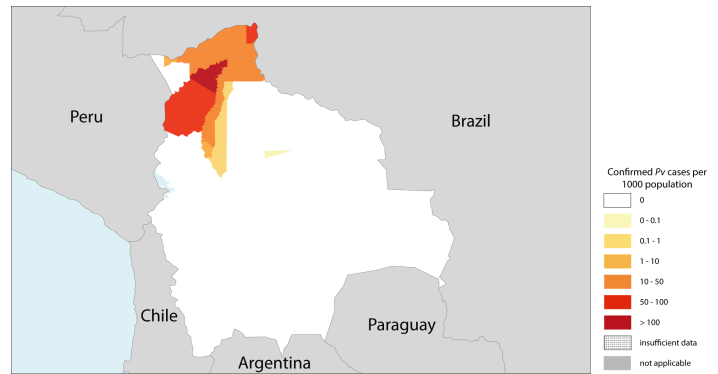
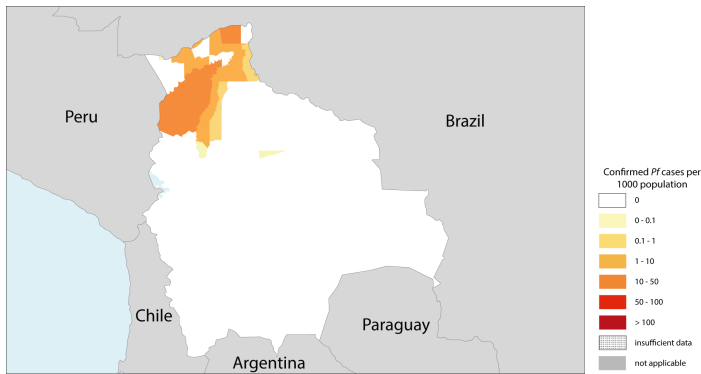


Bolivia (Plurinational State of)

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	305.9K	2
Low transmission (0-1 case per 1000 population)	5.2M	43
Malaria free (0 cases)	6.7M	55
Total	12.2M	

Reported cases and deaths	
Presumed and confirmed cases	10 297
Reported indigenous confirmed cases:	10 287
Confirmed cases from public sector:	10 039
Confirmed cases from private sector:	258
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	-
Indigenous deaths:	0

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 11 (%), <i>P. vivax</i> : 89 (%)
Major anopheles species:	<i>An. darlingi</i> , <i>An. pseudopunctipennis</i>

* includes mixed infections and other species of Plasmodium

Estimates	
Estimated cases:	13.9K [10.9K, 17.1K]
Estimated deaths:	7 [3, 13]

II. Intervention policies and strategies

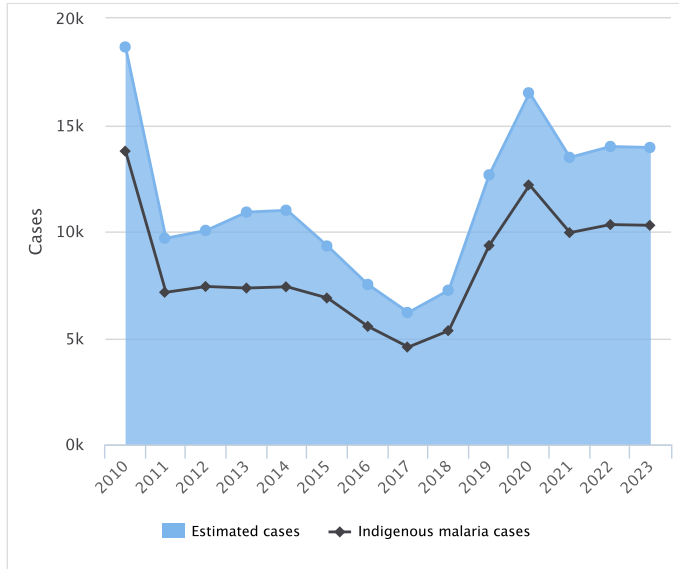
Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes*	2010
	ITN distributed by mass campaign	Yes*	2010
IRS	IRS is recommended	Yes*	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2010
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	2010
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	-
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes*	1998
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes*	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	-
	Surveillance	Malaria is a notifiable disease	Yes
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes*	-
	Mass screening is undertaken	Yes*	2015
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes*	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes*	-
	Case investigation undertaken	Yes	-
	Foci investigation undertaken	Yes*	-
	Case reporting from private sector is mandatory	Yes	-

Yes* = Policy adopted, but not implemented in 2023
 Disc = Discontinued
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

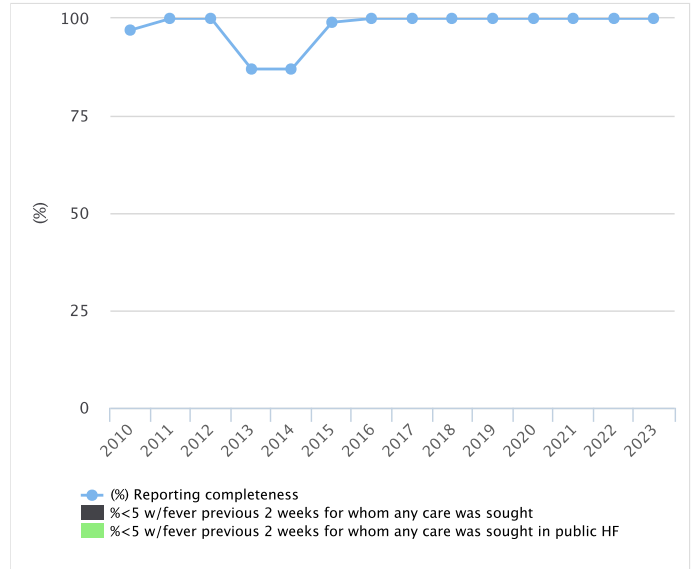
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		NA	-				
First-line treatment of <i>P. falciparum</i>		AL+PQ	-				
Second-line treatment <i>P. falciparum</i>		-	-				
Treatment of severe malaria		AS	-				
Treatment of <i>P. vivax</i>		CQ+PQ	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>		0.50 mg/Kg (7 days)					
Type of RDT used (public)		Pf + Pv specific (Combo)					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
Insecticide class				(%) sites ¹		Vectors ²	Used ³
Carbamates				0% (0/3)			Yes
Neonicotinoids							No
Organophosphates				0% (0/2)			No
Pyrethroids				33% (2/6)		<i>An. darlingi</i>	Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data
²Vectors reported to exhibit resistance to insecticide class
³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

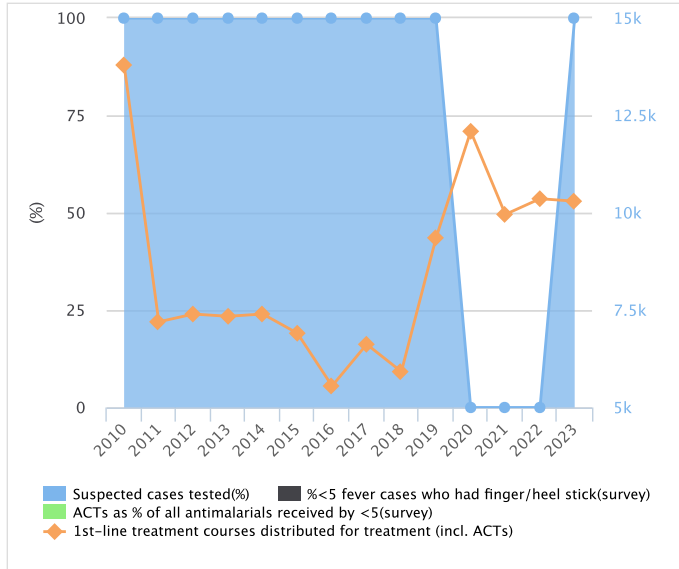
III. Estimated and reported cases



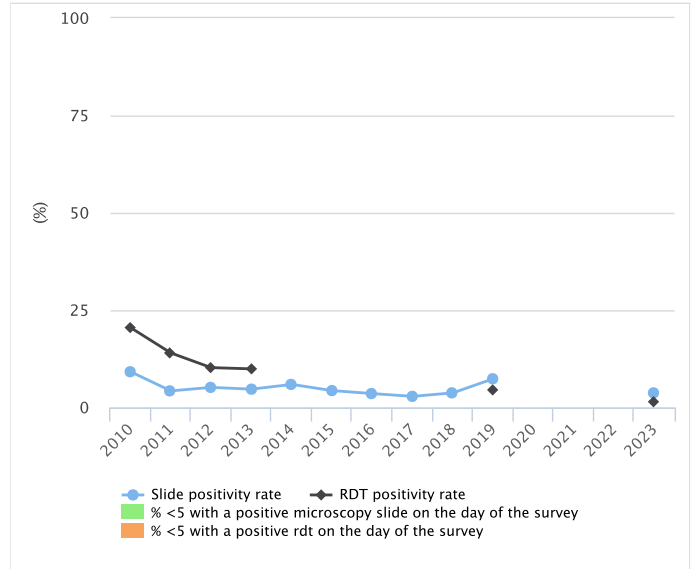
Treatment seeking and reporting completeness



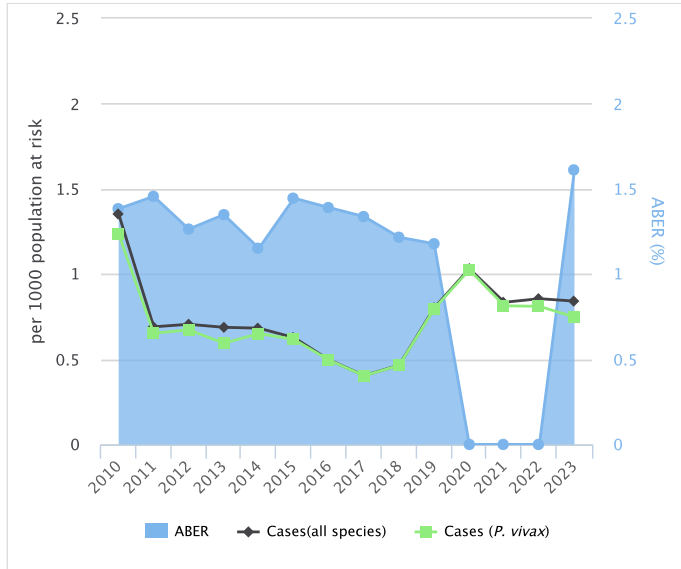
IV. Cases tested and treated



Test positivity

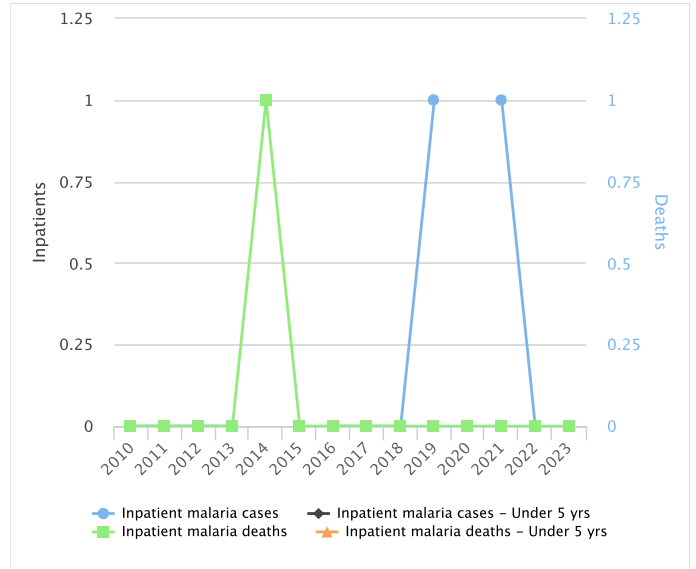


V. Confirmed malaria cases per 1000 population at risk and ABER

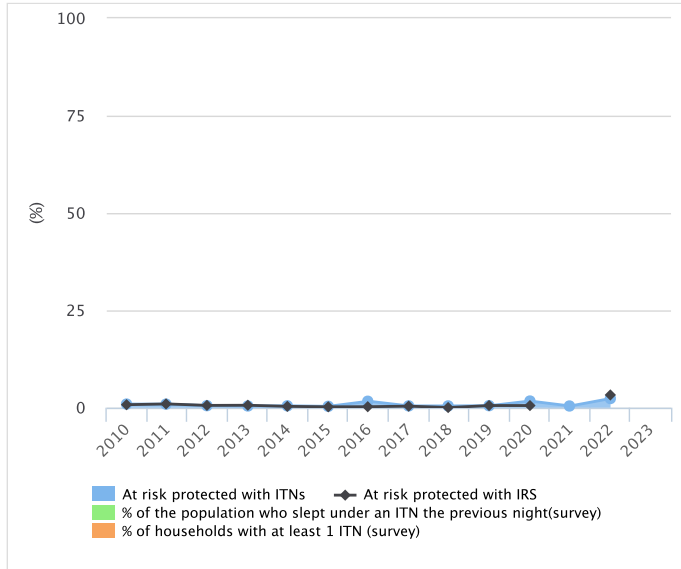


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

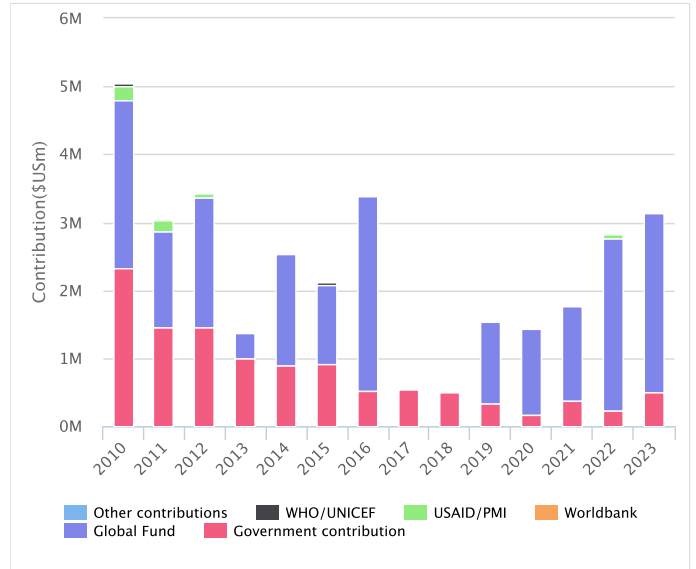
Malaria inpatients and deaths



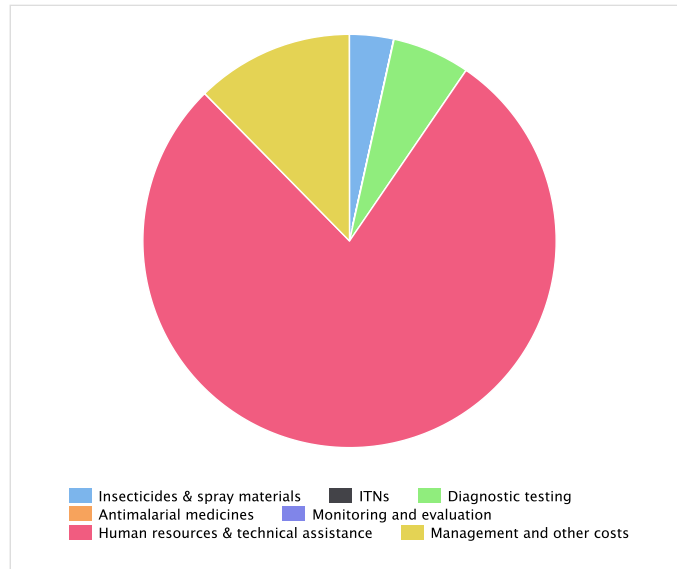
V. Coverage of ITN and IRS



Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes
(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6)