3147 in 2014, and the number of people living in active foci remains high (1.3 million). Malaria transmission occurs primarily in the districts of Sabah and Sarawak. In the Republic of Korea, which is in the elimination phase, the number of indigenous cases between 2013 and 2014 increased from 383 to 557. China reported only 56 locally acquired cases in 2014; six were caused by *P. falciparum* and 50 by *P. vivax*. China is aiming to eliminate malaria nationally by 2020. The Philippines is proceeding with a subnational elimination approach, with a focus on the provinces most affected by malaria: Maguindanao (Mindanao) and the islands of Palawan and Tawi-Tawi.

A. Confirmed malaria cases per 1000 population/parasite prevalence, 2014



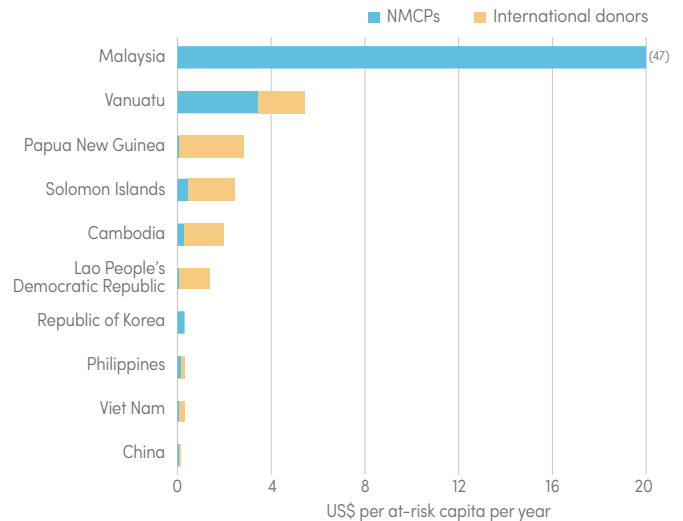
Data are only shown for countries and areas that had ongoing malaria transmission in year 2000

B. Financial contribution for malaria control by source, 2005–2014

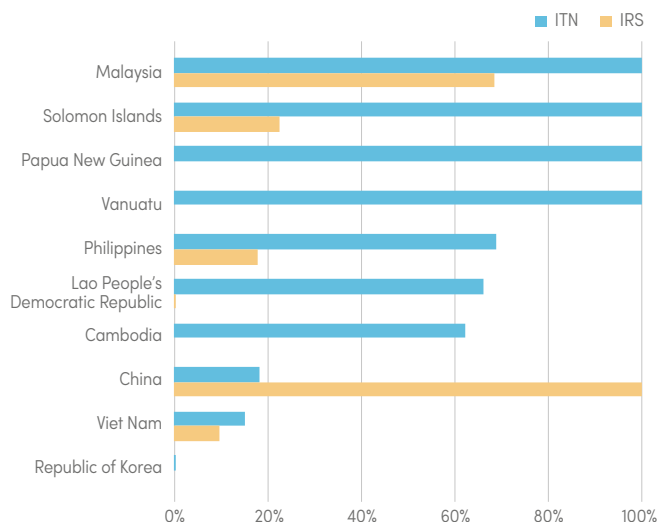


Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; NMCP, national malaria control programme; PMI/US, President's Malaria Initiative/United States; UK, United Kingdom of Great Britain and Northern Ireland

C. US\$ spent per at-risk capita for malaria control, 2012–2014

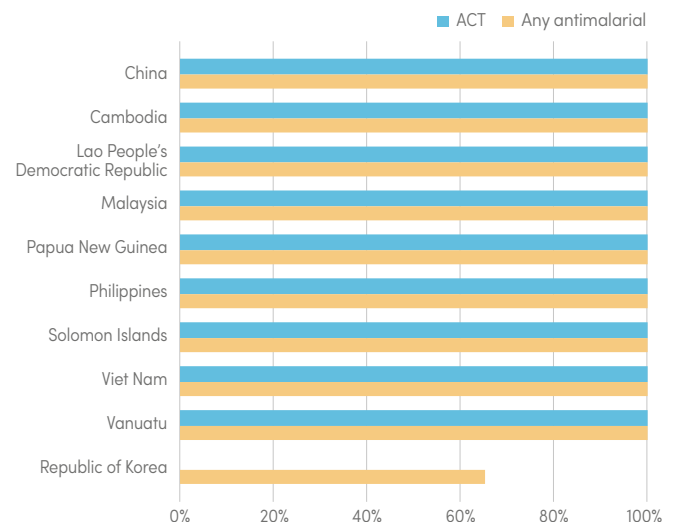


D. Proportion of high-risk population with distributed ITNs and proportion protected with IRS, 2014



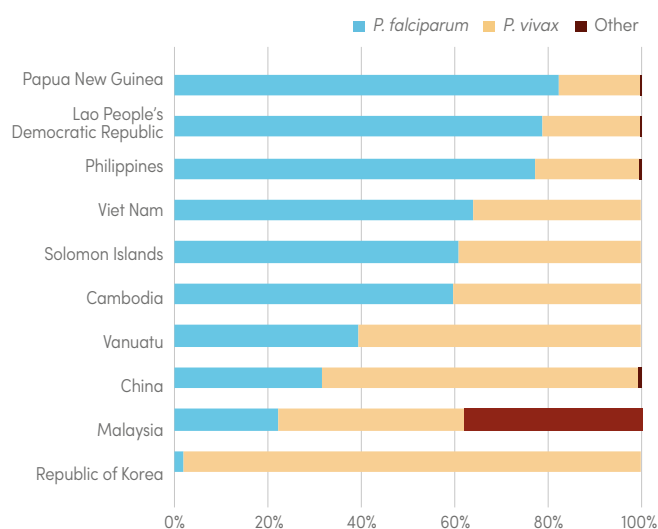
IRS, indoor residual spraying; ITN, insecticide-treated mosquito net

E. Antimalarial treatment courses distributed as a proportion of estimated malaria cases in the public sector, 2014

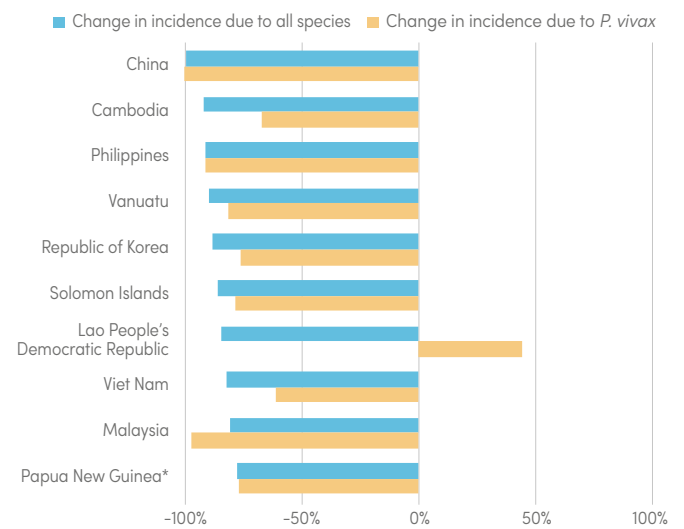


ACT, artemisinin-based combination therapy

F. Proportion of malaria cases due to *P. falciparum* and *P. vivax*, 2010–2014



G. Change in case incidence of microscopically confirmed cases, 2000–2014



* Changes in incidence of admission rates (blue) and death rates (orange)

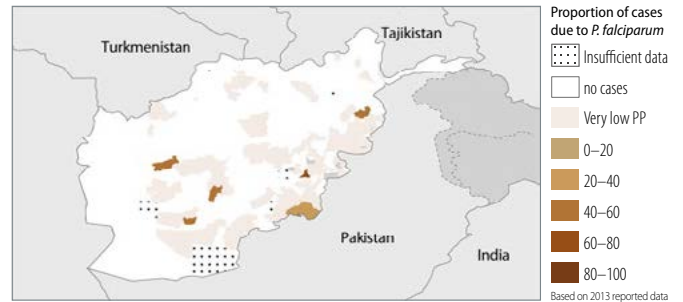
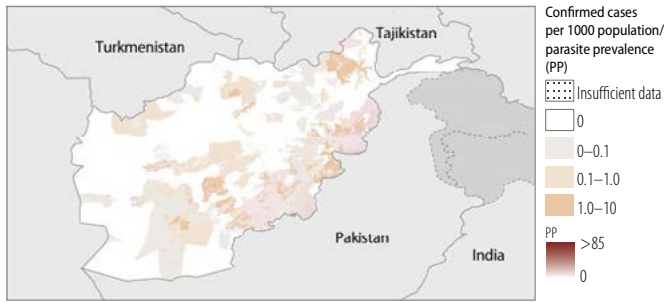
References

1. Beiersmann C., Bountogo M., Tiendrebeogo J., De Allegri M., Louis V.R., Coulibaly B. et al. *Falciparum malaria in young children of rural Burkina Faso: comparison of survey data in 1999 with 2009.* *Malar J*, 2011 10:296.
2. Giardina F., Kasasa S., Sie A., Utzinger J., Tanner M., Vounatsou P. Effects of vector-control interventions on changes in risk of malaria parasitaemia in sub-Saharan Africa: a spatial and temporal analysis. *Lancet Glob Health*, 2014 2(10):e601-615 (<http://www.ncbi.nlm.nih.gov/pubmed/25304636>, accessed 20 November 2014).
3. Trape J.F., Tall A., Sokhna C., Ly A.B., Diagne N., Ndiath O. et al. The rise and fall of malaria in a West African rural community, Dielmo, Senegal, from 1990 to 2012: a 22 year longitudinal study. *Lancet Infect Dis*, 2014 14(6):476-488.
4. Landoh E.D., Tchamdja P., Saka B., Tint K.S., Gitta S.N., Wasswa P. et al. Morbidity and mortality due to malaria in Est Mono district, Togo, from 2005 to 2010: A times series analysis. *Malar J*, 2012 11:389.
5. Terlouw D.J., Morgah K., Wolkon A., Dare A., Dorkenoo A., Eliades M.J. et al. Impact of mass distribution of free long-lasting insecticidal nets on childhood malaria morbidity: the Togo National Integrated Child Health Campaign. *Malar J*, 2010 9:199.
6. Bradley J., Matias A., Schwabe C., Vargas D., Monti F., Nseng G. et al. Increased risks of malaria due to limited residual life of insecticide and outdoor biting versus protection by combined use of nets and indoor residual spraying on Bioko Island, Equatorial Guinea. *Malar J*, 2012 11:242.
7. Overgaard H.J., Reddy V.P., Abaga S., Matias A., Reddy M.R., Kulkarni V. et al. Malaria transmission after five years of vector control on Bioko Island, Equatorial Guinea. *Parasit Vectors*, 2012 5:253.
8. Ndong I.C., van Reenen M., Boakye D.A., Mbacham W.F., Grobler A.F. Trends in malaria admissions at the Mbakong Health Centre of the North West Region of Cameroon: a retrospective study. *Malar J*, 2014 13(1):328 (<http://www.malariajournal.com/content/pdf/1475-2875-13-328.pdf>, accessed 20 November 2014).
9. Mawili-Mboumba D.P., Bouyou Akotet M.K., Kendjo E., Nzamba J., Medang M.O., Mbina J.R. et al. Increase in malaria prevalence and age of at risk population in different areas of Gabon. *Malar J*, 2013 12(1):3 (<http://www.malariajournal.com/content/pdf/1475-2875-12-3.pdf>, accessed 20 November 2014).
10. Aregawi MW, Ali AS, Al-mafazy AW, Molteni F, Katikiti S, Warsame M et al. Reductions in malaria and anaemia case and death burden at hospitals following scale-up of malaria control in Zanzibar, 1999-2008. *Malar J*. 2011;10(1):46 (<http://www.malariajournal.com/content/pdf/1475-2875-10-46.pdf>, accessed 24 November 2015).
11. Karema C., Aregawi M.W., Rukundo A., Kabayiza A., Mulindahabi M., Fall I.S. et al. Trends in malaria cases, hospital admissions and deaths following scale-up of anti-malarial interventions, 2000-2010, Rwanda. *Malar J*, 2012 11:236.
12. Aregawi M., Lynch M., Bekele W., Kebede H., Jima D., Taffese H.S. et al. Time series analysis of trends in malaria cases and deaths at hospitals and the effect of antimalarial interventions, 2001-2011, Ethiopia. *PLoS One*, 2014 9(11):e106359 (<http://www.ncbi.nlm.nih.gov/pubmed/25406083>, accessed 20 November 2014).
13. Ishengoma D.S., Mmbando B.P., Segeja M.D., Alifrangis M., Lemnge M.M., Bygbjerg I.C. Declining burden of malaria over two decades in a rural community of Muheza district, north-eastern Tanzania. *Malar J*, 2013 12(1):338 (<http://www.malariajournal.com/content/pdf/1475-2875-12-338.pdf>, accessed 20 November 2014).
14. Kalayjian B.C., Malhotra I., Mungai P., Holding P., King C.L. Marked decline in malaria prevalence among pregnant women and their offspring from 1996 to 2010 on the south Kenyan coast. *Am J Trop Med Hyg*, 2013 (<http://www.ncbi.nlm.nih.gov/pubmed/24080635>, accessed 20 November 2013).

15. Kigozi R., Baxi S.M., Gasasira A., Sserwanga A., Kakeeto S., Nasr S. et al. Indoor residual spraying of insecticide and malaria morbidity in a high transmission intensity area of Uganda. *PLoS ONE*, 2012 7(8):e42857.
16. Okiro E.A., Bitira D., Mbabazi G., Mpimbaza A., Alegana V.A., Talisuna A.O. et al. Increasing malaria hospital admissions in Uganda between 1999 and 2009. *BMC Medicine*, 2011 9:37.
17. Mharakurwa S., Mutambu S.L., Mberikunashe J., Thuma P.E., Moss W.J., Mason P.R. et al. Changes in the burden of malaria following scale up of malaria control interventions in Mutasa District, Zimbabwe. *Malar J*, 2013 12(1):223 (<http://www.malariajournal.com/content/pdf/1475-2875-12-223.pdf>, accessed 20 November 2014).

Country and area profiles

Afghanistan	82	Liberia	131
Algeria	83	Madagascar	132
Angola	84	Malawi	133
Argentina	85	Malaysia	134
Azerbaijan	86	Mali	135
Bangladesh	87	Mauritania	136
Belize	88	Mayotte, France	137
Benin	89	Mexico	138
Bhutan	90	Mozambique	139
Bolivia (Plurinational State of)	91	Myanmar	140
Botswana	92	Namibia	141
Brazil	93	Nepal	142
Burkina Faso	94	Nicaragua	143
Burundi	95	Niger	144
Cabo Verde	96	Nigeria	145
Cambodia	97	Pakistan	146
Cameroon	98	Panama	147
Central African Republic	99	Papua New Guinea	148
Chad	100	Paraguay	149
China	101	Peru	150
Colombia	102	Philippines	151
Comoros	103	Republic of Korea	152
Congo	104	Rwanda	153
Costa Rica	105	Sao Tome and Principe	154
Côte d'Ivoire	106	Saudi Arabia	155
Democratic People's Republic of Korea	107	Senegal	156
Democratic Republic of the Congo	108	Sierra Leone	157
Djibouti	109	Solomon Islands	158
Dominican Republic	110	Somalia	159
Ecuador	111	South Africa	160
El Salvador	112	South Sudan	161
Equatorial Guinea	113	Sri Lanka	162
Eritrea	114	Sudan	163
Ethiopia	115	Suriname	164
French Guiana, France	116	Swaziland	165
Gabon	117	Tajikistan	166
Gambia	118	Thailand	167
Ghana	119	Timor-Leste	168
Guatemala	120	Togo	169
Guinea	121	Turkey	170
Guinea-Bissau	122	Uganda	171
Guyana	123	United Republic of Tanzania (Mainland)	172
Haiti	124	United Republic of Tanzania (Zanzibar)	173
Honduras	125	Vanuatu	174
India	126	Venezuela (Bolivarian Republic of)	175
Indonesia	127	Viet Nam	176
Iran (Islamic Republic of)	128	Yemen	177
Kenya	129	Zambia	178
Lao People's Democratic Republic	130	Zimbabwe	179



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	8 500 000	27
Low transmission (0–1 cases per 1000 population)	15 400 000	49
Malaria free (0 cases)	7 720 000	24
Total	31 600 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (5%), *P. vivax* (95%)
 Major anopheles species: *An. stephensi*, *An. superpictus*, *An. hyrcanus*, *An. pulcherrimus*, *An. culicifacies*, *An. fluviatilis*

Programme phase: Control

Reported confirmed cases: 61 362 Estimated cases, 2013: [180 000–350 000]
 Reported confirmed cases at community level: 22 558
 Reported deaths: 32 Estimated deaths, 2013: [46–210]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2010
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2012
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2014
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2010
	G6PD test is a requirement before treatment with primaquine	Yes	2010
	Directly observed treatment with primaquine is undertaken	Yes	2010
	System for monitoring of adverse reactions to antimalarials exists	No	–
Surveillance	ACD for case investigation (reactive)	Yes	2012
	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	CQ
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ
Treatment failure of <i>P. falciparum</i>	–
Treatment of severe malaria	AM; AS; QN
Treatment of <i>P. vivax</i>	CQ+PQ(8w)
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d), 0.75/kg (8 w)
Type of RDT used	<i>P. f.</i> + all species (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

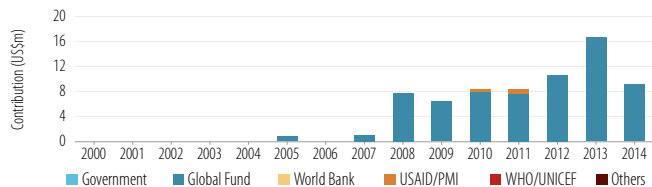
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005–2013	0	0	1	28 days	8	<i>P. falciparum</i>
CQ	2007–2009	0	0	0	28 days	4	<i>P. vivax</i>

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

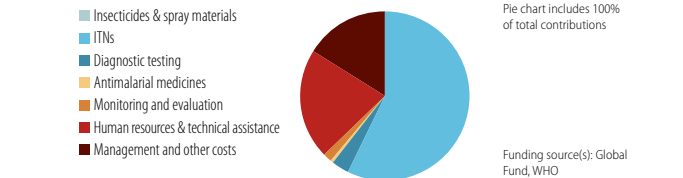
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2014	Yes	Yes	Yes	Yes	<i>An. stephensi</i> , <i>An. superpictus</i> , other

III. Financing

Sources of financing

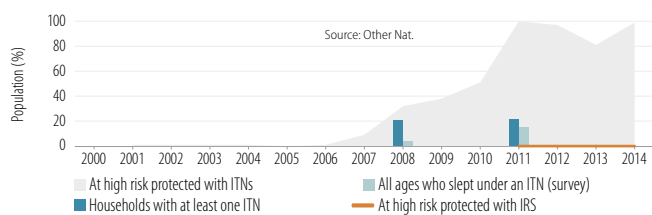


Financing by intervention in 2014

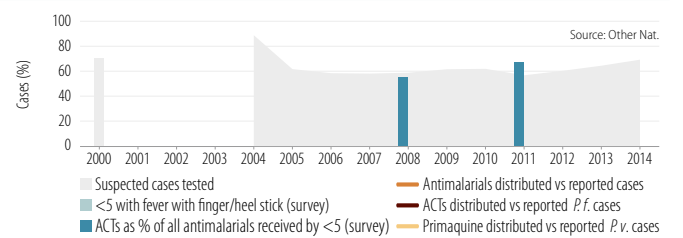


IV. Coverage

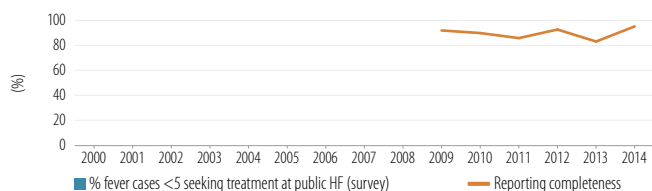
ITN and IRS coverage



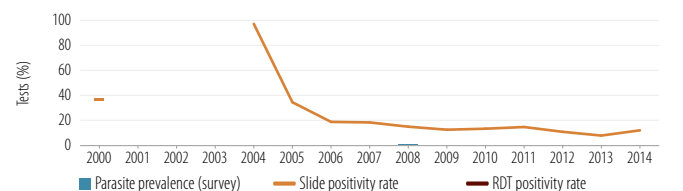
Cases tested and treated in public sector



Cases tracked

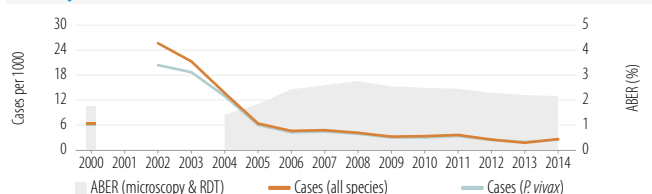


Test positivity

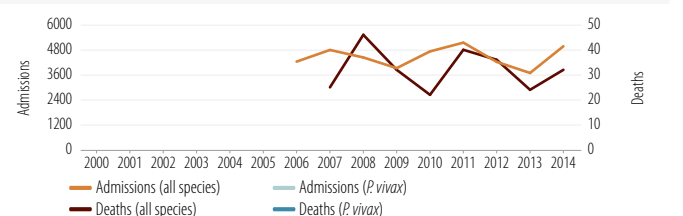


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	0	0
Number of people living in malaria free areas	38 900 000	100
Total	38 900 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (83%), *P. vivax* (0%)
 Major anopheles species: *An. multicolor*, *An. labranchiae*, *An. sergentii*, *An. hispaniola*

Programme phase: Elimination

Total confirmed cases, 2014:	266	Total deaths, 2014:	0
Indigenous cases, 2014:	0	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1980
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test	-	-
	Malaria diagnosis is free of charge in the public sector	Yes	1968
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	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	-
	Foci and case investigation undertaken	Yes	1968
Case reporting from private sector is mandatory	Yes	-	

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	-
Treatment failure of <i>P. falciparum</i>	-
Treatment of severe malaria	-
Treatment of <i>P. vivax</i>	CQ
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)

Therapeutic efficacy tests (clinical and parasitological failure, %)

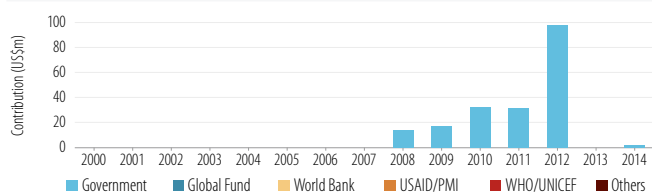
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

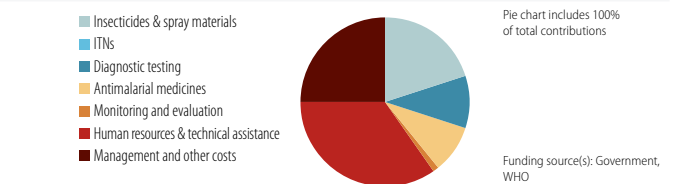
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

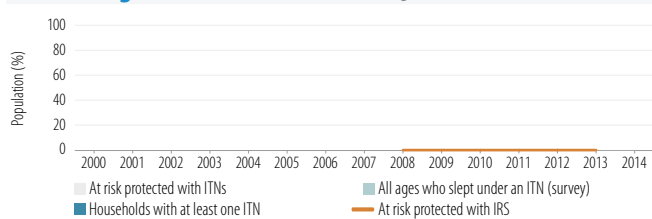


Financing by intervention in 2014



IV. Coverage

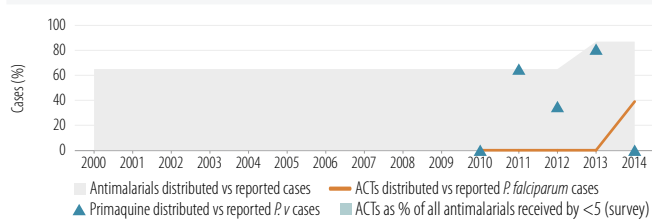
ITN and IRS coverage



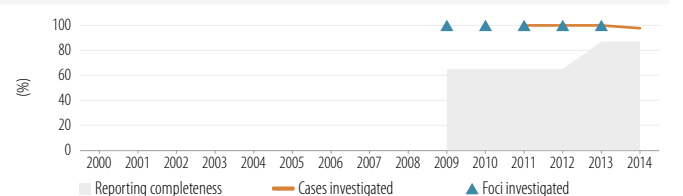
Cases tested



Cases treated

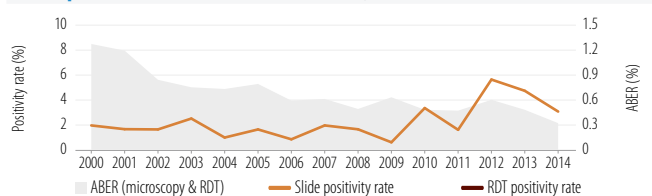


Cases tracked

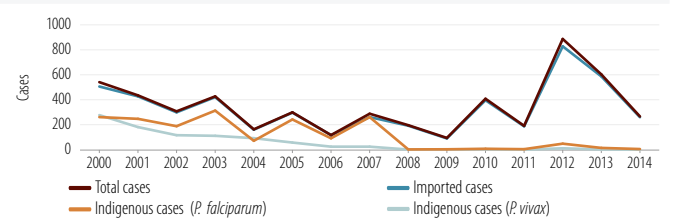


V. Impact

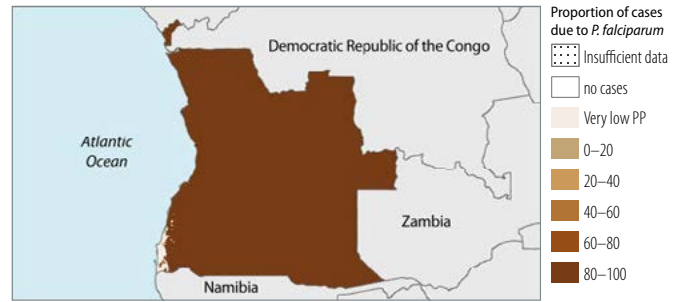
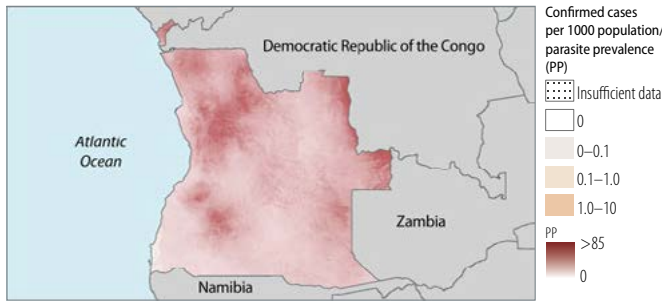
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	24 200 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	24 200 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 2 298 979 Estimated cases, 2013: [2 000 000-5 100 000]
 Reported deaths: 5714 Estimated deaths, 2013: [8900-20 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2009
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	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>	Yes	2006
	G6PD test is a requirement before treatment with primaquine	Yes	2006
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2006
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	-

Antimalarial treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2006
First-line treatment of <i>P. falciparum</i>	AL 2006
Treatment failure of <i>P. falciparum</i>	QN 2006
Treatment of severe malaria	AS; QN 2006
Treatment of <i>P. vivax</i>	-
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)

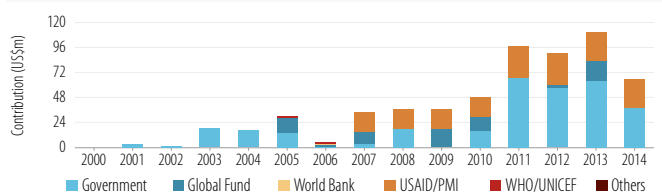
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2013-2013	2.7	7.2	11.7	28 days	2	<i>P. falciparum</i>
DHA-PPQ	2013-2013	0	0	0	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
2010-2015	Yes	Yes	Yes	No	<i>An. coustani</i> , <i>An. gambiae s.l.</i>

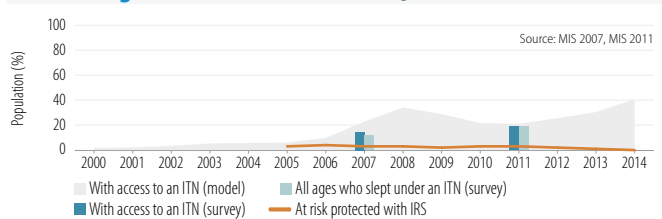
III. Financing



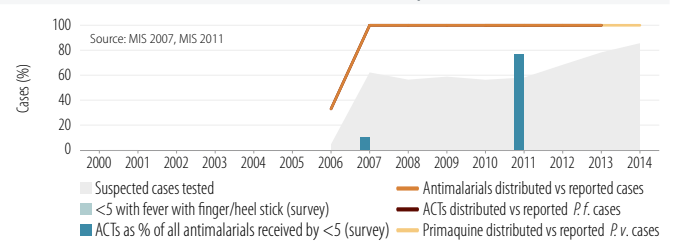
Financing by intervention in 2014

No data reported for 2014

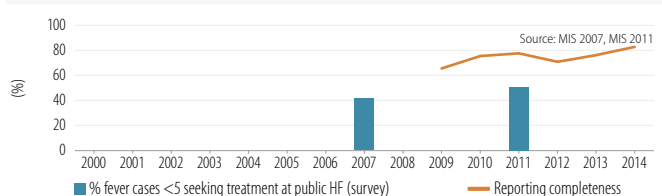
IV. Coverage



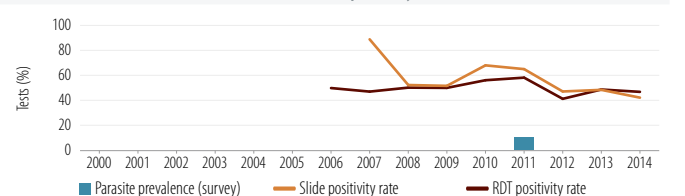
Cases tested and treated in public sector



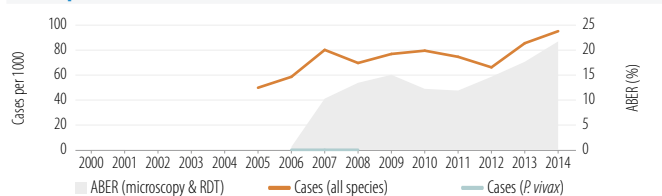
Cases tracked



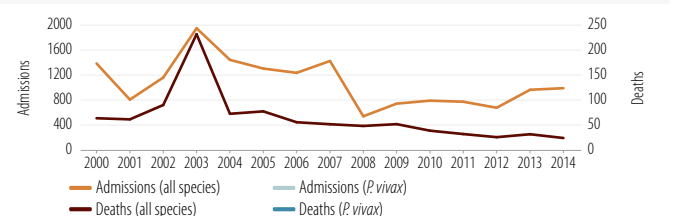
Test positivity



V. Impact



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	-	-
Number of people living in malaria free areas	43 000 000	100
Total	43 000 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. pseudopunctipennis</i> , <i>An. darlingi</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	4	Total deaths, 2014:	0
Indigenous cases, 2014:	0	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2013
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1980
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
Case reporting from private sector is mandatory	Yes	-	

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL+PQ	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	-	-
Treatment of <i>P. vivax</i>	CQ+PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

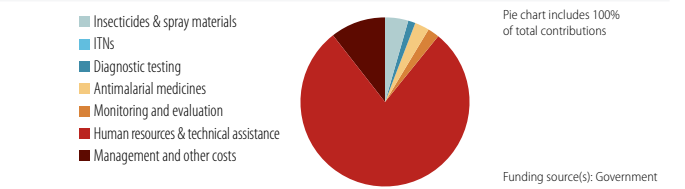
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

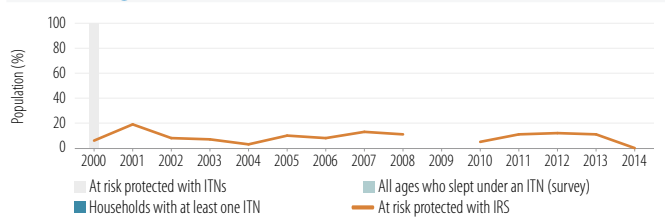


Financing by intervention in 2014

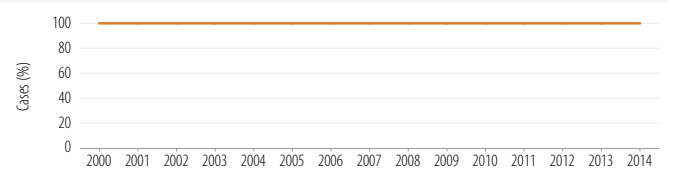


IV. Coverage

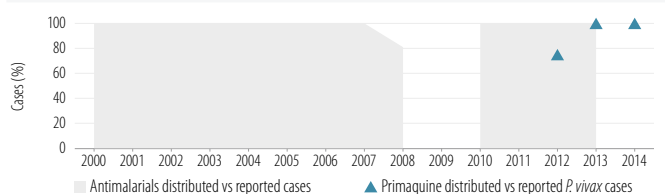
ITN and IRS coverage



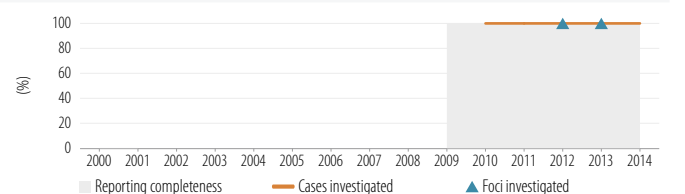
Cases tested



Cases treated



Cases tracked

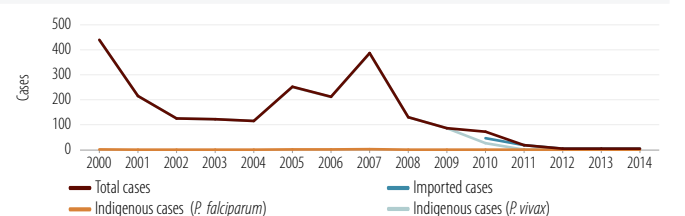


V. Impact

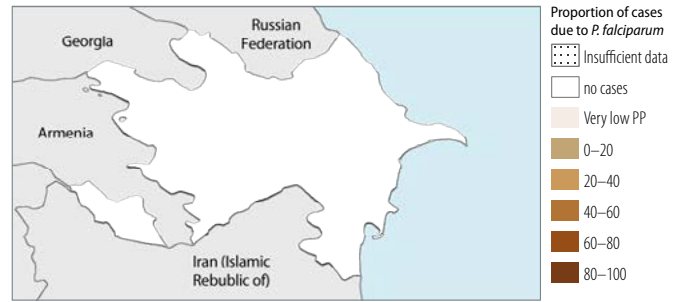
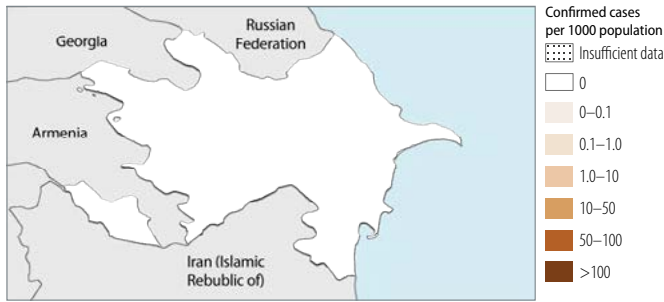
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	0	0
Number of people living in malaria free areas	9 630 000	100
Total	9 630 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. sacharovi</i> , <i>An. maculipennis</i>
Programme phase:	Elimination
Total confirmed cases, 2014:	2
Indigenous cases, 2014:	0
Introduced cases, 2014:	0
Total deaths, 2014:	0
Indigenous deaths, 2014:	0

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1930
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1930
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1930
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	-	-
	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	1956
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1956
	System for monitoring of adverse reactions to antimalarials exists	Yes	1956
Surveillance	ACD for case investigation (reactive)	Yes	1930
	ACD of febrile cases at community level (pro-active)	Yes	1930
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1998
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1998
	Foci and case investigation undertaken	Yes	1930
	Case reporting from private sector is mandatory	Yes	2008

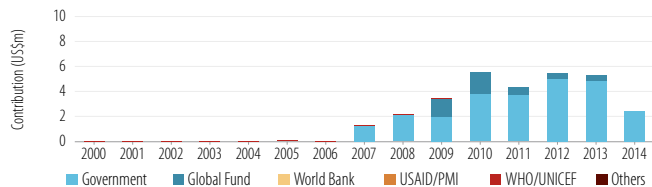
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+SP	2008
First-line treatment of <i>P. falciparum</i>	AS+SP	2008
Treatment failure of <i>P. falciparum</i>	QN+CL	2008
Treatment of severe malaria	AS; QN	2008
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

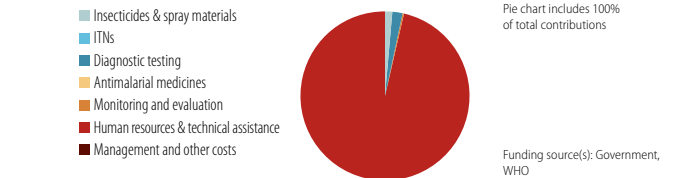
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010	No	-	-	-	<i>An. maculipennis</i> , <i>An. sacharovi</i>

III. Financing

Sources of financing

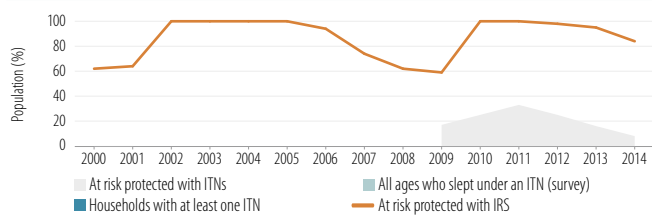


Financing by intervention in 2014

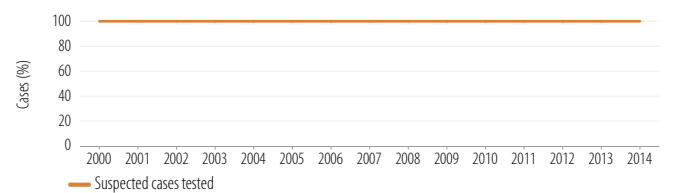


IV. Coverage

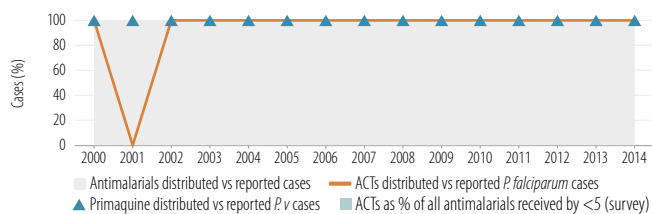
ITN and IRS coverage



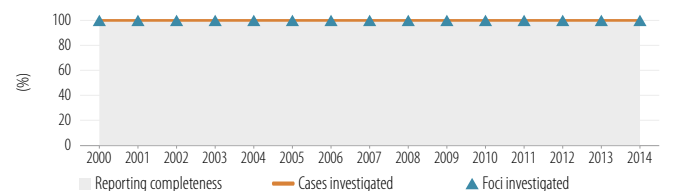
Cases tested



Cases treated

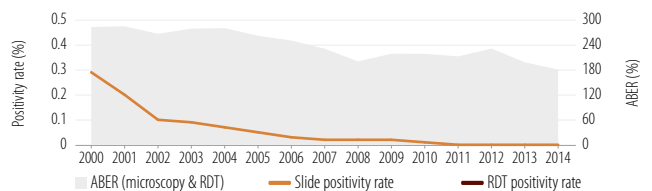


Cases tracked

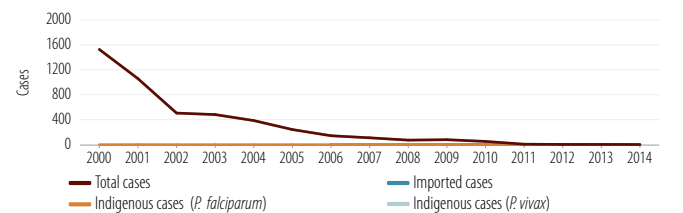


V. Impact

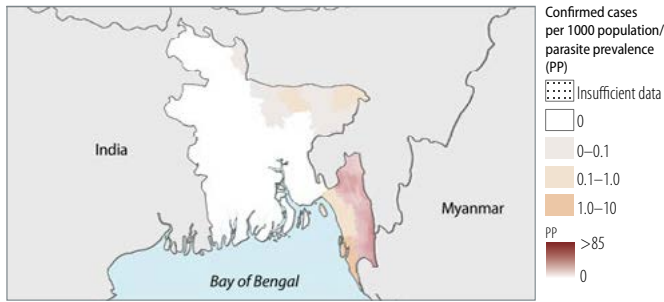
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	4 230 000	3
Low transmission (0-1 cases per 1000 population)	12 300 000	8
Malaria free (0 cases)	142 600 000	90
Total	159 100 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (91%), *P. vivax* (9%)
 Major anopheles species: *An. dirus*, *An. minimus*, *An. philippinensis*, *An. sundaiicus*, *An. abimanus*, *An. annularis*

Programme phase: Control

Reported confirmed cases: 10 216 Estimated cases, 2013: [500 000-1 000 000]
 Reported confirmed cases at community level: 36 885
 Reported deaths: 45 Estimated deaths, 2013: [69-3200]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	No	1993
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	Yes	2008
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2008
	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	Yes	2008
Surveillance	ACD for case investigation (reactive)	Yes	2008
	ACD of febrile cases at community level (pro-active)	Yes	2008
	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	-
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN+D; QN+T 2004
Treatment of severe malaria	AM; QN 2004
Treatment of <i>P. vivax</i>	CQ+PQ(14d) 2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	<i>P. f</i> + <i>P. v</i> , <i>P. o</i> , <i>P. m</i> (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

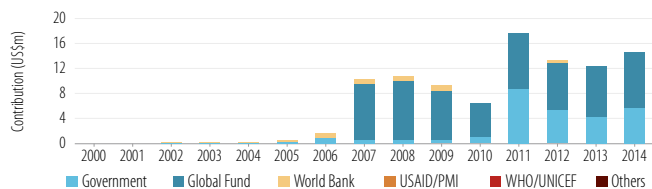
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2014	0	0	11.1	28 days	10	<i>P. falciparum</i>
QN+DX	2008-2009	0	0	0	28 days	1	<i>P. falciparum</i>

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

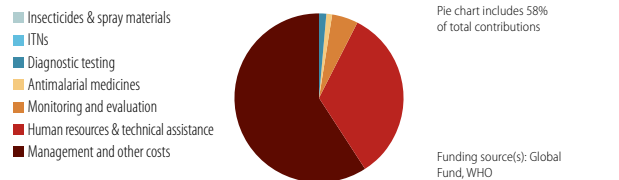
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2012-2014	Yes	-	-	-	<i>An. annularis</i> , <i>An. philippinensis</i> , <i>An. vagus</i>

III. Financing

Sources of financing

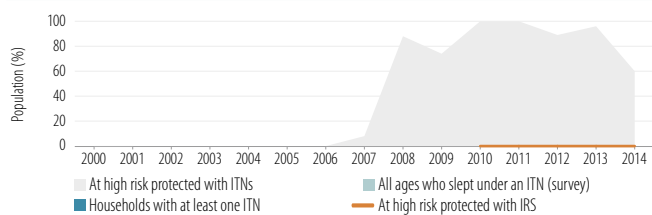


Financing by intervention in 2014

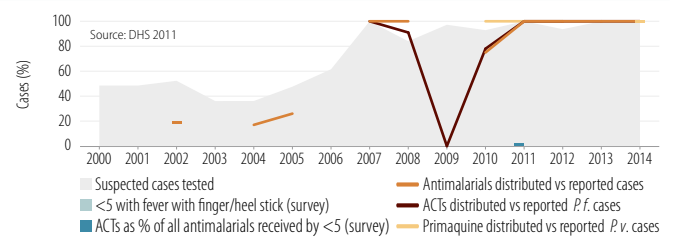


IV. Coverage

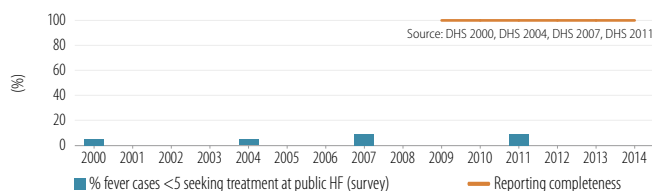
ITN and IRS coverage



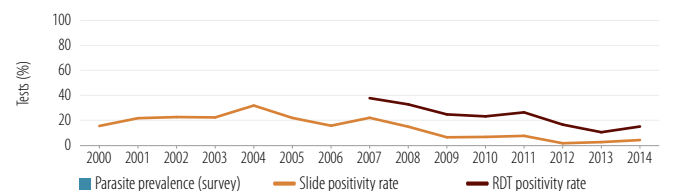
Cases tested and treated in public sector



Cases tracked

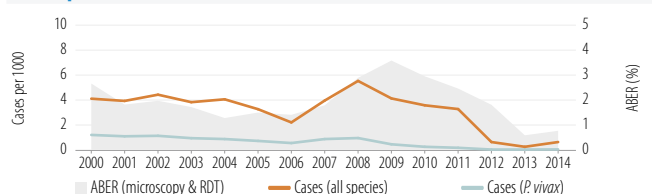


Test positivity

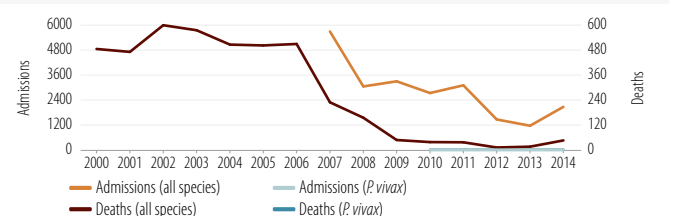


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	8	
Number of people living within active foci	8590	2
Number of people living in malaria free areas	343 000	98
Total	351 590	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. darlingi</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2014:	19	Total deaths, 2014:	0
Indigenous cases, 2014:	19	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-
	Surveillance	ACD for case investigation (reactive)	Yes
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

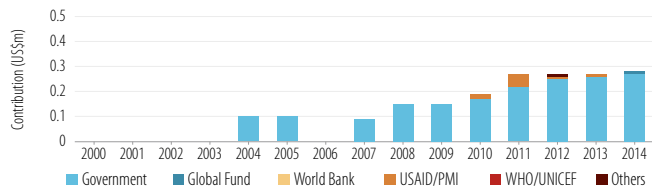
Antimalaria treatment policy		Medicine	Adopted
First-line treatment of unconfirmed malaria		-	-
First-line treatment of <i>P. falciparum</i>		CQ+PQ (1d)	-
Treatment failure of <i>P. falciparum</i>		-	-
Treatment of severe malaria		AL; QN	-
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

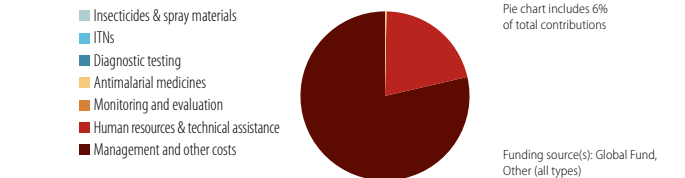
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)						
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested	
2010-2014	-	-	-	-	-	

III. Financing

Sources of financing

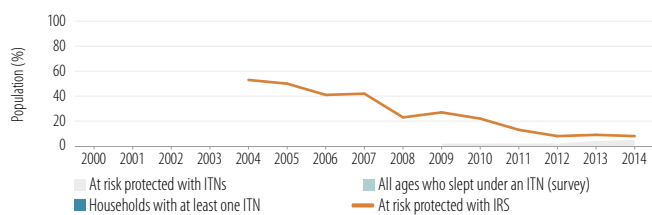


Financing by intervention in 2014

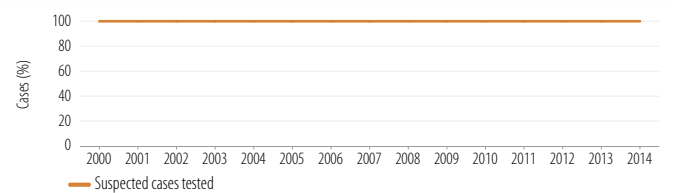


IV. Coverage

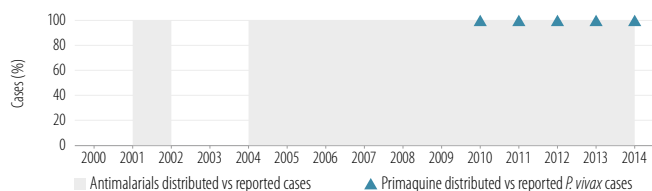
ITN and IRS coverage



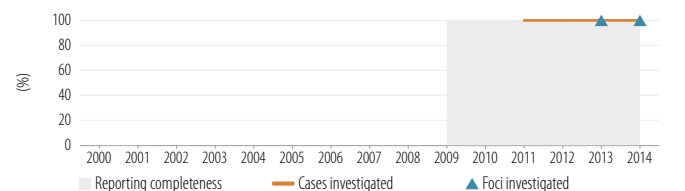
Cases tested



Cases treated

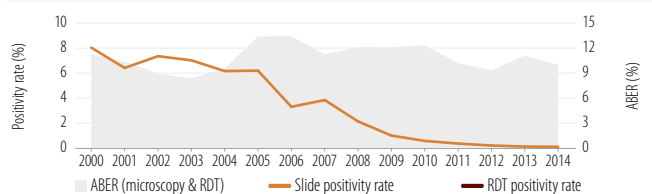


Cases tracked

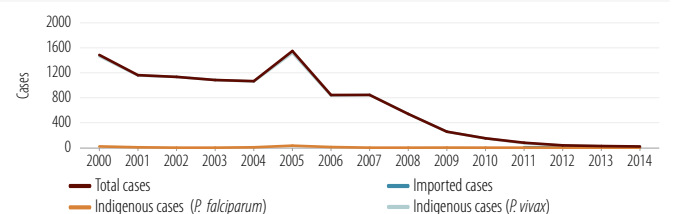


V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	10 600 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	10 600 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 1 044 235 Estimated cases, 2013: [2 300 000–4 000 000]
 Reported confirmed cases at community level: 86 323
 Reported deaths: 1869 Estimated deaths, 2013: [4400–8200]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2007
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	-	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2005
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	-

Therapeutic efficacy tests (clinical and parasitological failure, %)

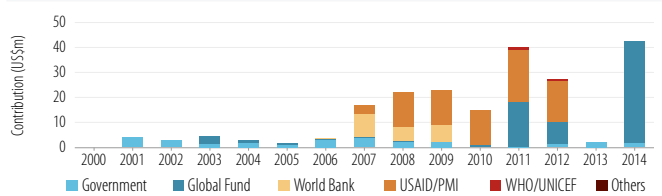
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2011	0	0.75	6.5	28 days	6	<i>P. falciparum</i>

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2014	Yes	Yes	Yes	Yes	<i>An. coluzzii</i> , <i>An. gambiae</i> s.l., other

III. Financing

Sources of financing

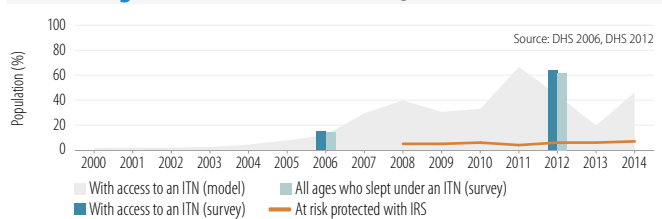


Financing by intervention in 2014

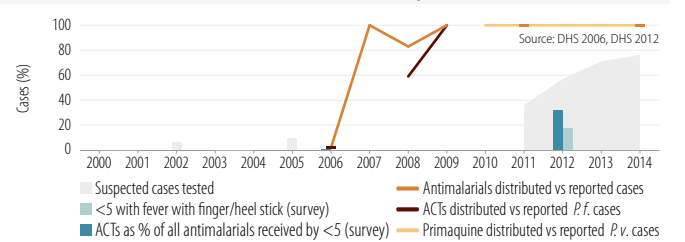
No data reported for 2014

IV. Coverage

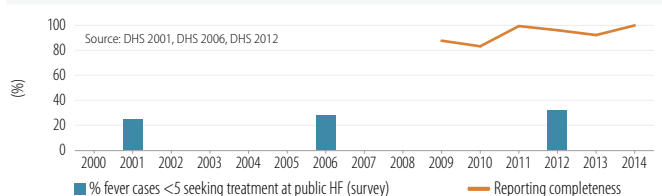
ITN and IRS coverage



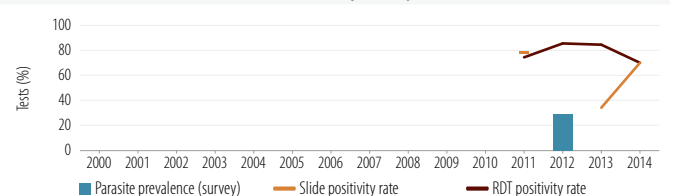
Cases tested and treated in public sector



Cases tracked

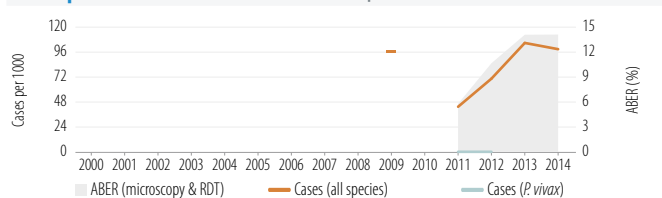


Test positivity

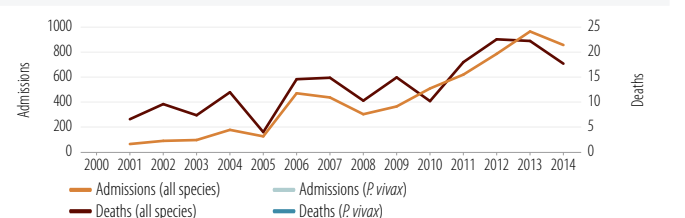


V. Impact

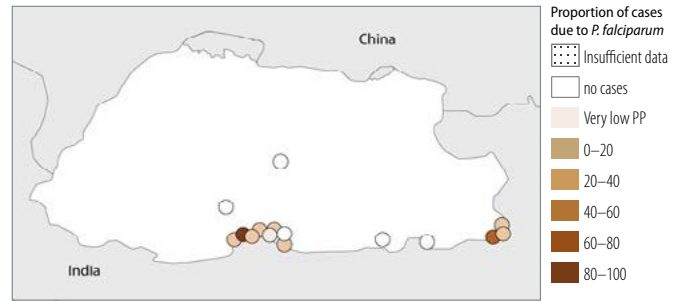
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	–	–
Number of people living within active foci	121 000	16
Number of people living in malaria free areas	644 000	84
Total	765 000	–

Parasites and vectors

Major plasmodium species: *P. falciparum* (35%), *P. vivax* (65%)
 Major anopheles species: *An. culicifacies*, *An. maculatus*, *An. philippiensis*, *An. annularis*

Programme phase: Pre-elimination

Total confirmed cases, 2014:	41	Total deaths, 2014:	0
Indigenous cases, 2014:	19	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	1964
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1964
	Malaria diagnosis is free of charge in the public sector	Yes	1964
Treatment	ACT is free for all ages in public sector	Yes	2006
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	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	Yes	2012
	Surveillance	ACD for case investigation (reactive)	Yes
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	Yes	2011
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2012
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	2012
	Foci and case investigation undertaken	Yes	2012
	Case reporting from private sector is mandatory	No	–

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	–
First-line treatment of <i>P. falciparum</i>	AL
Treatment failure of <i>P. falciparum</i>	QN
Treatment of severe malaria	AM; QN
Treatment of <i>P. vivax</i>	CQ+PQ(14d)
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)

Therapeutic efficacy tests (clinical and parasitological failure, %)

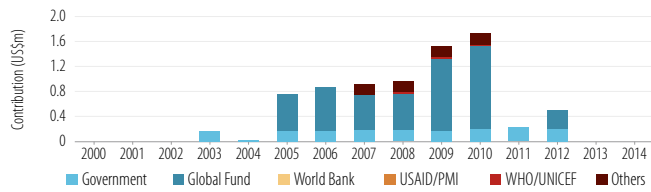
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2011	0	0	0	28 days	23	<i>P. falciparum</i>
CQ	2005–2011	0	0	0	28 days	22	<i>P. vivax</i>

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2012	No	–	–	–	<i>An. pseudowillori</i>

III. Financing

Sources of financing

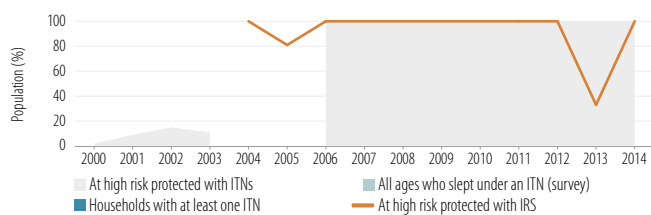


Financing by intervention in 2014

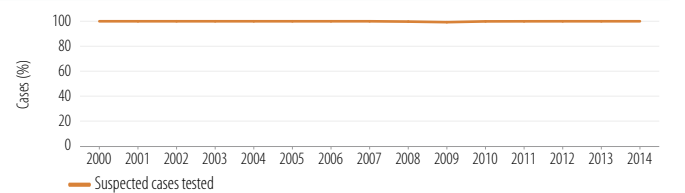
No data reported for 2014

IV. Coverage

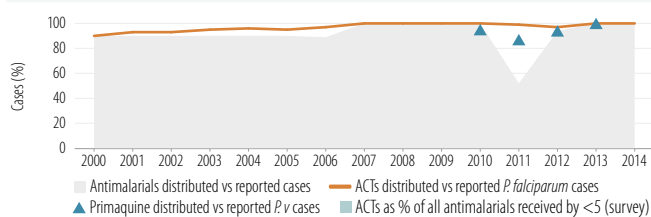
ITN and IRS coverage



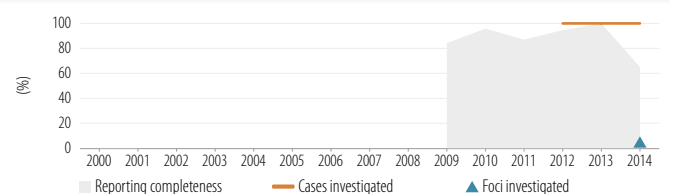
Cases tested



Cases treated

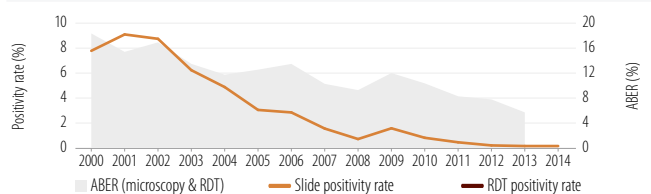


Cases tracked

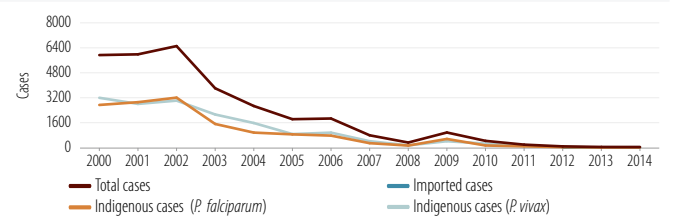


V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	265 000	2
Low transmission (0-1 cases per 1000 population)	4 540 000	43
Malaria free (0 cases)	5 790 000	55
Total	10 600 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (5%), <i>P. vivax</i> (95%)			
Major anopheles species: <i>An. darlingi</i> , <i>An. pseudopunctipennis</i>			
Programme phase: Control			
Reported confirmed cases:	7401	Estimated cases, 2013:	[7800-20 000]
Reported deaths:	1	Estimated deaths, 2013:	<10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	1959
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	1996
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Is banned	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1998
	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	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	1998
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

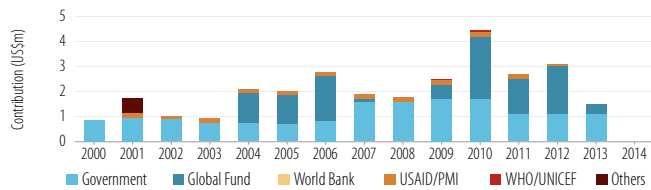
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+MQ+PQ	2001
Treatment failure of <i>P. falciparum</i>	QN+CL	-
Treatment of severe malaria	QN	2001
Treatment of <i>P. vivax</i>	CQ+PQ(7d)	2001
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/kg (7 d)	-
Type of RDT used	-	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2006-2011	0	8.1	10.4	28 days	4	<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
2013	Yes	-	-	-	<i>An. darlingi</i>

III. Financing

Sources of financing

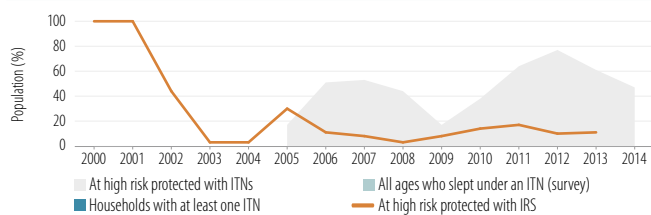


Financing by intervention in 2014

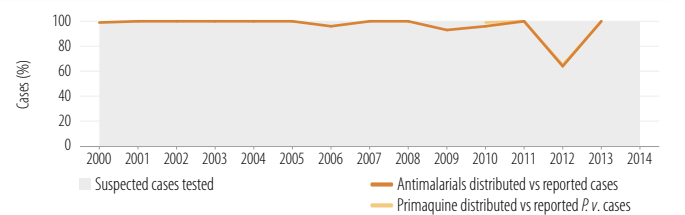
No data reported for 2014

IV. Coverage

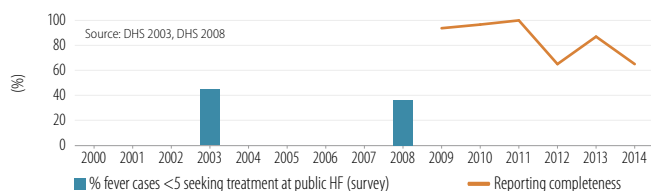
ITN and IRS coverage



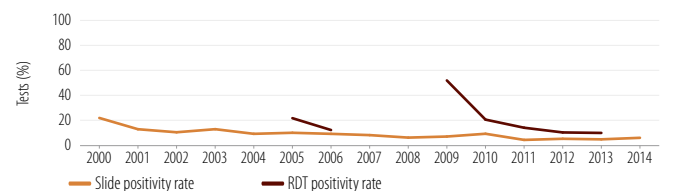
Cases tested and treated in public sector



Cases tracked

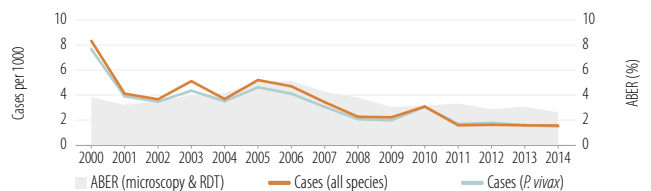


Test positivity

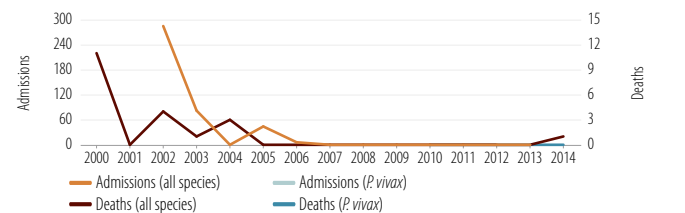


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	93 500	4
Low transmission (0-1 cases per 1000 population)	1 380 000	62
Malaria free (0 cases)	748 000	34
Total	2 220 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 1346 Estimated cases, 2013: [530-2100]
 Reported deaths: 22 Estimated deaths, 2013: <10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1950
	DDT is authorized for IRS	Yes	-
Larval control	Use of larval control recommended	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	1974
Treatment	ACT is free for all ages in public sector	Yes	2007
	Sale of oral artemisinin-based monotherapies	Never allowed	2007
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	-	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	-	-
	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	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	2012
	ACD of febrile cases at community level (pro-active)	Yes	2012
	Mass screening is undertaken	-	2012
	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	AL 2007
First-line treatment of <i>P. falciparum</i>	AL 2007
Treatment failure of <i>P. falciparum</i>	QN 2007
Treatment of severe malaria	QN 2007
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

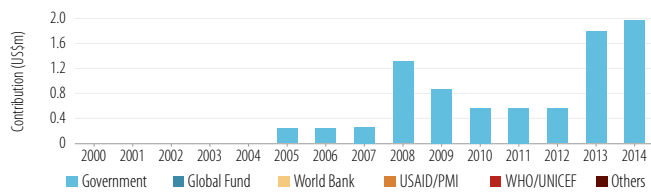
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	No	No	-	<i>An. gambiae</i> s.l.

III. Financing

Sources of financing

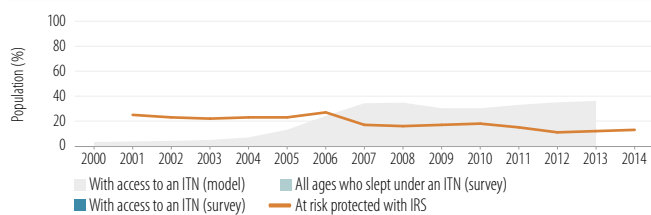


Financing by intervention in 2014

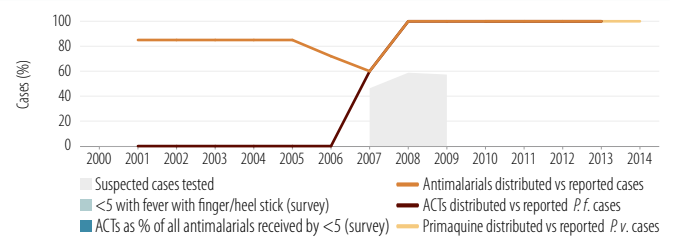
No data reported for 2014

IV. Coverage

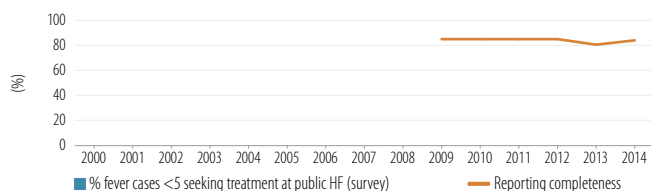
ITN and IRS coverage



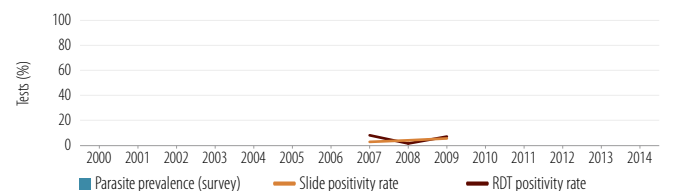
Cases tested and treated in public sector



Cases tracked

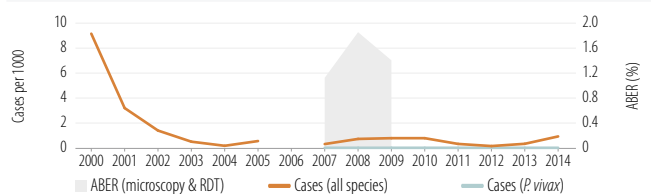


Test positivity

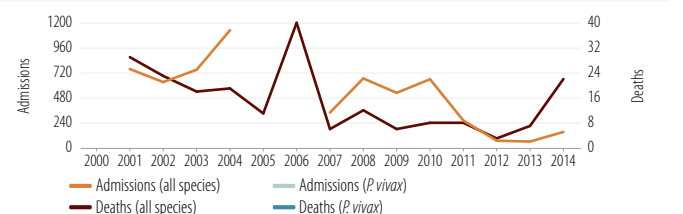


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	4 740 000	2
Low transmission (0–1 cases per 1000 population)	37 100 000	18
Malaria free (0 cases)	164 300 000	80
Total	206 100 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (16%), *P. vivax* (84%)
 Major anopheles species: *An. darlingi*, *An. albittarsis*, *An. aquasalis*

Programme phase: Control

Reported confirmed cases: 143 415 Estimated cases, 2013: [200 000–260 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 36 Estimated deaths, 2013: <50

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2007
	ITNs/LLINs distributed to all age groups	Yes	2007
IRS	IRS is recommended	Yes	1945
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1972
	Malaria diagnosis is free of charge in the public sector	Yes	1972
Treatment	ACT is free for all ages in public sector	Yes	2006
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2011
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1972
	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	–
	ACD of febrile cases at community level (pro-active)	Yes	–
	Mass screening is undertaken	Yes	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	–

Antimalarial treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	–
First-line treatment of <i>P. falciparum</i>	AL+PQ(1d); AS+MQ+PQ(1d) 2012
Treatment failure of <i>P. falciparum</i>	QN+D+PQ –
Treatment of severe malaria	AM+CL; AS+CL; QN+CL –
Treatment of <i>P. vivax</i>	CQ+PQ(7d) 2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/kg (7 d)
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
AL	2005–2007	0	0	0	28 days	2	<i>P. falciparum</i>
AS+MQ	2005–2007	0	0	0	42 days	3	<i>P. falciparum</i>
CQ+PQ	2005–2014	0	1.3	5.2	28 days	3	<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
2011–2014	Yes	–	–	–	<i>An. albittarsis</i> , <i>An. darlingi</i> , other

III. Financing

Sources of financing

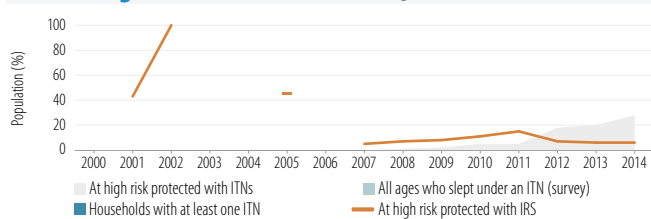


Financing by intervention in 2014

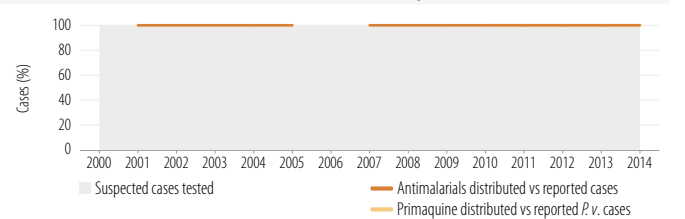
No data reported for 2014

IV. Coverage

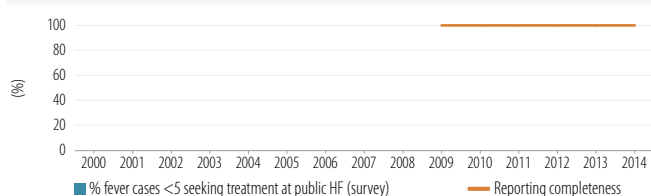
ITN and IRS coverage



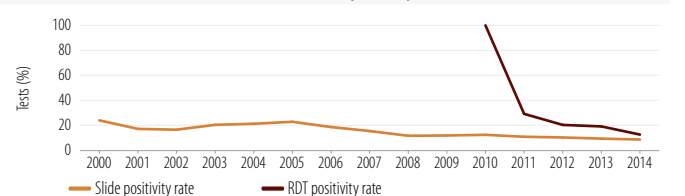
Cases tested and treated in public sector



Cases tracked

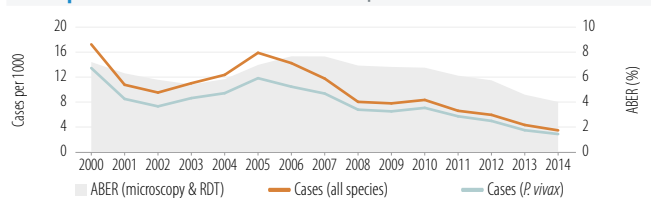


Test positivity

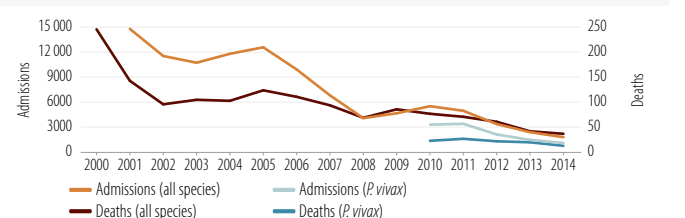


V. Impact

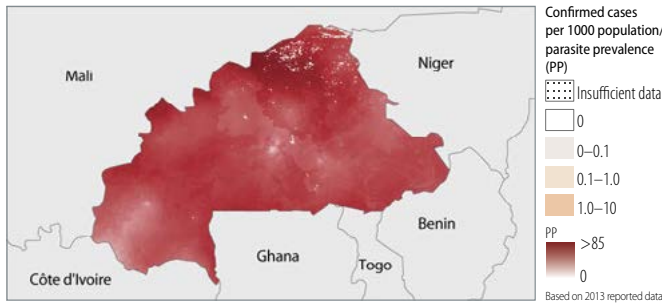
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	17 600 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	17 600 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 5 428 655 Estimated cases, 2013: [4 700 000-10 000 000]
 Reported deaths: 5632 Estimated deaths, 2013: [12 000-32 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	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 authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Never 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	Yes	2009
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	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ 2005
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ 2005
Treatment failure of <i>P. falciparum</i>	QN -
Treatment of severe malaria	AS; QN -
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

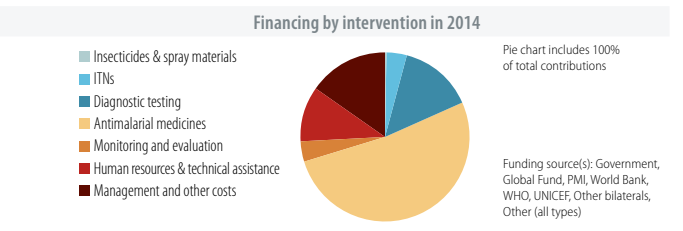
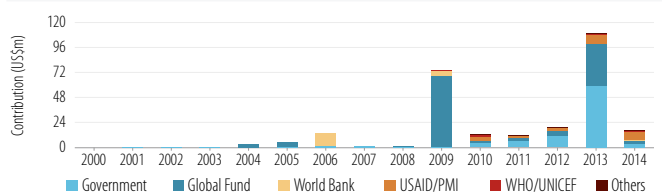
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2012	0	6.15	12.5	28 days	9	<i>P. falciparum</i>
AS+AQ	2006-2012	0	5.05	21.5	28 days	6	<i>P. falciparum</i>

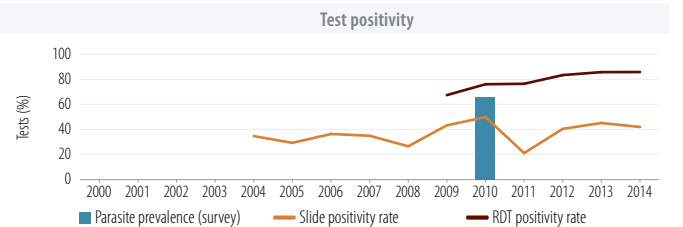
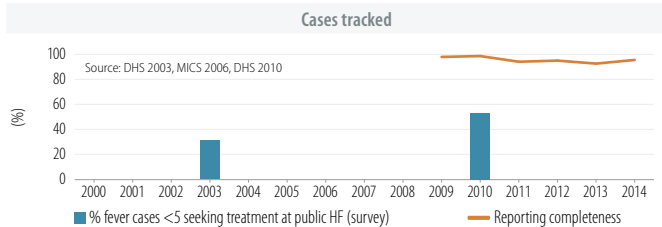
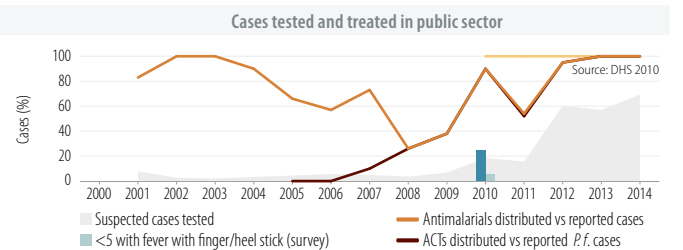
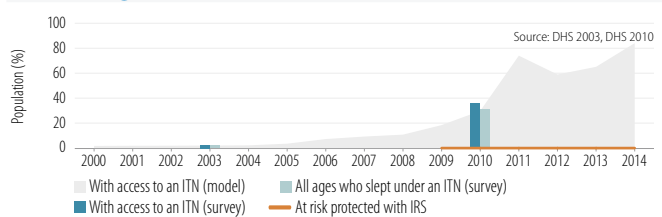
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	Yes	<i>An. arabiensis</i> , <i>An. coluzzii</i> , <i>An. gambiae</i> s.l.

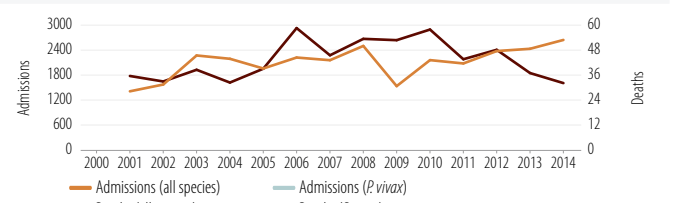
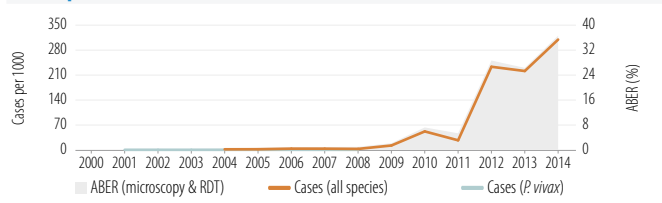
III. Financing



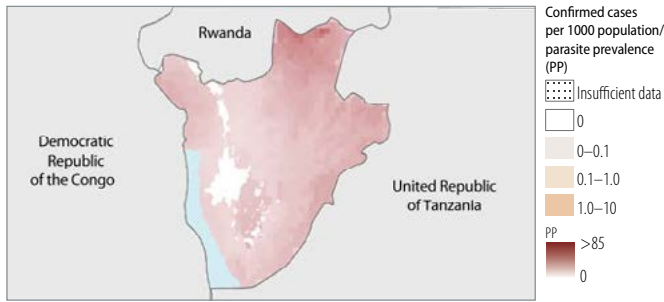
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	10 800 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	10 800 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 4 585 273 Estimated cases, 2013: [990 000-2 000 000]
 Reported confirmed cases at community level: 141 026
 Reported deaths: 2974 Estimated deaths, 2013: [1700-5600]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2000
	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	2012
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	Is banned	2003
	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>	-	-
	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	Yes	2003
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ 2003
First-line treatment of <i>P. falciparum</i>	AS+AQ 2003
Treatment failure of <i>P. falciparum</i>	QN 2003
Treatment of severe malaria	AS; QN 2003
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f</i> + all species (Combo).

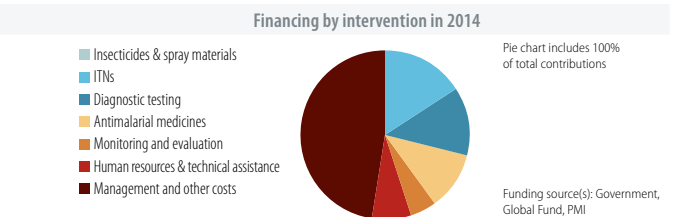
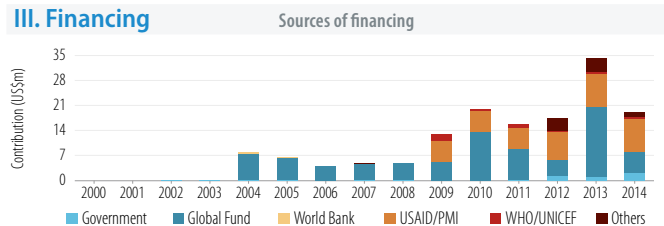
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2005-2006	2.9	5.2	7.5	28 days	2	<i>P. falciparum</i>

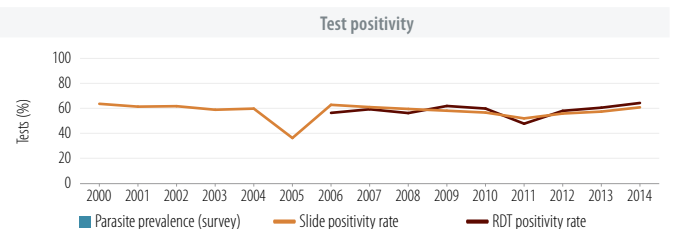
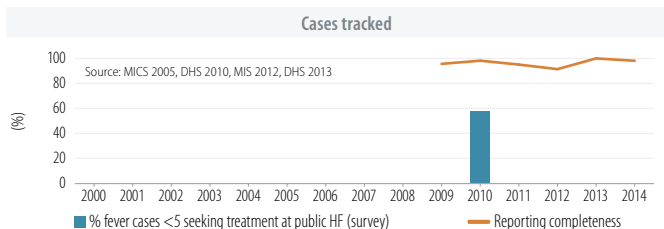
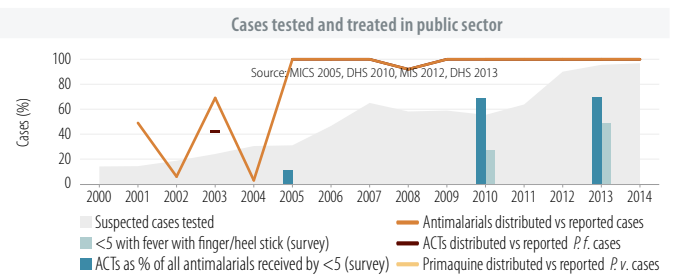
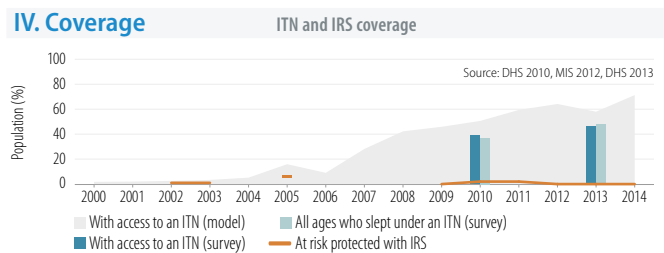
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014	Yes	Yes	Yes	No	<i>An. gambiae</i> s.l.

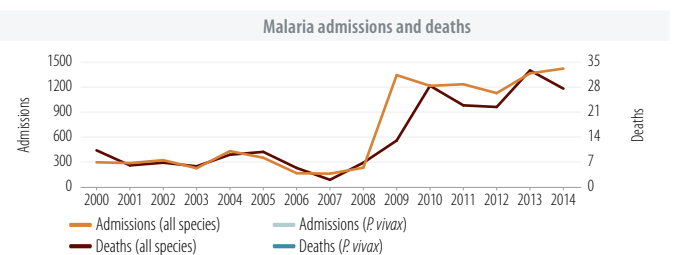
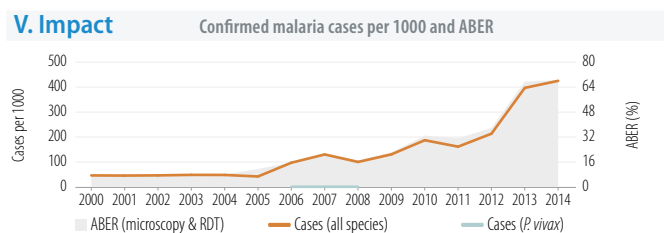
III. Financing



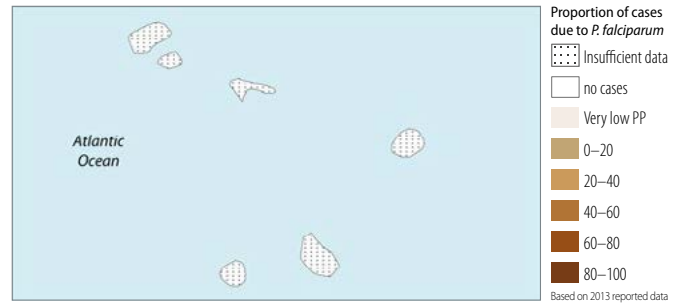
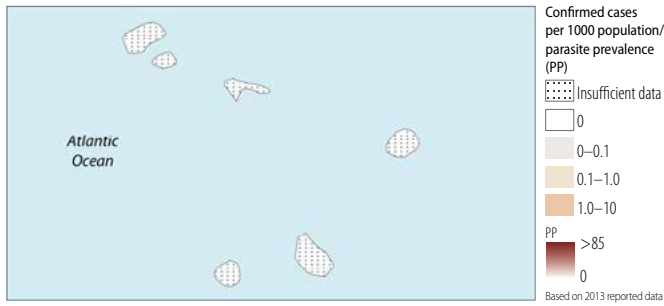
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	10	
Number of people living within active foci	483 000	94
Number of people living in malaria free areas	30 900	6
Total	513 900	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. arabiensis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2014:	46	Total deaths, 2014:	2
Indigenous cases, 2014:	26	Indigenous deaths, 2014:	2
Introduced cases, 2014:	20		

II. Intervention policies and strategies

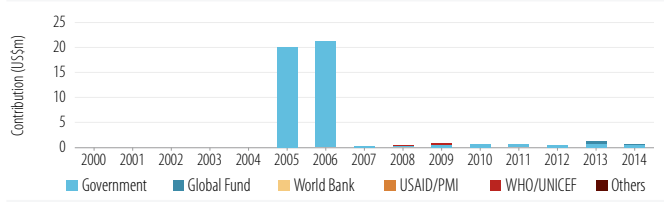
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1998
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1998
	Malaria diagnosis is free of charge in the public sector	Yes	1975
Treatment	ACT is free for all ages in public sector	Yes	2008
	Sale of oral artemisinin-based monotherapies	are allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	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	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2007
Surveillance	ACD for case investigation (reactive)	Yes	2001
	ACD of febrile cases at community level (pro-active)	Yes	2001
	Mass screening is undertaken	Yes	2001
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2007
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AL	2007
First-line treatment of <i>P. falciparum</i>	AL	2007
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-

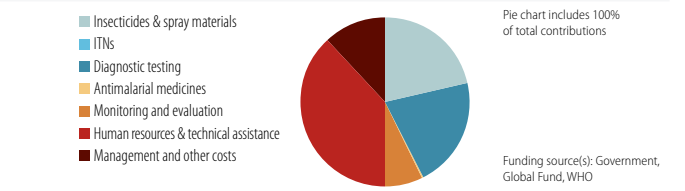
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	-	-	-	-	-

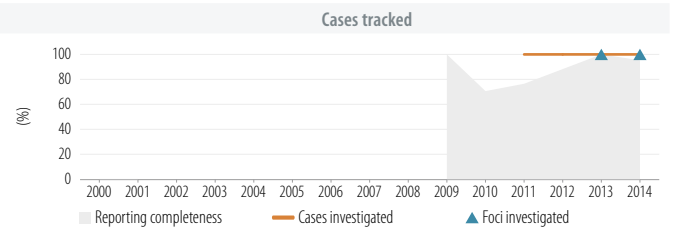
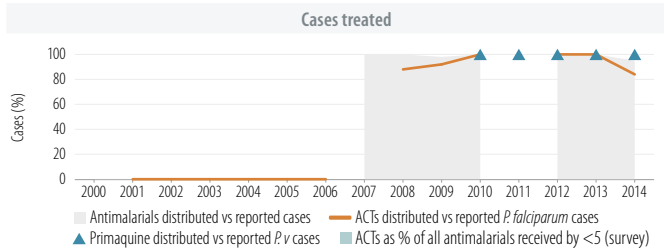
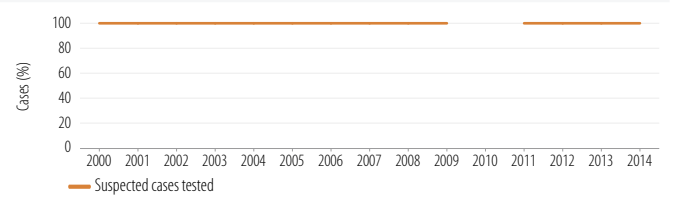
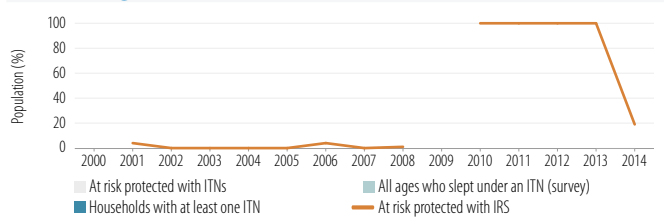
III. Financing



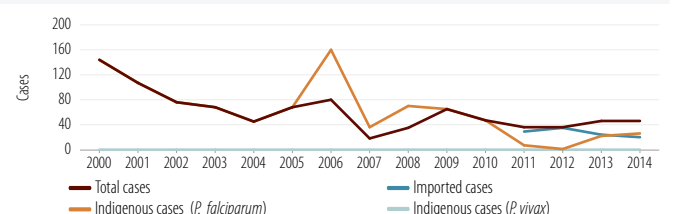
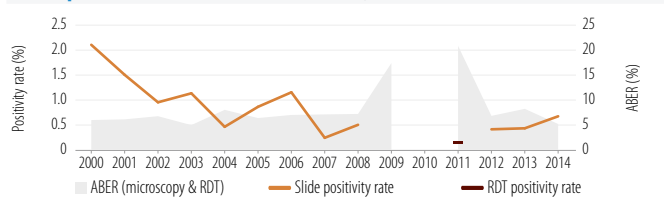
Financing by intervention in 2014



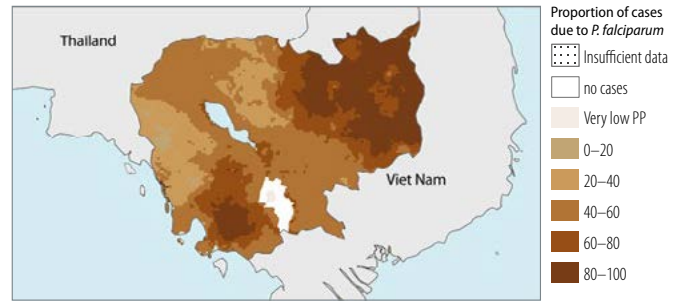
IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	7 360 000	48
Low transmission (0-1 cases per 1000 population)	3 460 000	23
Malaria free (0 cases)	4 480 000	29
Total	15 300 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (64%), *P. vivax* (36%)
 Major anopheles species: *An. dirus*, *An. minimus*, *An. maculatus*, *An. sudaicus*

Programme phase: Control

Reported confirmed cases: 25 152 Estimated cases, 2013: [62 000-95 000]
 Reported confirmed cases at community level: 29 993
 Reported deaths: 18 Estimated deaths, 2013: [10-220]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2000
	Sale of oral artemisinin-based monotherapies	Is banned	2008
	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	2013
	G6PD test is a requirement before treatment with primaquine	Yes	2012
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2010
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	2010
	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	-
First-line treatment of <i>P. falciparum</i>	AS+MQ; DHA-PPQ+PQ 2000
Treatment failure of <i>P. falciparum</i>	QN+T 2000
Treatment of severe malaria	AM; AS; QN -
Treatment of <i>P. vivax</i>	DHA-PPQ 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.</i> + <i>P. v.</i> specific (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

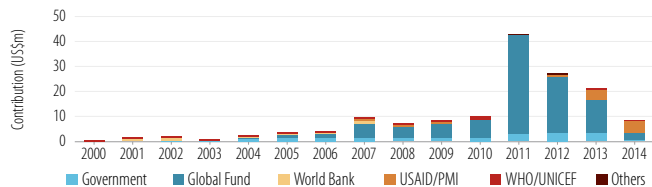
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005-2011	0	3.15	19.4	42 days	14	<i>P. falciparum</i>
DHA-PPQ	2008-2015	0	8.1	62.5	42 days	25	<i>P. falciparum</i>
DHA-PPQ	2010-2014	0	0	3.3	28 days	6	<i>P. vivax</i>

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

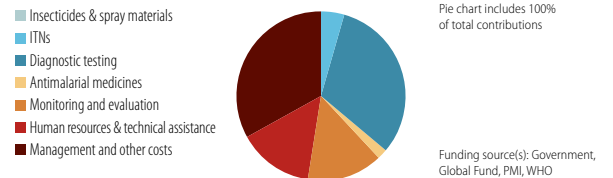
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014	Yes	Yes	-	-	<i>An. dirus</i> , <i>An. minimus</i> , other

III. Financing

Sources of financing

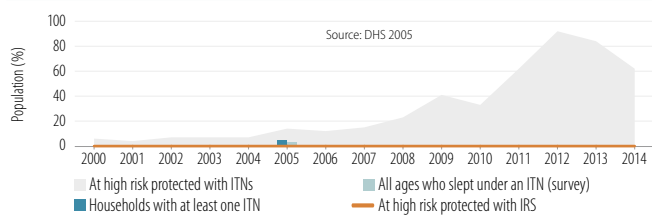


Financing by intervention in 2014

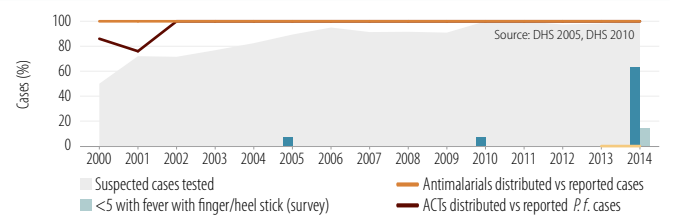


IV. Coverage

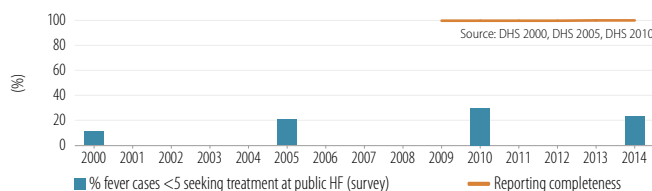
ITN and IRS coverage



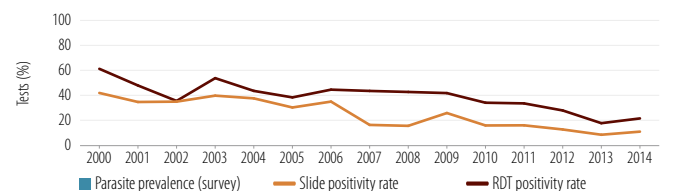
Cases tested and treated in public sector



Cases tracked

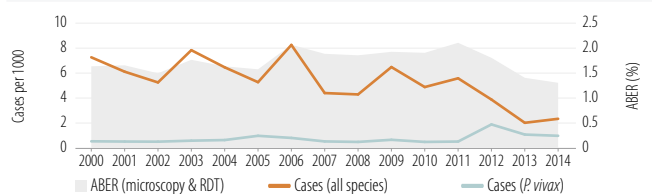


Test positivity

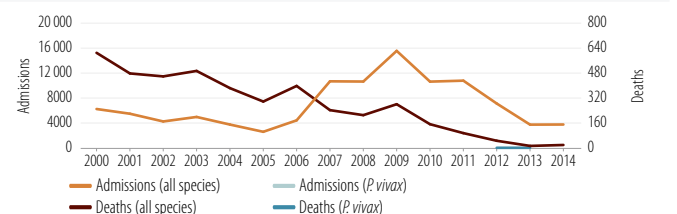


V. Impact

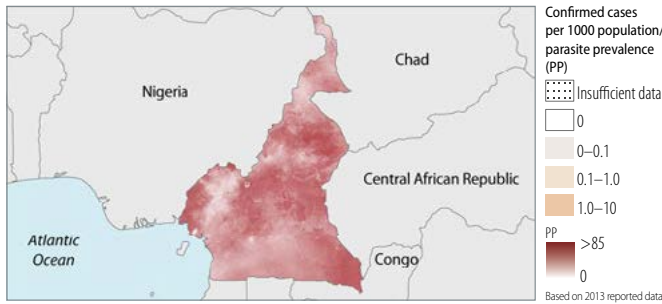
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for 50-75% decrease in case incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	16 200 000	71
Low transmission (0–1 cases per 1000 population)	6 600 000	29
Malaria free (0 cases)	0	0
Total	22 800 000	

Parasites and vectors

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

Major anopheles species: *An. gambiae*, *An. arabiensis*, *An. funestus*, *An. moucheti*, *An. nili*

Programme phase: Control

Reported confirmed cases: - Estimated cases, 2013: [3 400 000–7 500 000]

Reported confirmed cases at community level: 0

Reported deaths: 4398 Estimated deaths, 2013: [5200–14 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	-	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2004
Surveillance	ACD for case investigation (reactive)	-	-
	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+AQ 2004
First-line treatment of <i>P. falciparum</i>	AS+AQ 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS, AM; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f</i> + all species (Combo).

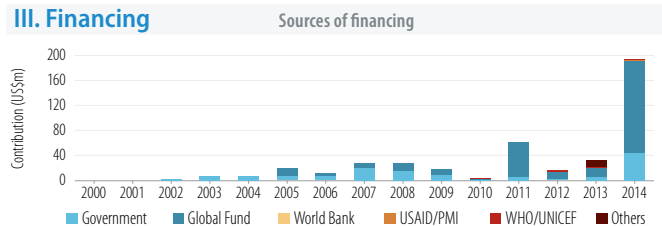
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2005–2013	0	3.7	8.7	28 days	15	<i>P. falciparum</i>
AL	2006–2013	0	1.9	5	28 days	12	<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
2010–2014	Yes	Yes	Yes	No	<i>An. gambiae</i> s.s.

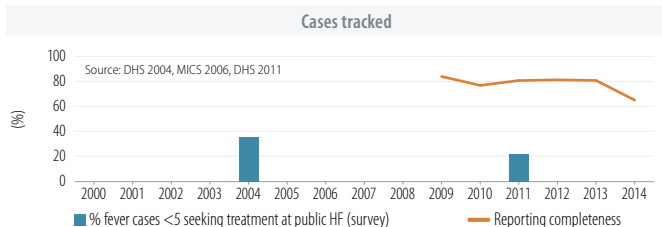
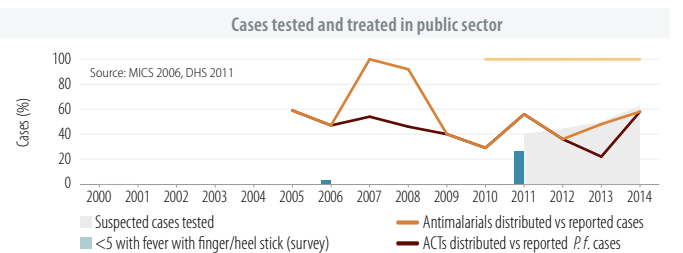
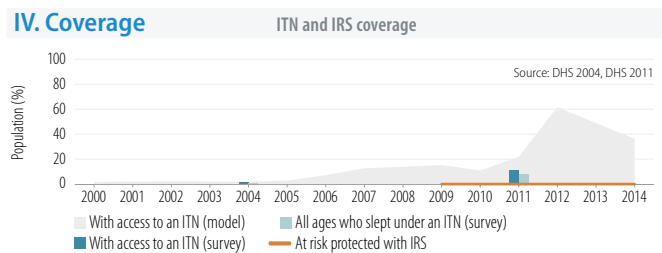
III. Financing



Financing by intervention in 2014

No data reported for 2014

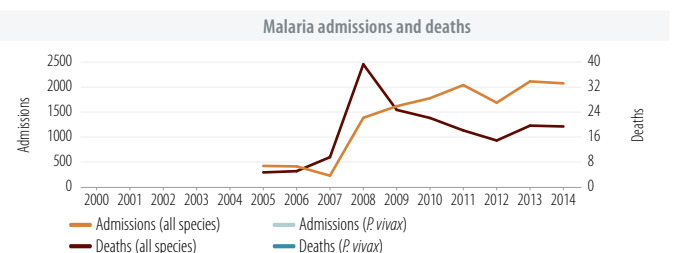
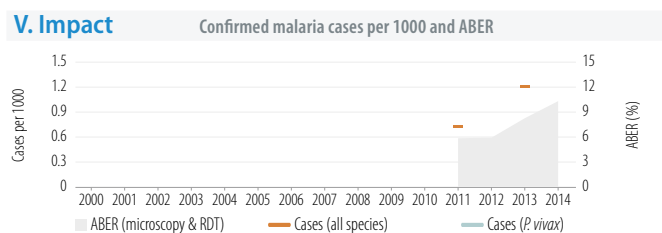
IV. Coverage



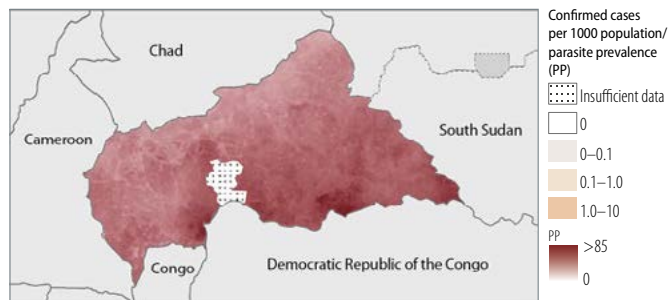
Test positivity

No data reported for 2014

V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	4 800 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	4 800 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 295 088 Estimated cases, 2013: [870 000–2 400 000]
 Reported deaths: 635 Estimated deaths, 2013: [2700–4900]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2012
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Is banned	–
	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)	–	–
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	No	–
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	–	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	–	–

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2005
First-line treatment of <i>P. falciparum</i>	AL –
Treatment failure of <i>P. falciparum</i>	QN –
Treatment of severe malaria	AS, AM; QN 2005
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	<i>P. f.</i> only.

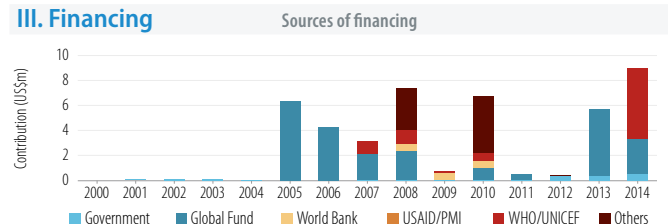
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2008–2010	0	3.8	7.6	28 days	2	<i>P. falciparum</i>
AS+AQ	2008–2010	0	3.4	6.8	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
2014	Yes	Yes	No	No	<i>An. gambiae</i> s.l.

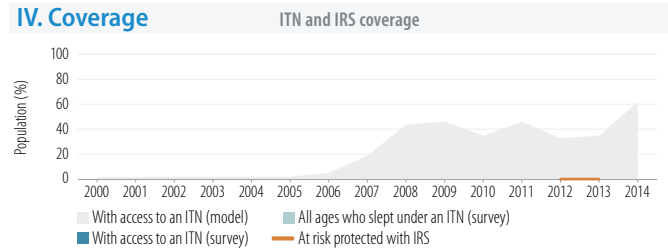
III. Financing



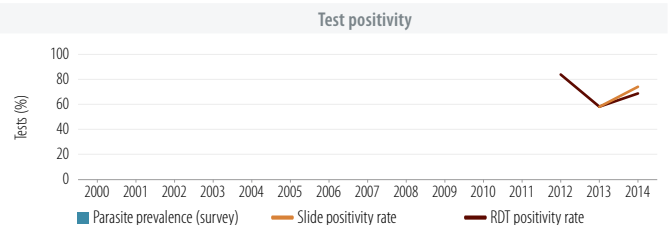
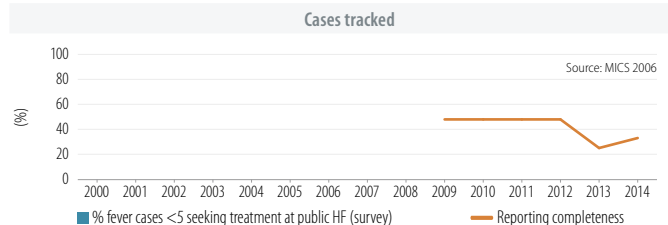
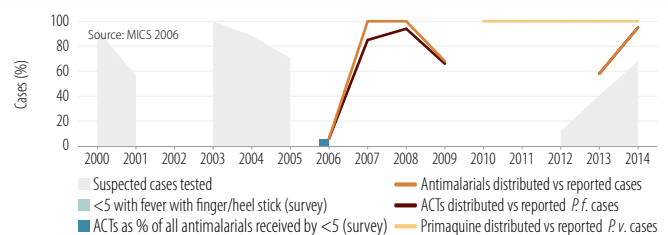
Financing by intervention in 2014

No data reported for 2014

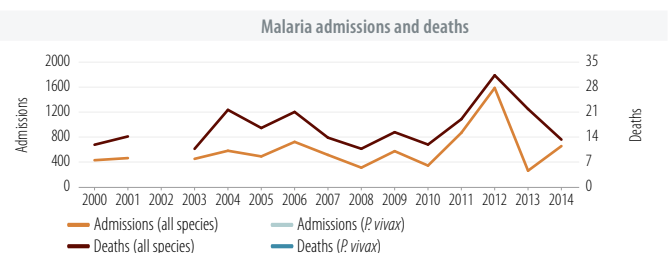
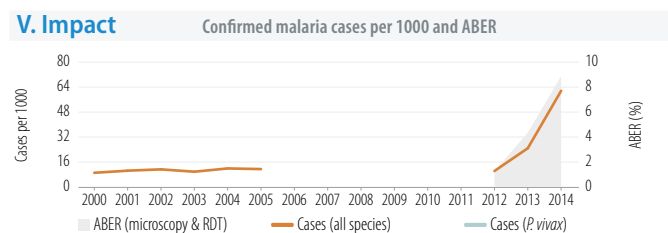
IV. Coverage



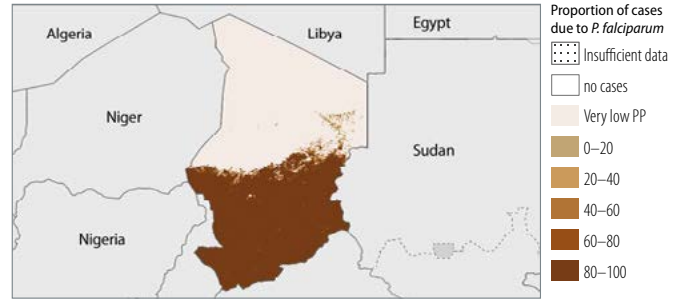
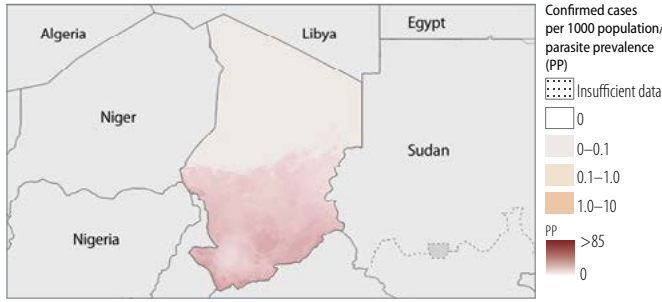
Cases tested and treated in public sector



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	9 160 000	67
Low transmission (0-1 cases per 1000 population)	4 290 000	32
Malaria free (0 cases)	149 000	1
Total	13 600 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. arabiensis</i> , <i>An. funestus</i> , <i>An. pharoensis</i> , <i>An. nili</i>			
Programme phase: Control			
Reported confirmed cases:	914 032	Estimated cases, 2013:	[710 000-3 300 000]
Reported deaths:	1720	Estimated deaths, 2013:	[3300-11 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2010
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Is banned	2012
	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	Yes	-
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

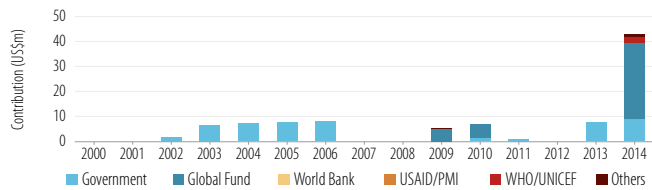
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ	-
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	-
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	AS, QN	2014
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	-	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2009-2011	0	0	1.8	28 days	3	<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
2011-2014	Yes	Yes	No	No	<i>An. gambiae s.l.</i>

III. Financing

Sources of financing

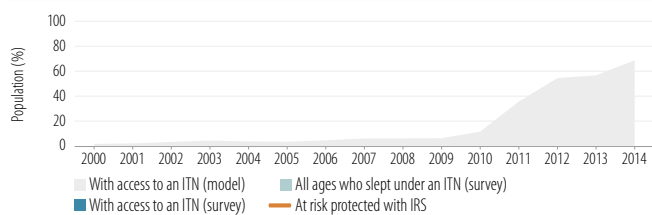


Financing by intervention in 2014

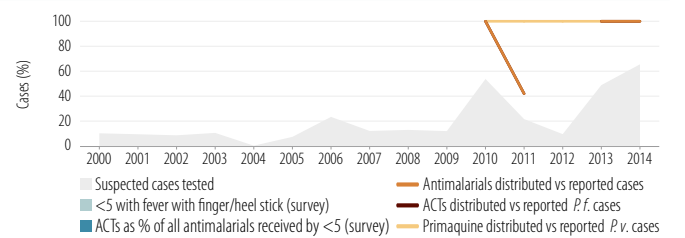
No data reported for 2014

IV. Coverage

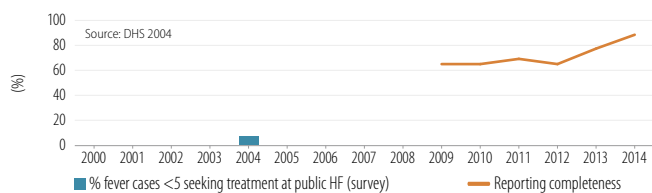
ITN and IRS coverage



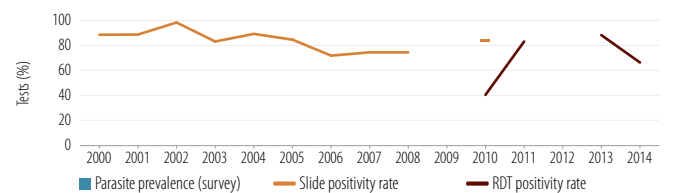
Cases tested and treated in public sector



Cases tracked

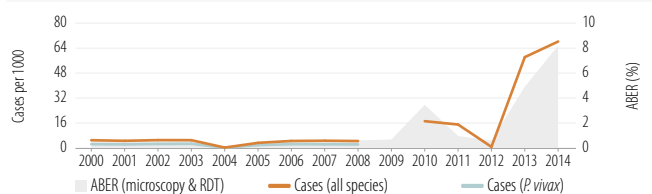


Test positivity

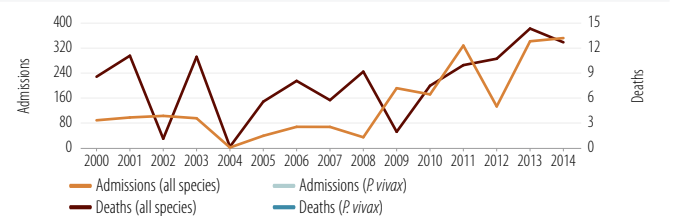


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	56	0
Number of people living within active foci	47 900	100
Number of people living in malaria free areas	1 377 200 000	
Total	1 377 247 900	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (11%), <i>P. vivax</i> (88%)			
Major anopheles species: <i>An. sinensis</i> , <i>An. anthropophagus</i> , <i>An. dirus</i> , <i>An. minimus</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	2921	Total deaths, 2014:	24
Indigenous cases, 2014:	56	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2000
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2006
	Sale of oral artemisinin-based monotherapies	Is banned	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1970
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1970
	System for monitoring of adverse reactions to antimalarials exists	Yes	1970
Surveillance	ACD for case investigation (reactive)	Yes	2010
	ACD of febrile cases at community level (pro-active)	Yes	2010
	Mass screening is undertaken	Yes	2010
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	2010
	Case reporting from private sector is mandatory	Yes	1956

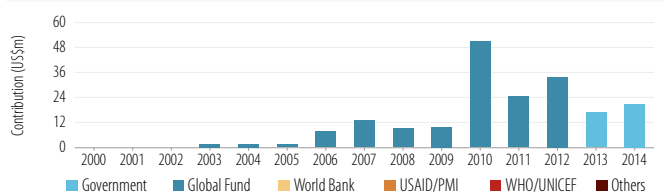
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	ART+NQ; ART-PPQ; AS+AQ; DHA-PPQ	2009
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AM; AS; PYR	2009
Treatment of <i>P. vivax</i>	CQ+PQ(8d)	2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	0.75mg/kg(8 d)

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ+PQ	2008–2010	0	0	0	28 days	2	<i>P. vivax</i>
CQ	2008–2013	0	0	4.3	28 days	11	<i>P. vivax</i>
DHA-PPQ	2012–2014	0	0	6	42 days	5	<i>P. falciparum</i>

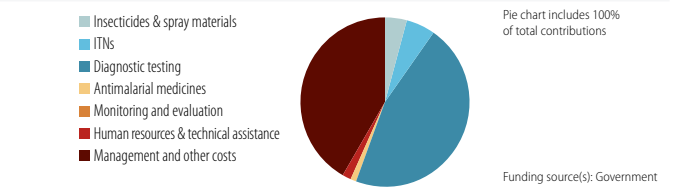
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2012	Yes	Yes	-	Yes	<i>An. sinensis</i> , <i>An. vagus</i>

III. Financing

Sources of financing

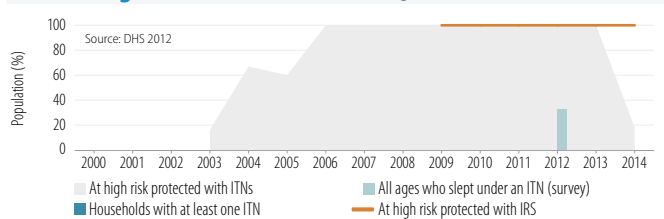


Financing by intervention in 2014

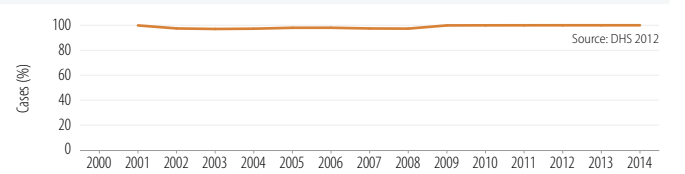


IV. Coverage

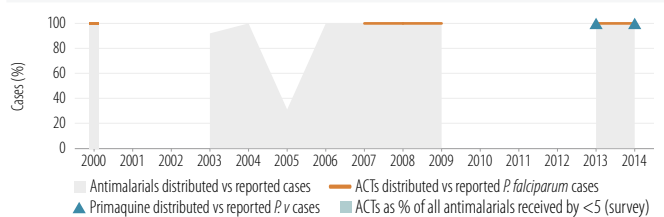
ITN and IRS coverage



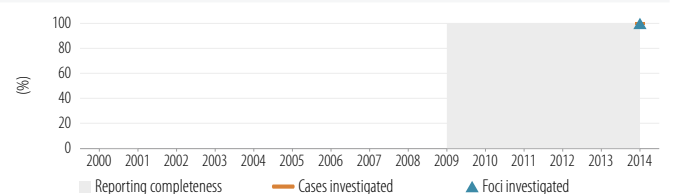
Cases tested



Cases treated

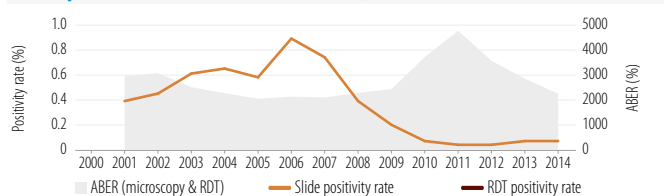


Cases tracked

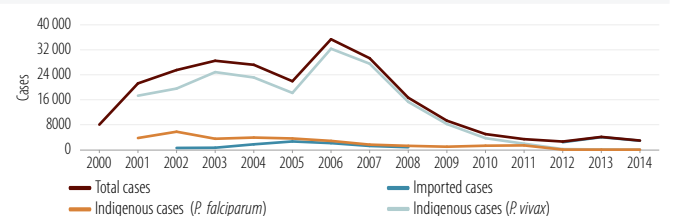


V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	2 150 000	5
Low transmission (0–1 cases per 1000 population)	8 470 000	18
Malaria free (0 cases)	37 200 000	78
Total	47 800 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (50%), *P. vivax* (50%)
 Major anopheles species: *An. darlingi*, *An. albimanus*, *An. nuneztovari*, *An. neivai*, *An. punctimacula*, *An. pseudopunctipennis*
 Programme phase: Control

Reported confirmed cases: 40 768 Estimated cases, 2013: [57 000–100 000]
 Reported deaths: 17 Estimated deaths, 2013: <100

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	1958
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1984
	Malaria diagnosis is free of charge in the public sector	Yes	1958
Treatment	ACT is free for all ages in public sector	Yes	2008
	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>	Yes	–
	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	Yes	–
Surveillance	ACD for case investigation (reactive)	Yes	1998
	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	–
First-line treatment of <i>P. falciparum</i>	AL 2006
Treatment failure of <i>P. falciparum</i>	QN+CL 2004
Treatment of severe malaria	AS; AL –
Treatment of <i>P. vivax</i>	CQ+PQ 1960s
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, %)

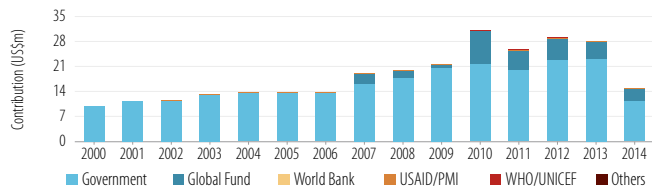
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ+PQ	2006–2011	0	0	0	28 days	2	<i>P. vivax</i>
AL	2007–2009	0	0.6	1	28 days	3	<i>P. falciparum</i>

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

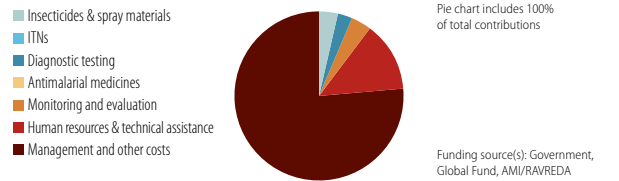
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011–2014	Yes	Yes	–	No	<i>An. albimanus</i> , <i>An. darlingi</i> , other

III. Financing

Sources of financing

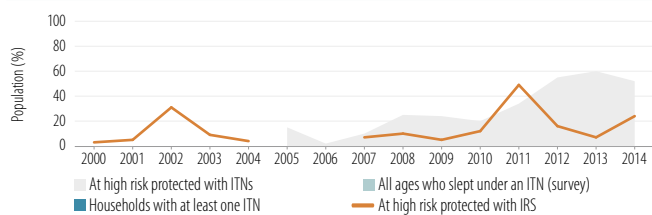


Financing by intervention in 2014

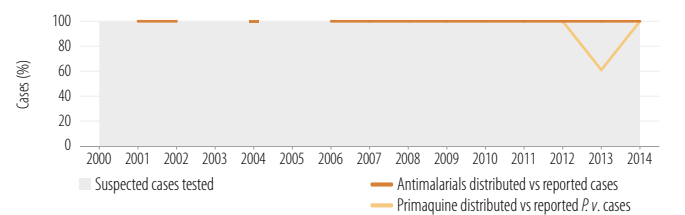


IV. Coverage

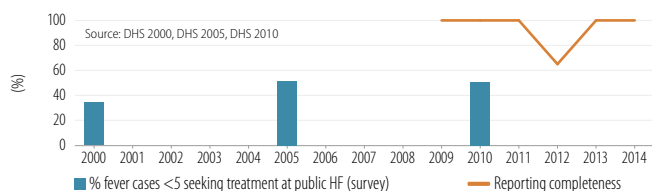
ITN and IRS coverage



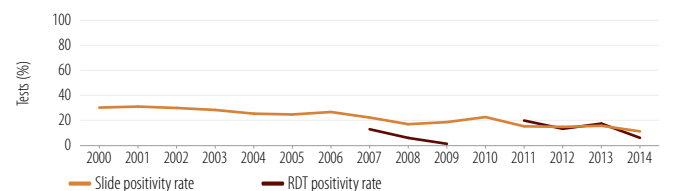
Cases tested and treated in public sector



Cases tracked

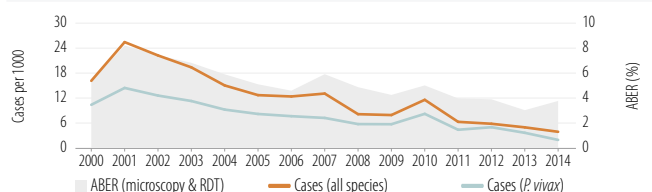


Test positivity

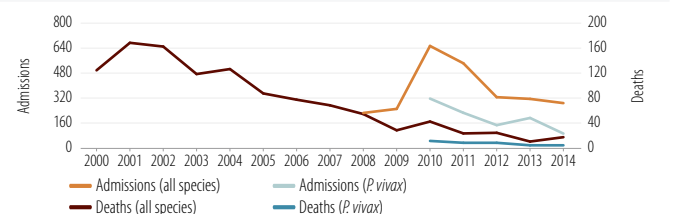


V. Impact

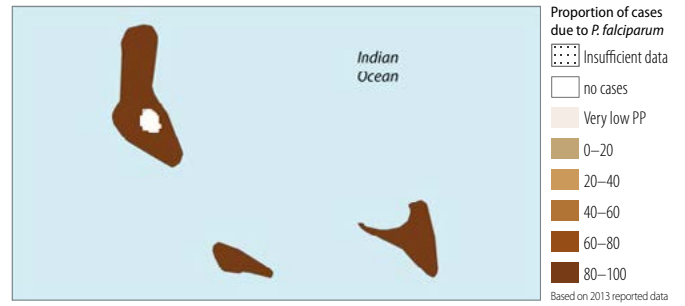
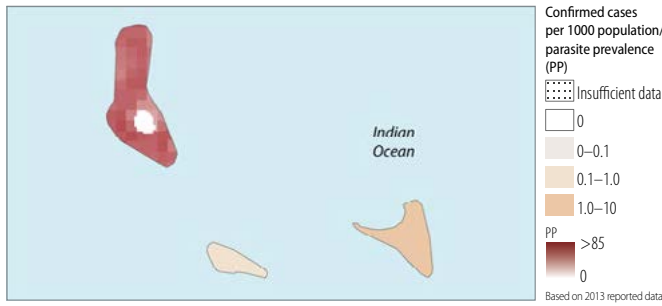
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	366 000	48
Low transmission (0–1 cases per 1000 population)	404 000	52
Malaria free (0 cases)	0	0
Total	770 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 2203 Estimated cases, 2013: [82 000–180 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 0 Estimated deaths, 2013: [10–660]

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	2010
	DDT is authorized for IRS	Yes	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1997
	Malaria diagnosis is free of charge in the public sector	Yes	2011
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Is banned	2005
	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	2013
	ACD of febrile cases at community level (pro-active)	No	–
	Mass screening is undertaken	Yes	2010
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2003
First-line treatment of <i>P. falciparum</i>	AL 2003
Treatment failure of <i>P. falciparum</i>	QN 2003
Treatment of severe malaria	QN 2003
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–

Type of RDT used: *P. f* + all species (Combo).

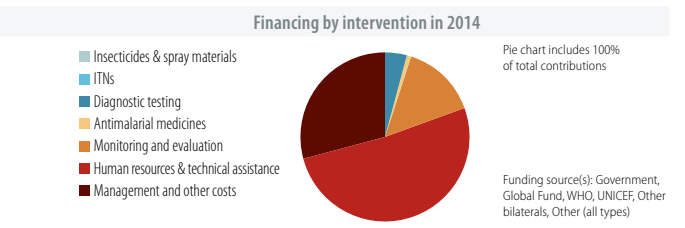
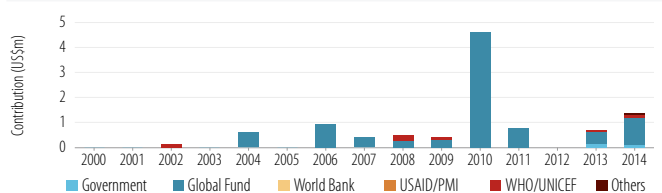
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2013	0	0	3.2	28 days	16	<i>P. falciparum</i>

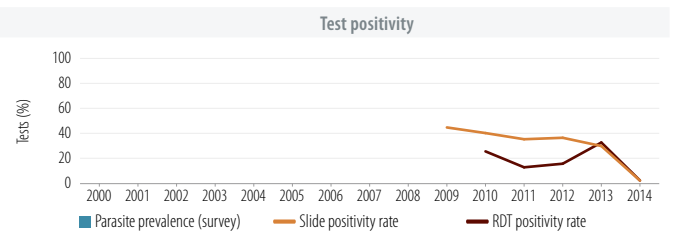
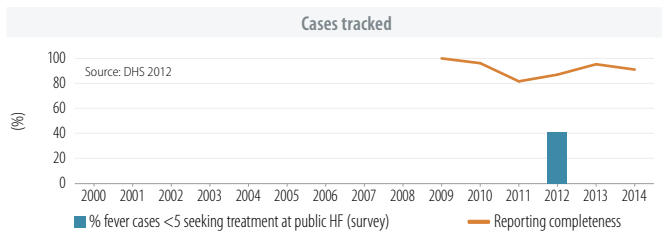
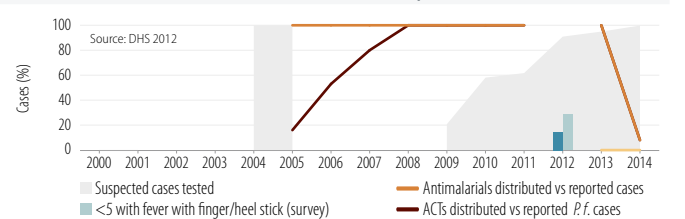
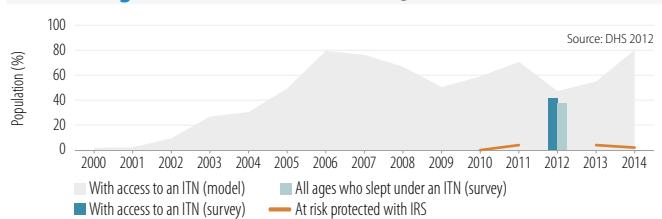
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014–2015	No	–	–	–	<i>An. gambiae</i> s.l.

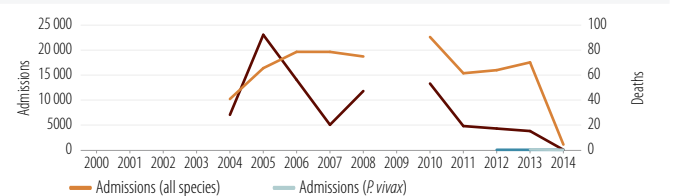
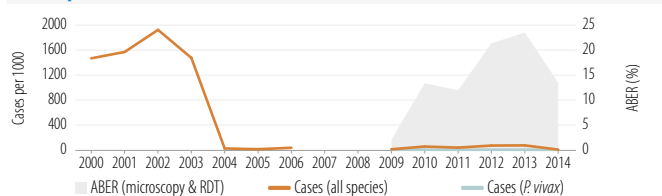
III. Financing



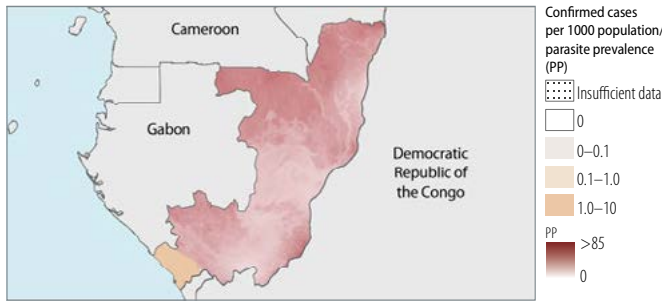
IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	4 500 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	4 500 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. gambiae</i> , <i>An. funestus</i> , <i>An. nill</i> , <i>An. moucheti</i>			
Programme phase: Control			
Reported confirmed cases:	66 323	Estimated cases, 2013:	[500 000-1 200 000]
Reported confirmed cases at community level:	0	Reported deaths:	271
		Estimated deaths, 2013:	[300-2300]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2011
	ITNs/LLINs distributed to all age groups	Yes	2011
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	2006
	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)	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+AQ	-
First-line treatment of <i>P. falciparum</i>	AS+AQ	-
Treatment failure of <i>P. falciparum</i>	AL	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	-	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2005-2014	0	2.7	5.6	28 days	3	<i>P. falciparum</i>
AL	2006-2014	0	2.8	3.6	28 days	3	<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
2013-2014	Yes	Yes	No	No	<i>An. gambiae</i> s.l.

III. Financing

Sources of financing

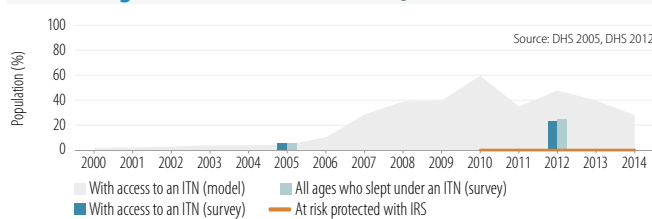


Financing by intervention in 2014

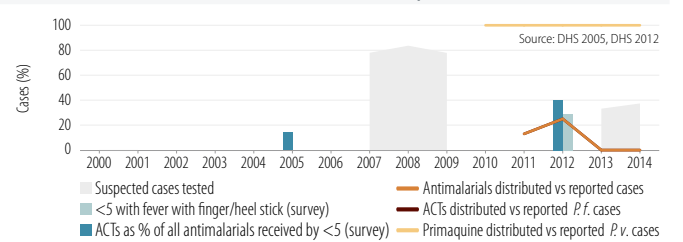
No data reported for 2014

IV. Coverage

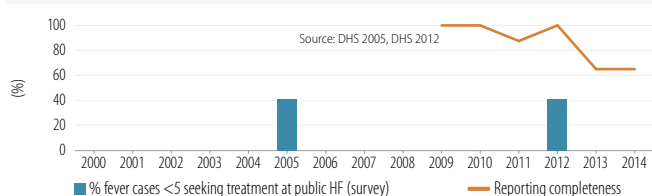
ITN and IRS coverage



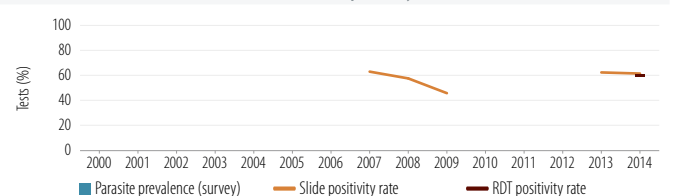
Cases tested and treated in public sector



Cases tracked

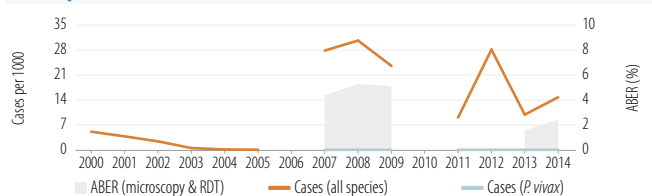


Test positivity

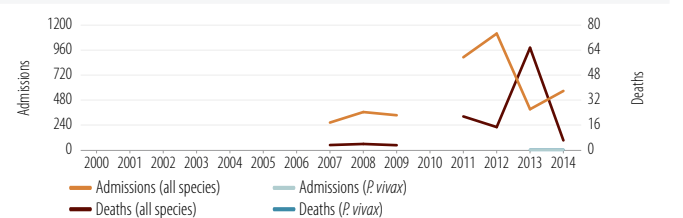


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	0	0
Number of people living in malaria free areas	4 760 000	100
Total	4 760 000	-

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. albimanus</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	6	Total deaths, 2014:	0
Indigenous cases, 2014:	0	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1957
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
	Surveillance	ACD for case investigation (reactive)	Yes
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

Antimalarial treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-
Treatment failure of <i>P. falciparum</i>	AL	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(7d); CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/kg (7 d), 0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	-	-	-	-	-	

III. Financing

Sources of financing

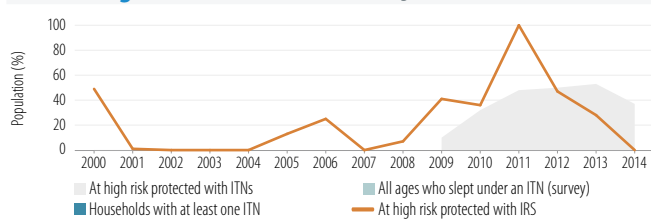


Financing by intervention in 2014

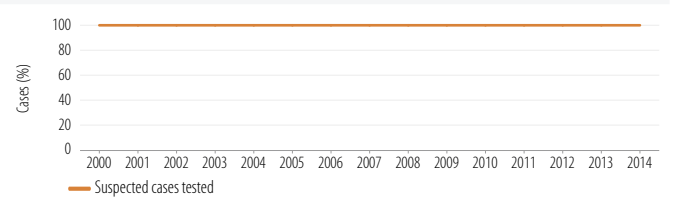
No data reported for 2014

IV. Coverage

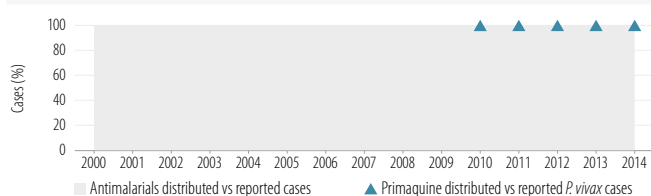
ITN and IRS coverage



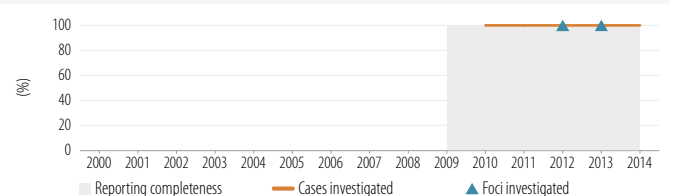
Cases tested



Cases treated

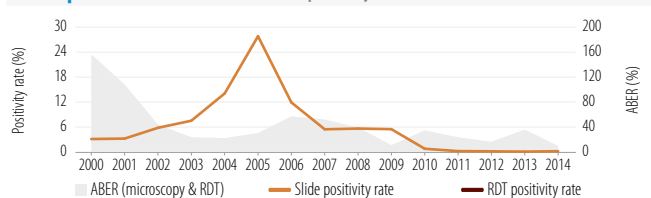


Cases tracked

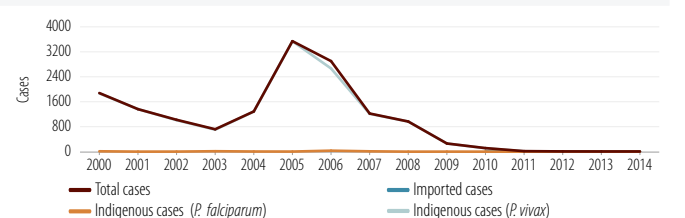


V. Impact

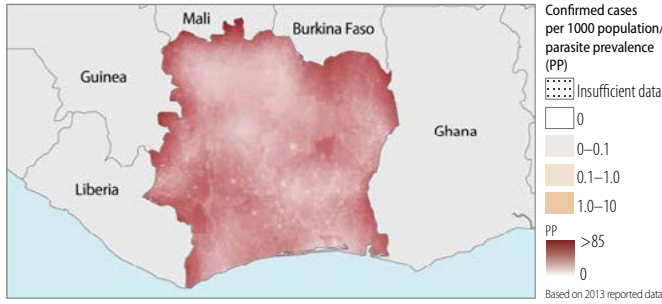
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	22 200 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	22 200 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 3 712 831 Estimated cases, 2013: [6 400 000-11 000 000]
 Reported confirmed cases at community level: 55 015
 Reported deaths: 2069 Estimated deaths, 2013: [12 000-20 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	-	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	2012
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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>	-	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	-	-
	Mass screening is undertaken	-	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalarial treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ 2003
First-line treatment of <i>P. falciparum</i>	AS+AQ 2003
Treatment failure of <i>P. falciparum</i>	AL 2003
Treatment of severe malaria	QN 2003
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	-

Therapeutic efficacy tests (clinical and parasitological failure, %)

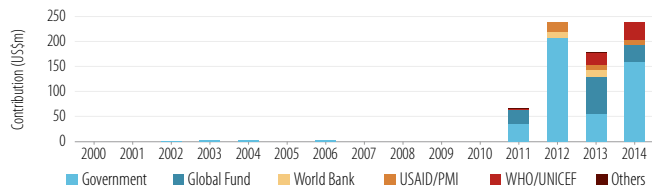
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2014	0	1.5	7.4	28 days	12	<i>P. falciparum</i>
AS+AQ	2007-2014	0	0	1.3	28 days	7	<i>P. falciparum</i>

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	Yes	Yes	<i>An. coluzzii</i> , <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.

III. Financing

Sources of financing

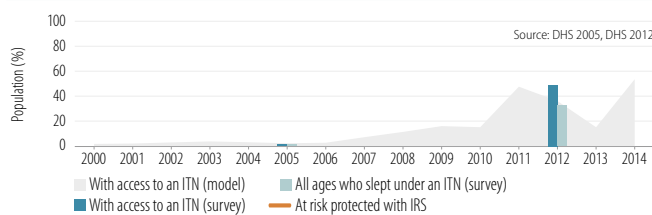


Financing by intervention in 2014

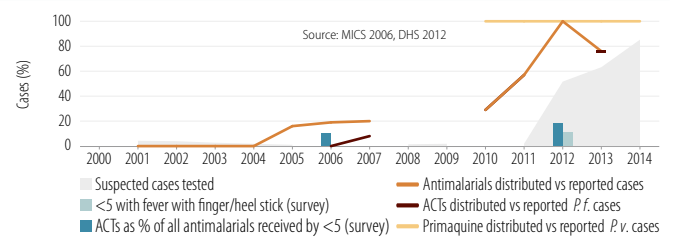
No data reported for 2014

IV. Coverage

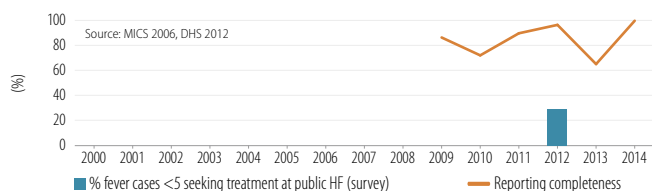
ITN and IRS coverage



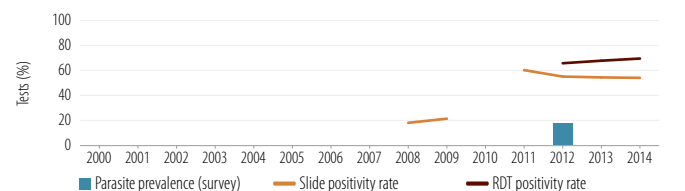
Cases tested and treated in public sector



Cases tracked



Test positivity

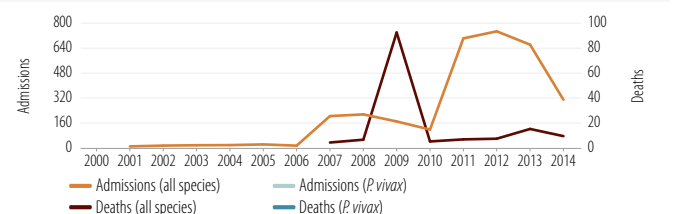


V. Impact

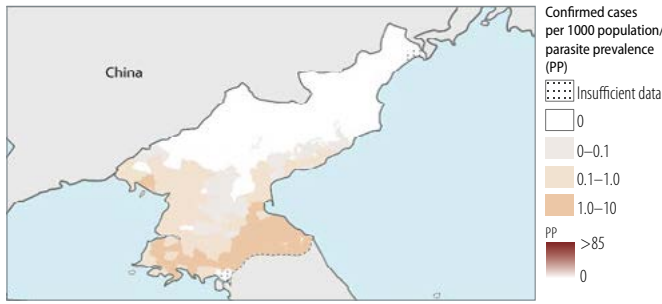
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	11 700 000	47
Number of people living in malaria free areas	13 300 000	53
Total	25 000 000	-

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. sinensis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2014:	10 535	Total deaths, 2014:	0
Indigenous cases, 2014:	10 535	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2002
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	-	-
Larval control	Use of larval control recommended	Yes	2002
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1953
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	2000
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2000
	System for monitoring of adverse reactions to antimalarials exists	Yes	2002
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	Yes	2012
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

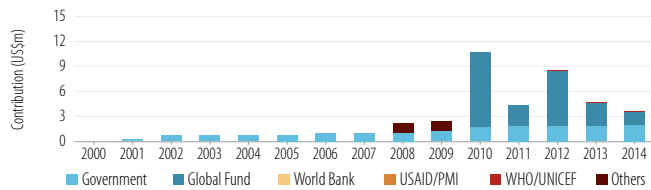
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	-	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	-	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

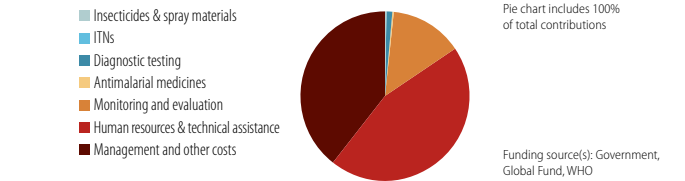
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2014	No	No	-	No	<i>Anopheles spp.</i>

III. Financing

Sources of financing

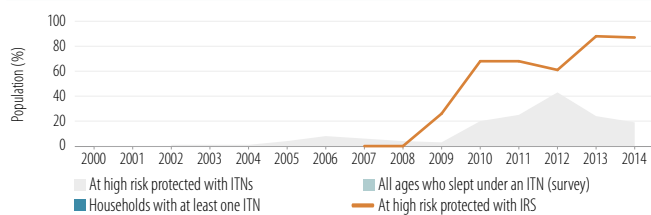


Financing by intervention in 2014

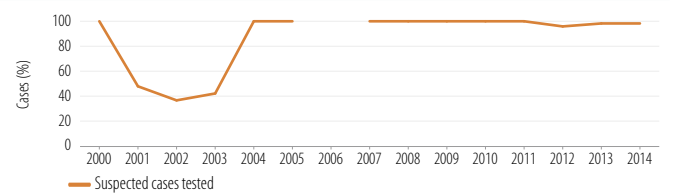


IV. Coverage

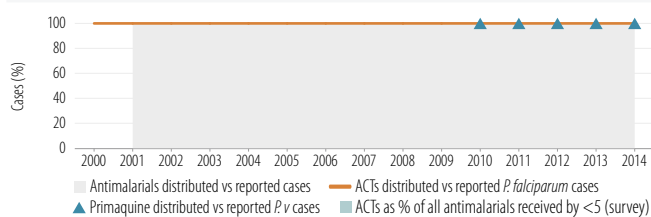
ITN and IRS coverage



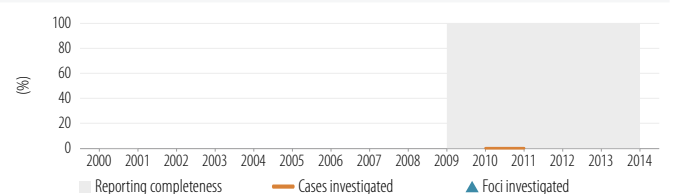
Cases tested



Cases treated

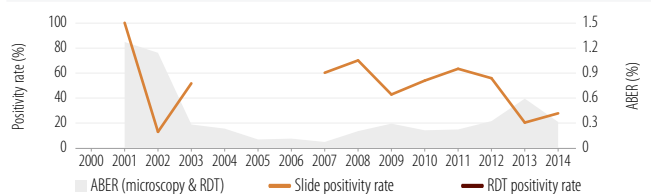


Cases tracked

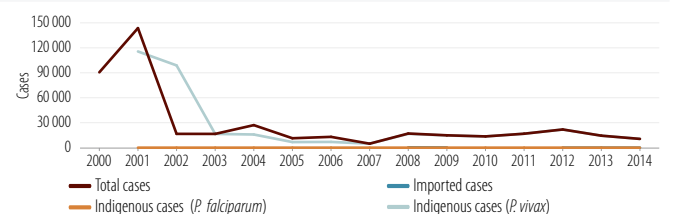


V. Impact

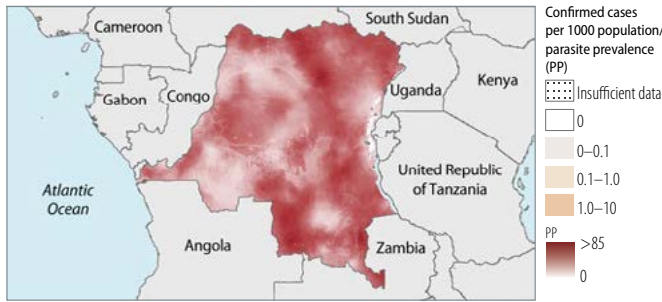
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	72 700 000	97
Low transmission (0–1 cases per 1000 population)	2 200 000	3
Malaria free (0 cases)	0	0
Total	74 900 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 9 968 983 Estimated cases, 2013: [16 000 000–26 000 000]
 Reported confirmed cases at community level: 319 536
 Reported deaths: 25 502 Estimated deaths, 2013: [33 000–72 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	1998
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2010
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Is banned	2009
	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	Yes	2010
Surveillance	ACD for case investigation (reactive)	–	–
	ACD of febrile cases at community level (pro-active)	Yes	2010
	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+AQ 2005
First-line treatment of <i>P. falciparum</i>	AS+AQ 2005
Treatment failure of <i>P. falciparum</i>	QN 2005
Treatment of severe malaria	AS, QN 2005
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	<i>P. f</i> + all species (Combo).

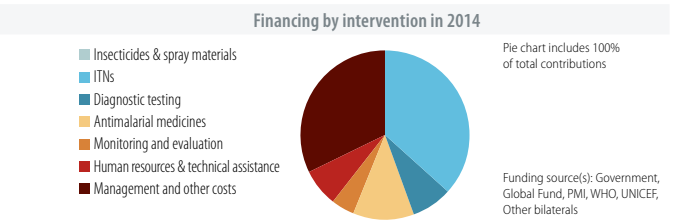
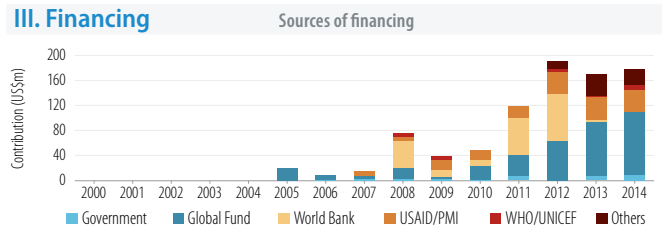
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2005–2012	0	4.2	6.9	28 days	8	<i>P. falciparum</i>
AL	2005–2013	0	2.4	9.2	28 days	10	<i>P. falciparum</i>

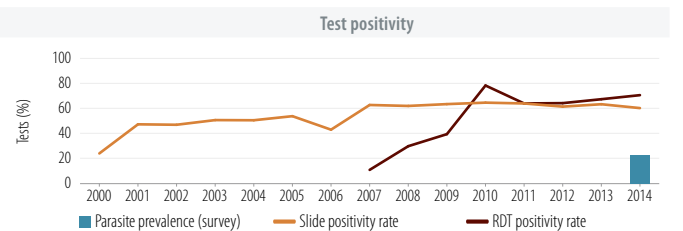
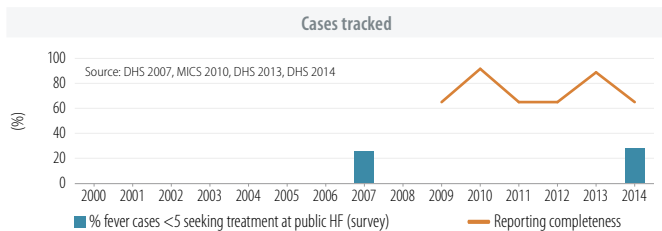
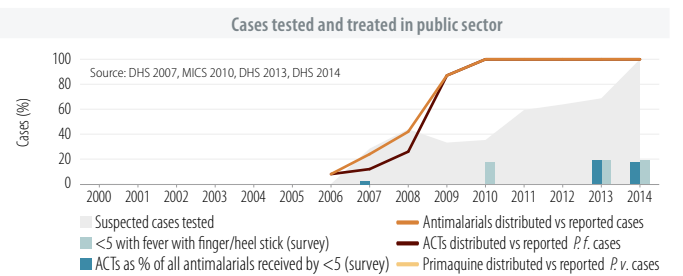
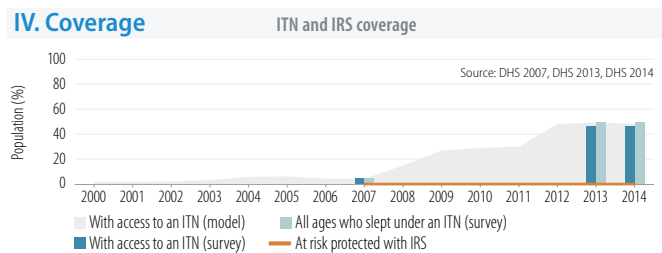
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2015	Yes	Yes	No	No	<i>An. gambiae</i> s.l.

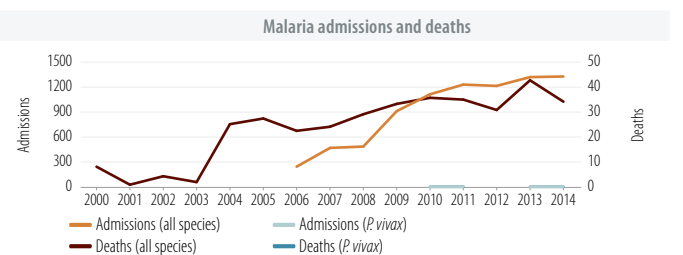
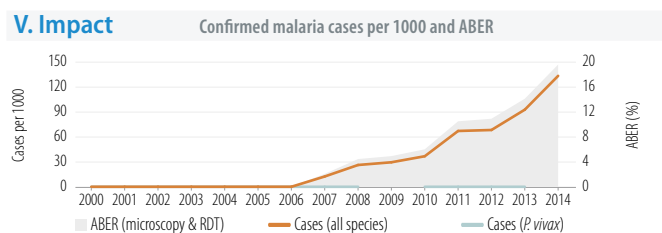
III. Financing



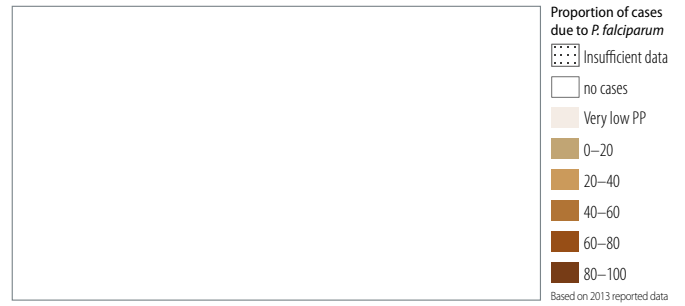
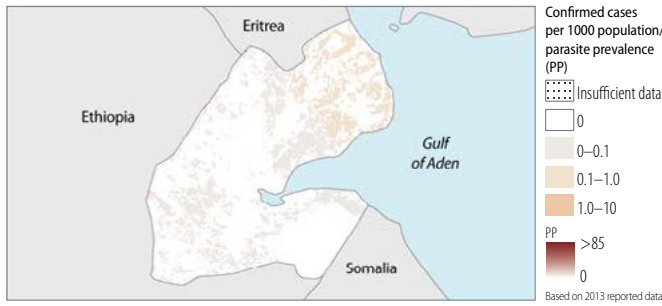
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	0	0
Low transmission (0-1 cases per 1000 population)	438 000	50
Malaria free (0 cases)	438 000	50
Total	876 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 9439 Estimated cases, 2013: [1000-17 000]
 Reported deaths: 28 Estimated deaths, 2013: <50

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2008
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2007
	Sale of oral artemisinin-based monotherapies	Never allowed	
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2014
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2014
	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	AL 2014
First-line treatment of <i>P. falciparum</i>	AL+PQ 2014
Treatment failure of <i>P. falciparum</i>	AS+AQ 2014
Treatment of severe malaria	QN -
Treatment of <i>P. vivax</i>	CQ+PQ (14 d) -
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	-

Therapeutic efficacy tests (clinical and parasitological failure, %)

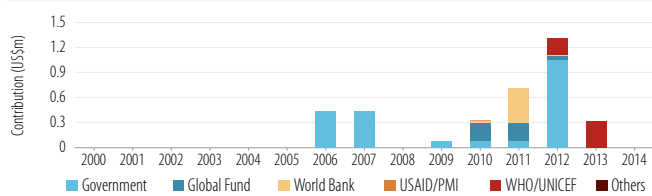
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011	No	No	-	No	<i>An. gambiae</i> s.l.

III. Financing

Sources of financing

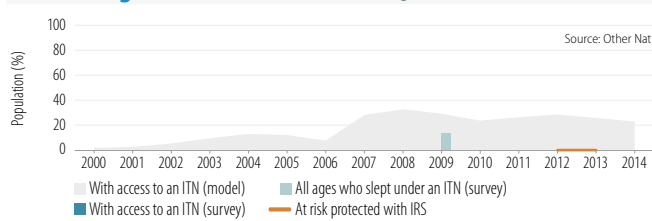


Financing by intervention in 2014

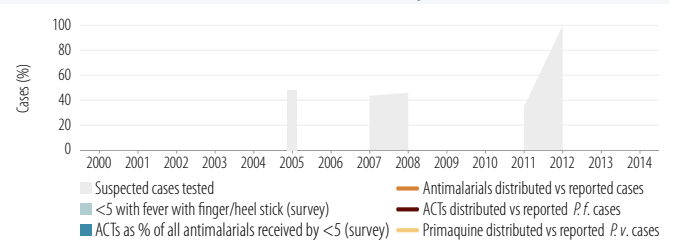
No data reported for 2014

IV. Coverage

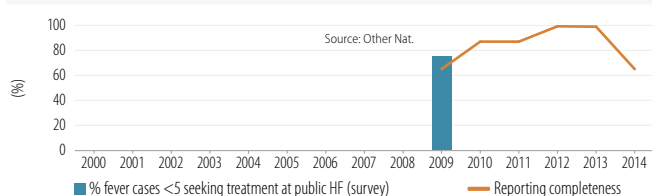
ITN and IRS coverage



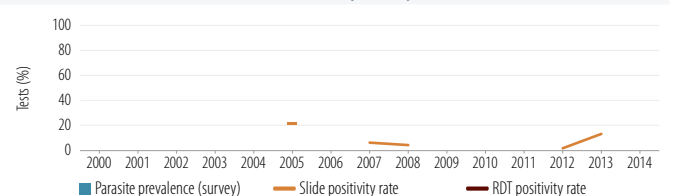
Cases tested and treated in public sector



Cases tracked

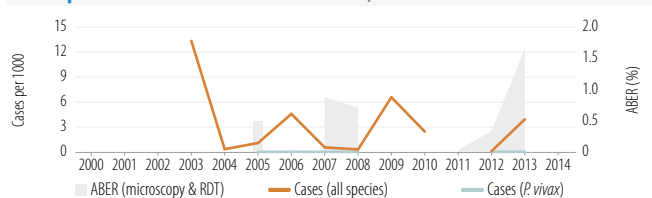


Test positivity

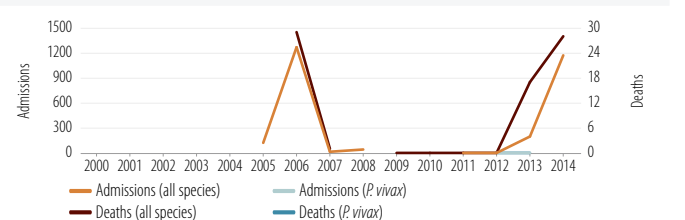


V. Impact

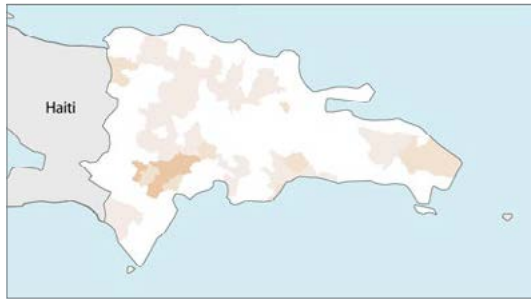
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	96 200	1
Low transmission (0-1 cases per 1000 population)	4 910 000	47
Malaria free (0 cases)	5 390 000	52
Total	10 400 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (99%), <i>P. vivax</i> (1%)			
Major anopheles species: <i>An. albimanus</i>			
Programme phase: Pre-elimination			
Reported confirmed cases:	496	Estimated cases, 2013:	[650-980]
Reported deaths:	4	Estimated deaths, 2013:	<10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	1946
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1964
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1964
	Malaria diagnosis is free of charge in the public sector	Yes	1964
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	-	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1964
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1964
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-
	Surveillance	ACD for case investigation (reactive)	Yes
	ACD of febrile cases at community level (pro-active)	Yes	1964
	Mass screening is undertaken	Yes	1964
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

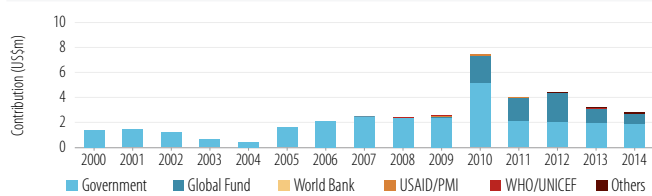
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-
Treatment failure of <i>P. falciparum</i>	CQ; QN	-
Treatment of severe malaria	CQ; QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-
Type of RDT used	<i>P. f</i> only.	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

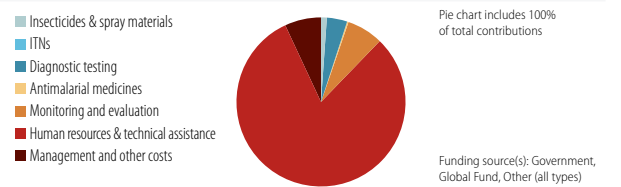
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)						
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested	
2012-2014	Yes	No	-	Yes	<i>An. albimanus</i>	

III. Financing

Sources of financing

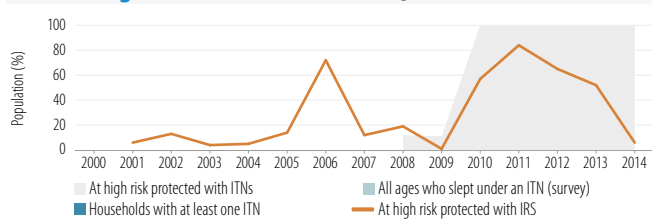


Financing by intervention in 2014

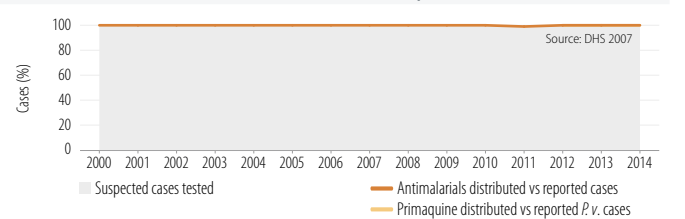


IV. Coverage

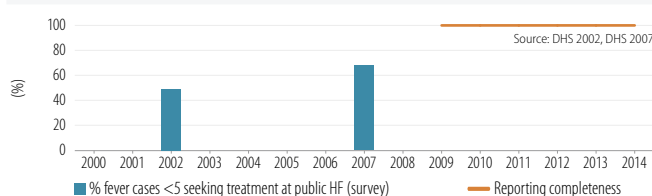
ITN and IRS coverage



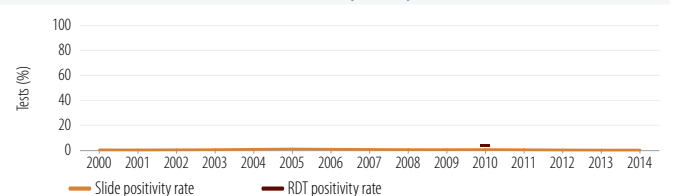
Cases tested and treated in public sector



Cases tracked

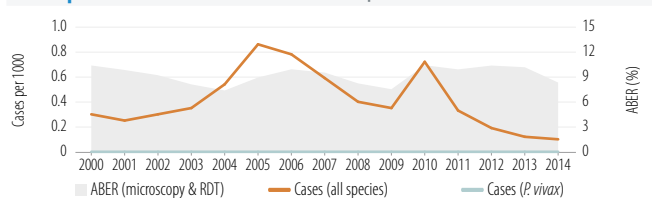


Test positivity

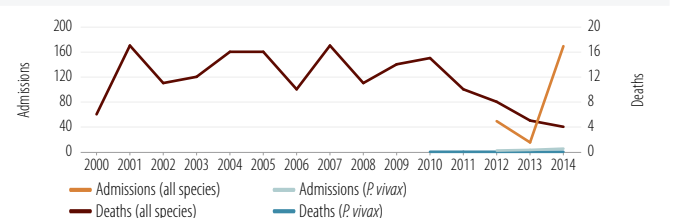


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	-	-
Number of people living in malaria free areas	15 900 000	100
Total	15 900 000	

Parasites and vectors	
Major plasmodium species: <i>P. falciparum</i> (20%), <i>P. vivax</i> (80%)	
Major anopheles species: <i>An. albimanus</i> , <i>An. punctimacula</i> , <i>An. pseudopunctipennis</i>	
Programme phase: Pre-elimination	
Total confirmed cases, 2014:	241
Indigenous cases, 2014:	241
Introduced cases, 2014:	-
Total deaths, 2014:	-
Indigenous deaths, 2014:	-

II. Intervention policies and strategies

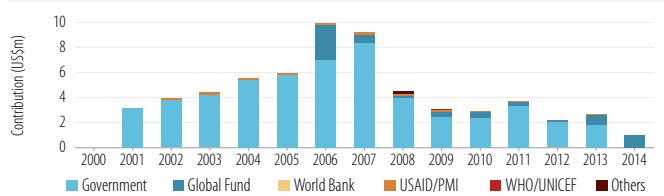
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	-
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1956
	Malaria diagnosis is free of charge in the public sector	Yes	1956
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
Case reporting from private sector is mandatory	No	-	

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL+PQ	2012
Treatment failure of <i>P. falciparum</i>	QN+CL	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/kg (7 d)

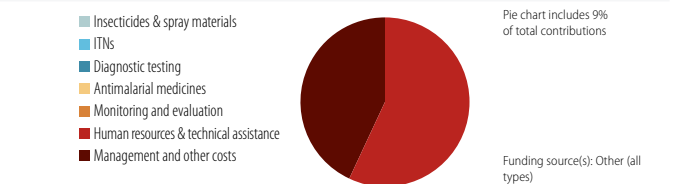
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2006	0	0	0	28 days	1	<i>P. falciparum</i>

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2012	Yes	No	Yes	Yes	<i>An. albimanus</i>

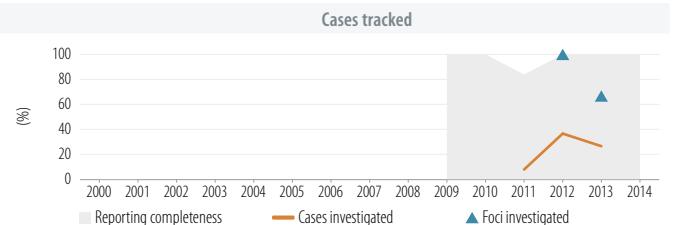
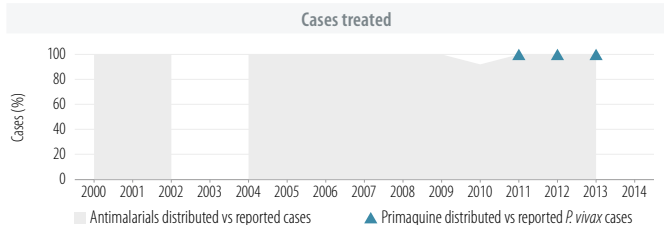
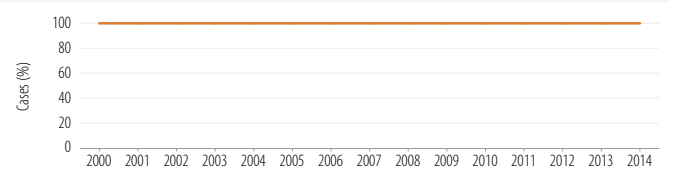
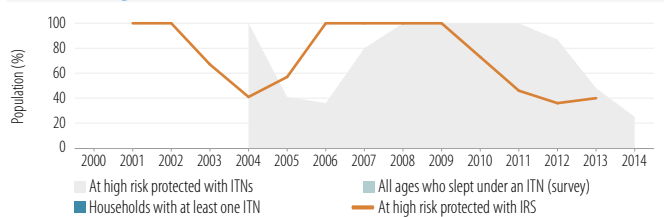
III. Financing



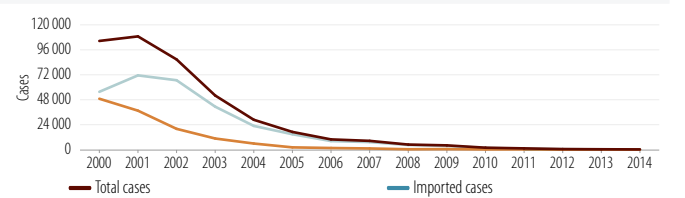
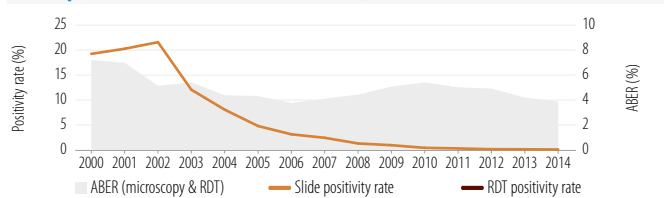
Financing by intervention in 2014



IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	2	
Number of people living within active foci	92 700	2
Number of people living in malaria free areas	6 020 000	98
Total	6 112 700	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. pseudopunctipennis</i>			
Programme phase: Pre-elimination			
Total confirmed cases, 2014:	8	Total deaths, 2014:	0
Indigenous cases, 2014:	6	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-
	Surveillance	ACD for case investigation (reactive)	Yes
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	No	-

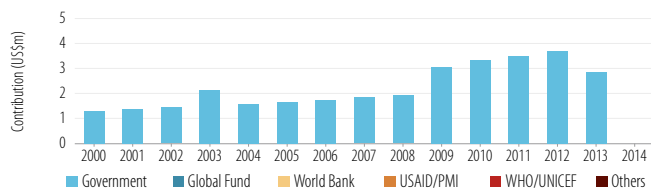
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-
Treatment failure of <i>P. falciparum</i>	AL	-
Treatment of severe malaria	QN	2012
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

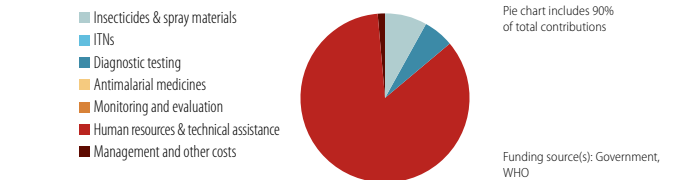
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)						
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested	
2010-2014	-	-	-	-	-	

III. Financing

Sources of financing

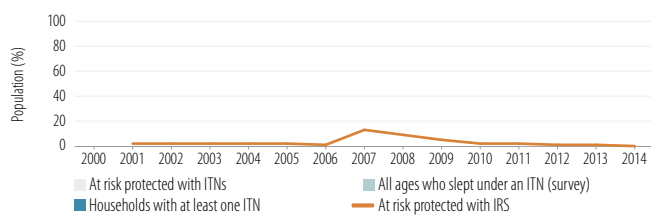


Financing by intervention in 2014

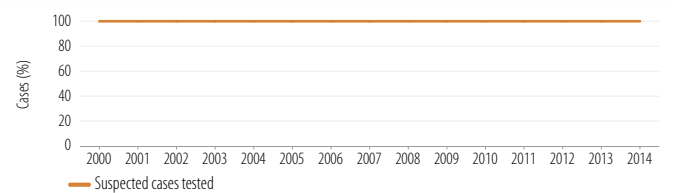


IV. Coverage

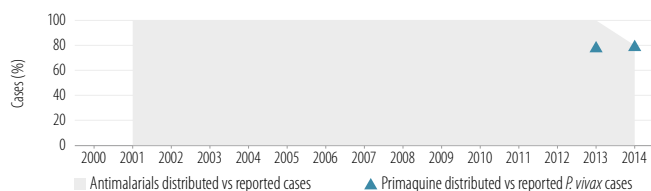
ITN and IRS coverage



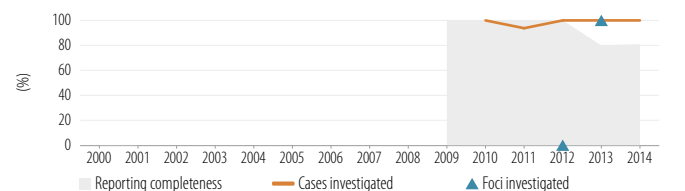
Cases tested



Cases treated

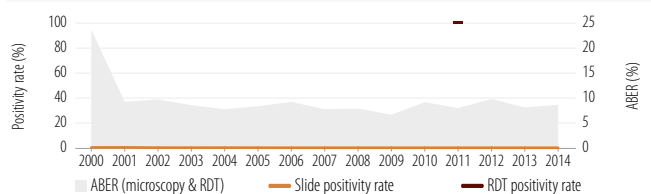


Cases tracked

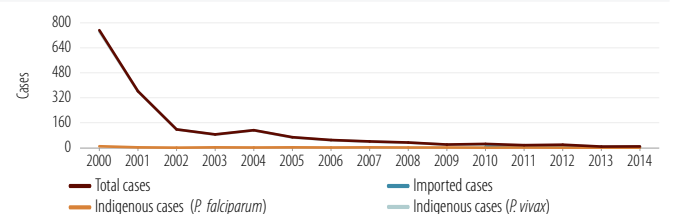


V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	821 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	821 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 20 417 Estimated cases, 2013: [68 000–290 000]
 Reported deaths: - Estimated deaths, 2013: [160–440]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2004
	DDT is authorized for IRS	Yes	2015
Larval control	Use of larval control recommended	Yes	2013
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Is banned	2014
	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)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ 2004
First-line treatment of <i>P. falciparum</i>	AS+AQ 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f</i> + all species (Combo).

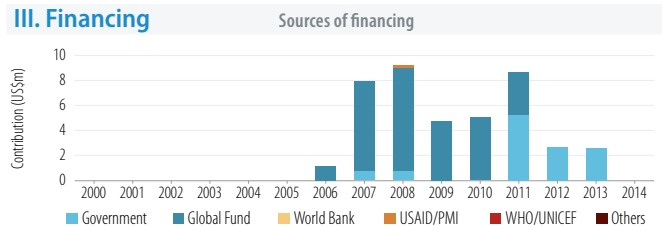
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2006–2011	0	2.3	5	28 days	5	<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
2010–2014	Yes	Yes	No	No	<i>An. coluzzii</i> , other

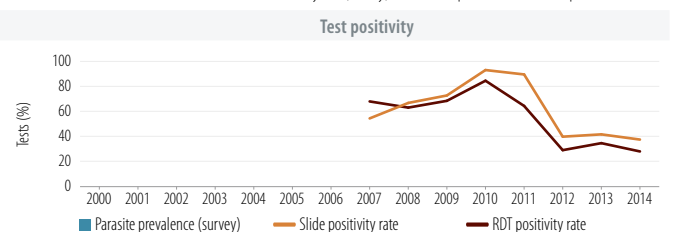
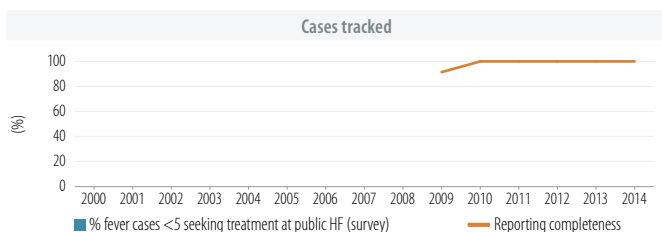
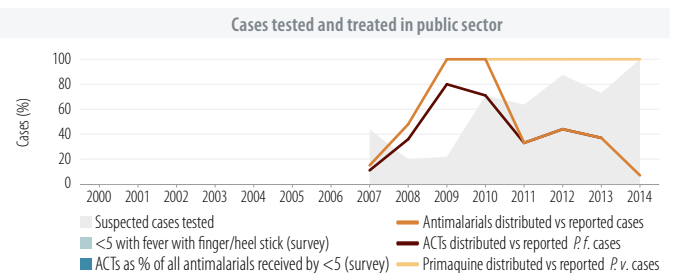
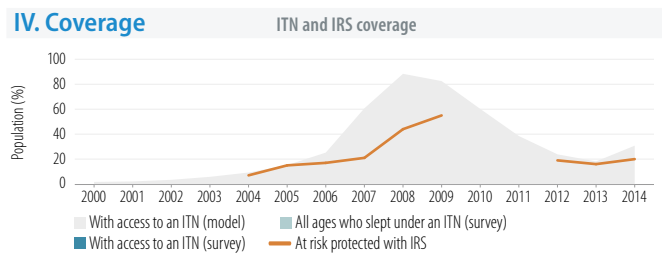
III. Financing



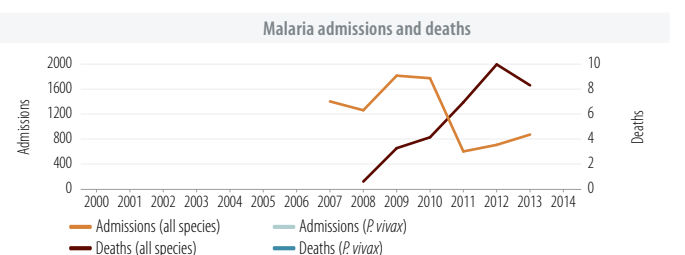
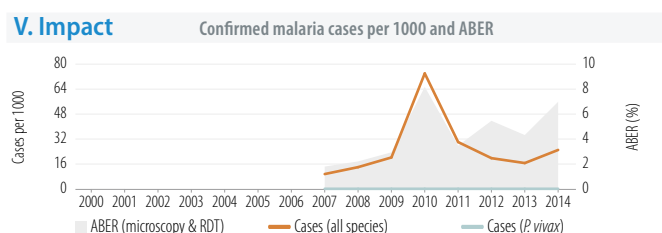
Financing by intervention in 2014

No data reported for 2014

IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	3 630 000	71
Low transmission (0–1 cases per 1000 population)	1 480 000	29
Malaria free (0 cases)	0	0
Total	5 110 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (73%), *P. vivax* (26%)
 Major anopheles species: *An. arabiensis*

Programme phase: Control

Reported confirmed cases: 30 768 Estimated cases, 2013: [42 000–120 000]
 Reported confirmed cases at community level: 19 766
 Reported deaths: 15 Estimated deaths, 2013: [10–270]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2002
IRS	IRS is recommended	Yes	1995
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	1995
IPT	IPT used to prevent malaria during pregnancy	No	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1997
	Malaria diagnosis is free of charge in the public sector	Yes	1997
Treatment	ACT is free for all ages in public sector	Yes	2007
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	2002
	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	Yes	2013
Surveillance	ACD for case investigation (reactive)	Yes	–
	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+AQ 2007
First-line treatment of <i>P. falciparum</i>	AS+AQ 2007
Treatment failure of <i>P. falciparum</i>	QN 2002
Treatment of severe malaria	QN 2002
Treatment of <i>P. vivax</i>	AS+AQ+PQ 2007
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).

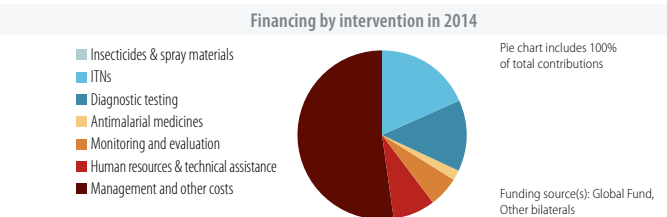
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2006–2012	0	2.25	9.3	28 days	16	<i>P. falciparum</i>

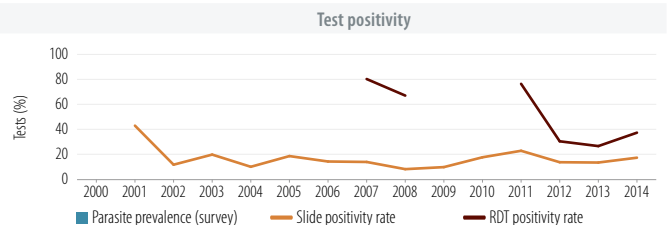
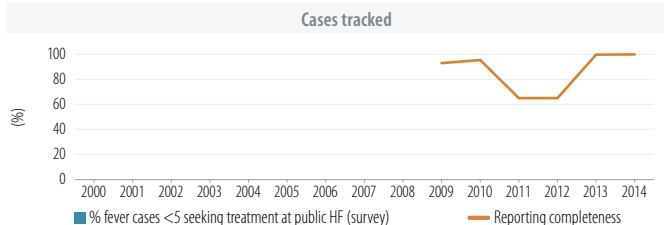
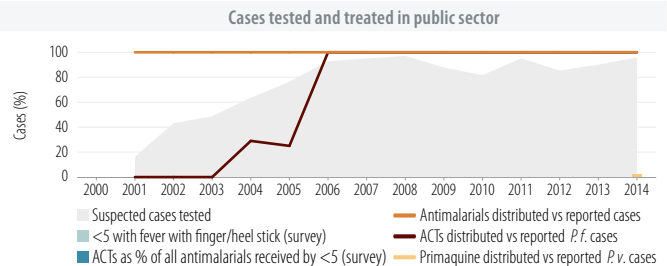
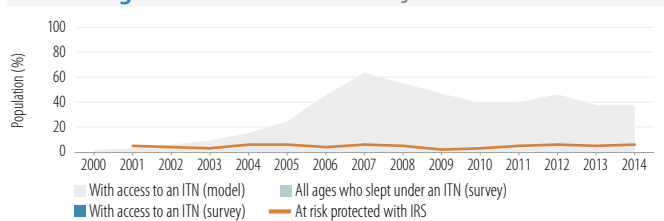
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2014	Yes	Yes	No	No	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.

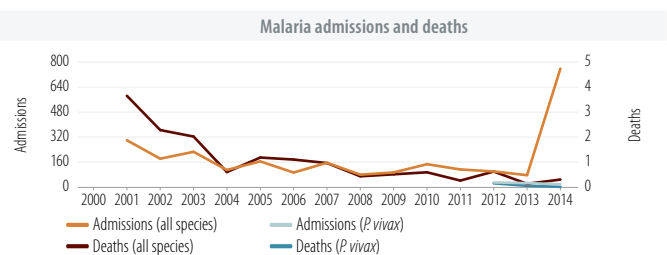
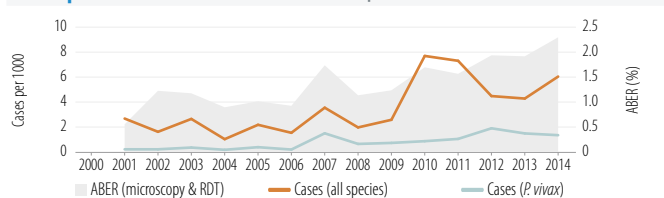
III. Financing



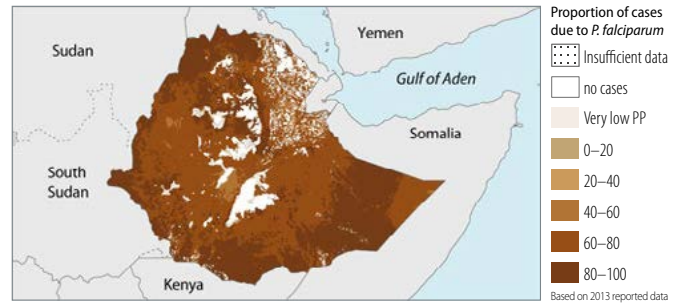
IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	26 400 000	27
Low transmission (0-1 cases per 1000 population)	39 600 000	41
Malaria free (0 cases)	31 000 000	32
Total	97 000 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (59%), *P. vivax* (41%)
 Major anopheles species: *An. arabiensis*, *An. pharoensis*, *An. funestus*, *An. nili*

Programme phase: Control

Reported confirmed cases: 2 118 815 Estimated cases, 2013: [790 000-7 900 000]
 Reported deaths: 213 Estimated deaths, 2013: [240-19 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2004
IRS	IRS is recommended	Yes	1960
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1960
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1960
	Malaria diagnosis is free of charge in the public sector	Yes	1960
Treatment	ACT is free for all ages in public sector	Yes	2004
	Sale of oral artemisinin-based monotherapies	Never allowed	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>	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)	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	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS; AM; QN 2004
Treatment of <i>P. vivax</i>	CQ 2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
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
QN	2006-2006	10	10	10	28 days	1	<i>P. falciparum</i>
CQ	2006-2010	3.8	7.05	13.7	28 days	4	<i>P. vivax</i>
AL	2006-2013	0	1.1	7.5	28 days	17	<i>P. falciparum</i>

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

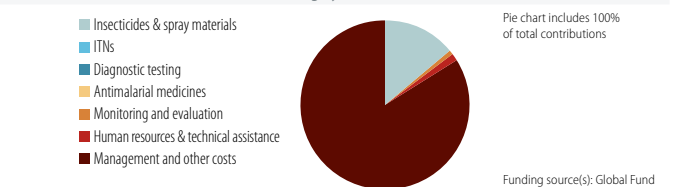
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	Yes	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.

III. Financing

Sources of financing

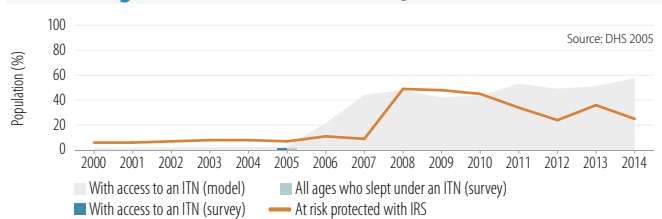


Financing by intervention in 2014

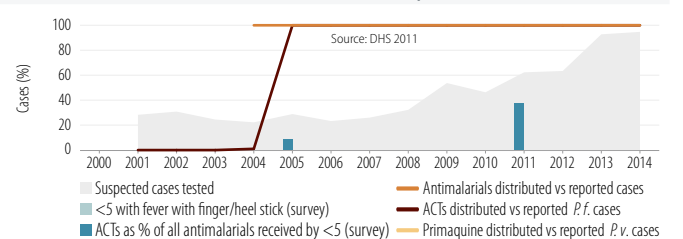


IV. Coverage

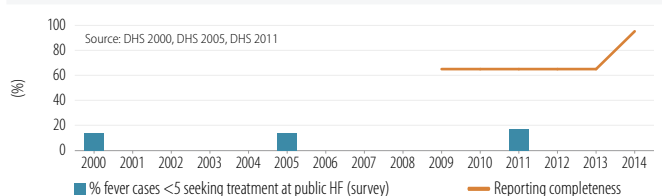
ITN and IRS coverage



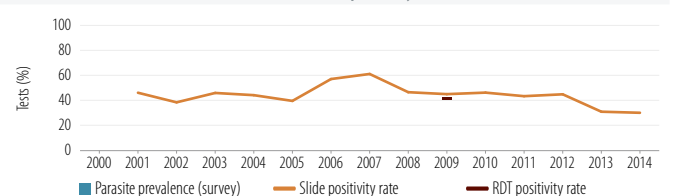
Cases tested and treated in public sector



Cases tracked

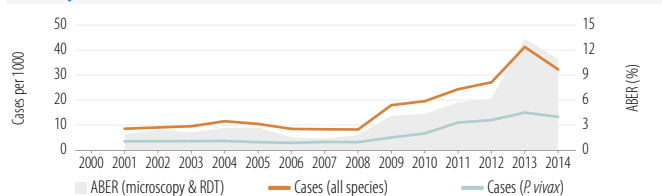


Test positivity

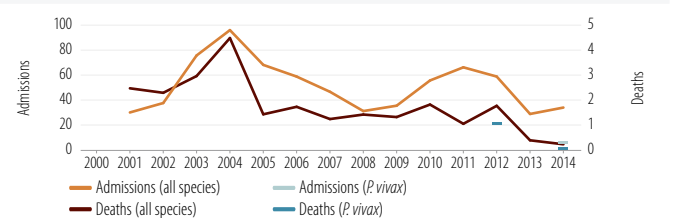


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for 50-75% decrease in case incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	223 000	86
Low transmission (0-1 cases per 1000 population)	37 800	14
Malaria free (0 cases)	0	0
Total	261 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (47%), <i>P. vivax</i> (52%)			
Major anopheles species: <i>An. darlingi</i>			
Programme phase: Control			
Reported confirmed cases:	448	Estimated cases, 2013:	[940-3400]
Reported deaths:	0	Estimated deaths, 2013:	<10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
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	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-

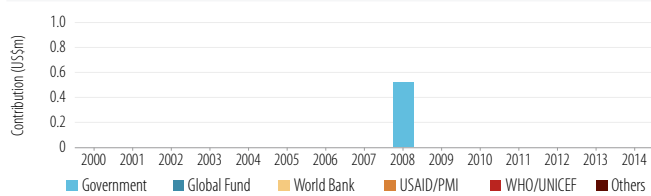
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL	-
Treatment failure of <i>P. falciparum</i>	AQ+PG	-
Treatment of severe malaria	Artesunate IV + relais AL	-
Treatment of <i>P. vivax</i>	CQ+ PQ après dosage G6PD	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/kg (14 d)	-
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
-	-	-	-	-	-	-	-

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	-	-	-	-	-

III. Financing

Sources of financing

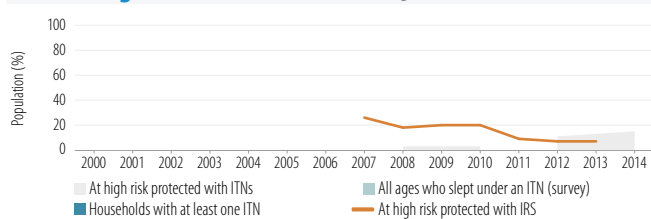


Financing by intervention in 2014

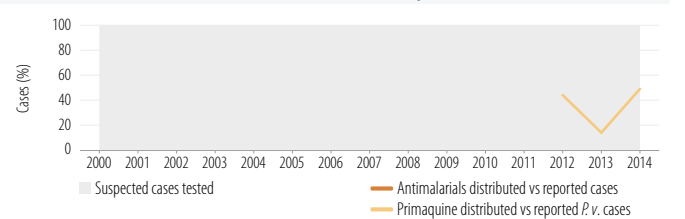
No data reported for 2014

IV. Coverage

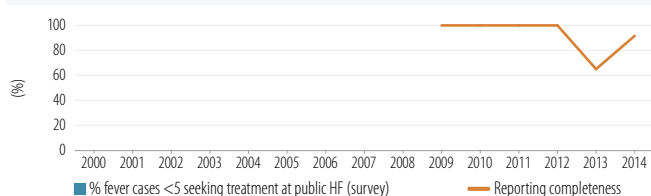
ITN and IRS coverage



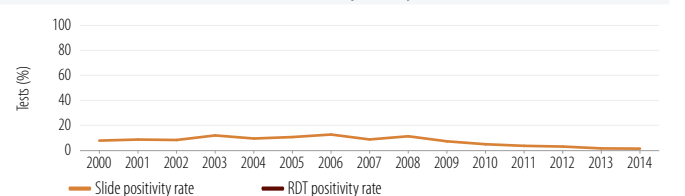
Cases tested and treated in public sector



Cases tracked

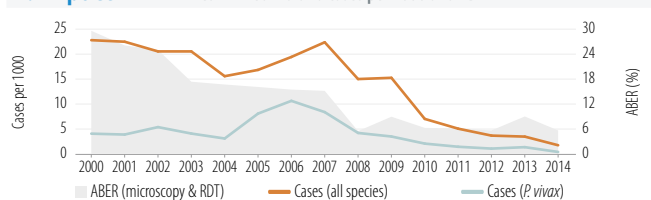


Test positivity

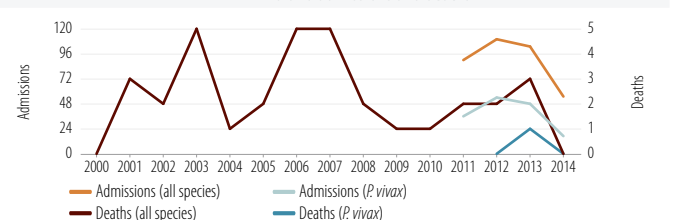


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	1 690 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	1 690 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (94%), *P. vivax* (0%)
 Major anopheles species: *An. funestus*, *An. gambiae*, *An. funestus*

Programme phase: Control

Reported confirmed cases: 31 900 Estimated cases, 2013: [110 000-630 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 159 Estimated deaths, 2013: [96-510]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	2005
	ITNs/LLINs distributed to all age groups	Yes	2007
IRS	IRS is recommended	Yes	2013
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2013
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
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	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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)	-
	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+AQ 2003
First-line treatment of <i>P. falciparum</i>	AS+AQ 2003
Treatment failure of <i>P. falciparum</i>	AL 2003
Treatment of severe malaria	AS; AM; QN 2003
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	PAN-only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

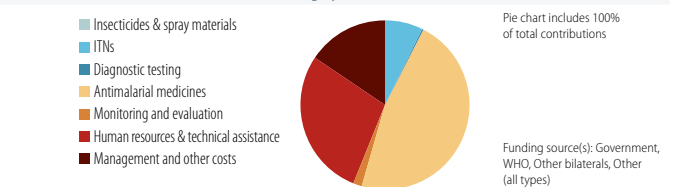
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

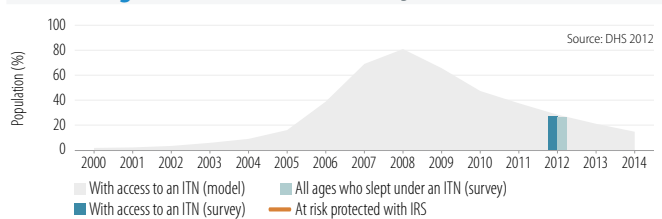
III. Financing



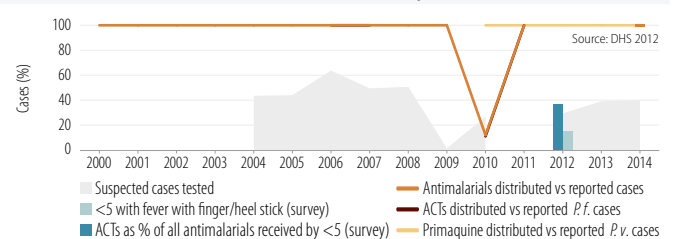
Financing by intervention in 2014



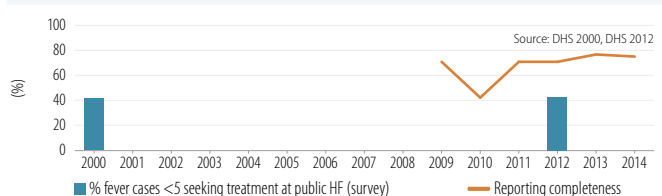
IV. Coverage



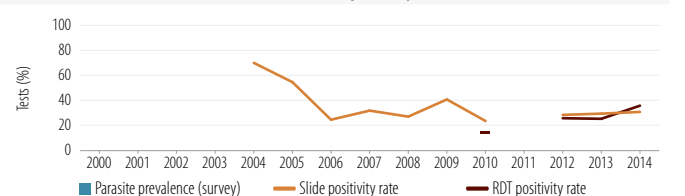
Cases tested and treated in public sector



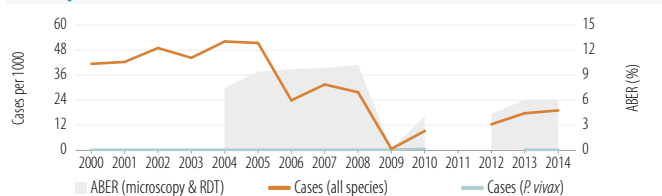
Cases tracked



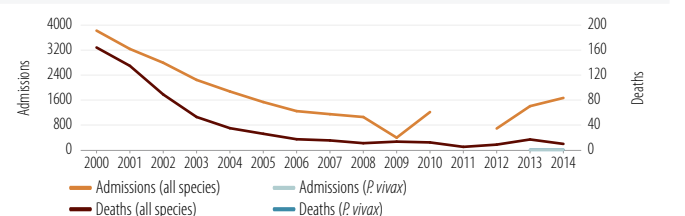
Test positivity



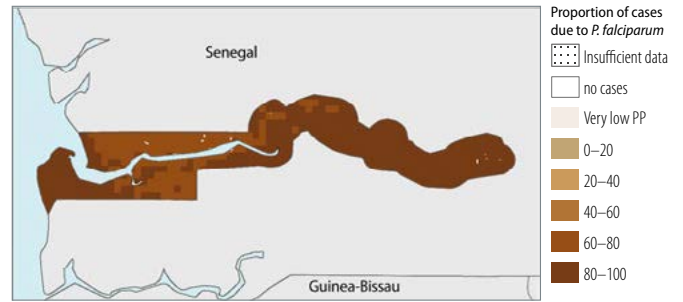
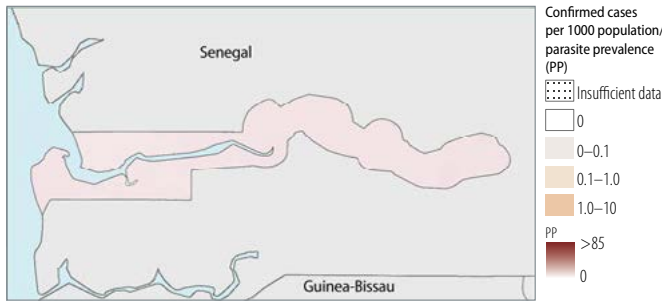
V. Impact



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	1 930 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	1 930 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. arabiensis*, *An. melas*, *An. pharoensis*, *An. funestus*, *An. nili*
 Programme phase: Control

Reported confirmed cases: 166 229 Estimated cases, 2013: [330 000-560 000]
 Reported confirmed cases at community level: 2027
 Reported deaths: 170 Estimated deaths, 2013: [120-930]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	Yes	2007
Larval control	Use of larval control recommended	-	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2002
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	1998
Treatment	ACT is free for all ages in public sector	Yes	2008
	Sale of oral artemisinin-based monotherapies	are allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	-	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	-	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reactions to antimalarials exists	-	-
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	-	-
	Mass screening is undertaken	-	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2005
First-line treatment of <i>P. falciparum</i>	AL 2005
Treatment failure of <i>P. falciparum</i>	QN 2005
Treatment of severe malaria	QN 2005
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

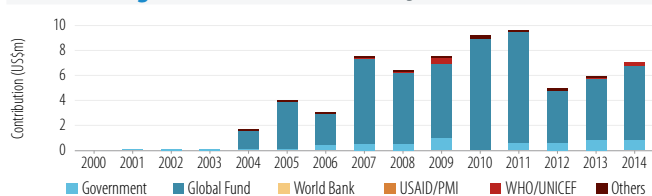
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2013	0	1.6	11.9	28 days	7	<i>P. falciparum</i>

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

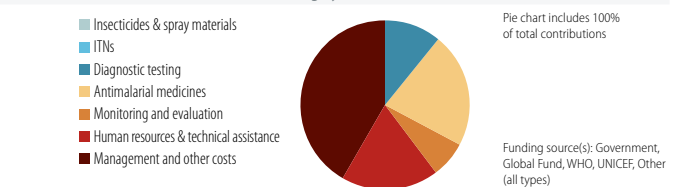
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

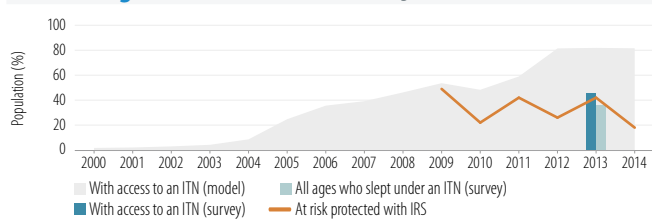


Financing by intervention in 2014

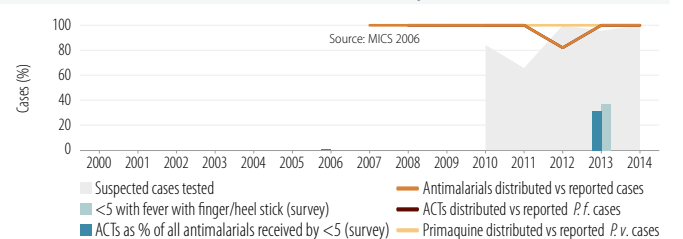


IV. Coverage

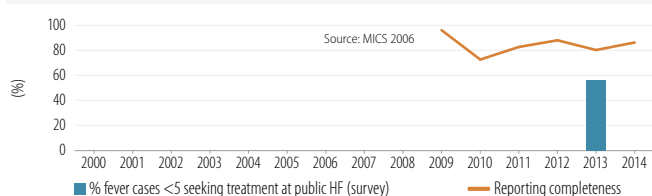
ITN and IRS coverage



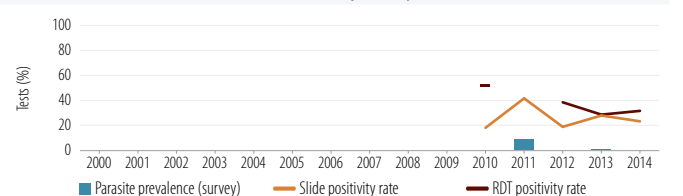
Cases tested and treated in public sector



Cases tracked

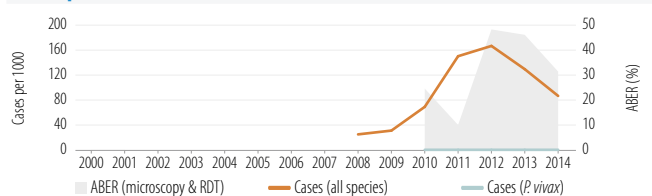


Test positivity

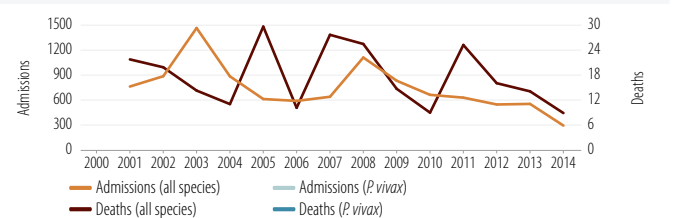


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	26 800 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	26 800 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 3 415 912 Estimated cases, 2013: [5 800 000-11 000 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 2200 Estimated deaths, 2013: [5900-18 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1999
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	2006
	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	Yes	2001
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+AQ 2004
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS; AM; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

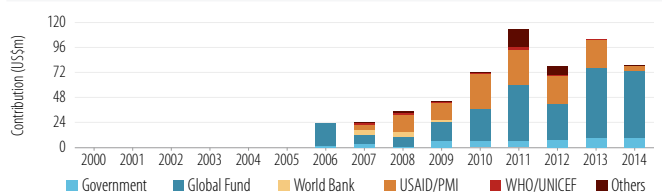
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	0	13.8	28 days	11	<i>P. falciparum</i>
AS+AQ	2005-2011	0	3.15	14	28 days	12	<i>P. falciparum</i>

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

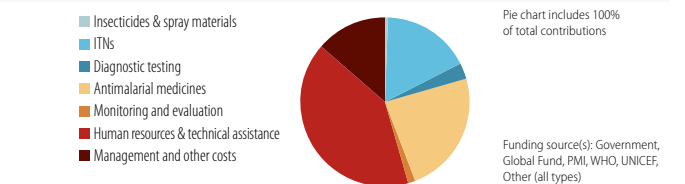
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	No	<i>An. gambiae</i> s.l.

III. Financing

Sources of financing

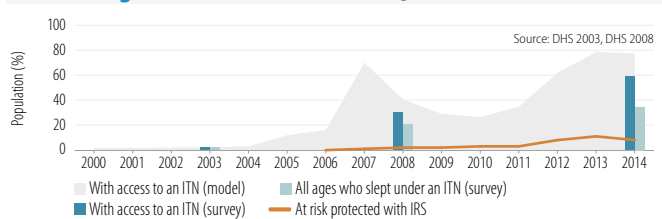


Financing by intervention in 2014

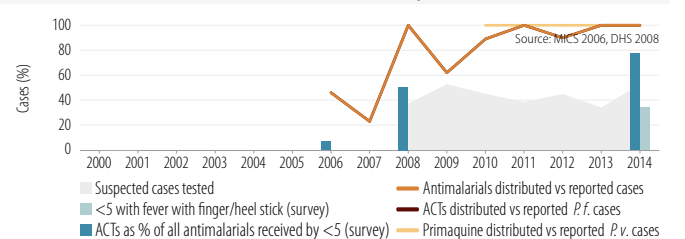


IV. Coverage

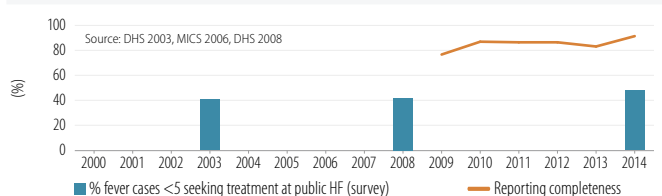
ITN and IRS coverage



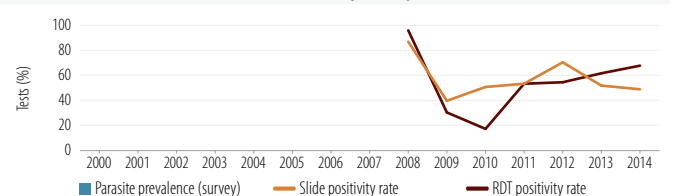
Cases tested and treated in public sector



Cases tracked

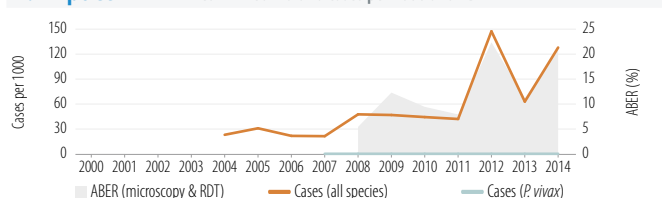


Test positivity

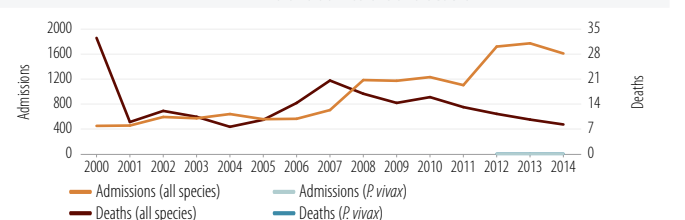


V. Impact

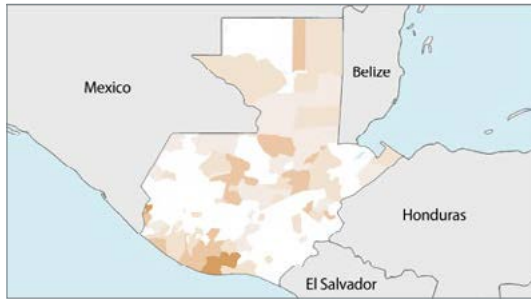
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	3 980 000	25
Low transmission (0-1 cases per 1000 population)	8 290 000	52
Malaria free (0 cases)	3 720 000	23
Total	16 000 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (2%), <i>P. vivax</i> (98%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. pseudopunctipennis</i> , <i>An. darlingi</i>			
Programme phase: Control			
Reported confirmed cases:	4931	Estimated cases, 2013:	[6600-23 000]
Reported deaths:	1	Estimated deaths, 2013:	<10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2005
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	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	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	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	-

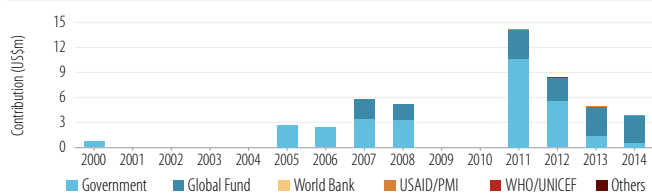
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(3d)	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical 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
-	-	-	-	-	-	-	-

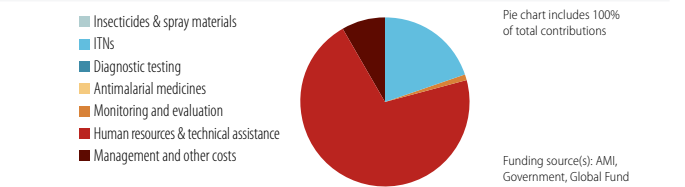
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011	No	-	No	Yes	<i>An. albimanus</i> , <i>An. darlingi</i> , <i>An. vestitipennis</i>

III. Financing

Sources of financing

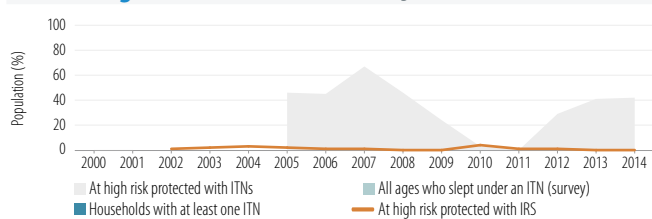


Financing by intervention in 2014

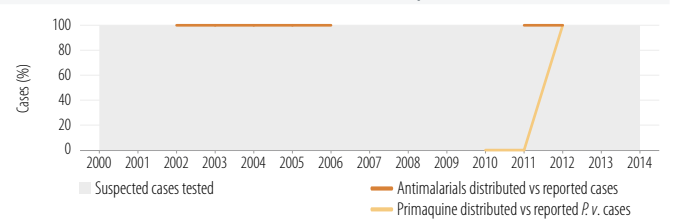


IV. Coverage

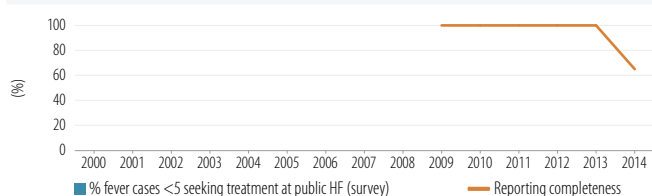
ITN and IRS coverage



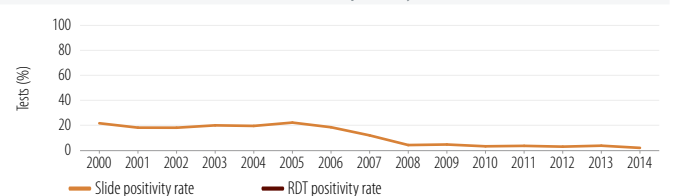
Cases tested and treated in public sector



Cases tracked

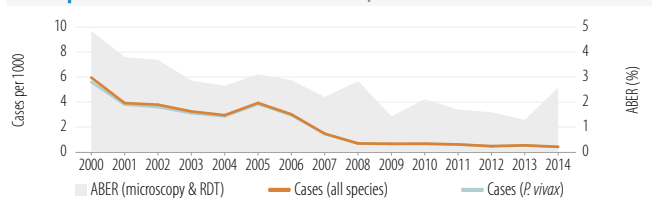


Test positivity

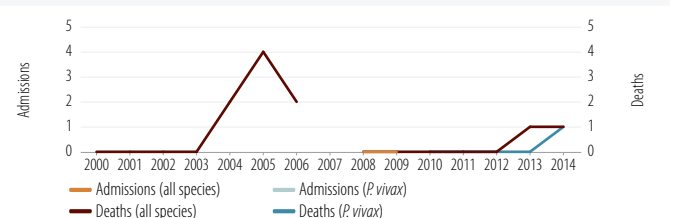


V. Impact

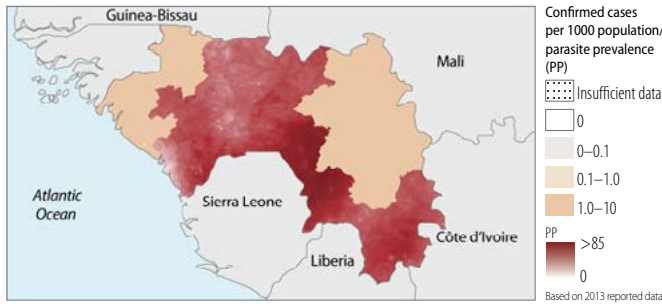
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	12 300 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	12 300 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 660 207 Estimated cases, 2013: [3 800 000–6 000 000]
 Reported confirmed cases at community level: 67 799
 Reported deaths: 1067 Estimated deaths, 2013: [7400–13 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2013
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2012
	Malaria diagnosis is free of charge in the public sector	Yes	2012
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Is banned	–
	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	Yes	2009
	Surveillance	ACD for case investigation (reactive)	–
ACD of febrile cases at community level (pro-active)	No	–	
Mass screening is undertaken	No	–	
Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2009	
Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–	

Antimalaria treatment policy

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

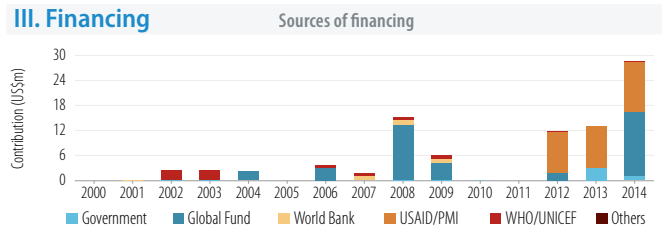
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2012–2014	Yes	Yes	Yes	–	<i>An. gambiae</i> s.l.

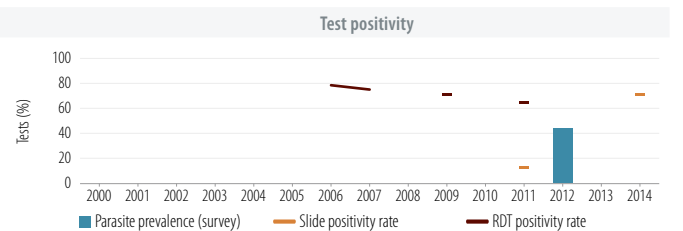
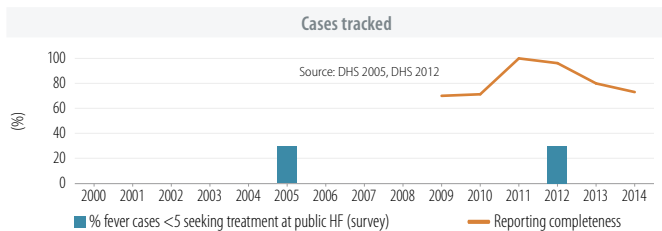
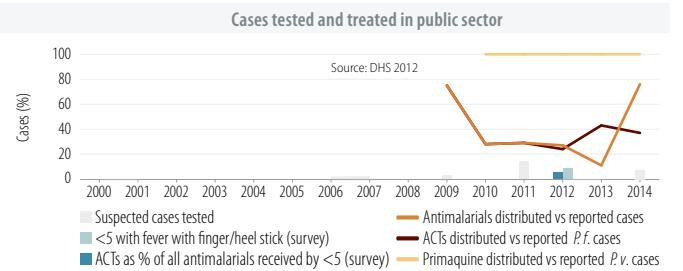
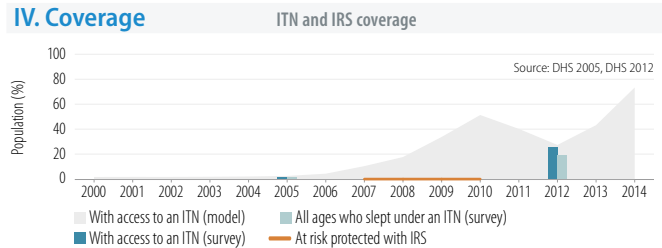
III. Financing



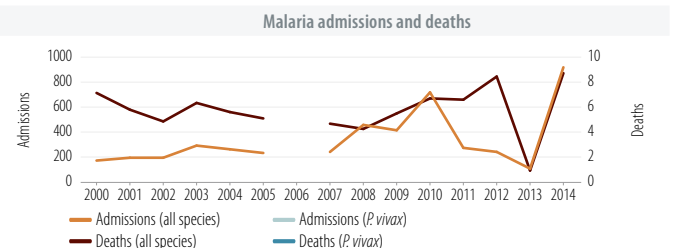
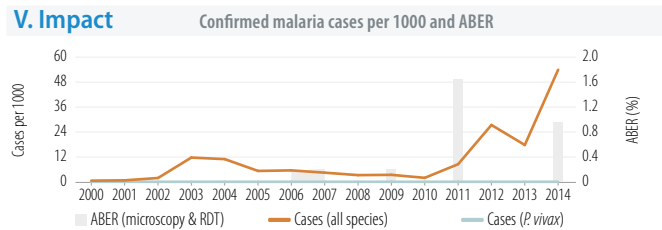
Financing by intervention in 2014

No data reported for 2014

IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	1 800 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	1 800 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. gambiae</i> , <i>An. funestus</i>			
Programme phase: Control			
Reported confirmed cases:	93 431	Estimated cases, 2013:	[70 000-370 000]
Reported deaths:	357	Estimated deaths, 2013:	[160-990]

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	No	-
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	2006
	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	Yes	-
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

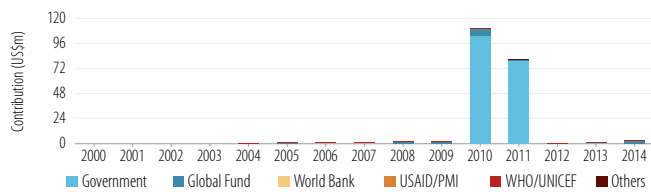
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AL	-
First-line treatment of <i>P. falciparum</i>	AL	-
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	AS; QN	-
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	-	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2008	3.6	3.6	3.6	28 days	1	<i>P. falciparum</i>

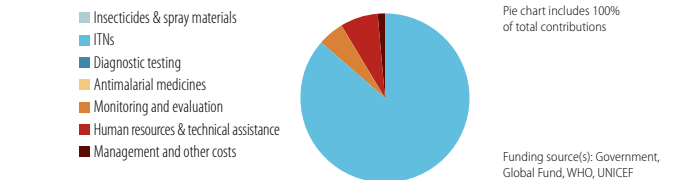
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

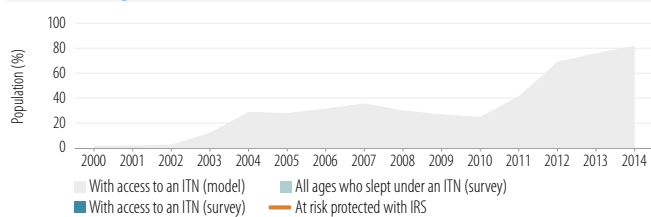


Financing by intervention in 2014

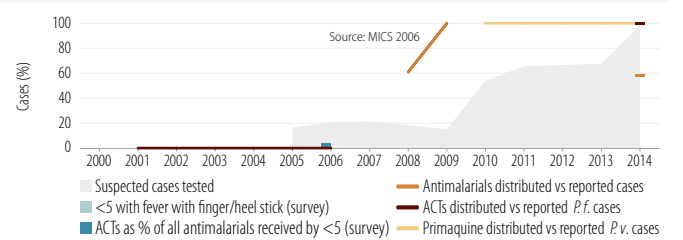


IV. Coverage

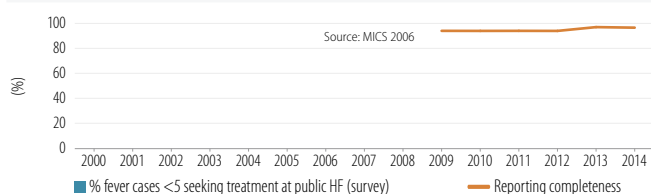
ITN and IRS coverage



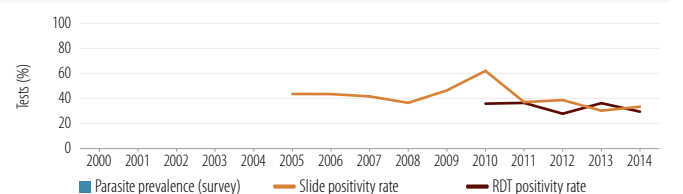
Cases tested and treated in public sector



Cases tracked

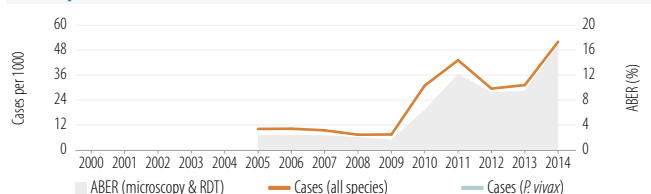


Test positivity

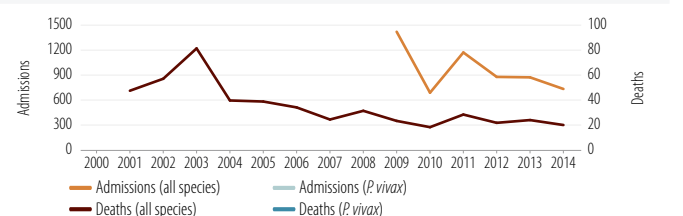


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	267 000	35
Low transmission (0–1 cases per 1000 population)	443 000	58
Malaria free (0 cases)	53 500	7
Total	764 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (42%), *P. vivax* (58%)
 Major anopheles species: *An. darlingi*, *An. aquasalis*

Programme phase: Control

Reported confirmed cases: 12 354 Estimated cases, 2013: [45 000–90 000]
 Reported deaths: 11 Estimated deaths, 2013: [10–190]

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	–
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1946
	Malaria diagnosis is free of charge in the public sector	Yes	1946
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	–
	System for monitoring of adverse reactions to antimalarials exists	No	–
Surveillance	ACD for case investigation (reactive)	Yes	–
	ACD of febrile cases at community level (pro-active)	Yes	–
	Mass screening is undertaken	Yes	–
	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	–
First-line treatment of <i>P. falciparum</i>	2004
Treatment failure of <i>P. falciparum</i>	2004
Treatment of severe malaria	–
Treatment of <i>P. vivax</i>	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	–

Therapeutic efficacy tests (clinical and parasitological failure, %)

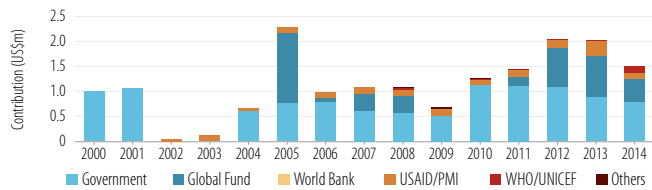
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2006–2006	32.4	32.4	32.4	28 days	1	<i>P. vivax</i>

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

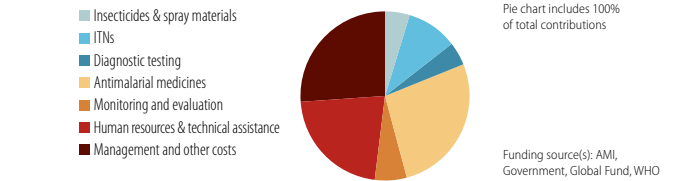
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2014	–	–	–	–	–

III. Financing

Sources of financing

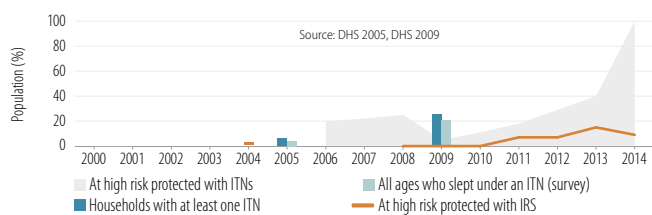


Financing by intervention in 2014

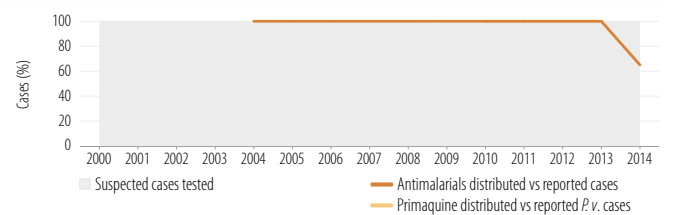


IV. Coverage

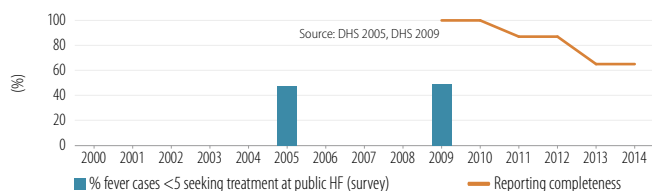
ITN and IRS coverage



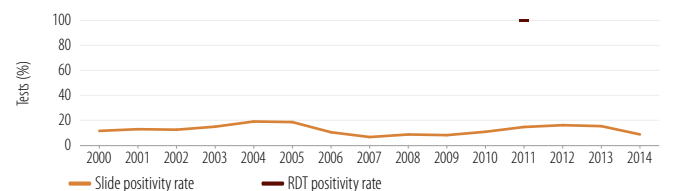
Cases tested and treated in public sector



Cases tracked

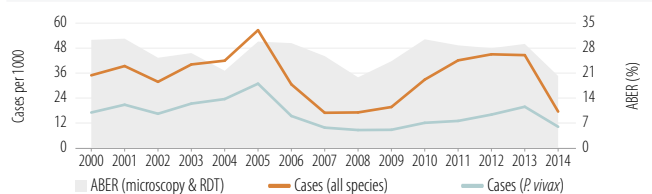


Test positivity

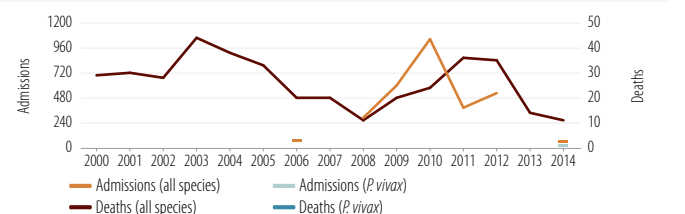


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	5 620 000	53
Low transmission (0-1 cases per 1000 population)	4 980 000	47
Malaria free (0 cases)	0	0
Total	10 600 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. albimanus</i>			
Programme phase: Control			
Reported confirmed cases:	17 662	Estimated cases, 2013:	[62 000-170 000]
Reported deaths:	9	Estimated deaths, 2013:	[10-600]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2011
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1988
	Malaria diagnosis is free of charge in the public sector	Yes	2011
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	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	Yes	-
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	-

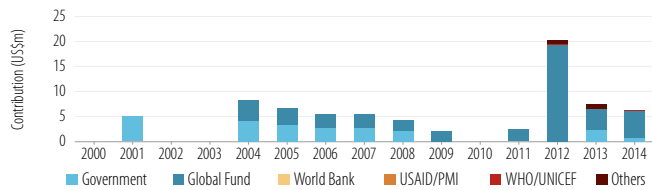
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-
Treatment failure of <i>P. falciparum</i>	MQ; SP	-
Treatment of severe malaria	QN	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-
Type of RDT used	-	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

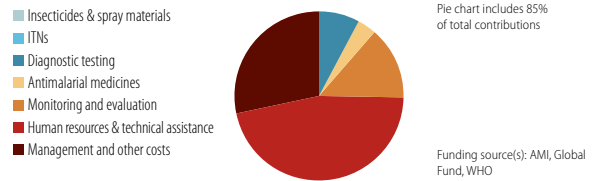
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)						
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested	
2013-2014	No	No	-	No	<i>An. albimanus</i>	

III. Financing

Sources of financing

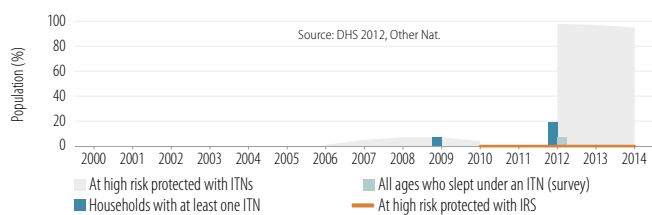


Financing by intervention in 2014

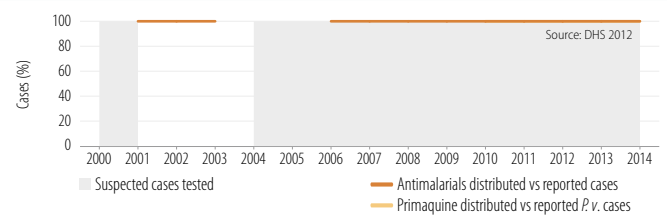


IV. Coverage

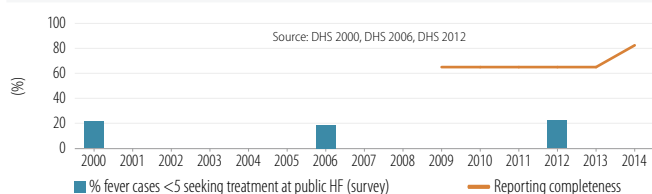
ITN and IRS coverage



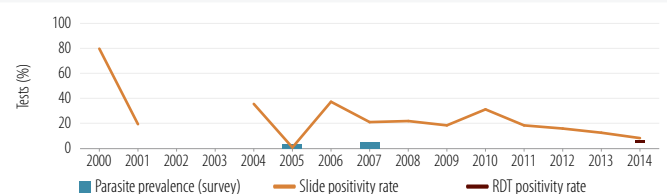
Cases tested and treated in public sector



Cases tracked

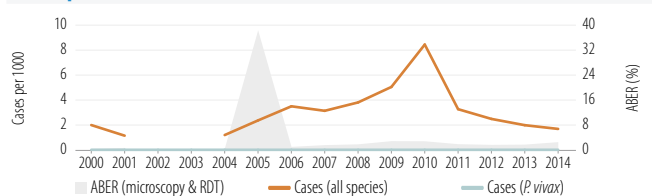


Test positivity

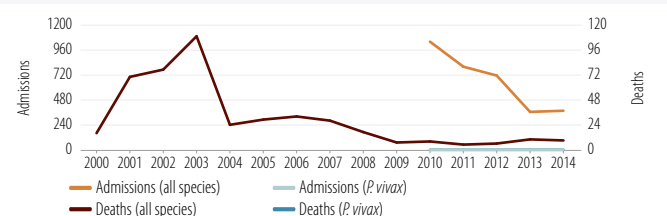


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	371 000	5
Low transmission (0–1 cases per 1000 population)	4 670 000	59
Malaria free (0 cases)	2 920 000	37
Total	7 960 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (17%), *P. vivax* (83%)

Major anopheles species: *An. albimanus*, *An. pseudopunctipennis*, *An. darlingi*, *An. cruzii*, *An. argyritarsis*

Programme phase: Control

Reported confirmed cases: 3380 Estimated cases, 2013: [8200–15 000]

Reported deaths: 2 Estimated deaths, 2013: <10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	–
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	–
	Malaria diagnosis is free of charge in the public sector	Yes	–
Treatment	ACT is free for all ages in public sector	Yes	–
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	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	–
	ACD of febrile cases at community level (pro-active)	Yes	–
	Mass screening is undertaken	Yes	–
	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	–
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)
Treatment failure of <i>P. falciparum</i>	SP
Treatment of severe malaria	QN
Treatment of <i>P. vivax</i>	CQ+PQ(14d)
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, %)

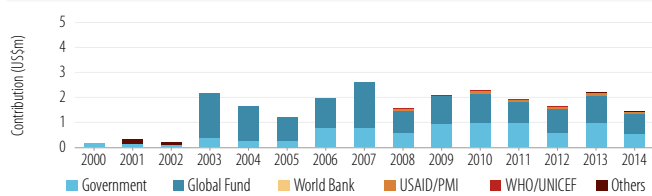
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2008–2009	0	0	0	28 days	1	<i>P. falciparum</i>

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

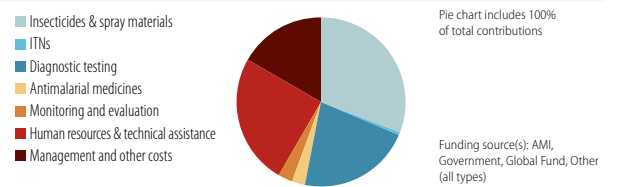
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2013–2014	Yes	–	No	–	<i>An. albimanus</i>

III. Financing

Sources of financing

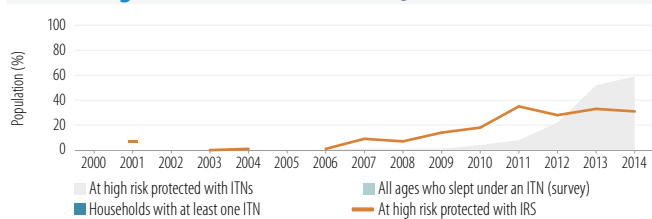


Financing by intervention in 2014

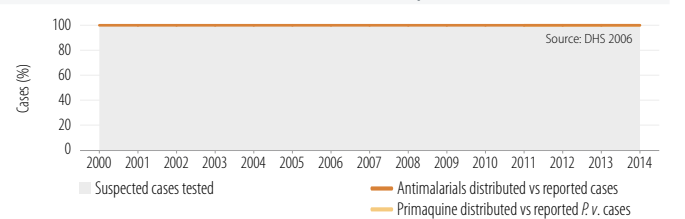


IV. Coverage

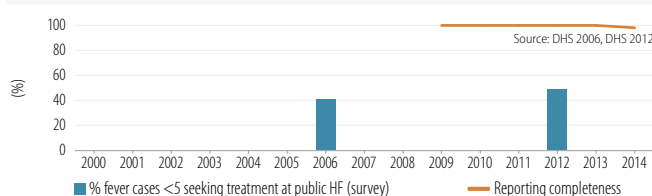
ITN and IRS coverage



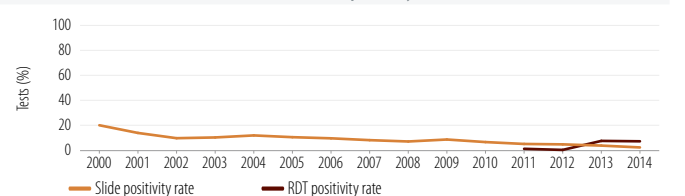
Cases tested and treated in public sector



Cases tracked

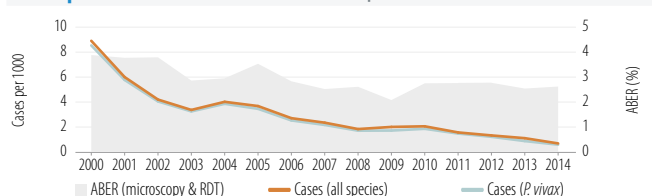


Test positivity

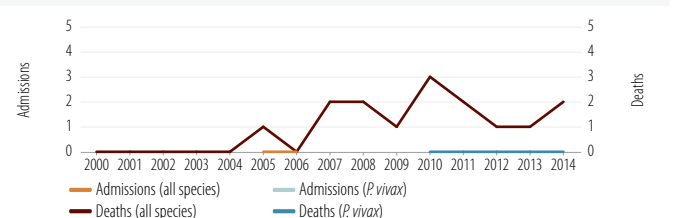


V. Impact

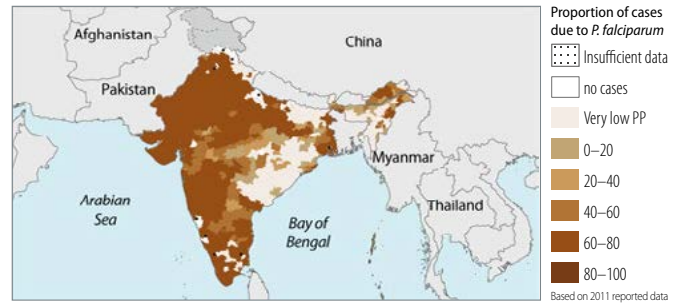
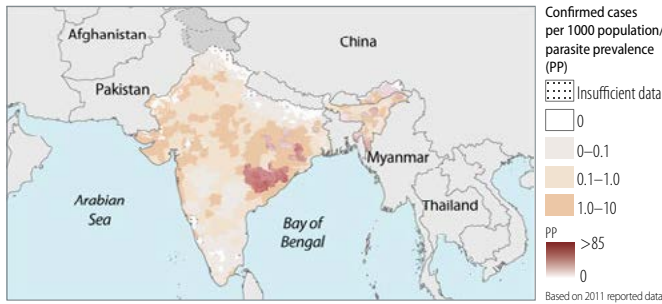
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	181 300 000	14
Low transmission (0-1 cases per 1000 population)	997 400 000	77
Malaria free (0 cases)	116 600 000	9
Total	1 295 300 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (66%), *P. vivax* (34%)
 Major anopheles species: *An. culicifacies*, *An. fluviatilis*, *An. stephensi*, *An. minimus*, *An. dirus*, *An. annularis*

Programme phase: Control

Reported confirmed cases: 1 102 205 Estimated cases, 2013: [10 000 000-26 000 000]
 Reported deaths: 561 Estimated deaths, 2013: [2300-55 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2001
IRS	IRS is recommended	Yes	1953
	DDT is authorized for IRS	Yes	1953
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1958
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free for all ages in public sector	Yes	2006
	Sale of oral artemisinin-based monotherapies	Is banned	2009
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1982
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1982
	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	Yes	-
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	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	CQ	2007
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ	2007
Treatment failure of <i>P. falciparum</i>	QN+D; QN+T	-
Treatment of severe malaria	AM; AS; QN	2007
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2007
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)	

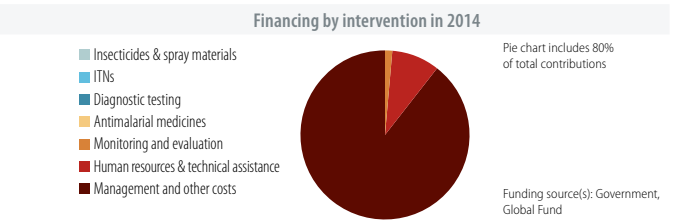
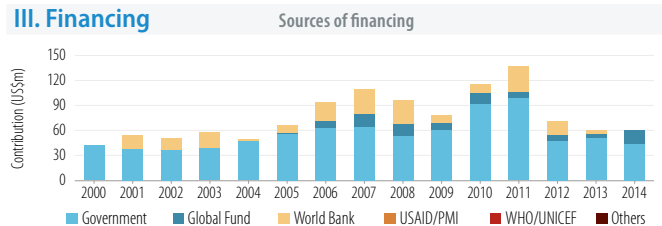
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005-2012	0	0	25.9	28 days	36	<i>P. falciparum</i>

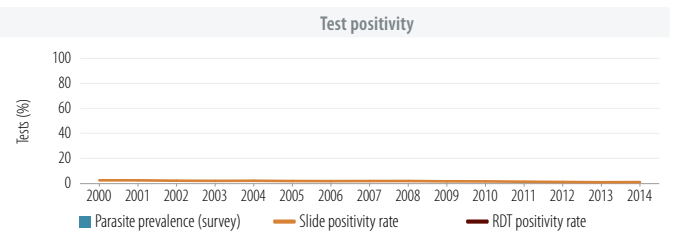
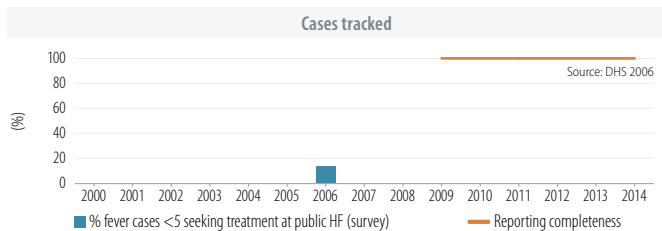
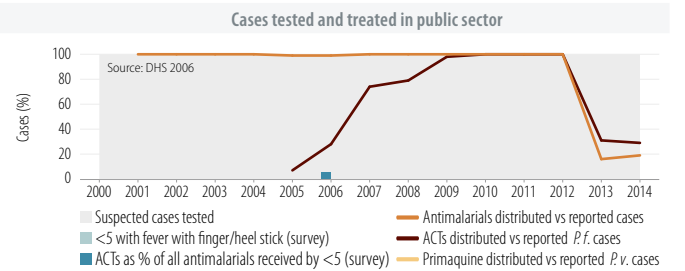
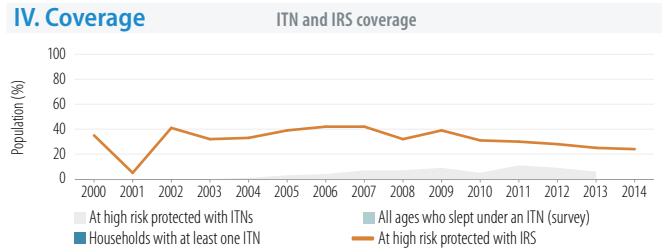
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2015	Yes	Yes	Yes	Yes	<i>An. culicifacies</i> s.l., <i>An. fluviatilis</i>

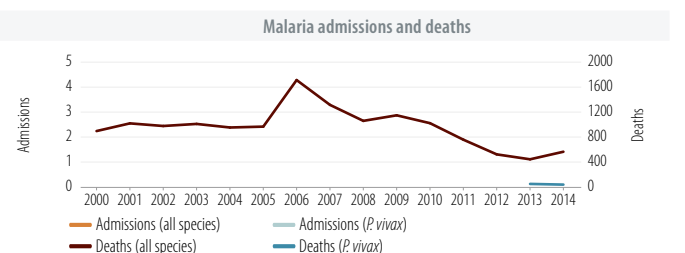
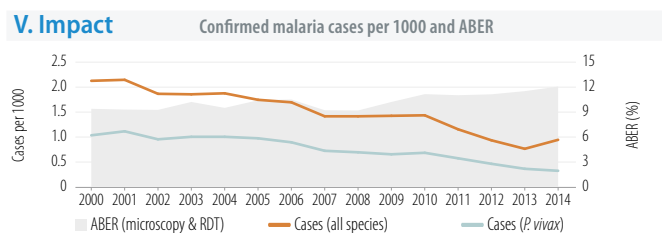
III. Financing



IV. Coverage



V. Impact



Impact: On track for 50-75% decrease in case incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	30 000 000	12
Low transmission (0-1 cases per 1000 population)	36 500 000	14
Malaria free (0 cases)	188 000 000	74
Total	254 500 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (57%), *P. vivax* (43%)
 Major anopheles species: *An. sundaicus*, *An. balabacensis*, *An. maculatus*, *An. farauti*, *An. subpictus*, *An. subpictus*

Programme phase: Control

Reported confirmed cases: 252 027 Estimated cases, 2013: [3 200 000-5 300 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 64 Estimated deaths, 2013: [540-12 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2004
IRS	IRS is recommended	Yes	1959
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1990
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	1959
Treatment	ACT is free for all ages in public sector	Yes	2004
	Sale of oral artemisinin-based monotherapies	Never allowed	2010
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2004
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2004
	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	1965
	ACD of febrile cases at community level (pro-active)	Yes	1965
	Mass screening is undertaken	Yes	1965
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1990
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1990

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	DHA-PP+PQ 2008
Treatment failure of <i>P. falciparum</i>	QN+D+PQ 2004
Treatment of severe malaria	AM; AS; QN 2004
Treatment of <i>P. vivax</i>	AS+AQ; DHA-PP+PQ(14d) 2008
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	<i>P. f</i> + all species (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

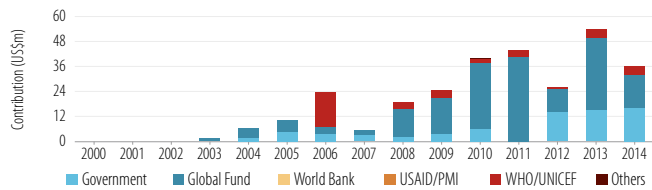
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

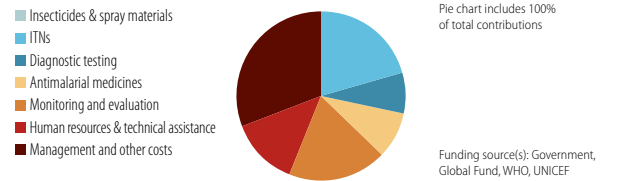
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2014	Yes	No	Yes	No	<i>An. subpictus</i> s.l., <i>An. sundaicus</i> s.l., other

III. Financing

Sources of financing

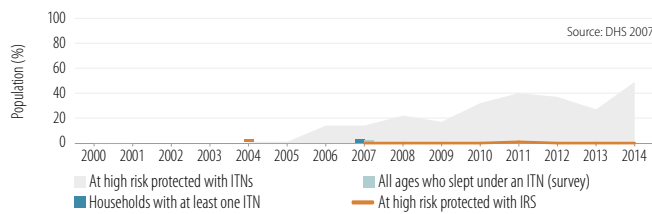


Financing by intervention in 2014

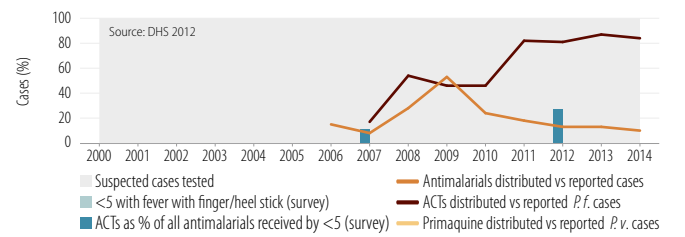


IV. Coverage

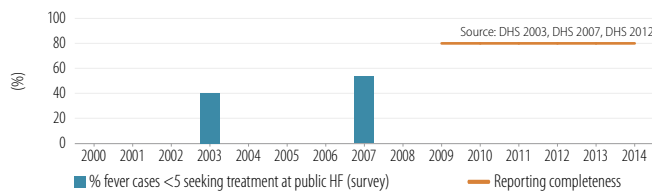
ITN and IRS coverage



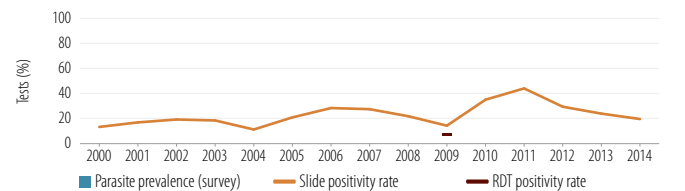
Cases tested and treated in public sector



Cases tracked

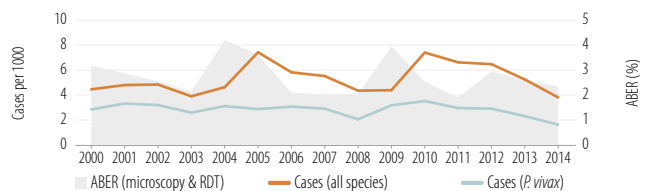


Test positivity

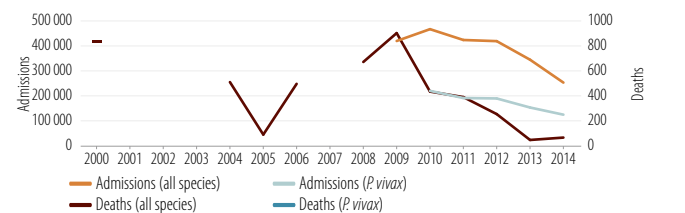


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	319	
Number of people living within active foci	606 000	1
Number of people living in malaria free areas	77 500 000	99
Total	78 106 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (7%), *P. vivax* (93%)

Major anopheles species: *An. stephensi*, *An. culicifacies*, *An. fluviatilis*, *An. superpictus*

Programme phase: Elimination

Total confirmed cases, 2014:	1243	Total deaths, 2014:	0
Indigenous cases, 2014:	358	Indigenous deaths, 2014:	0
Introduced cases, 2014:	7		

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	1949
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1949
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1949
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1949
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1949
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	1949
	System for monitoring of adverse reactions to antimalarials exists	Yes	1949
Surveillance	ACD for case investigation (reactive)	Yes	1949
	ACD of febrile cases at community level (pro-active)	Yes	1949
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	2010
Case reporting from private sector is mandatory	Yes	1949	

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	AS+SP; AS+SP+PQ 2010
Treatment failure of <i>P. falciparum</i>	AL; AL+PQ 2010
Treatment of severe malaria	AS; QN+D -
Treatment of <i>P. vivax</i>	CQ+PQ(14d & 8w) -
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.75 mg/kg (8 w)

Therapeutic efficacy tests (clinical and parasitological failure, %)

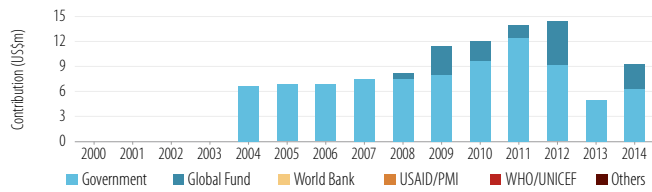
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005–2012	0	0	1	28 days	15	<i>P. falciparum</i>
CQ+PQ	2008–2011	0	0	0	28 days	4	<i>P. vivax</i>

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

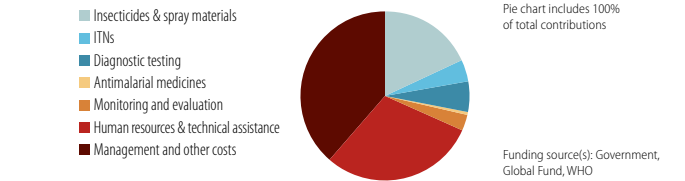
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2012	Yes	Yes	Yes	Yes	<i>An. stephensi</i> , <i>An. culicifacies</i> , other

III. Financing

Sources of financing

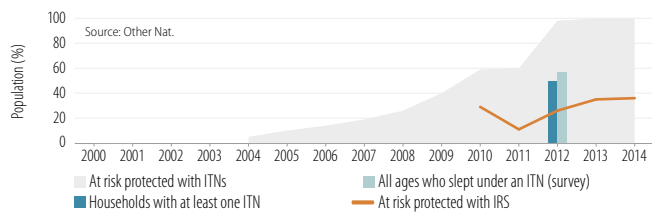


Financing by intervention in 2014

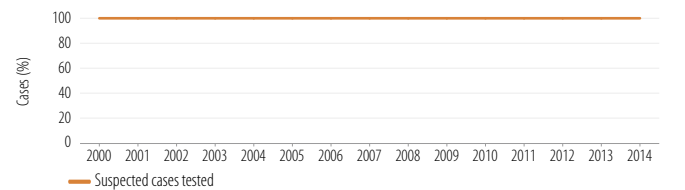


IV. Coverage

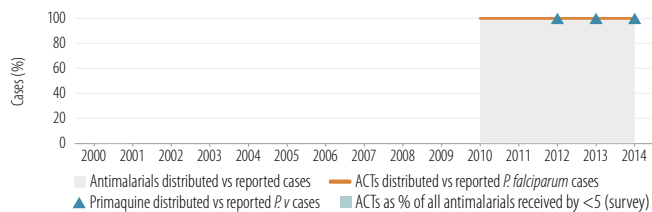
ITN and IRS coverage



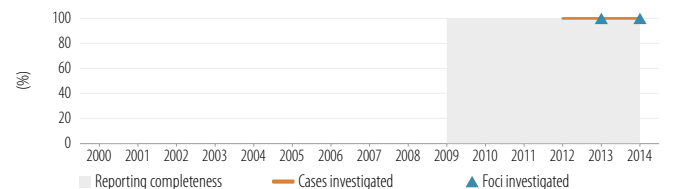
Cases tested



Cases treated

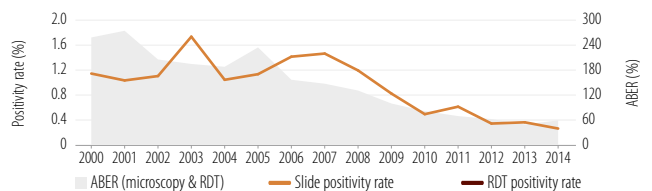


Cases tracked

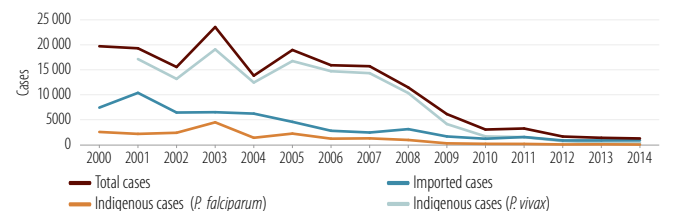


V. Impact

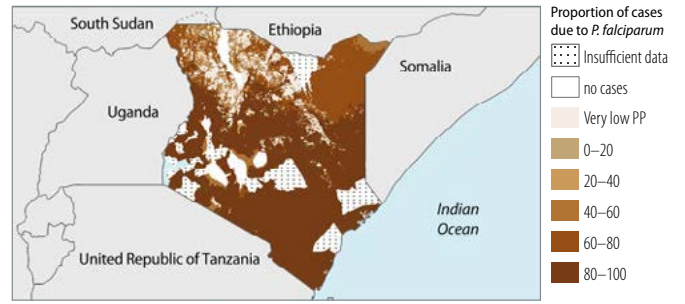
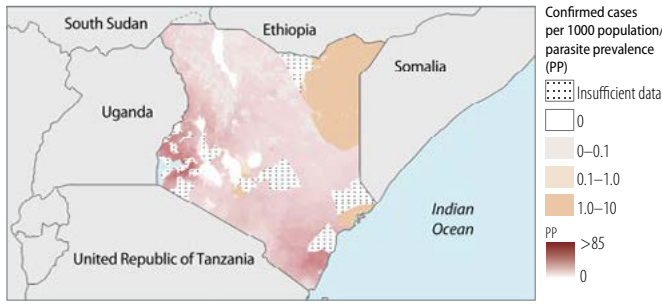
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	31 500 000	70
Low transmission (0-1 cases per 1000 population)	13 400 000	30
Malaria free (0 cases)	0	0
Total	44 900 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheline species: *An. gambiae*, *An. arabiensis*, *An. funestus*, *An. merus*
 Programme phase: Control

Reported confirmed cases: 2 808 931 Estimated cases, 2013: [3 800 000-11 000 000]
 Reported deaths: 472 Estimated deaths, 2013: [2500-12 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2006
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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>	-	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
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	-	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS; AM; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

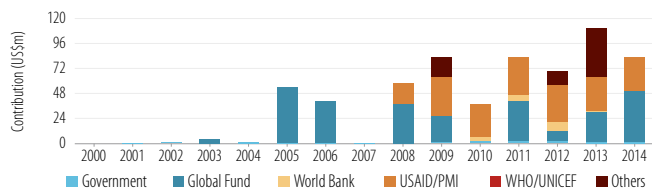
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	1.65	6.6	28 days	16	<i>P. falciparum</i>

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

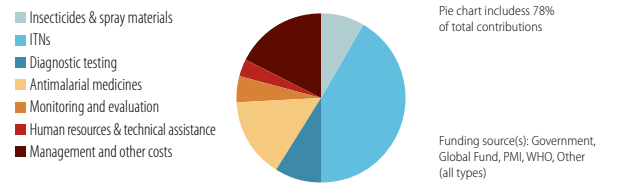
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2015	Yes	Yes	Yes	Yes	<i>An. arabiensis</i> , <i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.

III. Financing

Sources of financing

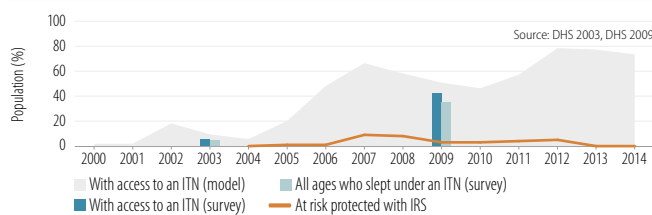


Financing by intervention in 2014

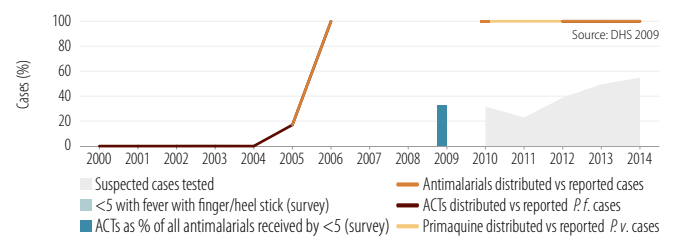


IV. Coverage

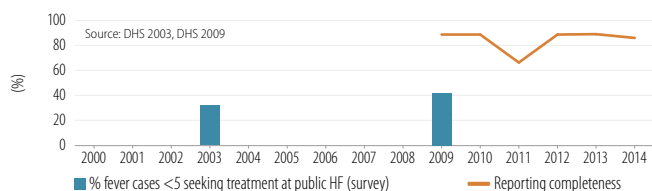
ITN and IRS coverage



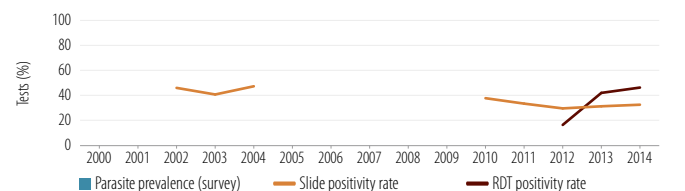
Cases tested and treated in public sector



Cases tracked

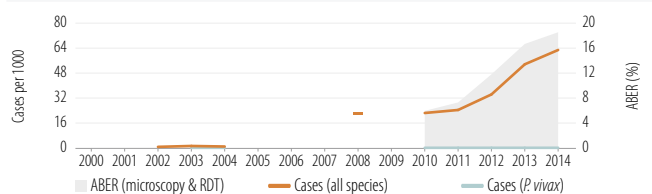


Test positivity

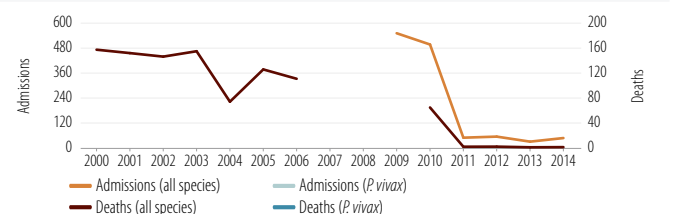


V. Impact

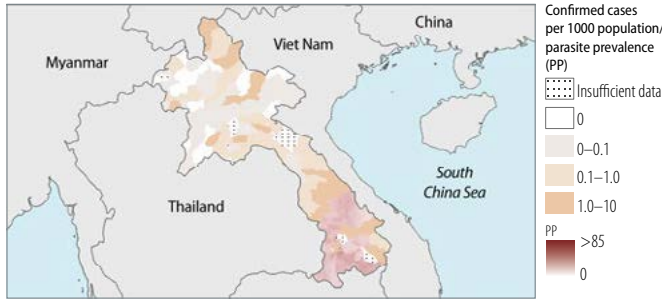
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	2 090 000	31
Low transmission (0-1 cases per 1000 population)	4 110 000	61
Malaria free (0 cases)	494 000	7
Total	6 690 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (62%), *P. vivax* (38%)
 Major anopheles species: *An. dirus*, *An. minimus*, *An. maculatus*, *An. jeyporiensis*

Programme phase: Control

Reported confirmed cases: 48 071 Estimated cases, 2013: [72 000-120 000]
 Reported confirmed cases at community level: 11 571
 Reported deaths: 4 Estimated deaths, 2013: [10-340]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2003
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2010
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2003
	Malaria diagnosis is free of charge in the public sector	Yes	2005
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Is banned	2005
	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	-
	G6PD test is a requirement before treatment with primaquine	Yes	2010
	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	2012
	ACD of febrile cases at community level (pro-active)	Yes	2012
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	2001
Treatment failure of <i>P. falciparum</i>	2001
Treatment of severe malaria	2001
Treatment of <i>P. vivax</i>	2001
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	2.4	18.1	28 days	13	<i>P. falciparum</i>

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

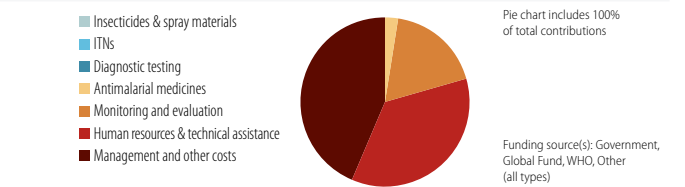
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2013-2014	Yes	Yes	-	-	<i>An. dirus</i> , <i>An. minimus</i> , other

III. Financing

Sources of financing

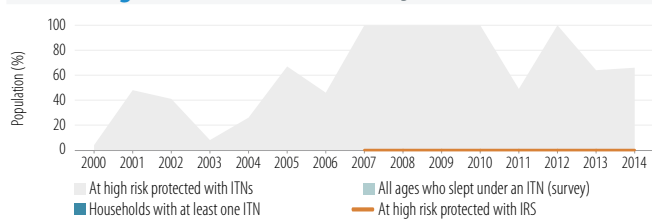


Financing by intervention in 2014

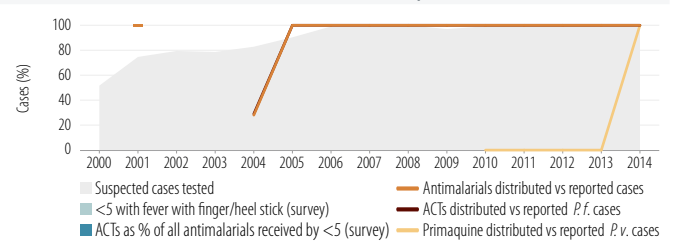


IV. Coverage

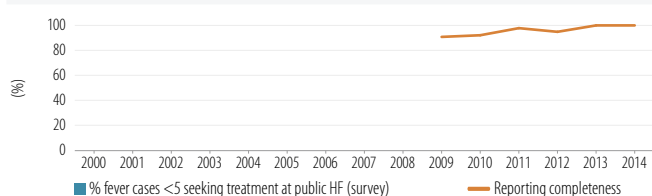
ITN and IRS coverage



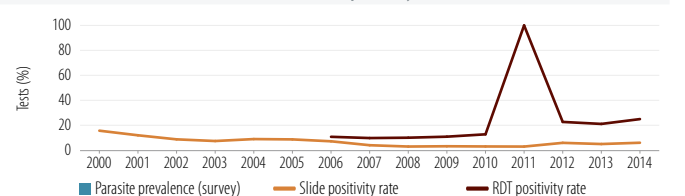
Cases tested and treated in public sector



Cases tracked

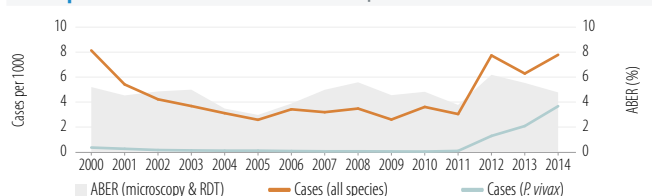


Test positivity

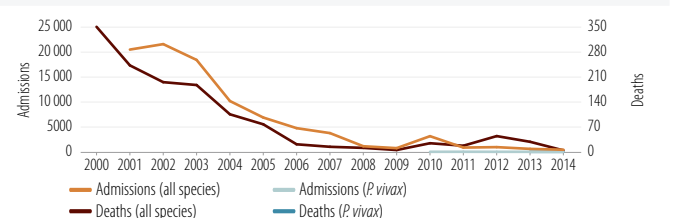


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	4 400 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	4 400 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 864 204 Estimated cases, 2013: [1 100 000-2 100 000]
 Reported confirmed cases at community level: 17 020
 Reported deaths: 2288 Estimated deaths, 2013: [1200-2900]

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	2008
IRS	IRS is recommended	Yes	2009
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2005
	Malaria diagnosis is free of charge in the public sector	Yes	2005
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Is banned	2011
	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	Yes	-
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+AQ 2004
First-line treatment of <i>P. falciparum</i>	AS+AQ 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS; AM; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

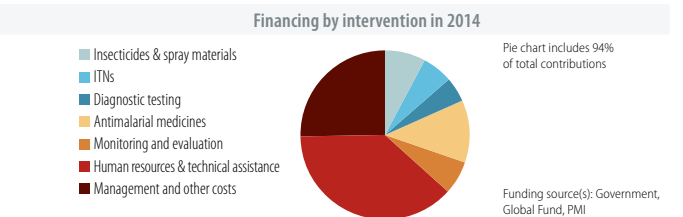
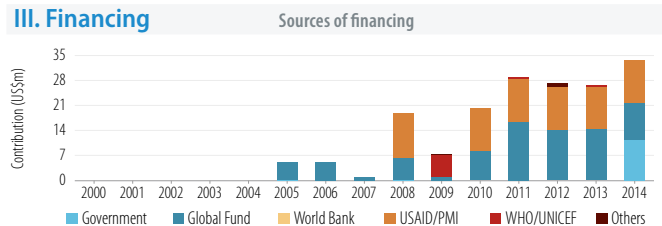
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2007-2011	0	0	1	28 days	4	<i>P. falciparum</i>

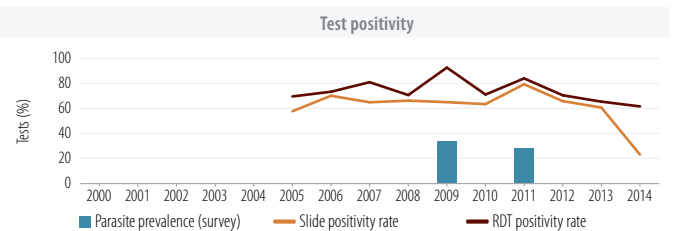
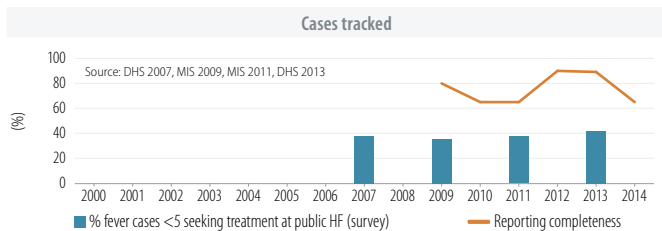
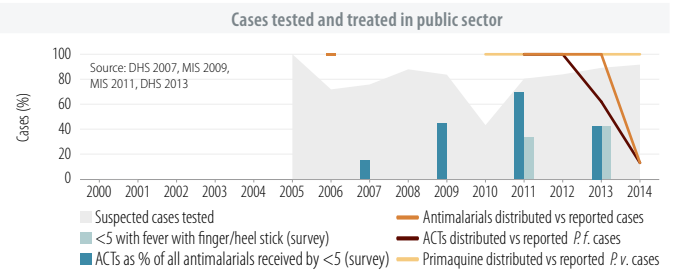
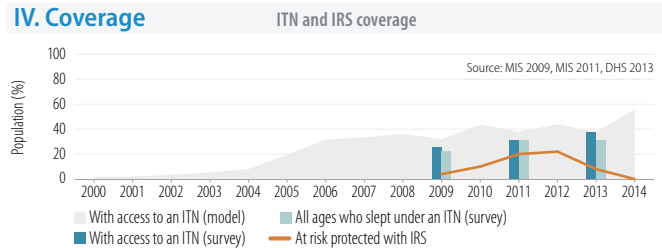
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	No	<i>An. gambiae</i> s.l.

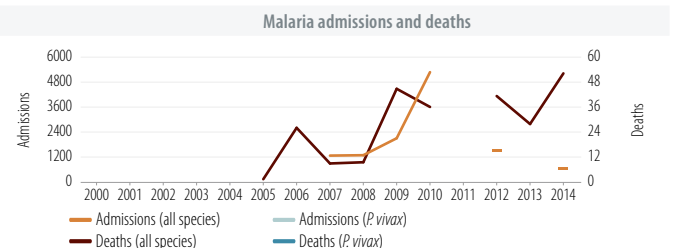
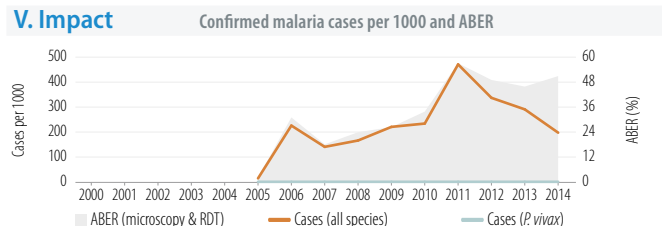
III. Financing



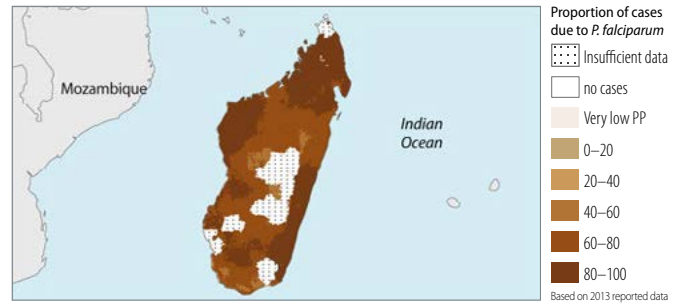
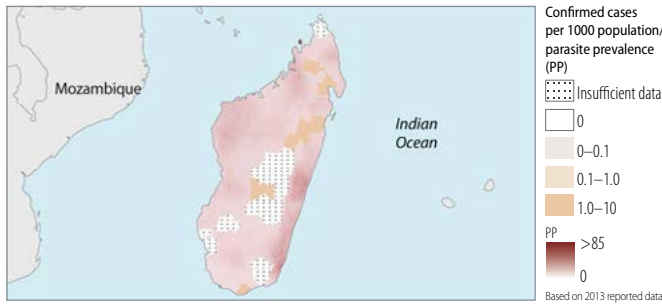
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	20 700 000	88
Low transmission (0–1 cases per 1000 population)	2 890 000	12
Malaria free (0 cases)	0	0
Total	23 600 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (96%), *P. vivax* (4%)
 Major anopheles species: *An. funestus*, *An. gambiae*, *An. arabiensis*

Programme phase: Control

Reported confirmed cases: 365 239 Estimated cases, 2013: [750 000–2 100 000]
 Reported deaths: 551 Estimated deaths, 2013: [87–7400]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1993
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
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	Is banned	2006
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2015
	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	Yes	–
	System for monitoring of adverse reactions to antimalarials exists	Yes	2008
	Surveillance	ACD for case investigation (reactive)	Yes
ACD of febrile cases at community level (pro-active)	Yes	1993	
Mass screening is undertaken	Yes	2003	
Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2006	
Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–	

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ 2006
First-line treatment of <i>P. falciparum</i>	AS+AQ 2006
Treatment failure of <i>P. falciparum</i>	QN 2006
Treatment of severe malaria	QN 2006
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	<i>P. f.</i> + <i>P. v.</i> specific (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

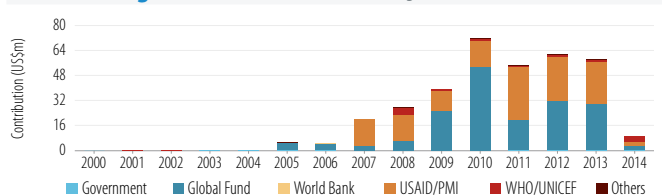
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2006	1.7	1.7	1.7	28 days	1	<i>P. falciparum</i>
AS+AQ	2006–2013	0	0	8.7	28 days	18	<i>P. falciparum</i>

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

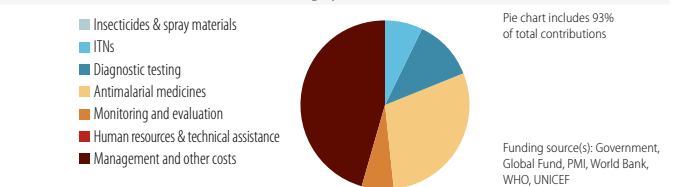
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2015	Yes	Yes	Yes	No	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l., <i>An. mascarensis</i>

III. Financing

Sources of financing

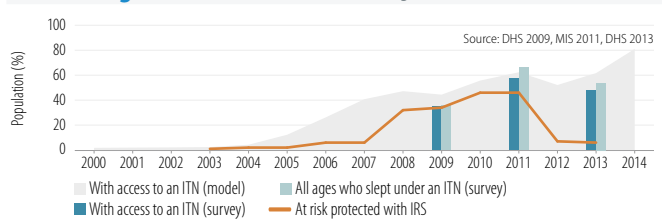


Financing by intervention in 2014

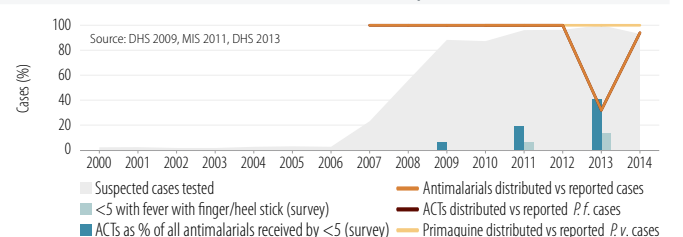


IV. Coverage

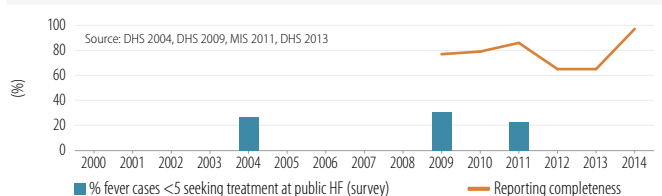
ITN and IRS coverage



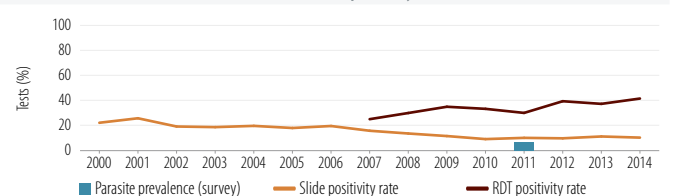
Cases tested and treated in public sector



Cases tracked

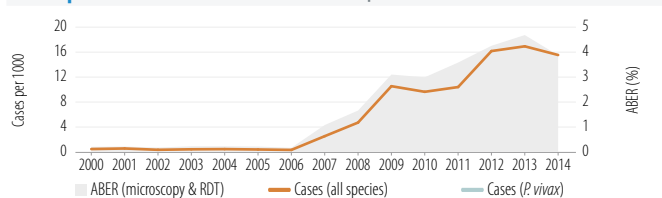


Test positivity

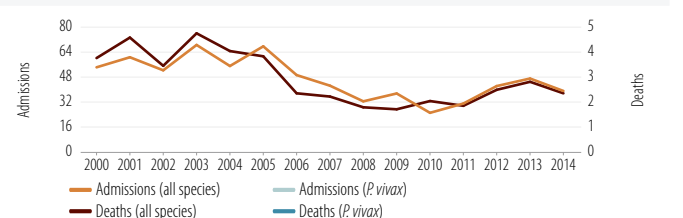


V. Impact

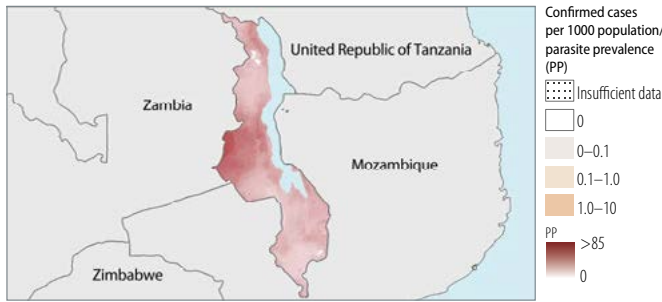
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Less than 50% change in incidence projected, 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	16 700 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	16 700 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. funestus*, *An. gambiae*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 2 905 310 Estimated cases, 2013: [2 700 000–4 500 000]
 Reported confirmed cases at community level: 13 523
 Reported deaths: 4490 Estimated deaths, 2013: [2500–11 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	Yes	1993
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	No	–
Treatment	ACT is free for all ages in public sector	Yes	2007
	Sale of oral artemisinin-based monotherapies	Is banned	2011
	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	Yes	2007
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	–

Antimalarial treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2007
First-line treatment of <i>P. falciparum</i>	AL 2007
Treatment failure of <i>P. falciparum</i>	AS+AQ 2007
Treatment of severe malaria	AS; QN 2007
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	<i>P. f.</i> only.

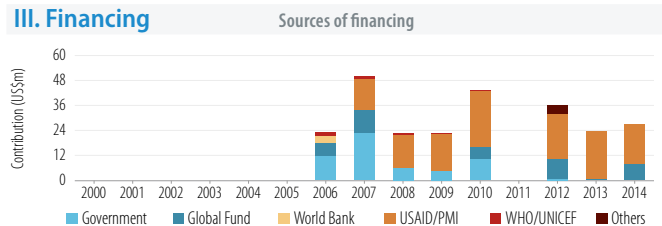
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2012	0	4.45	19.5	28 days	8	<i>P. falciparum</i>
AS+AQ	2005–2012	0	1.7	3.6	28 days	3	<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
2010–2014	Yes	No	Yes	No	<i>An. funestus</i> s.l., <i>An. funestus</i> s.s., <i>An. gambiae</i> s.l.

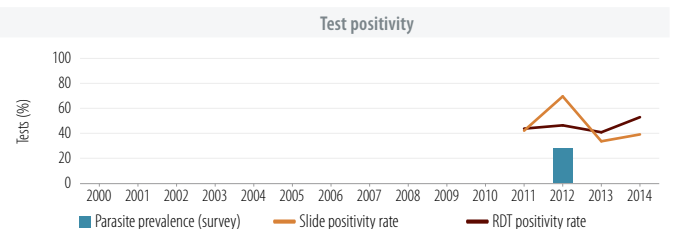
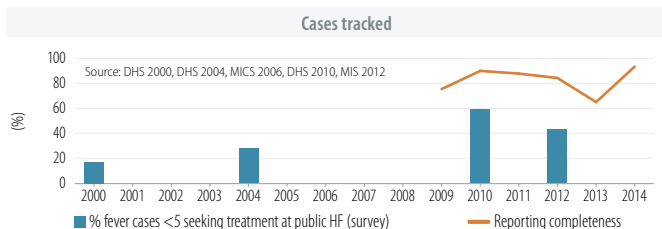
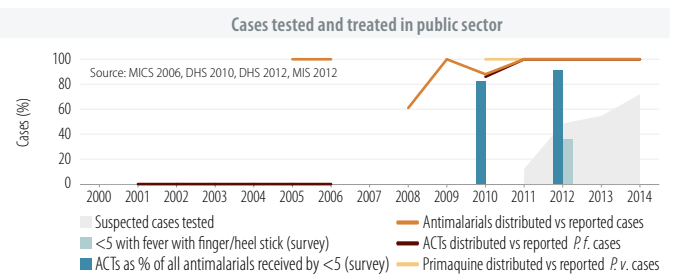
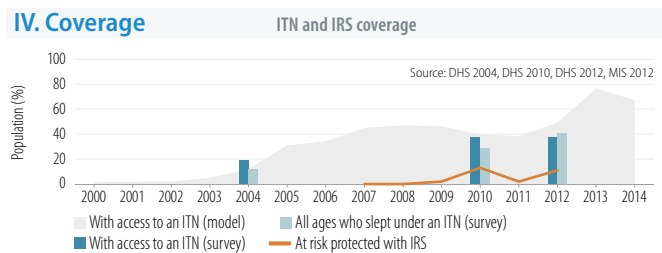
III. Financing



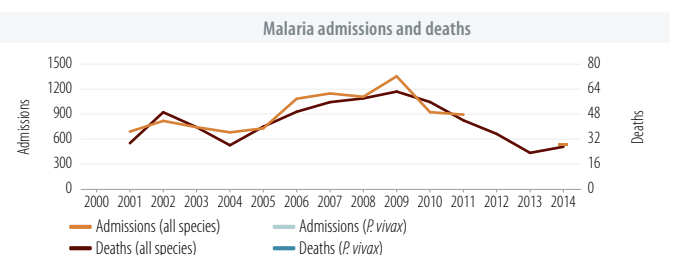
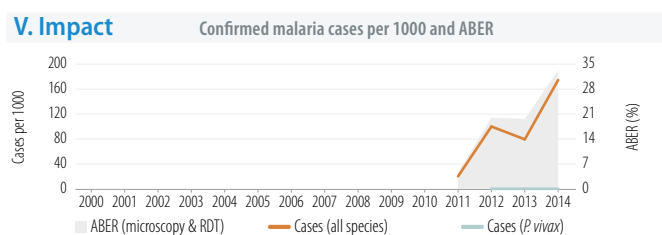
Financing by intervention in 2014

No data reported for 2014

IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	-	4
Number of people living within active foci	1 300 000	4
Number of people living in malaria free areas	28 600 000	96
Total	29 900 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (7%), *P. vivax* (8%)
 Major anopheles species: *An. balabacensis*, *An. donaldi*, *An. maculatus*, *An. sundaicus*, *An. flavirostris*

Programme phase: Pre-elimination

Total confirmed cases, 2014:	3923	Total deaths, 2014:	9
Indigenous cases, 2014:	3147	Indigenous deaths, 2014:	4
Introduced cases, 2014:	8		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1995
	ITNs/LLINs distributed to all age groups	Yes	1995
IRS	IRS is recommended	-	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1901
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1967
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1993
	G6PD test is a requirement before treatment with primaquine	Yes	1993
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2003
Surveillance	ACD for case investigation (reactive)	Yes	1965
	ACD of febrile cases at community level (pro-active)	Yes	1965
	Mass screening is undertaken	Yes	1965
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2013
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	2013
	Foci and case investigation undertaken	Yes	1995
	Case reporting from private sector is mandatory	Yes	1988

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	AS+MQ
Treatment failure of <i>P. falciparum</i>	QN+T
Treatment of severe malaria	QN+T
Treatment of <i>P. vivax</i>	CQ+PQ(14d)
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/kg (14 d)

Therapeutic efficacy tests (clinical and parasitological failure, %)

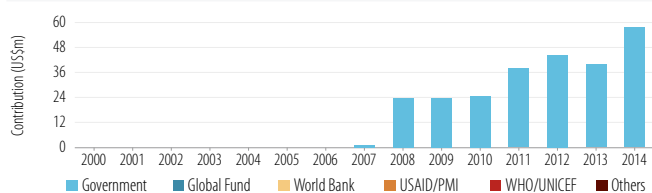
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

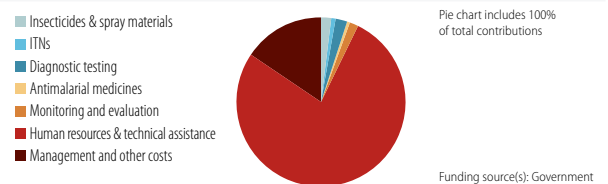
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

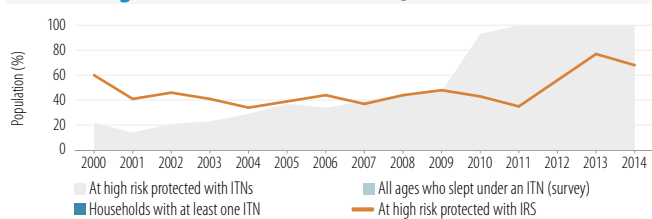


Financing by intervention in 2014

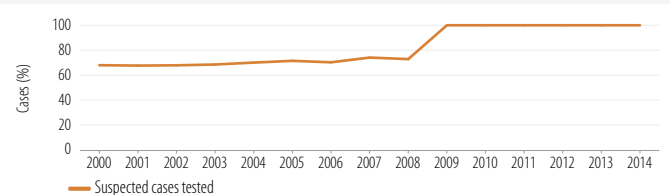


IV. Coverage

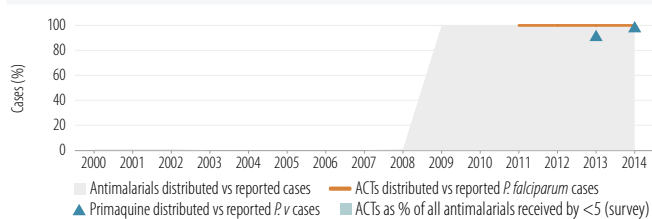
ITN and IRS coverage



Cases tested



Cases treated

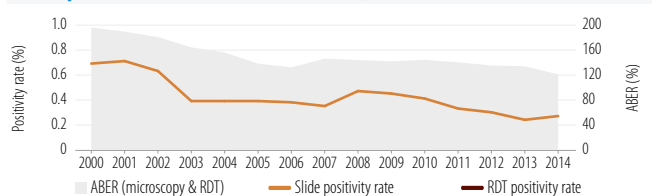


Cases tracked

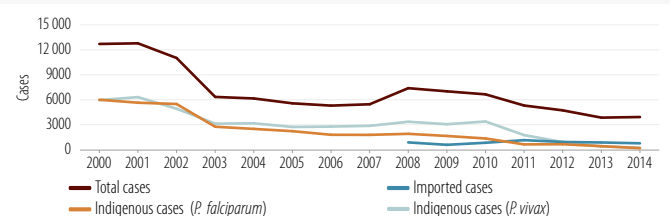


V. Impact

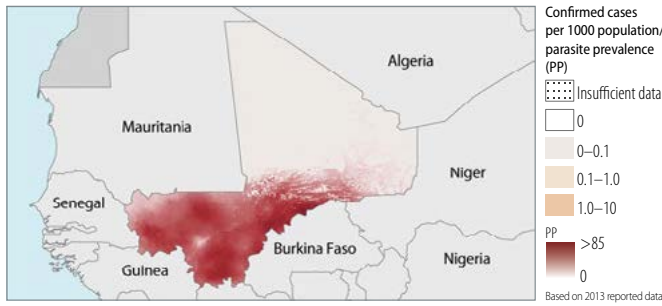
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	15 400 000	90
Low transmission (0-1 cases per 1000 population)	1 710 000	10
Malaria free (0 cases)	0	0
Total	17 100 000	

Parasites and vectors

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

Reported confirmed cases: 2 039 853 Estimated cases, 2013: [5 900 000-8 800 000]
 Reported confirmed cases at community level: 181 103
 Reported deaths: 2309 Estimated deaths, 2013: [15 000-25 000]

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	No	-
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	-	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2010
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	Yes	2008
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1993
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ 2007
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ 2007
Treatment failure of <i>P. falciparum</i>	AL 2007
Treatment of severe malaria	QN -
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f</i> + all species (Combo).

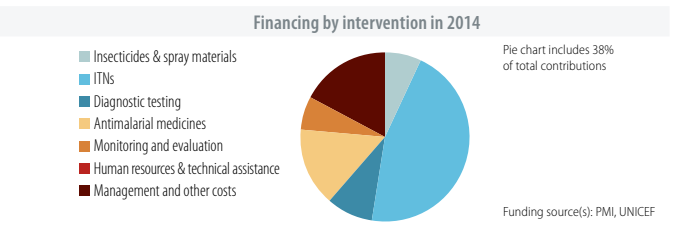
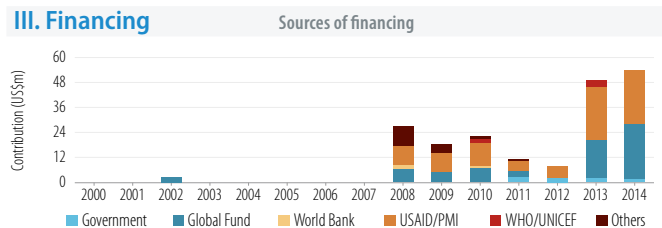
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2005-2007	0	2.25	7.6	28 days	4	<i>P. falciparum</i>
AL	2005-2014	0	1.75	3.8	28 days	10	<i>P. falciparum</i>

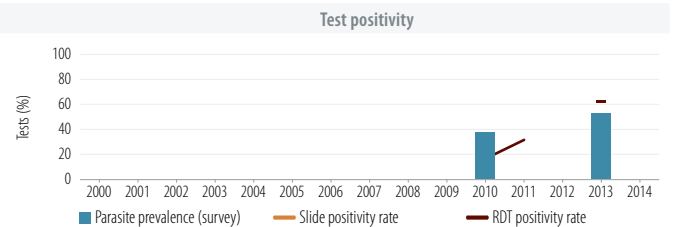
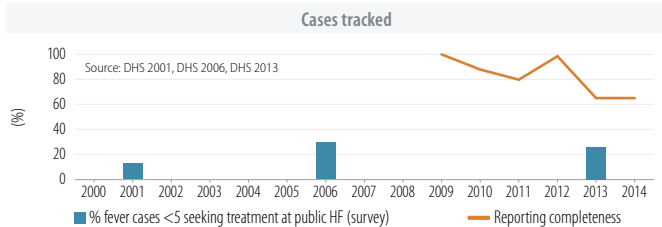
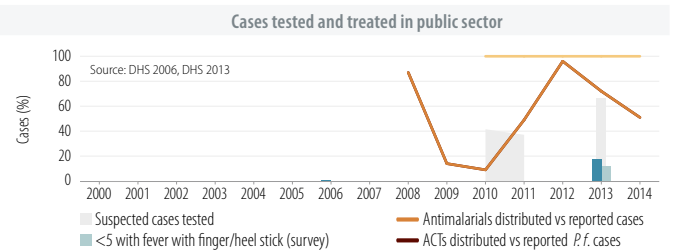
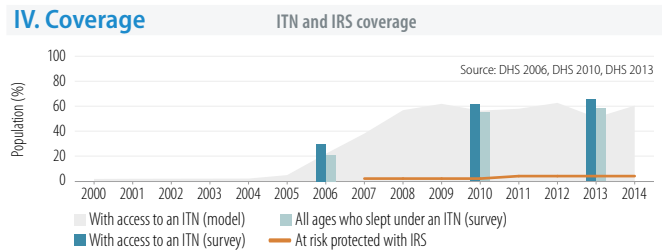
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

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

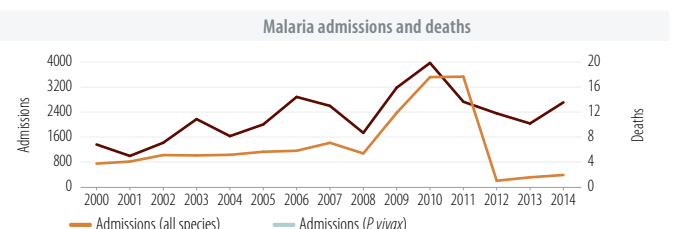
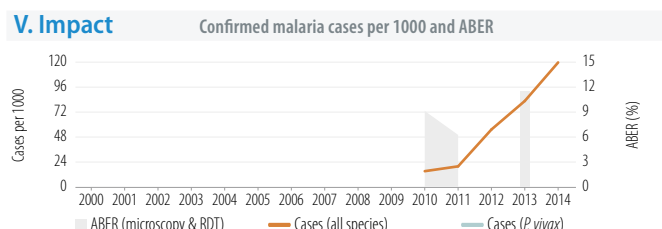
III. Financing



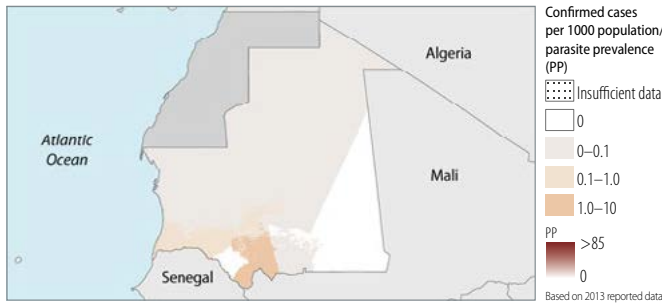
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	2 780 000	70
Low transmission (0-1 cases per 1000 population)	1 190 000	30
Malaria free (0 cases)	0	0
Total	3 970 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. arabiensis*, *An. pharoensis*
 Programme phase: Control

Reported confirmed cases: 15 835 Estimated cases, 2013: [40 000-120 000]
 Reported deaths: 19 Estimated deaths, 2013: [240-1500]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1998
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2013
IPT	IPT used to prevent malaria during pregnancy	Yes	2008
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	-	-
	ACD of febrile cases at community level (pro-active)	-	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-

Antimalarial treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ
Treatment failure of <i>P. falciparum</i>	-
Treatment of severe malaria	QN
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	-

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+AQ	2012-2012	1.8	1.8	1.8	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
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

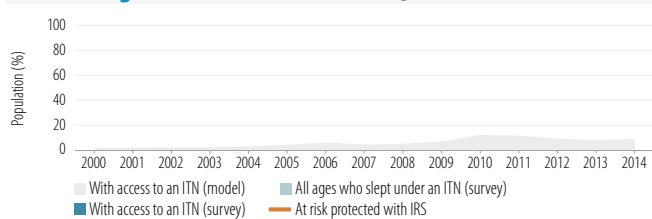


Financing by intervention in 2014

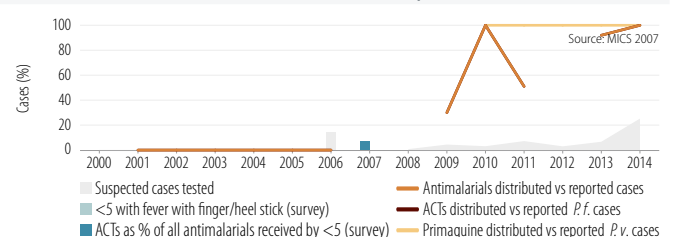
No data reported for 2014

IV. Coverage

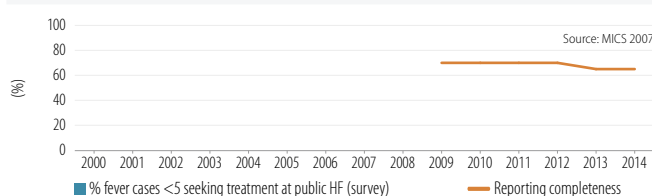
ITN and IRS coverage



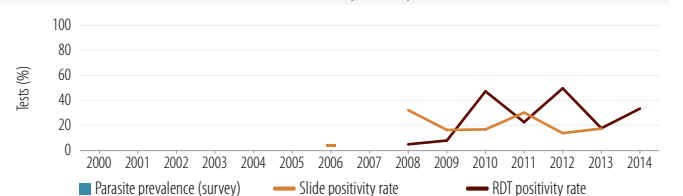
Cases tested and treated in public sector



Cases tracked

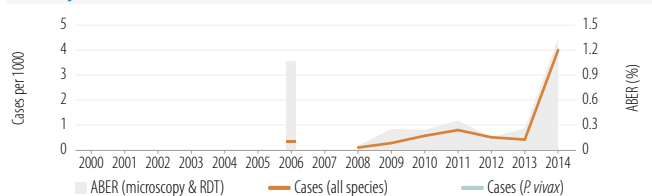


Test positivity

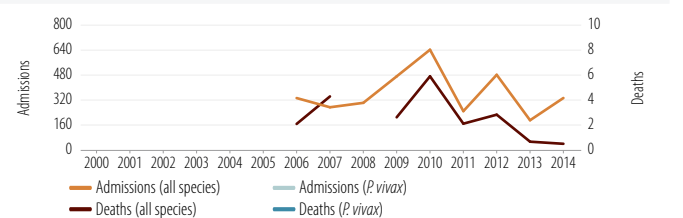


V. Impact

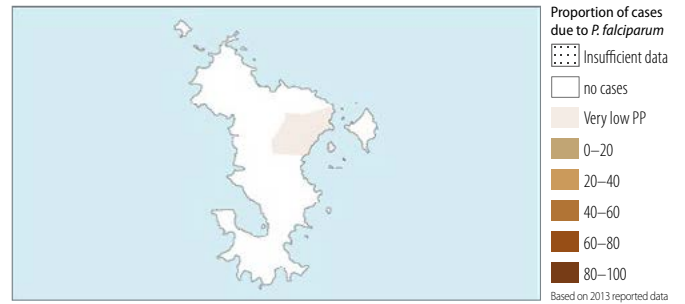
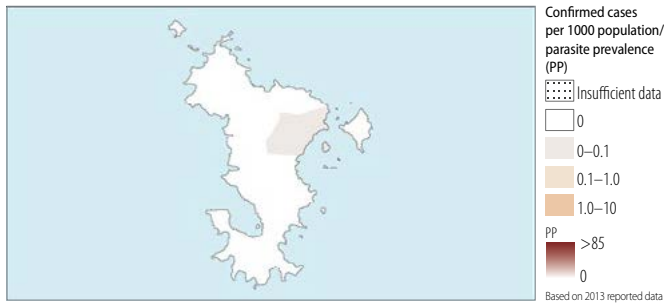
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	1	
Number of people living within active foci	59 100	26
Number of people living in malaria free areas	169 000	74
Total	228 100	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. funestus</i> , <i>An. gambiae</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	15	Total deaths, 2014:	0
Indigenous cases, 2014:	1	Indigenous deaths, 2014:	0
Introduced cases, 2014:			

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2010
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	-	-
	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	No	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-
	Foci and case investigation undertaken	Yes	-
Case reporting from private sector is mandatory	Yes	-	

Antimalarial treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL	-
Treatment failure of <i>P. falciparum</i>	QN	-
Treatment of severe malaria	-	-
Treatment of <i>P. vivax</i>	CQ+PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2011	No	No	No	Yes	<i>An. gambiae</i> s.s

III. Financing

Sources of financing

Financing by intervention in 2014

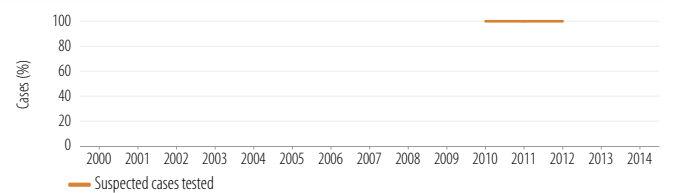
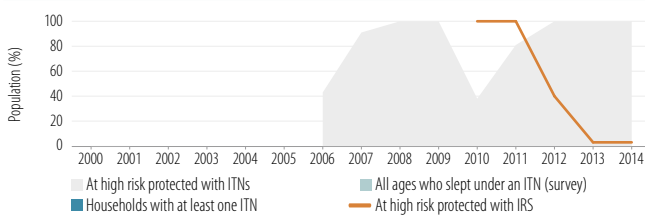
No data reported for 2014

No data reported for 2014

IV. Coverage

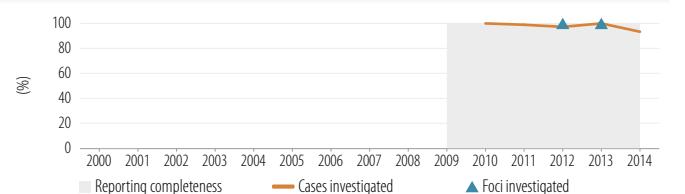
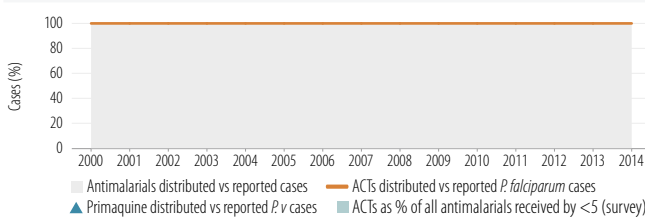
ITN and IRS coverage

Cases tested



Cases treated

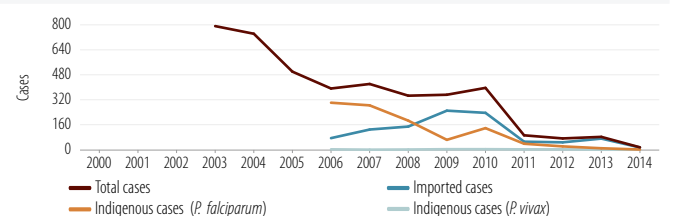
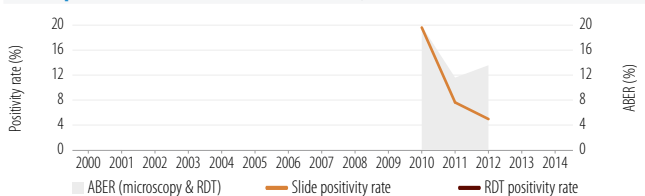
Cases tracked



V. Impact

Malaria test positivity rate and ABER

Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	56	3
Number of people living within active foci	3 450 000	97
Number of people living in malaria free areas	121 900 000	
Total	125 350 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (0%), *P. vivax* (100%)
 Major anopheles species: *An. pseudopunctipennis*, *An. albimanus*, *An. darlingi*, *An. punctimacula*, *An. punctimacula*

Programme phase: Pre-elimination

Total confirmed cases, 2014:	664	Total deaths, 2014:	0
Indigenous cases, 2014:	656	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-
	Foci and case investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ
Treatment failure of <i>P. falciparum</i>	AL+QN
Treatment of severe malaria	AL
Treatment of <i>P. vivax</i>	CQ+PQ
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

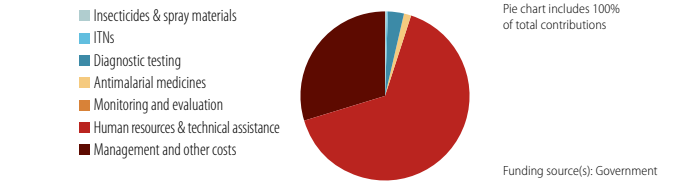
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

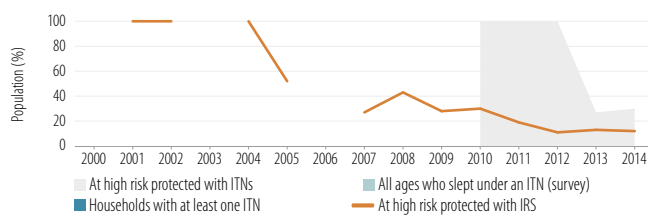


Financing by intervention in 2014

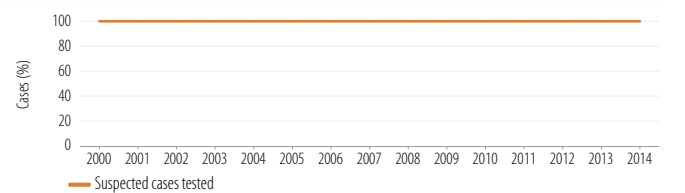


IV. Coverage

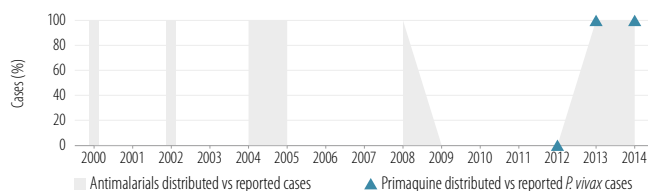
ITN and IRS coverage



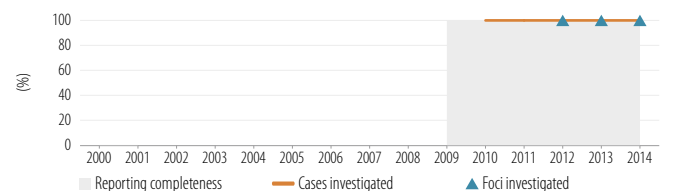
Cases tested



Cases treated

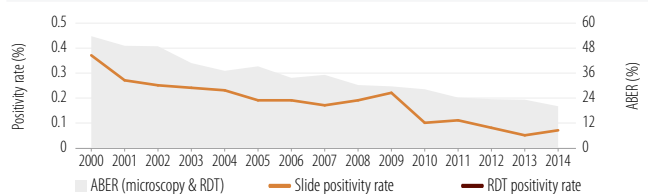


Cases tracked

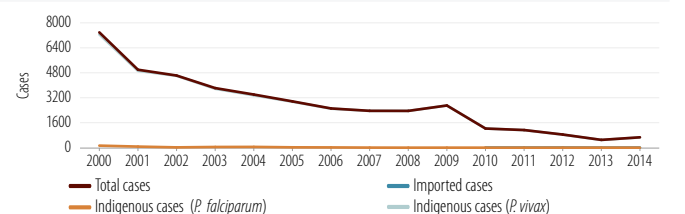


V. Impact

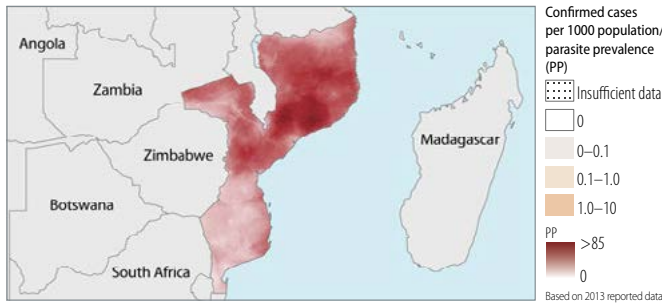
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	27 200 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	27 200 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. funestus*, *An. gambiae*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 7 117 648 Estimated cases, 2013: [7 200 000-12 000 000]
 Reported confirmed cases at community level: 289 527
 Reported deaths: 3245 Estimated deaths, 2013: [9400-21 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	1992
	DDT is authorized for IRS	Yes	2006
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
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	2009
	Sale of oral artemisinin-based monotherapies	Never 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>	-	-
	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	Yes	-
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	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	-
Treatment of severe malaria	AS, QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

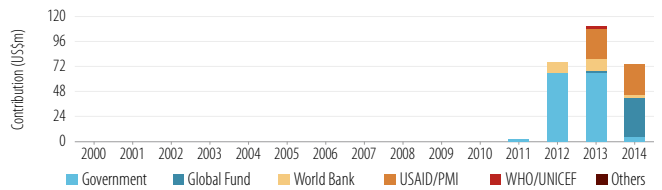
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2012	0	3.1	5.8	28 days	9	<i>P. falciparum</i>

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

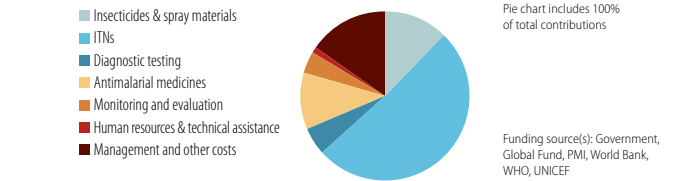
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	No	Yes	No	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l., other

III. Financing

Sources of financing

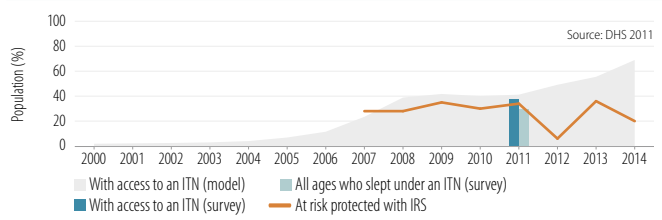


Financing by intervention in 2014

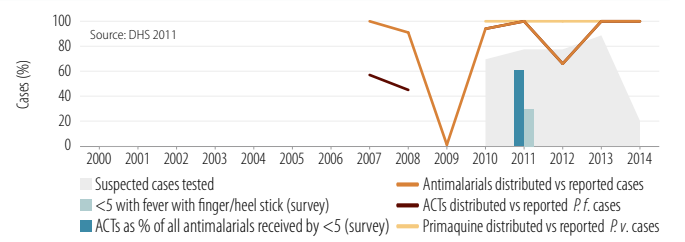


IV. Coverage

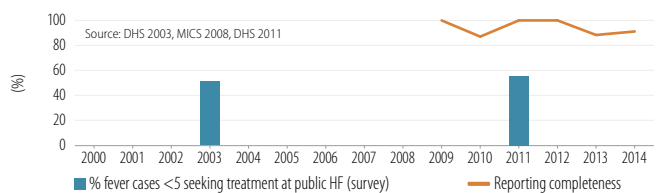
ITN and IRS coverage



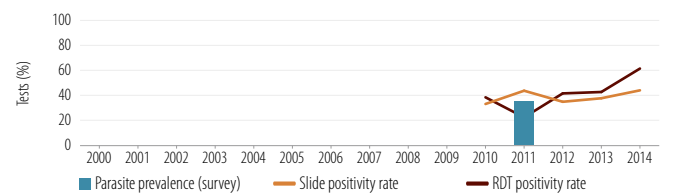
Cases tested and treated in public sector



Cases tracked

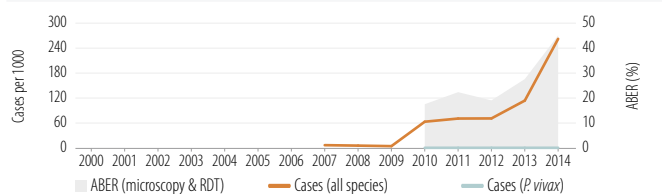


Test positivity

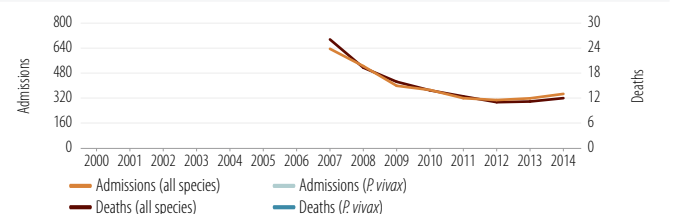


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	8 440 000	16
Low transmission (0-1 cases per 1000 population)	23 300 000	44
Malaria free (0 cases)	21 600 000	40
Total	53 400 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (75%), *P. vivax* (25%)
 Major anopheles species: *An. minimus*, *An. dirus*

Programme phase: Control

Reported confirmed cases: 152 195 Estimated cases, 2013: [680 000-1 900 000]
 Reported confirmed cases at community level: 53 463
 Reported deaths: 92 Estimated deaths, 2013: [120-5000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1962
	Malaria diagnosis is free of charge in the public sector	Yes	1962
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Is banned	2012
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2002
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1951
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2014
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	1983
	ACD of febrile cases at community level (pro-active)	Yes	1983
	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	-
First-line treatment of <i>P. falciparum</i>	AL; AM; AS+MQ; DHA-PPQ; PQ 2008
Treatment failure of <i>P. falciparum</i>	AS+D; AS+T 2008
Treatment of severe malaria	AM; AS; QN 2008
Treatment of <i>P. vivax</i>	CQ+PQ(14d) 2008
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	<i>P. f.</i> + all species (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

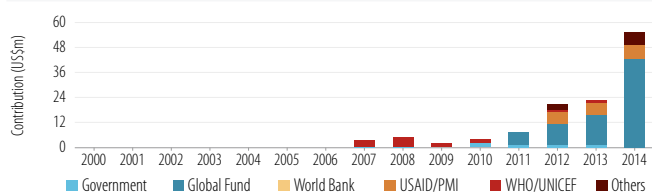
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2006-2015	0	0	11.9	28 days	19	<i>P. vivax</i>
AL	2007-2014	0	0	6	28 days	22	<i>P. falciparum</i>
AS+MQ	2011-2013	0	0	2.2	42 days	5	<i>P. falciparum</i>

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

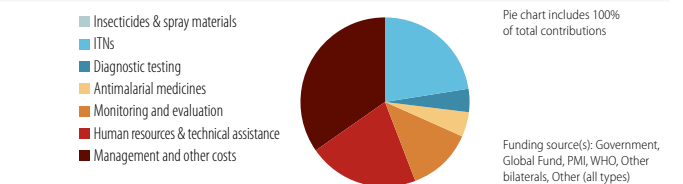
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2014	Yes	Yes	-	No	<i>An. dirus</i> , <i>An. minimus</i> , other

III. Financing

Sources of financing

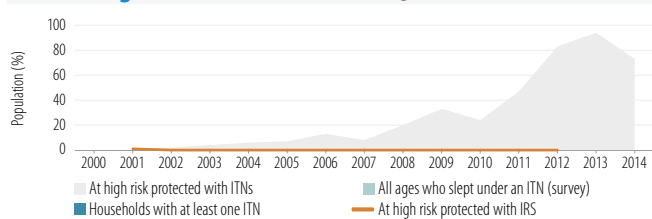


Financing by intervention in 2014

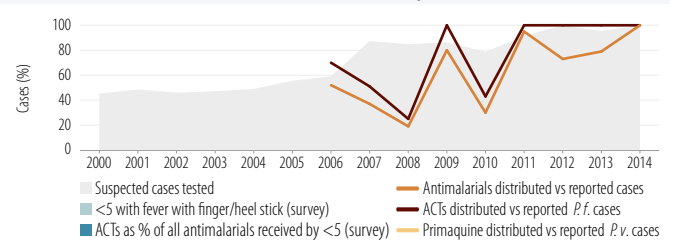


IV. Coverage

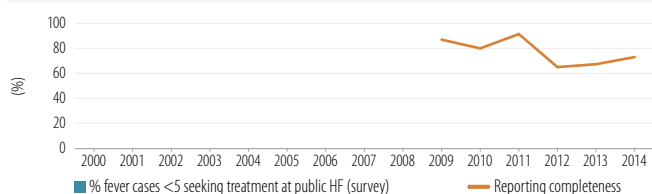
ITN and IRS coverage



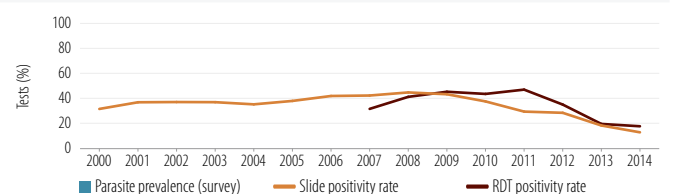
Cases tested and treated in public sector



Cases tracked

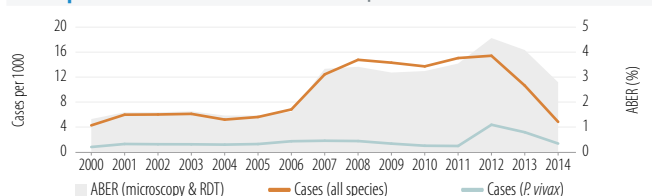


Test positivity

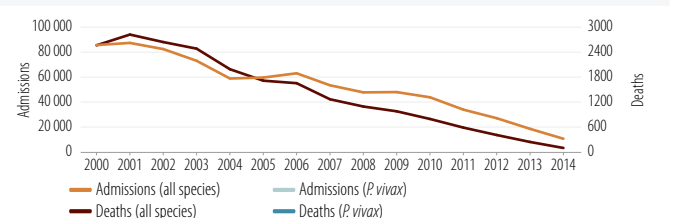


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for 50-75% decrease in case incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	1 110 000	46
Low transmission (0-1 cases per 1000 population)	797 000	33
Malaria free (0 cases)	495 000	21
Total	2 400 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. arabiensis</i> , <i>An. gambiae</i> , <i>An. funestus</i>			
Programme phase: Control			
Reported confirmed cases:	15 914	Estimated cases, 2013:	[6800-11 000]
Reported confirmed cases at community level:	0		
Reported deaths:	61	Estimated deaths, 2013:	<50

II. Intervention policies and strategies

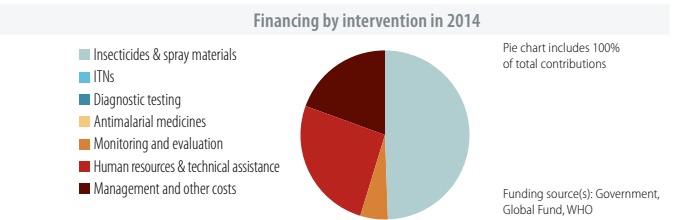
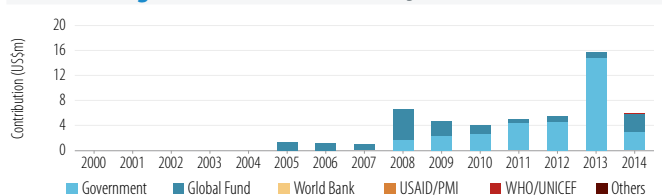
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1998
	ITNs/LLINs distributed to all age groups	Yes	2014
IRS	IRS is recommended	Yes	1965
	DDT is authorized for IRS	Yes	1965
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2005
	Malaria diagnosis is free of charge in the public sector	Yes	1990
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Never allowed	
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2015
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2015
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	2012
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AL	2006
First-line treatment of <i>P. falciparum</i>	AL	2006
Treatment failure of <i>P. falciparum</i>	QN	2006
Treatment of severe malaria	QN	2006
Treatment of <i>P. vivax</i>	AL	2006
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.75 mg/kg (8 w)
Type of RDT used	<i>P. f</i> + <i>P. v</i> , <i>P. o</i> , <i>P. m</i> (Combo).	

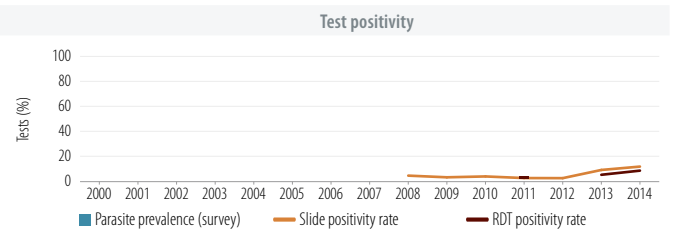
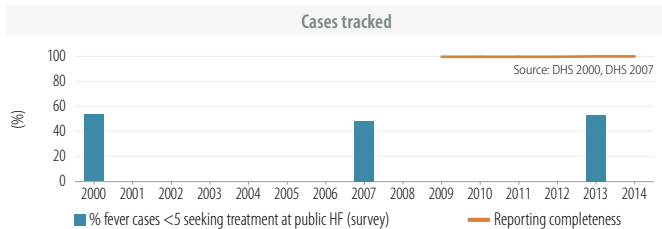
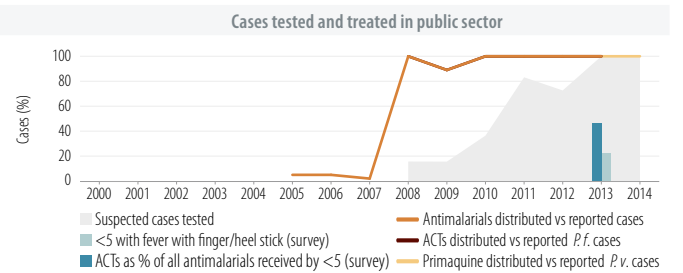
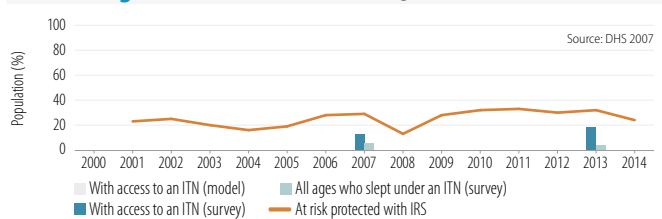
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	No	No	-	-	<i>An. arabiensis</i>

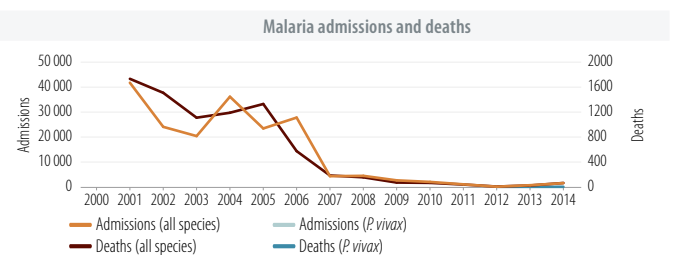
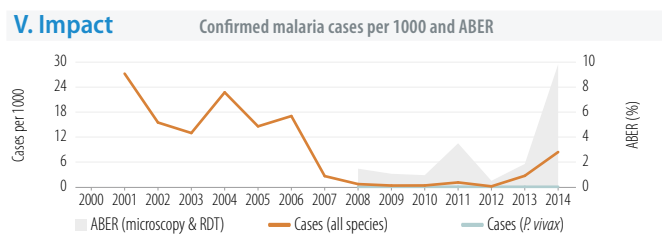
III. Financing



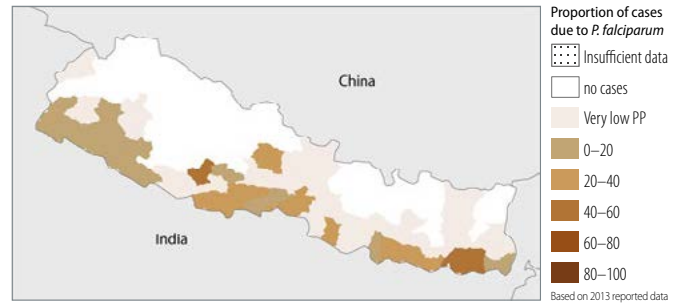
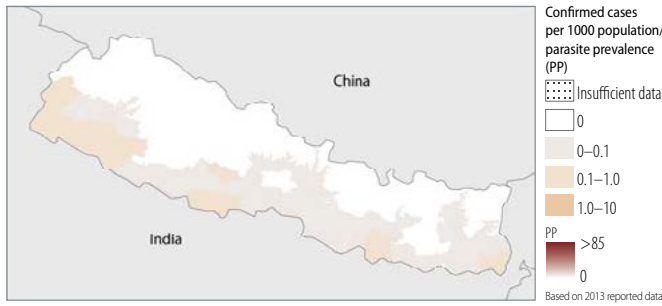
IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	1 020 000	4
Low transmission (0-1 cases per 1000 population)	12 500 000	44
Malaria free (0 cases)	14 700 000	52
Total	28 200 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (21%), *P. vivax* (79%)
 Major anopheles species: *An. fluviatilis*, *An. annularis*, *An. maculatus*

Programme phase: Control

Reported confirmed cases: 1469 Estimated cases, 2013: [10 000-22 000]
 Reported deaths: 0 Estimated deaths, 2013: <10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2007
	ITNs/LLINs distributed to all age groups	Yes	2007
IRS	IRS is recommended	Yes	1962
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	1962
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	-	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	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	CQ
First-line treatment of <i>P. falciparum</i>	AL+PQ
Treatment failure of <i>P. falciparum</i>	AS; QN
Treatment of severe malaria	AS; QN
Treatment of <i>P. vivax</i>	CQ+PQ(14d)
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d), 3.75 - 15mg/day (14 d)
Type of RDT used	<i>P. f + P. v</i> specific (Combo).

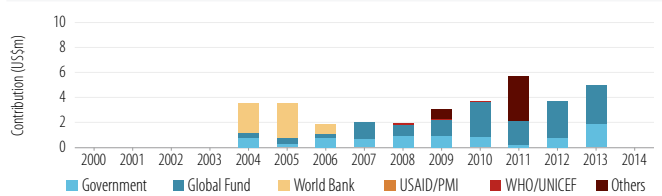
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2014	0	0	6.3	28 days	10	<i>P. falciparum</i>
CQ	2008-2011	0	0	0	28 days	8	<i>P. vivax</i>

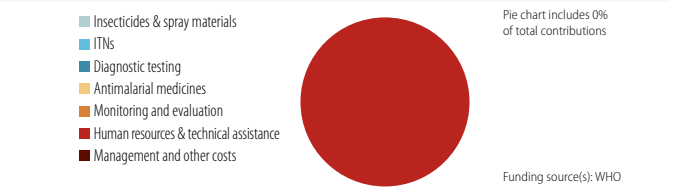
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014	-	Yes	No	No	<i>An. annularis</i> , <i>An. fluviatilis</i> , other

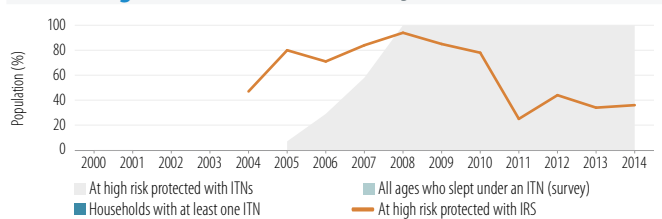
III. Financing



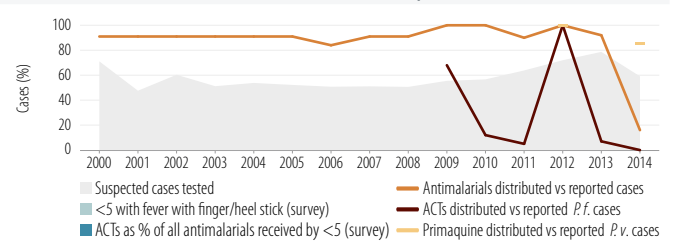
Financing by intervention in 2014



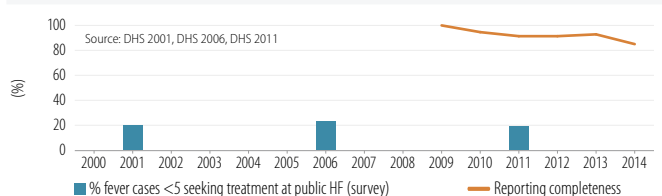
IV. Coverage



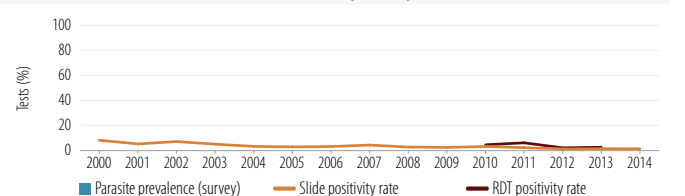
Cases tested and treated in public sector



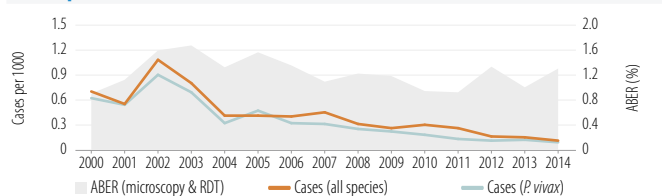
Cases tracked



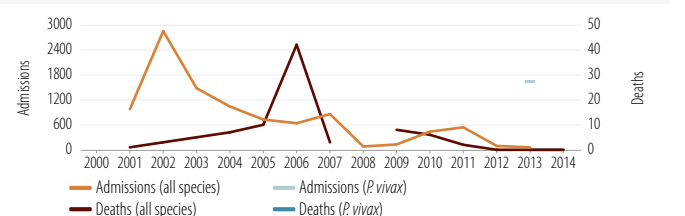
Test positivity



V. Impact



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	78 100	1
Low transmission (0-1 cases per 1000 population)	2 940 000	49
Malaria free (0 cases)	2 990 000	50
Total	6 010 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (14%), <i>P. vivax</i> (86%)			
Major anopheles species: <i>An. albimanus</i> , <i>An. pseudopunctipennis</i>			
Programme phase: Control			
Reported confirmed cases:	1 163	Estimated cases, 2013:	[1900-3000]
Reported confirmed cases at community level:	0	Reported deaths:	0
Reported deaths:	0	Estimated deaths, 2013:	<10

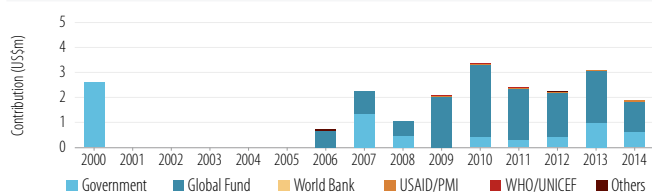
II. Intervention policies and strategies

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	1959
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	No	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

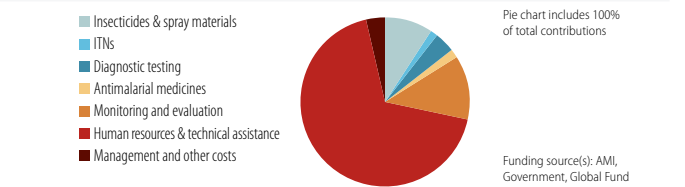
Antimalaria treatment policy		Medicine	Adopted				
First-line treatment of unconfirmed malaria		-	-				
First-line treatment of <i>P. falciparum</i>		CQ+PQ(1d)	-				
Treatment failure of <i>P. falciparum</i>		AS+MQ; AS+SP	-				
Treatment of severe malaria		QN	-				
Treatment of <i>P. vivax</i>		CQ+PQ(7d)	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/kg (7 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
CQ	2005-2006	0	0	0	28 days	1	<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		
2010-2014	No	-	Yes	No	<i>An. albimanus</i> , <i>An. pseudopunctipennis</i> , other		

III. Financing

Sources of financing

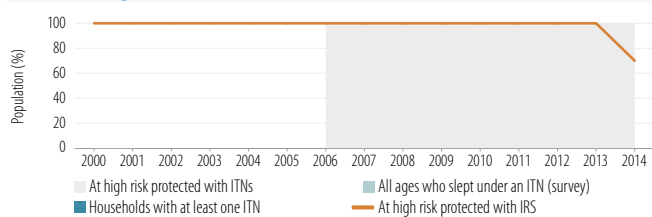


Financing by intervention in 2014

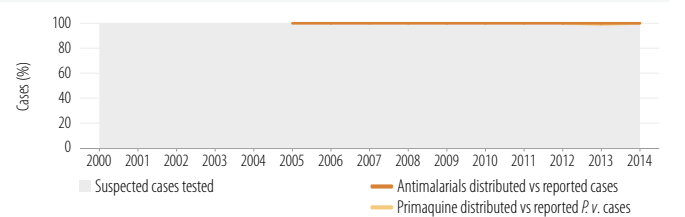


IV. Coverage

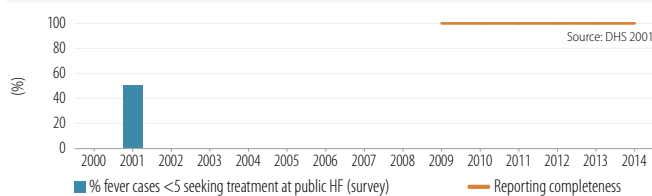
ITN and IRS coverage



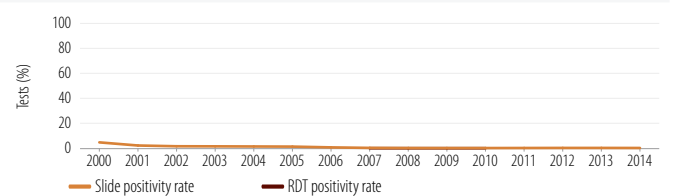
Cases tested and treated in public sector



Cases tracked

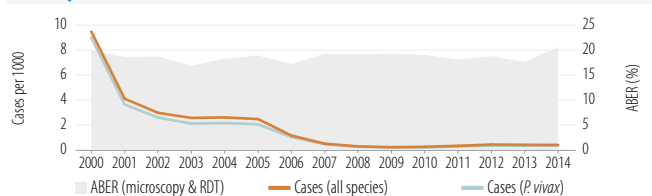


Test positivity

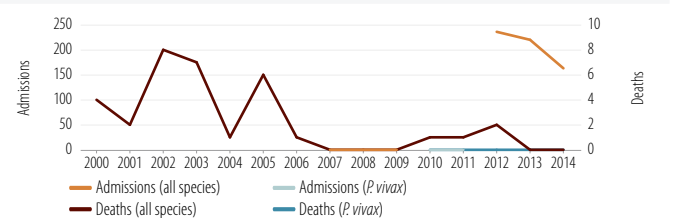


V. Impact

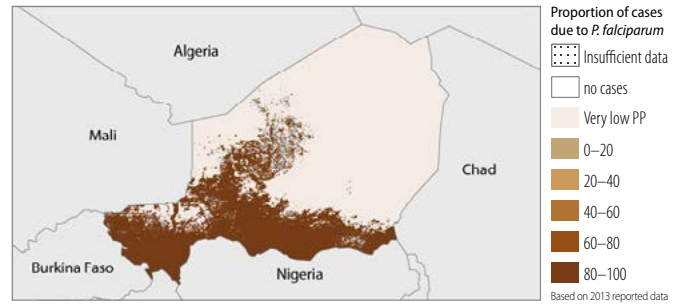
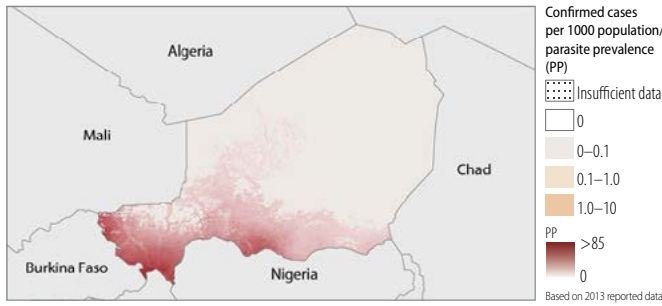
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	10 100 000	53
Low transmission (0–1 cases per 1000 population)	7 830 000	41
Malaria free (0 cases)	1 150 000	6
Total	19 100 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 1 953 309 Estimated cases, 2013: [2 700 000–7 900 000]
 Reported confirmed cases at community level: 57 180
 Reported deaths: 2691 Estimated deaths, 2013: [7300–17 000]

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	No	-
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	Yes	-
Larval control	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Is banned	2007
	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	-	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
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	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	AL 2005
First-line treatment of <i>P. falciparum</i>	AL 2005
Treatment failure of <i>P. falciparum</i>	QN 2005
Treatment of severe malaria	AS; QN 2005
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

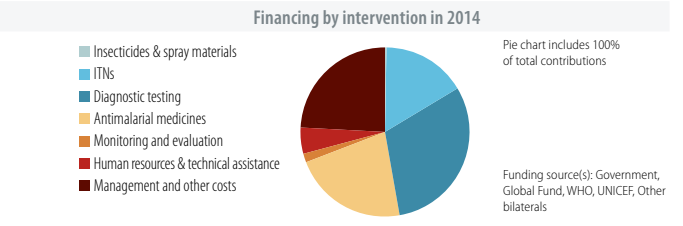
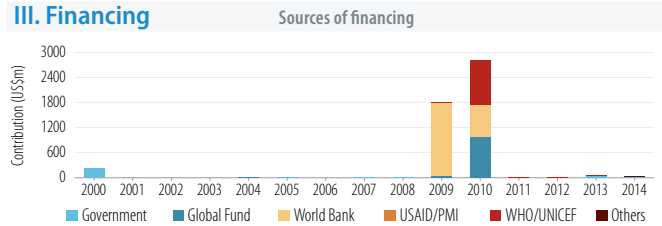
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005–2011	3.7	5.55	10.4	28 days	6	<i>P. falciparum</i>

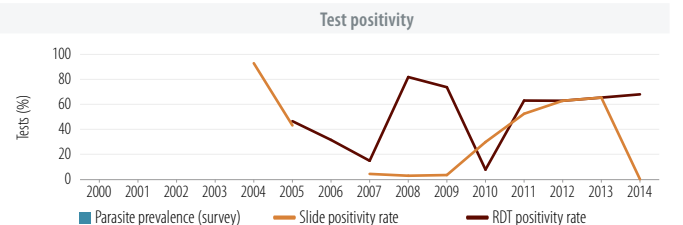
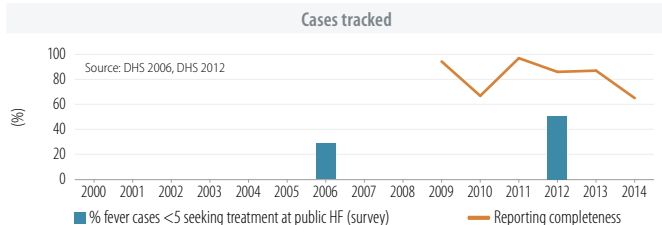
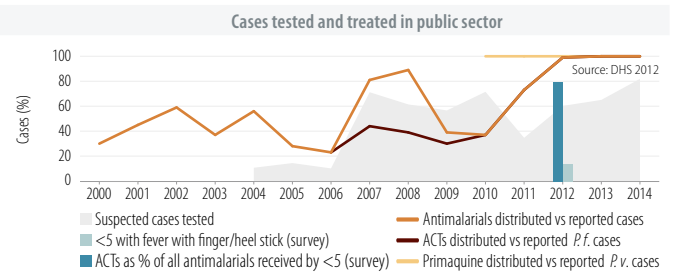
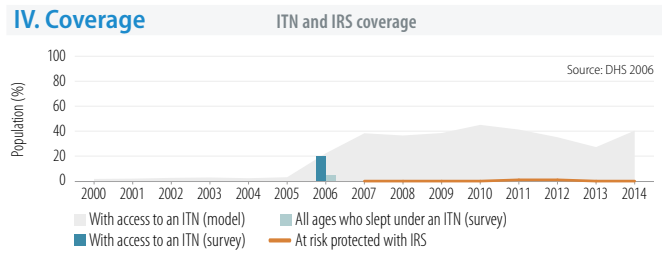
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2013	Yes	Yes	No	No	<i>An. coluzzii</i>

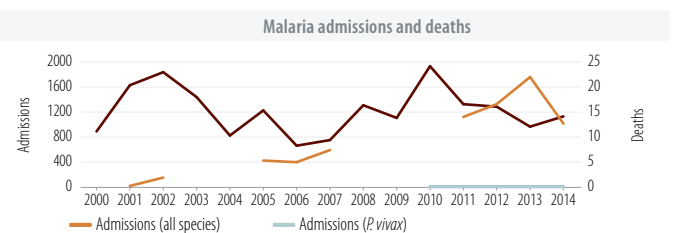
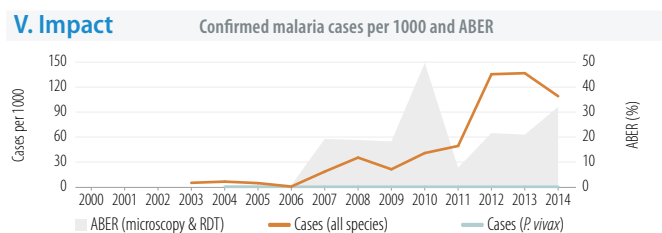
III. Financing



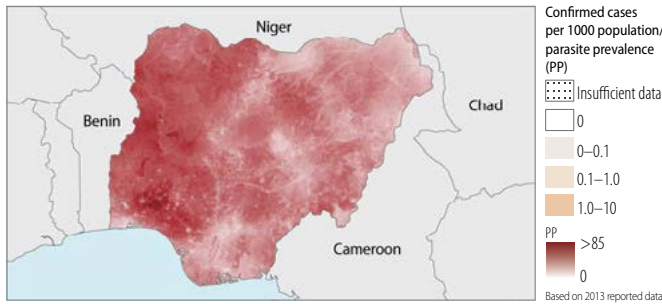
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	135 600 000	76
Low transmission (0-1 cases per 1000 population)	41 900 000	24
Malaria free (0 cases)	0	0
Total	177 500 000	

Parasites and vectors

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

Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*, *An. moucheti*, *An. melas*, *An. nili*

Programme phase: Control

Reported confirmed cases: 7 826 954 Estimated cases, 2013: [42 000 000-78 000 000]

Reported deaths: 6082 Estimated deaths, 2013: [81 000-150 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2007
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	Yes	-
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	AL; AS+AQ 2004
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS; AM; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

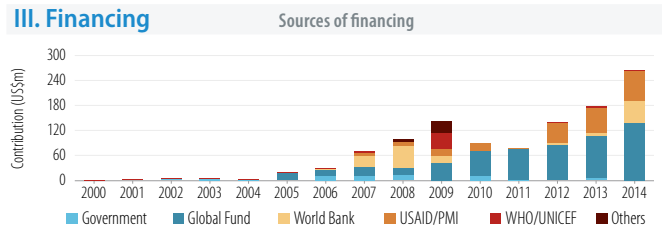
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2011	0	2.3	12.7	28 days	17	<i>P. falciparum</i>
AS+AQ	2005-2011	0	0.8	13.7	28 days	20	<i>P. falciparum</i>

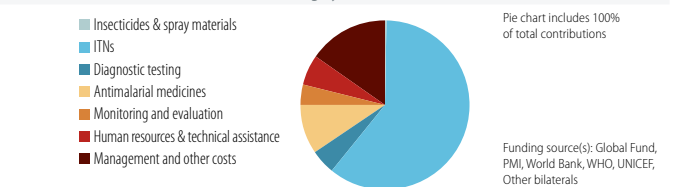
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	Yes	<i>An. coluzzii</i> , <i>An. gambiae</i> s.l.

III. Financing

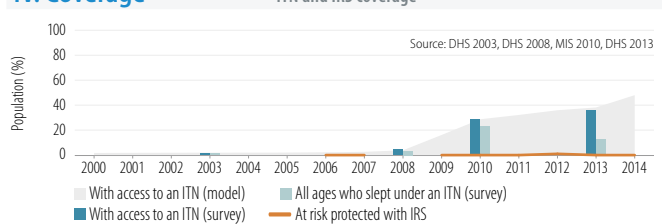


Financing by intervention in 2014

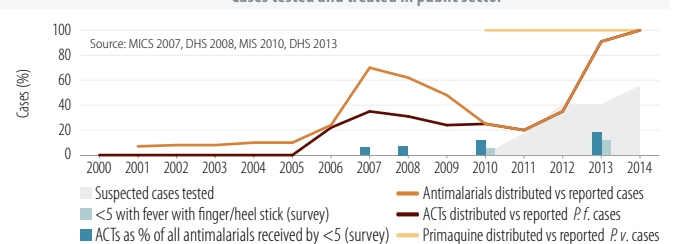


IV. Coverage

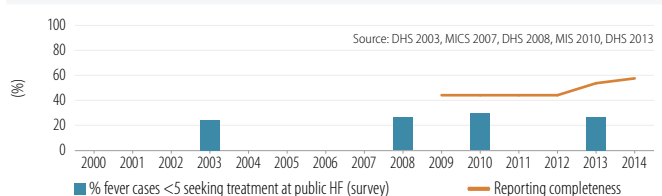
ITN and IRS coverage



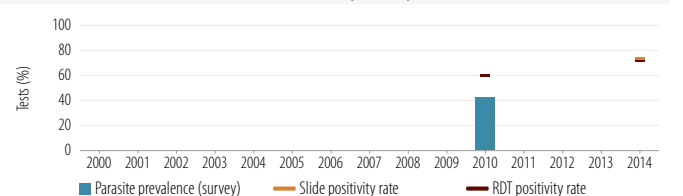
Cases tested and treated in public sector



Cases tracked

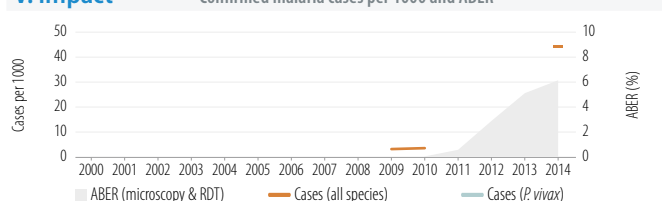


Test positivity

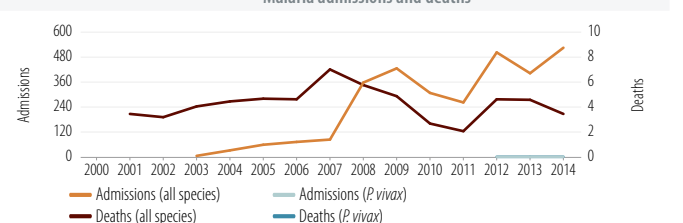


V. Impact

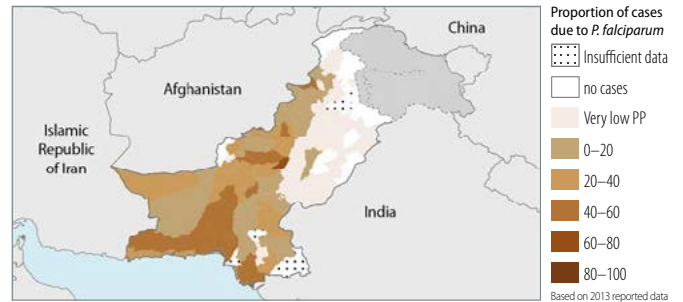
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	53 500 000	29
Low transmission (0-1 cases per 1000 population)	128 400 000	69
Malaria free (0 cases)	3 120 000	2
Total	185 000 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (12%), *P. vivax* (88%)
 Major anopheles species: *An. culicifacies*, *An. stephensi*

Programme phase: Control

Reported confirmed cases: 275 149 Estimated cases, 2013: [1 000 000-2 100 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 56 Estimated deaths, 2013: [250-2000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1961
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1961
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2011
	Malaria diagnosis is free of charge in the public sector	Yes	1961
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	Is banned	2008
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	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	CQ
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ
Treatment failure of <i>P. falciparum</i>	AL; QN
Treatment of severe malaria	AS; QN
Treatment of <i>P. vivax</i>	CQ+PQ(14d)
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	<i>P. f.</i> + all species (Combo).

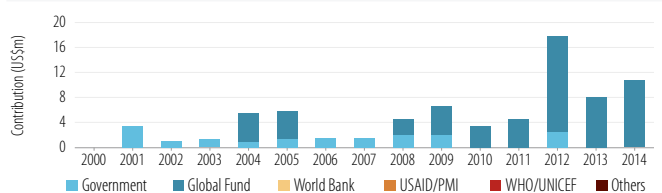
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2007-2012	0	0	1.5	28 days	9	<i>P. falciparum</i>
AL	2012-2013	0	0.6	1.2	28 days	2	<i>P. falciparum</i>

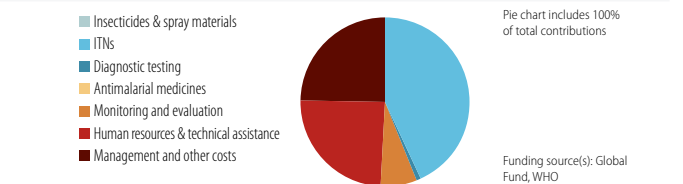
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2013	Yes	Yes	-	Yes	<i>An. culicifacies</i> s.l., <i>An. stephensi</i>

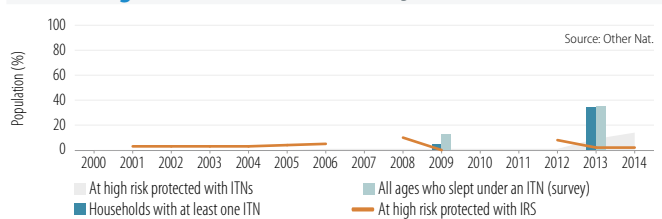
III. Financing



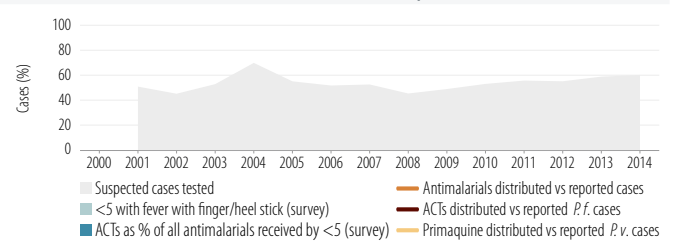
Financing by intervention in 2014



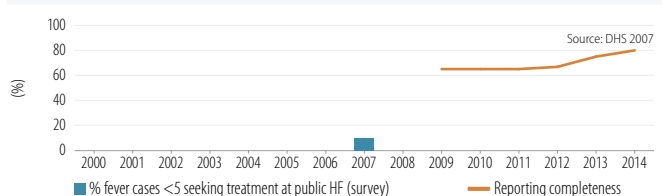
IV. Coverage



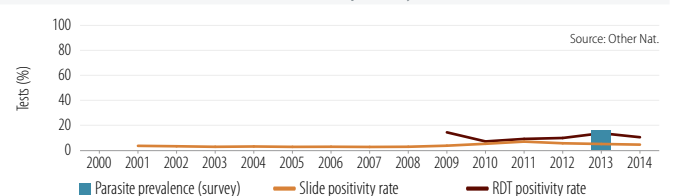
Cases tested and treated in public sector



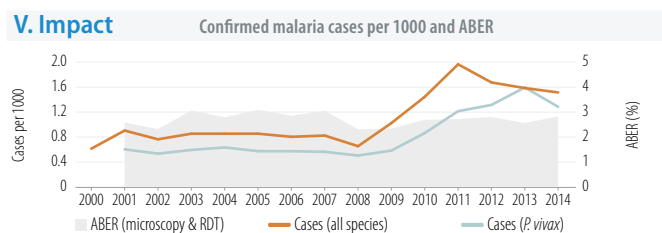
Cases tracked



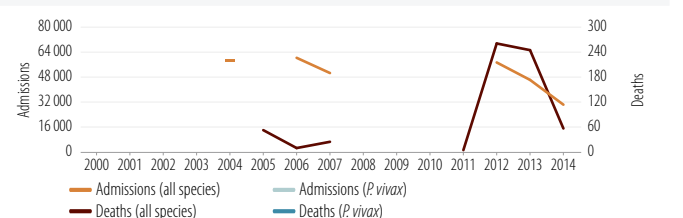
Test positivity



V. Impact



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	170 000	4
Low transmission (0–1 cases per 1000 population)	11 100	0
Malaria free (0 cases)	3 690 000	95
Total	3 870 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (1%), *P. vivax* (99%)

Major anopheles species: *An. albimanus*, *An. pseudopunctipennis*, *An. punctimacula*, *An. aquasalis*, *An. darlingi*

Programme phase: Control

Reported confirmed cases: 874 Estimated cases, 2013: [740–890]

Reported deaths: 0 Estimated deaths, 2013: 0

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1957
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1957
	Malaria diagnosis is free of charge in the public sector	Yes	1957
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Is banned	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	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
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	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	-
First-line treatment of <i>P. falciparum</i>	AL+PQ(1d) 2012
Treatment failure of <i>P. falciparum</i>	-
Treatment of severe malaria	QN -
Treatment of <i>P. vivax</i>	CQ+PQ(7d); CQ+PQ(14d) -
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d) -
Type of RDT used	<i>P. f</i> + <i>P. v</i> , <i>P. o</i> , <i>P. m</i> (Combo) -

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

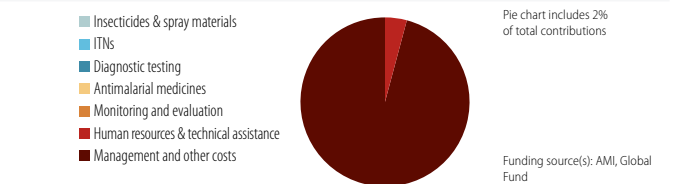
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011	-	-	Yes	-	<i>An. albimanus</i>

III. Financing

Sources of financing

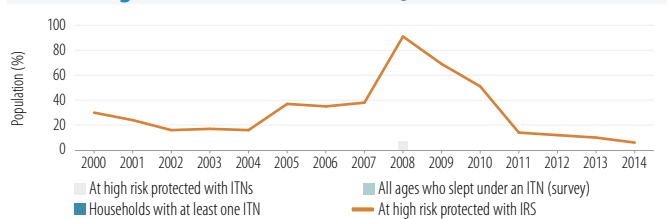


Financing by intervention in 2014

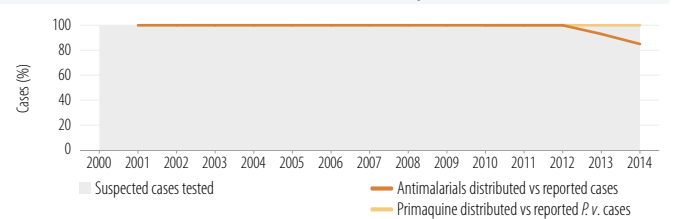


IV. Coverage

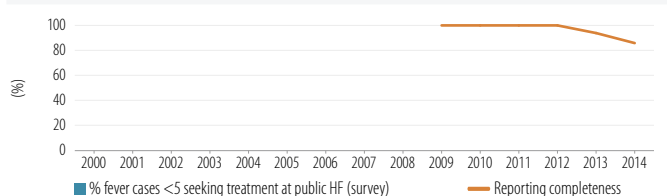
ITN and IRS coverage



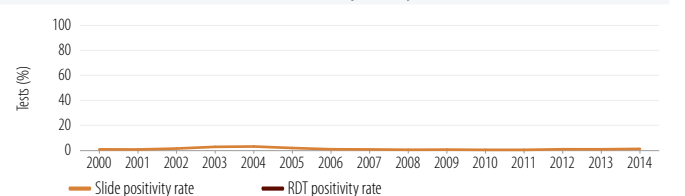
Cases tested and treated in public sector



Cases tracked

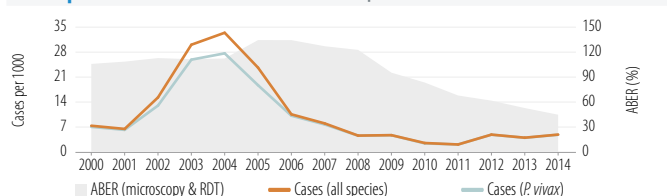


Test positivity

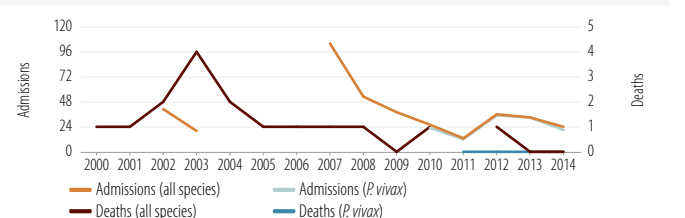


V. Impact

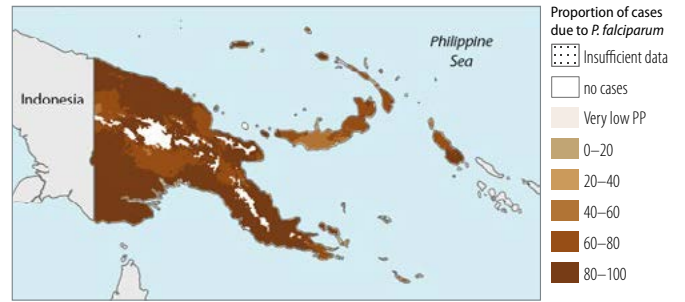
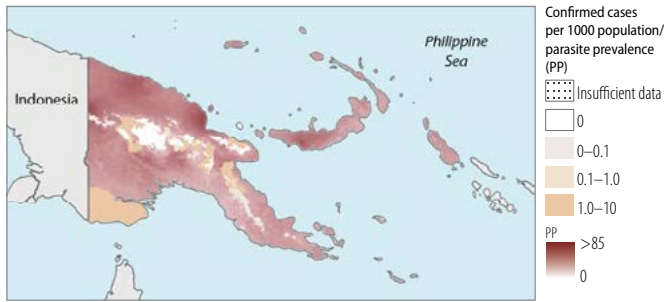
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for 50–75% decrease in case incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	7 010 000	94
Low transmission (0-1 cases per 1000 population)	448 000	6
Malaria free (0 cases)	0	0
Total	7 460 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (56%), *P. vivax* (41%)
 Major anopheles species: *An. punctulatus*, *An. farauti*, *An. koliensis*

Programme phase: Control

Reported confirmed cases: 281 182 Estimated cases, 2013: [800 000-2 000 000]
 Reported confirmed cases at community level: 32 850
 Reported deaths: 203 Estimated deaths, 2013: [110-6900]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	2000
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2010
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2004
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	2009
	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	Yes	2000
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	-
First-line treatment of <i>P. falciparum</i>	AL 2008
Treatment failure of <i>P. falciparum</i>	DHA-PPQ 2008
Treatment of severe malaria	AM; AS 2008
Treatment of <i>P. vivax</i>	AL+PQ 2009
Dosage of primaquine for radical treatment of <i>P. vivax</i>	7.5 mg - adult (14 d)
Type of RDT used	<i>P. f + P. v, P. o, P. m</i> (Combo).

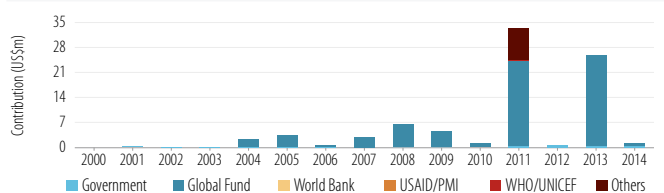
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
DHA-PPQ	2005-2007	12	12	12	42 days	1	<i>P. falciparum</i>
AL	2005-2013	1	1.85	2.7	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
2010-2014	-	-	-	-	<i>An. farauti</i> s.l., <i>An. punctulatus</i> , other

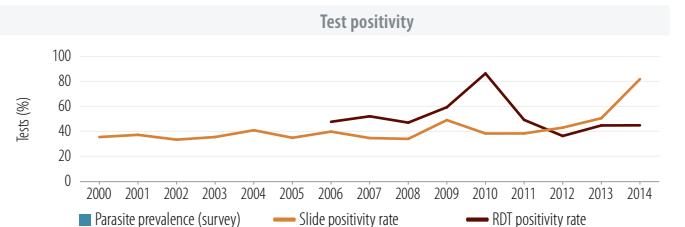
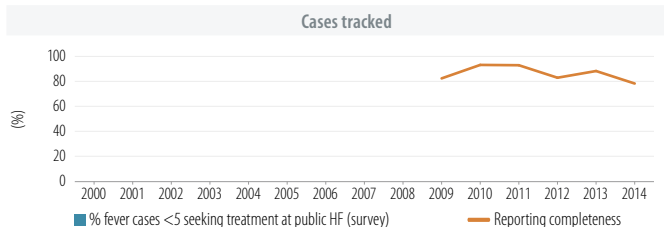
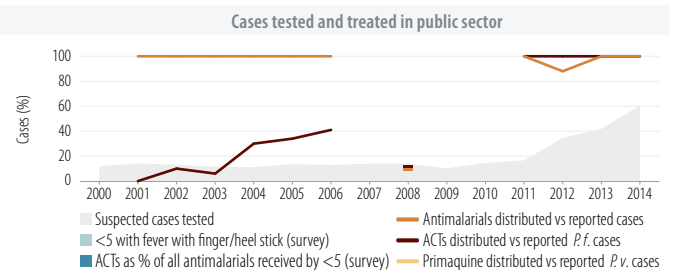
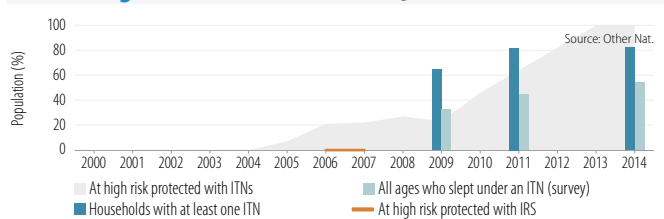
III. Financing



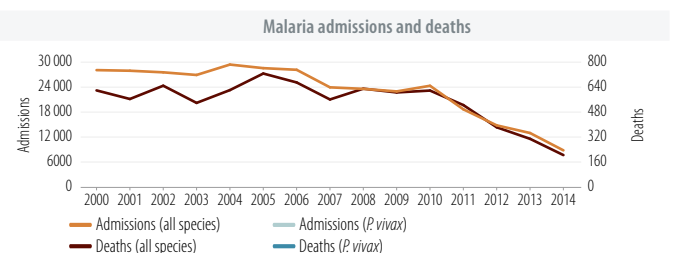
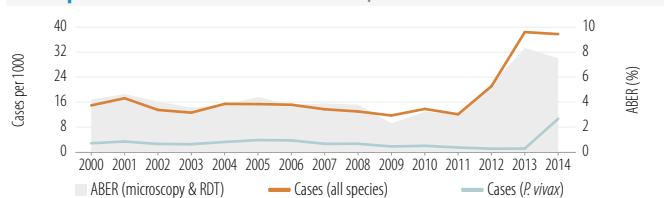
Financing by intervention in 2014

No data reported for 2014

IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	8	
Number of people living within active foci	497 000	8
Number of people living in malaria free areas	6 060 000	92
Total	6 557 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. darlingi</i> , <i>An. albitarsis</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	8	Total deaths, 2014:	0
Indigenous cases, 2014:	0	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1957
	Malaria diagnosis is free of charge in the public sector	Yes	1957
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1957
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	1957
	ACD of febrile cases at community level (pro-active)	Yes	1957
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1957
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1957
	Foci and case investigation undertaken	Yes	1957
Case reporting from private sector is mandatory	No	-	

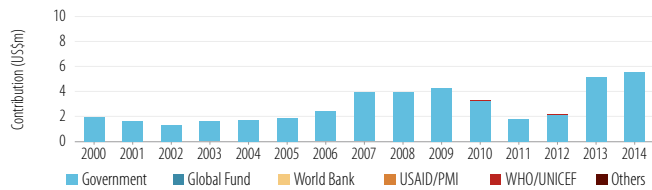
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL+PQ	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AS	-
Treatment of <i>P. vivax</i>	CQ + PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 d)

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

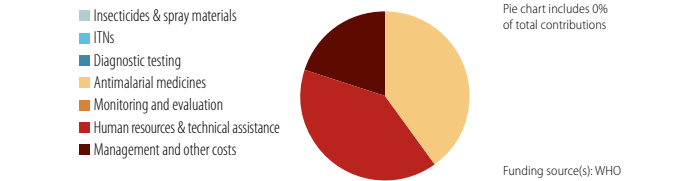
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

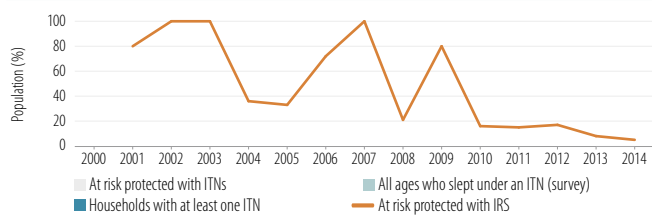


Financing by intervention in 2014

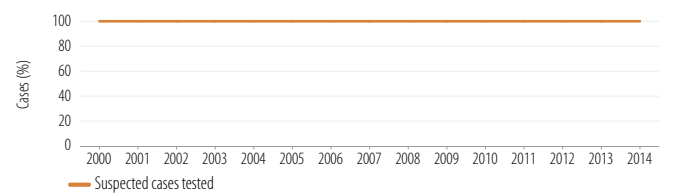


IV. Coverage

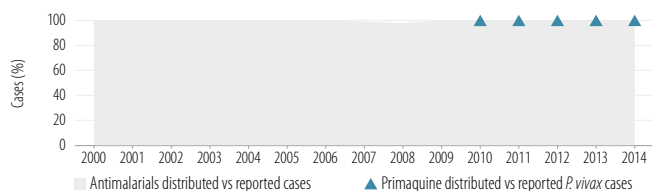
ITN and IRS coverage



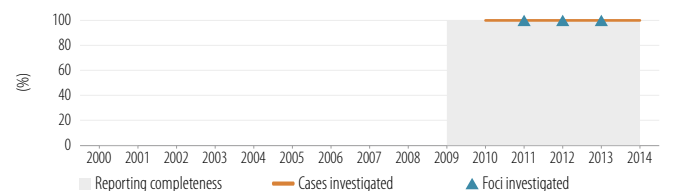
Cases tested



Cases treated

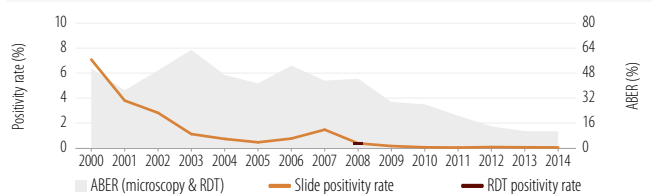


Cases tracked

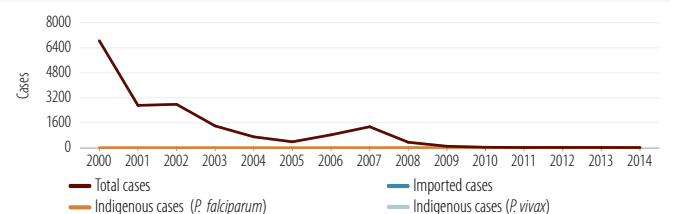


V. Impact

Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	1 550 000	5
Low transmission (0-1 cases per 1000 population)	10 600 000	34
Malaria free (0 cases)	18 800 000	61
Total	31 000 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (16%), <i>P. vivax</i> (84%)			
Major anopheles species: <i>An. pseudopunctipennis</i> , <i>An. albimanus</i> , <i>An. darlingi</i>			
Programme phase: Control			
Reported confirmed cases:	64 676	Estimated cases, 2013:	[75 000-120 000]
Reported deaths:	4	Estimated deaths, 2013:	<10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	-
	ITNs/LLINs distributed to all age groups	Yes	-
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	-

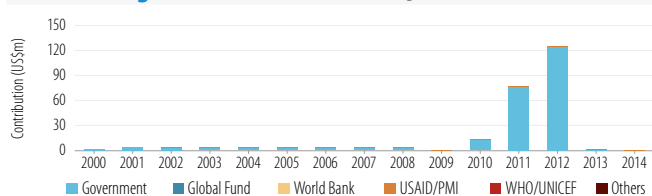
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+MQ	2001
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AS+MQ	-
Treatment of <i>P. vivax</i>	CQ+PQ	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/kg (7 d)
Type of RDT used		-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005-2006	1.1	1.1	1.1	28 days	1	<i>P. falciparum</i>
CQ+PQ	2006-2008	0.5	0.6	1.1	28 days	3	<i>P. vivax</i>

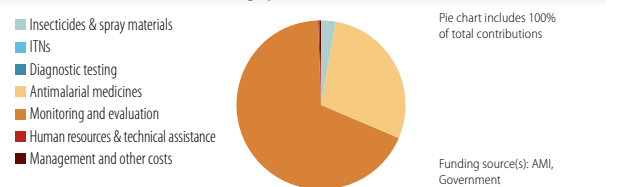
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2013	Yes	-	-	-	<i>An. albimanus</i> , <i>An. darlingi</i>

III. Financing

Sources of financing

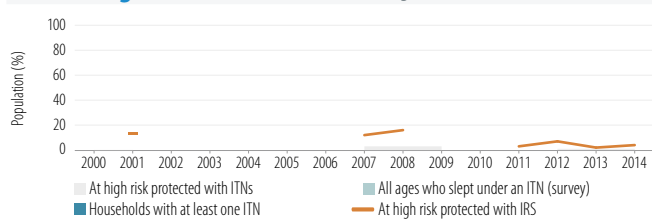


Financing by intervention in 2014

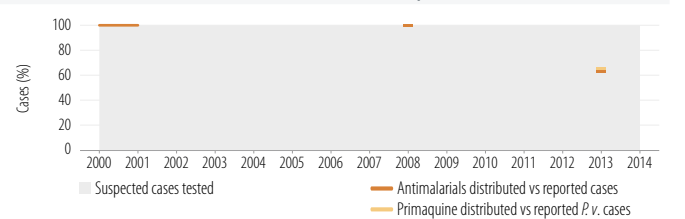


IV. Coverage

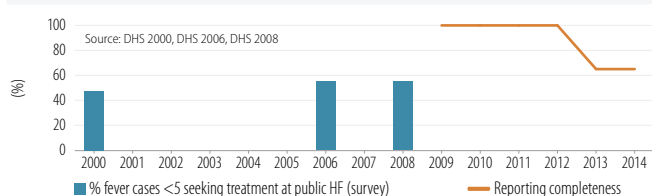
ITN and IRS coverage



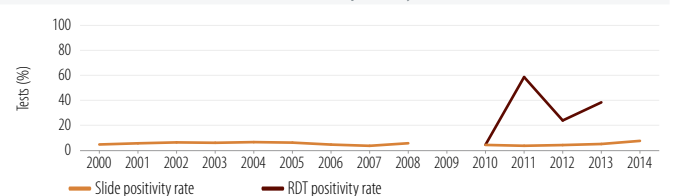
Cases tested and treated in public sector



Cases tracked

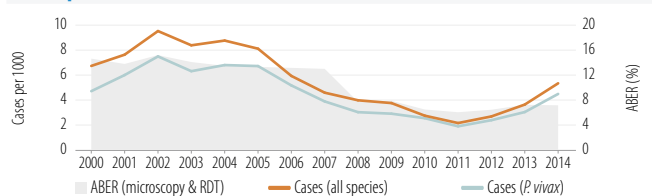


Test positivity

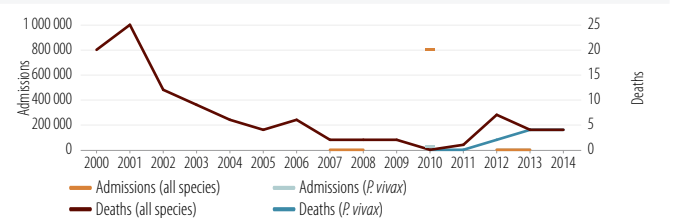


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Less than 50% change in incidence projected, 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	6 530 000	7
Low transmission (0-1 cases per 1000 population)	53 900 000	54
Malaria free (0 cases)	38 700 000	39
Total	99 100 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (81%), *P. vivax* (17%)
 Major anopheles species: *An. flavirostris*, *An. maculatus*, *An. balabacensis*, *An. litoralis*

Programme phase: Control

Reported confirmed cases: 4903 Estimated cases, 2013: [12 000-21 000]
 Reported confirmed cases at community level: 1184
 Reported deaths: 10 Estimated deaths, 2013: <50

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2002
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2004
	Malaria diagnosis is free of charge in the public sector	Yes	2003
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2006
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2007
	G6PD test is a requirement before treatment with primaquine	Yes	2011
	Directly observed treatment with primaquine is undertaken	Yes	2010
	System for monitoring of adverse reactions to antimalarials exists	Yes	2009
Surveillance	ACD for case investigation (reactive)	Yes	2009
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	2009
	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	AL 2009
First-line treatment of <i>P. falciparum</i>	AL+PQ 2009
Treatment failure of <i>P. falciparum</i>	QN+CL; QN+D; QN+T 2002
Treatment of severe malaria	QN+T; QN+D; QN+CL 2002
Treatment of <i>P. vivax</i>	CQ+PQ(14d) 2002
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.5 mg/kg (14 d)
Type of RDT used	<i>P. f</i> + all species (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

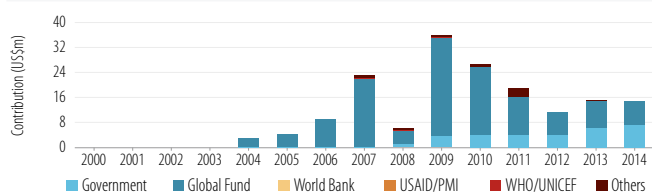
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2005-2010	0	0	0	28 days	2	<i>P. vivax</i>

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

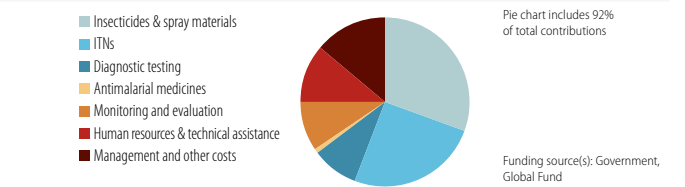
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2015	Yes	Yes	-	No	<i>An. flavirostris</i> , <i>An. maculatus</i> s.l., other

III. Financing

Sources of financing

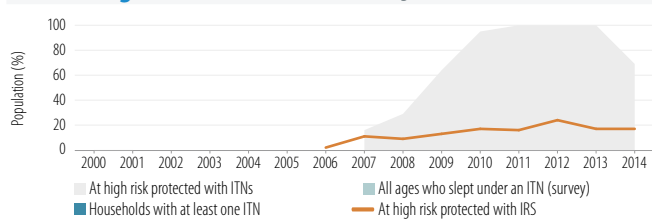


Financing by intervention in 2014

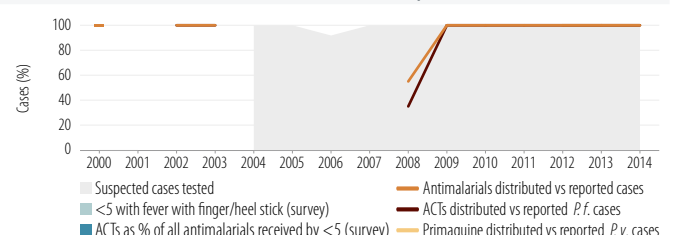


IV. Coverage

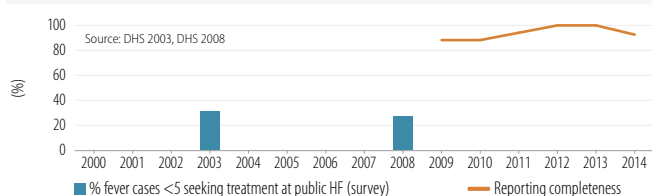
ITN and IRS coverage



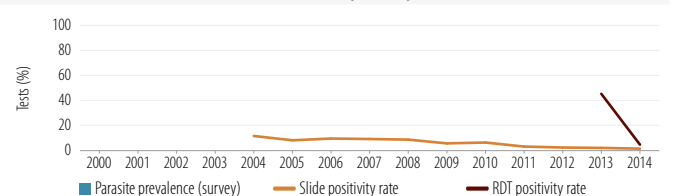
Cases tested and treated in public sector



Cases tracked

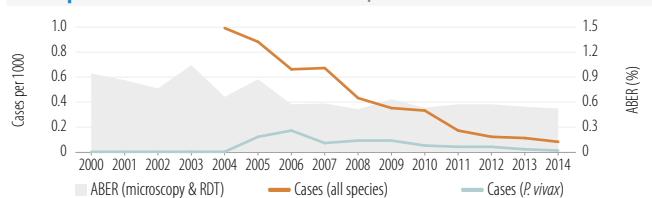


Test positivity

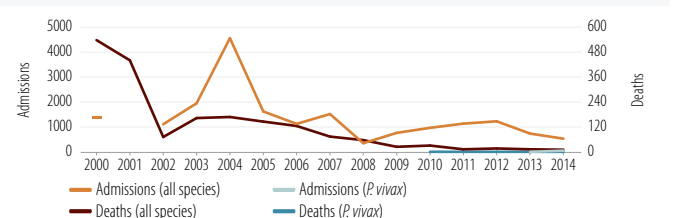


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	27	
Number of people living within active foci	6 900 000	14
Number of people living in malaria free areas	43 200 000	86
Total	50 100 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. sinensis</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	638	Total deaths, 2014:	0
Indigenous cases, 2014:	557	Indigenous deaths, 2014:	0
Introduced cases, 2014:			

II. Intervention policies and strategies

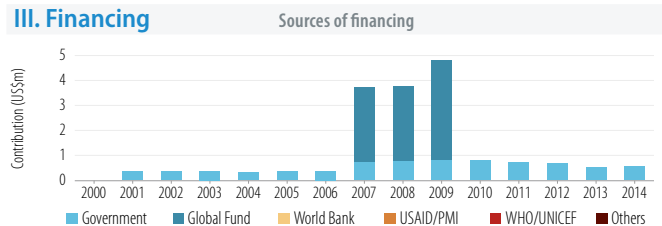
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2001
	ITNs/LLINs distributed to all age groups	Yes	2001
IRS	IRS is recommended	-	-
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2001
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	2001
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	-	-
	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	2001
	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	Yes	2011
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	Yes	2001
	Foci and case investigation undertaken	Yes	2001
Case reporting from private sector is mandatory	Yes	2001	

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	CQ	-
First-line treatment of <i>P. falciparum</i>	-	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	-	-
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-

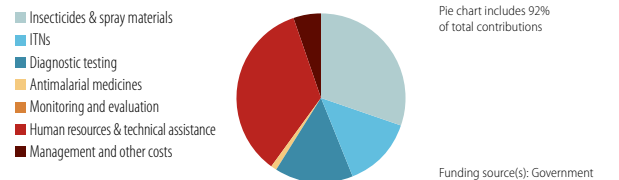
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	-	-	-	-	-

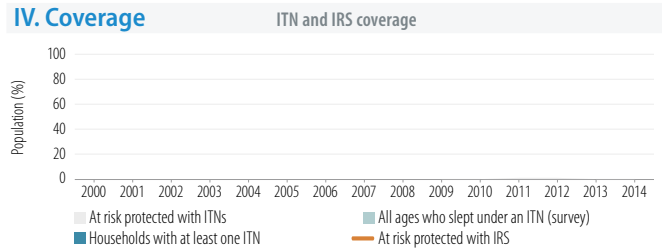
III. Financing



Financing by intervention in 2014

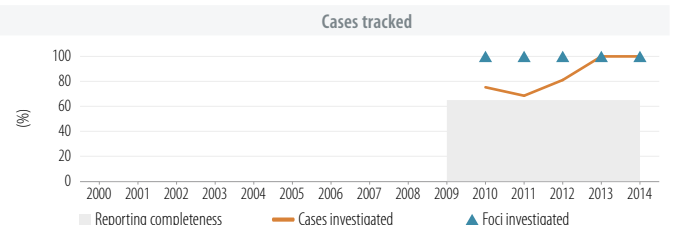
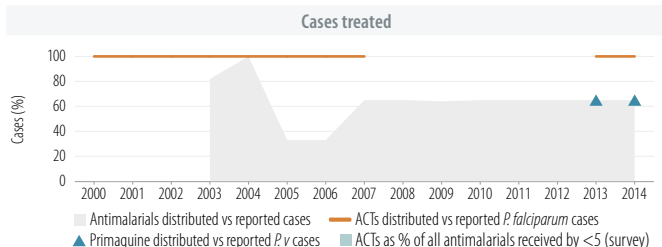


IV. Coverage



Cases tested

No data reported for 2014

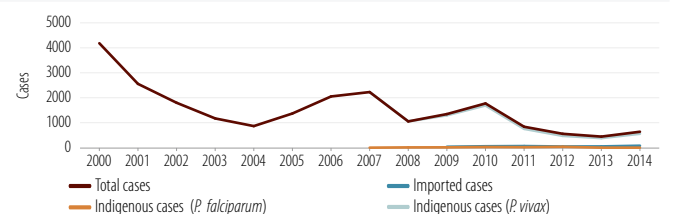


V. Impact

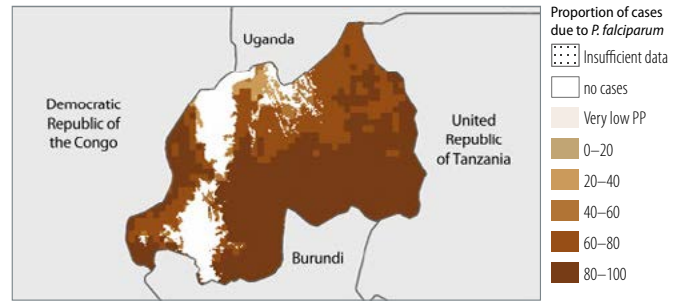
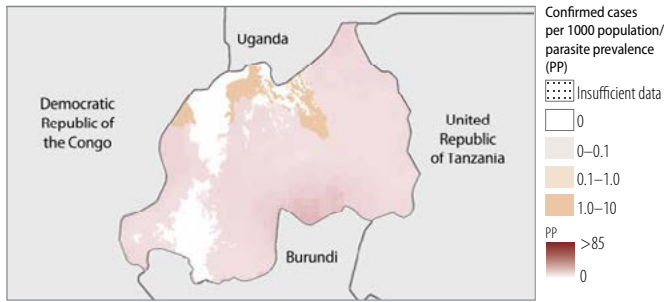
Malaria test positivity rate and ABER

No data reported for 2014

Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	11 300 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	11 300 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 1 610 812 Estimated cases, 2013: [1 100 000-1 700 000]
 Reported confirmed cases at community level: 109 092
 Reported deaths: 496 Estimated deaths, 2013: [400-4600]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2009
	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	2009
	Malaria diagnosis is free of charge in the public sector	No	-
Treatment	ACT is free for all ages in public sector	No	-
	Sale of oral artemisinin-based monotherapies	Never allowed	0
	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)	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	AL 2005
First-line treatment of <i>P. falciparum</i>	AL 2005
Treatment failure of <i>P. falciparum</i>	QN 2005
Treatment of severe malaria	AS; QN 2012
Treatment of <i>P. vivax</i>	-
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, %)

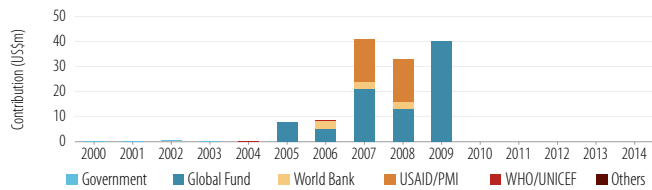
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006-2009	0	1.3	4.5	28 days	3	<i>P. falciparum</i>

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2015	Yes	Yes	Yes	No	<i>An. chrysti</i> , <i>An. coustani</i> , <i>An. gambiae</i> s.l.

III. Financing

Sources of financing

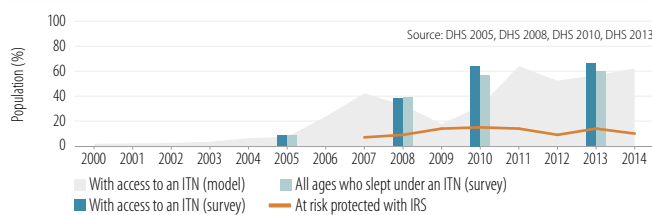


Financing by intervention in 2014

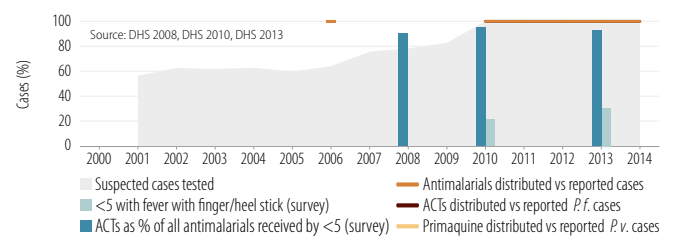
No data reported for 2014

IV. Coverage

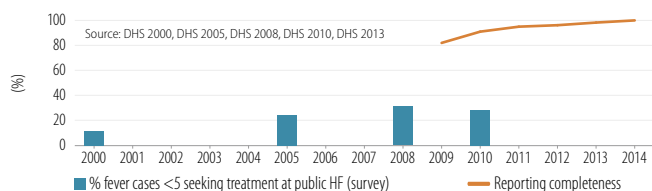
ITN and IRS coverage



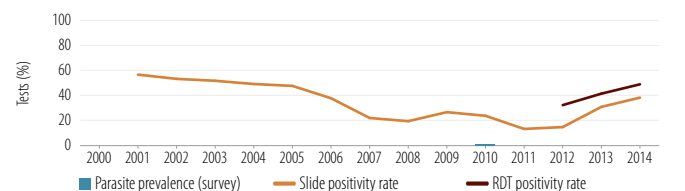
Cases tested and treated in public sector



Cases tracked

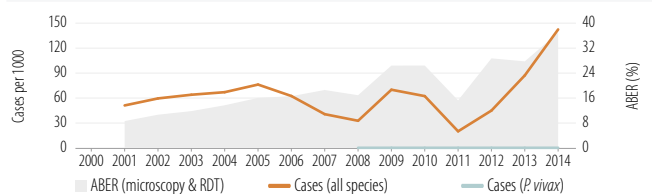


Test positivity

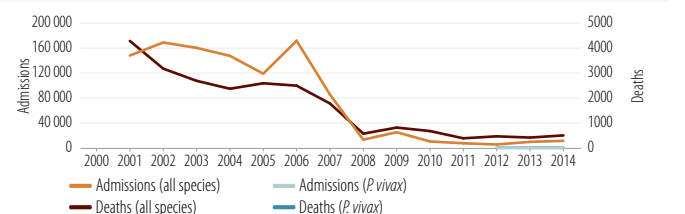


V. Impact

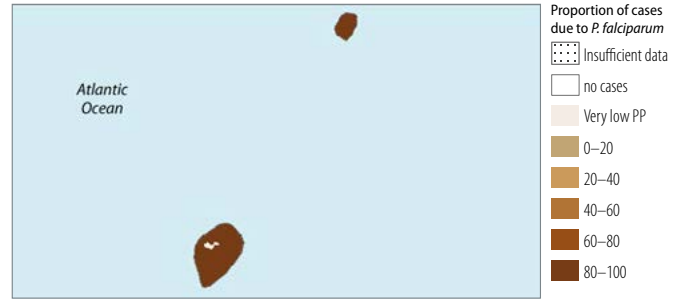
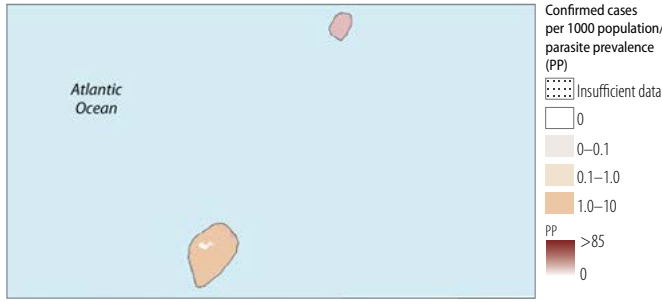
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	186 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	186 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 1754 Estimated cases, 2013: [12 000-25 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 0 Estimated deaths, 2013: <100

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	2008
IRS	IRS is recommended	Yes	2003
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2004
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2001
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	Yes	2008
	Sale of oral artemisinin-based monotherapies	Is banned	2004
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2013
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2013
	System for monitoring of adverse reactions to antimalarials exists	Yes	2004
Surveillance	ACD for case investigation (reactive)	Yes	2008
	ACD of febrile cases at community level (pro-active)	Yes	2013
	Mass screening is undertaken	Yes	2014
	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+AQ 2004
First-line treatment of <i>P. falciparum</i>	AS+AQ 2004
Treatment failure of <i>P. falciparum</i>	AL 2004
Treatment of severe malaria	QN 2004
Treatment of <i>P. vivax</i>	-
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, %)

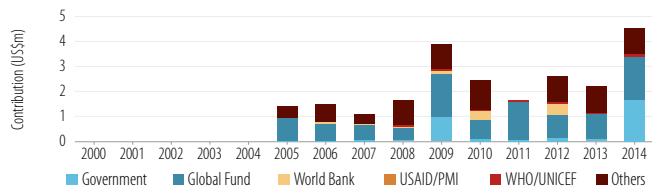
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

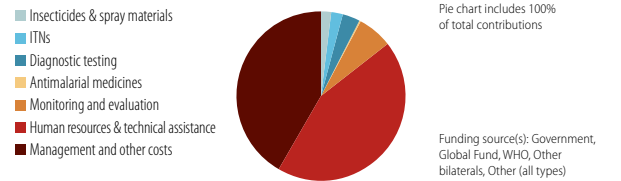
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2014-2015	-	-	No	-	<i>An. gambiae</i> s.s.

III. Financing

Sources of financing

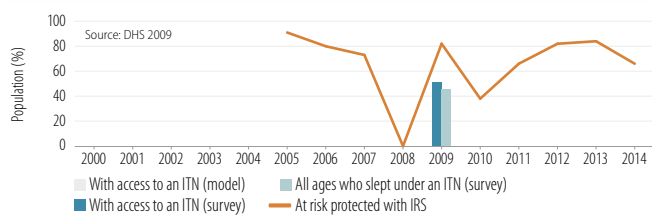


Financing by intervention in 2014

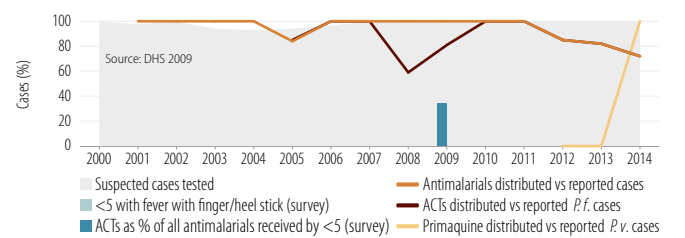


IV. Coverage

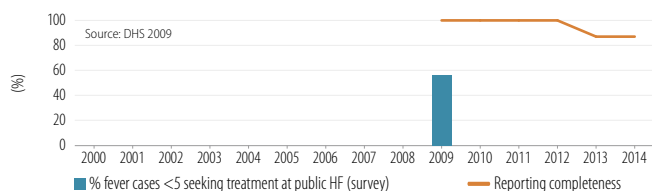
ITN and IRS coverage



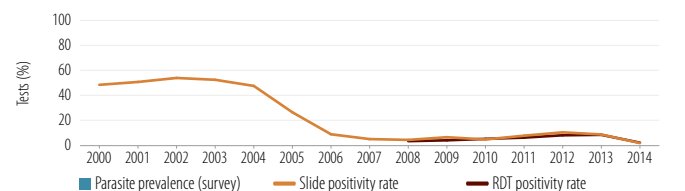
Cases tested and treated in public sector



Cases tracked

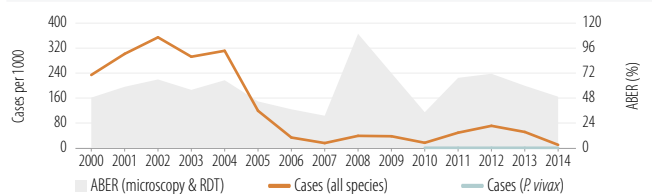


Test positivity

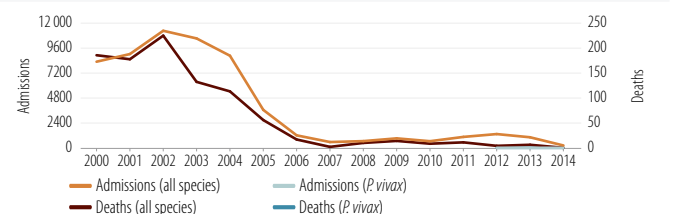


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	20	0
Number of people living within active foci	41 400	100
Number of people living in malaria free areas	30 800 000	
Total	30 841 400	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. arabiensis</i> , <i>An. senegalensis</i> , <i>An. stephensi</i> , <i>An. superpictus</i> , <i>An. d. thali</i> , <i>An. multicolor</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	2305	Total deaths, 2014:	0
Indigenous cases, 2014:	30	Indigenous deaths, 2014:	0
Introduced cases, 2014:	21		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1980
	ITNs/LLINs distributed to all age groups	Yes	1980
IRS	IRS is recommended	Yes	1963
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1963
Treatment	ACT is free for all ages in public sector	Yes	1963
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1985
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	1985
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	1990
Surveillance	ACD for case investigation (reactive)	Yes	1980
	ACD of febrile cases at community level (pro-active)	Yes	1980
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	1990
	Case reporting from private sector is mandatory	Yes	-

Antimalarial treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+SP+PQ	2012
Treatment failure of <i>P. falciparum</i>	AL	2007
Treatment of severe malaria	AS; AM; QN	2007
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	No	-	-	-	<i>An. arabiensis</i>

III. Financing

Sources of financing

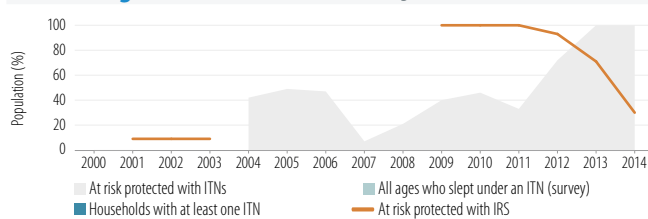


Financing by intervention in 2014

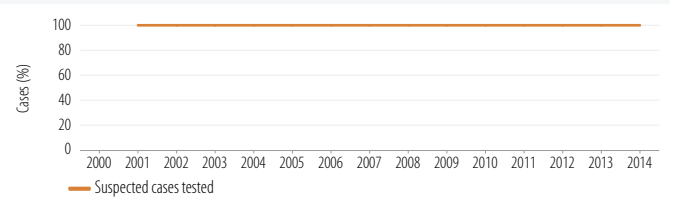
No data reported for 2014

IV. Coverage

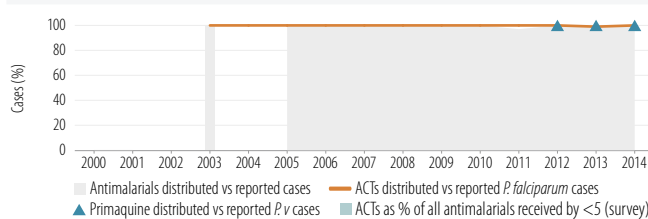
ITN and IRS coverage



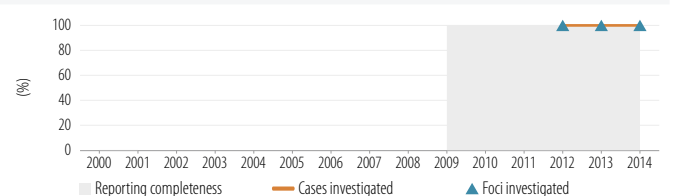
Cases tested



Cases treated

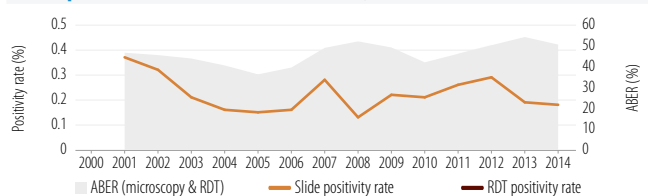


Cases tracked

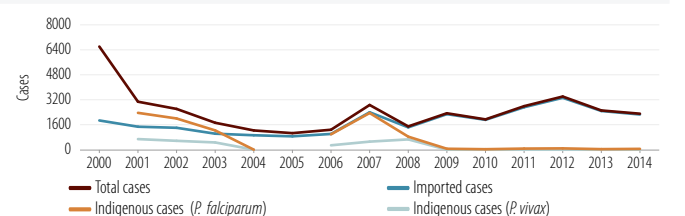


V. Impact

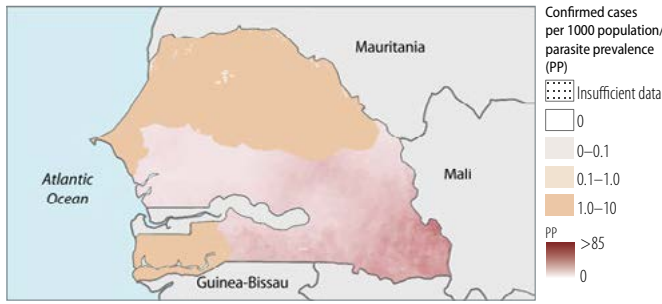
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	14 100 000	96
Low transmission (0-1 cases per 1000 population)	600 000	4
Malaria free (0 cases)	0	0
Total	14 700 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 265 624 Estimated cases, 2013: [1 100 000-2 800 000]
 Reported confirmed cases at community level: 51 642
 Reported deaths: 500 Estimated deaths, 2013: [650-6200]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1998
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	Never 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	Yes	2007
Surveillance	ACD for case investigation (reactive)	Yes	2012
	ACD of febrile cases at community level (pro-active)	Yes	2012
	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+AQ
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ
Treatment failure of <i>P. falciparum</i>	-
Treatment of severe malaria	AS; QN
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

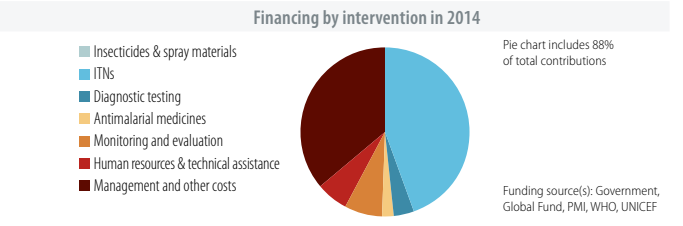
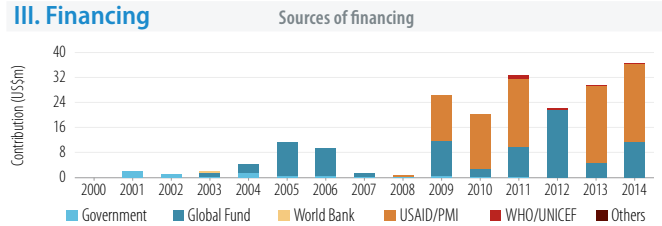
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2004-2014	0	0.9	3.9	28 days	16	<i>P. falciparum</i>
AS+AQ	2004-2014	0	0.25	1.7	28 days	12	<i>P. falciparum</i>

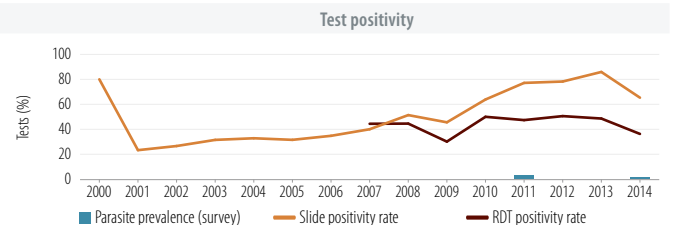
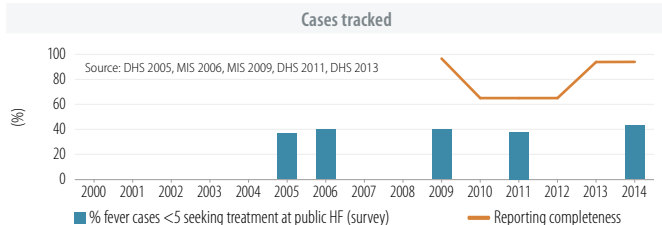
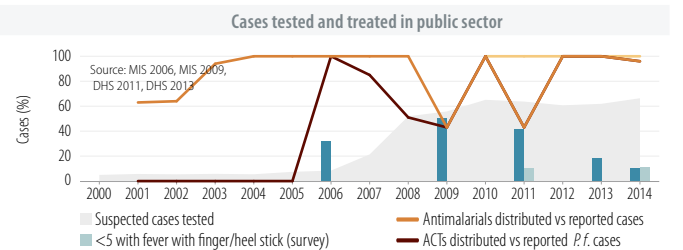
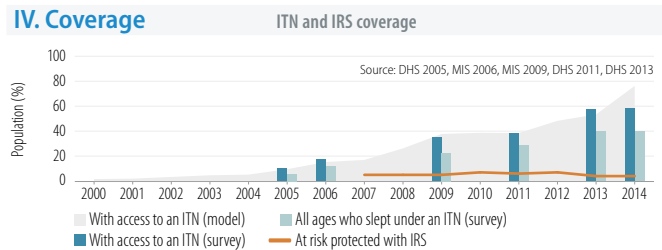
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

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

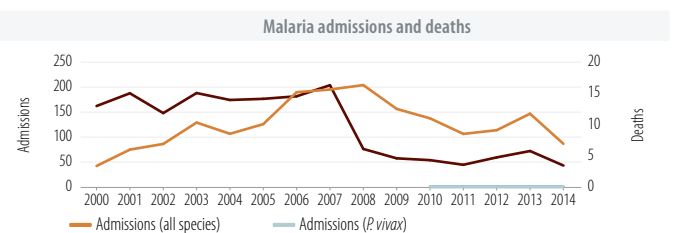
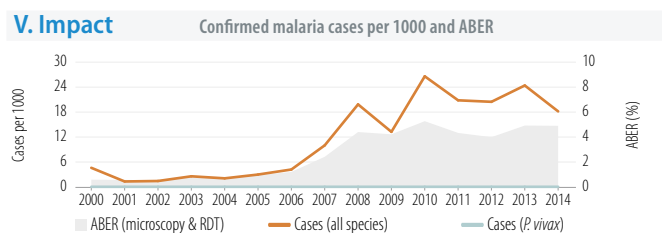
III. Financing



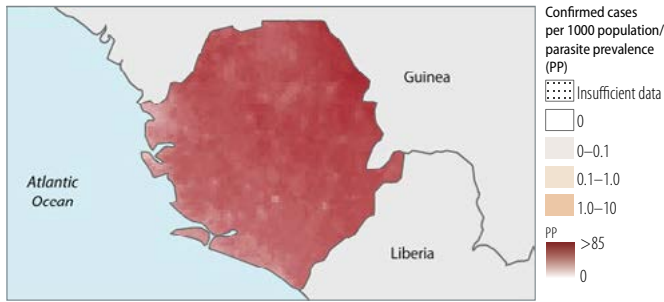
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	6 320 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	6 320 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. melas</i>
Programme phase:	Control
Reported confirmed cases:	1 374 476
Reported confirmed cases at community level:	97 908
Reported deaths:	2848
Estimated cases, 2013:	[1 700 000-3 400 000]
Estimated deaths, 2013:	[5700-11 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	2010
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2010
Treatment	ACT is free for all ages in public sector	Yes	2010
	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>	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	Yes	2005
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	-

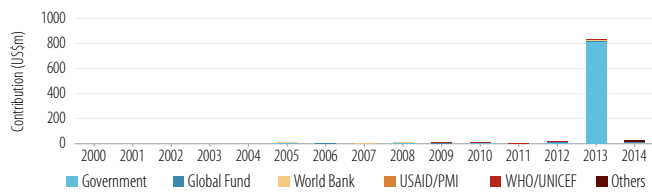
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	AS; AM; QN	2004
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	<i>P. f</i> only.	

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

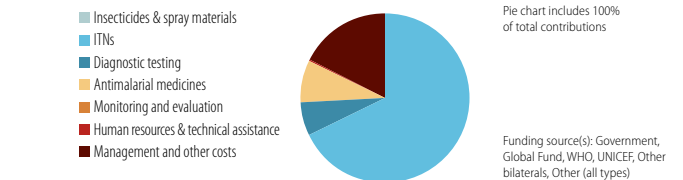
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010	No	No	No	No	<i>An. gambiae</i> s.l.

III. Financing

Sources of financing

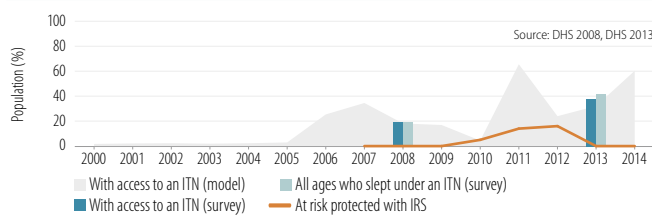


Financing by intervention in 2014

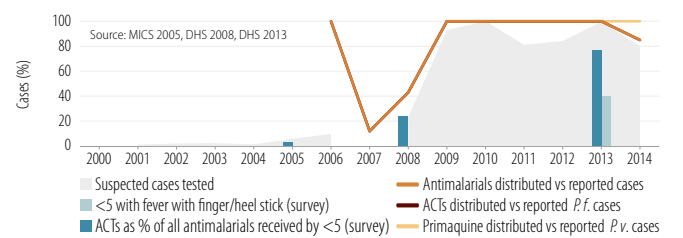


IV. Coverage

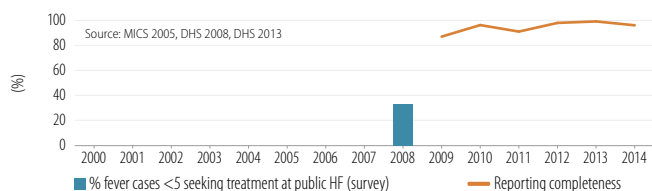
ITN and IRS coverage



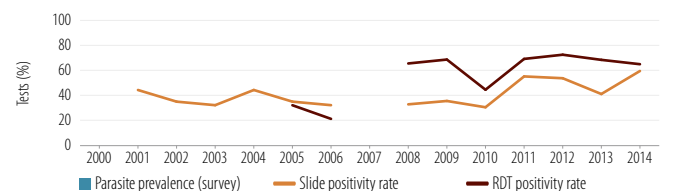
Cases tested and treated in public sector



Cases tracked

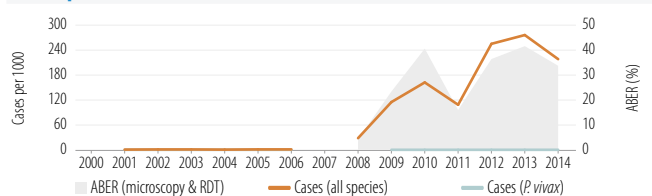


Test positivity

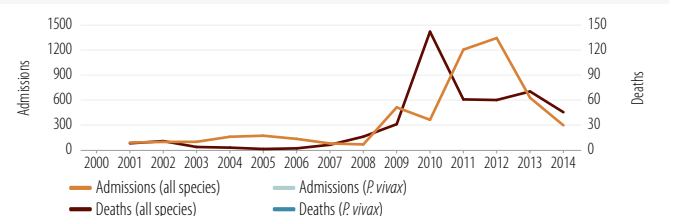


V. Impact

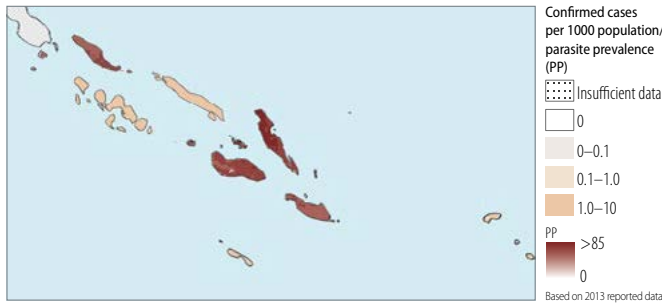
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	566 000	99
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	5720	1
Total	572 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (54%), *P. vivax* (46%)
 Major anopheles species: *An. farauti*, *An. punctulatus*, *An. koliensis*

Programme phase: Control

Reported confirmed cases: 18 404 Estimated cases, 2013: [35 000-49 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 23 Estimated deaths, 2013: <50

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	1996
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	No	1969
Larval control	Use of larval control recommended	Yes	2014
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1968
	Malaria diagnosis is free of charge in the public sector	Yes	2007
Treatment	ACT is free for all ages in public sector	Yes	2008
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	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	1990
	ACD of febrile cases at community level (pro-active)	Yes	2013
	Mass screening is undertaken	Yes	-
	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	AL 2009
First-line treatment of <i>P. falciparum</i>	AL 2009
Treatment failure of <i>P. falciparum</i>	QN 2009
Treatment of severe malaria	AL; AS 2009
Treatment of <i>P. vivax</i>	AL+PQ(14d) 2009
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, %)

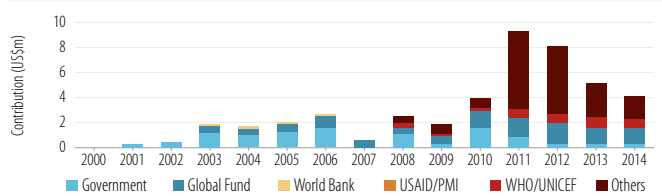
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2008-2013	0	0	6.3	28 days	3	<i>P. falciparum</i>
AL	2008-2013	4	5.1	31.6	28 days	3	<i>P. vivax</i>

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

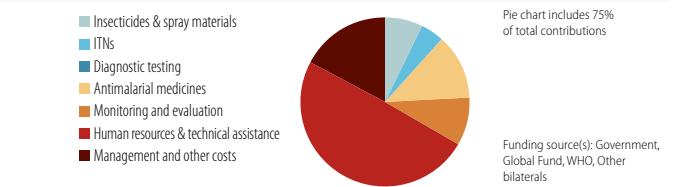
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2013	No	No	-	-	<i>An. farauti</i> s.l.

III. Financing

Sources of financing

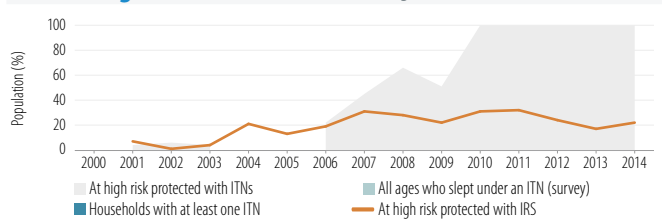


Financing by intervention in 2014

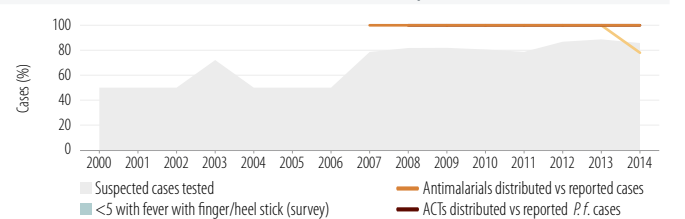


IV. Coverage

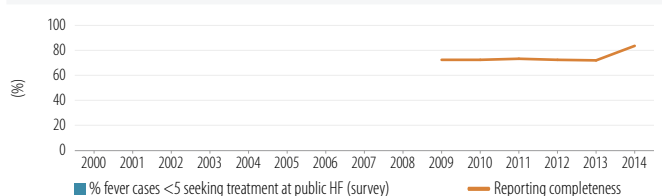
ITN and IRS coverage



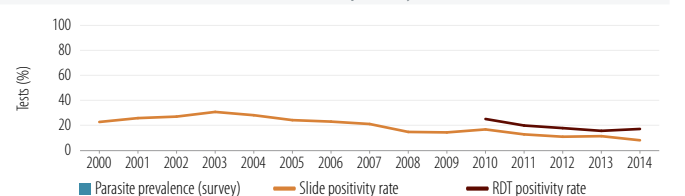
Cases tested and treated in public sector



Cases tracked

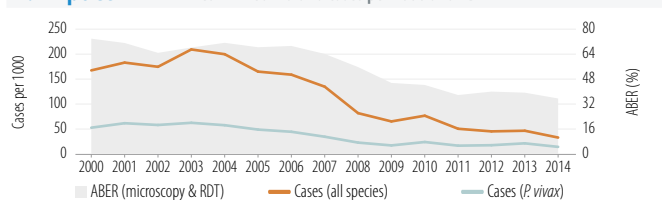


Test positivity

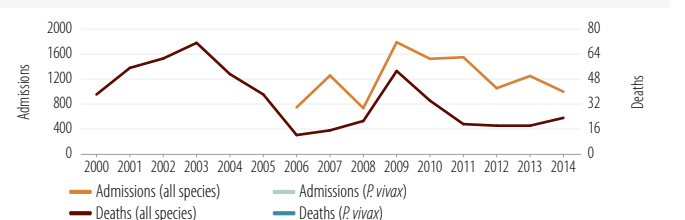


V. Impact

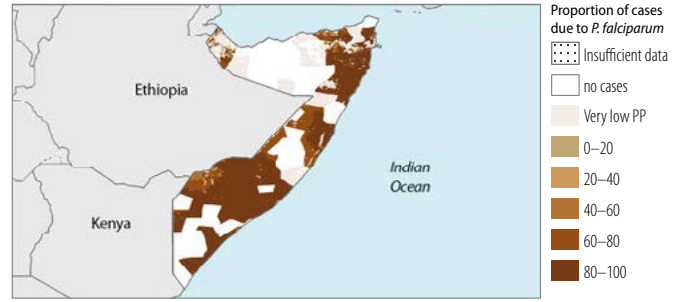
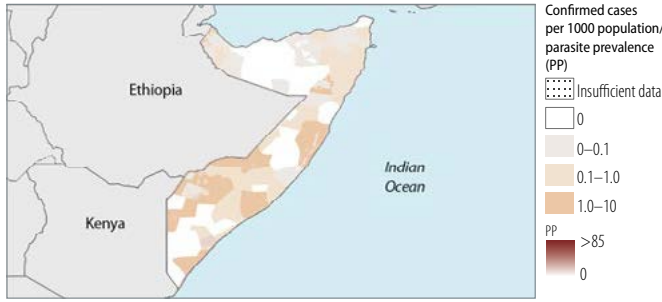
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



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: *P. falciparum* (-), *P. vivax* (-)
 Major anopheles species: *An. arabiensis*, *An. funestus*
 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, %)

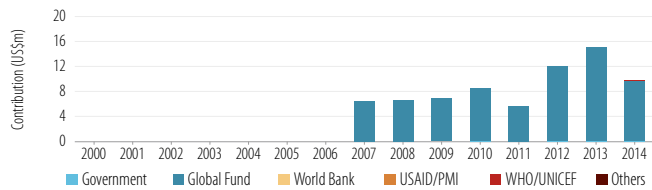
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+SP	2005–2011	0	1	22.2	28 days	5	<i>P. falciparum</i>
AL	2013–2013	0	0.5	1	28 days	2	<i>P. falciparum</i>

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

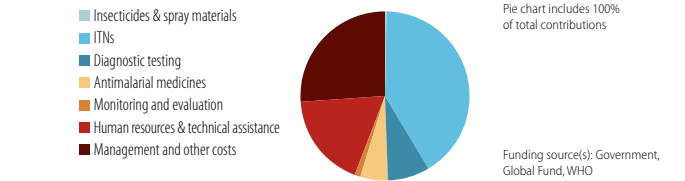
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2013	Yes	Yes	No	Yes	<i>An. arabiensis</i> , <i>An. funestus</i> s.l.

III. Financing

Sources of financing

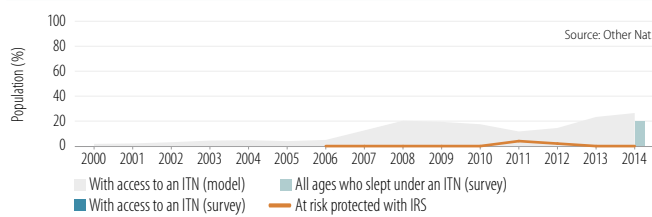


Financing by intervention in 2014

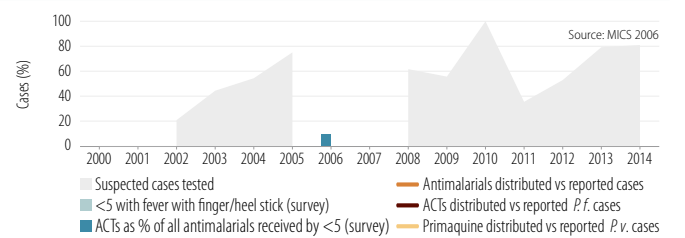


IV. Coverage

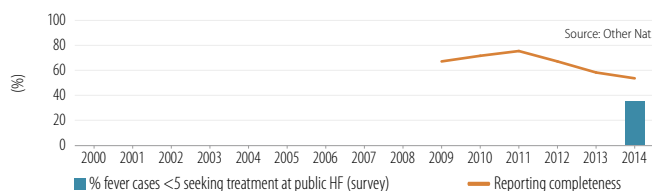
ITN and IRS coverage



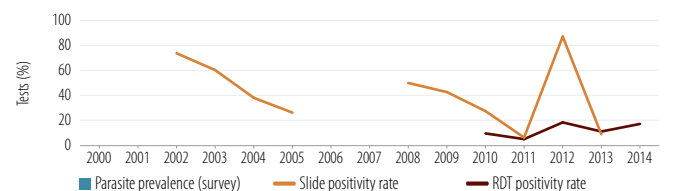
Cases tested and treated in public sector



Cases tracked

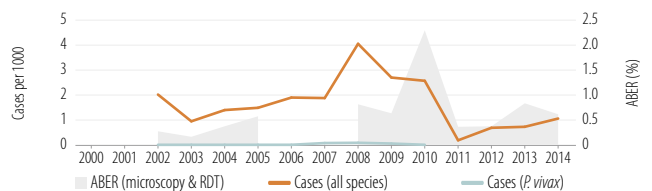


Test positivity

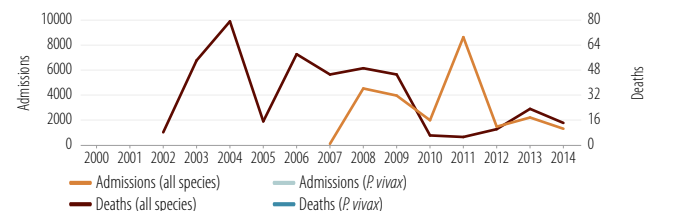


V. Impact

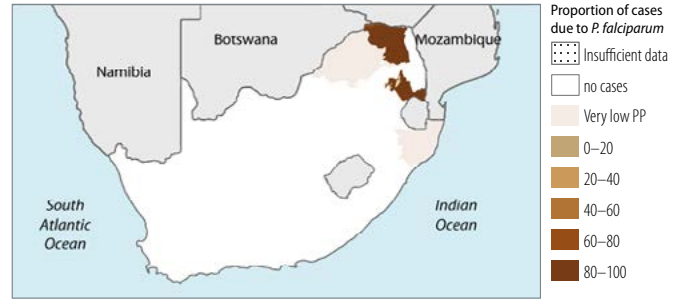
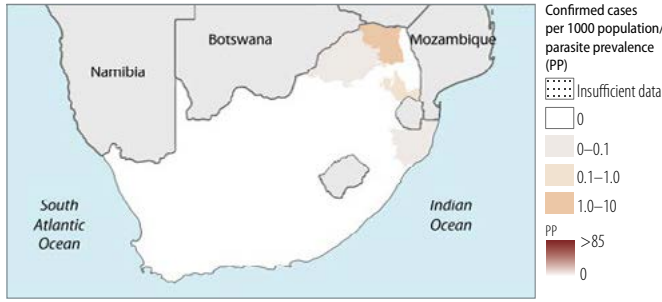
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	2 160 000	4
Low transmission (0-1 cases per 1000 population)	3 240 000	6
Malaria free (0 cases)	48 600 000	90
Total	54 000 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 11 705 Estimated cases, 2013: [14 000-24 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 174 Estimated deaths, 2013: [120-120]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1930
	DDT is authorized for IRS	Yes	-
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	-
	Malaria diagnosis is free of charge in the public sector	Yes	1997
Treatment	ACT is free for all ages in public sector	Yes	2001
	Sale of oral artemisinin-based monotherapies	Never allowed	2001
	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	Yes	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	Yes	-
	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	-
First-line treatment of <i>P. falciparum</i>	AL; QN+CL; QN+D 2001
Treatment failure of <i>P. falciparum</i>	AS; QN 2001
Treatment of severe malaria	QN 2001
Treatment of <i>P. vivax</i>	AL+PQ; CQ+PQ -
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

Therapeutic efficacy tests (clinical and parasitological failure, %)

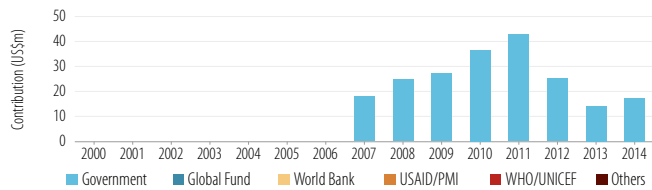
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

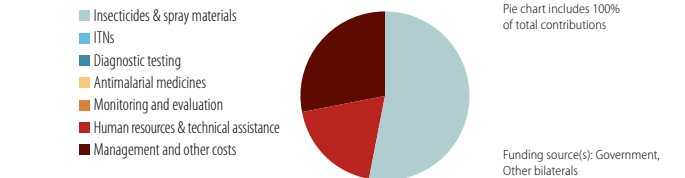
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	No	No	No	-	<i>An. arabiensis</i> , <i>An. merus</i>

III. Financing

Sources of financing

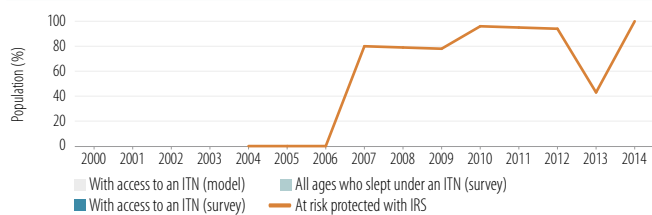


Financing by intervention in 2014

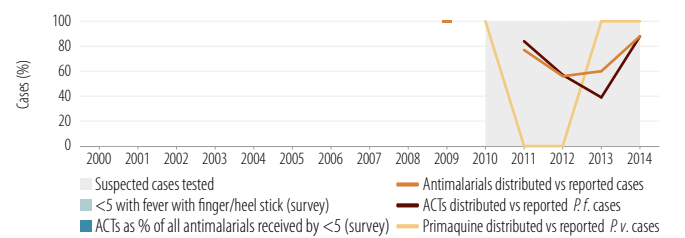


IV. Coverage

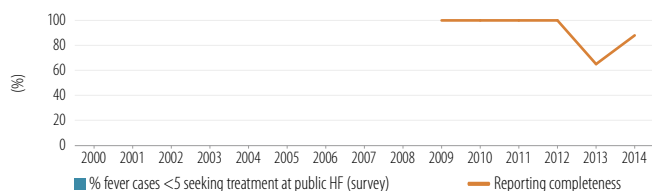
ITN and IRS coverage



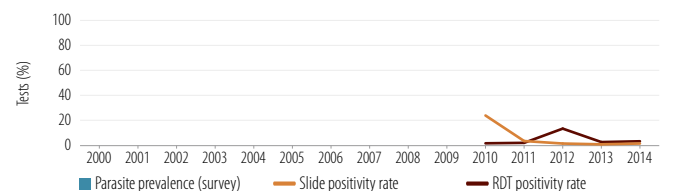
Cases tested and treated in public sector



Cases tracked

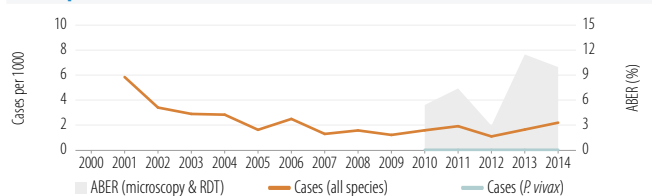


Test positivity

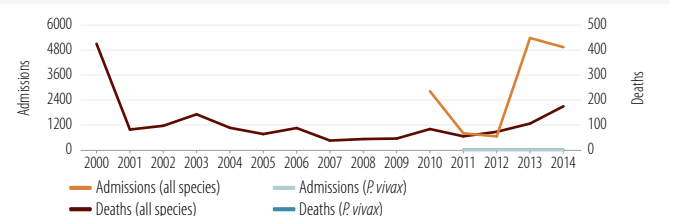


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	11 900 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	11 900 000	

Parasites and vectors

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

Major anopheles species: *An. gambiae*, *An. arabiensis*, *An. funestus*, *An. nili*

Programme phase: Control

Reported confirmed cases: - Estimated cases, 2013: [880 000–2 900 000]

Reported deaths: - Estimated deaths, 2013: [1500–7200]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	2013
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2013
	Malaria diagnosis is free of charge in the public sector	Yes	2005
Treatment	ACT is free for all ages in public sector	Yes	2006
	Sale of oral artemisinin-based monotherapies	–	–
	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)	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+AQ 2006
First-line treatment of <i>P. falciparum</i>	AS+AQ 2006
Treatment failure of <i>P. falciparum</i>	AL 2006
Treatment of severe malaria	AM; AS; QN 2004
Treatment of <i>P. vivax</i>	AS+AQ+PQ –
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	–

Therapeutic efficacy tests (clinical and parasitological failure, %)

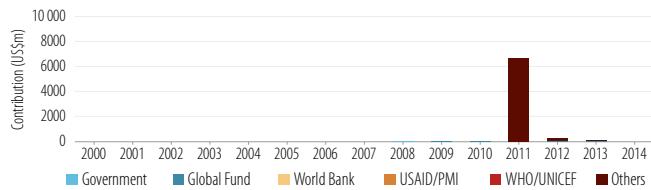
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

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	–	–	–	–	–

III. Financing

Sources of financing

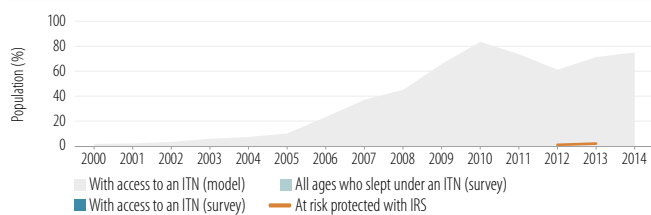


Financing by intervention in 2014

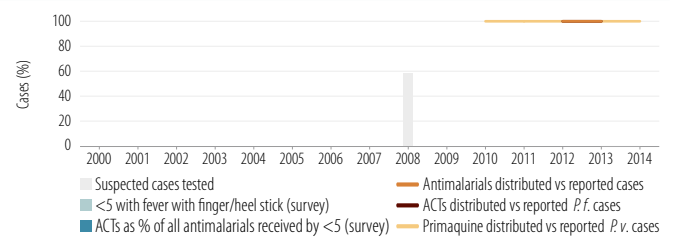
No data reported for 2014

IV. Coverage

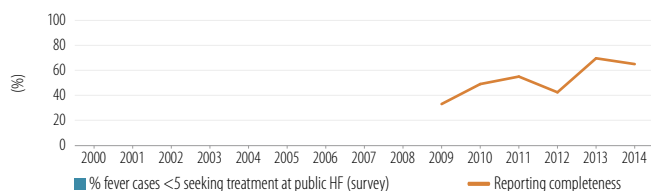
ITN and IRS coverage



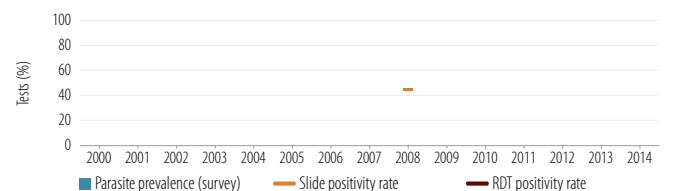
Cases tested and treated in public sector



Cases tracked

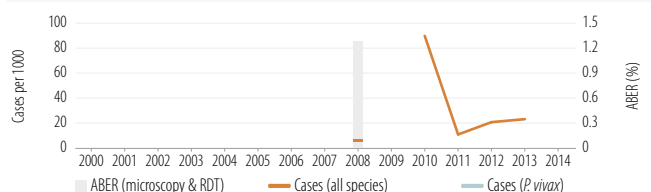


Test positivity

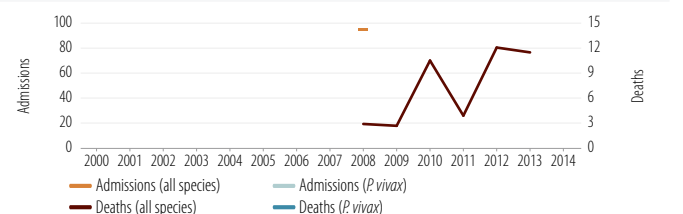


V. Impact

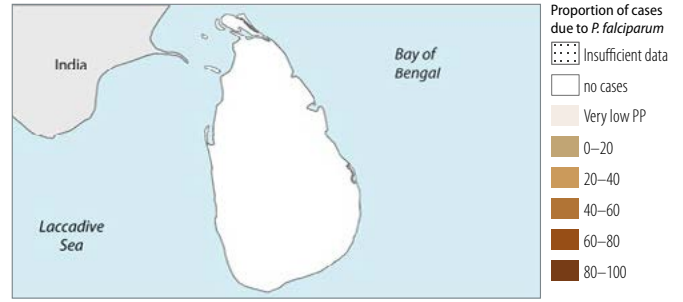
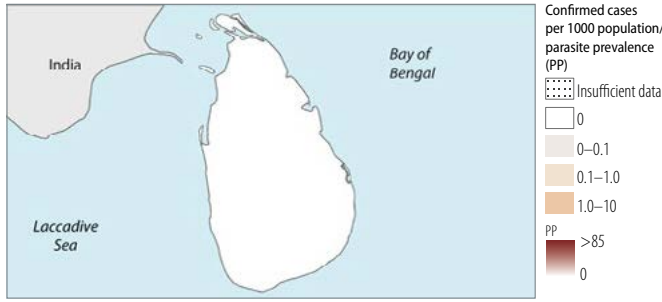
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	0	0
Number of people living in malaria free areas	20 600 000	100
Total	20 600 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (0%)			
Major anopheles species: <i>An. culicifacies</i> , <i>An. subpictus</i> , <i>An. annularis</i> , <i>An. varuna</i>			
Programme phase: Prevention of Reintroduction			
Total confirmed cases, 2014:	49	Total deaths, 2014:	0
Indigenous cases, 2014:	0	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	2004
IRS	IRS is recommended	Yes	1945
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1911
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	Yes	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	-
	Surveillance	ACD for case investigation (reactive)	Yes
	ACD of febrile cases at community level (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2008
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	2014
	Foci and case investigation undertaken	Yes	1958
	Case reporting from private sector is mandatory	Yes	-

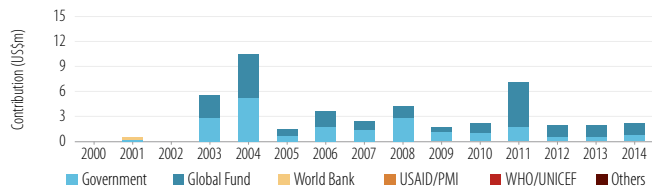
Antimalarial treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL+PQ	2008
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AS	2014
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2008
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

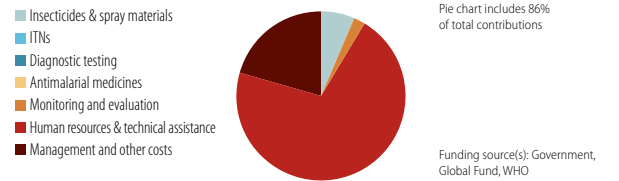
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)						
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested	
2010-2013	Yes	Yes	Yes	Yes	<i>An. culicifacies</i> , <i>An. subpictus</i> , other	

III. Financing

Sources of financing

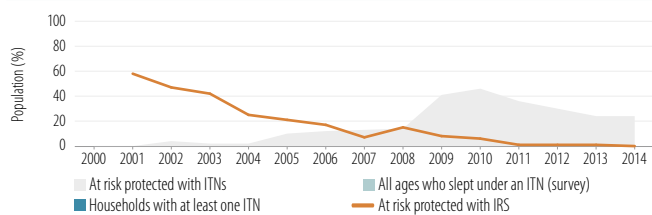


Financing by intervention in 2014

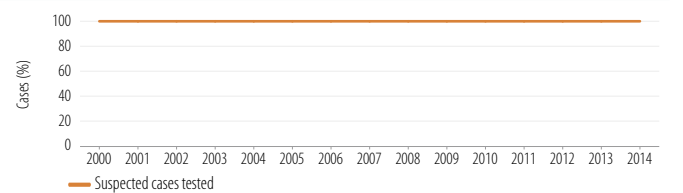


IV. Coverage

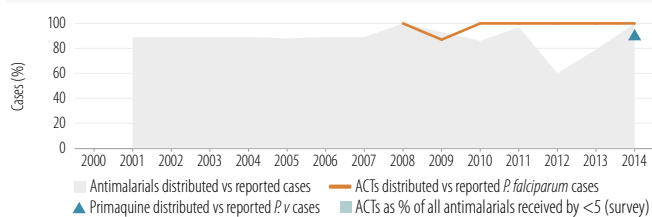
ITN and IRS coverage



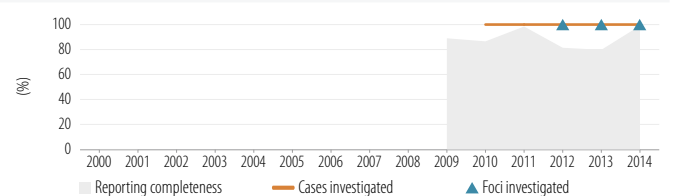
Cases tested



Cases treated

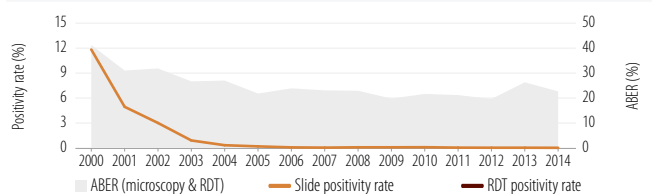


Cases tracked

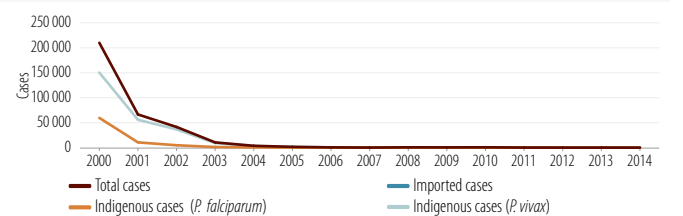


V. Impact

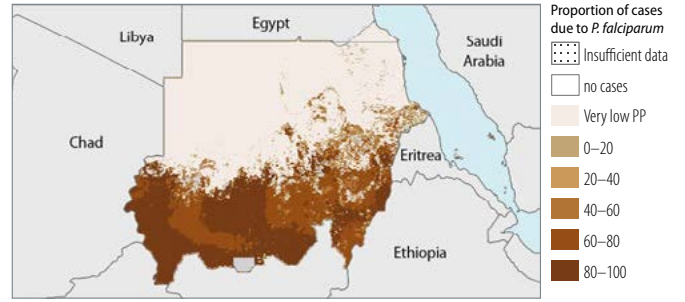
Malaria test positivity rate and ABER



Number of malaria cases



Impact: On track for >75% decrease in incidence 2000-2015



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).

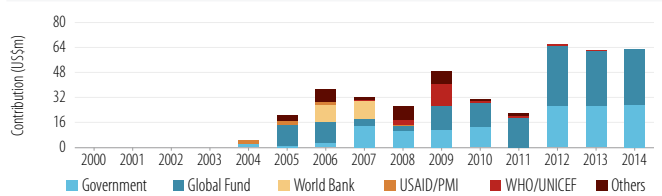
Therapeutic efficacy tests (clinical and parasitological failure, %)

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>

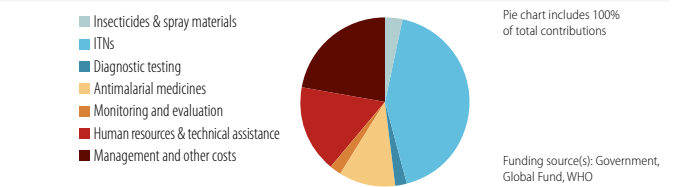
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

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

III. Financing

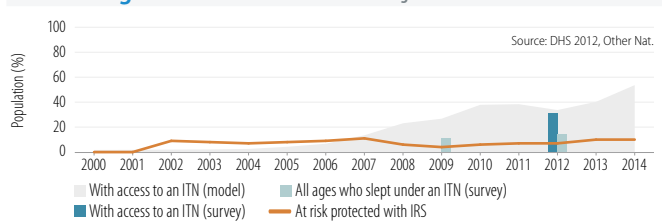


Financing by intervention in 2014

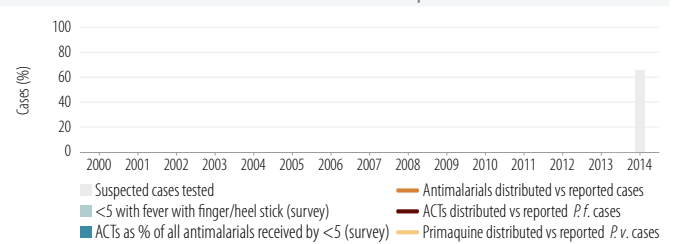


IV. Coverage

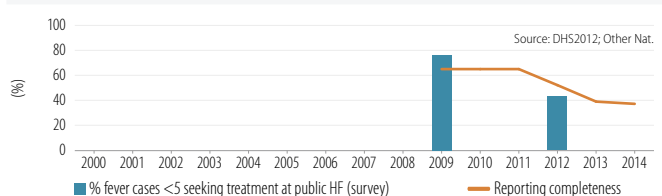
ITN and IRS coverage



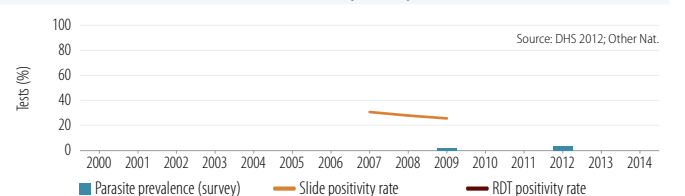
Cases tested and treated in public sector



Cases tracked

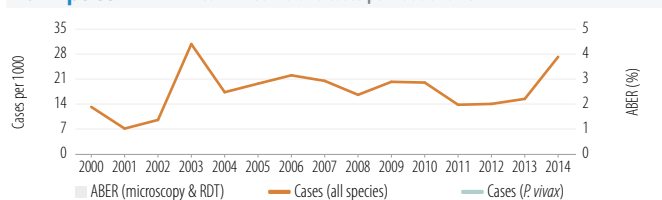


Test positivity

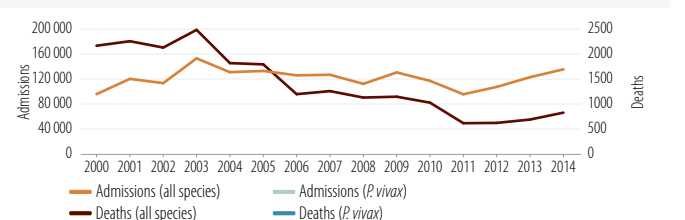


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	84 500	16
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	454 000	84
Total	538 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (43%), <i>P. vivax</i> (57%)			
Major anopheles species: <i>An. darlingi</i> , <i>An. nuneztovari</i>			
Programme phase: Control			
Reported confirmed cases:	374	Estimated cases, 2013:	[780–2000]
Reported deaths:	0	Estimated deaths, 2013:	<10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	No	2006
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1955
	Malaria diagnosis is free of charge in the public sector	Yes	1955
Treatment	ACT is free for all ages in public sector	Yes	2004
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2004
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2004
	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	2000
	ACD of febrile cases at community level (pro-active)	No	2000
	Mass screening is undertaken	Yes	2000
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	–
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	–

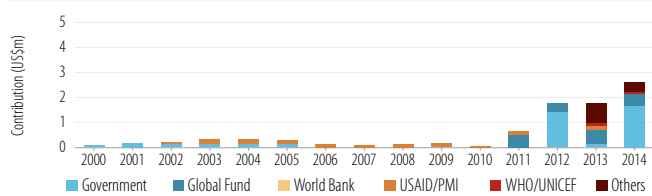
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AL+PQ	2004
Treatment failure of <i>P. falciparum</i>	AS+MQ	2004
Treatment of severe malaria	AS	–
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	–
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
AL	2005–2011	0	2.35	4.7	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
2013	–	–	–	No	<i>An. aquasalis</i>

III. Financing

Sources of financing

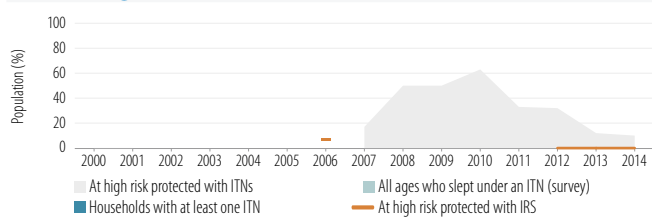


Financing by intervention in 2014

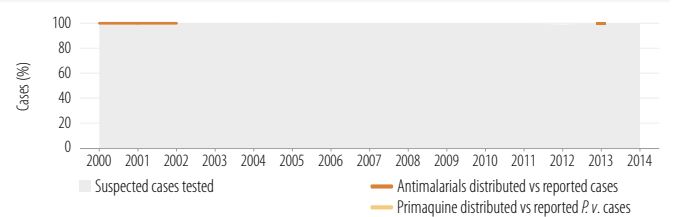
No data reported for 2014

IV. Coverage

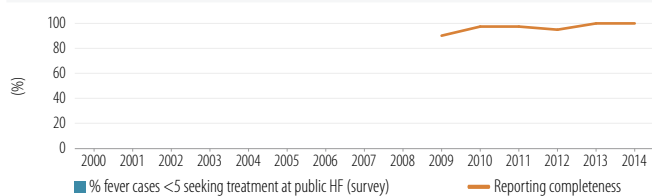
ITN and IRS coverage



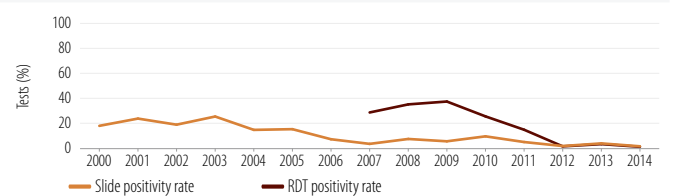
Cases tested and treated in public sector



Cases tracked

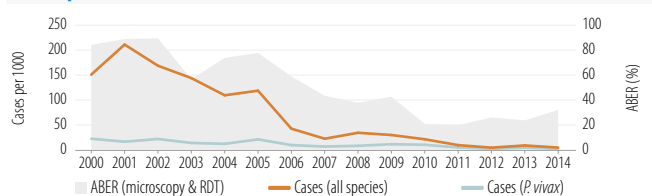


Test positivity

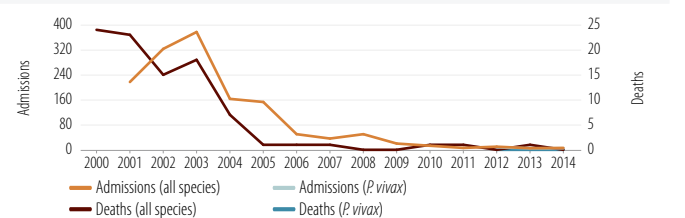


V. Impact

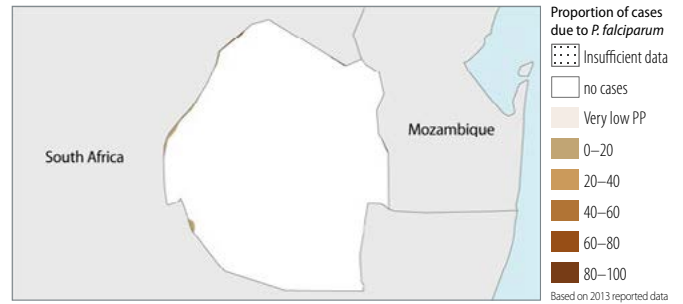
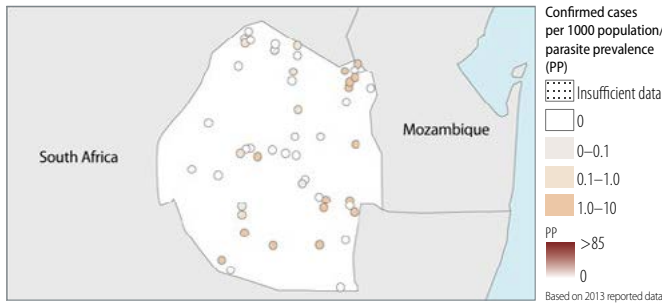
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	77	0
Low transmission (0-1 cases per 1000 population)	356 000	28
Malaria free (0 cases)	914 000	72
Total	1 270 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. arabiensis*, *An. gambiae*, *An. funestus*
 Programme phase: Pre-elimination

Reported confirmed cases: 269 Estimated cases, 2013: [450-890]
 Reported deaths: 4 Estimated deaths, 2013: <10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2002
IRS	IRS is recommended	Yes	1946
	DDT is authorized for IRS	Yes	-
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	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free for all ages in public sector	Yes	2010
	Sale of oral artemisinin-based monotherapies	are allowed	2010
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2014
	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	Yes	2014
Surveillance	System for monitoring of adverse reactions to antimalarials exists	Yes	2010
	ACD for case investigation (reactive)	Yes	2010
	ACD of febrile cases at community level (pro-active)	Yes	2010
	Mass screening is undertaken	Yes	2010
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy

Medicine	Adopted
First-line treatment of unconfirmed malaria	-
First-line treatment of <i>P. falciparum</i>	AL 2009
Treatment failure of <i>P. falciparum</i>	QN 2009
Treatment of severe malaria	AS -
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	-

Therapeutic efficacy tests (clinical and parasitological failure, %)

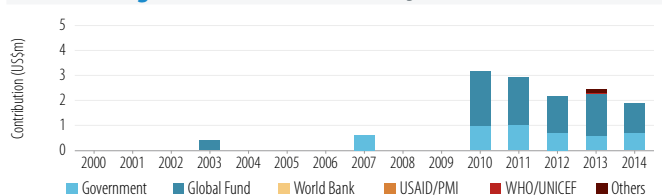
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

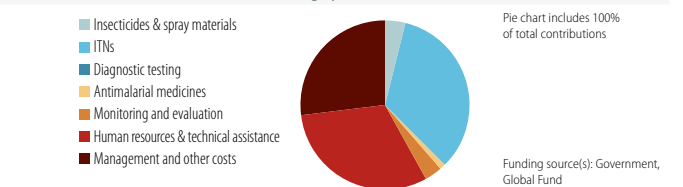
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011	No	No	-	-	<i>An. gambiae</i> s.s.

III. Financing

Sources of financing

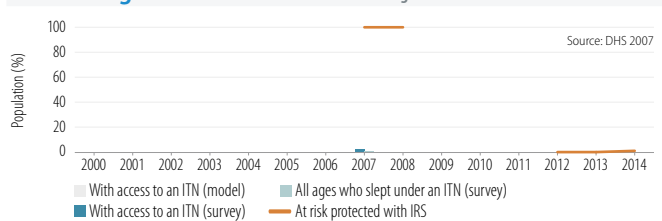


Financing by intervention in 2014

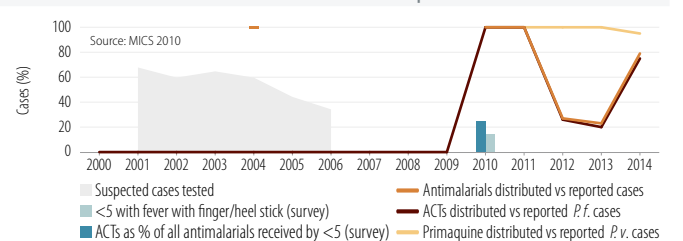


IV. Coverage

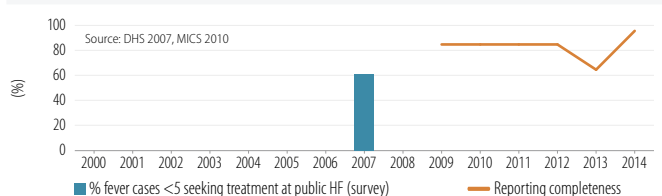
ITN and IRS coverage



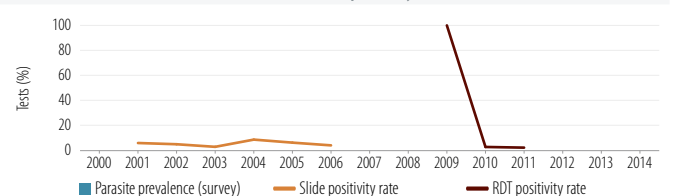
Cases tested and treated in public sector



Cases tracked

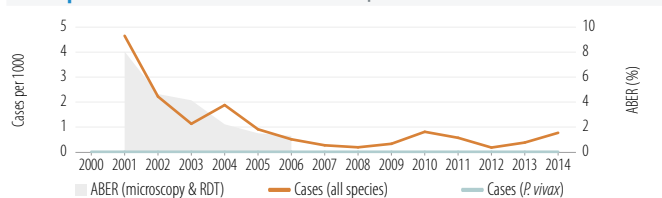


Test positivity

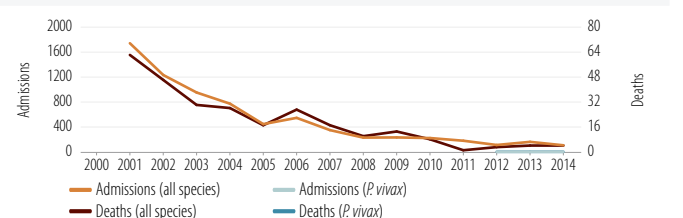


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
Number of active foci	130	
Number of people living within active foci	613 000	7
Number of people living in malaria free areas	7 680 000	93
Total	8 293 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. superpictus</i> , <i>An. pulcherrimus</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	7	Total deaths, 2014:	0
Indigenous cases, 2014:	2	Indigenous deaths, 2014:	0
Introduced cases, 2014:	0		

II. Intervention policies and strategies

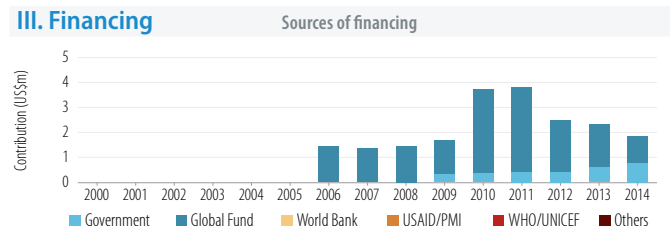
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	1997
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1998
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1997
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2004
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1997
	G6PD test is a requirement before treatment with primaquine	Yes	2014
	Directly observed treatment with primaquine is undertaken	Yes	2004
	System for monitoring of adverse reactions to antimalarials exists	Yes	1997
Surveillance	ACD for case investigation (reactive)	Yes	2004
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1997
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	2009
Case reporting from private sector is mandatory	Yes	2000	

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AL	-
First-line treatment of <i>P. falciparum</i>	QN	2008
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	CQ+PQ(14d)	2004
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	

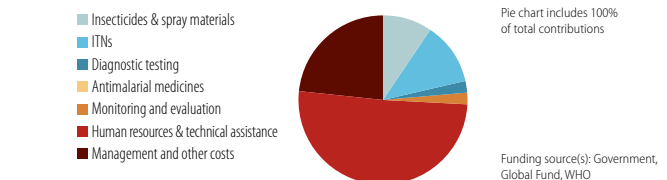
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2012	No	-	-	No	<i>An. pulcherrimus</i> , <i>An. superpictus</i>

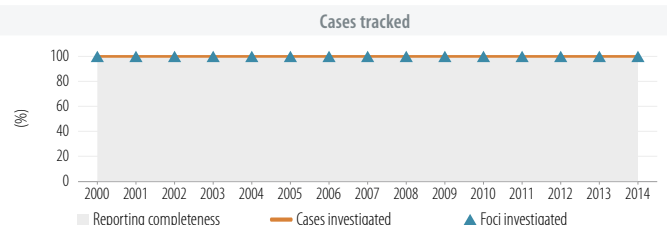
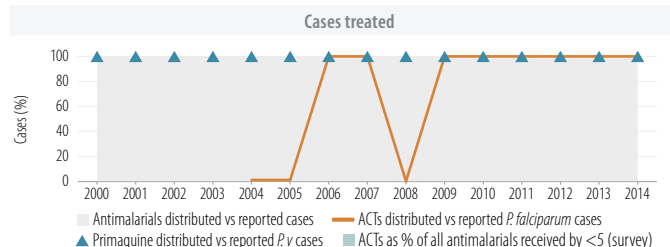
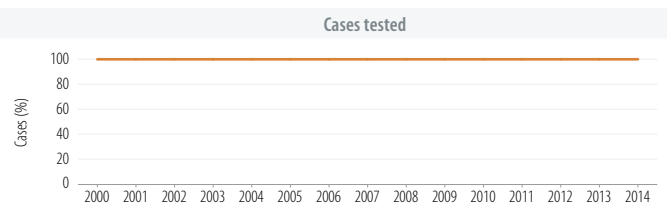
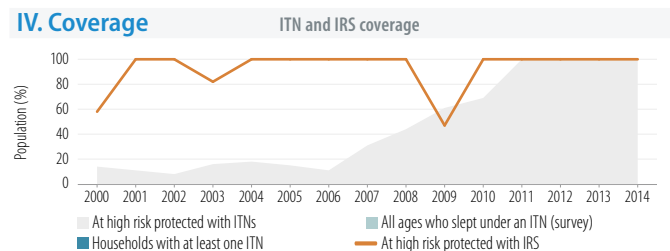
III. Financing



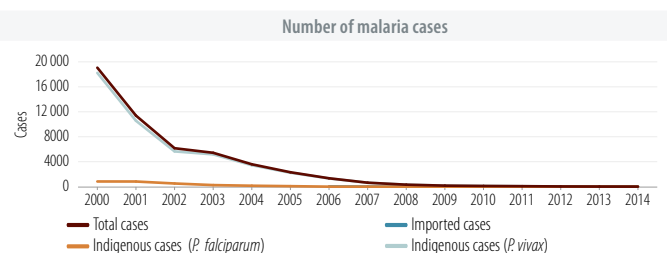
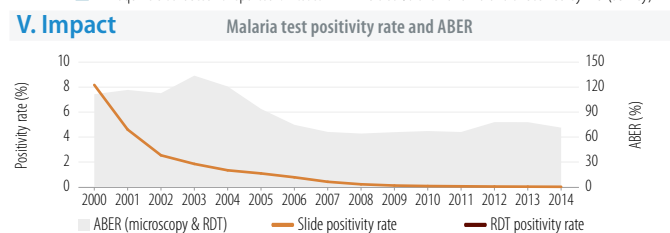
Financing by intervention in 2014



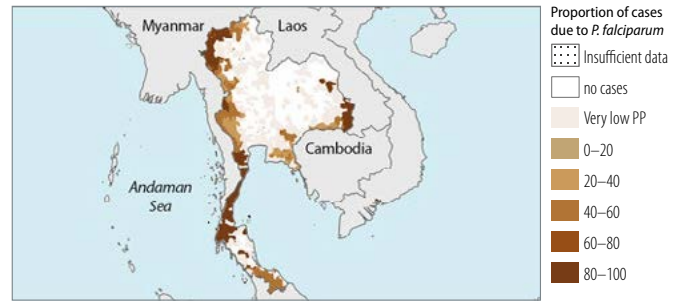
IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	5 420 000	8
Low transmission (0-1 cases per 1000 population)	28 400 000	42
Malaria free (0 cases)	33 900 000	50
Total	67 700 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (38%), <i>P. vivax</i> (54%)			
Major anopheles species: <i>An. dirus</i> , <i>An. minimus</i> , <i>An. maculatus</i> , <i>An. sudaicus</i>			
Programme phase: Control			
Reported confirmed cases:	37 921	Estimated cases, 2013:	[37 000-390 000]
Reported confirmed cases at community level:	3297		
Reported deaths:	38	Estimated deaths, 2013:	<50

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	1992
IRS	IRS is recommended	Yes	1953
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1953
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1991
	Malaria diagnosis is free of charge in the public sector	Yes	1953
Treatment	ACT is free for all ages in public sector	Yes	1995
	Sale of oral artemisinin-based monotherapies	Never allowed	1995
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	1995
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1965
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2008
	System for monitoring of adverse reactions to antimalarials exists	No	-
Surveillance	ACD for case investigation (reactive)	Yes	1958
	ACD of febrile cases at community level (pro-active)	Yes	1958
	Mass screening is undertaken	Yes	1958
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	1995
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	1995

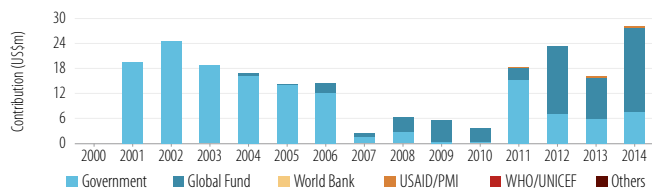
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AS+MQ	2007
Treatment failure of <i>P. falciparum</i>	QN+D	2007
Treatment of severe malaria	QN+D	2007
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2007
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)	
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
-	-	-	-	-	-	-	-

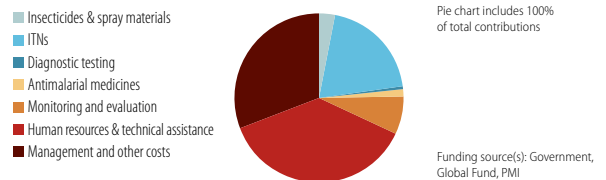
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	-	-	-	-	-

III. Financing

Sources of financing

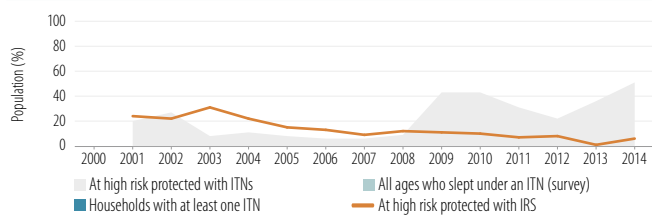


Financing by intervention in 2014

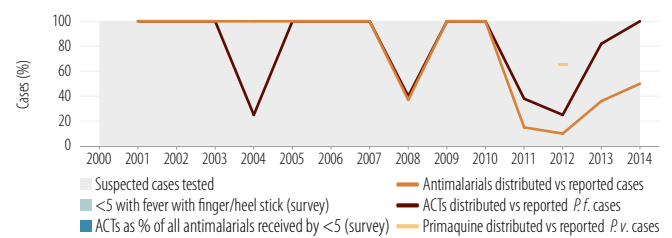


IV. Coverage

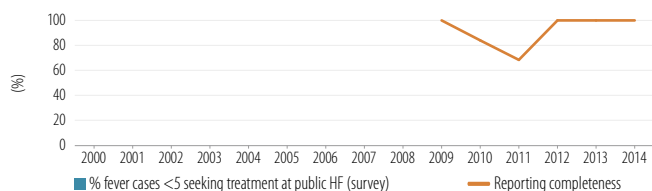
ITN and IRS coverage



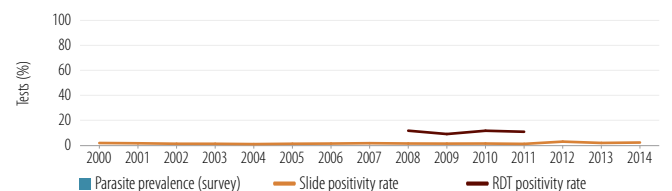
Cases tested and treated in public sector



Cases tracked

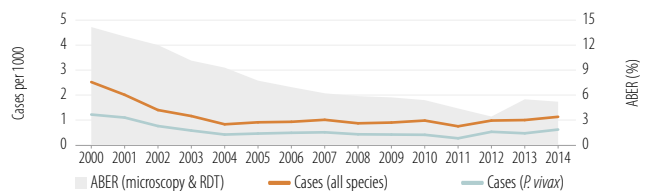


Test positivity

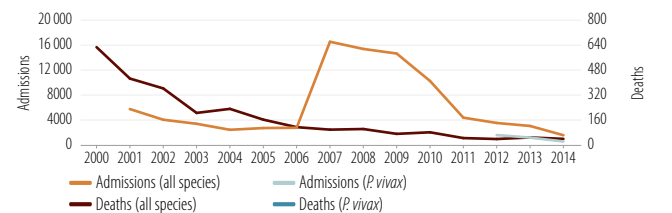


V. Impact

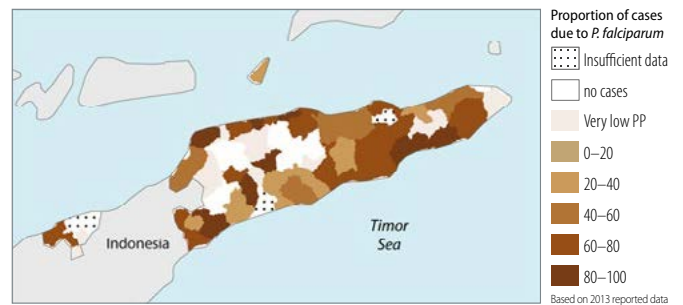
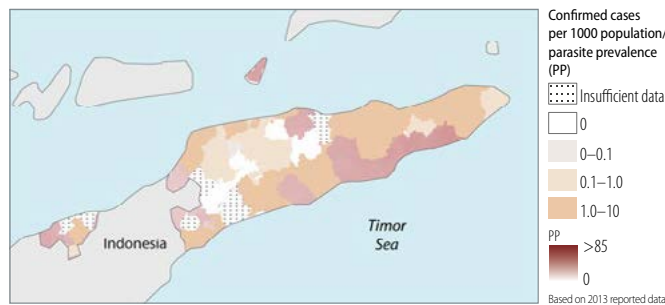
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for 50-75% decrease in case incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	391 000	34
Low transmission (0-1 cases per 1000 population)	650 000	56
Malaria free (0 cases)	119 000	10
Total	1 160 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (59%), *P. vivax* (41%)
 Major anopheles species: *An. subpictus*, *An. barbirostris*

Programme phase: Control

Reported confirmed cases: 342 Estimated cases, 2013: [37 000-120 000]
 Reported confirmed cases at community level: 64
 Reported deaths: 1 Estimated deaths, 2013: [10-270]

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	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2007
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2007
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	2006
	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	2002
	ACD of febrile cases at community level (pro-active)	Yes	2009
	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	-
First-line treatment of <i>P. falciparum</i>	AL
Treatment failure of <i>P. falciparum</i>	QN+D
Treatment of severe malaria	AM; AS; QN
Treatment of <i>P. vivax</i>	CQ+PQ(14d)
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> + <i>P. v.</i> specific (Combo).

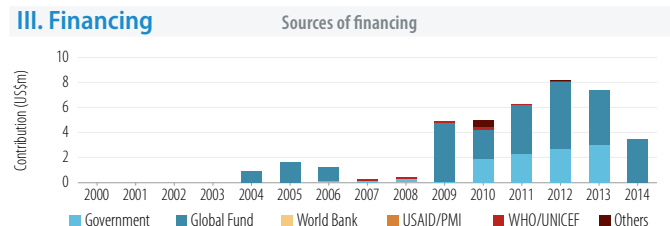
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2011-2013	17.5	17.5	17.5	28 days	1	<i>P. vivax</i>
AL	2012-2013	0	0	0	28 days	1	<i>P. falciparum</i>

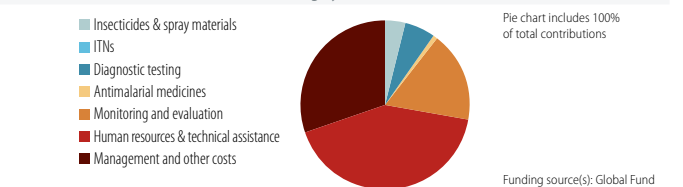
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	No	No	No	No	<i>An. barbirostris</i> , <i>An. subpictus</i> s.l., <i>An. sundaicus</i> s.l.

III. Financing

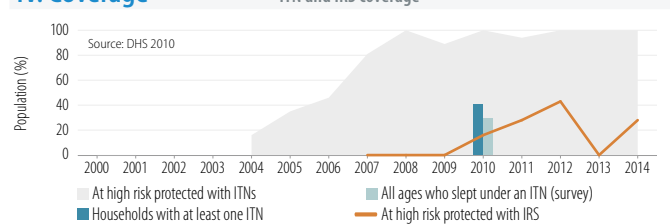


Financing by intervention in 2014

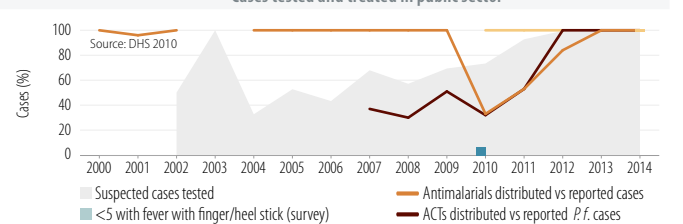


IV. Coverage

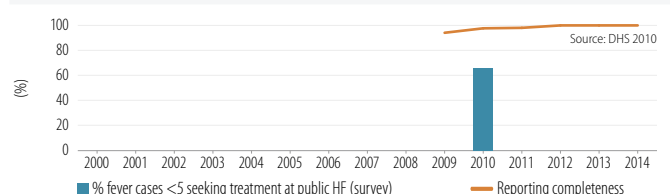
ITN and IRS coverage



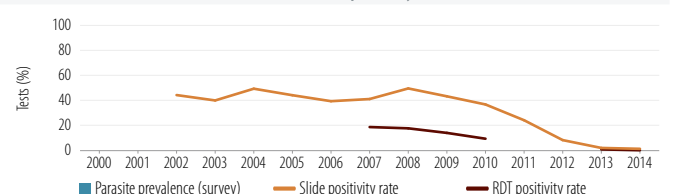
Cases tested and treated in public sector



Cases tracked

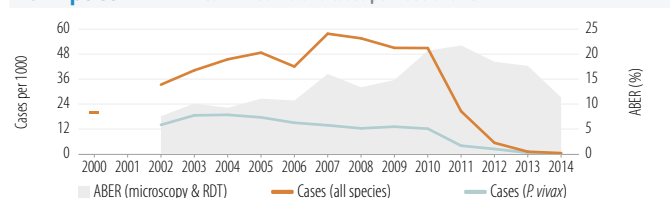


Test positivity

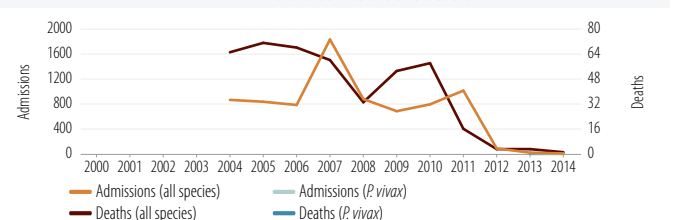


V. Impact

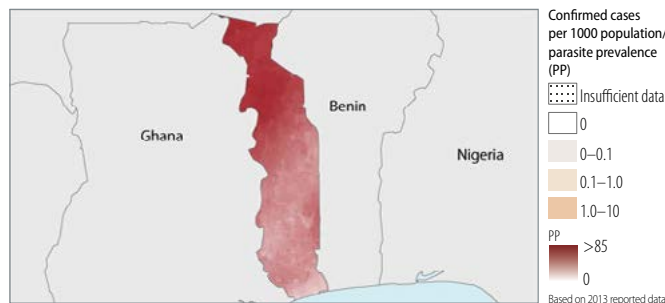
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	7 120 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	7 120 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. melas</i> , <i>An. arabiensis</i>
Programme phase:	Control
Reported confirmed cases:	1 130 251 Estimated cases, 2013: [2 100 000-3 100 000]
Reported confirmed cases at community level:	394 088
Reported deaths:	1205 Estimated deaths, 2013: [3100-5900]

II. Intervention policies and strategies

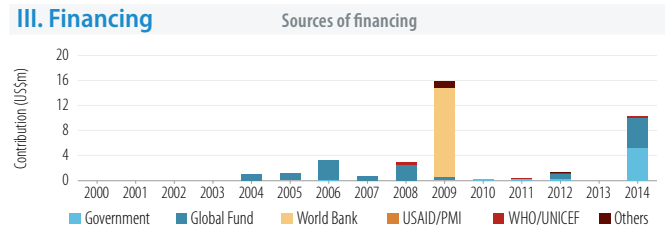
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2011
IRS	IRS is recommended	No	-
	DDT is authorized for IRS	-	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2003
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2012
Treatment	ACT is free for all ages in public sector	Yes	2013
	Sale of oral artemisinin-based monotherapies	Is banned	2011
	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	-	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reactions to antimalarials exists	Yes	2009
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	Yes	2013
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	2007
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AL; AS+AQ	-
First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	-
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AS; AM; QN	-
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used	<i>P. f.</i> only.	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2013	0	1.4	4.4	28 days	11	<i>P. falciparum</i>
AS+AQ	2005-2013	0	0	6	28 days	11	<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
2011-2013	Yes	Yes	Yes	No	<i>An. gambiae</i> s.l.

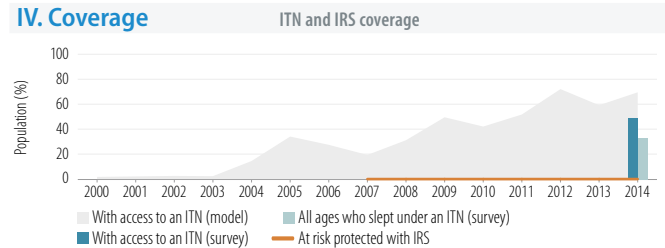
III. Financing



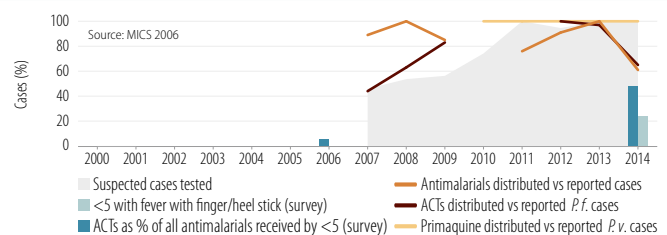
Financing by intervention in 2014

No data reported for 2014

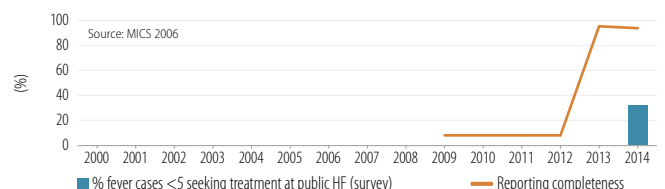
IV. Coverage



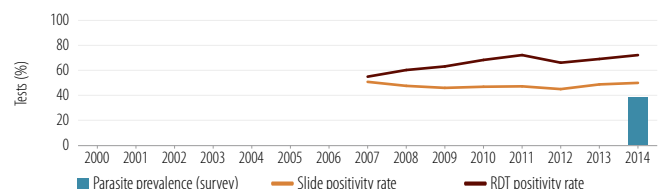
Cases tested and treated in public sector



Cases tracked

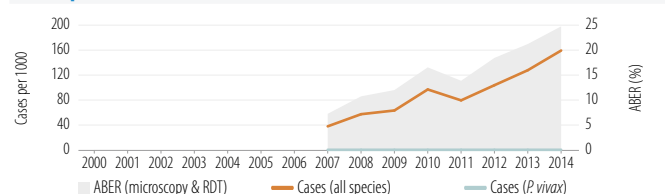


Test positivity

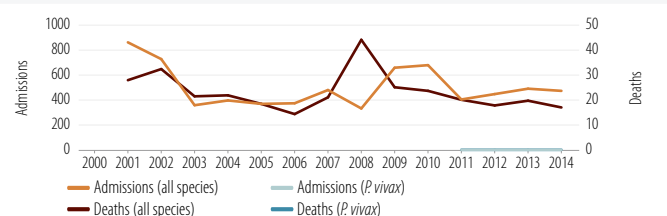


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
Number of active foci	-	-
Number of people living within active foci	0	0
Number of people living in malaria free areas	77 500 000	100
Total	77 500 000	

Parasites and vectors			
Major plasmodium species: <i>P. falciparum</i> (0%), <i>P. vivax</i> (100%)			
Major anopheles species: <i>An. sacharovi</i> , <i>An. superpictus</i> , <i>An. maculipennis</i>			
Programme phase: Elimination			
Total confirmed cases, 2014:	249	Total deaths, 2014:	1
Indigenous cases, 2014:	0	Indigenous deaths, 2014:	0
Introduced cases, 2014:	5		

II. Intervention policies and strategies

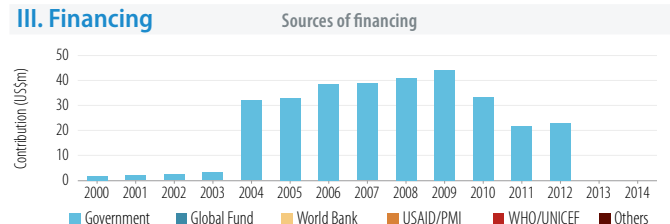
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	No	-
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	1926
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1926
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	1926
Treatment	ACT is free for all ages in public sector	-	-
	Sale of oral artemisinin-based monotherapies	Never 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>	Yes	1926
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2007
	System for monitoring of adverse reactions to antimalarials exists	No	-
Surveillance	ACD for case investigation (reactive)	Yes	2010
	ACD of febrile cases at community level (pro-active)	Yes	1946
	Mass screening is undertaken	Yes	1946
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	Yes	1926
Case reporting from private sector is mandatory	Yes	1930	

Antimalarial treatment policy		Medicine	Adopted
First-line treatment of unconfirmed malaria		-	-
First-line treatment of <i>P. falciparum</i>		-	-
Treatment failure of <i>P. falciparum</i>		-	-
Treatment of severe malaria		-	-
Treatment of <i>P. vivax</i>		CQ+PQ(14d)	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/kg (14 d)	-

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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	-	-	-	-	-

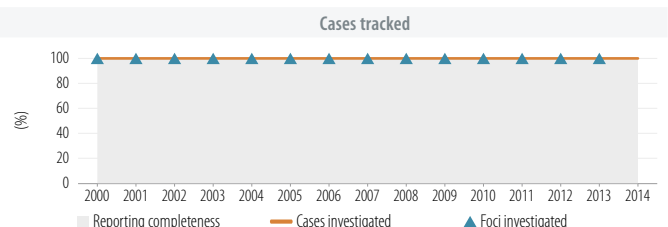
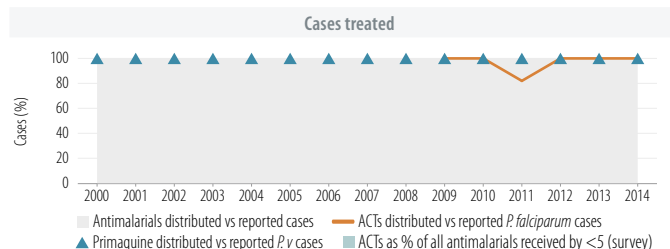
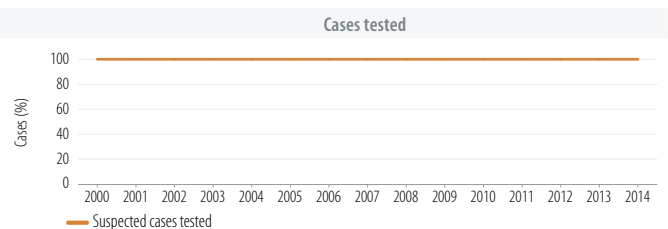
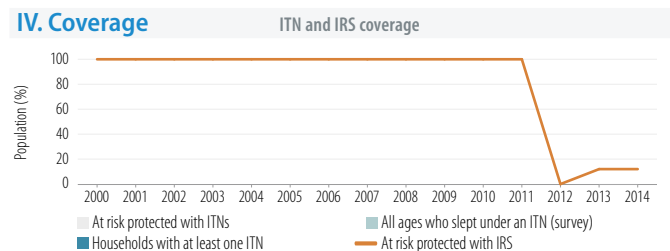
III. Financing



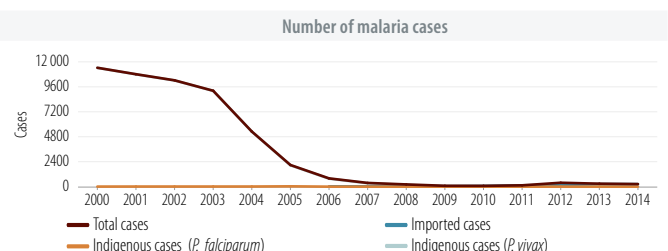
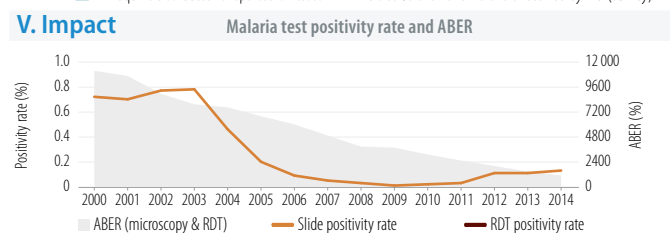
Financing by intervention in 2014

No data reported for 2014

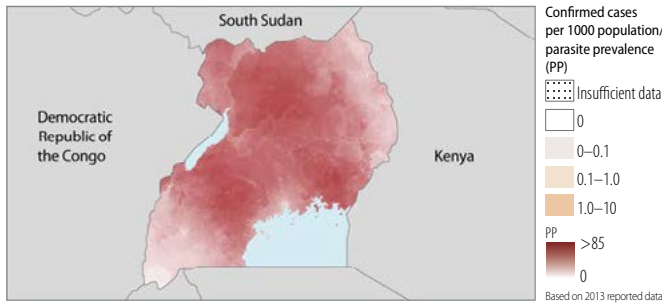
IV. Coverage



V. Impact



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	37 800 000	100
Low transmission (0–1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	37 800 000	

Parasites and vectors

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

Reported confirmed cases: 3 631 939 Estimated cases, 2013: [4 400 000–12 000 000]
 Reported confirmed cases at community level: 0
 Reported deaths: 5921 Estimated deaths, 2013: [5300–17 000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006
	ITNs/LLINs distributed to all age groups	Yes	2013
IRS	IRS is recommended	Yes	2005
	DDT is authorized for IRS	Yes	2008
Larval control	Use of larval control recommended	Yes	2011
IPT	IPT used to prevent malaria during pregnancy	Yes	1998
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2012
	Malaria diagnosis is free of charge in the public sector	Yes	2001
Treatment	ACT is free for all ages in public sector	Yes	2005
	Sale of oral artemisinin-based monotherapies	Is banned	2009
	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	Yes	–
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	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS, QN 2004
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	<i>P. f.</i> only.

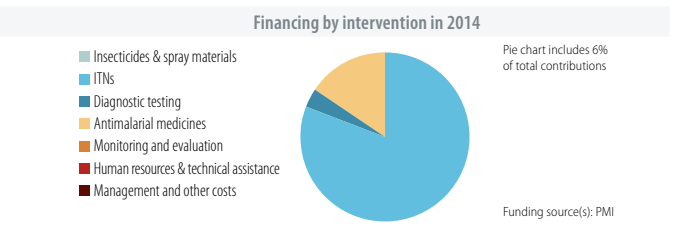
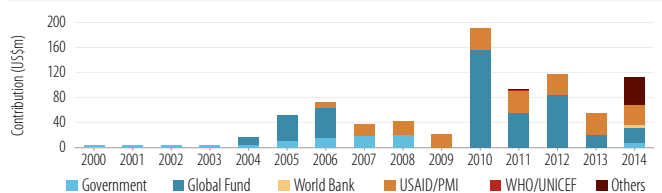
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
–	–	–	–	–	–	–	–

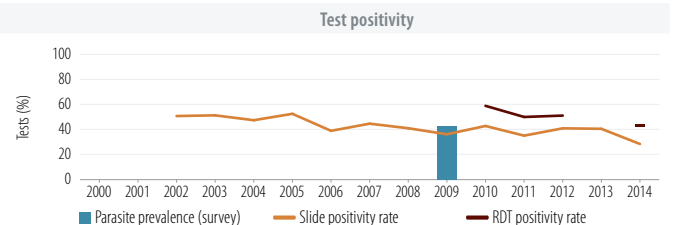
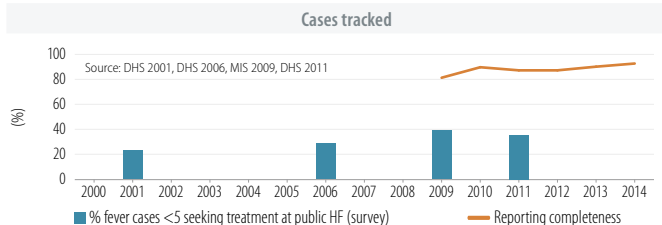
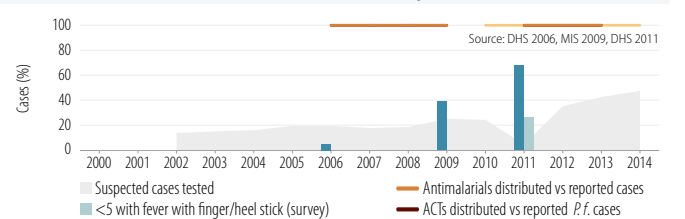
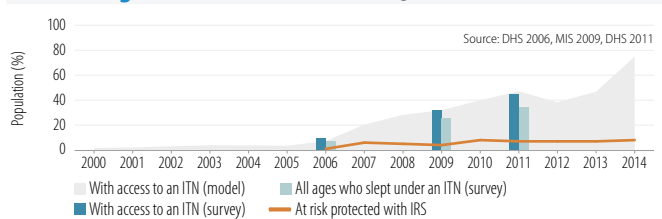
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011–2014	Yes	Yes	Yes	No	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.

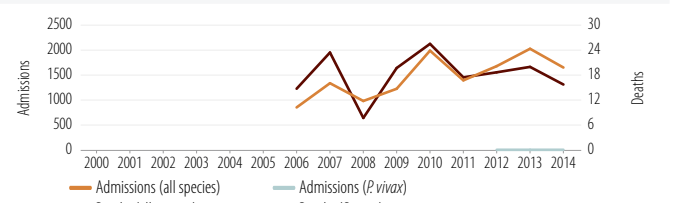
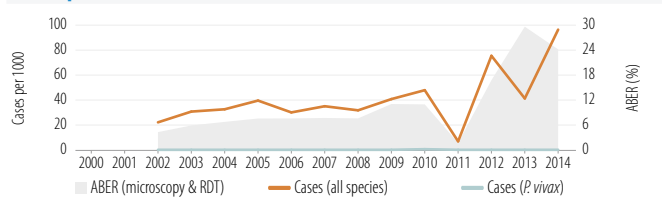
III. Financing



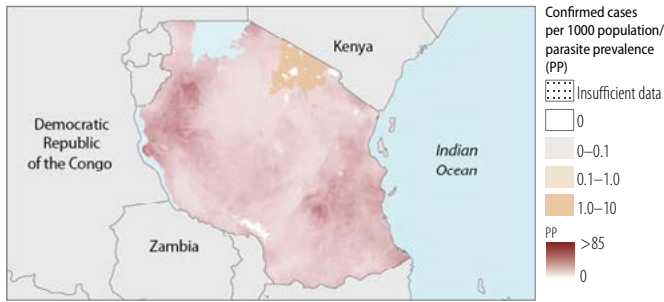
IV. Coverage



V. Impact



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	50 400 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	50 400 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. arabiensis*, *An. funestus*
 Programme phase: Control

Reported confirmed cases: 678 207
 Reported deaths: 5368

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2014
	ITNs/LLINs distributed to all age groups	No	-
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	Sale of oral artemisinin-based monotherapies	Is banned	2006
	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	Yes	-
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	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	AS, AM; QN 2004
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> + <i>P. v.</i> specific (Combo).

Therapeutic efficacy tests (clinical and parasitological failure, %)

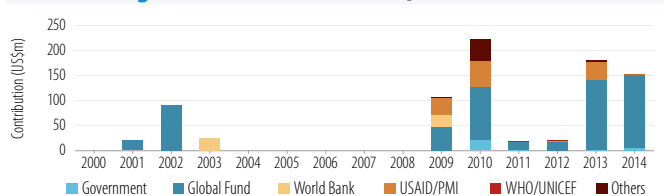
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
-	-	-	-	-	-	-	-

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

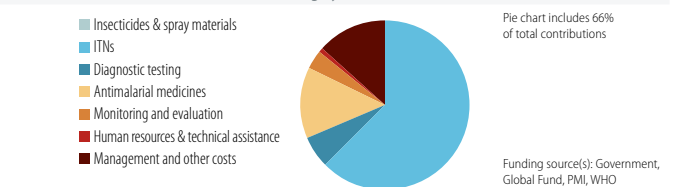
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2015	Yes	Yes	Yes	Yes	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.

III. Financing

Sources of financing

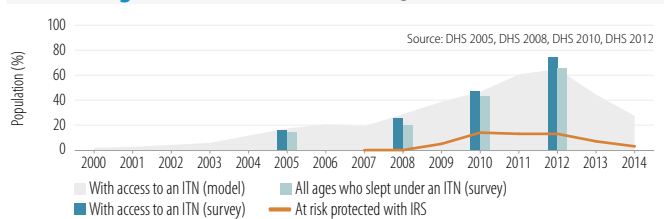


Financing by intervention in 2014

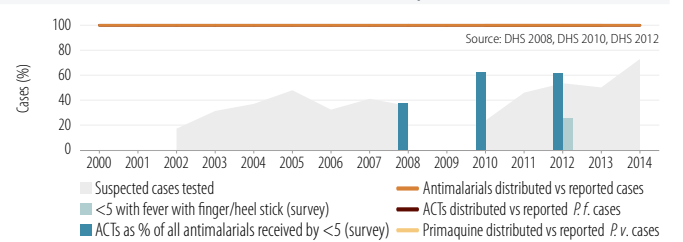


IV. Coverage

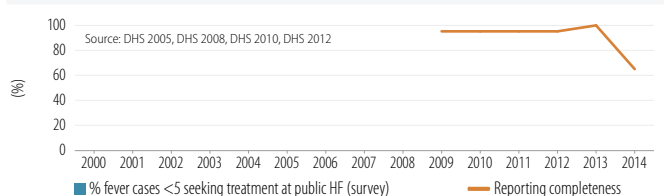
ITN and IRS coverage



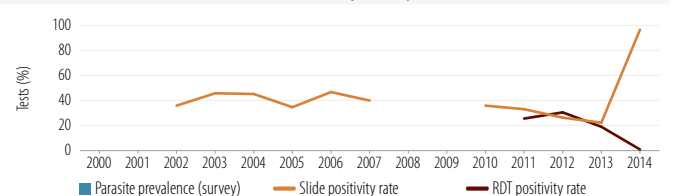
Cases tested and treated in public sector



Cases tracked

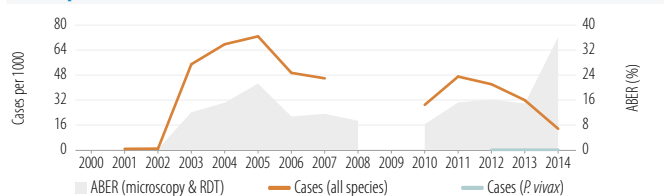


Test positivity

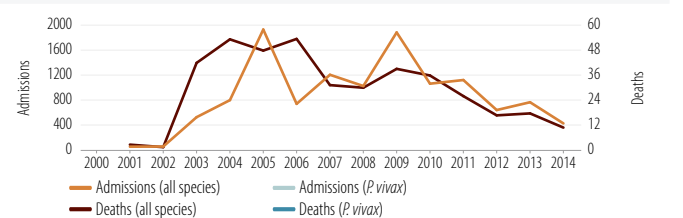


V. Impact

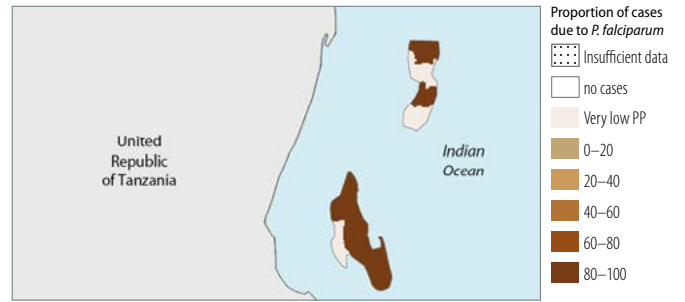
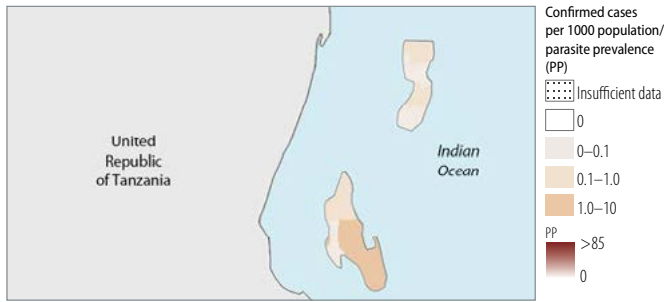
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	901 000	61
Low transmission (0-1 cases per 1000 population)	569 000	39
Malaria free (0 cases)	0	0
Total	1 470 000	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Major anopheles species:	<i>An. gambiae</i>
Programme phase:	Control
Reported confirmed cases:	2600
Reported confirmed cases at community level:	0
Reported deaths:	5

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	2008
IRS	IRS is recommended	Yes	2006
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2007
	Malaria diagnosis is free of charge in the public sector	Yes	2004
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Is banned	2012
	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	Yes	2003
Surveillance	ACD for case investigation (reactive)	Yes	2008
	ACD of febrile cases at community level (pro-active)	Yes	2011
	Mass screening is undertaken	Yes	2011
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-

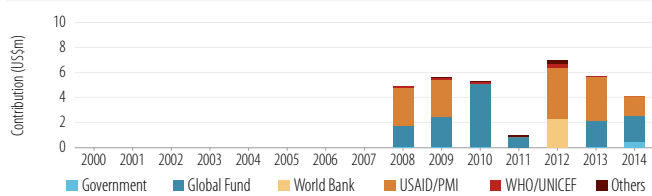
Antimalaria treatment policy	Medicine	Adopted
First-line treatment of unconfirmed malaria	AS+AQ	2004
First-line treatment of <i>P. falciparum</i>	AS+AQ	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	AS; QN	2004
Treatment of <i>P. vivax</i>	-	-
Dosage of primaquine 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
AL	2006-2007	0	0	0	28 days	2	<i>P. falciparum</i>

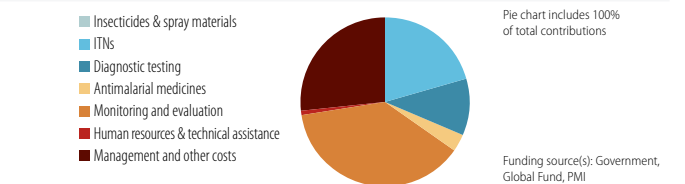
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)					
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2015	Yes	-	No	No	<i>An. gambiae</i> s.l.

III. Financing

Sources of financing

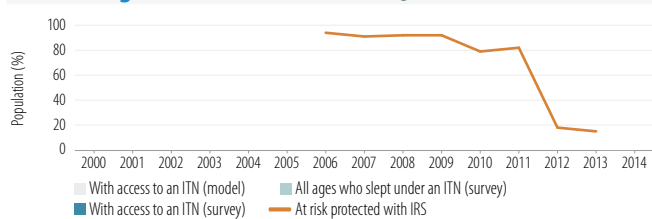


Financing by intervention in 2014

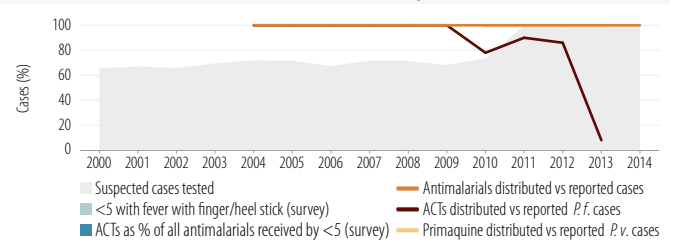


IV. Coverage

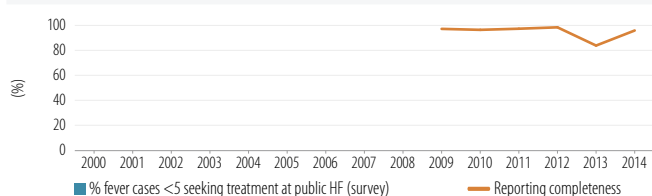
ITN and IRS coverage



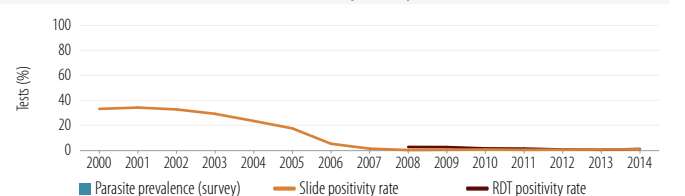
Cases tested and treated in public sector



Cases tracked

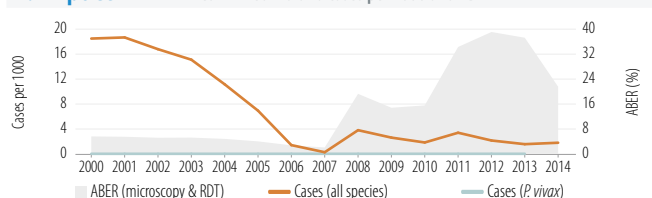


Test positivity

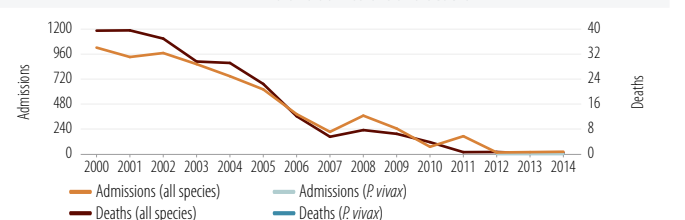


V. Impact

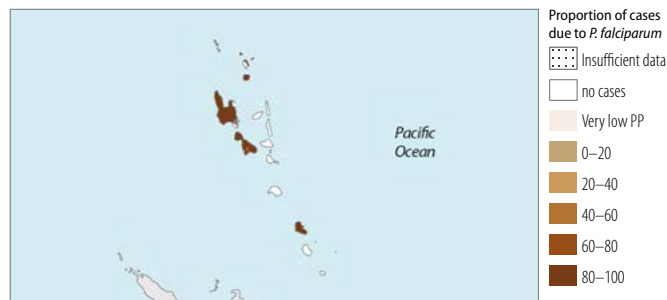
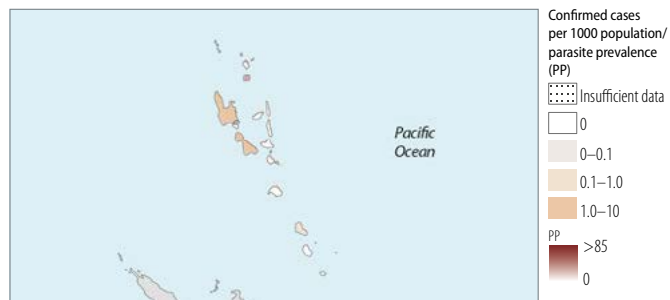
Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	225 000	87
Low transmission (0–1 cases per 1000 population)	33 900	13
Malaria free (0 cases)	0	0
Total	259 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (12%), *P. vivax* (88%)
 Major anopheles species: *An. farauti*

Programme phase: Control

Reported confirmed cases: 982 Estimated cases, 2013: [5800–10 000]
 Reported confirmed cases at community level: 332
 Reported deaths: 0 Estimated deaths, 2013: <10

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITNs/LLINs distributed to all age groups	Yes	1990
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	2010
IPT	IPT used to prevent malaria during pregnancy	N/A	–
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	2009
	Sale of oral artemisinin-based monotherapies	Never allowed	2012
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2014
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	Directly observed treatment with primaquine is undertaken	Yes	2009
	System for monitoring of adverse reactions to antimalarials exists	No	–
Surveillance	ACD for case investigation (reactive)	Yes	2013
	ACD of febrile cases at community level (pro-active)	Yes	2013
	Mass screening is undertaken	Yes	2013
	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	–
First-line treatment of <i>P. falciparum</i>	AL 2007
Treatment failure of <i>P. falciparum</i>	QN 2007
Treatment of severe malaria	AS 2014
Treatment of <i>P. vivax</i>	AL+PQ(14d) 2007
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, %)

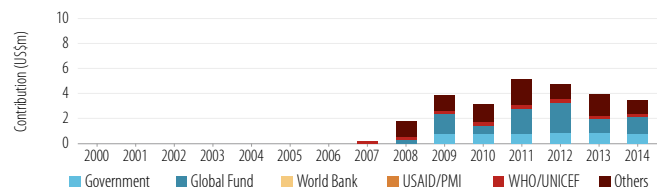
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2011–2012	2.8	2.8	2.8	28 days	1	<i>P. vivax</i>

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2013	No	–	–	–	<i>An. farauti</i> s.l., <i>An. punctulatus</i> , other

III. Financing

Sources of financing

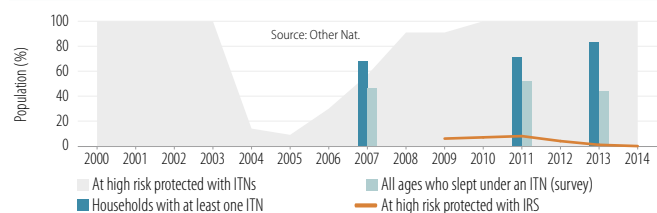


Financing by intervention in 2014

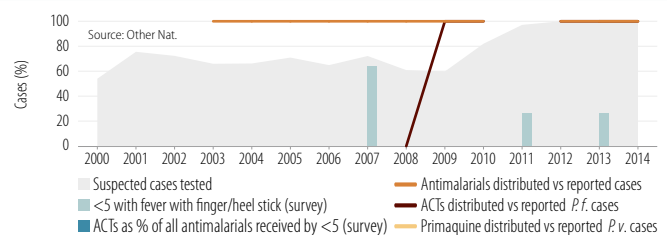
No data reported for 2014

IV. Coverage

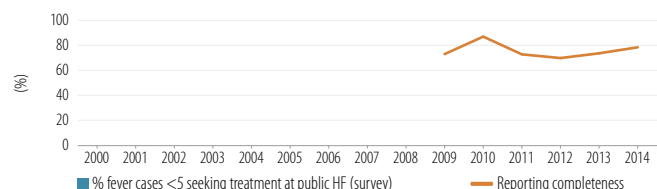
ITN and IRS coverage



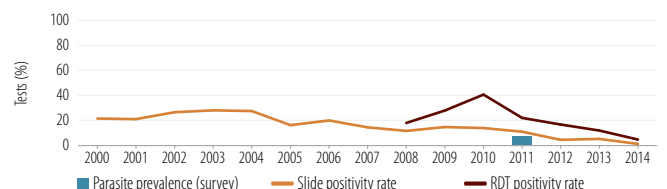
Cases tested and treated in public sector



Cases tracked

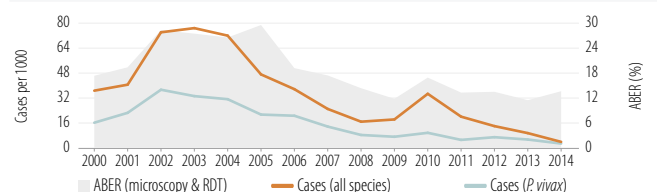


Test positivity

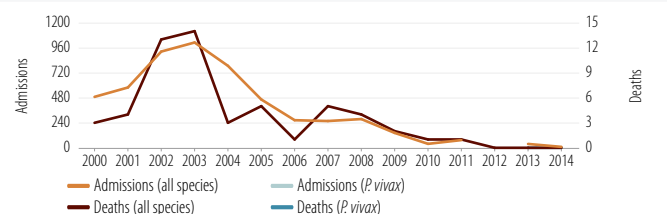


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	798 000	3
Low transmission (0–1 cases per 1000 population)	4 970 000	16
Malaria free (0 cases)	24 900 000	81
Total	30 700 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (31%), *P. vivax* (69%)

Major anopheles species: *An. darlingi*, *An. aquasalis*, *An. nuneztovari*, *An. braziliensis*, *An. albicans*

Programme phase: Control

Reported confirmed cases: 90 708 Estimated cases, 2013: [86 000–310 000]

Reported deaths: 5 Estimated deaths, 2013: [20–350]

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	–
	DDT is authorized for IRS	No	–
Larval control	Use of larval control recommended	Yes	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1936
	Malaria diagnosis is free of charge in the public sector	Yes	1936
Treatment	ACT is free for all ages in public sector	Yes	2004
	Sale of oral artemisinin-based monotherapies	Never allowed	–
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	–
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	–
	G6PD test is a requirement before treatment with primaquine	No	–
	Directly observed treatment with primaquine is undertaken	Yes	–
	System for monitoring of adverse reactions to antimalarials exists	No	–
Surveillance	ACD for case investigation (reactive)	Yes	–
	ACD of febrile cases at community level (pro-active)	Yes	–
	Mass screening is undertaken	Yes	–
	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	–
First-line treatment of <i>P. falciparum</i>	AS+MQ+PQ 2004
Treatment failure of <i>P. falciparum</i>	– 2004
Treatment of severe malaria	AM; QN 2004
Treatment of <i>P. vivax</i>	CQ+PQ(14d) 2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	–

Therapeutic efficacy tests (clinical and parasitological failure, %)

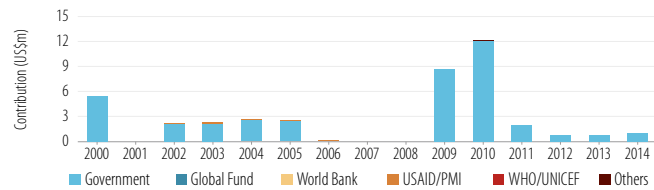
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2005–2006	0	0	0	28 days	2	<i>P. falciparum</i>

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

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010–2014	–	–	–	–	–

III. Financing

Sources of financing

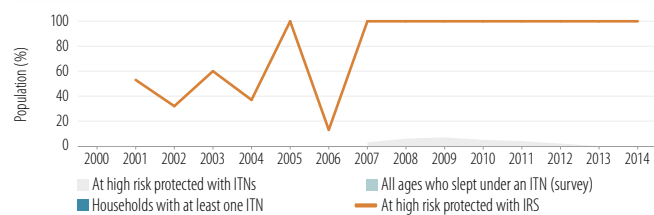


Financing by intervention in 2014

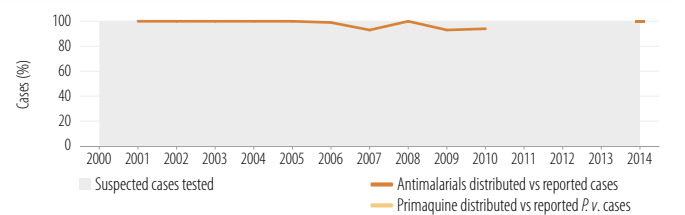
No data reported for 2014

IV. Coverage

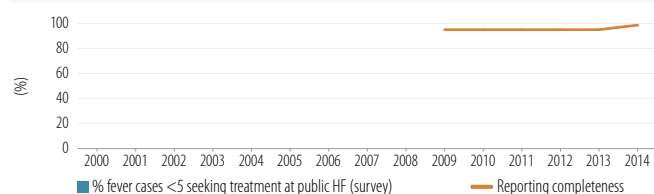
ITN and IRS coverage



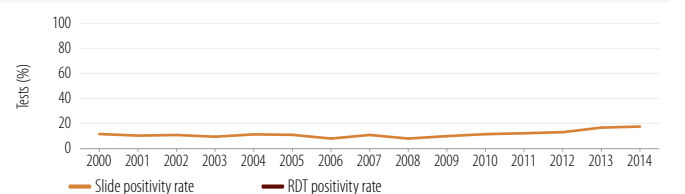
Cases tested and treated in public sector



Cases tracked

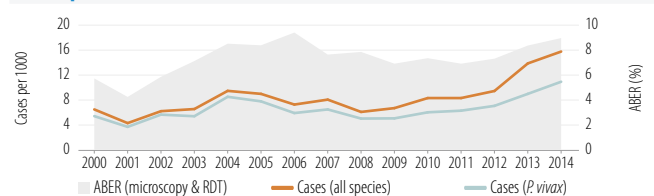


Test positivity

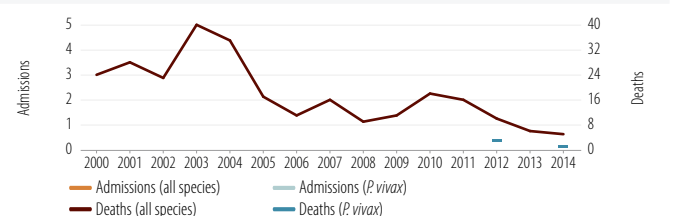


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: Increase in incidence, 2000–2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	6 280 000	7
Low transmission (0-1 cases per 1000 population)	61 800 000	67
Malaria free (0 cases)	24 300 000	26
Total	92 400 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (54%), *P. vivax* (46%)
 Major anopheles species: *An. minimus*, *An. dirus*, *An. sundaicus*

Programme phase: Control

Reported confirmed cases: 15 752 Estimated cases, 2013: [20 000-27 000]
 Reported deaths: 6 Estimated deaths, 2013: <50

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITNs/LLINs distributed to all age groups	Yes	1992
IRS	IRS is recommended	Yes	1958
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1958
	Malaria diagnosis is free of charge in the public sector	Yes	1958
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Never allowed	2013
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2003
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1960
	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	Yes	1980
Surveillance	ACD for case investigation (reactive)	Yes	1958
	ACD of febrile cases at community level (pro-active)	Yes	1958
	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	DHA-PPQ -
First-line treatment of <i>P. falciparum</i>	DHA-PPQ -
Treatment failure of <i>P. falciparum</i>	QN+CL, QN+D 2013
Treatment of severe malaria	AS; QN 2013
Treatment of <i>P. vivax</i>	CQ+PQ(14d) 2013
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d), 15mg (14 d)
Type of RDT used	<i>P. f + P. v</i> specific (Combo).

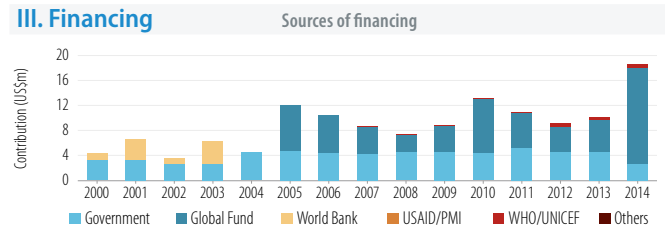
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
DHA-PPQ	2006-2010	0	0	2.1	28 days	13	<i>P. falciparum</i>
DHA-PPQ	2006-2014	0	0	3.4	42 days	16	<i>P. falciparum</i>

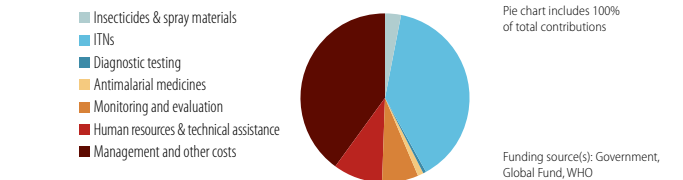
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2013	Yes	No	-	-	<i>An. minimus</i> , <i>An. philippinensis</i> , other

III. Financing

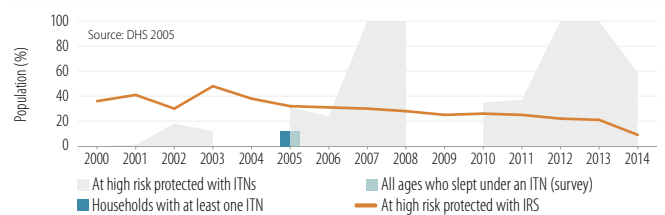


Financing by intervention in 2014

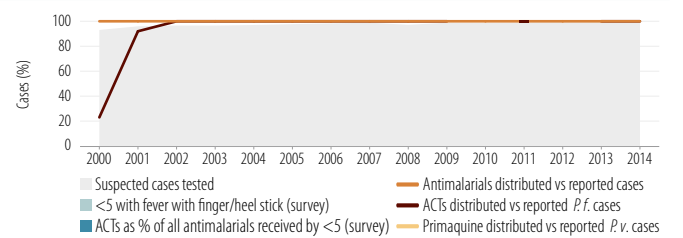


IV. Coverage

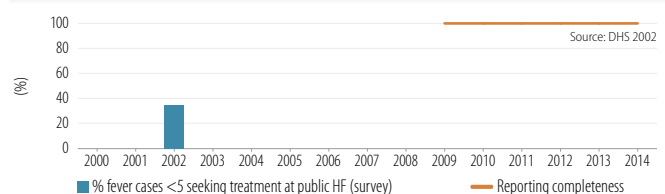
ITN and IRS coverage



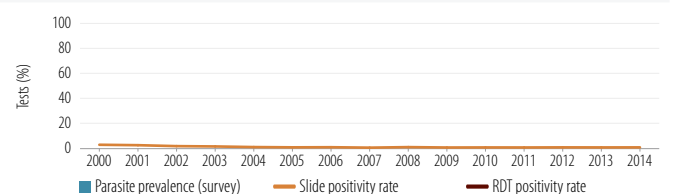
Cases tested and treated in public sector



Cases tracked

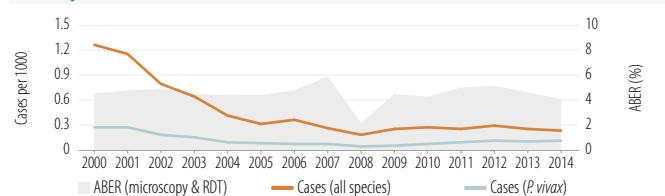


Test positivity

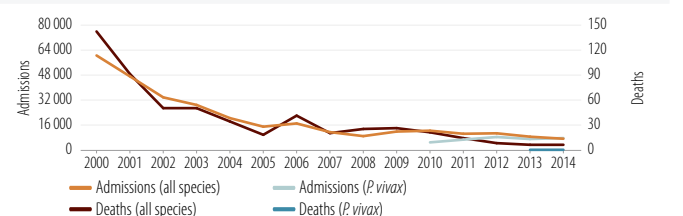


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	6 570 000	25
Low transmission (0-1 cases per 1000 population)	13 800 000	53
Malaria free (0 cases)	5 790 000	22
Total	26 200 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (99%), *P. vivax* (1%)
 Major anopheles species: *An. arabiensis*, *An. culicifacies*, *An. sergentii*

Programme phase: Control

Reported confirmed cases: 67 513 Estimated cases, 2013: [290 000-710 000]
 Reported deaths: 19 Estimated deaths, 2013: [35-2500]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2002
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	2001
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	2002
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2001
	Malaria diagnosis is free of charge in the public sector	Yes	2002
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	Is banned	-
	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	2001
	G6PD test is a requirement before treatment with primaquine	Yes	2009
	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	Yes	2001
	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 2009
First-line treatment of <i>P. falciparum</i>	AS+SP 2009
Treatment failure of <i>P. falciparum</i>	AL 2009
Treatment of severe malaria	AM; QN 2009
Treatment of <i>P. vivax</i>	CQ+PQ(14d) -
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/kg (14 d)
Type of RDT used	<i>P. f.</i> only.

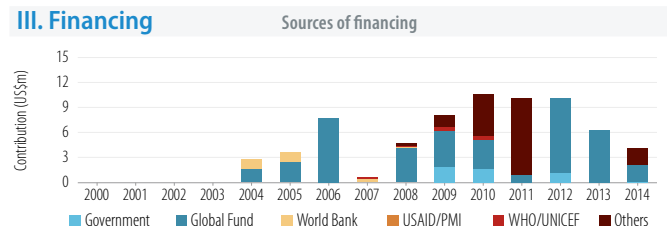
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2007-2013	0	0	1.1	28 days	4	<i>P. falciparum</i>
AS+SP	2007-2013	0	0	3	28 days	7	<i>P. falciparum</i>

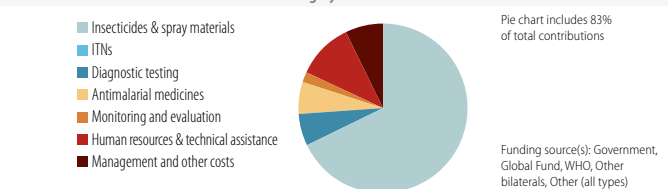
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	No	-	<i>An. arabiensis</i> , <i>An. culicifacies</i> s.l.

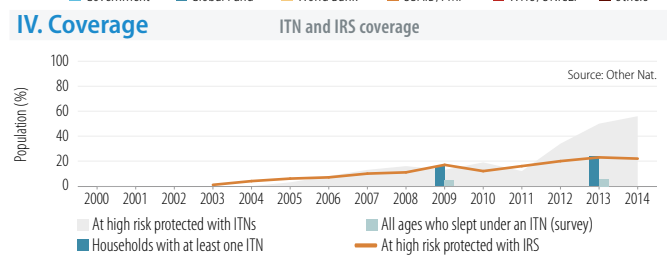
III. Financing



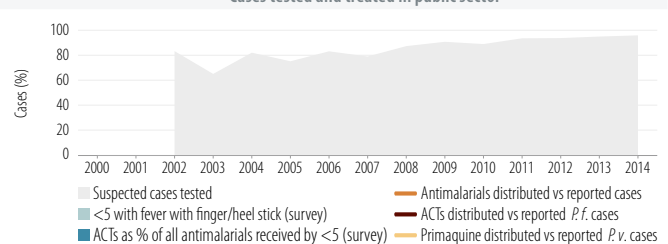
Financing by intervention in 2014



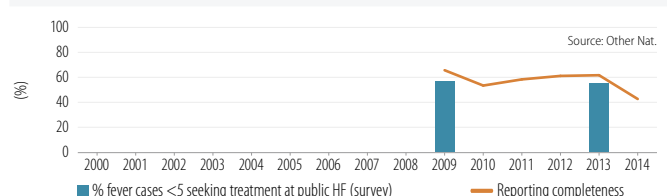
IV. Coverage



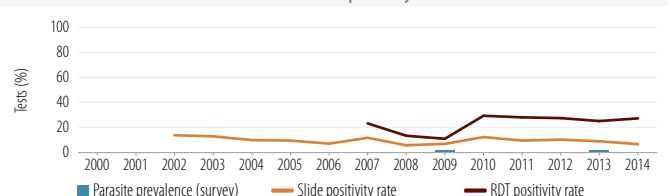
Cases tested and treated in public sector



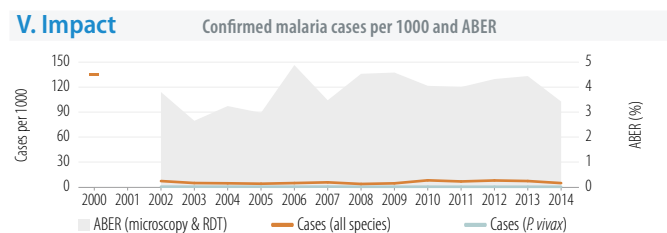
Cases tracked



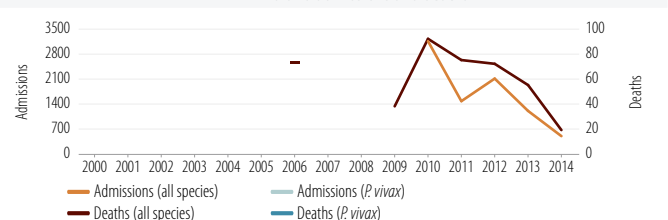
Test positivity



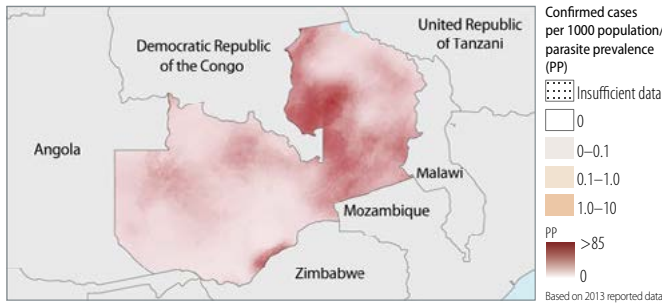
V. Impact



Malaria admissions and deaths



Impact: Insufficiently consistent data to assess trends



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	15 700 000	100
Low transmission (0-1 cases per 1000 population)	0	0
Malaria free (0 cases)	0	0
Total	15 700 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax* (0%)
 Major anopheles species: *An. gambiae*, *An. funestus*, *An. arabiensis*
 Programme phase: Control

Reported confirmed cases: 4 077 547 Estimated cases, 2013: [2 500 000-4 100 000]
 Reported deaths: 3257 Estimated deaths, 2013: [1800-9200]

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	1998
IRS	IRS is recommended	Yes	-
	DDT is authorized for IRS	Yes	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	Yes	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	2003
	Sale of oral artemisinin-based monotherapies	Is banned	2003
	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	Yes	-
Surveillance	ACD for case investigation (reactive)	Yes	-
	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	AL 2002
First-line treatment of <i>P. falciparum</i>	AL 2002
Treatment failure of <i>P. falciparum</i>	QN 2002
Treatment of severe malaria	AS; AM; QN 2002
Treatment of <i>P. vivax</i>	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-
Type of RDT used	<i>P. f.</i> only.

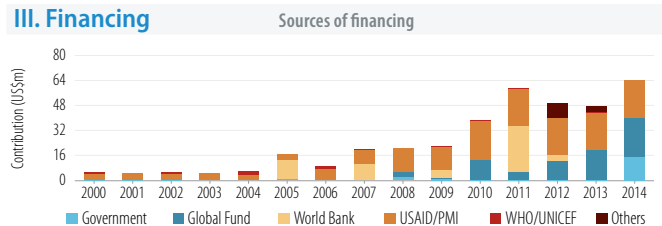
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2005-2012	0	0	6.7	28 days	12	<i>P. falciparum</i>

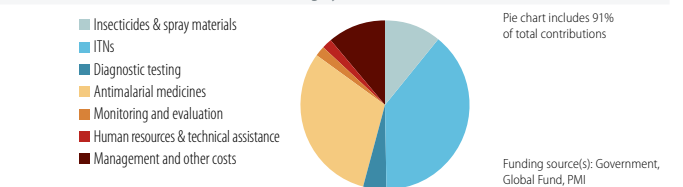
Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	Yes	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.

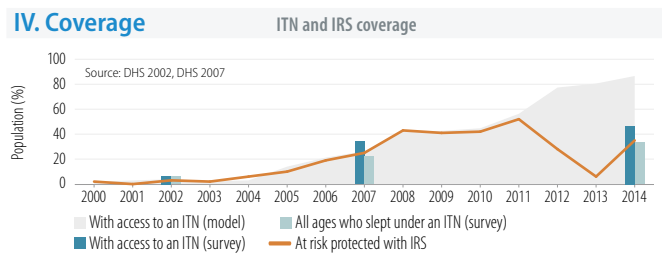
III. Financing



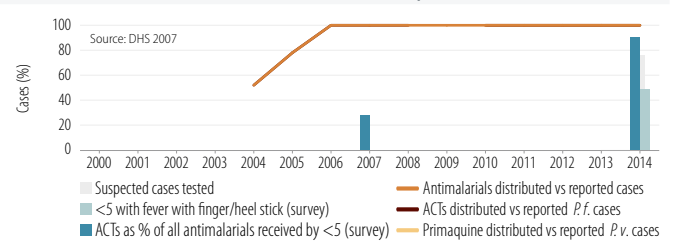
Financing by intervention in 2014



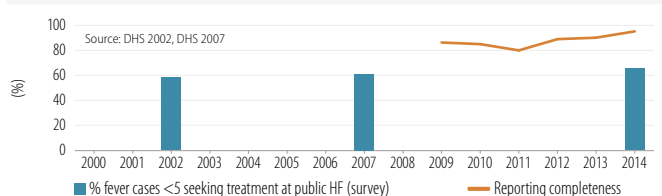
IV. Coverage



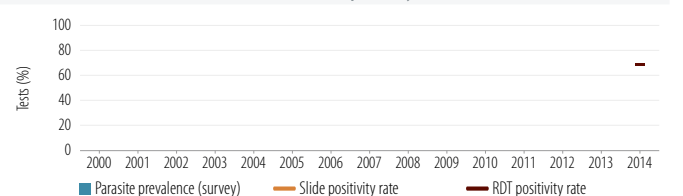
Cases tested and treated in public sector



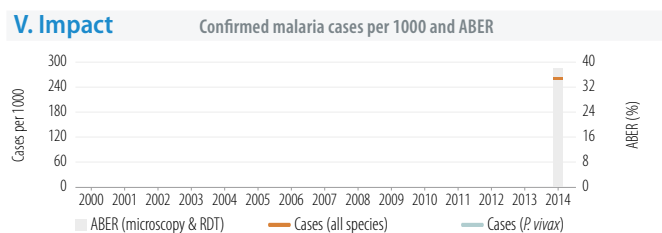
Cases tracked



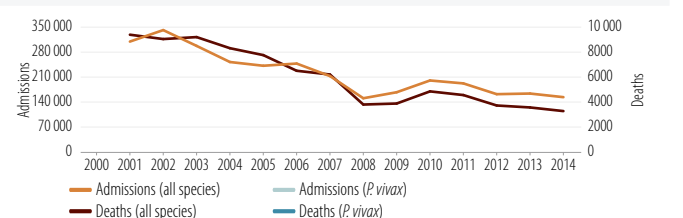
Test positivity



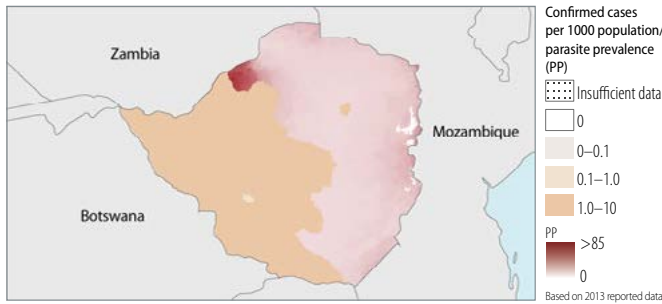
V. Impact



Malaria admissions and deaths



Impact: On track for 50-75% decrease in case incidence 2000-2015



I. Epidemiological profile

Population	2014	%
High transmission (>1 case per 1000 population)	4 350 000	29
Low transmission (0–1 cases per 1000 population)	7 620 000	50
Malaria free (0 cases)	3 230 000	21
Total	15 200 000	

Parasites and vectors

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

Programme phase: Control

Reported confirmed cases: 535 931 Estimated cases, 2013: [640 000–1 600 000]
 Reported confirmed cases at community level: 12 345
 Reported deaths: 406 Estimated deaths, 2013: [71–5700]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1947
	DDT is authorized for IRS	Yes	2004
Larval control	Use of larval control recommended	Yes	–
IPT	IPT used to prevent malaria during pregnancy	Yes	2004
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2009
	Malaria diagnosis is free of charge in the public sector	Yes	2009
Treatment	ACT is free for all ages in public sector	Yes	2009
	Sale of oral artemisinin-based monotherapies	Never 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	Yes	–
Surveillance	ACD for case investigation (reactive)	Yes	2012
	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	AL 2004
First-line treatment of <i>P. falciparum</i>	AL 2004
Treatment failure of <i>P. falciparum</i>	QN 2004
Treatment of severe malaria	QN 2004
Treatment of <i>P. vivax</i>	–
Dosage of primaquine for radical treatment of <i>P. vivax</i>	–
Type of RDT used	<i>P. f.</i> only.

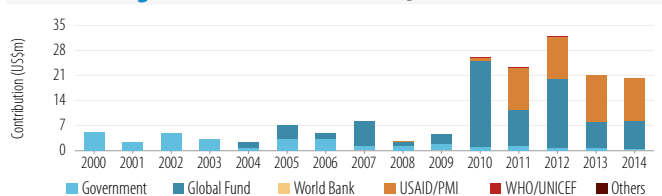
Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2006–2014	0	2.15	14.3	28 days	34	<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
2011–2015	Yes	No	Yes	No	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.

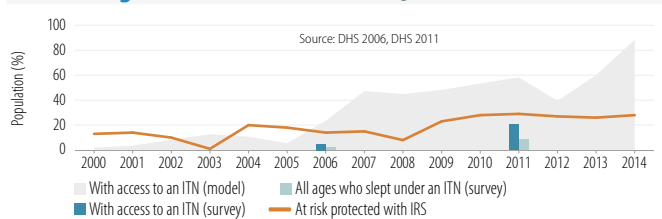
III. Financing



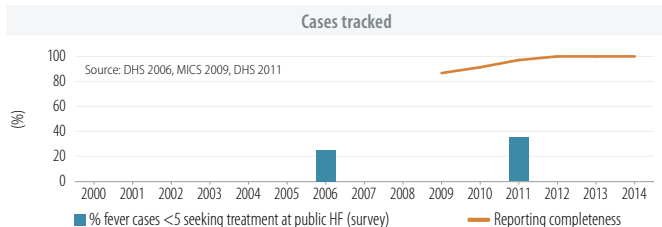
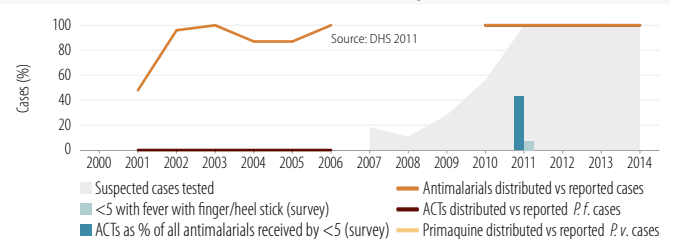
Financing by intervention in 2014

No data reported for 2014

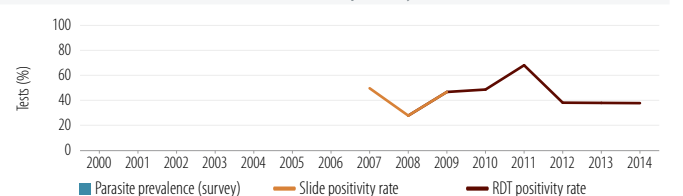
IV. Coverage



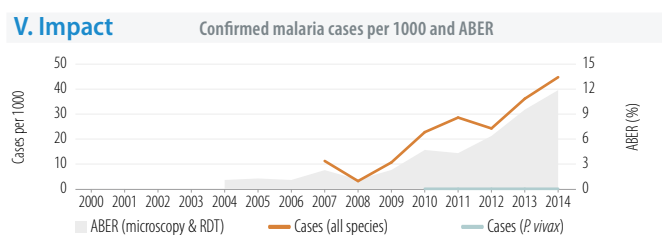
Cases tested and treated in public sector



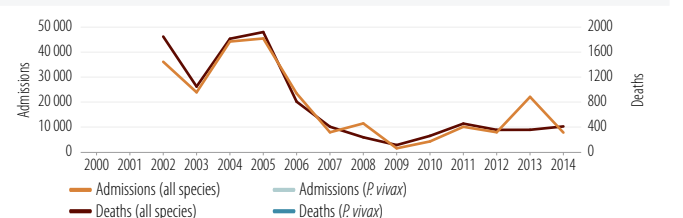
Test positivity



V. Impact



Malaria admissions and deaths



Impact: On track for >75% decrease in incidence 2000–2015

