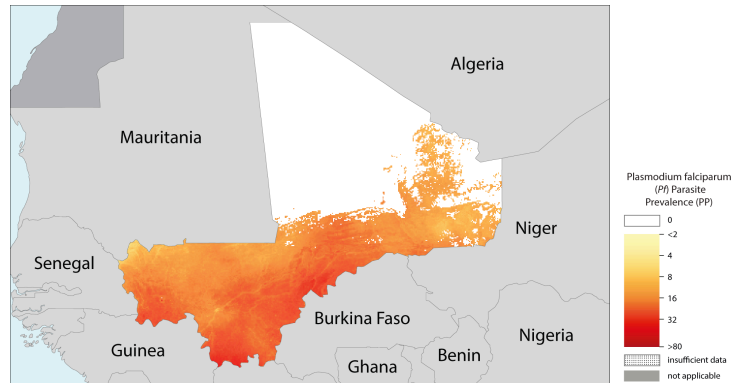


# Mali

African Region



## I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	21.7M	91	Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Low transmission (0-1 case per 1000 population)	2.1M	9	Major anopheltes species: <i>An. gambiae s.s.</i> , <i>An. coluzzii</i> , <i>An. arabiensis</i>
Malaria free (0 cases)	-	-	*includes mixed infections and other species of Plasmodium
Total	23.8M	-	

Reported cases and deaths	Estimates
Presumed and confirmed cases	Estimated cases: 8.2M [5.8M, 11.7M]
Total confirmed cases:	3 517 583
	3 360 557
Confirmed cases from public sector:	Estimated deaths: 14.2K [11.2K, 18.3K]
Confirmed cases from private sector:	
Confirmed cases at community level:	
Confirmed cases in combined health sectors:	
Reported deaths:	1305

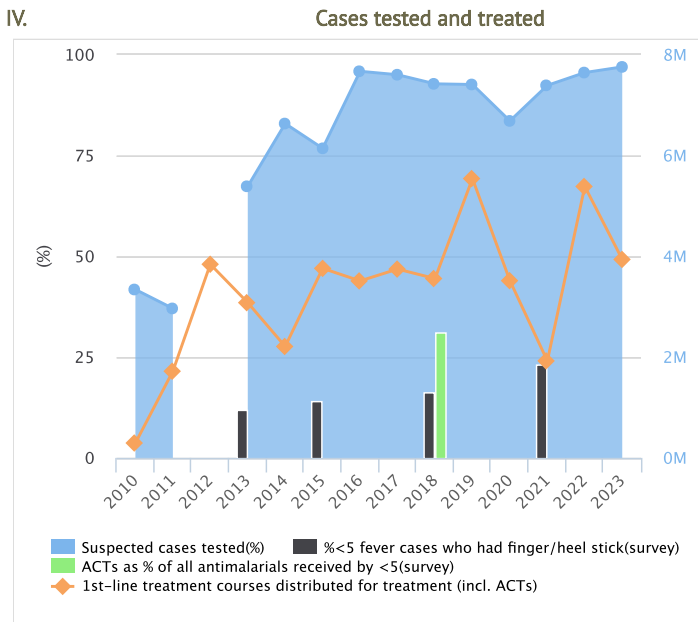
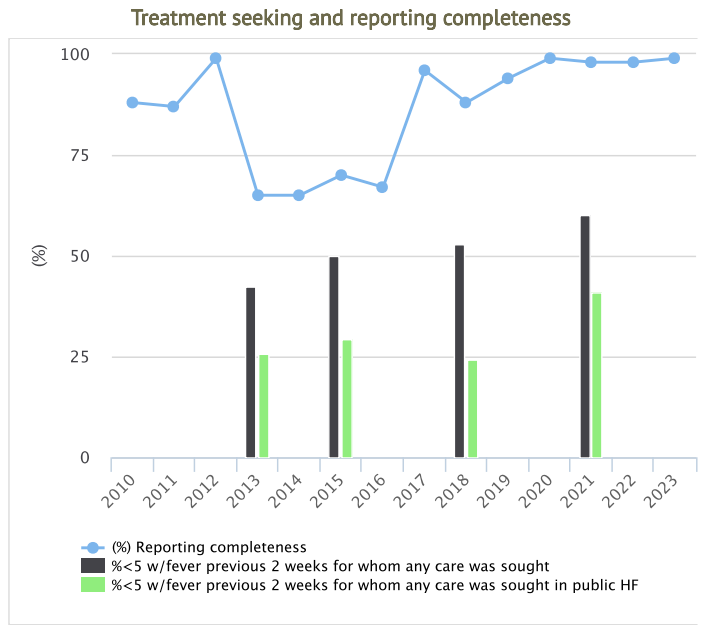
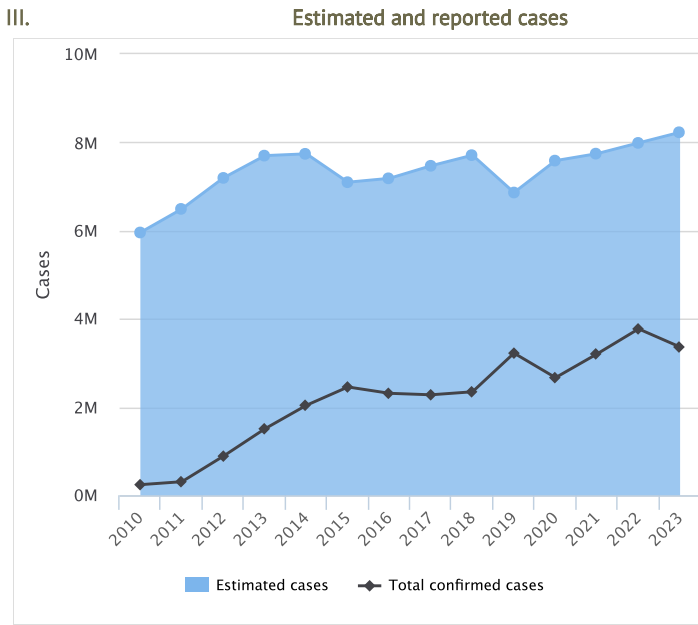
## II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	Antimalaria treatment policy	Medicine	Year adopted					
ITN	ITNs/LLINs distributed free of charge	Yes	2014	First-line treatment of unconfirmed malaria	AL	2012					
	ITN distributed by mass campaign	Yes	2011	First-line treatment of <i>P. falciparum</i>	AL	2012					
IRS	IRS is recommended	Yes*	-	Second-line treatment <i>P. falciparum</i>	AS+AQ	2007					
	DDT is used for IRS	No	-	Treatment of severe malaria	AS	2016					
Larval control	Use of Larval Control	No	-	Treatment of <i>P. vivax</i>	AL	2012					
IPT	IPT used to prevent malaria during pregnancy	Yes	2003	Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2010	Type of RDT used (public)		Pf only					
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2010	Therapeutic efficacy tests (clinical and parasitological failure, %)							
	Malaria diagnosis is free in the private sector	No	-	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Treatment	ACT is free for all ages in public sector	Yes	-	AL	2015-2018	0	0	9	28 days	4	<i>P. falciparum</i>
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2007	AS-AQ	2015-2016	2.8	2.8	2.8	28 days	1	<i>P. falciparum</i>
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	NA	-	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-	Insecticide class	(% sites) <sup>1</sup>		Vectors <sup>2</sup>		Used <sup>3</sup>		
	G6PD test is a requirement before treatment with primaquine	NA	-	Carbamates	0% (0/10)				No		
Surveillance	Directly observed treatment with primaquine is undertaken	NA	-	Neonicotinoids					Yes		
	System for monitoring of adverse reaction to antimalarials exists	Yes	2011	Organophosphates	0% (0/15)				Yes		
	Malaria is a notifiable disease	Yes	2010	Pyrethroids	94% (15/16)		<i>An. gambiae s.l.</i>		Yes		
	ACD for case investigation (reactive)	NA	-	<sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data							
	ACD at community level of febrile cases (pro-active)	No	-	<sup>2</sup> Vectors reported to exhibit resistance to insecticide class							
	Mass screening is undertaken	NA	-	<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)							
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-								
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-								
	Case investigation undertaken	NA	-								
	Foci investigation undertaken	No	-								
Case reporting from private sector is mandatory	Yes	2010									

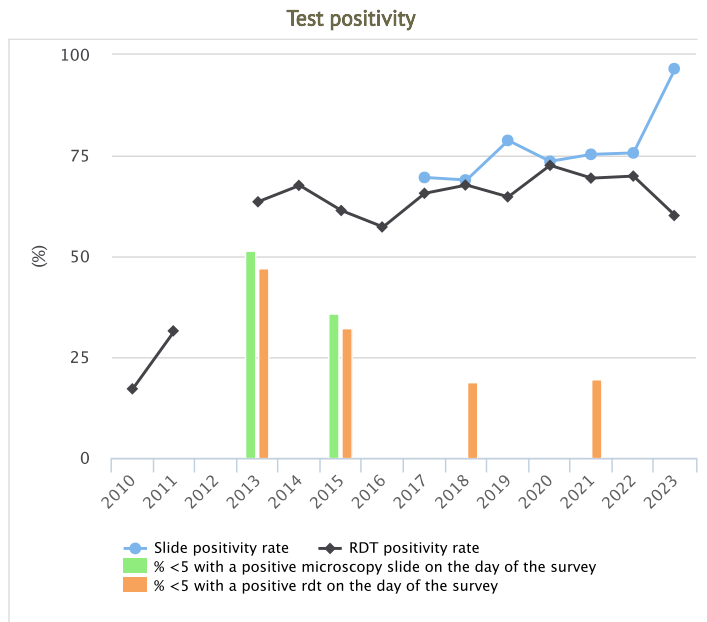
Yes\* = Policy adopted, but not implemented in 2023

Disc = Discontinued

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



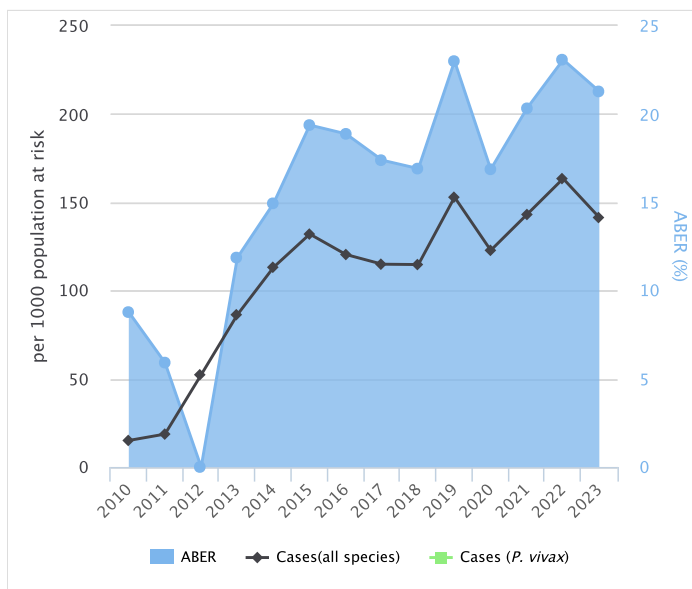
Source: DHS 2013,2018, MIS 2015,2021



Source: DHS 2013,2018, MIS 2015,2021

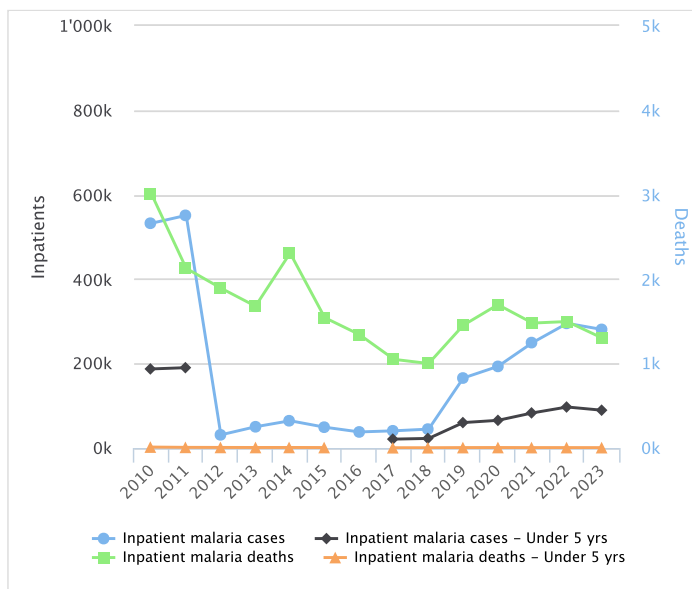
Source: DHS 2013,2018, MIS 2015,2021

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

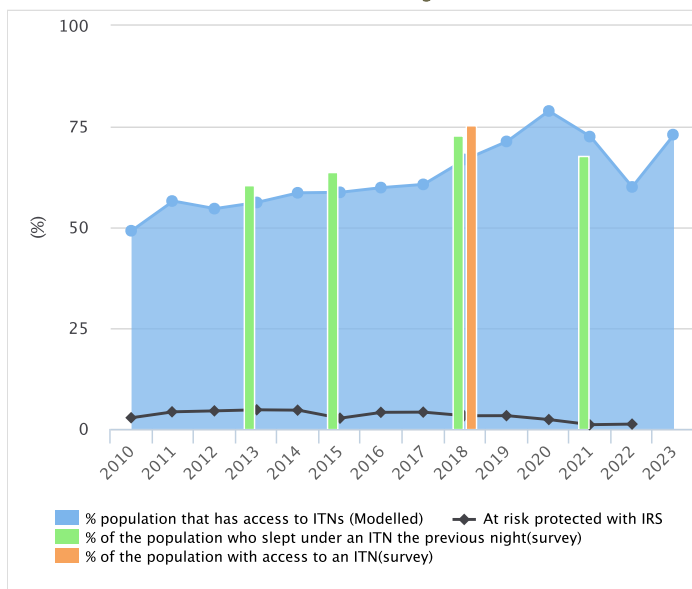


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

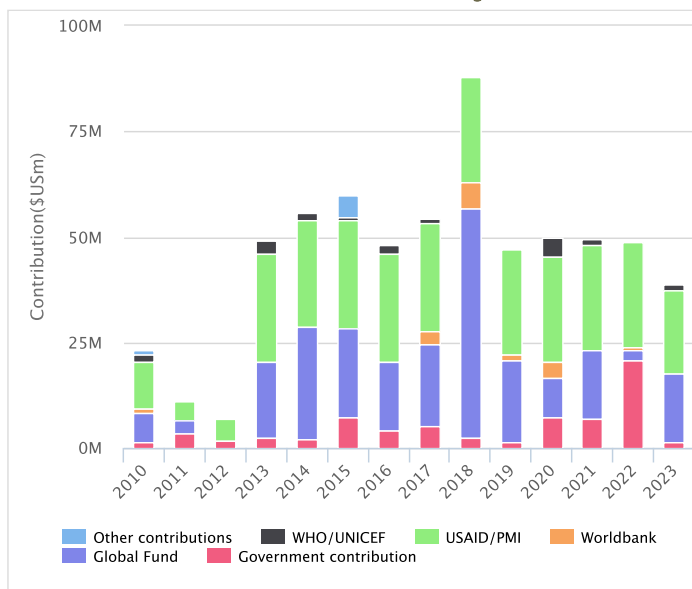


V. Coverage of ITN and IRS

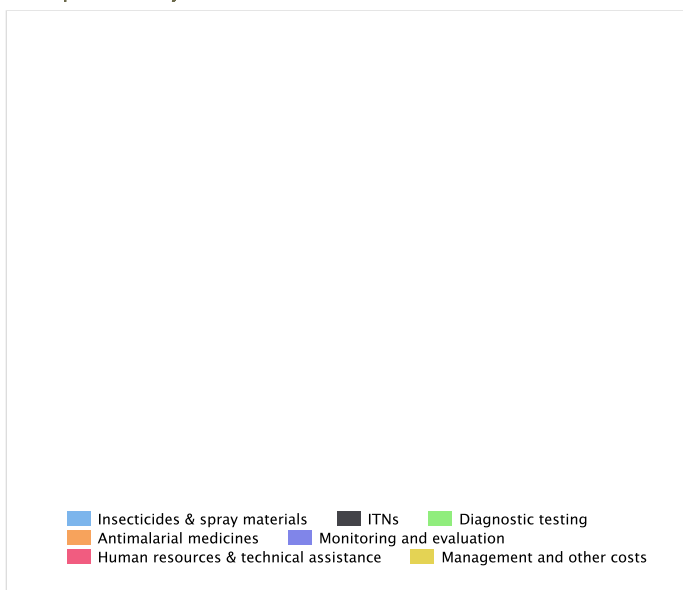


Source: DHS 2013,2018, MIS 2015,2021

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 \(who.int\)](#)

## World Malaria Report 2024