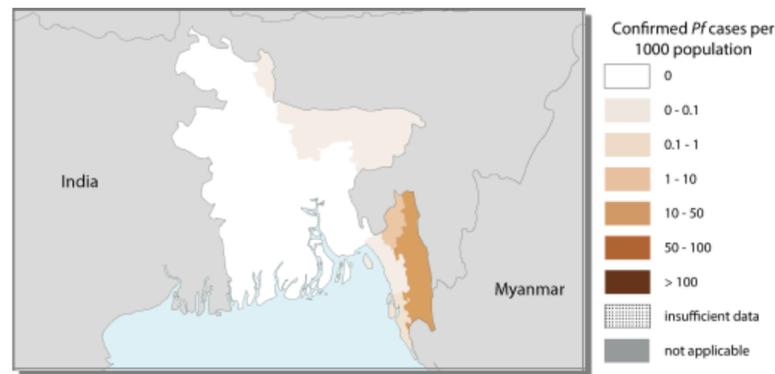


Bangladesh

South-East Asia Region



I. Epidemiological profile

Population (UN)	2016	%
High transmission (> 1 case per 1000 population)	2,060,000	1
Low transmission (0-1 cases per 1000 population)	15,500,000	9
Malaria-free (0 cases)	145,000,000	89
Total	163,000,000	

Parasites and vectors			
Plasmodium species:	<i>P. falciparum</i> (91%), <i>P. vivax</i> (9%)		
Major anopheles species:	<i>An. dirus</i> , <i>An. minimus</i> , <i>An. philippinensis</i> , <i>An. sundaicus</i> , <i>An. albimanus</i> , <i>An. annularis</i>		
Reported confirmed cases (health facility):	4,787	Estimated cases:	6,000 [5,000–7,000]
Confirmed cases at community level:	22,674		
Reported deaths:	17	Estimated deaths:	≤ 100

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2008
	ITNs/ LLINs distributed to all age groups	Yes	2008
IRS	IRS is recommended	Yes	2008
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	No	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	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	2008
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2013
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2008
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
Surveillance	System for monitoring adverse reactions to antimalarials exists	Yes	2008
	ACD for case investigation (reactive)	Yes	2008
	ACD of febrile cases at community level (pro-active)	Yes	2008
	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	No	-	
Case reporting from private sector is mandatory	No	-	

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN+D; QN+T	2004
Treatment of severe malaria	AS+AL; QN	2016
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2004
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/Kg (14 days)
Type of RDT used	P.f + P.v specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

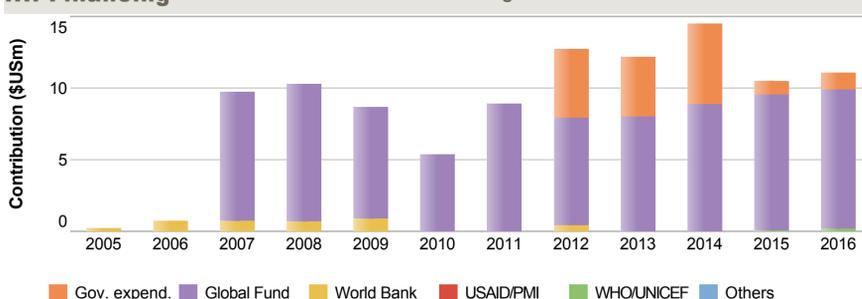
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2015	0	0	11.1	28 days	12	<i>P. falciparum</i>
CQ+PQ	2014-2015	0	0	0	28 days	1	<i>P. vivax</i>

Insecticide resistance tests (mosquito mortality, %)

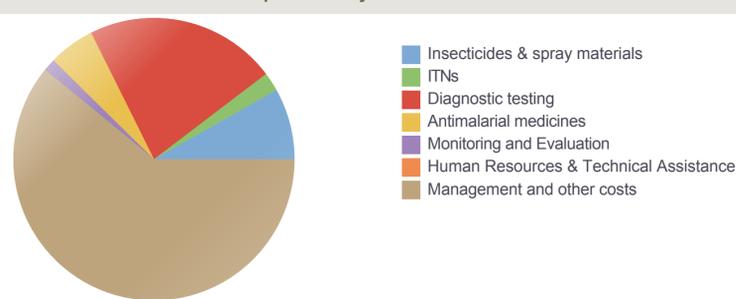
Insecticide class	Years	Min	Mean	Max	No. of sites	Species
Pyrethroids	2012-2014	0	0.6	1	7	<i>An. annularis</i> , <i>An. philippinensis</i> , <i>An. vagus</i>

III. Financing

Sources of financing

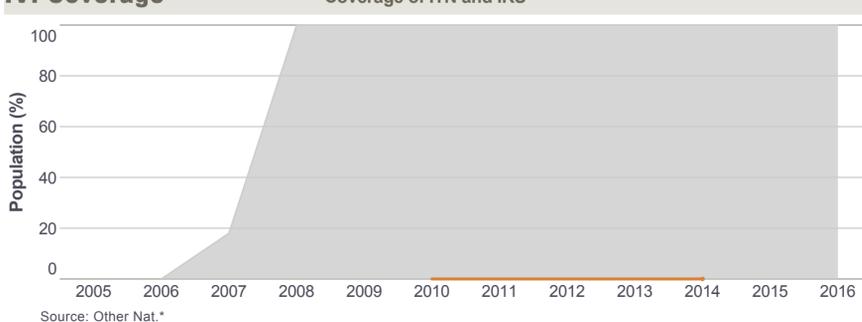


Government expenditure by intervention in 2016



IV. Coverage

Coverage of ITN and IRS

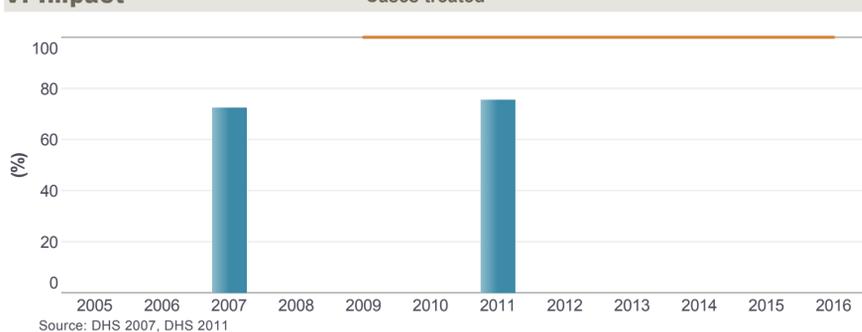


Cases tested and treated in public sector

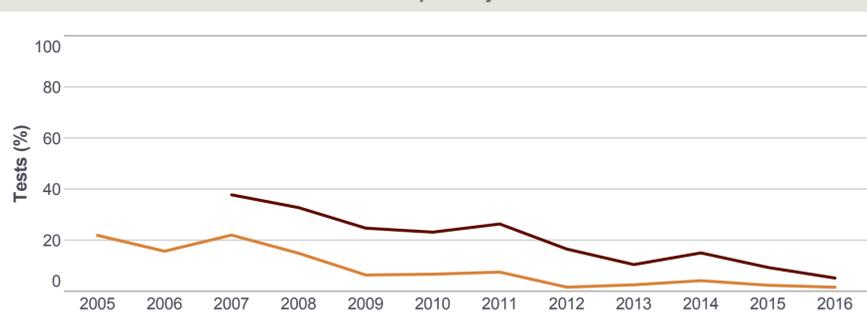


V. Impact

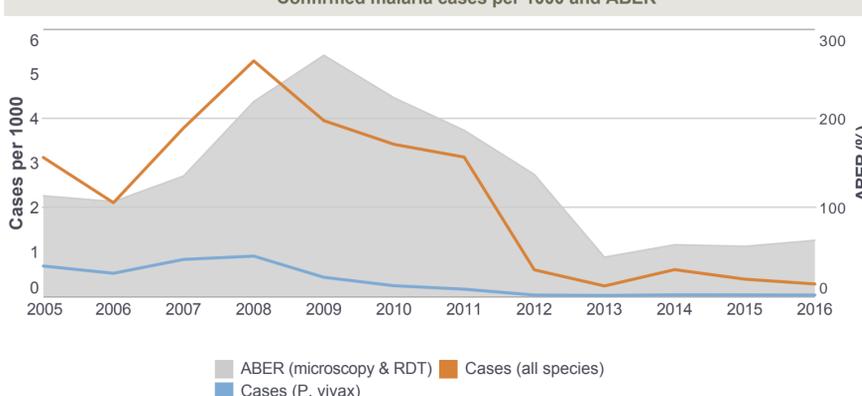
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths

