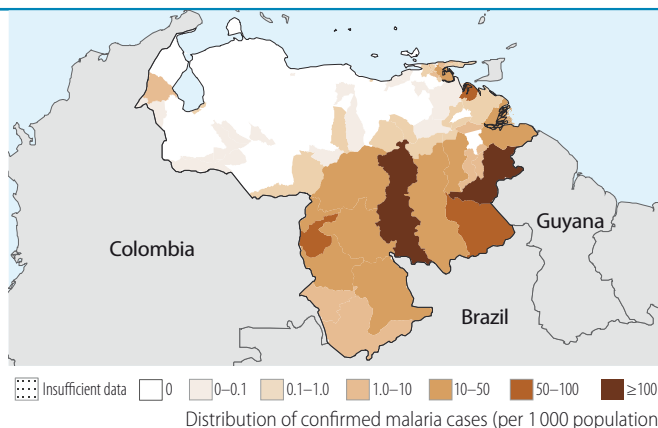


**Phase: Control.** Impact: Increase in case incidence 2000–2015.



## I. Epidemiological profile

Population (UN Population Division)	2011	%
High transmission ( $\geq 1$ case per 1000 population)	765 000	3
Low transmission (0–1 cases per 1000 population)	4 770 000	16
Malaria-free (0 cases)	23 900 000	81
Total	29 435 000	

### Parasites and vectors

Major plasmodium species: *P. falciparum* (11%), *P. vivax* (89%)  
 Major anopheles species: *An. darlingi*, *aquasalis*, *nuneztovari*, *braziliensis*, *albitarsis*

## II. Intervention policies and strategies

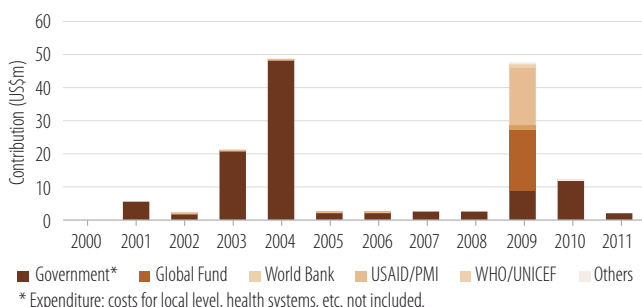
Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN/LLIN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	2005
IRS	IRS is recommended	Yes	–
	DDT is used for IRS	No	–
IPT	IPT used to prevent malaria during pregnancy	N/A	–
Case management	Patients of all ages should receive diagnostic test	Yes	1936
	RDTs used at community level	No	–
	ACT is free for all ages in public sector	Yes	2004
	Pre-referral treatment with recommended medicines	No	–
	Oral artemisinin-based monotherapies are not registered	No	–

Antimalaria policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	–	–
First-line treatment of <i>P. falciparum</i>	AS+MQ+PQ	–
For treatment failure of <i>P. falciparum</i>	QN+CL; QN+D; QN+T	–
Treatment of severe malaria	AM; QN	–
Treatment of <i>P. vivax</i>	CQ+PQ	–

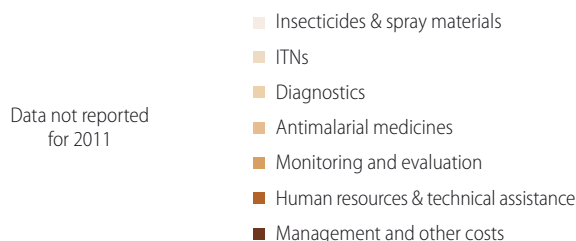
### Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of studies	Min	Median	Max	Follow-up
AS+MQ	2004–2005	1	0	0	0	28 days

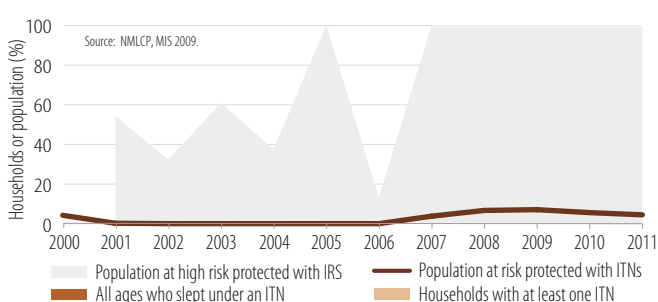
## III. Financing



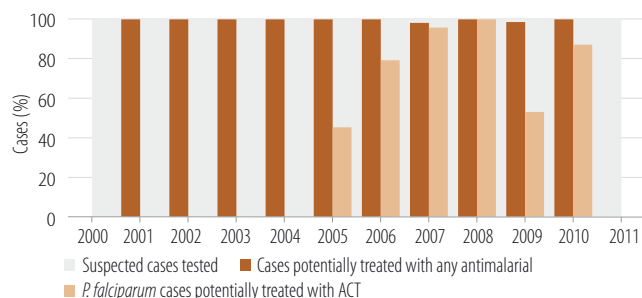
### Expenditure by intervention in 2011



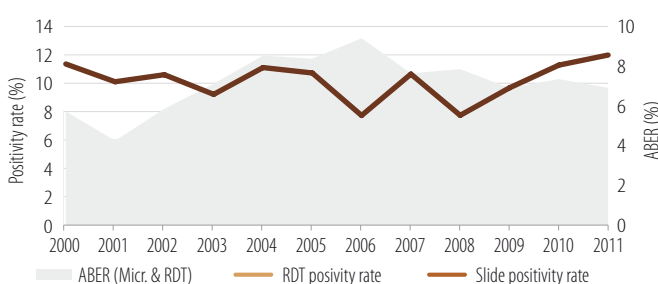
## IV. Coverage



### Cases tested and ACT delivered: Programme data (public sector)



## V. Impact



### Microscopically confirmed cases, admissions (per 100 000) and deaths

