

I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	-	-	Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Low transmission (0-1 case per 1000 population)	344.5K	28	Major anopheles species: <i>An. arabiensis</i> , <i>An. funestus</i> s.l.
Malaria free (0 cases)	886K	72	*includes mixed infections and other species of Plasmodium
Total	1.2M		

Reported cases and deaths

Presumed and confirmed cases	845
Reported indigenous confirmed cases:	597
Indigenous deaths:	7

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	-	
	ITN distributed by mass campaign	No	-	
IRS	IRS is recommended	Yes	-	
	DDT is used for IRS	No	-	
Larval control	Use of Larval Control	Yes*	2019	
IPT	IPT used to prevent malaria during pregnancy	NA	-	
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2009	
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	2009	
	Malaria diagnosis is free in the private sector	Yes	-	
Treatment	ACT is free for all ages in public sector	Yes	2009	
	The sale of oral artemisinin-based monotherapies (oAMTs) are allowed	Yes	2010	
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes	2015	
	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	No	-	
	Surveillance	Malaria is a notifiable disease	Yes	2009
		ACD for case investigation (reactive)	Yes	2009
		ACD at community level of febrile cases (pro-active)	Yes	2009
Mass screening is undertaken		Yes	2015	
Uncomplicated <i>P. falciparum</i> cases routinely admitted		No	-	
Uncomplicated <i>P. vivax</i> cases routinely admitted		NA	-	
Case investigation undertaken		Yes	2009	
Foci investigation undertaken	Yes	2009		
Case reporting from private sector is mandatory	Yes	2010		

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	-	-
First-line treatment of <i>P. falciparum</i>	AL	2009
Second-line treatment <i>P. falciparum</i>	QN	2009
Treatment of severe malaria	AS	2015
Treatment of <i>P. vivax</i>	PQ	2015
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.75 mg/Kg (8 weeks)	
Type of RDT used (public)	Pf + all species (Combo)	
Therapeutic efficacy tests (clinical and parasitological failure, %)		
Medicine	Year	Min Median Max Follow-up No. of studies Species
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	0% (0/2)	No
Neonicotinoids		No
Organophosphates	0% (0/2)	Yes
Pyrethroids	0% (0/2)	Yes

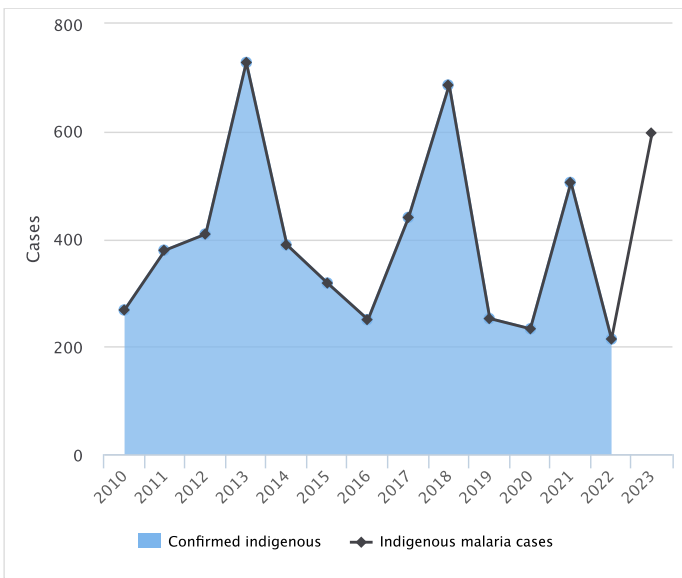
¹Percent of sites for which resistance is confirmed and total number of sites that reported data

²Vectors reported to exhibit resistance to insecticide class

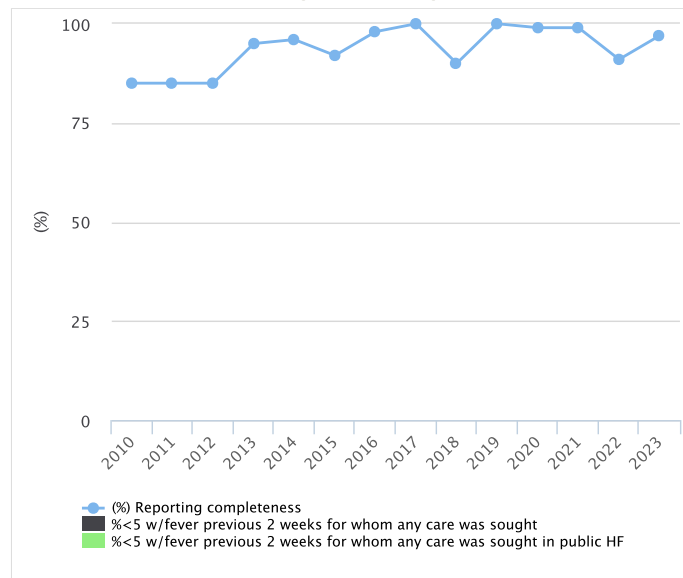
³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

III.

Estimated and reported cases

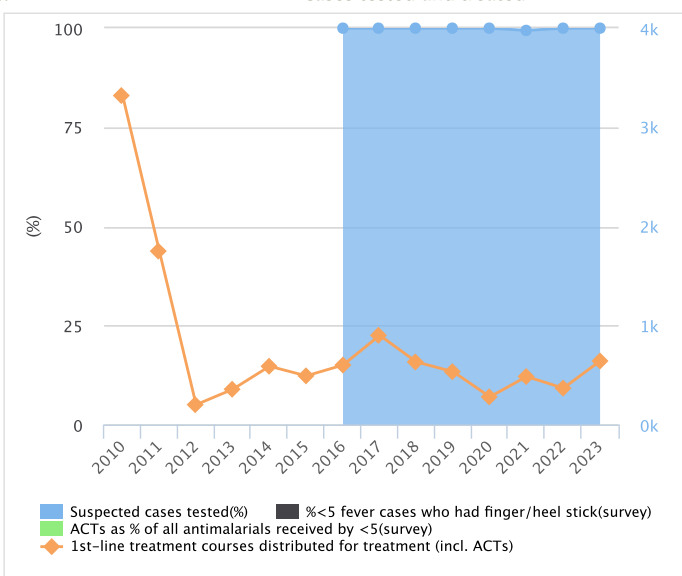


Treatment seeking and reporting completeness

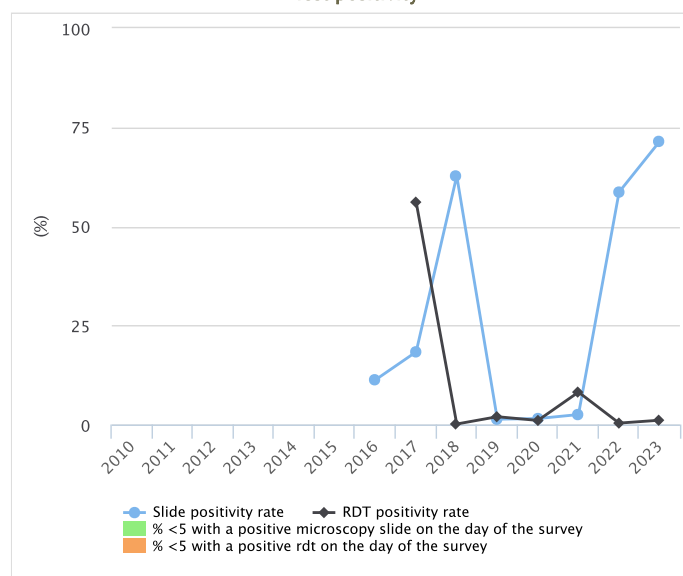


IV.

Cases tested and treated

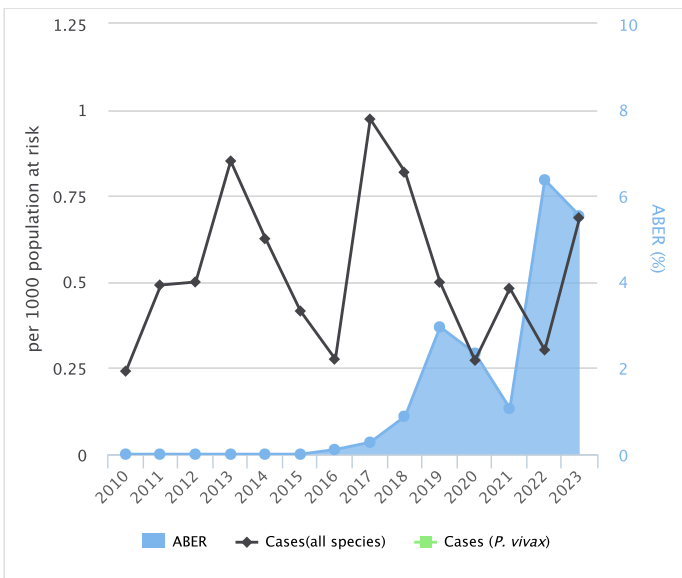


Test positivity



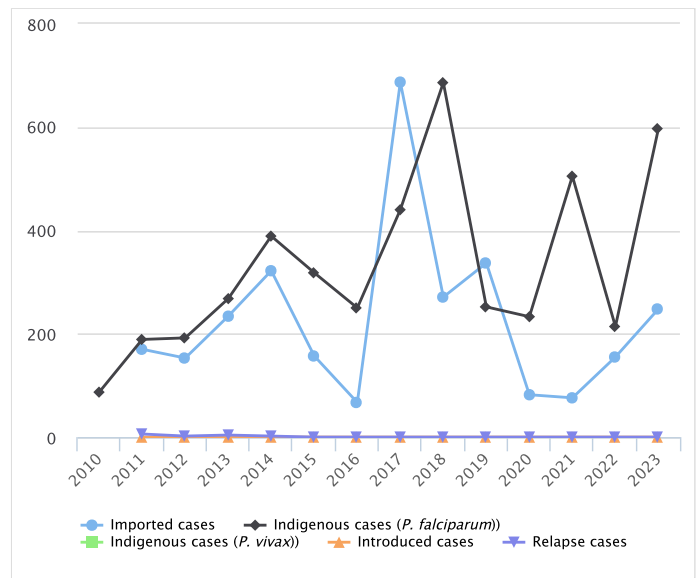
Imported and introduced malaria cases are included

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

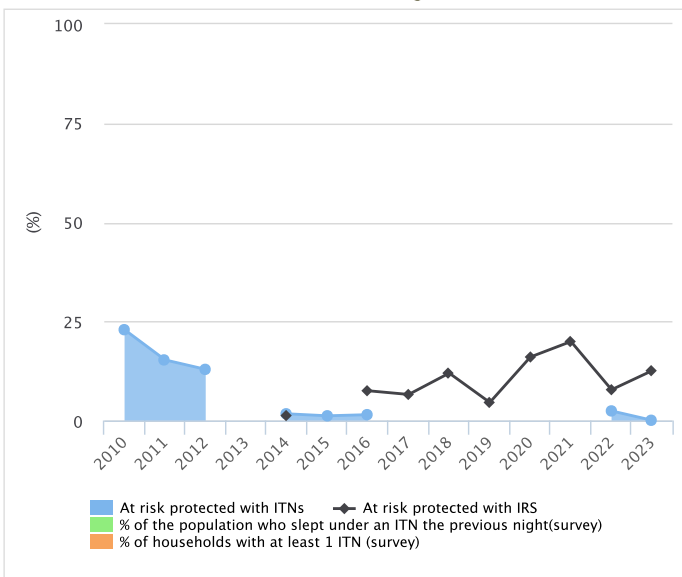


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

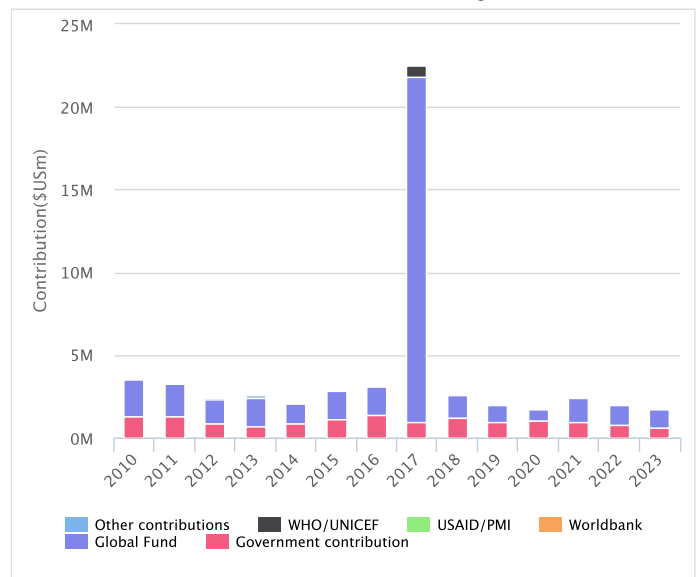
Cases by classification



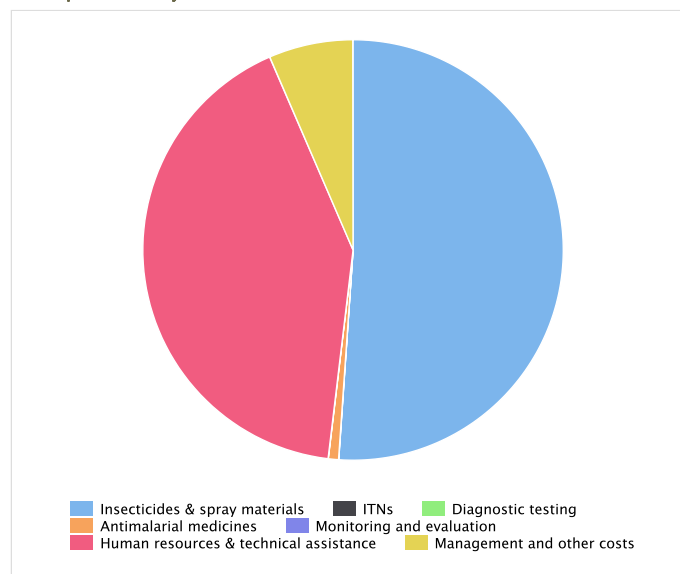
V. Coverage of ITN and IRS



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