

I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors	
High transmission (>1 case per 1000 population)	26.7K	4	Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : (%)*, <i>P. vivax</i> : (%)
Low transmission (0-1 case per 1000 population)	66.2K	11	Major anopheles species:	<i>An. darlingi</i>
Malaria free (0 cases)	536K	85	*includes mixed infections and other species of Plasmodium	
Total	628.9K			

Reported cases and deaths	
Presumed and confirmed cases	102
Reported indigenous confirmed cases:	0
Indigenous deaths:	0

II. Intervention policies and strategies

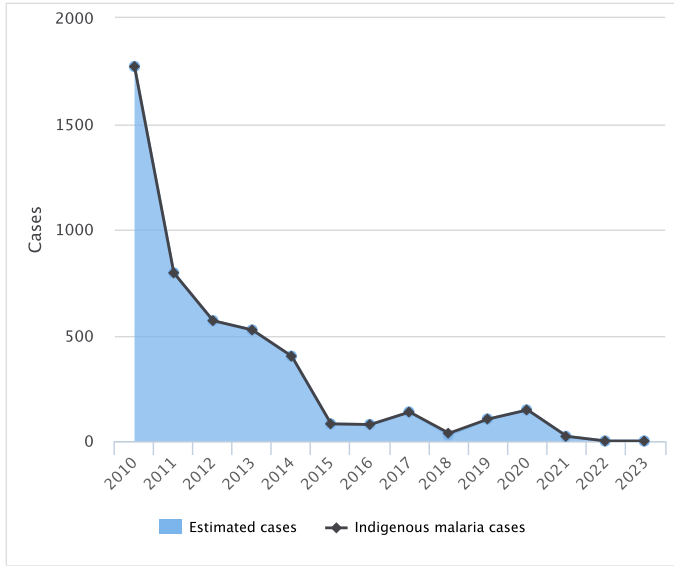
Intervention	Policies/Strategies	Yes/ No	Year adopted	Antimalaria treatment policy	Medicine	Year adopted						
ITN	ITNs/LLINs distributed free of charge	Yes	2006	First-line treatment of unconfirmed malaria	NA	-						
	ITN distributed by mass campaign	Yes	2006	First-line treatment of <i>P. falciparum</i>	AL+PQ	-						
IRS	IRS is recommended	No	-	Second-line treatment <i>P. falciparum</i>	AL+PQ	-						
	DDT is used for IRS	No	-	Treatment of severe malaria	AS	-						
Larval control	Use of Larval Control	No	-	Treatment of <i>P. vivax</i>	CQ+PQ	-						
IPT	IPT used to prevent malaria during pregnancy	NA	-	Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.50 mg/Kg (14 days)							
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2004	Type of RDT used (public)	Pf + all species (Combo)							
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	2004	Therapeutic efficacy tests (clinical and parasitological failure, %)								
	Malaria diagnosis is free in the private sector	Yes	2004	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species	
Treatment	ACT is free for all ages in public sector	Yes	2004	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	2004	Insecticide class	(% sites ¹)			Vectors ²	Used ³			
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes	2012	Carbamates					No			
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2004	Neonicotinoids					No			
	G6PD test is a requirement before treatment with primaquine	No	-	Organophosphates					No			
	Directly observed treatment with primaquine is undertaken	Yes*	-	Pyrethroids					Yes			
	System for monitoring of adverse reaction to antimalarials exists	Yes	-									
Surveillance	Malaria is a notifiable disease	Yes	1953	¹ Percent of sites for which resistance is confirmed and total number of sites that reported data								
	ACD for case investigation (reactive)	Yes	2000	² Vectors reported to exhibit resistance to insecticide class								
	ACD at community level of febrile cases (pro-active)	Yes	2000	³ Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)								
	Mass screening is undertaken	Yes	2015									
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-									
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-									
	Case investigation undertaken	Yes	2000									
	Foci investigation undertaken	Yes	2018									
Case reporting from private sector is mandatory	Yes	2000										

Yes* = Policy adopted, but not implemented in 2023

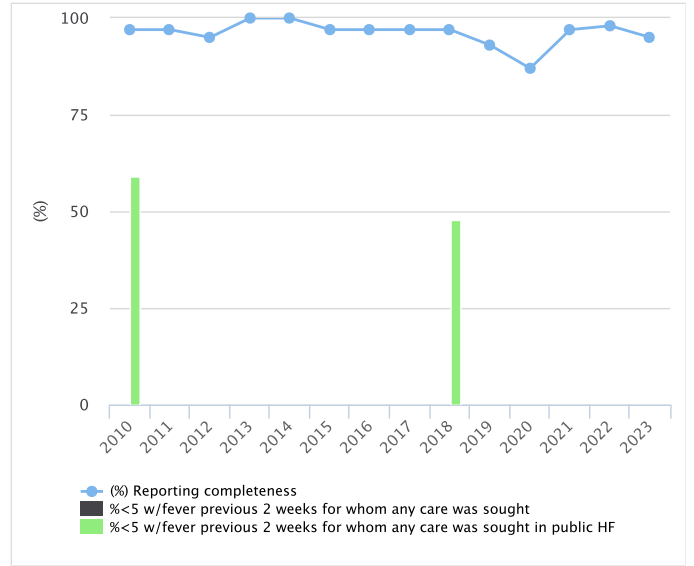
Disc = Discontinued

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

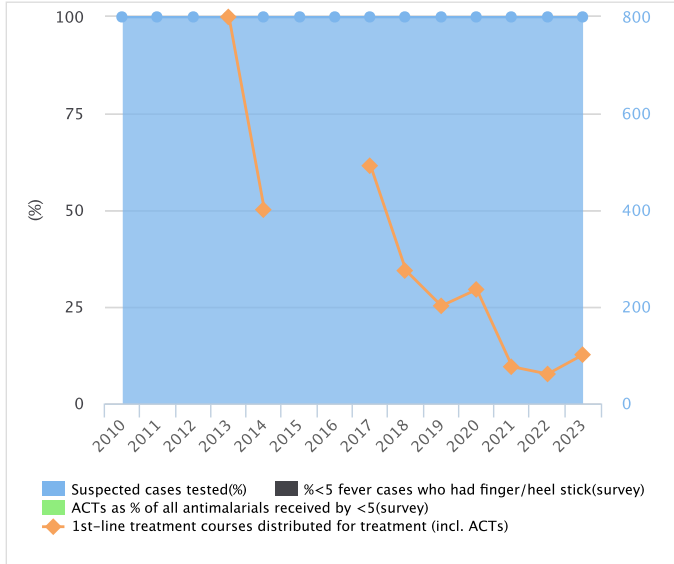
III. Estimated and reported cases



Treatment seeking and reporting completeness

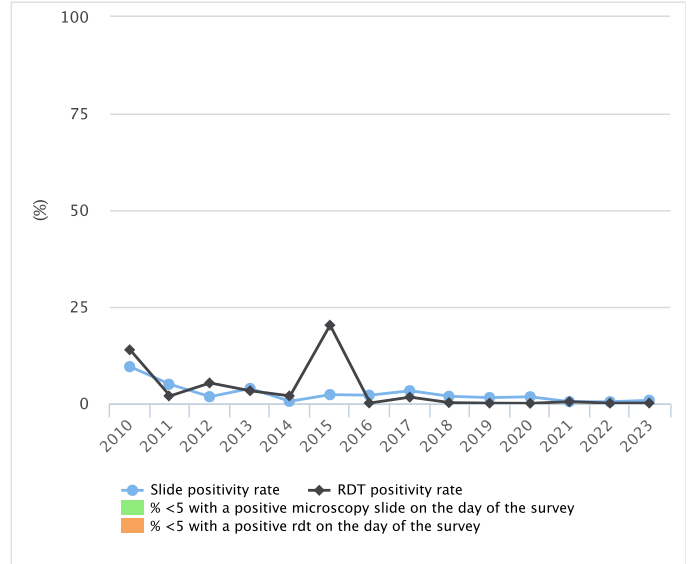


IV. Cases tested and treated



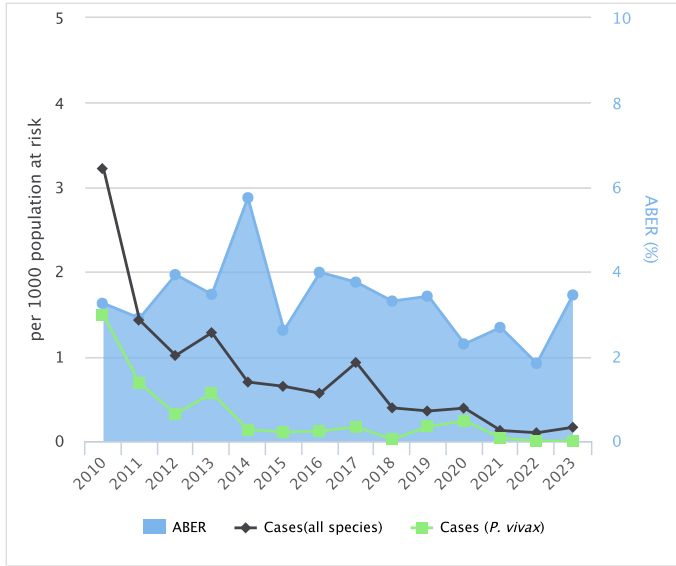
Source: MICS 2010,2018

Test positivity



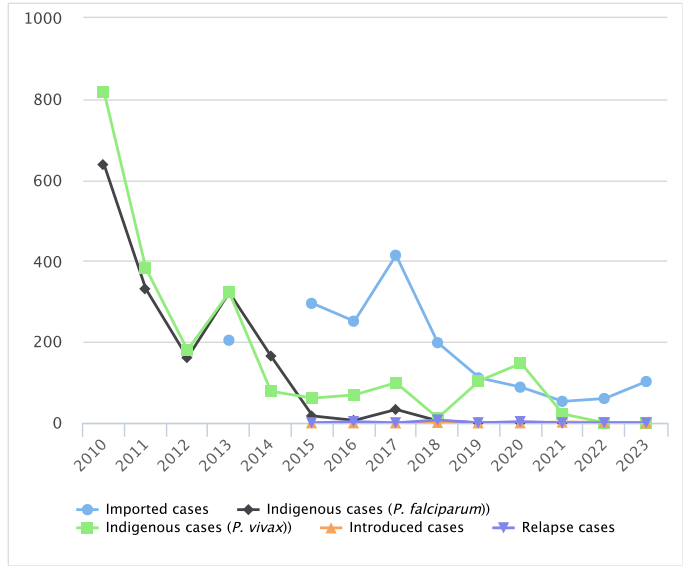
Imported and introduced malaria cases are included

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

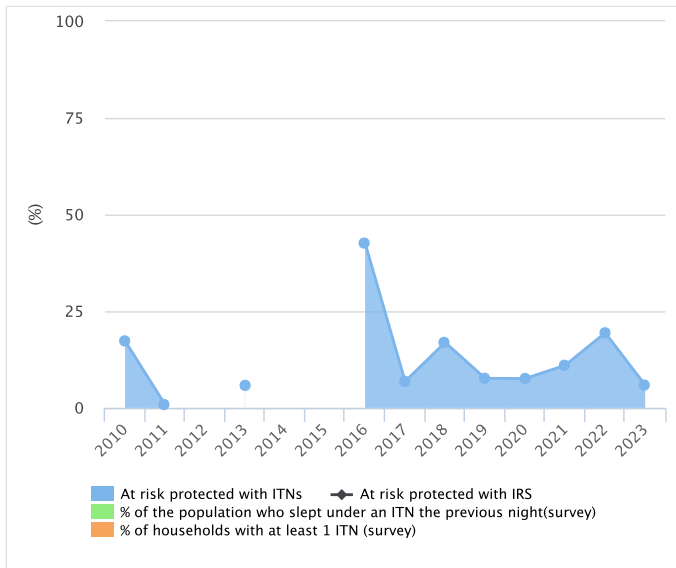


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

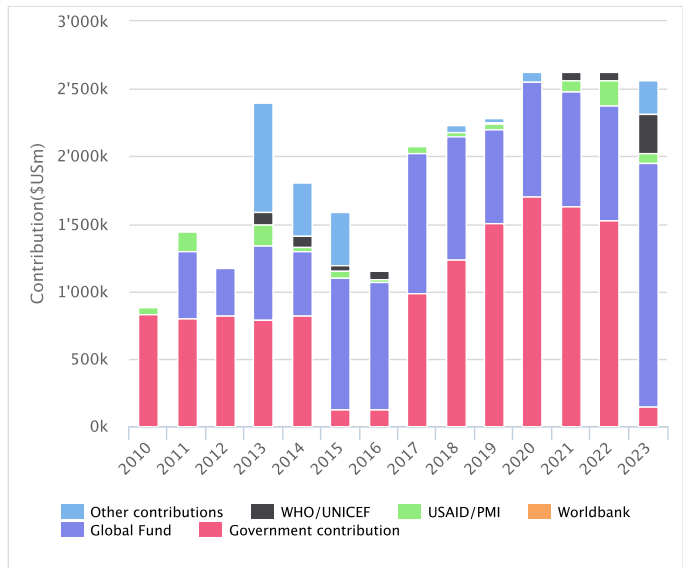
Cases by classification



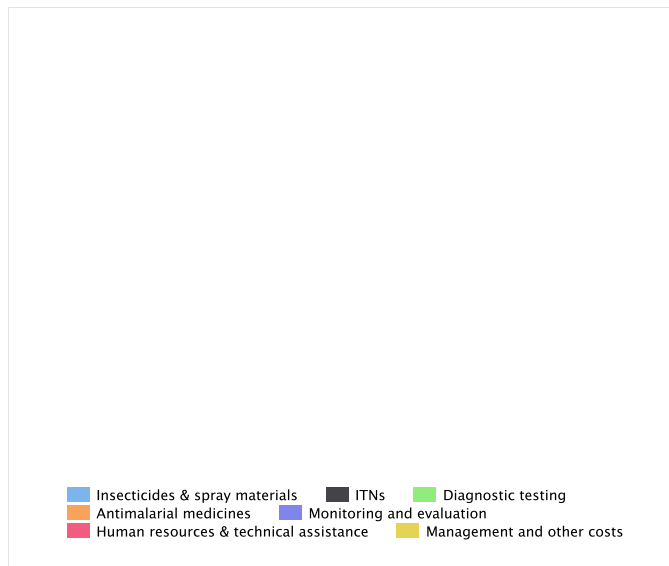
V. Coverage of ITN and IRS



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