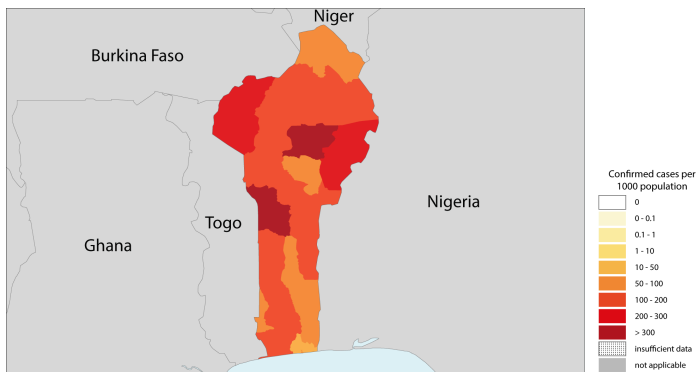


# Benin

African Region



## I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	14.1M	100
Low transmission (0-1 case per 1000 population)	-	-
Malaria free (0 cases)	-	-
<b>Total</b>	<b>14.1M</b>	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Major anopheles species:	<i>An. gambiae s.l.</i> , <i>An. gambiae s.s.</i> , <i>An. funestus s.s.</i> , <i>An. arabiensis</i> , <i>An. nili</i>
* includes mixed infections and other species of Plasmodium	

Reported cases and deaths	
Presumed and confirmed cases	2 069 294
Total confirmed cases:	2 037 296
Confirmed cases from public sector:	1 653 919
Confirmed cases from private sector:	383 377
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	-
Reported deaths:	2759

Estimates	
Estimated cases:	5.1M [3.2M, 7.7M]
Estimated deaths:	9.9K [7.8K, 12.7K]

## II. Intervention policies and strategies

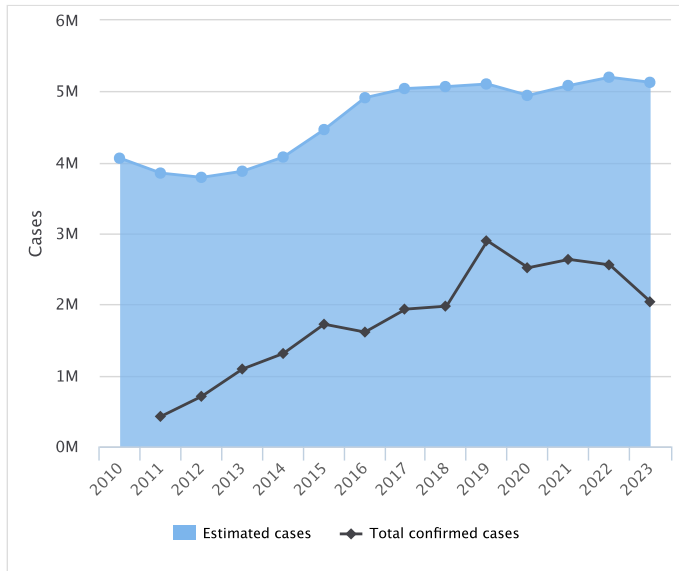
Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITN distributed by mass campaign	Yes	2011
IRS	IRS is recommended	No	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2008
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	-	-
	Malaria diagnosis using microscopy is free of charge in the public sector	NA	-
	Malaria diagnosis is free in the private sector	NA	-
Treatment	ACT is free for all ages in public sector	Yes	-
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2008
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-
	G6PD test is a requirement before treatment with primaquine	NA	-
	Directly observed treatment with primaquine is undertaken	NA	-
	System for monitoring of adverse reaction to antimalarials exists	Yes*	2017
	Malaria is a notifiable disease	No	-
Surveillance	ACD for case investigation (reactive)	Yes*	2021
	ACD at community level of febrile cases (pro-active)	NA	-
	Mass screening is undertaken	NA	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	NA	-
	Case investigation undertaken	NA	-
	Foci investigation undertaken	NA	-
Case reporting from private sector is mandatory	Yes	2008	

Yes\* = Policy adopted, but not implemented in 2023  
 Disc = Discontinued  
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

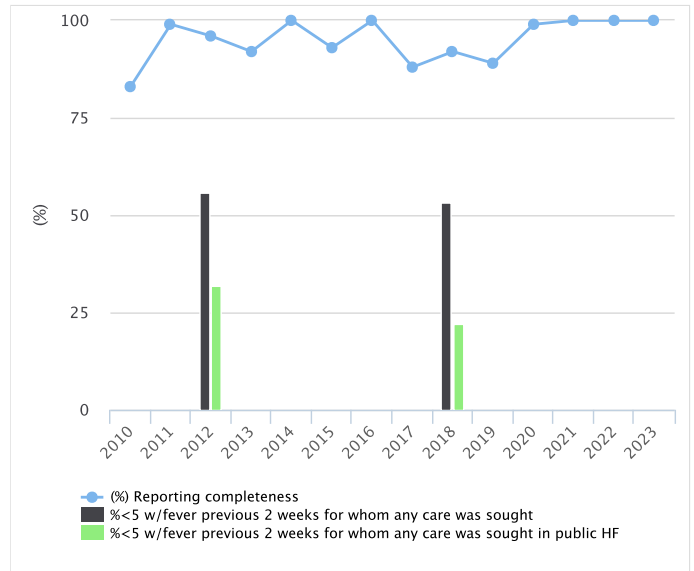
Antimalaria treatment policy		Medicine	Year adopted					
First-line treatment of unconfirmed malaria		NA	-					
First-line treatment of <i>P. falciparum</i>		AL	2005					
Second-line treatment <i>P. falciparum</i>		AS-PYR	2020					
Treatment of severe malaria		AS	2018					
Treatment of <i>P. vivax</i>		NA	-					
Dosage of primaquine for radical treatment of <i>P. vivax</i>								
Type of RDT used (public)		Pf only						
Therapeutic efficacy tests (clinical and parasitological failure, %)								
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species	
AL	2017-2019	0	2.55	3.7	28 days	4	<i>P. falciparum</i>	
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)								
Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>		Used <sup>3</sup>				
Carbamates	57% (4/7)	<i>An. gambiae s.l.</i>		No				
Neonicotinoids				Yes				
Organophosphates	0% (0/10)			No				
Pyrethroids	100% (27/27)	<i>An. coluzzii</i> , <i>An. gambiae s.l.</i>		Yes				

<sup>1</sup>Percent of sites for which resistance is confirmed and total number of sites that reported data  
<sup>2</sup>Vectors reported to exhibit resistance to insecticide class  
<sup>3</sup>Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

III. Estimated and reported cases

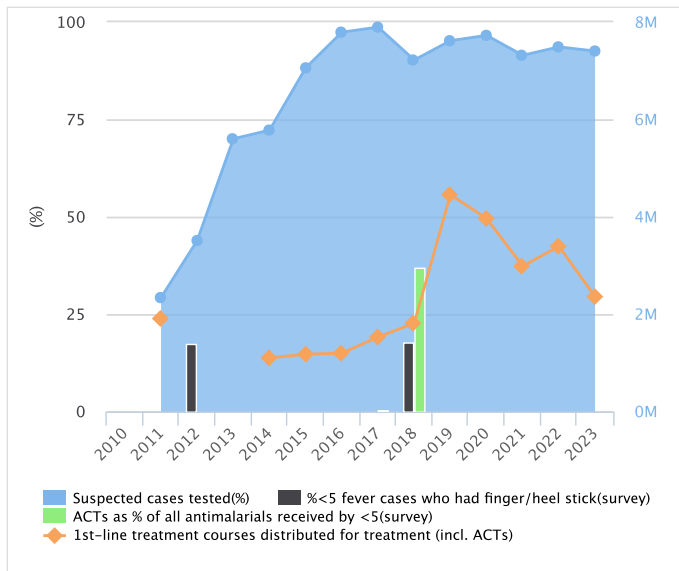


Treatment seeking and reporting completeness

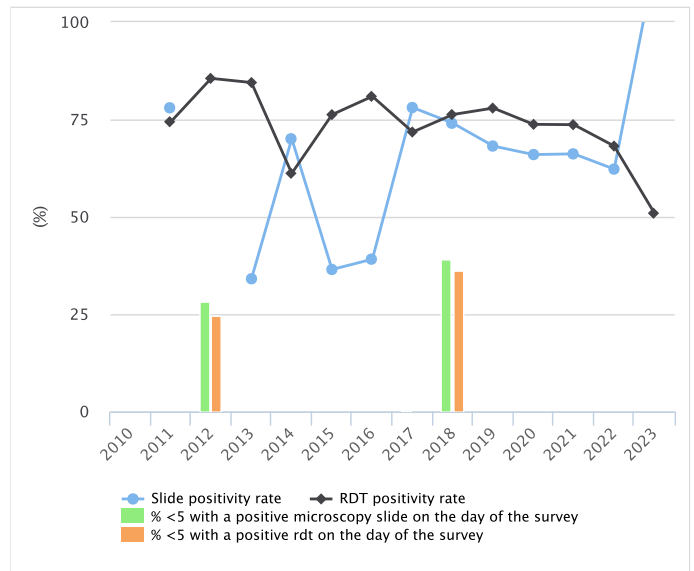


Source: DHS 2012,2018

IV. Cases tested and treated



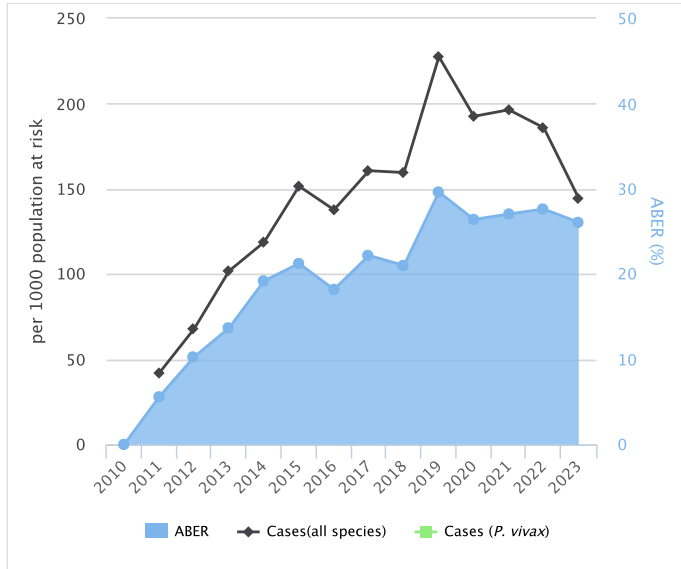
Test positivity



Source: 2017-18 DHS 2017,DHS 2012,2018

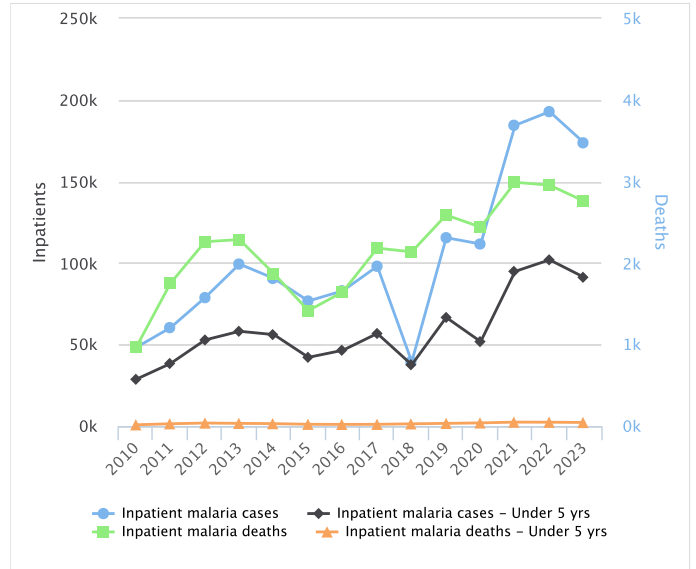
Source: 2017-18 DHS 2017,DHS 2012,2018

V. Confirmed malaria cases per 1000 population at risk and ABER

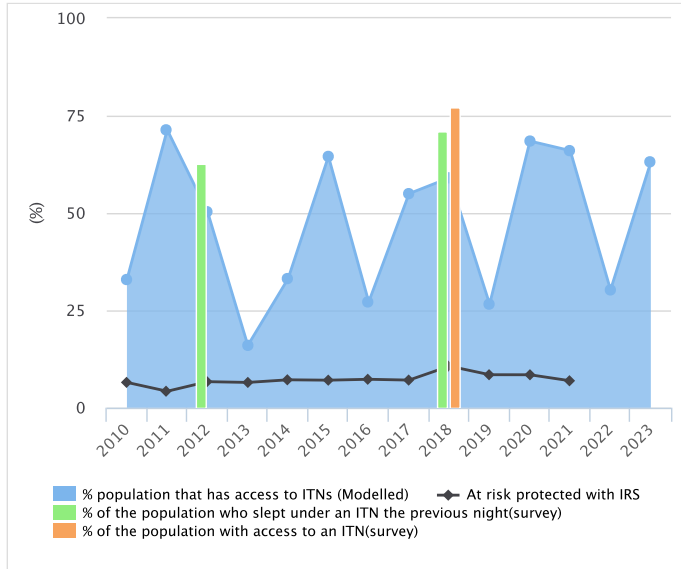


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

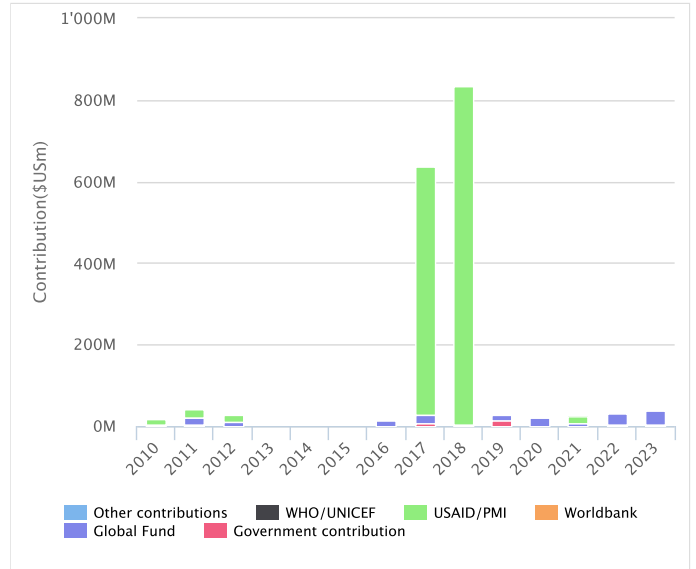


V. Coverage of ITN and IRS

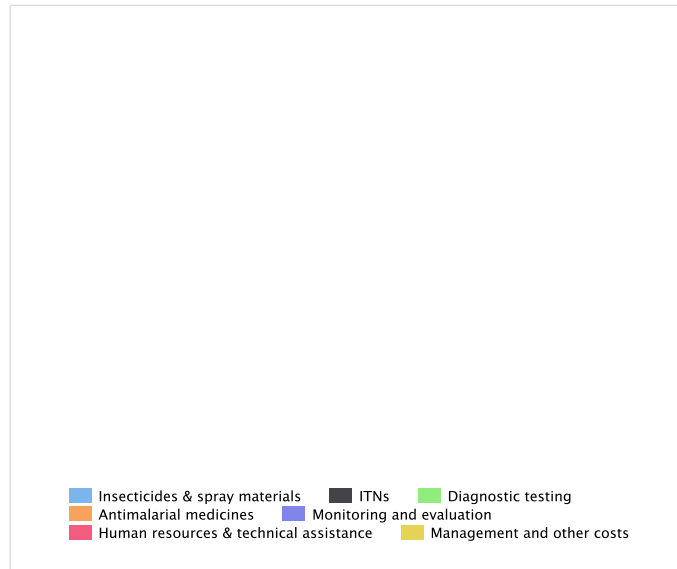


Source: DHS 2012,2018

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6)