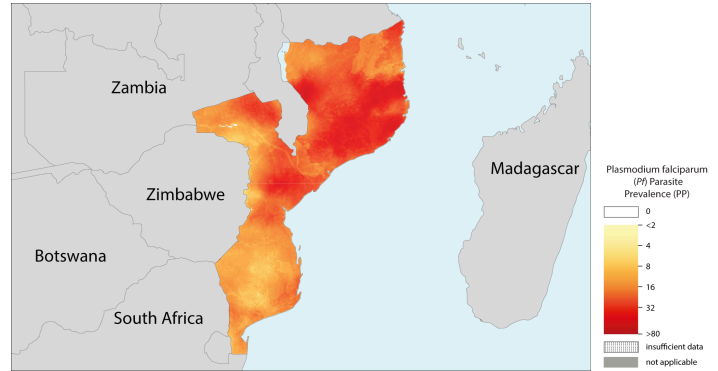
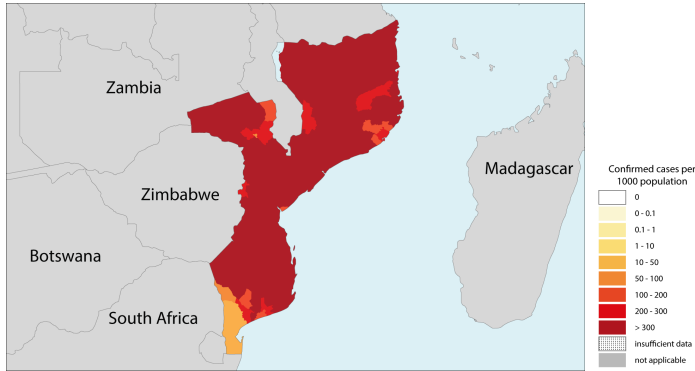


# Mozambique

African Region



## I. Epidemiological profile

Population (UN Population Division)	2023	%
-	-	-
Malaria free (0 cases)	-	-
Total	-	-

Reported cases and deaths	
Reported indigenous confirmed cases:	42
Confirmed cases from public sector:	342
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	-
Indigenous deaths:	0

**Parasites and vectors**

Major plasmodium species (indigenous cases):  
 Major anopheles species: *An. funestus s.s., An. arabiensis, An. gambiae s.s.*  
 \*includes mixed infections and other species of Plasmodium

**Estimates**

Estimated cases:  
 Estimated deaths:

## II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2003
	ITN distributed by mass campaign	Yes	-
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	-
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	-
	Malaria diagnosis is free in the private sector	-	-
Treatment	ACT is free for all ages in public sector	Yes	2005
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	-
	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*	2002
Surveillance	Malaria is a notifiable disease	Yes*	-
	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	No	-
	Foci investigation undertaken	No	-
Case reporting from private sector is mandatory	No	-	

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>		AS+AQ	-
Second-line treatment <i>P. falciparum</i>		-	-
Treatment of severe malaria		AS	-
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
AL	2015-2018	0	0.6
AS-AQ	2018-2018	0	0
		Max	Follow-up
		3.7	28 days
		1.2	28 days
			No. of studies
			8
			Species
			<i>P. falciparum</i>
			<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	12% (6/50)	<i>An. gambiae s.l.</i>	Yes
NEONIC	0% (0/7)		Yes
Organophosphates	0% (0/60)		Yes
Pyrethroids	65% (41/63)	<i>An. funestus s.l., 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

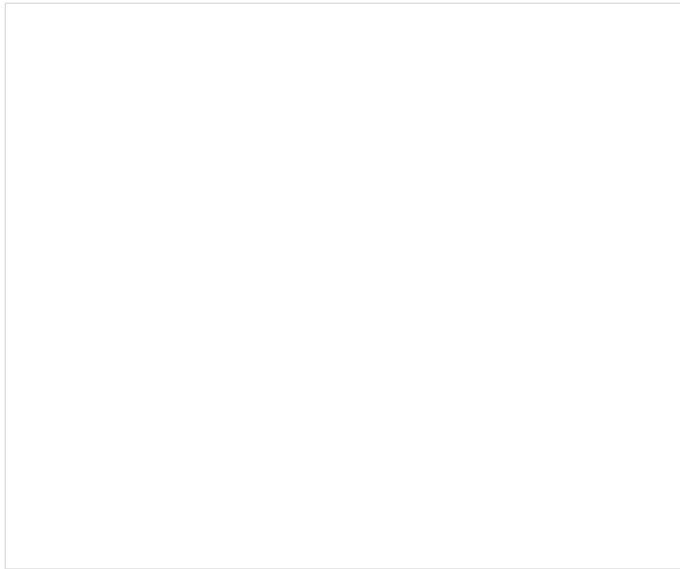


Treatment seeking and reporting completeness



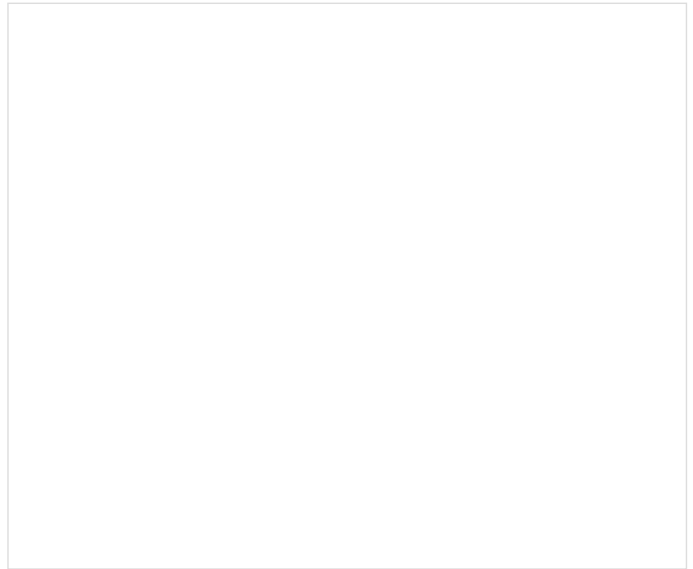
IV.

Cases tested and treated



Source: 2015

Test positivity



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

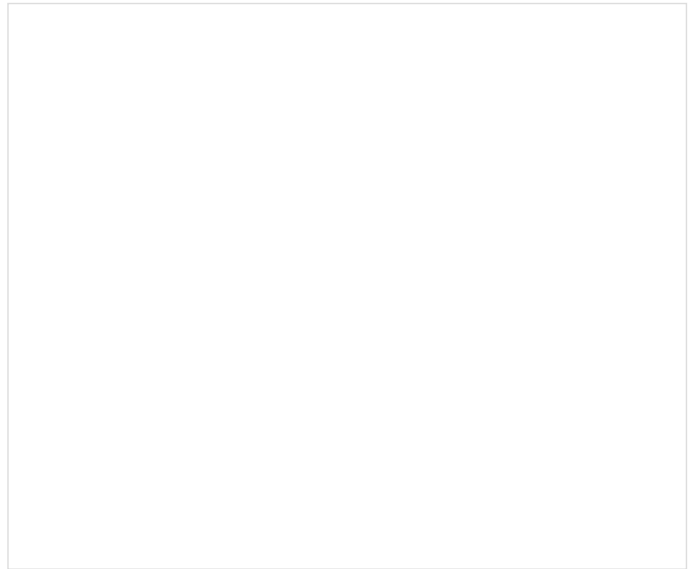
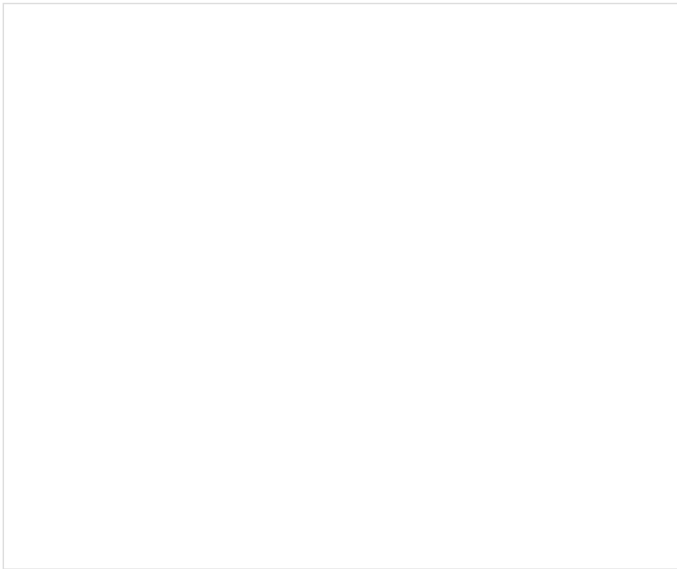
Malaria inpatients and deaths



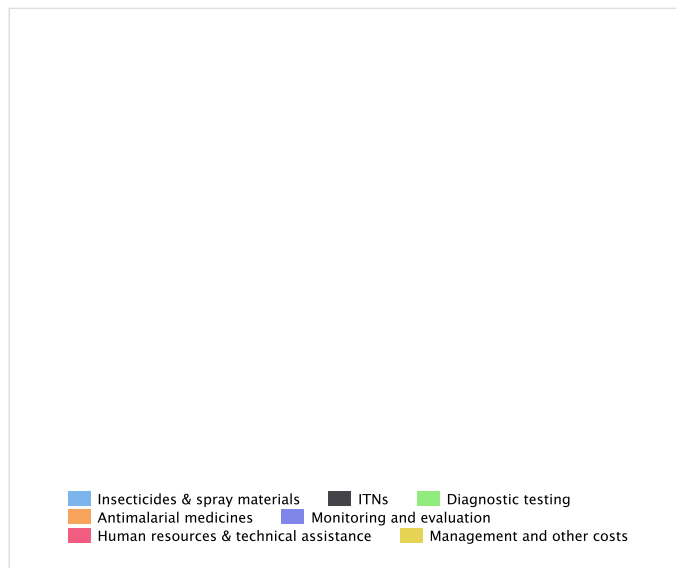
ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

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