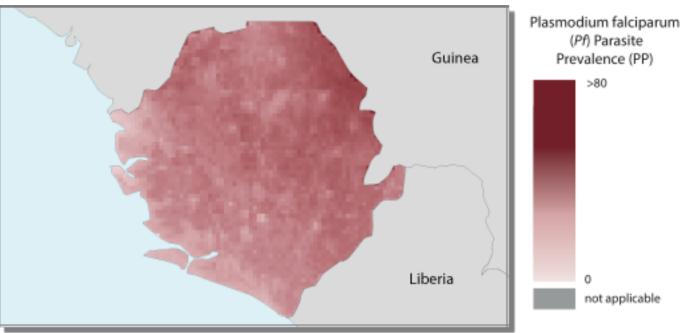
Sierra Leone





Based on 2015 reported data

I. Epidemiological profile							
Population (UN)	2016	%	Parasites and vectors				
High transmission (> 1 case per 1000 population)	7,400,000	100	Plasmodium species:	P. falciparum	n (100%), P.viv	/ax (0%)	
Low transmission (0-1 cases per 1000 population)	-	-	Major anopheles species:	An. gambiae, An. funestus, An. melas			
Malaria-free (0 cases)	-	-	Reported confirmed cases (he	ealth facility):	1,775,306	Estimated cases:	2,244,000 [1,307,000–3,640,000]
Total	7,396,000		Confirmed cases at community	y level:	526,342		
			Reported deaths:		1,345	Estimated deaths:	7,000 [6,000–8,000]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2002
	ITNs/ LLINs distributed to all age groups	Yes	2003
IRS	IRS is recommended	Yes	2010
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2005
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2010
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free of charge for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	Is banned	2004
	Single dose of primaquine is used as gametocidal medicine for P. falciparum	No	-
	Primaquine is used for radical treatment of P. vivax	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	2005
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax 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	AS+AQ	2004
First-line treatment of P. falciparum	AL; AS+AQ	2004
Treatment failure of P. falciparum	QN	2004
Treatment of severe malaria	AS; AM; QN	2004
Treatment of P. vivax	-	-
Dosage of Primaquine for radical treatment of P. vivax		-
Type of RDT used		P.f only

Therapeutic efficacy tests (clinical and parasitological failure, %)

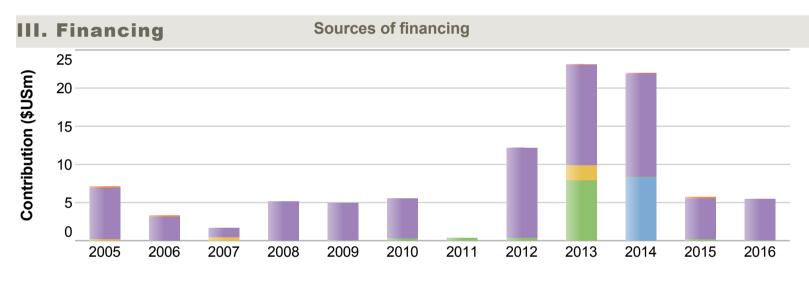
Medicine	Year(s)	Min	Median	Мах	Follow-up	No. of studies	Species
AL	2011-2011	0	0	0	28 days	2	P. falciparum
AS+AQ	2011-2011	0	0	0	28 days	2	P. falciparum

Insecticide resistance tests (mosquito mortality, %)

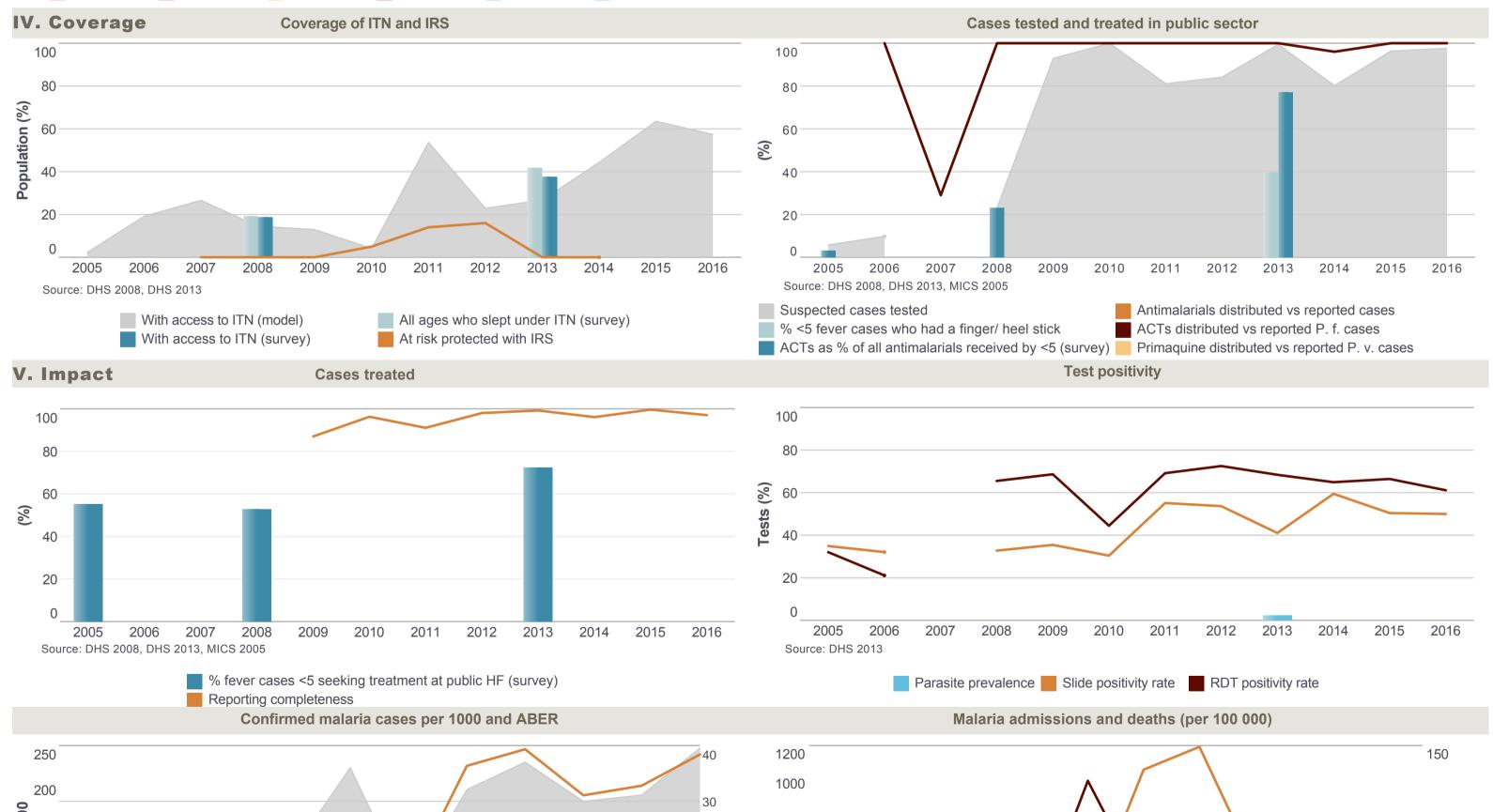
Insecticide class	Years	Min	Mean	Мах	No. of sites	s Sp	ecie
Pyrethroids	2010-2016	0.2	0.7	1	8	An. gambiae s.l.	
Organochlorines	2010-2016	0.3	0.7	1	8	An. gambiae s.l.	
Organophosphates	2010-2016	0.9	1	1	8	An. gambiae s.l.	
Carbamates	2010-2016	0.9	1	1	8	An. gambiae s.l.	

African Region

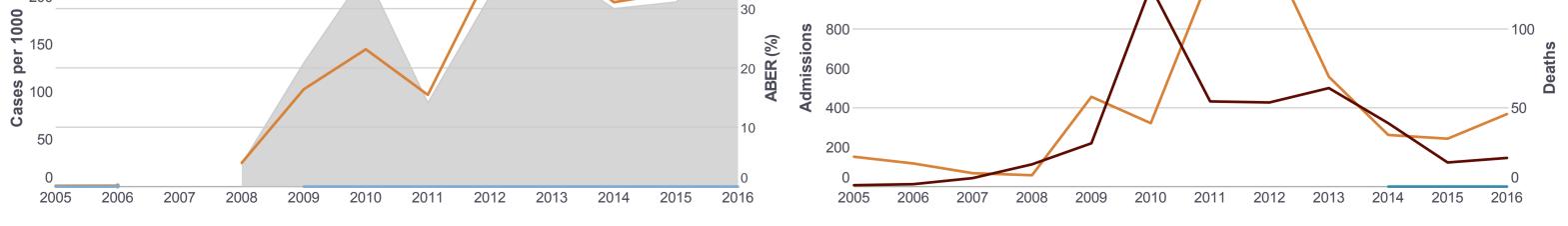




Gov. expend. Global Fund World Bank USAID/PMI WHO/UNICEF Others



Government expenditure by intervention in 2016



 ABER (microscopy & RDT)
 Cases (all species)

 Cases (P. vivax)
 Deaths (all species)

Deaths (P. vivax)