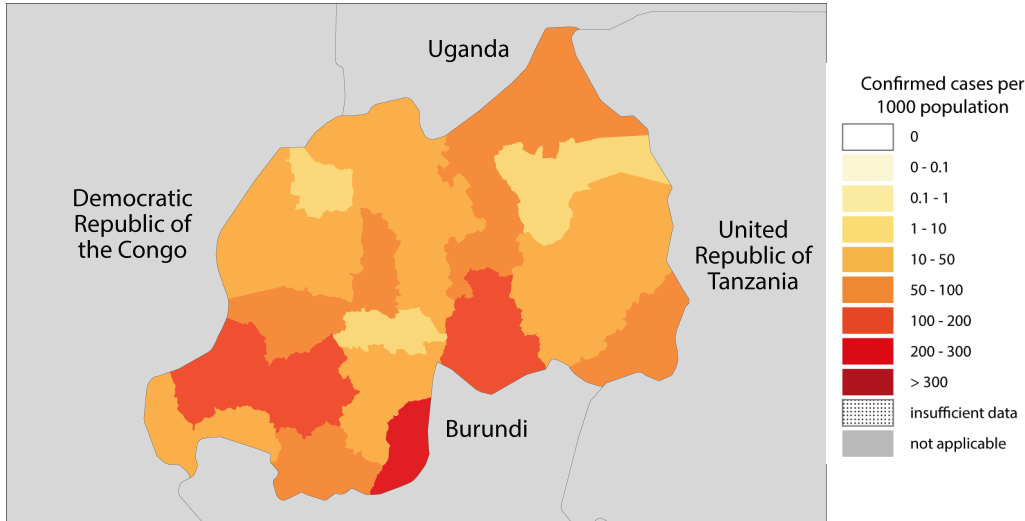


# Republic of Rwanda

African Region



## I. Epidemiological Profile

### Population Distribution (Country reported)

Population	2024	%
High transmission (>1 case per 1000 population)	13.9M	100.0%
Low transmission (0-1 case per 1000 population)	-	0.0%
Malaria free (0 cases)	-	0.0%
<b>Total</b>	<b>13.9M</b>	<b>100%</b>

### Parasites and Vectors

#### Major *Plasmodium* Species

*P. falciparum*\*: 97.39%

*P. vivax*: 0.19%

\*Includes mixed infections and other species of Plasmodium

#### Major *Anopheles* Species

*An. gambiae* s.l., *An. funestus* s.l., Other species

### Reported Cases and Deaths

Total cases (presumed + confirmed)	807.1K
Reported indigenous confirmed cases	807.0K
Confirmed cases from public sector (health facility)	259.6K
Confirmed cases at community level	409.7K
Confirmed cases from private sector	137.8K
Indigenous deaths	88

### WHO Estimates

1.1M
Estimated Cases
Confidence Interval: [855.0K,1.4M]
3.4K
Estimated Deaths
Confidence Interval: [3.2K,3.8K]

## II. Intervention policies and strategies

### Interventions and Policies

Intervention	Policies/Strategies	Policy	Year
Diagnosis	Malaria diagnosis with either microscopy or RDTs are free in the public sector	Yes	2005
Treatment	ACTs for malaria treatment is free in the public sector	-	-
	ACT is delivered at community	-	-
	Pre-referral Rx with rectal artesunate suppositories at community level	Yes*	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
IPT	The sale of oral artemisinin- based monotherapy drugs	N	-
	IPT used to prevent malaria during pregnancy	-	-
	Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation	-	-
	Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation	-	-
	Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation	-	-
	Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation	-	-
	Surveillance	Malaria is a notifiable disease	Yes*
Surveillance	Case investigation and classification is undertaken	No	-
	Foci investigation and classification is undertaken	No	-
	Case reporting from private sector is mandatory	Yes*	2010
	ITN	ITNs distributed free of charge through through mass campaign to all age groups	Yes*
ITN	ITNs distributed free of charge through routine channels to all age groups	Yes*	2005
	ITNs durability is monitored	-	-
	IRS	IRS is an intervention at the NMP	Yes
IRS	DDT is used for IRS	No	-
	Larval source management	Use of Larval source management	No

### Antimalarial Treatment Policy

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	
First-line treatment of <i>P. falciparum</i>	AL	
For treatment failure of <i>P. falciparum</i>	QN	
Treatment of severe malaria	AS; QN	
Treatment of <i>P. vivax</i>	NA	

### Type of RDT used (public)

P.f + all species (Combo)

### Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2018-2018	2.8	3	6.2	28 days	3	Pf

### Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>
Carbamates	4.2 (1/24)	<i>An. gambiae s.l.</i>	No
Neonicotinoids	29.2 (7/24)	<i>An. gambiae s.l.</i>	Yes
Organophosphates	0 (0/24)	-	Yes
Pyrethroids	91.7 (22/24)	<i>An. gambiae s.l.</i>	Yes

<sup>1</sup> Percent of sites for which resistance is confirmed and total number of sites that reported data

<sup>2</sup> Vectors reported to exhibit resistance to insecticide class

<sup>3</sup> Class reported as used for malaria control in 2024

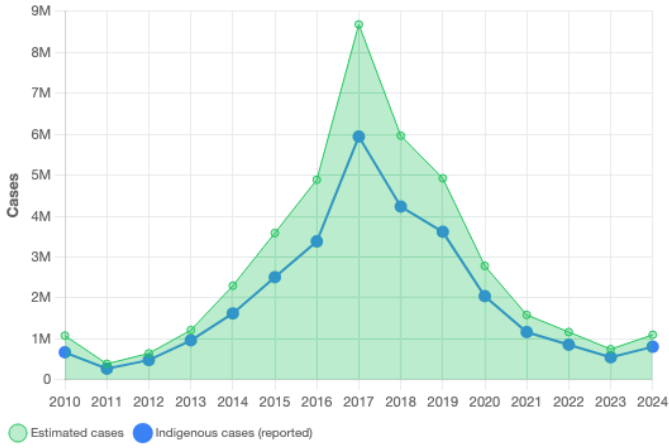
**Yes\*** = Policy adopted, but not implemented in 2024, or no data exist to support implementation

**No** = Policy does not exist or policy has been discontinued

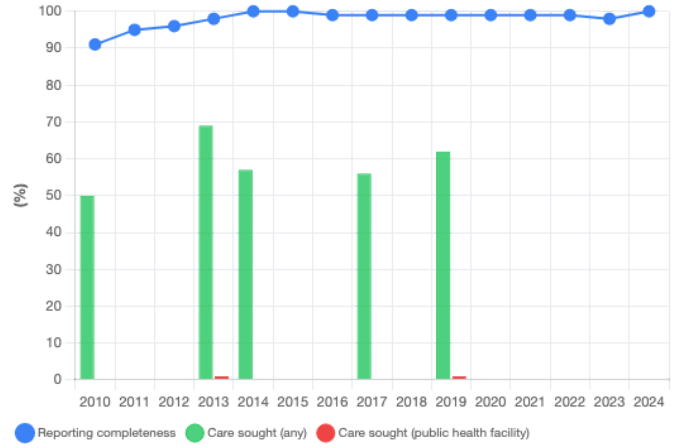
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

### III. Data Visualization

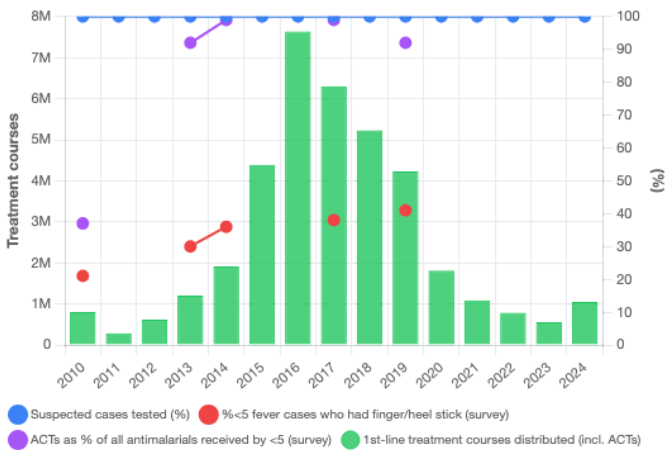
**Estimated and reported cases**



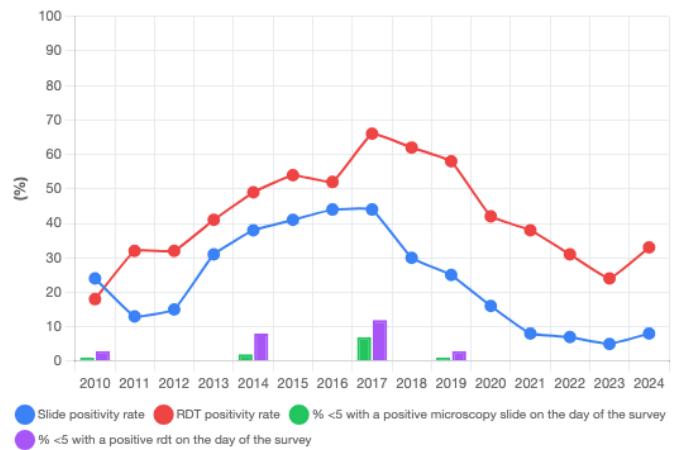
**Treatment seeking and reporting completeness**



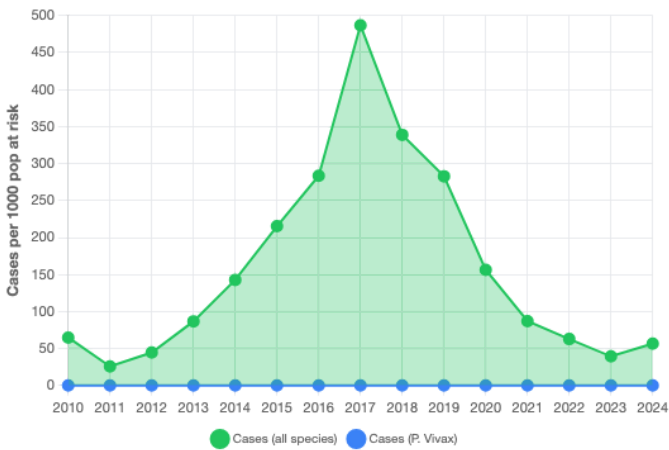
**Cases tested and treated**



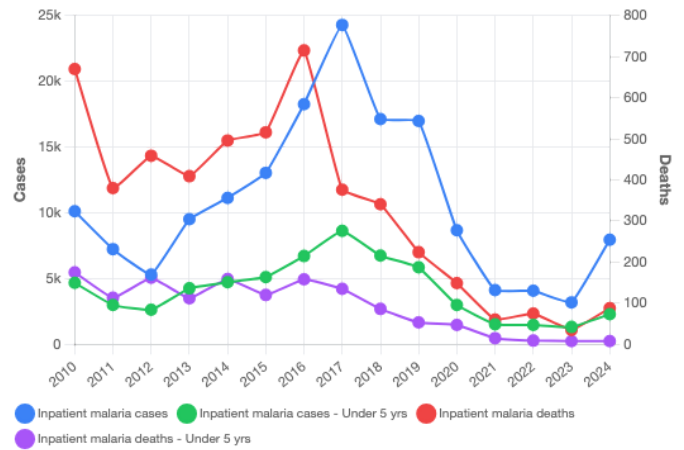
**Test positivity**



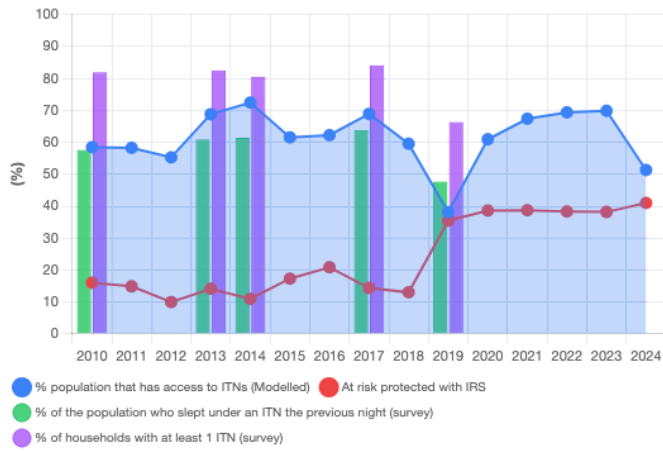
**Confirmed malaria cases per 1000 population at risk**



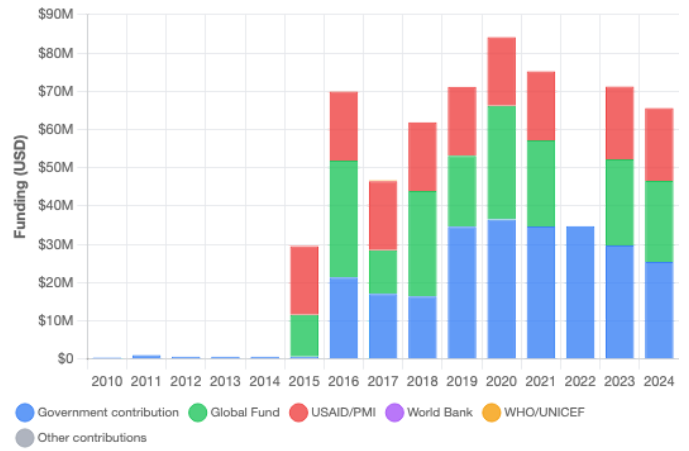
**Malaria inpatients and deaths**



**Coverage of ITN and IRS**



**Sources of financing**



**Footnotes**

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Survey sources: DHS 2010,2014,2019, MIS 2013,2017; DHS 2010,2014,2019, MIS 2017

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in [mpac-april2018-erg-report-malaria-burden-session6.pdf](https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf) ([https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782\\_2](https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2)).

**World Malaria Report 2025**