

# MOZAMBIQUE

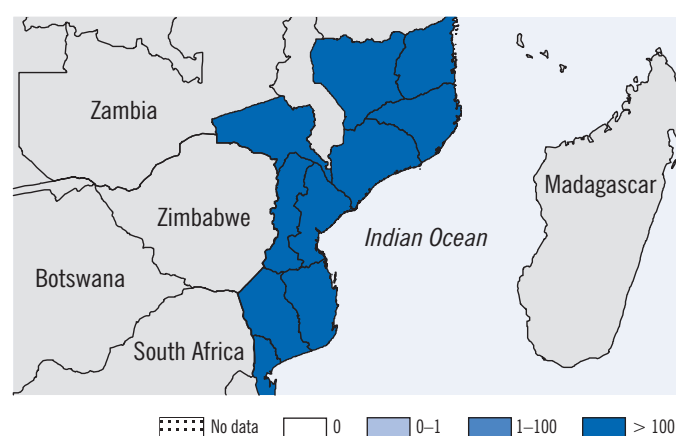
Mozambique had an estimated 9.8 million malaria cases in 2006. Transmission is seasonal, mainly between November and July. Most cases are caused by *P. falciparum*, but most of the reported 4.8 million malaria cases in 2008 were not parasitologically tested. The inpatient data reported for 2001–2006 were inadequate to allow a trend analysis. IRS has been the principal method of mosquito control, covering 2 million households and protecting 6.5 million people at risk in 2008 (36% of people at risk). The national malaria control programme distributed about 4 million LLINs during 2006–2008, adequate to cover 44% of the population at risk. In the 2007 malaria indicator survey, 16% of households owned an ITN and only 7% of children under 5 had slept under an ITN the previous night. The programme delivered over 6.1 million ACT treatment courses in 2007 and 4.8 million in 2008, adequate to treat all reported cases in the public sector. The programme provided no information about funding, but the country has funding from Global Fund round 2 and 6 grants, amounting to US\$ 65 million, from the World Bank and from other donors.

## I. EPIDEMIOLOGICAL PROFILE

### Population, endemicity and malaria burden

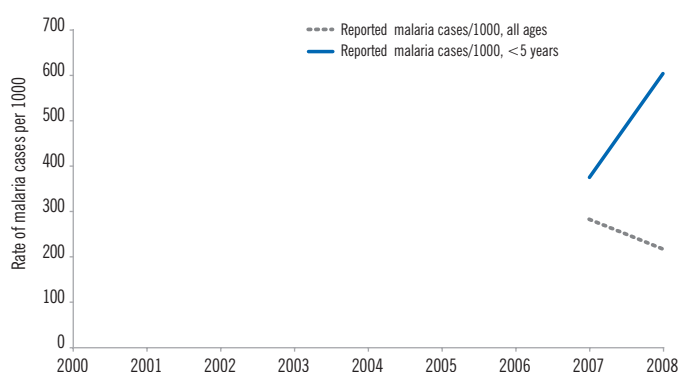
Population (in thousands)	2008	%
All age groups	22 383	
< 5 years	3 820	17
≥ 5 years	18 562	83
Population by malaria endemicity (in thousands)	2008	%
High transmission ≥ 1/1000	22 383	100
Low transmission (0–1/1000)	0	0
Malaria-free (0 cases)	0	0
Rural population	14 133	63
Vector and parasite profiles		
Major <i>Anopheles</i> species	<i>gambiae</i> , <i>funestus</i> , <i>s.l.</i> , <i>s.l.</i> ,	
<i>Plasmodium</i> species	<i>falciparum</i> , <i>vivax</i>	

Stratification of burden (reported cases, per 1000)

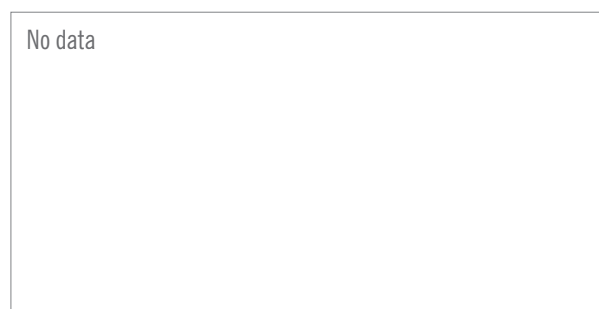


### Trends in malaria morbidity and mortality

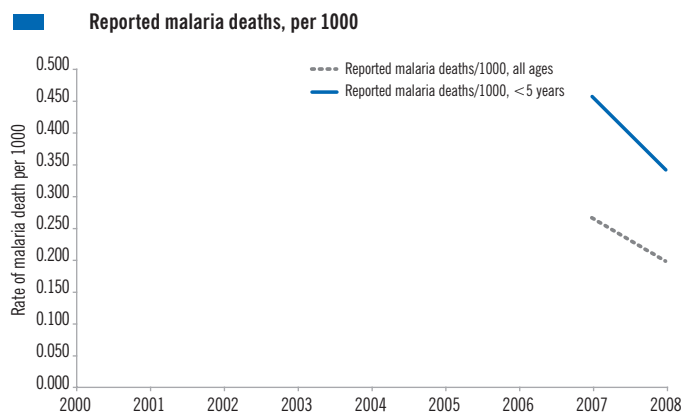
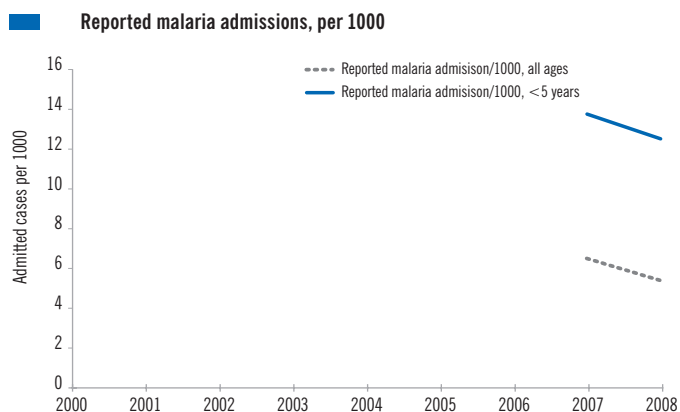
Reported malaria cases, per 1000



Rate of examination, case confirmation, malaria test positivity, % of confirmed cases that are *P. falciparum*



Year	Reported malaria cases, all ages	Reported malaria cases, < 5 years	All-cause outpatient consultations, all ages	All-cause outpatient consultations, < 5 years	Examined	Positive	<i>P. falciparum</i>	Reporting completeness of outpatient health facilities (%)	Reporting completeness of districts (%)
2000									
2001									
2002									
2003									
2004									
2005									
2006									
2007	6 155 082	1 419 774	21 720 674						
2008	4 831 491	2 304 974	21 266 935						



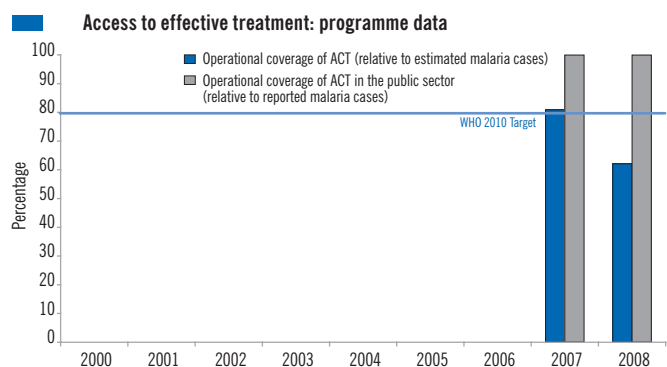
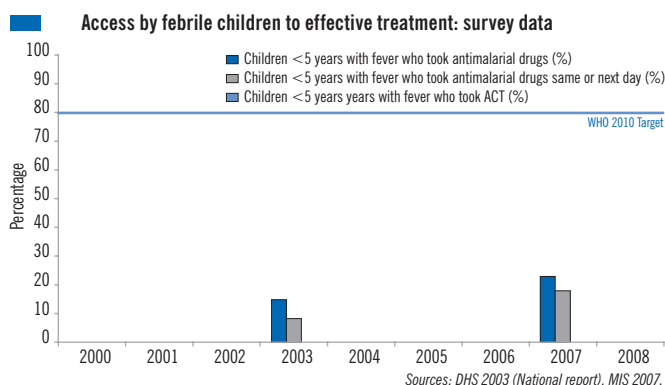
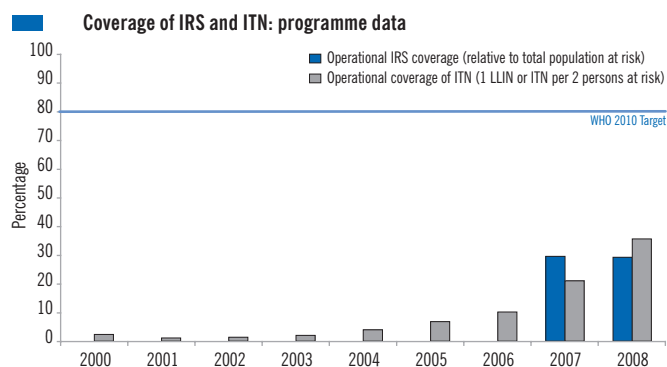
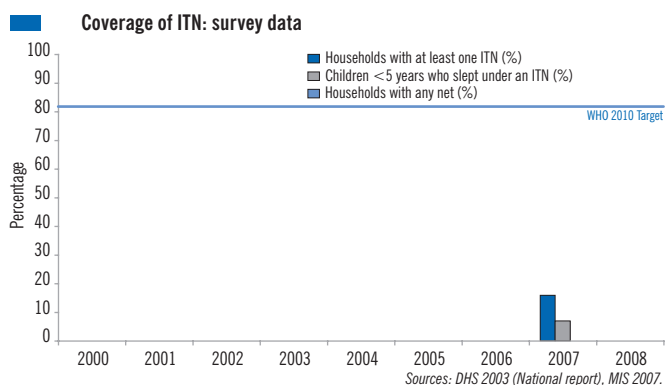
Year	Reported malaria admissions, all ages	Reported malaria admissions, < 5 years	All-cause admissions, all ages	All-cause admissions, < 5 years	Reported malaria deaths, all ages	Reported malaria deaths, < 5 years	All-cause deaths, all ages	All-cause deaths, < 5 years	Reporting completeness of inpatient health facilities (%)	Reporting completeness of districts (%)
2000										
2001										
2002										
2003										
2004										
2005										
2006										
2007	141 663	52 132	410 039	106 432	5 816	1 733	31 975	7 243		
2008	120 259	47 749	329 211	100 310	4 424	1 305	25 787	6 524		

## II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-RECOMMENDED POLICIES / STRATEGIES	Yes or No	Year adopted	OPTIONAL POLICIES / STRATEGIES	Yes or No	Year adopted
Insecticide-treated nets (ITN)	Distribution of ITN/LLINs – Free	Yes	2003	Distribution – Antenatal care	Yes	2003
	Targeting all age groups	Yes	2009	Distribution – EPI routine and campaign	No	–
				Targeting children < 5 years and pregnant women	Yes	2003
				ITN distribution is subsidized	No	–
Indoor residual spraying (IRS)	IRS is a primary vector control intervention	Yes	–	Insecticide-resistance management implemented	Yes	2007
	DDT is used for IRS (public health) only	Yes	2005	Where IRS is conducted, other options are also implemented, e.g. ITN	Yes	2003
				IRS is used for prevention and control of epidemics	Yes	–
Intermittent preventive treatment (IPT)	IPT used to prevent malaria during pregnancy	Yes	2006			
Case management	Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)	Yes	2004	Parasitological confirmation for patients ≥ 5 years only	–	–
	Parasitological confirmation for patients of all ages	Yes	2009	Malaria diagnosis is free of charge in the public sector	Yes	–
	ACT is free of charge for < 5 years old in the public sector	Yes	2005	ACT is free of charge for patients ≥ 5 years in the public sector	Yes	–
	Diagnosis of malaria of inpatients is based on parasitological confirmation	Yes	–	ACT is delivered at community level through community agents (beyond the health facilities)	Yes	2005
	Pre-referral treatment with quinine or artemether IM or artesunate suppositories	Yes	–	Uncomplicated malaria cases are admitted	No	–
	Oversight regulation of case management in the private sectors	–	–			
	RDTs used at community level	Yes	2007			

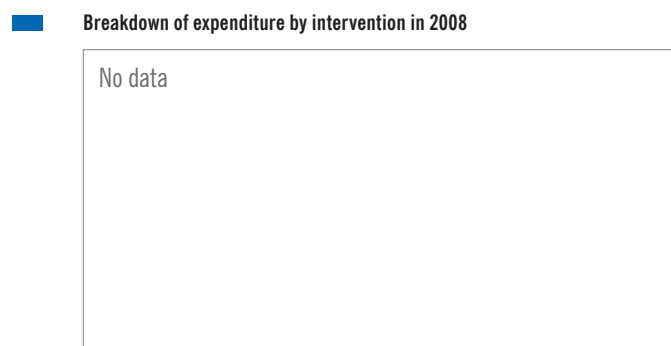
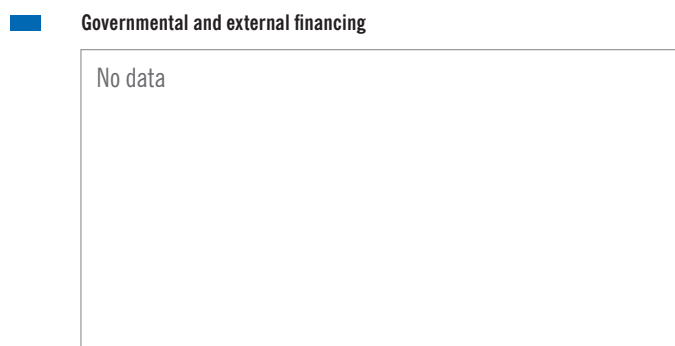
Antimalarial policy	Type of medicine	Year adopted	Results of therapeutic efficacy tests						
			Study year	No. of studies	Median	Minimum	Maximum	Percentiles: 25%	75%
First-line treatment of <i>P. falciparum</i> (unconfirmed)	AL	2004	2006–2008	3	0	0	2	0	2
First-line treatment of <i>P. falciparum</i> (confirmed)	AL	2004							
Treatment failure of <i>P. falciparum</i>	AS + AQ	2004							
Treatment of severe malaria	QN(7d)	2004							
Treatment of <i>P. vivax</i>	–	–							

### III. IMPLEMENTING MALARIA CONTROL



Year	Pregnant women who slept under any net (%)	Pregnant women who slept under an ITN (%)	Children < 5 years with fever (%)	Febrile children < 5 years who sought treatment in HF (%)	Number of households protected by IRS	Number of people protected by IRS	Number of ITNs and/or LLINs	Number of 1st-line treatment courses received	Number of ACT treatment courses received
2000							219 344		
2001							104 277		
2002							130 326		
2003			—	—			201 492		
2004							401 802		
2005							706 364		
2006							683 370		
2007			—	—	1 682 369	6 465 517	1 586 534	6 155 082	6 155 082
2008			—	—	1 945 389	6 545 395	2 086 367	4 831 491	4 831 491

### IV. FINANCING MALARIA CONTROL



### V. SOURCE OF INFORMATION

PROGRAMME DATA	SURVEY AND OTHER DATA
Reported cases	Insecticide-treated nets (ITN)
Operational coverage of ITNs, IRS and access to medicines	Treatment
Financial data	Use of health services

Sources: Surveillance data; Programme report; DHS 2003 (National report), MIS 2007; DHS 2003