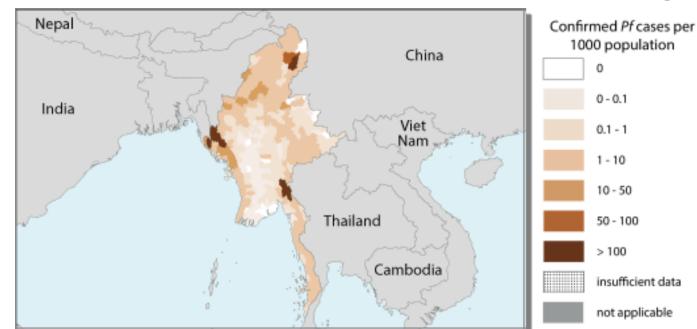
Myanmar

Nepal Confirmed Pv cases per 1000 population China 0 0 - 0.1 India Viet 0.1 - 1 Nam 🛒 1 - 10 10 - 50 Thailand 50 - 100 > 100 Cambodia insufficient data not applicable



I. Epidemiological profile			
Population (UN)	2016	%	Parasites and vectors
High transmission (> 1 case per 1000 population)	8,360,000	16	Plasmodium species: P. falciparum (60%), P.vivax (40%)
Low transmission (0-1 cases per 1000 population)	23,100,000	44	Major anopheles species: An. minimus, An. dirus
Malaria-free (0 cases)	21,400,000	40	Reported confirmed cases (health facility): 110,146 Estimated cases: 142,600 [120,600–165,000]
Total	52,890,000		Confirmed cases at community level: 70,374
			Reported deaths:21Estimated deaths: $240 \leq 100-400 $

II. Intervention policies and strategies

	- - - - - - - - - -	.,	
Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2003
	ITNs/ LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	1957
	DDT is authorized for IRS	Yes	-
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	1962
	Malaria diagnosis is free of charge in the public sector	Yes	1962
Treatment	ACT is free of charge for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	Is banned	2012
	Single dose of primaquine is used as gametocidal medicine for P. falciparum	Yes	2002
	Primaquine is used for radical treatment of P. vivax	Yes	1951
	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	-
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	Yes	1983
	Mass screening is undertaken	No	-
	Uncomplicated P. falciparum cases routinely admitted	No	_
	Uncomplicated P. vivax 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 P. falciparum	AL; AM; AS+MQ; DHA-PPQ; PQ	2008
Treatment failure of P. falciparum	AS+D; AS+T	2008
Treatment of severe malaria	AM; AS; QN	2008
Treatment of P. vivax	CQ+PQ(14d)	2008
Dosage of Primaquine for radical treatment of P. vivax	0.25 r	ng/Kg (14 days)
Type of RDT used	P.f + P.v s	pecific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

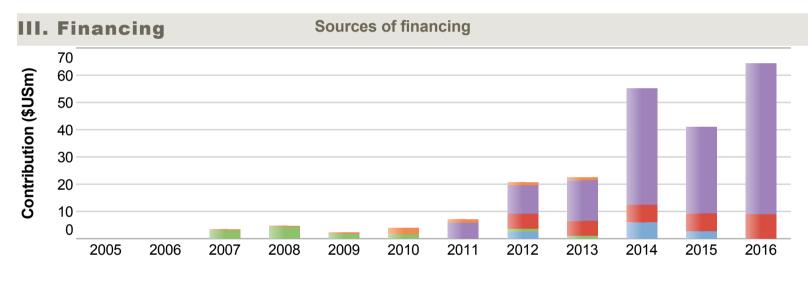
Medicine	Year(s)	Min	Median	Мах	Follow-up	No. of studies	Species
AL	2010-2017	0	0.95	6	28 days	20	P. falciparum
AS+MQ	2011-2013	0	0	2.2	42 days	5	P. falciparum
DHA-PPQ	2011-2017	0	0	4.8	42 days	15	P. falciparum

Insecticide resistance tests (mosquito mortality, %)

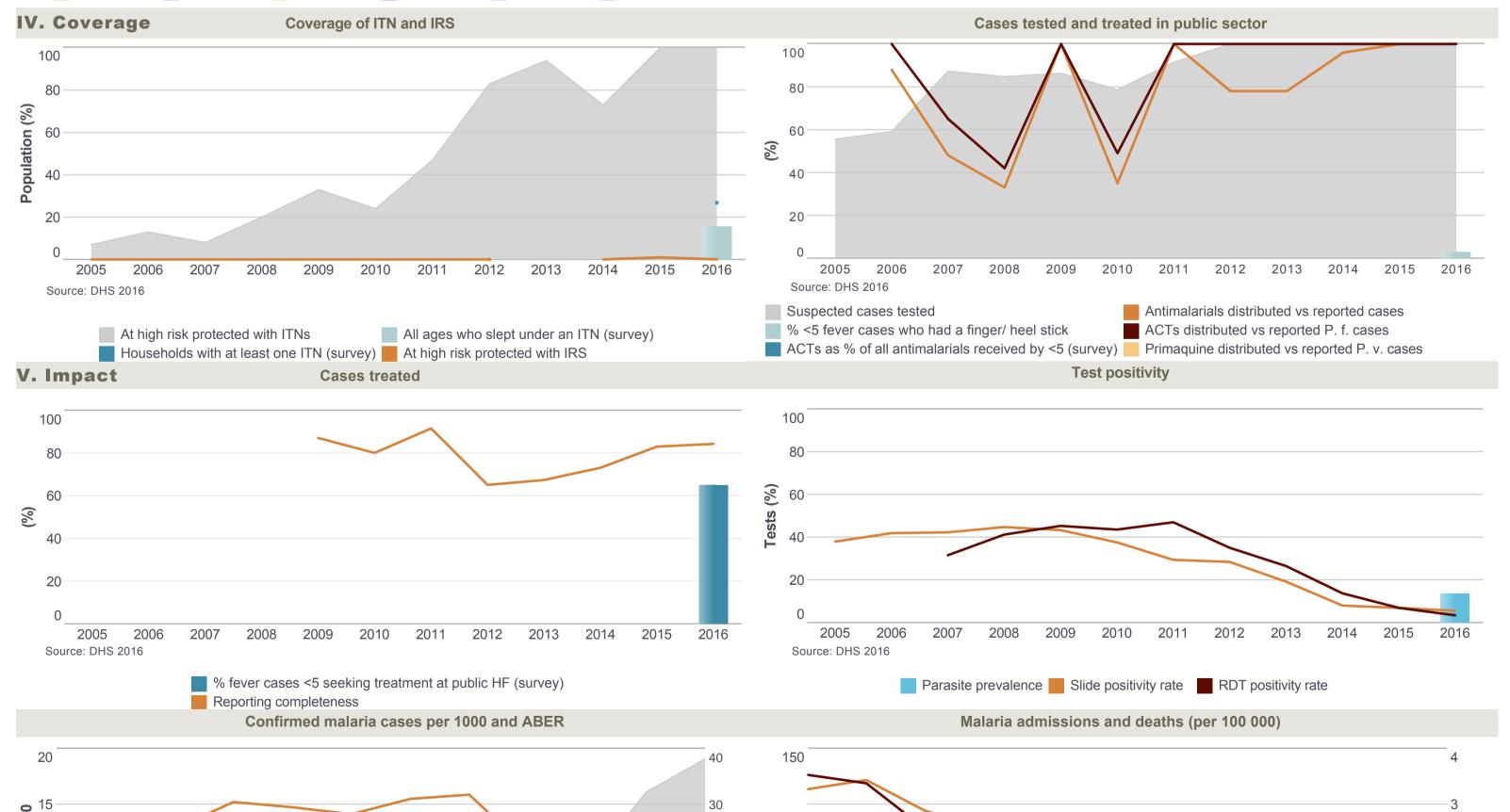
Insecticide class	Years	Min	Mean	Мах	No. of sites	Species
Organochlorines	2011-2015	0.3	0.9	1	8	An. aconitus, An. annularis, + other
Organophosphates	2011-2016	0.4	1	1	10	An. aconitus, An. annularis, + other
Pyrethroids	2011-2016	0.2	0.9	1	38	An. aconitus, An. annularis, + other

South-East Asia Region

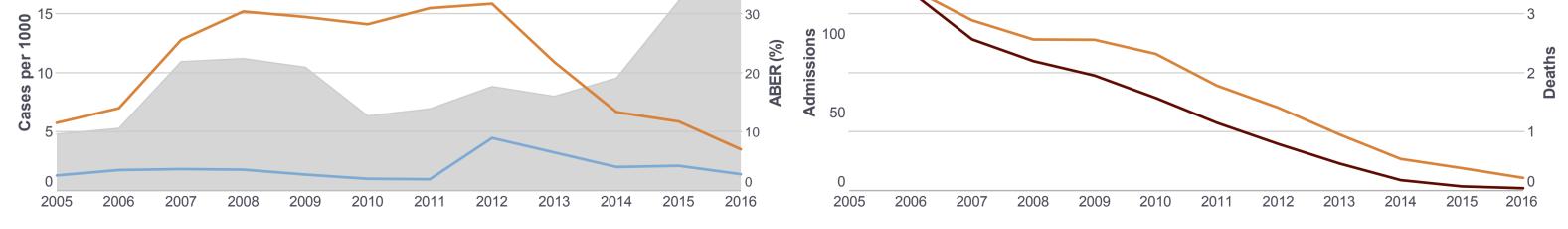




Gov. expend. Global Fund World Bank USAID/PMI WHO/UNICEF Others



Government expenditure by intervention in 2016



ABER (microscopy & RDT) Cases (all species) Cases (P. vivax)

Admissions (all species) Admissions (P.vivax) Deaths (all species) Deaths (P. vivax)