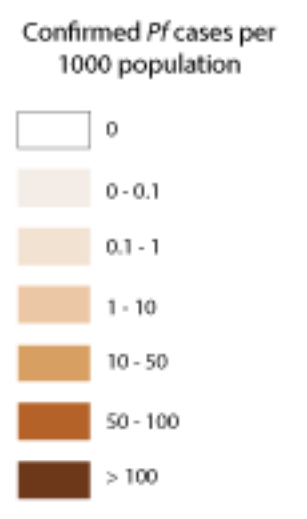
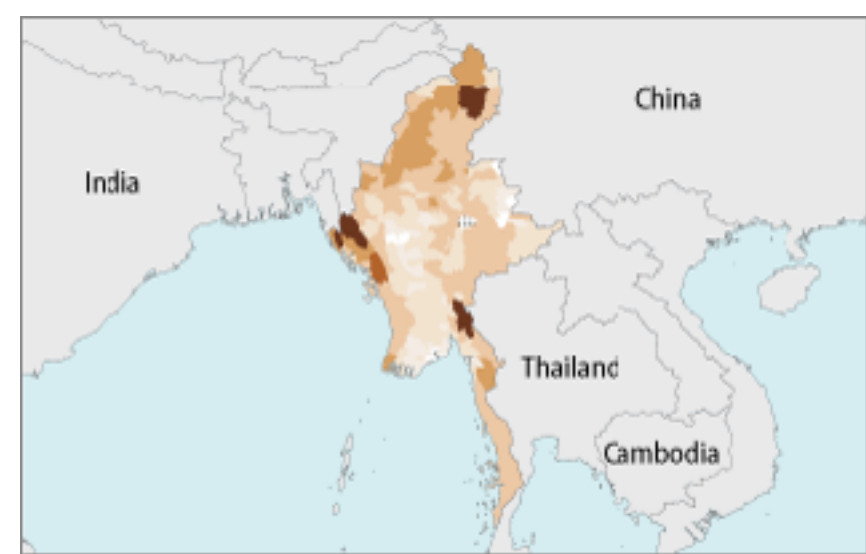
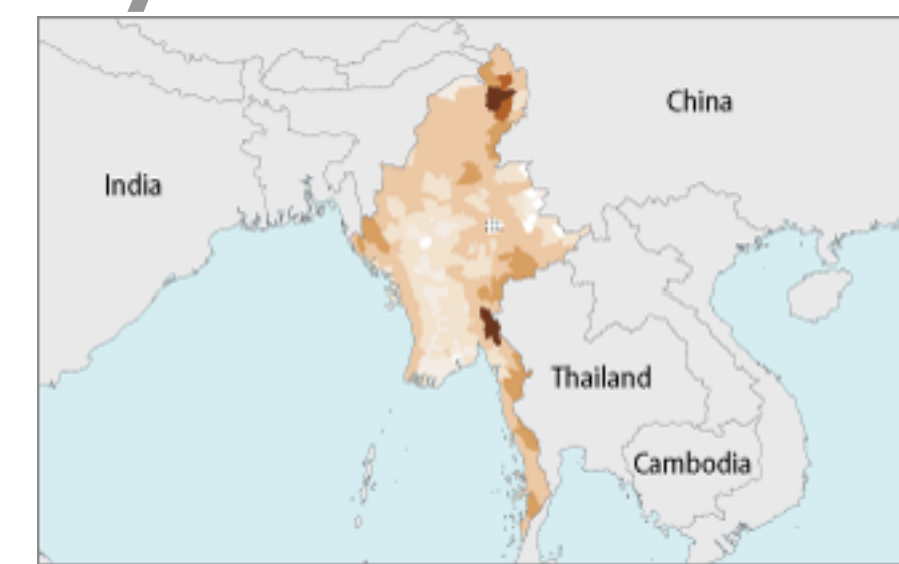


# Myanmar

South-East Asia Region



## I. Epidemiological profile

Population (UN)	2015	%	Parasites and vectors
High transmission (> 1 case per 1000 population)	8,520,000	16	Plasmodium species: <i>P. falciparum</i> (66%), <i>P. vivax</i> (34%)
Low transmission (0-1 cases per 1000 population)	23,600,000	44	Major anopheles species: <i>An. minimus</i> , <i>An. dirus</i>
Malaria-free (0 cases)	21,800,000	40	Reported confirmed cases (health facility): 77,842 Estimated cases: 240,000 [170,000 ; 340,000]
Total	53,900,000		Confirmed cases at community level: 104,925 Reported deaths: 37 Estimated deaths: 490 [27 ; 980]

## II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2000
	ITNs/ LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	1957
	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	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 <i>P. falciparum</i>	Yes	2002
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1951
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2014
Surveillance	System for monitoring adverse reactions to antimalarials exists	Yes	-
	ACD for case investigation (reactive)	Yes	1983
	ACD of febrile cases at community level (pro-active)	Yes	1983
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
Treatment	Uncomplicated <i>P. vivax</i> 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	-	-
First-line treatment of <i>P. falciparum</i>	AL; AM; AS+MQ; DHA-PPQ; PQ	2008
Treatment failure of <i>P. falciparum</i>	AS+D; AS+T	2008
Treatment of severe malaria	AM; AS; QN	2008
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2008
Dosage of Primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/Kg (14 days)	
Type pf RDT used	P.f + P.v specific (Combo)	

### Therapeutic efficacy tests (clinical and parasitological failure, %)

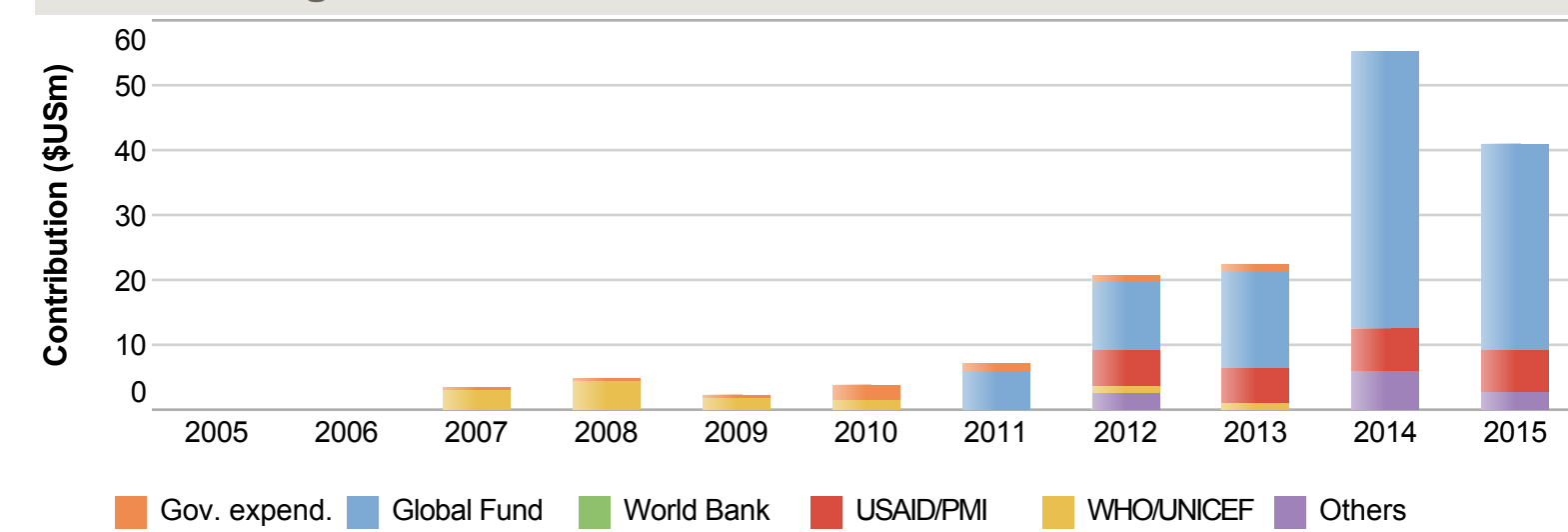
Medicine	Year	Min	Median	Max	Follow-up	No of studies	Species
AL	2007-2015	0	1.9	6	28 days	25	<i>P. falciparum</i>
AS+MQ	2011-2013	0	0	2.2	42 days	5	<i>P. falciparum</i>
DHA-PPQ	2007-2011	0	1.6	5	28 days	12	<i>P. falciparum</i>

### Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

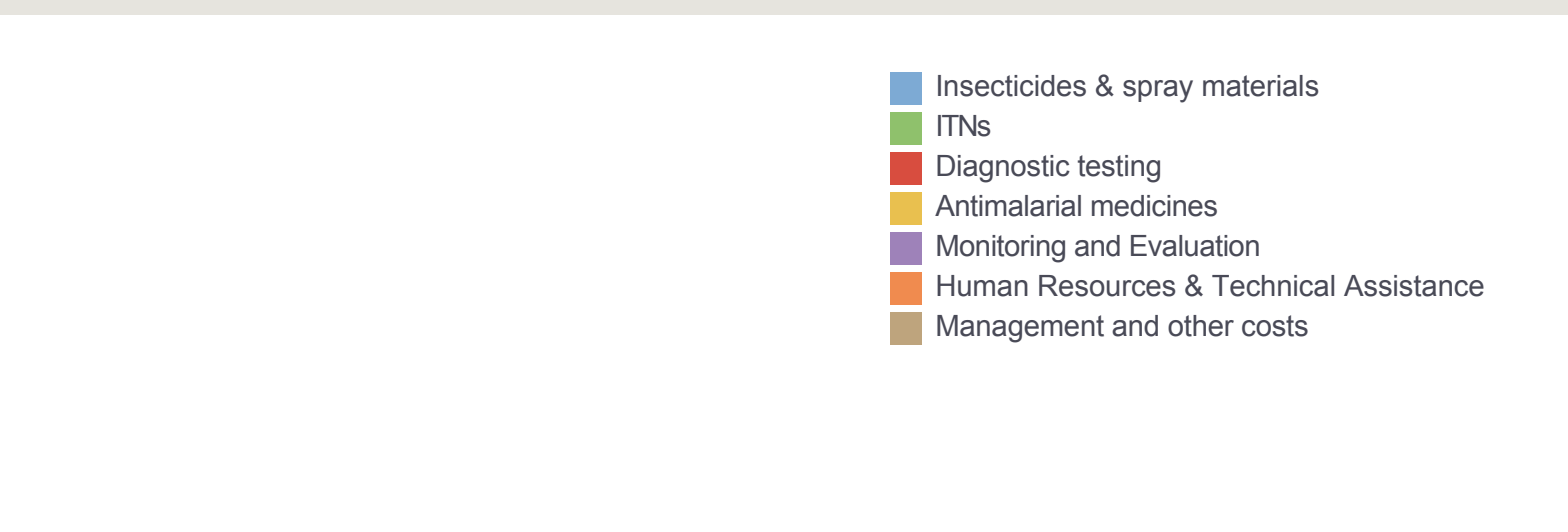
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2011-2014	Yes	Yes		No	<i>An. dirus</i> , <i>An. minimus</i> , other

## III. Financing

### Sources of financing

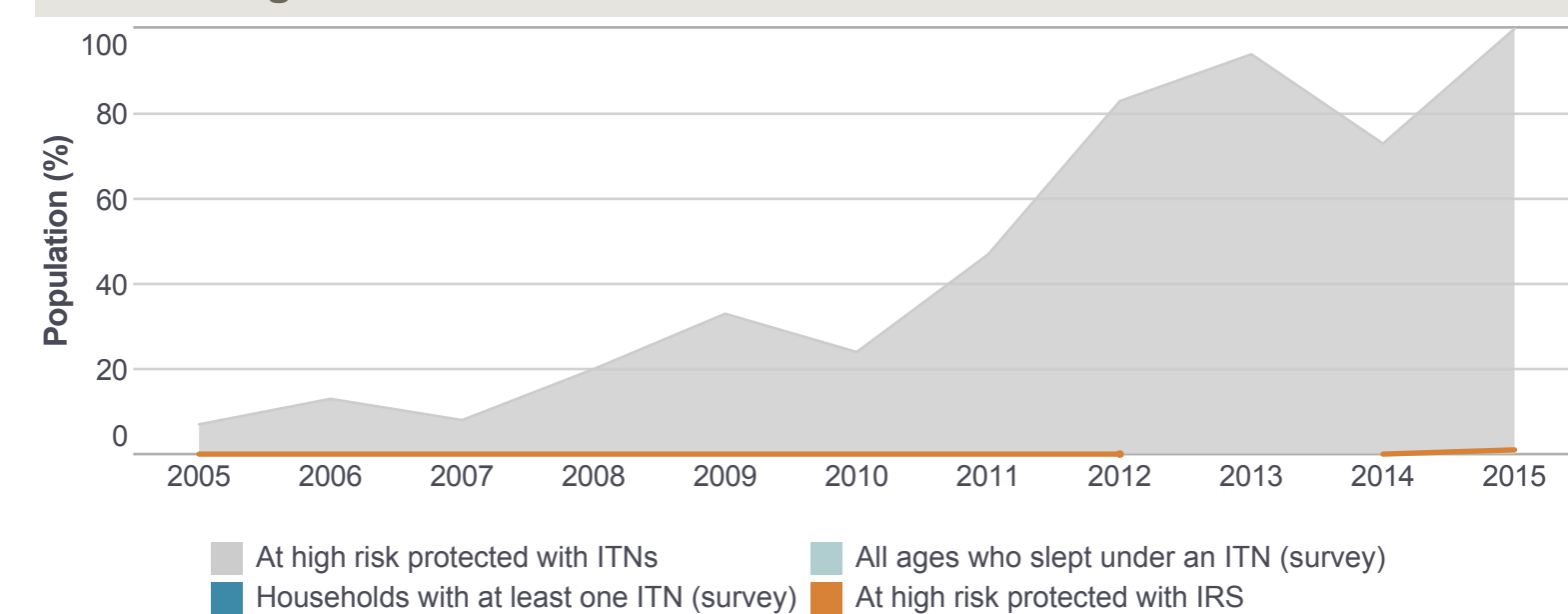


### Government expenditure by intervention in 2015

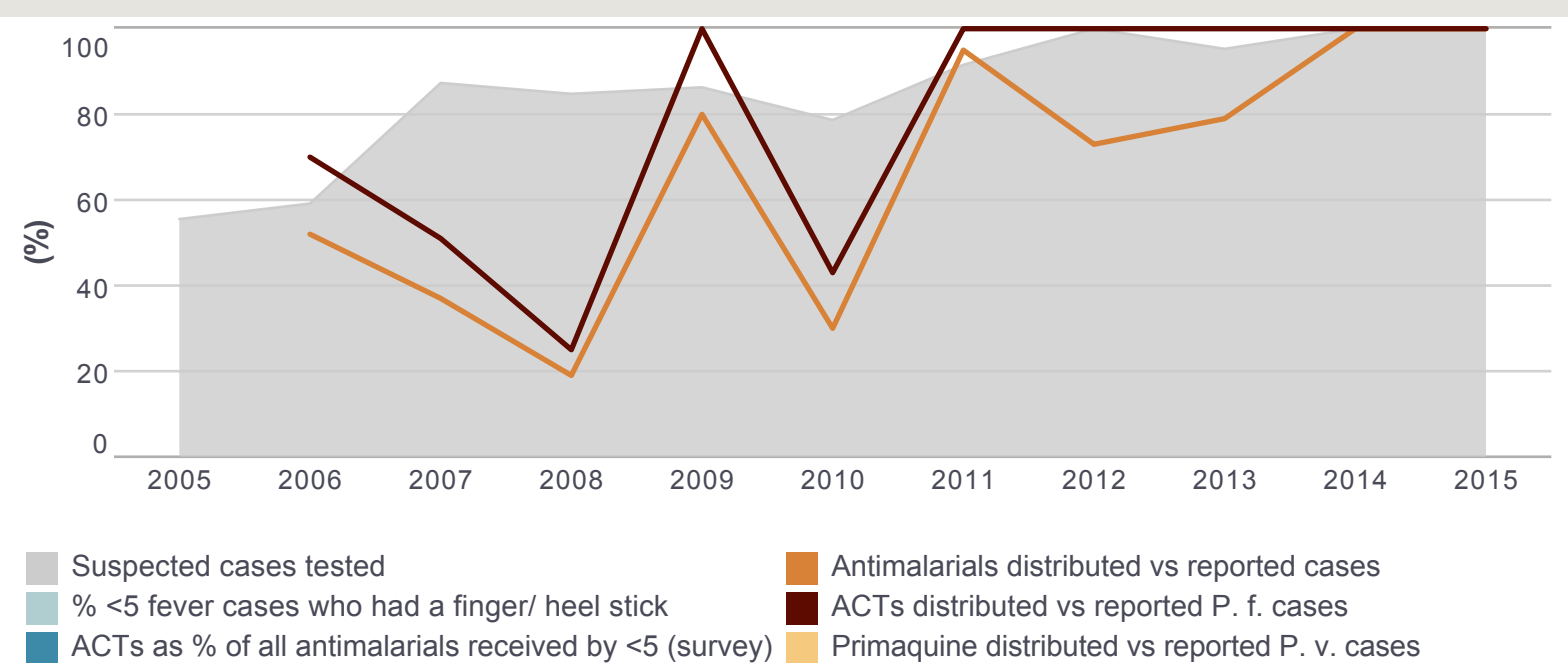


## IV. Coverage

### Coverage of ITN and IRS

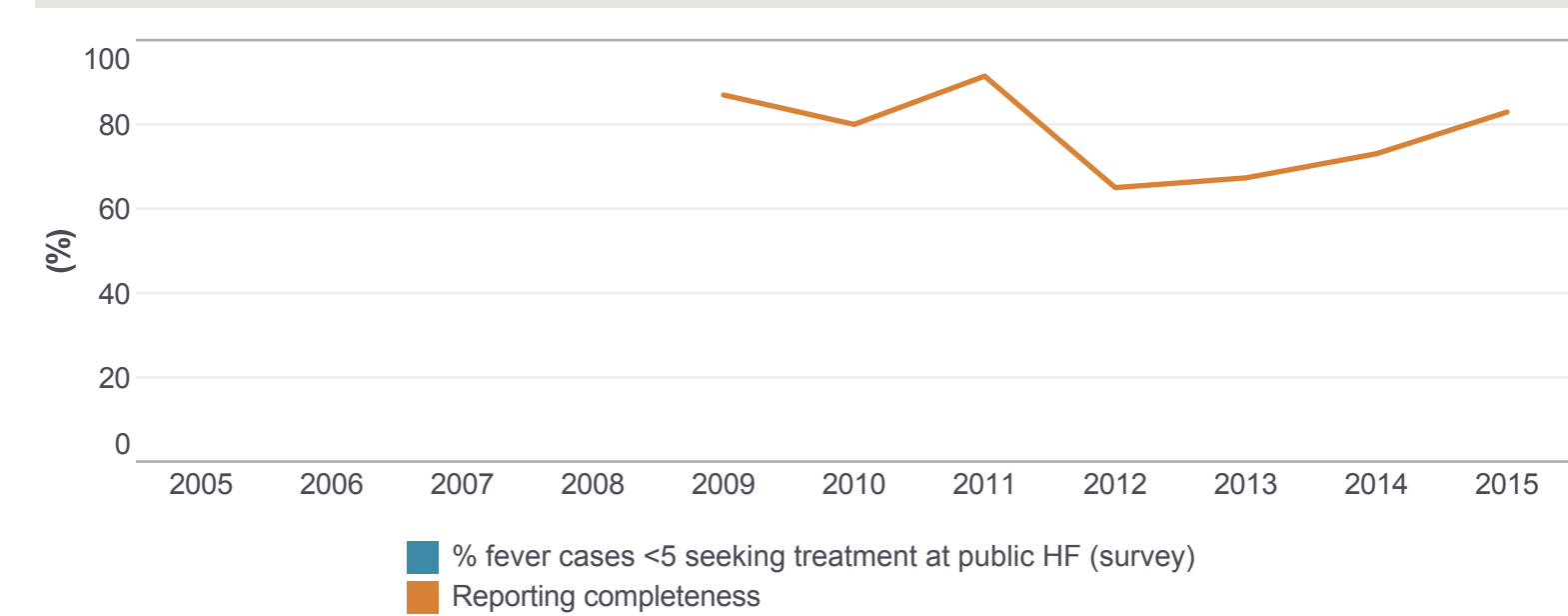


### Cases tested and treated in public sector

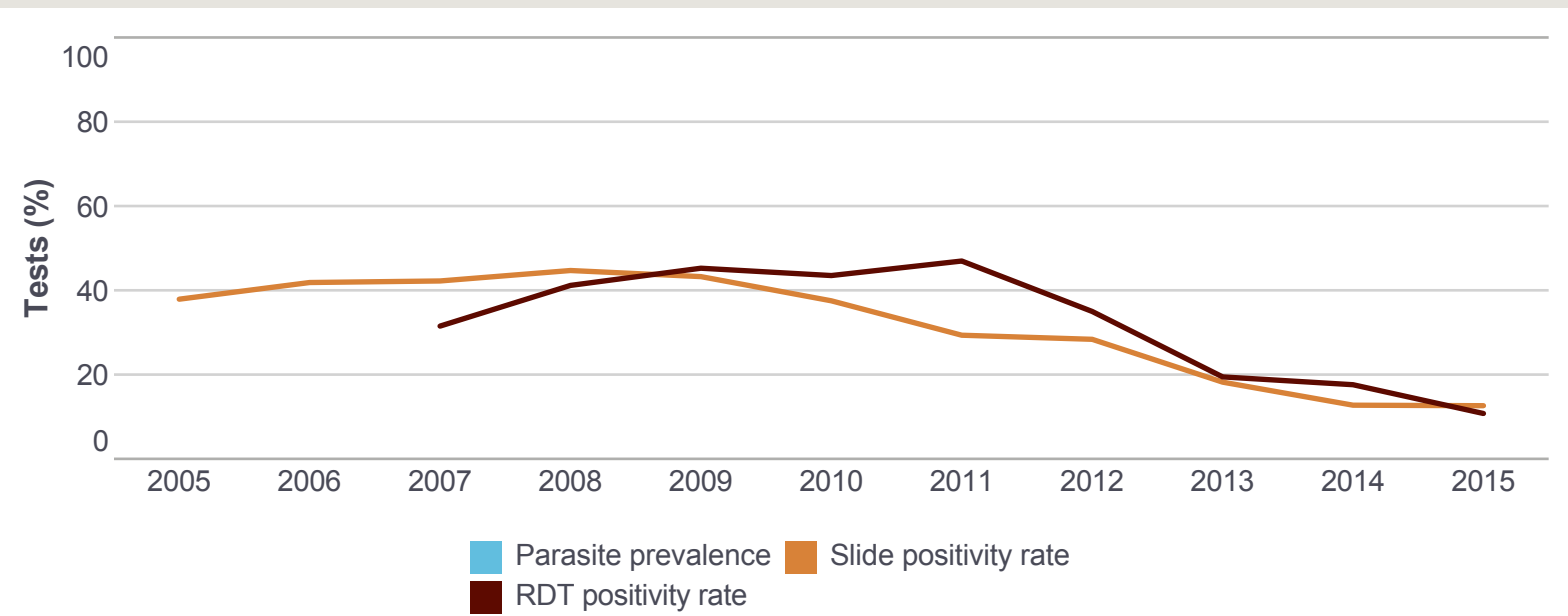


## V. Impact

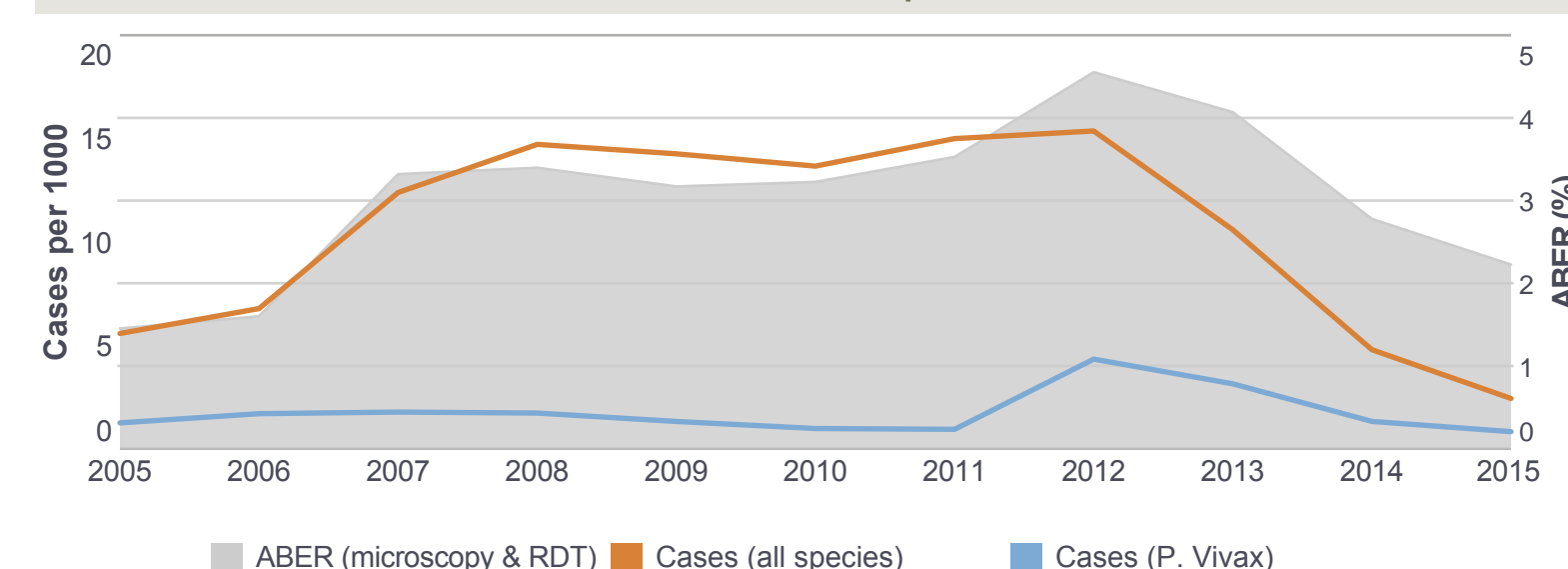
### Cases treated



### Test positivity



### Confirmed malaria cases per 1000 and ABER



### Malaria admissions and deaths (per 100 000)

