

## I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors	
High transmission (>1 case per 1000 population)	28K	9	Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 4 (%)*, <i>P. vivax</i> : 96 (%)
Low transmission (0-1 case per 1000 population)	139.9K	46	Major anopheles species:	<i>An. darlingi</i>
Malaria free (0 cases)	135.5K	45	*includes mixed infections and other species of Plasmodium	
Total	303.4K			

Reported cases and deaths	
Presumed and confirmed cases	340
Reported indigenous confirmed cases:	189
Indigenous deaths:	-

## II. Intervention policies and strategies

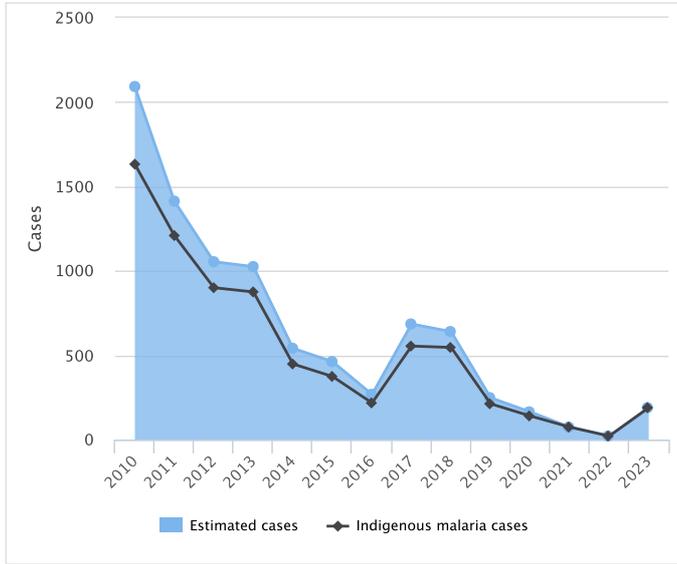
Intervention	Policies/Strategies	Yes/ No	Year adopted	Antimalaria treatment policy	Medicine	Year adopted				
ITN	ITNs/LLINs distributed free of charge	Yes*	2012	First-line treatment of unconfirmed malaria	NA	-				
	ITN distributed by mass campaign	Yes*	-	First-line treatment of <i>P. falciparum</i>	AL; DHA-PPQ	-				
IRS	IRS is recommended	Yes*	-	Second-line treatment <i>P. falciparum</i>	Other	-				
	DDT is used for IRS	No	-	Treatment of severe malaria	AS; AL+PQ; AT-PG; QN	-				
Larval control	Use of Larval Control	No	-	Treatment of <i>P. vivax</i>	CQ+PQ	-				
IPT	IPT used to prevent malaria during pregnancy	NA	-	Dosage of primaquine for radical treatment of <i>P. vivax</i>						
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	-	-	Type of RDT used (public)		-				
	Malaria diagnosis using microscopy is free of charge in the public sector	-	-	Therapeutic efficacy tests (clinical and parasitological failure, %)						
	Malaria diagnosis is free in the private sector	-	-	Medicine	Year	Min	Median	Max	Follow-up	No. of studies
Treatment	ACT is free for all ages in public sector	Yes*	-	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)						
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-	Insecticide class				(%) sites <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	-	Carbamates						No
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes*	-	Neonicotinoids						No
	G6PD test is a requirement before treatment with primaquine	Yes*	-	Organophosphates						No
	Directly observed treatment with primaquine is undertaken	No	-	Pyrethroids				0% (0/2)		Yes
	System for monitoring of adverse reaction to antimalarials exists	Yes*	-	<sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data						
Surveillance	Malaria is a notifiable disease	-	-	<sup>2</sup> Vectors reported to exhibit resistance to insecticide class						
	ACD for case investigation (reactive)	-	-	<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)						
	ACD at community level of febrile cases (pro-active)	-	-							
	Mass screening is undertaken	-	-							
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes*	-							
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes*	-							
	Case investigation undertaken	Yes	-							
	Foci investigation undertaken	-	-							
Case reporting from private sector is mandatory	Yes	-								

Yes\* = Policy adopted, but not implemented in 2023

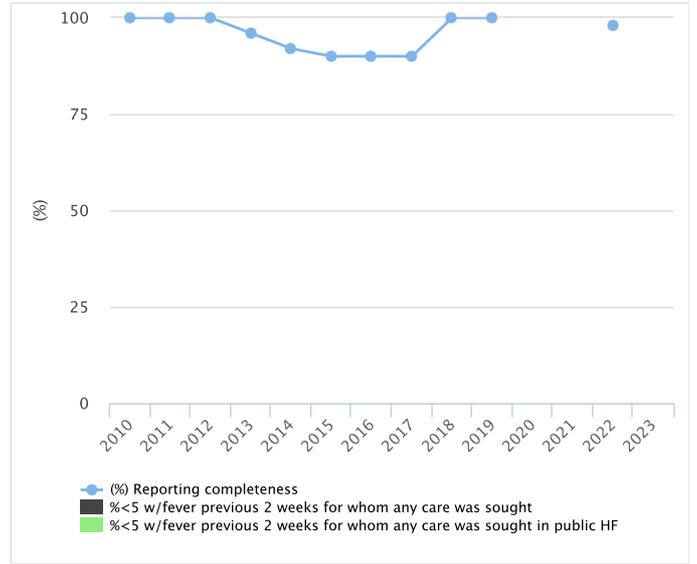
Disc = Discontinued

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

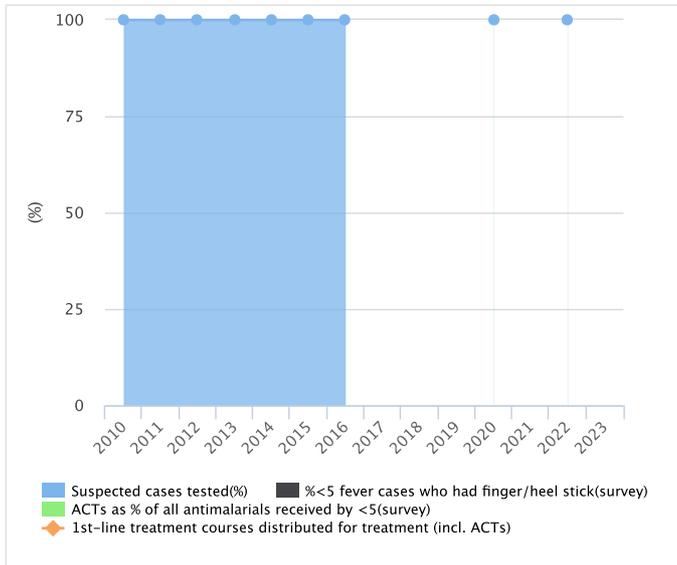
III. Estimated and reported cases



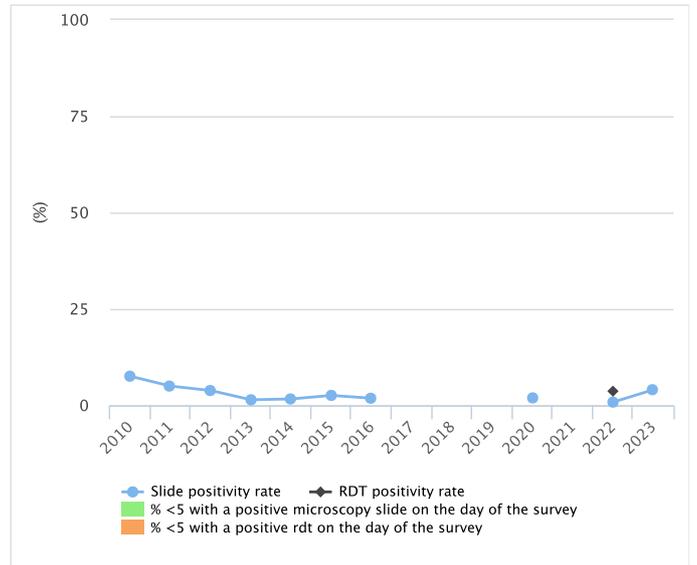
Treatment seeking and reporting completeness



IV. Cases tested and treated

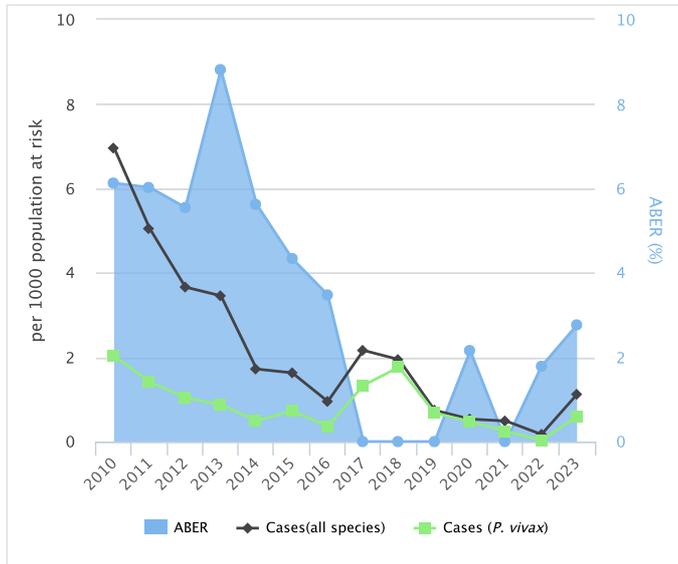


Test positivity



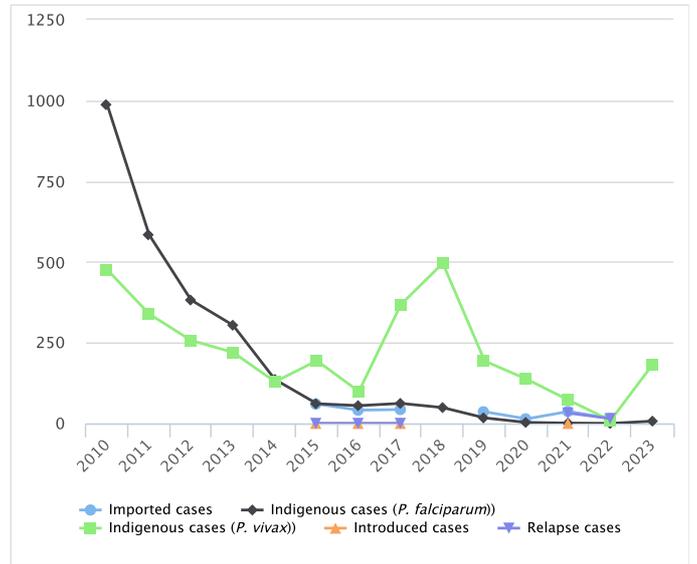
Imported and introduced malaria cases are included

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

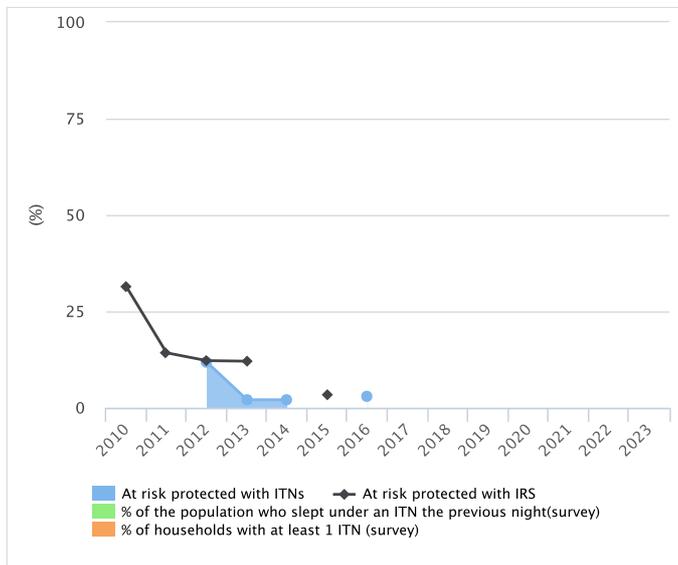


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

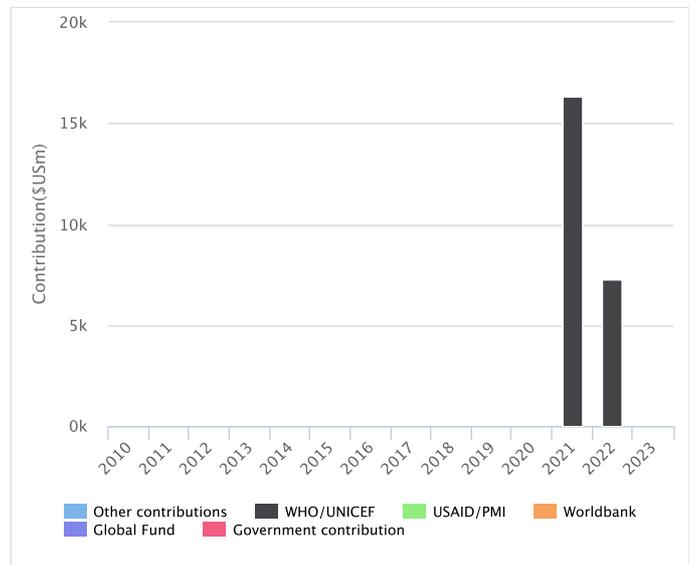
Cases by classification



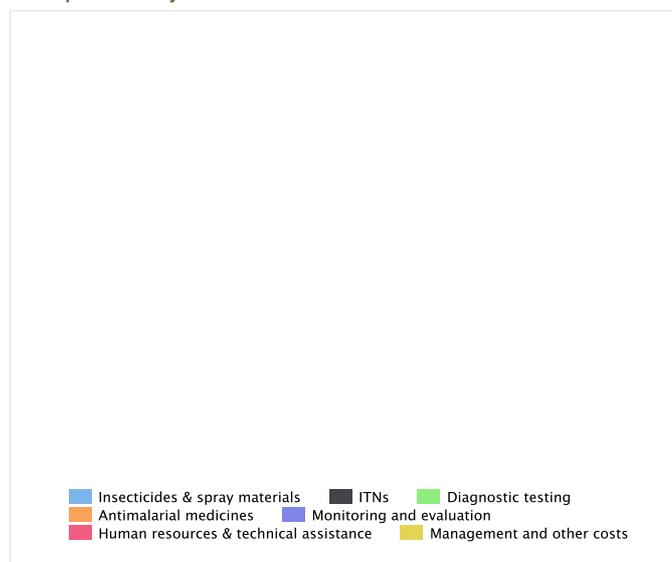
V. Coverage of ITN and IRS



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