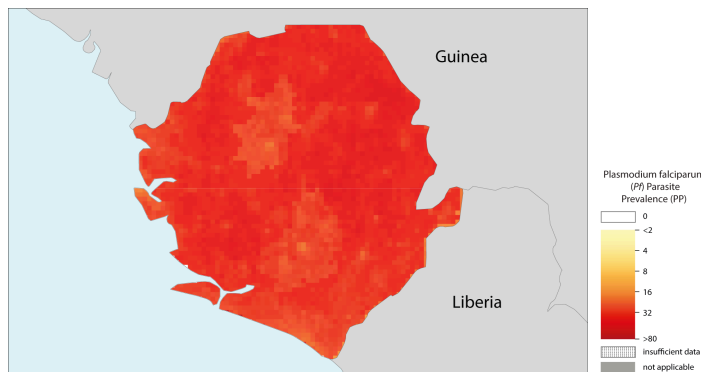
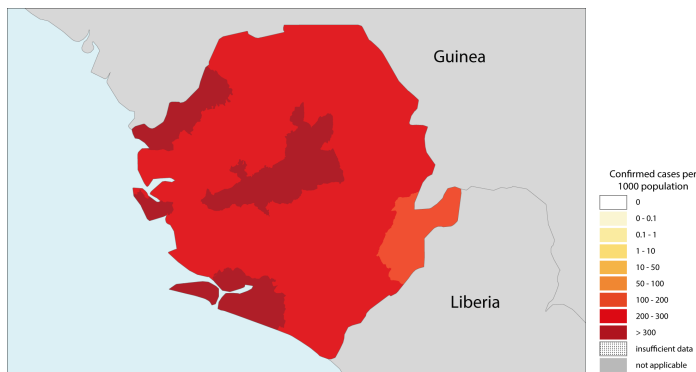


Sierra Leone

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	8.5M	100
Low transmission (0-1 case per 1000 population)	-	-
Malaria free (0 cases)	-	-
Total	8.5M	-

Reported cases and deaths

Presumed and confirmed cases	2 148 650
Total confirmed cases:	2 090 143
Confirmed cases from public sector:	1 728 549
Confirmed cases from private sector:	215 164
Confirmed cases at community level:	146 430
Confirmed cases in combined health sectors:	-
Reported deaths:	2637

Parasites and vectors

Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 100 (%), <i>P. vivax</i> : 0 (%)
Major anopheles species:	<i>An. gambiae s.l.</i> , <i>An. farauti s.s.</i>
* includes mixed infections and other species of Plasmodium	

Estimates

Estimated cases:	2.5M [1.3M, 4.3M]
Estimated deaths:	6.6K [5.3K, 8.4K]

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	2010
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes*	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2005
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	2003
	Malaria diagnosis is free in the private sector	Yes	2003
Treatment	ACT is free for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2004
	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*	2005
Surveillance	Malaria is a notifiable disease	No	-
	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 2015
First-line treatment of <i>P. falciparum</i>	AL 2015
Second-line treatment <i>P. falciparum</i>	QN -
Treatment of severe malaria	AS 2015
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	Max	Follow-up	No. of studies	Species
AL	2016-2016	0	0	0	28 days	1	<i>P. falciparum</i>
AS-AQ	2016-2016	0	0	0	28 days	2	<i>P. falciparum</i>
DHA-PPQ	2016-2016	0	1.15	2.3	42 days	2	<i>P. falciparum</i>

Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)

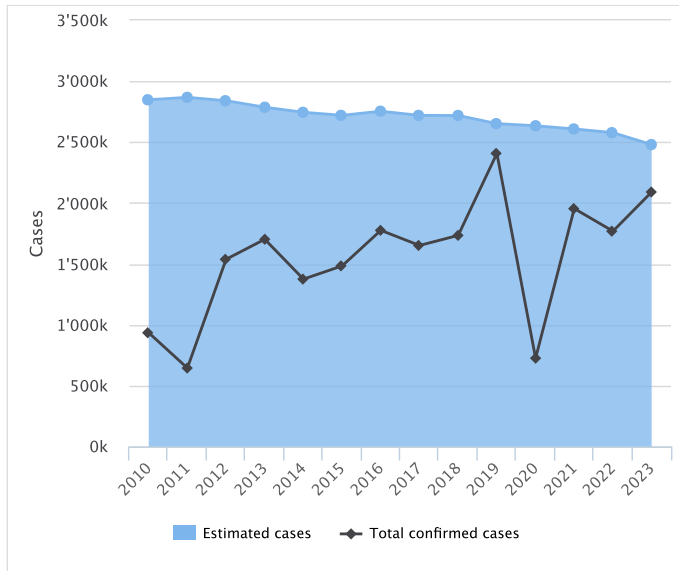
Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates	43% (3/7)	<i>An. gambiae s.l.</i>	No
Neonicotinoids	0% (0/10)	<i>An. gambiae s.l.</i>	Yes
Organophosphates	14% (2/14)	<i>An. gambiae s.l.</i>	Yes
Pyrethroids	100% (17/17)	<i>An. gambiae s.l.</i>	Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

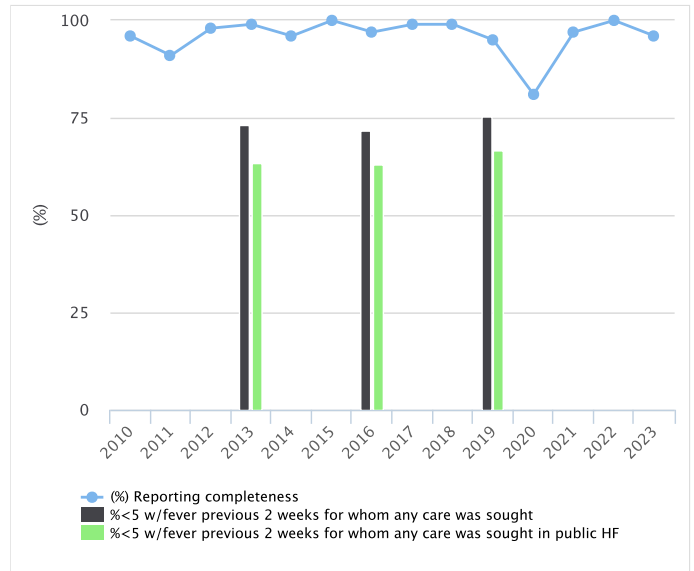
²Vectors reported to exhibit resistance to insecticide class

³Class 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

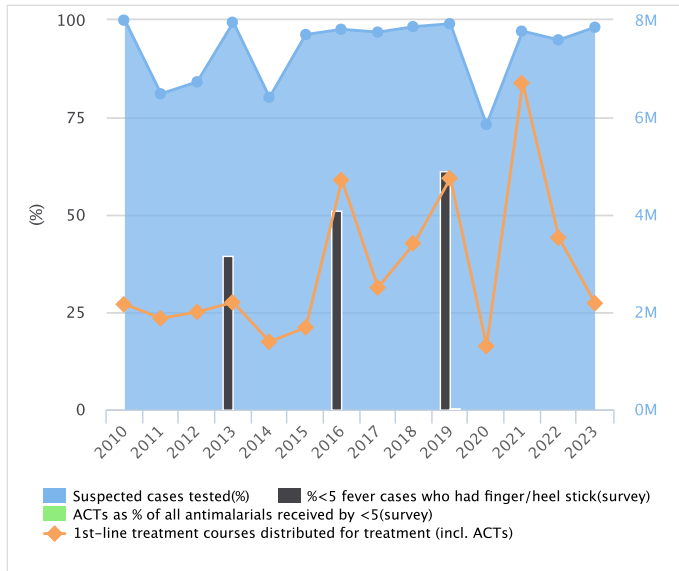


Treatment seeking and reporting completeness

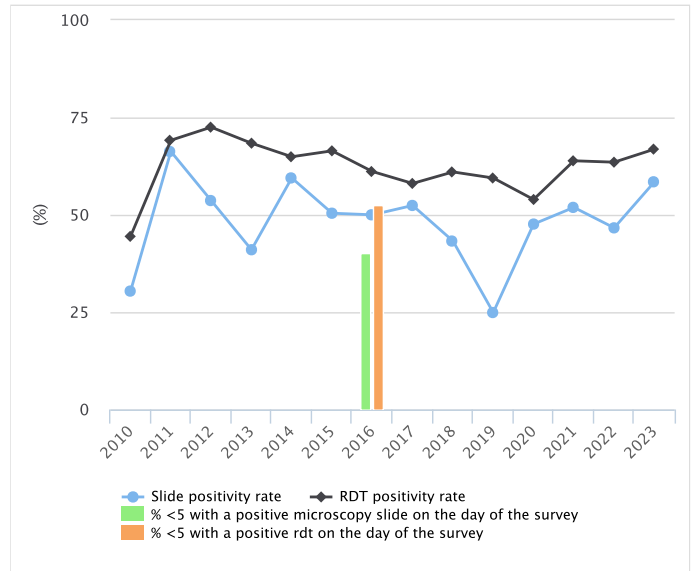


Source: DHS 2013,2019, MIS 2016

IV. Cases tested and treated



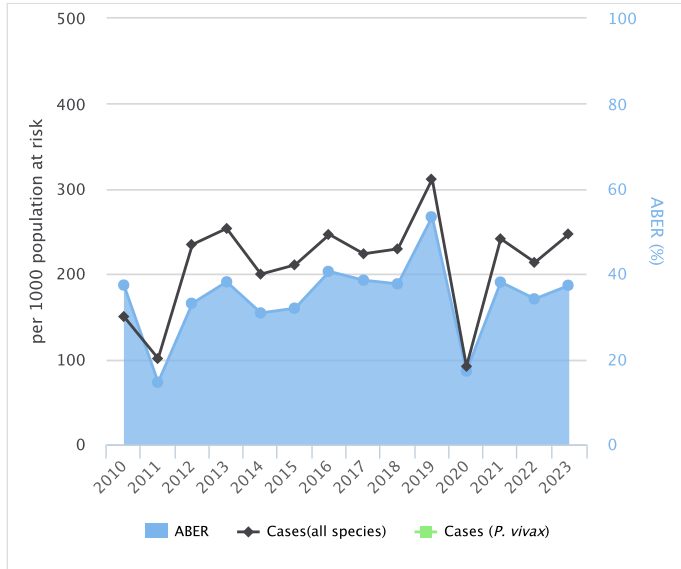
Test positivity



Source: MIS 2016

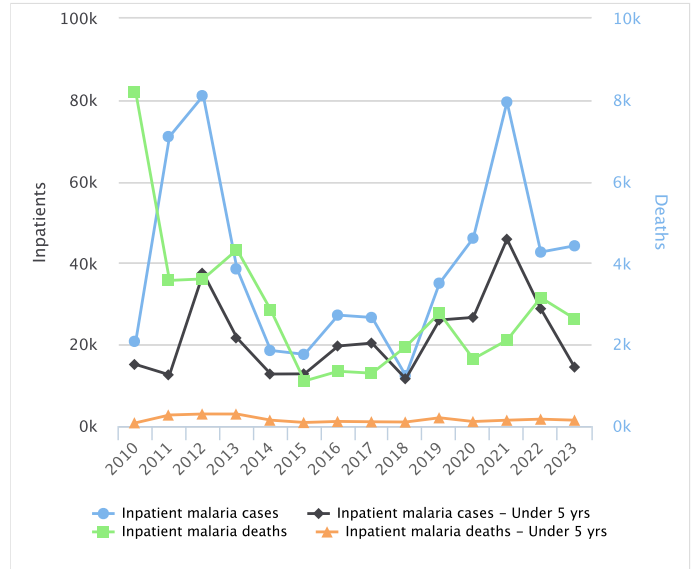
Source: DHS 2013,2019, MIS 2016

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

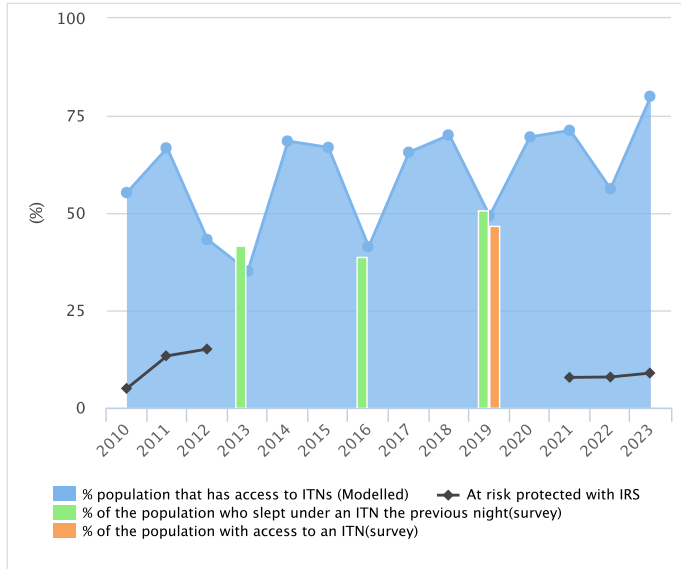


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

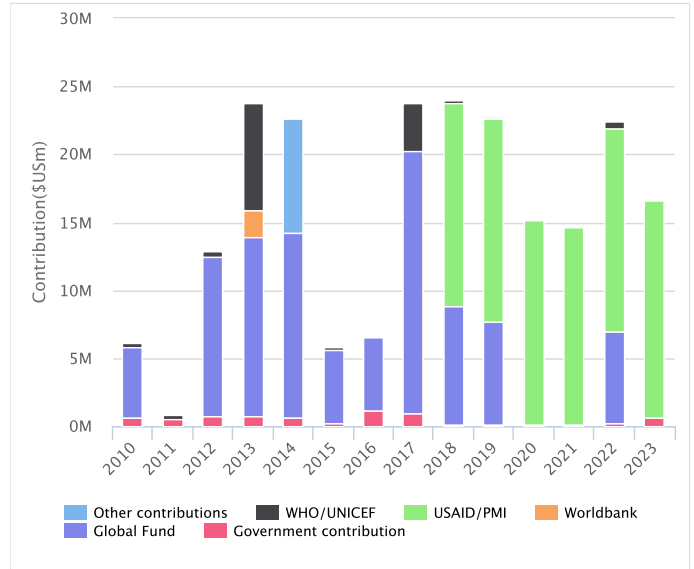


V. Coverage of ITN and IRS

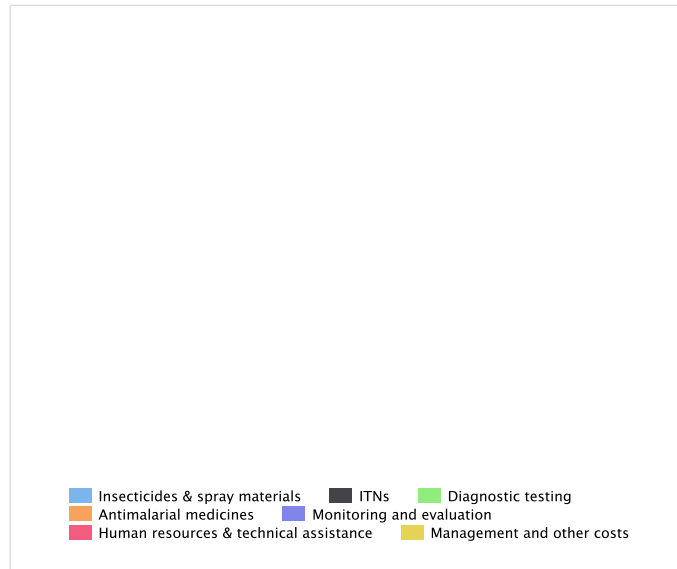


Source: DHS 2013,2019, MIS 2016

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