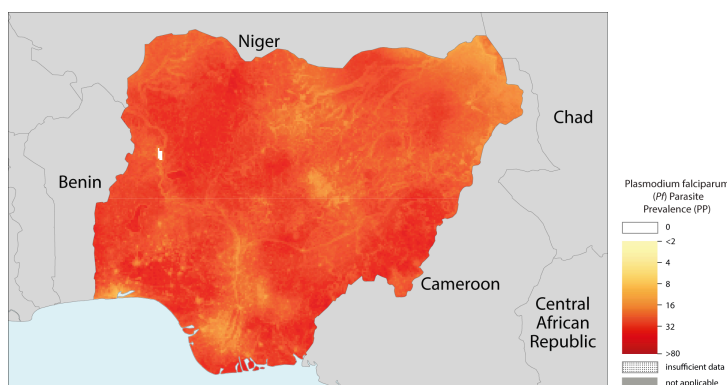


# Nigeria

African Region



## I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	174.1M	76	Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Low transmission (0-1 case per 1000 population)	53.8M	24	Major anopheles species: <i>An. gambiae</i> s.L., <i>An. funestus</i> s.L., <i>An. arabiensis</i>
Malaria free (0 cases)	-	-	*includes mixed infections and other species of Plasmodium
Total	227.9M	-	
Reported cases and deaths			Estimates
Presumed and confirmed cases	26 411 359	-	Estimated cases: 68.1M [49.1M, 92.6M]
Total confirmed cases:	24 098 323	-	Estimated deaths: 184.7K [134.8K, 263.9K]
Confirmed cases from public sector:	22 268 235	-	
Confirmed cases from private sector:	1 617 566	-	
Confirmed cases at community level:	212 522	-	
Confirmed cases in combined health sectors:	-	-	
Reported deaths:	5704	-	

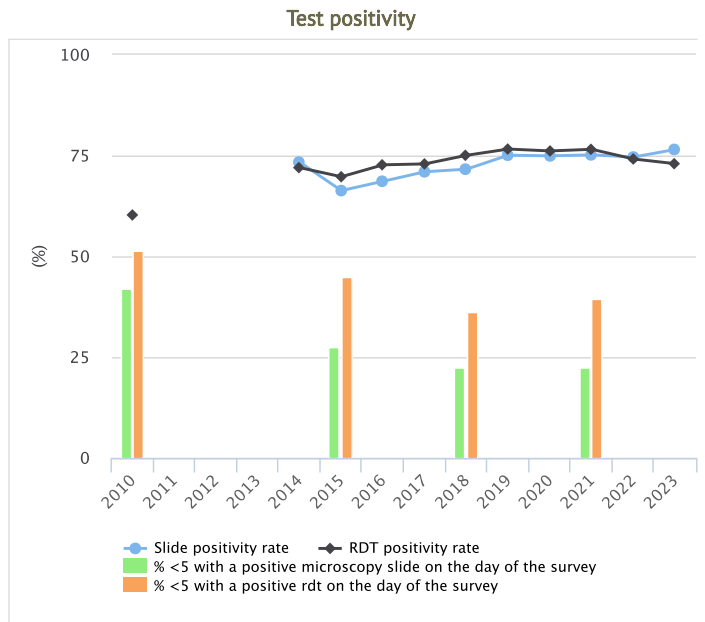
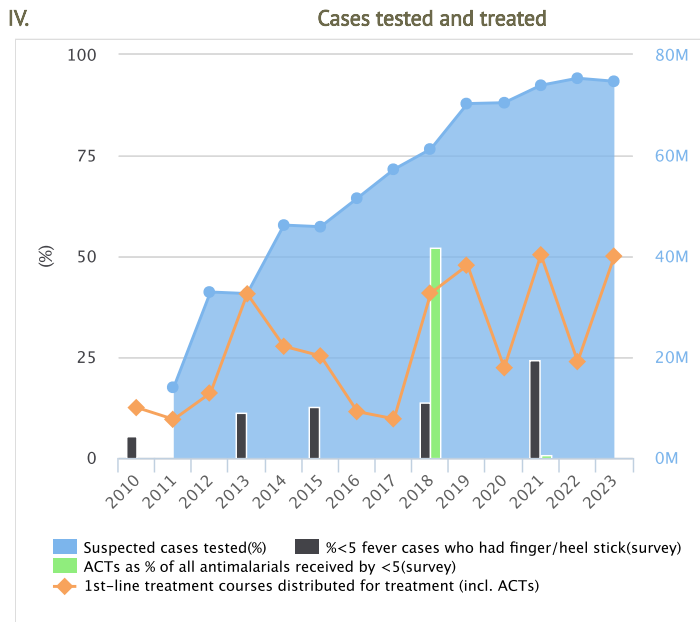
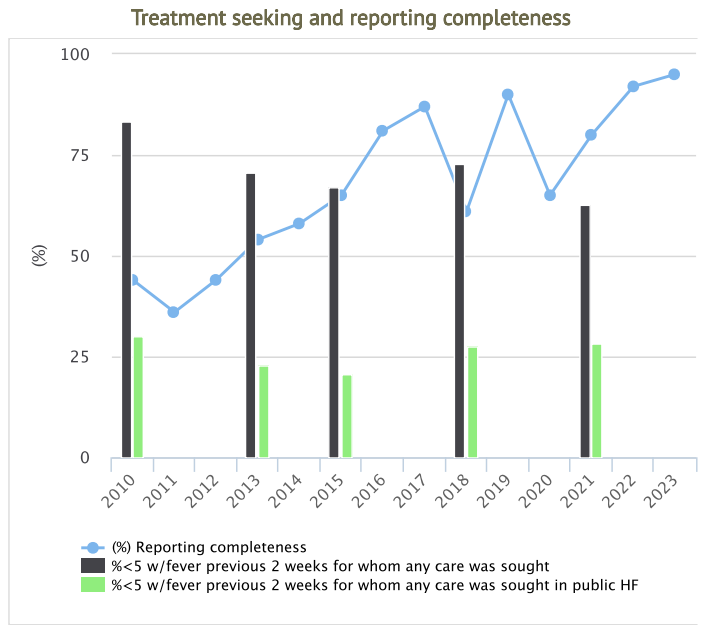
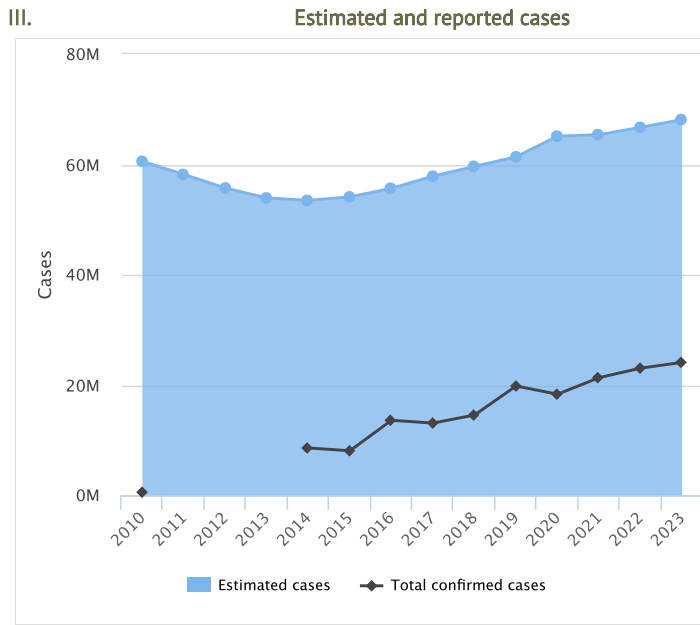
## II. Intervention policies and strategies

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; AS+AQ	2005					
	ITN distributed by mass campaign	Yes	2000	First-line treatment of <i>P. falciparum</i>	AL; AS-PYR; AS+AQ; DHA-PPQ	2020					
IRS	IRS is recommended	Yes*	-	Second-line treatment <i>P. falciparum</i>	-	-					
	DDT is used for IRS	No	-	Treatment of severe malaria	AS	2013					
Larval control	Use of Larval Control	No	-	Treatment of <i>P. vivax</i>	NA	-					
IPT	IPT used to prevent malaria during pregnancy	Yes	2001	Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	No	-	Type of RDT used (public) Pf only							
	Malaria diagnosis using microscopy is free of charge in the public sector	No	-	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	2006	AL	2018-2018	1.2	2.4	2.5	28 days	3	<i>P. falciparum</i>
	The sale of oral artemisinin-based monotherapies (oAMTs)	are allowed	-	AS-AQ	2018-2018	0	1.15	2.3	28 days	2	<i>P. falciparum</i>
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-	DHA-PPQ	2018-2018	0	0	0	42 days	1	<i>P. falciparum</i>
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
	G6PD test is a requirement before treatment with primaquine	NA	-	Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>		Used <sup>3</sup>			
	Directly observed treatment with primaquine is undertaken	NA	-	Carbamates	6% (6/109)	<i>An. funestus</i> s.L., <i>An. gambiae</i> s.L.		No			
	System for monitoring of adverse reaction to antimalarials exists	Yes	-	Neonicotinoids	0% (0/78)			No			
	Malaria is a notifiable disease	Yes*	-	Organophosphates	16% (21/132)	<i>An. gambiae</i> s.L.		No			
	ACD for case investigation (reactive)	NA	-	Pyrethroids	84% (234/279)	<i>An. coluzzii</i> , <i>An. funestus</i> s.L., <i>An. gambiae</i> s.L.		Yes			
	ACD at community level of febrile cases (pro-active)	NA	-	<sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data							
Mass screening is undertaken	NA	-	<sup>2</sup> Vectors reported to exhibit resistance to insecticide class								
Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-	<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. vivax</i> cases routinely admitted	NA	-									
Case investigation undertaken	NA	-									
Foci investigation undertaken	NA	-									
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

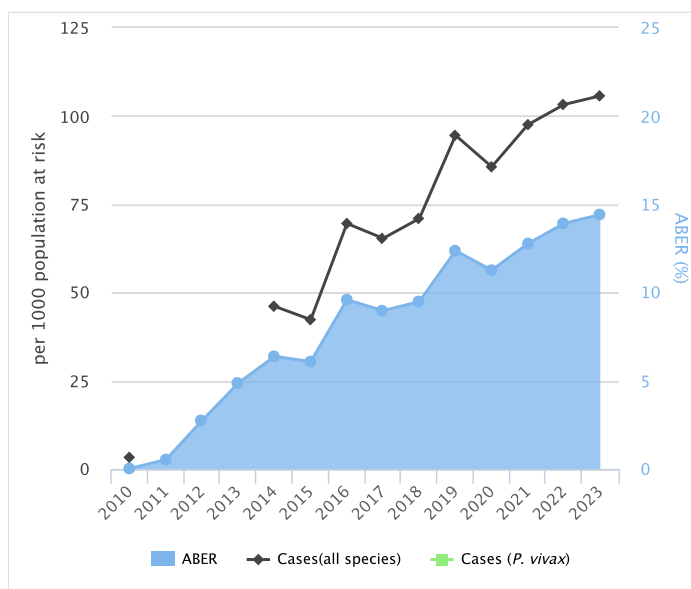


Source: DHS 2013,2018, MIS 2010,2015,2021

Source: DHS 2018, MIS 2010,2015,2021

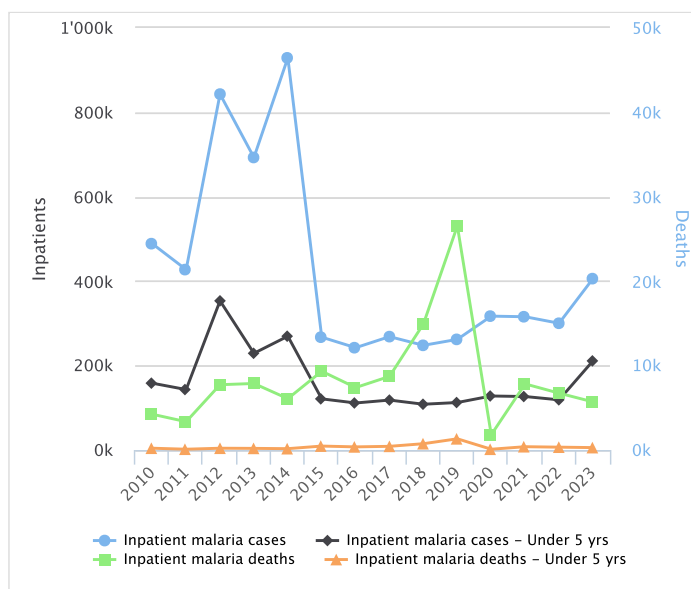
V.

## Confirmed malaria cases per 1000 population at risk and ABER



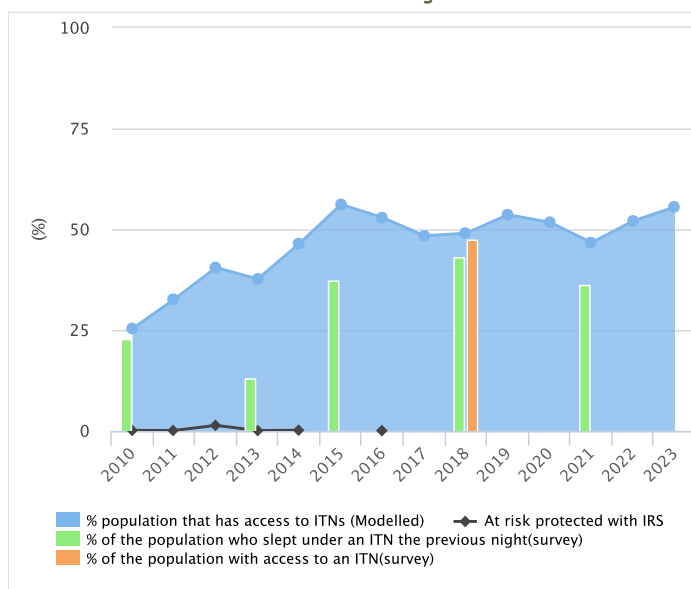
ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

## Malaria inpatients and deaths



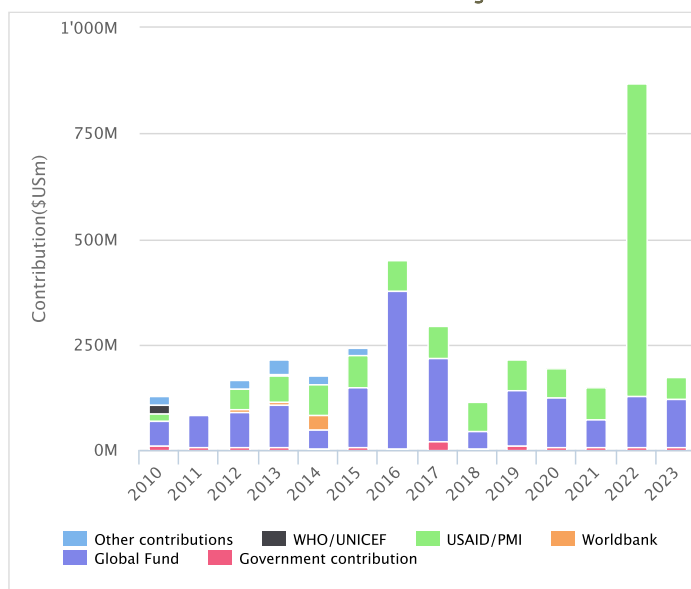
V.

## Coverage of ITN and IRS



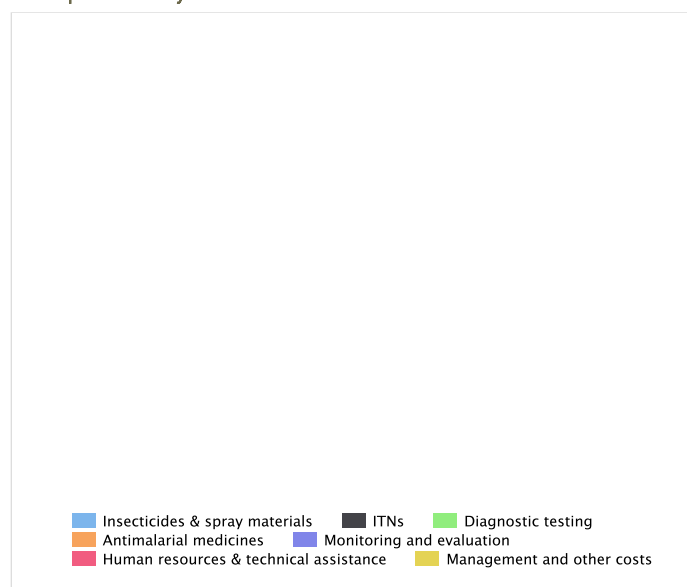
Source: DHS 2013,2018, MIS 2010,2015,2021

## 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