

Prevalence

The country is considered a high-burden and high-risk country for malaria. Total confirmed malaria cases decreased from 933 267 in 2003 to 526 931 in 2012. Coverage in targeted areas for households that have at least one long-lasting insecticidal net for malaria prevention is 36.2% (2012), and 10.5% of people with at least one net had slept under a long-lasting insecticidal net the previous night. Based on sampling, prevalence of the malaria parasite was found to be 3.3%.

Vector control interventions

Malaria is a major public health problem in the country. The main vector control interventions are indoor residual spraying in targeted areas with irrigation schemes, use of long-lasting insecticidal nets, larval source management and space spraying in emergency situations. The proportion of household ownership of insecticide-treated nets in target areas is a little over half and the proportion of people who slept under insecticide-treated nets the previous night is low. Annual indoor residual spraying operational coverage has remained above 90% in Gezira and Sinnar states, the two priority states supported by Global Fund resources. Only a little over a third of areas in the country are covered by larval source management interventions.

Challenges

A comprehensive malaria programme review was conducted in 2012 based on which a malaria control strategy was developed for the years 2014–2016, addressing the gaps highlighted in the review.

The main challenges include integration of malaria surveillance into the already established communicable disease surveillance system, improving the reporting of primary health facilities to the federal department health management information system, overcoming financial limitations to the expansion of indoor residual spraying to other target states, sustaining government resources committed to the expansion of larval source management services, increasing utilization of insecticide-treated nets in target areas, achieving 80% coverage of persons suspected to have malaria with a diagnostic test and improving compliance of health care providers with national malaria treatment guidelines.

Priorities

A key area of focus is moving states with very low malaria transmission into the pre-elimination phase of malaria control. A main priority area is to expand the coverage of malaria vector larval

source management services in the main urban settings through mobilization of domestic resources and the reactivation of state malaria-free initiatives and the coordinating role of the higher presidential health sector coordination council.

Increasing coverage with larval source management services will go hand in hand with sustaining high coverage with long-lasting insecticidal net and indoor residual spraying in target localities. The main priorities for malaria control are increasing access to malaria diagnostics, improving compliance of health care providers in use of malaria diagnostics for confirming the disease and ensuring easy access of positive cases to free first line artemisinin-based combination therapy. Ensuring the compliance of more private sector facilities with the national protocol for diagnosis and treatment of malaria, and integrating routine malaria surveillance into the communicable disease surveillance system, which has wide country coverage, are other areas of focus.

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