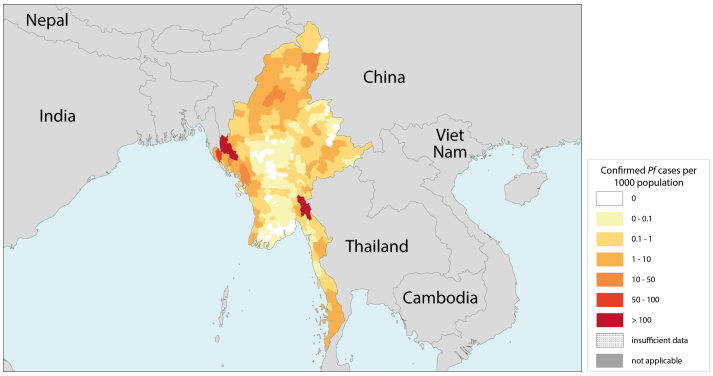
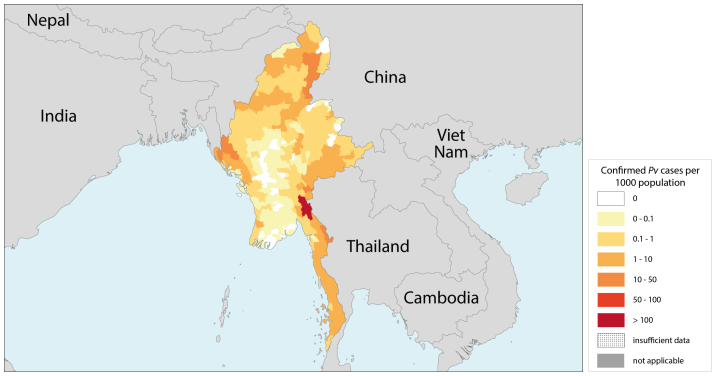
# Myanmar

South-East Asia Region




## I. Epidemiological profile

| Population (UN Population Division) | 2017 | % |
|---|---|---|
| High transmission (>1 case per 1000 population) | 8.4M | 16 |
| Low transmission (0-1 case per 1000 population) | 23.3M | 44 |
| Malaria free (0 cases) | 21.6M | 40 |
| Total | 53.4M | |

| Parasites and vectors | |
|---|---|
| Major plasmodium species: | P.falciparum: 68 (%) , P.vivax: 31 (%) |
| Major anopheles species: | *An. minimus, An. dirus* |

| Reported cases and deaths | |
|---|---|
| Reported confirmed cases (health facility): | 19 619 |
| Confirmed cases at community level: | 62 801 |
| Confirmed cases from private sector: | 2599 |
| Reported deaths: | 30 |

| Estimates | |
|---|---|
| Estimated cases: | 116.8K [95.3K, 140.2K] |
| Estimated deaths: | 218 [14, 394] |

## II. Intervention policies and strategies

| Intervention | Policies/Strategies | Yes/ No | Year 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 used for IRS | No | - |
| Larval control | Use of Larval Control | No | |
| IPT | IPT used to prevent malaria during pregnancy | NA | - |
| 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 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 of adverse reaction to antimalarials exists | No | - |
| Surveillance | ACD for case investigation (reactive) | Yes | 2017 |
| | ACD at community level of febrile cases (pro-active) | Yes | 1983 |
| | Mass screening is undertaken | No | - |
| | Uncomplicated P. falciparum cases routinely admitted | No | - |
| | Uncomplicated P. vivax cases routinely admitted | No | - |
| | Case and foci investigation undertaken | Yes | 2017 |
| | Case reporting from private sector is mandatory | No | - |

| Antimalaria treatment policy | Medicine | Year adopted |
|---|---|---|
| First-line treatment of unconfirmed malaria | - | - |
| First-line treatment of P. falciparum | AL; AS+MQ; DHA-PPQ; PQ | 2015 |
| For treatment failure of P. falciparum | AS+MQ; DHA+PPQ | 2015 |
| 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 mg/Kg (14 days) |
| Type of 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 | 2010-2017 | 0 | 1.65 | 6 | 28 days | 24 | *P. falciparum* |
| DHA-PPQ | 2011-2017 | 0 | 0 | 4.8 | 42 days | 15 | *P. falciparum* |
| CQ | 2010-2016 | 0 | 0 | 21.7 | 28 days | 31 | *P. vivax* |

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)

| Insecticide class | Years | (%) sites[1] | Vectors[2] | Used[3] |
|---|---|---|---|---|
| Carbamates | - | - | - | No |
| Organochlorines | 2011-2015 | 12.5% (8) | *None (secondary only)* | No |
| Organophosphates | 2011-2016 | 10% (10) | *None (secondary only)* | No |
| Pyrethroids | 2011-2017 | 26.83% (41) | *An. minimus s.l.* | Yes |

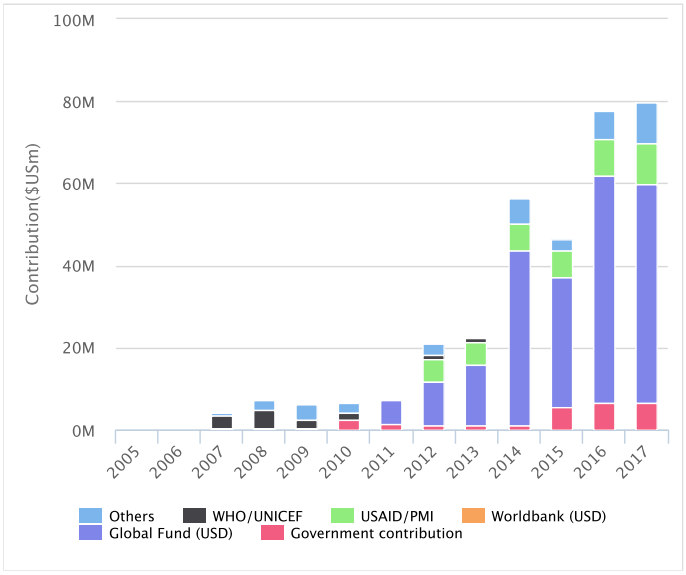
[1]Percent of sites for which resistance confirmed and total number of sites that reported data (n)

[2]Principal vectors that exhibited resistance

[3]Class used for malaria vector control in 2017

## III. Charts

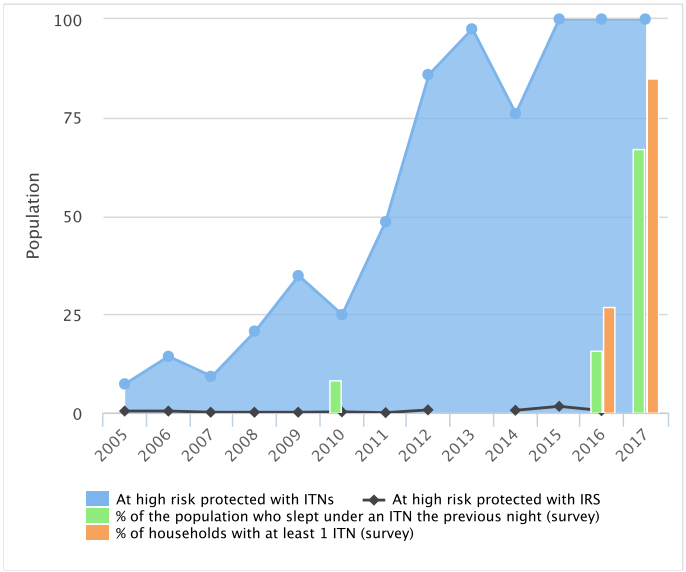
### Sources of financing




### Government expenditure by intervention in 2017

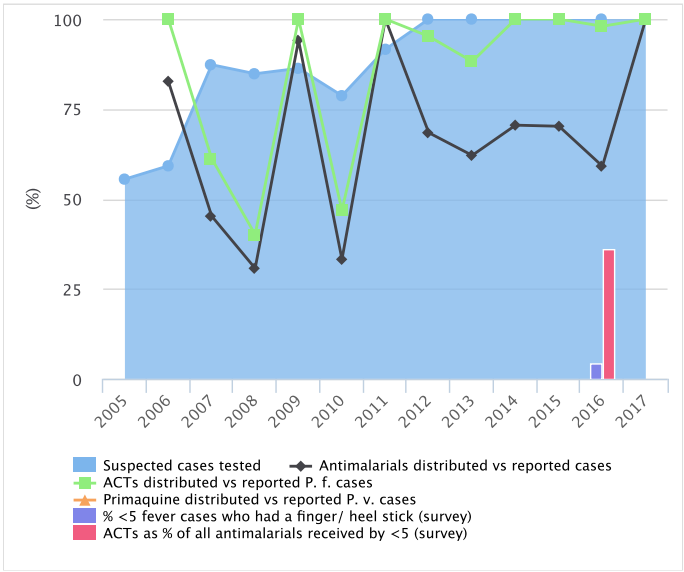
## IV. Coverage

### Coverage of ITN and IRS




Source: DHS 2016, IHLCA (est.) 2010, Other NHS 2017

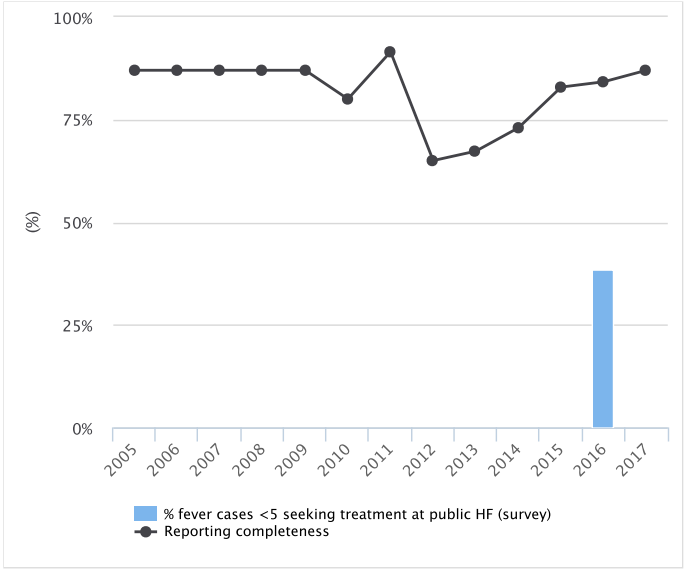
### Cases tested and treated in public sector



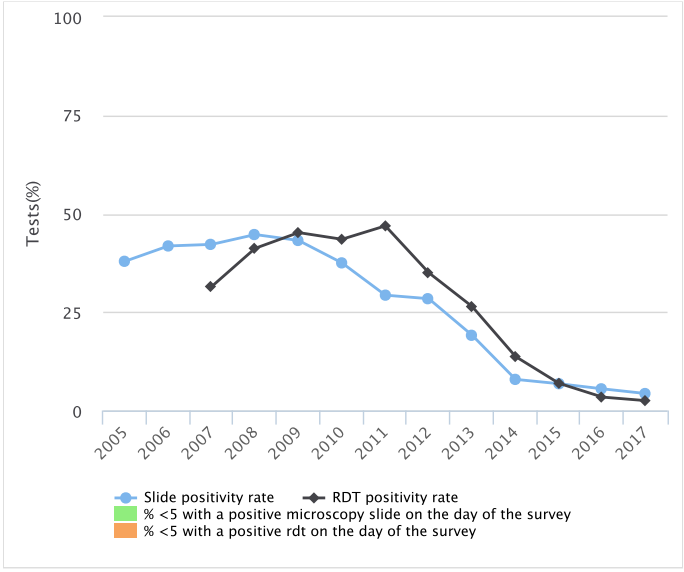

Source: DHS 2016

## V. Impact

### Cases treated

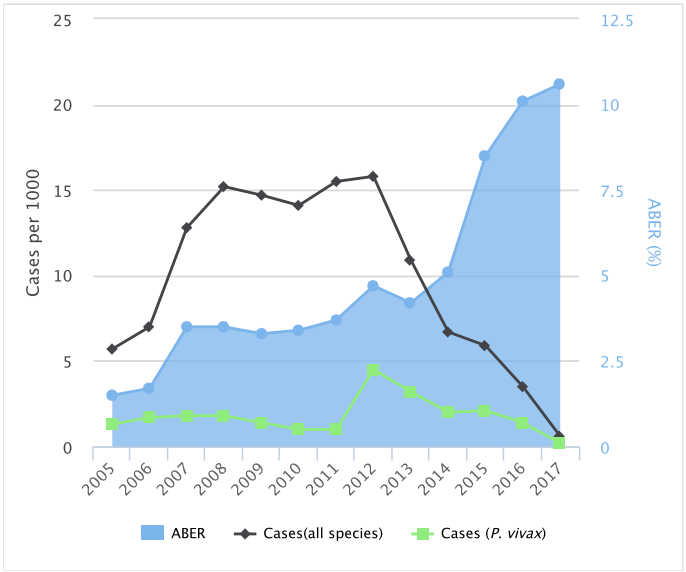



### Test positivity

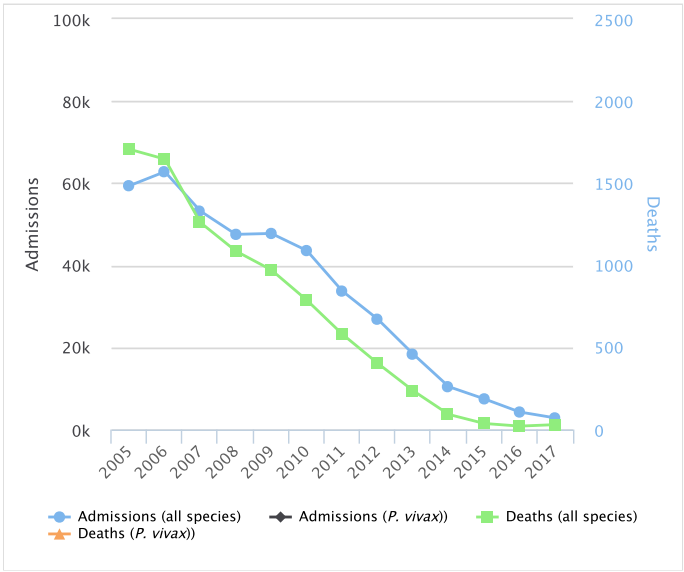



Source: DHS 2016

## Confirmed malaria cases per 1000 and ABER




## Malaria admissions and deaths




Footnotes

(est.) : WHO estimates based on the survey