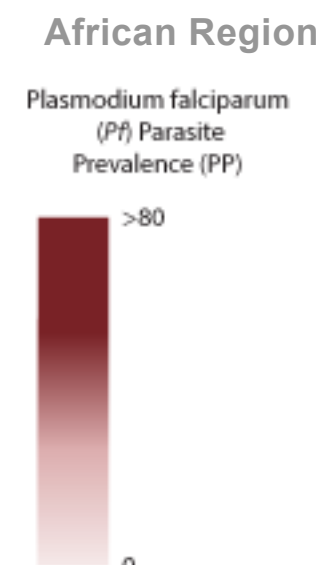
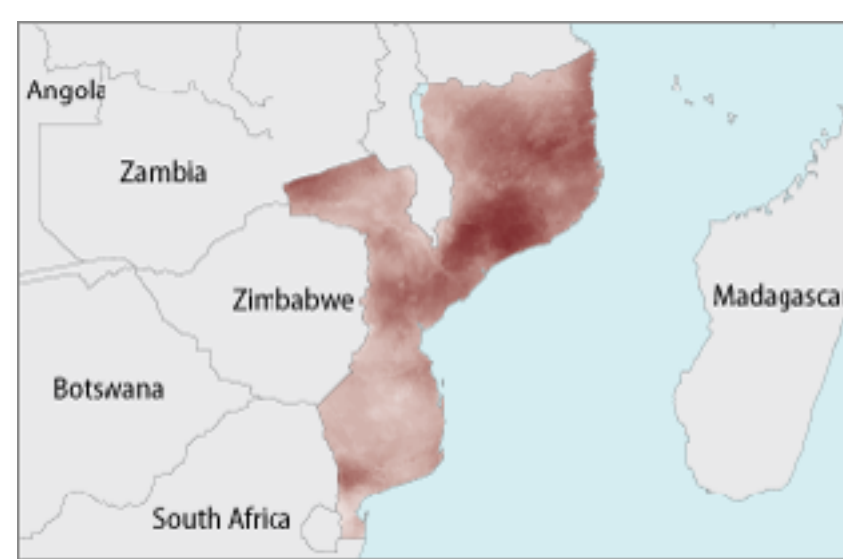
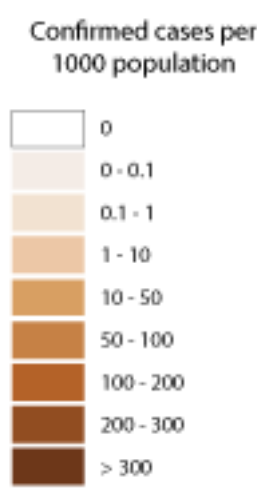
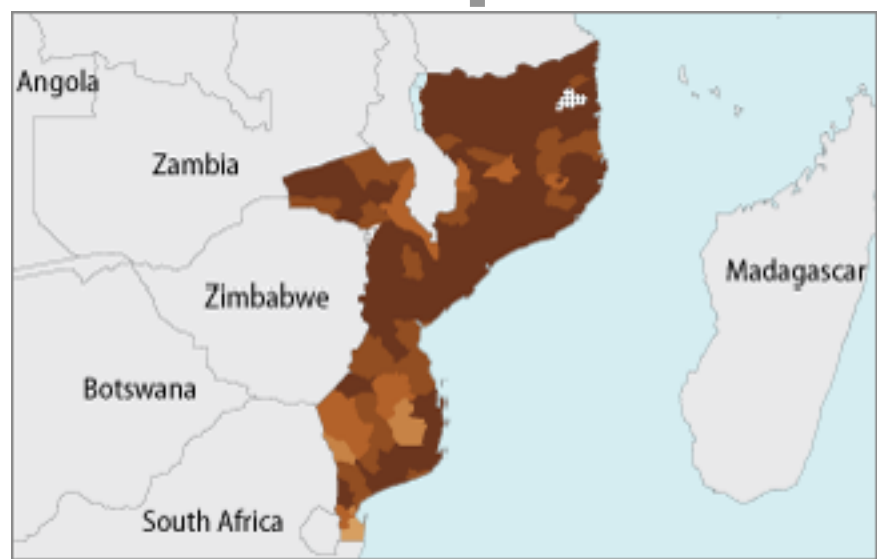


Mozambique



I. Epidemiological profile

Population (UN)	2015	%	Parasites and vectors
High transmission (> 1 case per 1000 population)	28,000,000	100	Plasmodium species: <i>P. falciparum</i> (100%), <i>P. vivax</i> (0%)
Low transmission (0-1 cases per 1000 population)	0	-	Major anopheles species: <i>An. funestus</i> , <i>An. gambiae</i> , <i>An. arabiensis</i>
Malaria-free (0 cases)	0	-	Reported confirmed cases (health facility): 7,718,782 Estimated cases: 8,300,000 [6,300,000 ; 11,000,000]
Total	27,980,000		Confirmed cases at community level: 504,032 Reported deaths: 2,467 Estimated deaths: 15,000 [8,100 ; 20,000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2006
	ITNs/ LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	1992
	DDT is authorized for IRS	Yes	2006
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2006
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2006
	Malaria diagnosis is free of charge in the public sector	Yes	2006
Treatment	ACT is free of charge for all ages in public sector	Yes	2009
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring adverse reactions to antimalarials exists	Yes	2002
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (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	-
	Foci and case investigation undertaken	-	-
Case reporting from private sector is mandatory	No	-	

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	-	-
Treatment of severe malaria	AS, QN	2004
Treatment of <i>P. vivax</i>	-	-
Dosage of Primaquine for radical treatment of <i>P. vivax</i>	-	-
Type pf RDT used	-	P.f only

Therapeutic efficacy tests (clinical and parasitological failure, %)

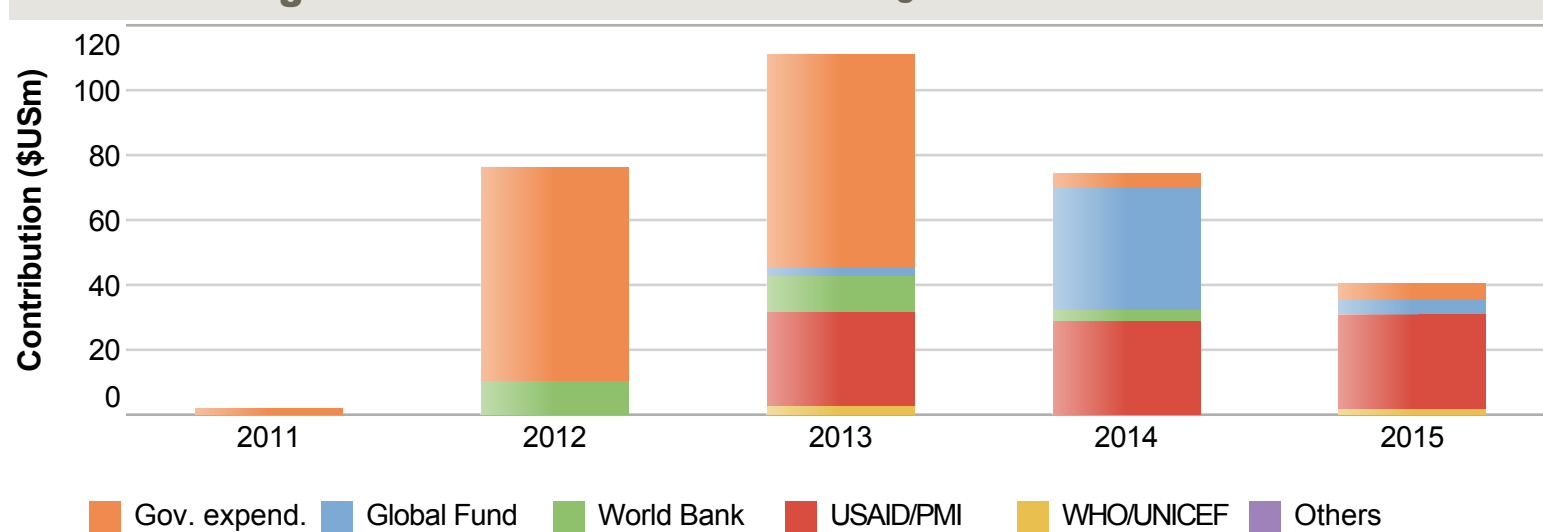
Medicine	Year	Min	Median	Max	Follow-up	No of studies	Species
AL	2005-2015	0	3	5.8	28 days	13	<i>P. falciparum</i>

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

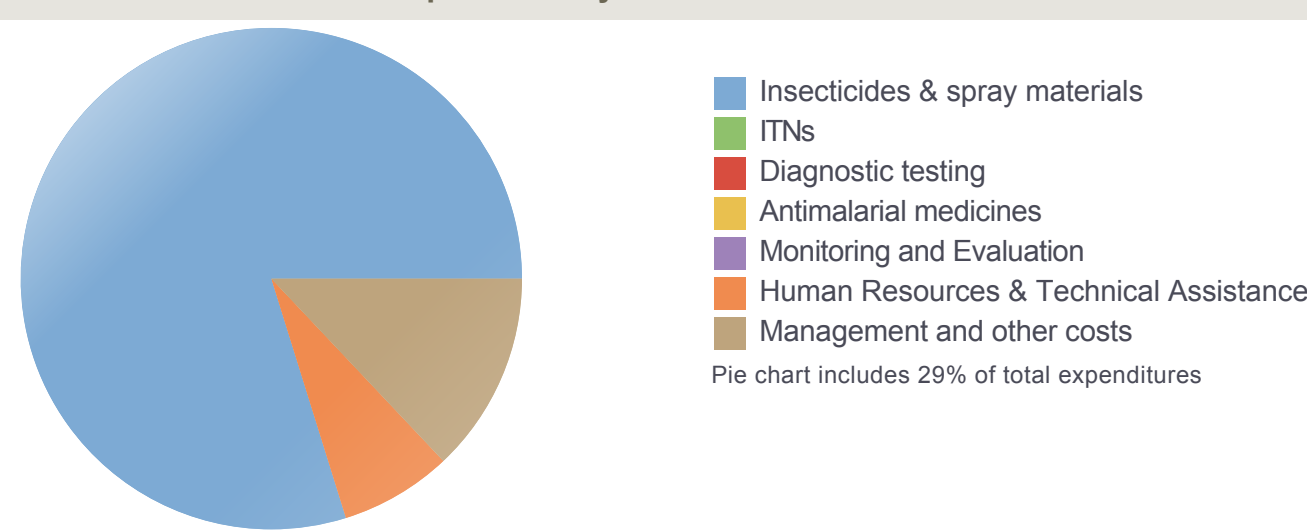
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	No	Yes	No	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.,

III. Financing

Sources of financing

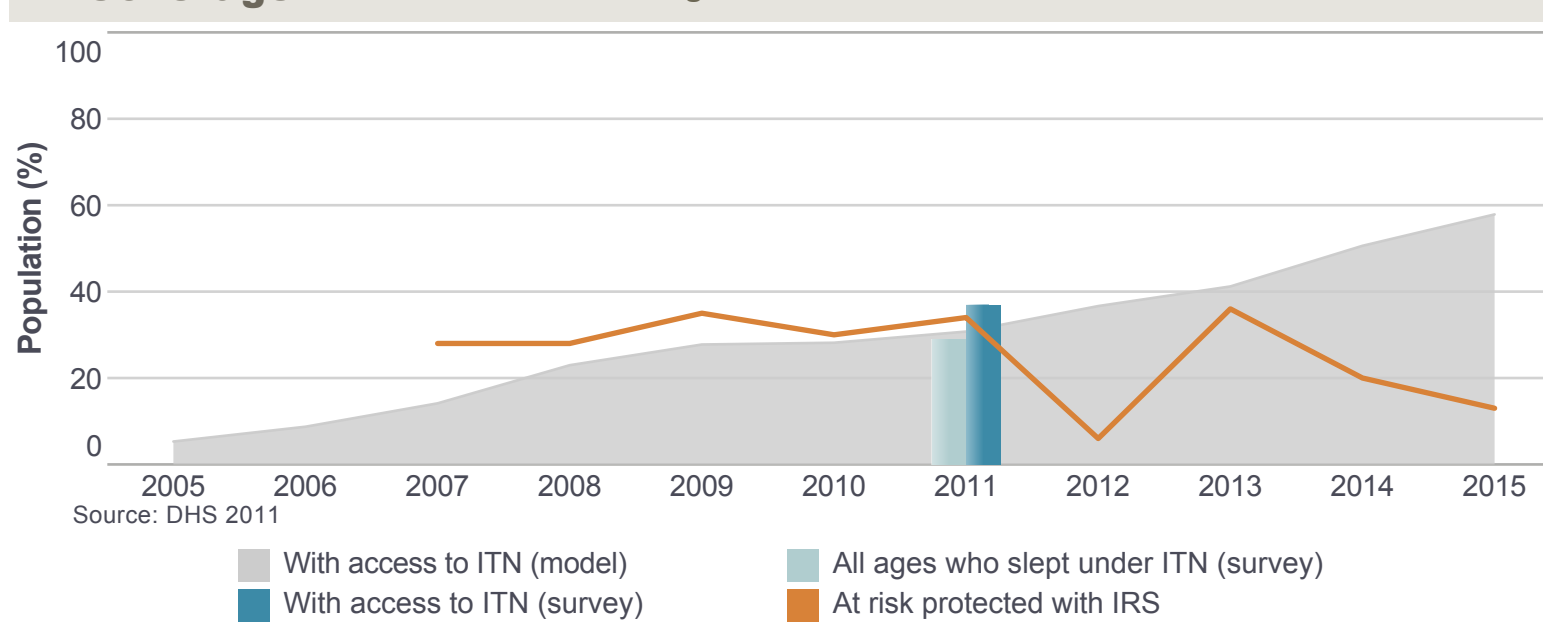


Government expenditure by intervention in 2015

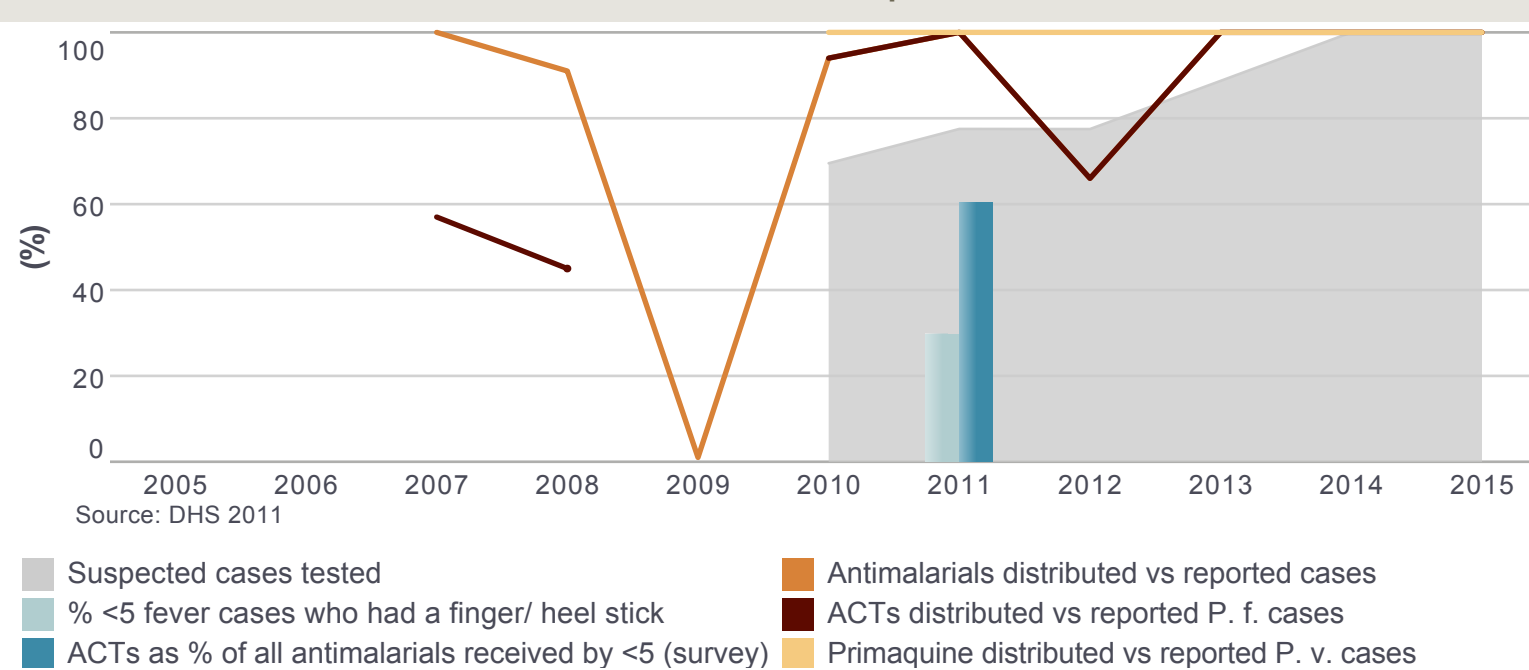


IV. Coverage

Coverage of ITN and IRS

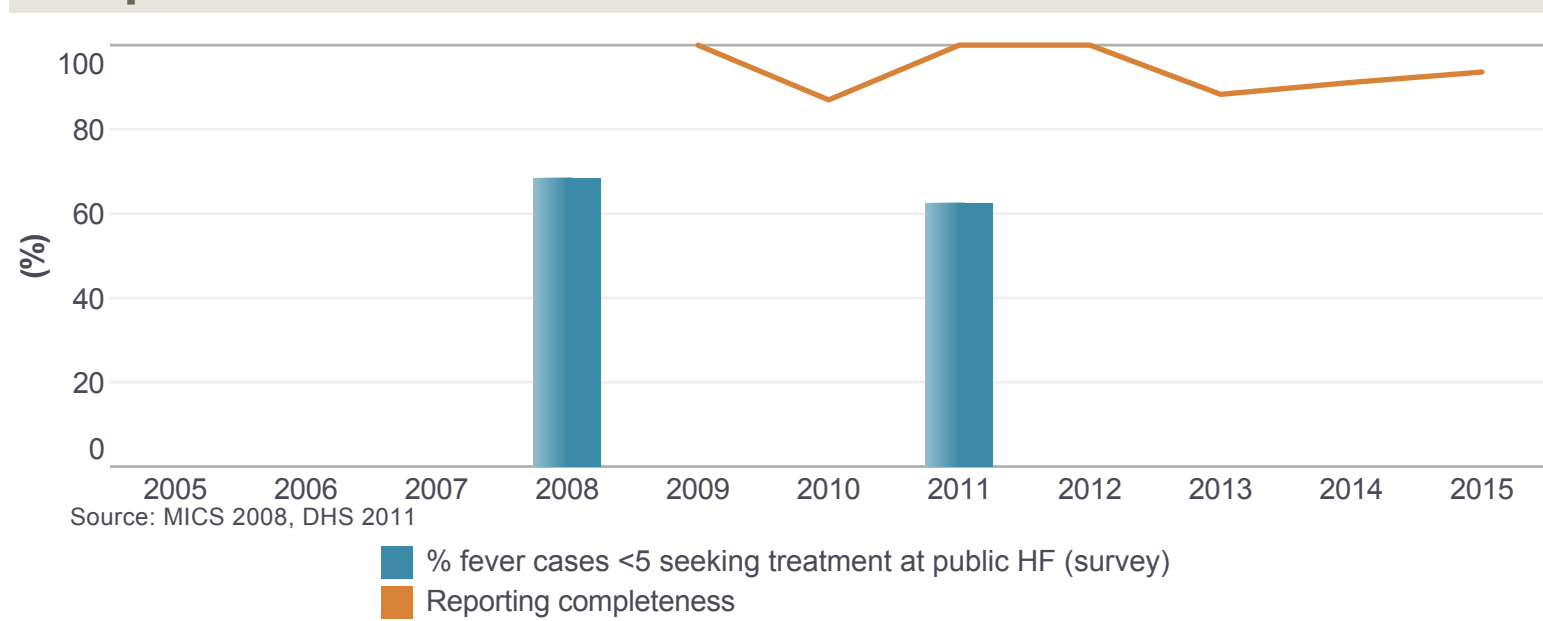


Cases tested and treated in public sector

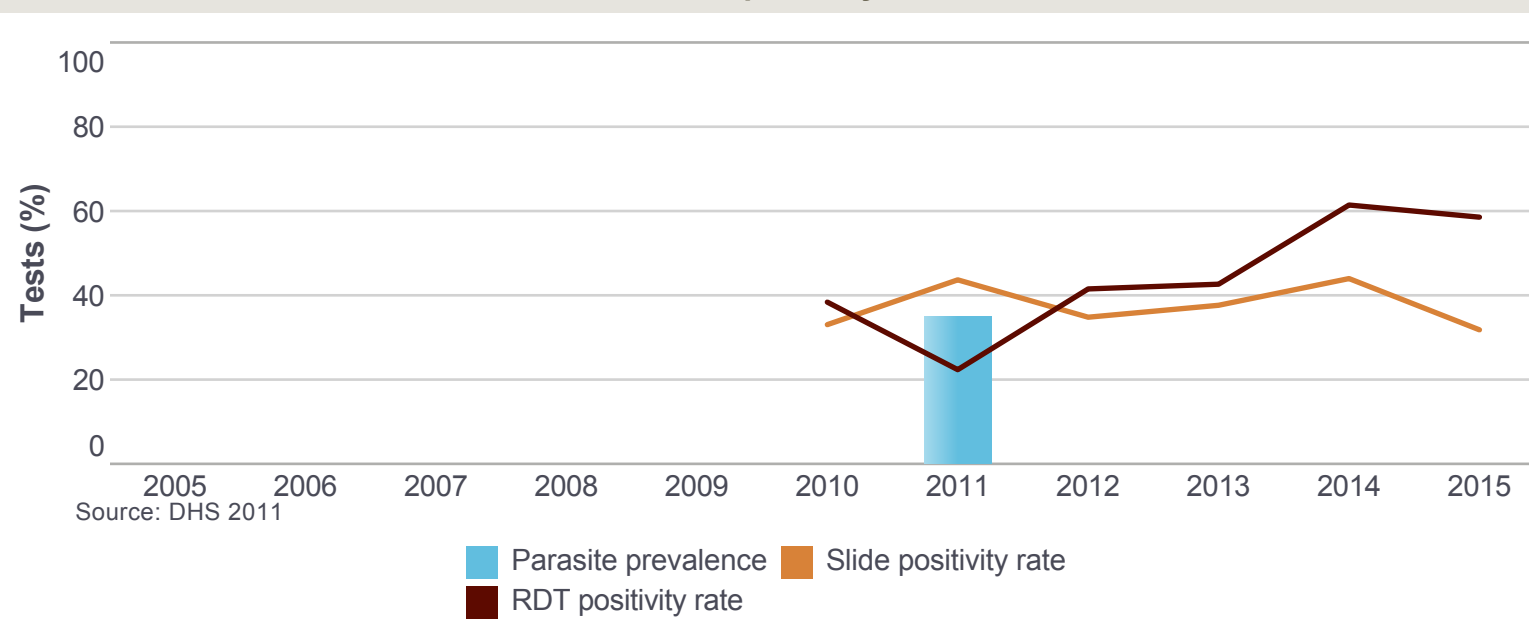


V. Impact

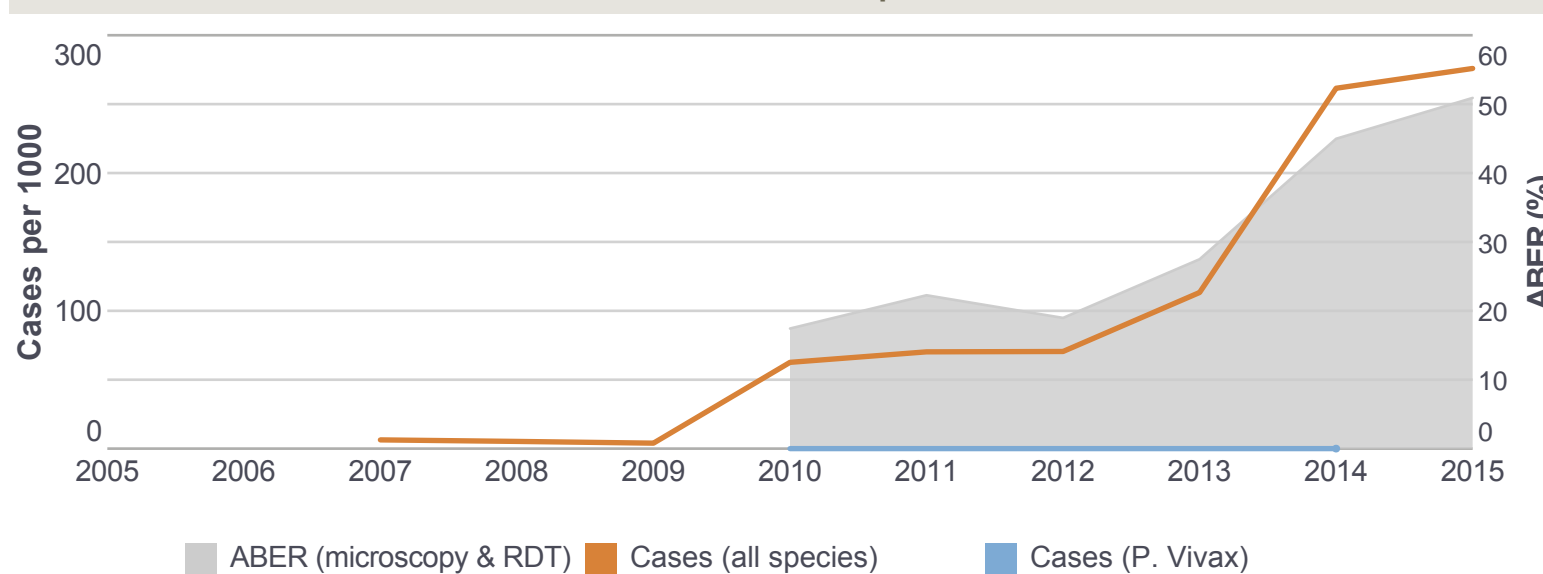
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)

