

I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	-	-	Major plasmodium species (indigenous cases):
Low transmission (0-1 case per 1000 population)	283.7K	69	<i>P. falciparum</i> : (%)*, <i>P. vivax</i> : (%)
Malaria free (0 cases)	127.4K	31	Major anopheles species:
Total	411.1K		<i>An. albimanus</i> , <i>An. darlingi</i> , <i>An. vestitipennis</i> , <i>An. pseudopunctipennis</i>

*includes mixed infections and other species of Plasmodium

Reported cases and deaths	
Presumed and confirmed cases	2
Reported indigenous confirmed cases:	0
Indigenous deaths:	0

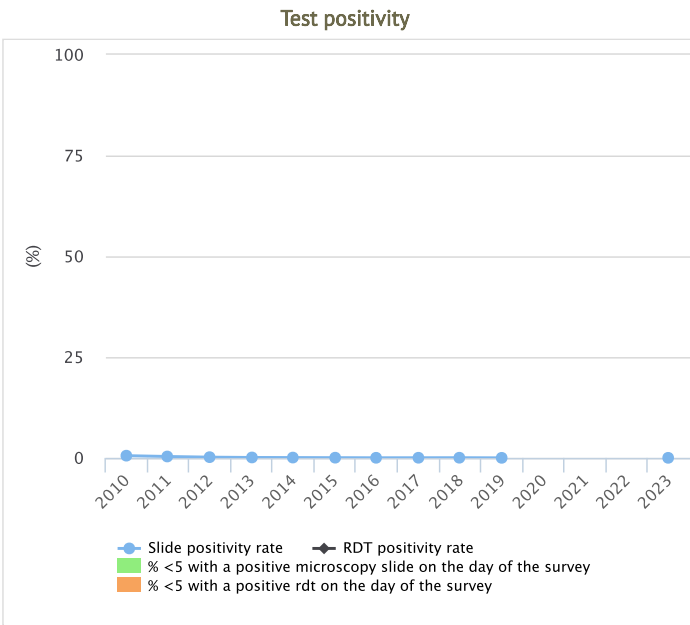
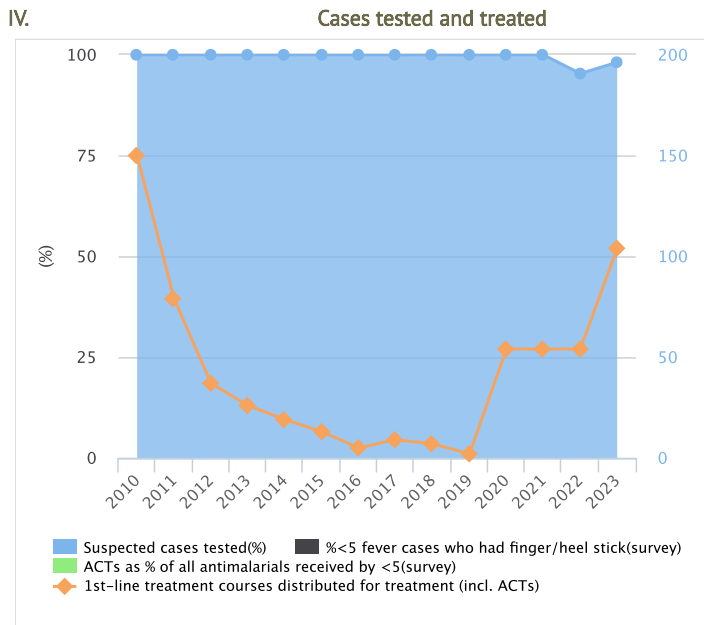
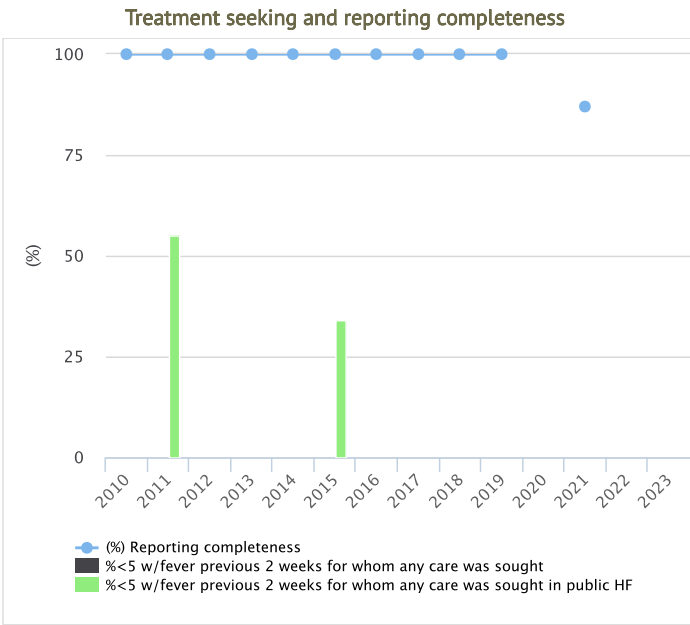
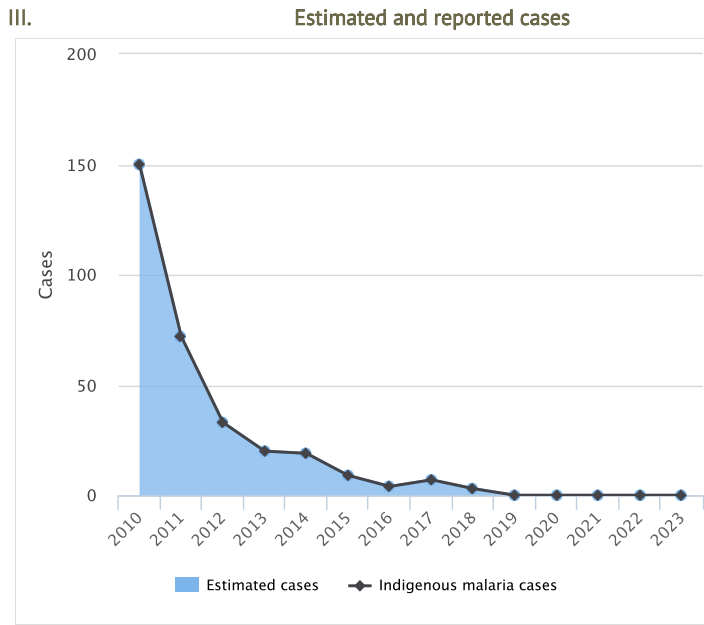
II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted	Antimalaria treatment policy	Medicine	Year adopted
ITN	ITNs/LLINs distributed free of charge	-	2009	First-line treatment of unconfirmed malaria	NA	-
	ITN distributed by mass campaign	-	2009	First-line treatment of <i>P. falciparum</i>	AL+PQ	2020
IRS	IRS is recommended	-	-	Second-line treatment <i>P. falciparum</i>	AS+MQ	2020
	DDT is used for IRS	-	-	Treatment of severe malaria	AS	2016
Larval control	Use of Larval Control	Yes	-	Treatment of <i>P. vivax</i>	CQ+PQ	1960
IPT	IPT used to prevent malaria during pregnancy	-	-	Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/Kg (14 days)	
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2020	Type of RDT used (public)	Pf + Pv specific (Combo)	
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	-	Therapeutic efficacy tests (clinical and parasitological failure, %)		
	Malaria diagnosis is free in the private sector	-	-	Medicine	Year	Min
Treatment	ACT is free for all ages in public sector	Yes*	2012		Median	Max
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-		Follow-up	No. of studies
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	-	2016			Species
	Primaquine is used for radical treatment of <i>P. vivax</i>	-	-	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)		
	G6PD test is a requirement before treatment with primaquine	-	-	Insecticide class	(%) sites ¹	Vectors ²
	Directly observed treatment with primaquine is undertaken	-	-			Used ³
	System for monitoring of adverse reaction to antimalarials exists	No	-			
Surveillance	Malaria is a notifiable disease	Yes	-			
	ACD for case investigation (reactive)	Yes	-			
	ACD at community level of febrile cases (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	-			
	Case investigation undertaken	Yes	-			
	Foci investigation undertaken	Yes	-			
	Case reporting from private sector is mandatory	Yes	-			

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

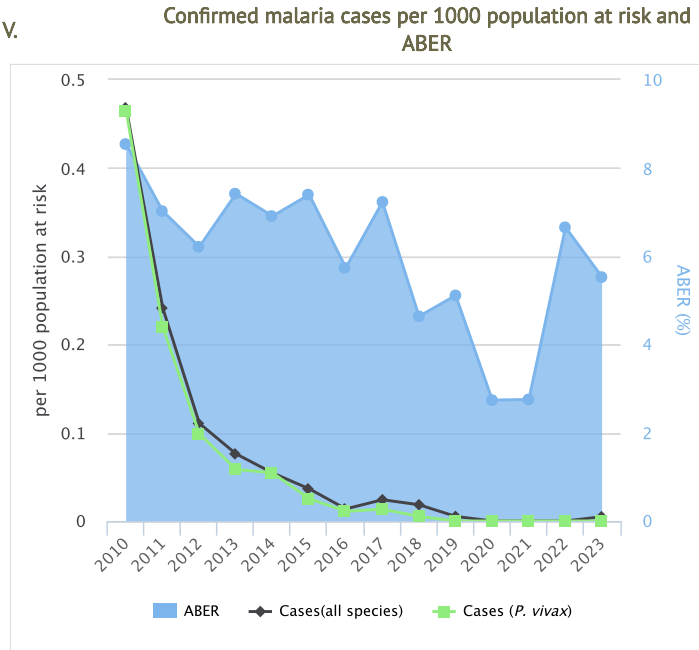
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended



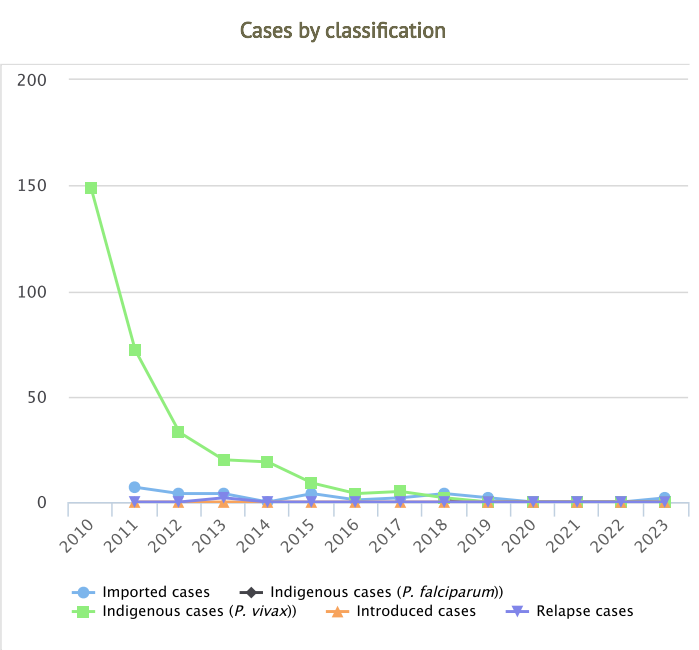
Source: 2011,2015

Imported and introduced malaria cases are included

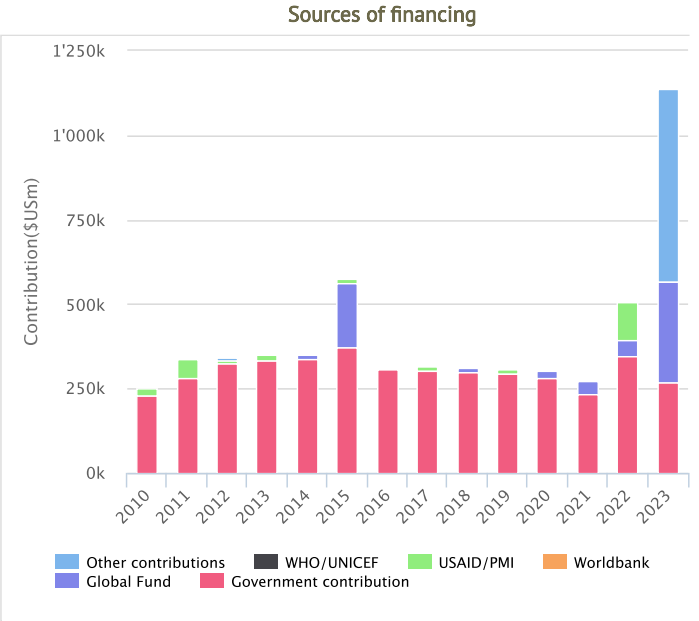
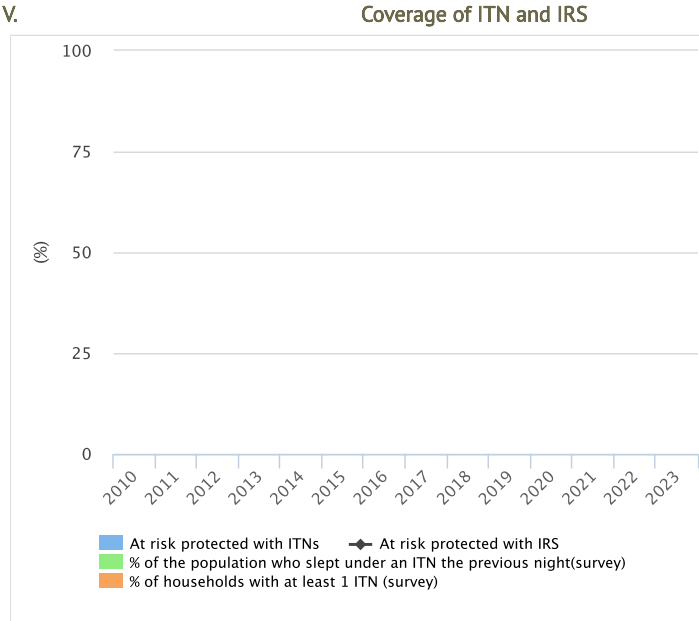
V.



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

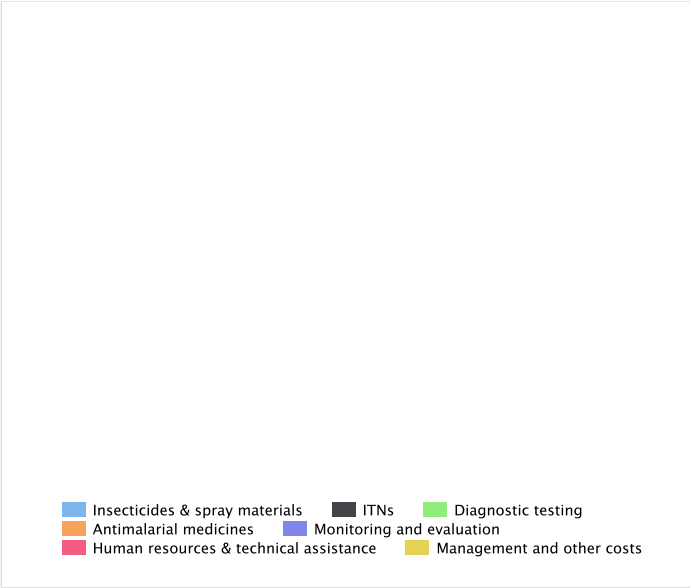


V.



VI.

Government expenditure by intervention in 2023



Footnotes
(est.) : WHO estimates based on the survey

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-erg-report-malaria-burden-session6.pdf \(who.int\)](#)

World Malaria Report 2024