

I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	404.6K	48
Low transmission (0-1 case per 1000 population)	445.8K	52
Malaria free (0 cases)	-	-
Total	850.4K	

Reported cases and deaths

Presumed and confirmed cases	21 079
Reported indigenous confirmed cases:	21 049

Indigenous deaths: 2

Parasites and vectors

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

*includes mixed infections and other species of Plasmodium

II. Intervention policies and strategies

Intervention	Policies/Strategies	Year	
		Yes/No	adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITN distributed by mass campaign	Yes	2008
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	-	-
IPT	IPT used to prevent malaria during pregnancy	No	-
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	-	-
	Malaria diagnosis is free in the private sector	-	-
Treatment	ACT is free for all ages in public sector	Yes*	2006
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2005
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	2016
	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	No	-
Surveillance	Malaria is a notifiable disease	-	-
	ACD for case investigation (reactive)	Yes	2014
	ACD at community level of febrile cases (pro-active)	Yes*	-
	Mass screening is undertaken	Yes*	2015
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-
	Case investigation undertaken	Yes	-
	Foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2010

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		AL	-
First-line treatment of <i>P. falciparum</i>		AL; AL+PQ	2016
Second-line treatment <i>P. falciparum</i>		Other	2008
Treatment of severe malaria		AS	2016
Treatment of <i>P. vivax</i>		NA	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>			
Type of RDT used (public)		Pf + all species (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)								
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species	
AL	2017-2020	0	0.505	1.01	28 days	2	<i>P. falciparum</i>	

Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)			
Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates			No
Neonicotinoids			No
Organophosphates	0% (0/5)		Yes
Pyrethroids	40% (2/5)	<i>An. gambiae s.l.</i>	Yes

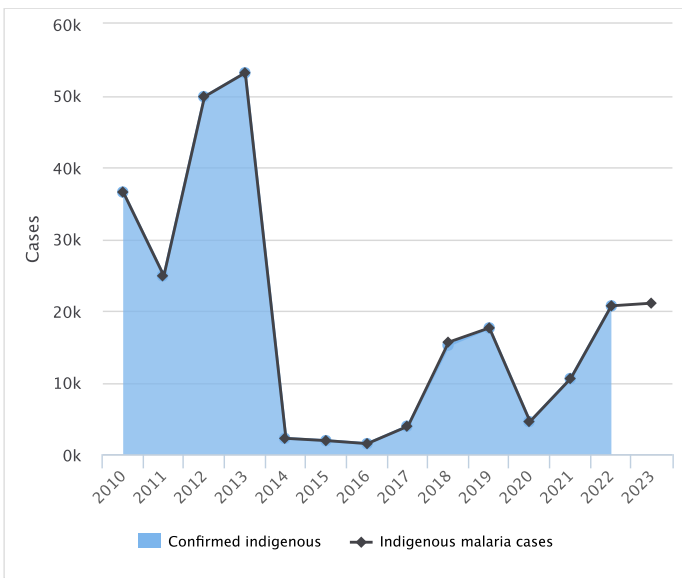
¹Percent of sites for which resistance is confirmed and total number of sites that reported data

²Vectors reported to exhibit resistance to insecticide class

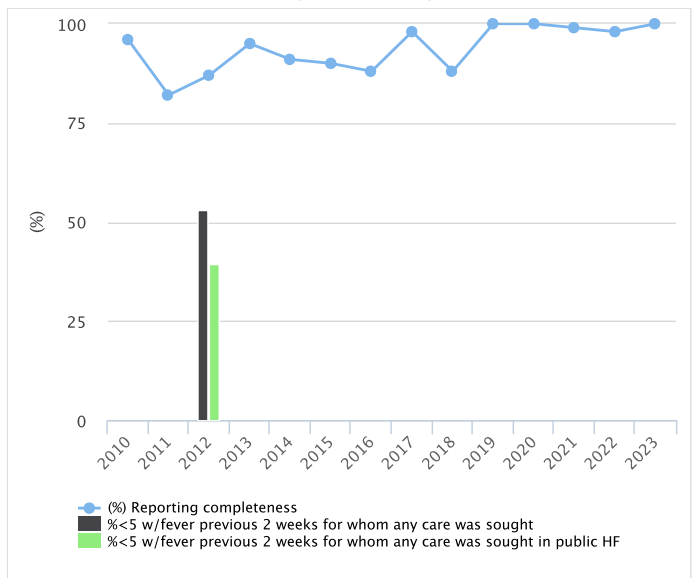
³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

III.

Estimated and reported cases

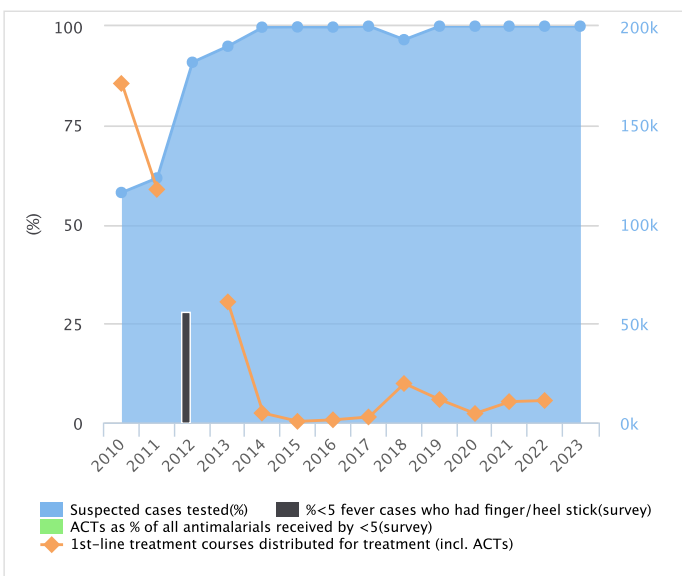


Treatment seeking and reporting completeness



IV.

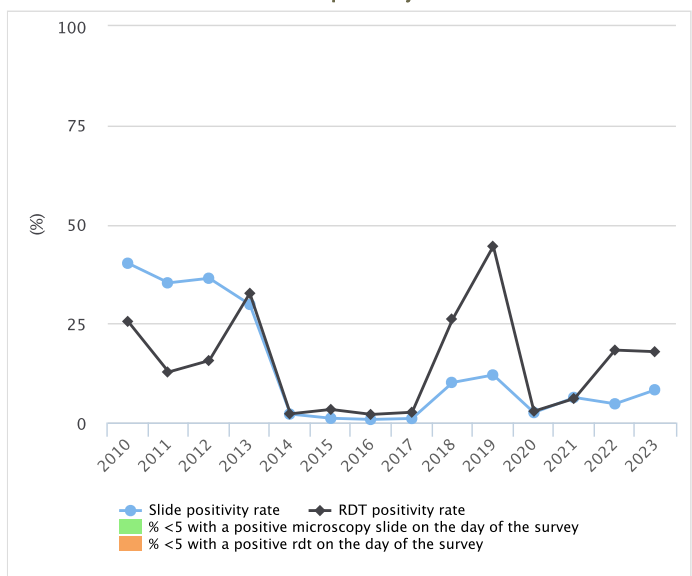
Cases tested and treated



Source: DHS 2012

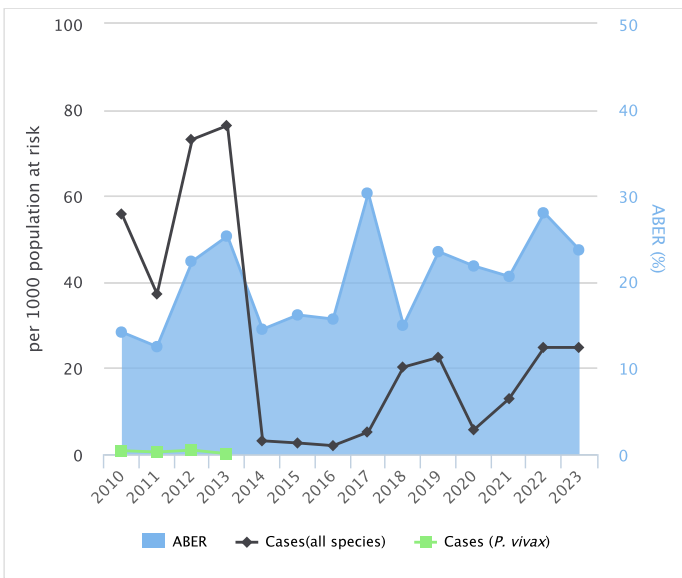
Source: DHS 2012

Test positivity



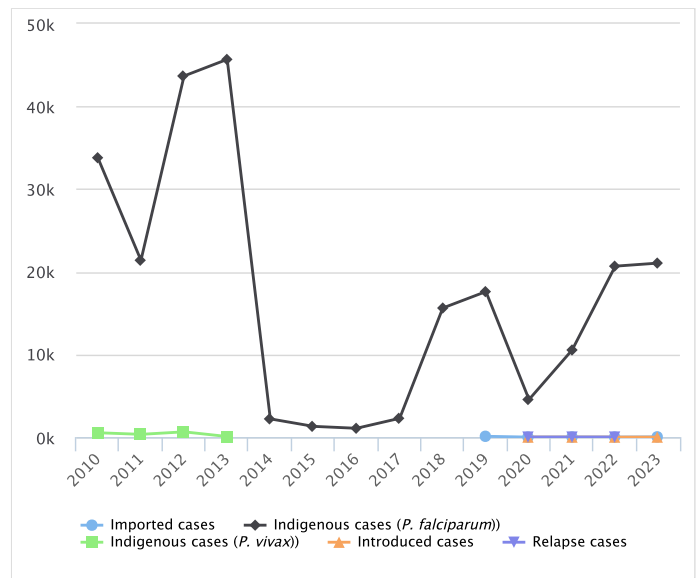
Imported and introduced malaria cases are included

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

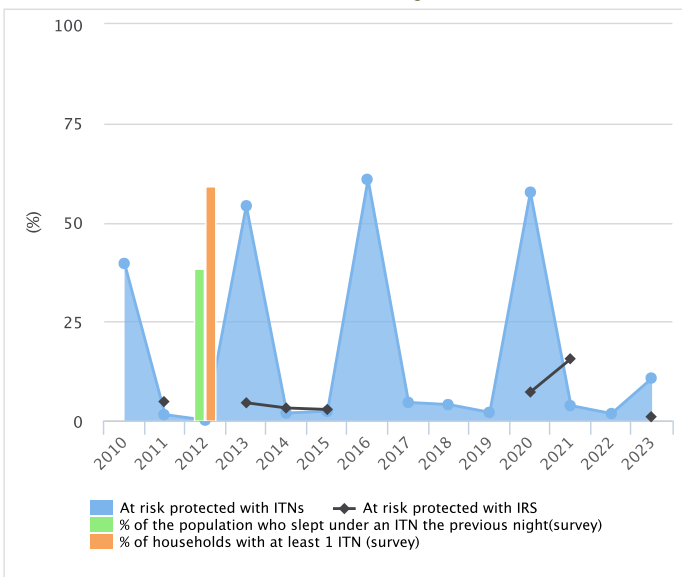


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

Cases by classification

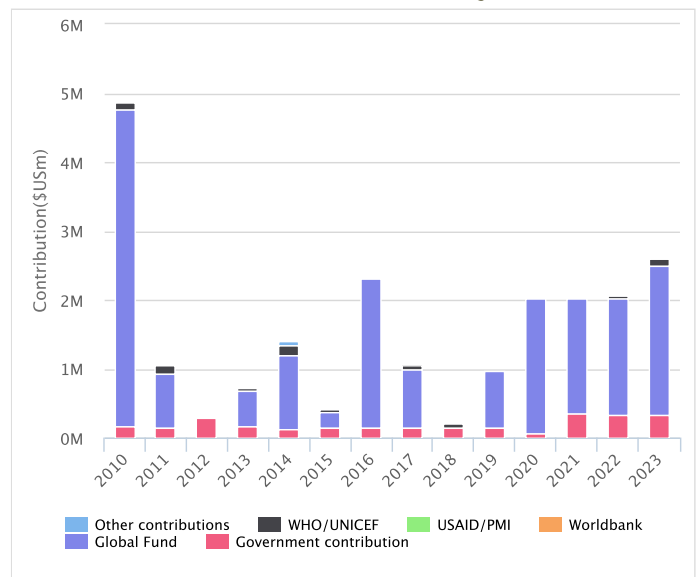


V. Coverage of ITN and IRS

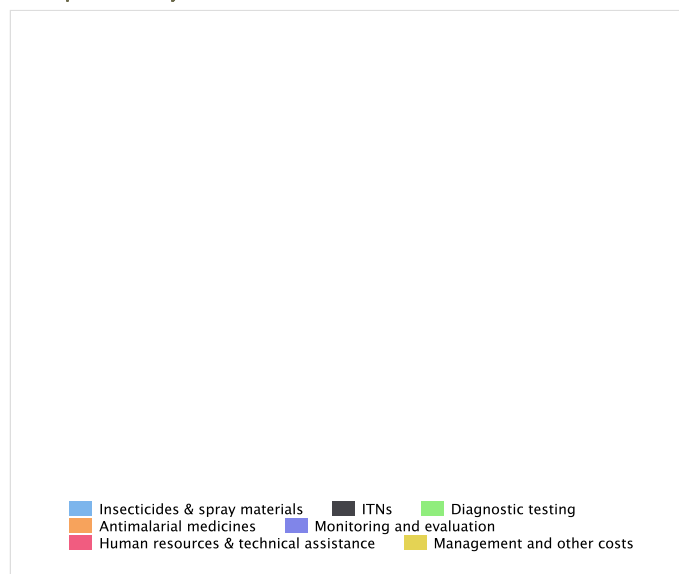


Source: DHS 2012

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-erg-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-erg-report-malaria-burden-session6-pdf)