

## I. Epidemiological profile

|   |        |    |   |
|---|--------|----|---|
| Population (UN Population Division)             | 2023   | %  | Parasites and vectors   |
| High transmission (>1 case per 1000 population) | 1.4M   | 46 | Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%) |
| Low transmission (0-1 case per 1000 population) | 984.2K | 33 | Major anopheles species: <i>An. gambiae s.l.</i> , <i>An. funestus s.l.</i> , <i>An. arabiensis</i>   |
| Malaria free (0 cases)                          | 611.1K | 21 | *includes mixed infections and other species of Plasmodium  |
| Total   | 3M     |    |   |

|   |           |                   |                      |
|---|-----------|-------------------|----------------------|
| Reported cases and deaths                   | Estimates |                   |                      |
| Presumed and confirmed cases                | 13 735    | Estimated cases:  | 19.4K [15.3K, 23.8K] |
| Reported indigenous confirmed cases:        | 11 794    | Estimated deaths: | 23 [23, 23]          |
| Confirmed cases from public sector:         | -         |                   |                      |
| Confirmed cases from private sector:        | -         |                   |                      |
| Confirmed cases at community level:         | -         |                   |                      |
| Confirmed cases in combined health sectors: | 13 735    |                   |                      |
| Indigenous deaths:                          | 23        |                   |                      |

\*Includes cases from the public and private sector

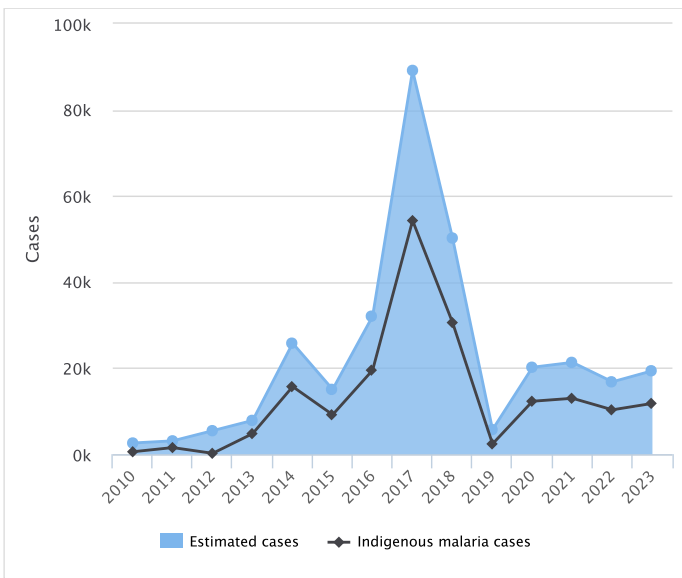
## II. Intervention policies and strategies

| Intervention                                    | Policies/Strategies   | Yes/No | Year adopted | Antimalaria treatment policy  | Medicine                 | Year adopted            |                   |     |           |                |         |
|---|---|--------|--------------|---|--------------------------|-------------------------|-------------------|-----|-----------|----------------|---------|
| ITN   | ITNs/LLINs distributed free of charge   | Yes    | 2000         | First-line treatment of unconfirmed malaria   | AL                       | 2006                    |                   |     |           |                |         |
|   | ITN distributed by mass campaign  | Yes    | -            | First-line treatment of <i>P. falciparum</i>  | AL                       | 2006                    |                   |     |           |                |         |
| IRS   | IRS is recommended  | Yes    | -            | Second-line treatment <i>P. falciparum</i>  | QN                       | 2006                    |                   |     |           |                |         |
|   | DDT is used for IRS   | No     | -            | Treatment of severe malaria   | AS                       | 2017                    |                   |     |           |                |         |
| Larval control                                  | Use of Larval Control   | Yes    | -            | Treatment of <i>P. vivax</i>  | AL                       | 2006                    |                   |     |           |                |         |
| IPT   | IPT used to prevent malaria during pregnancy  | NA     | -            | Dosage of primaquine for radical treatment of <i>P. vivax</i>   | 0.75 mg/Kg (8 weeks)     |                         |                   |     |           |                |         |
| Diagnosis                                       | Malaria diagnosis using RDT is free of charge in the public sector  | -      | -            | Type of RDT used (public)   | Pf + all species (Combo) |                         |                   |     |           |                |         |
|   | 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 | Species |
| Treatment                                       | ACT is free for all ages in public sector   | Yes    | 2005         | Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)                                     |                          |                         |                   |     |           |                |         |
|   | The sale of oral artemisinin-based monotherapies (oAMTs)  | banned | -            | 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*   | 2015         | Carbamates  | 0% (0/4)                 |                         | No                |     |           |                |         |
|   | Primaquine is used for radical treatment of <i>P. vivax</i>   | NA     | -            | Neonicotinoids  |                          |                         | Yes               |     |           |                |         |
|   | G6PD test is a requirement before treatment with primaquine   | NA     | -            | Organophosphates  | 0% (0/5)                 |                         | No                |     |           |                |         |
|   | Directly observed treatment with primaquine is undertaken   | NA     | -            | Pyrethroids   | 11% (1/9)                | <i>An. gambiae s.l.</i> | Yes               |     |           |                |         |
| Surveillance                                    | System for monitoring of adverse reaction to antimalarials exists   | Yes*   | 2008         | <sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data                              |                          |                         |                   |     |           |                |         |
|   | Malaria is a notifiable disease   | -      | -            | <sup>2</sup> Vectors reported to exhibit resistance to insecticide class  |                          |                         |                   |     |           |                |         |
|   | ACD for case investigation (reactive)   | Yes    | 2015         | <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)  | Yes*   | 2012         |   |                          |                         |                   |     |           |                |         |
|   | 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   | 2015   |              |   |                          |                         |                   |     |           |                |         |

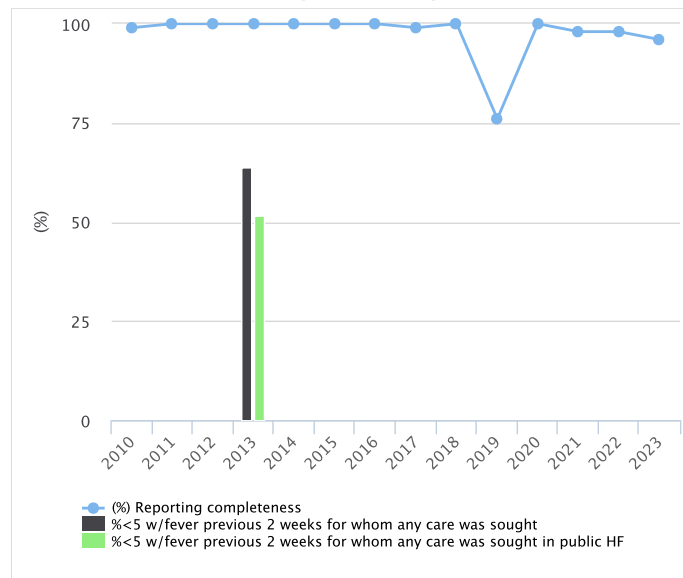
Yes\* = Policy adopted, but not implemented in 2023  
 Disc = Discontinued  
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III.

Estimated and reported cases

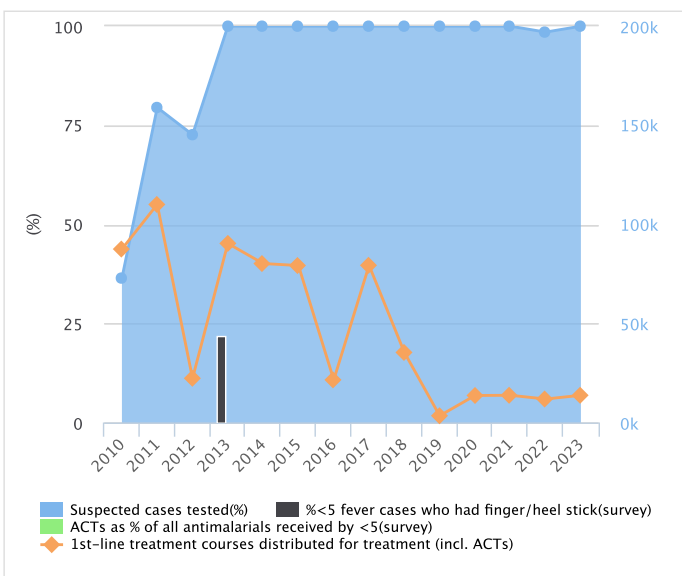


Treatment seeking and reporting completeness

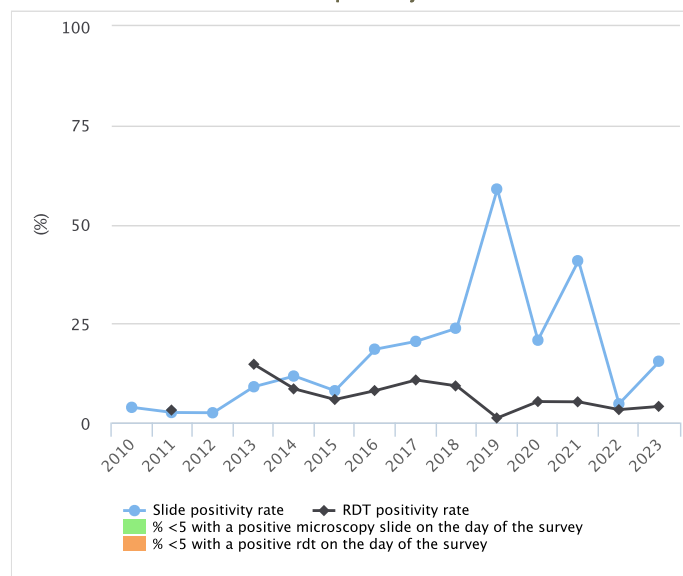


IV.

Cases tested and treated



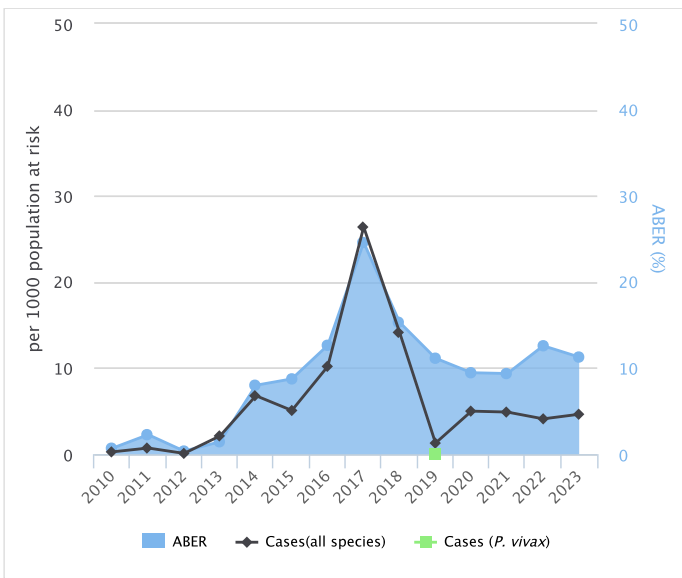
Test positivity



Source: DHS 2013

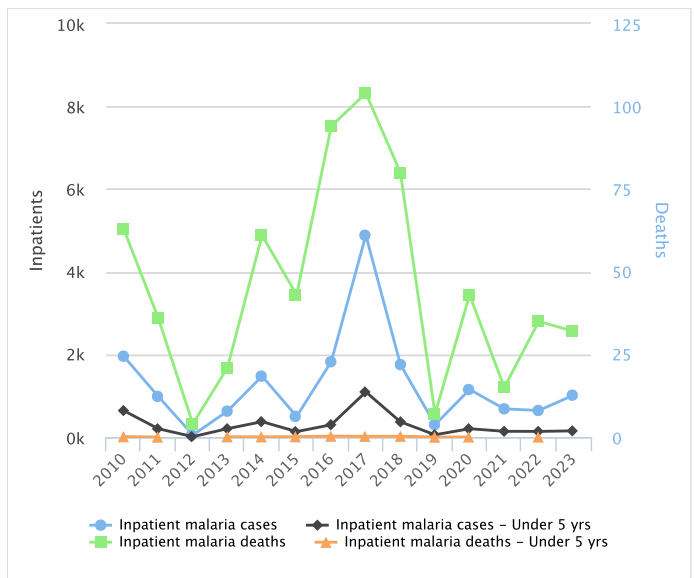
Source: DHS 2013

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

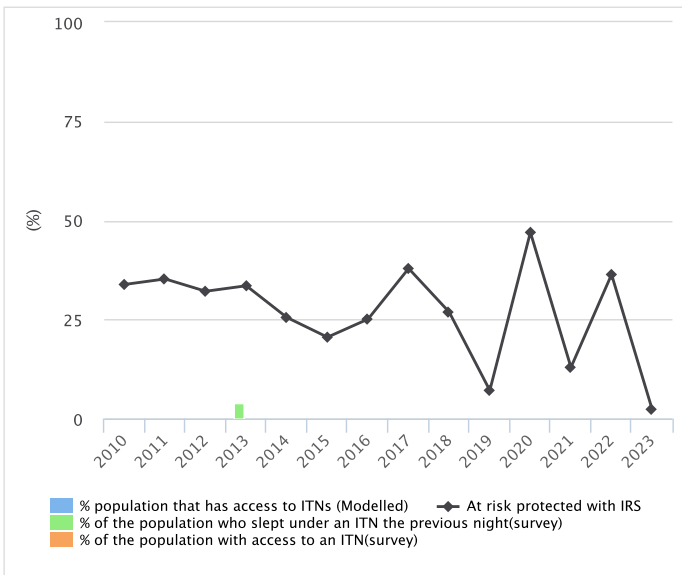


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

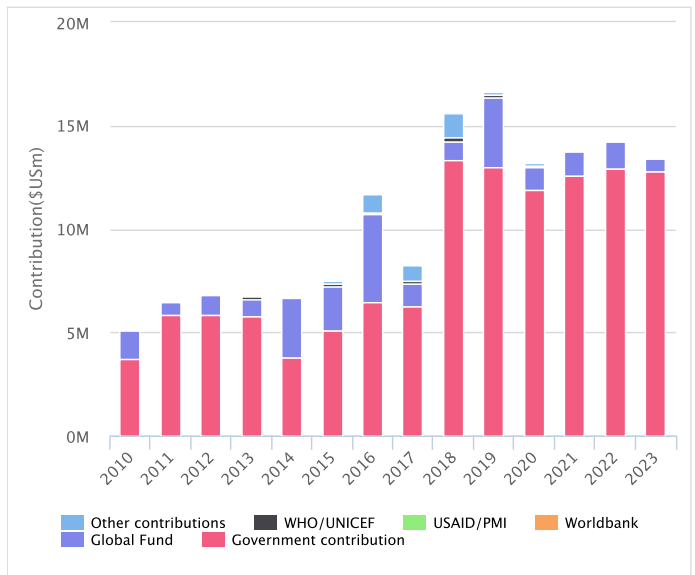


V. Coverage of ITN and IRS

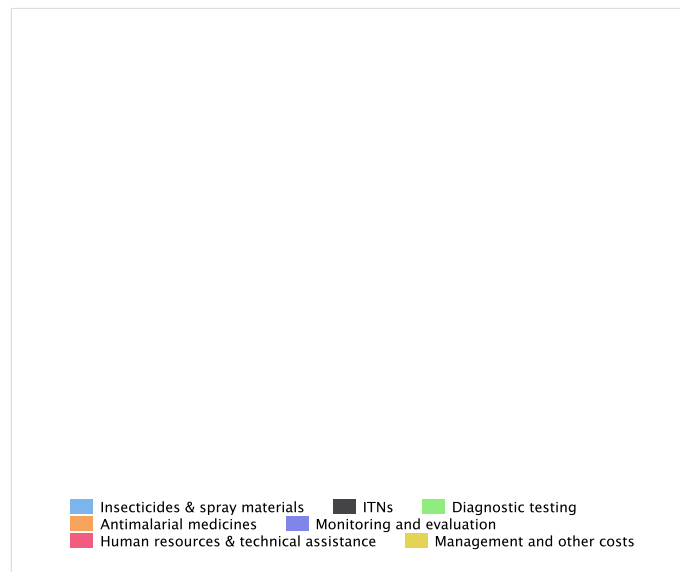


Source: DHS 2013

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)