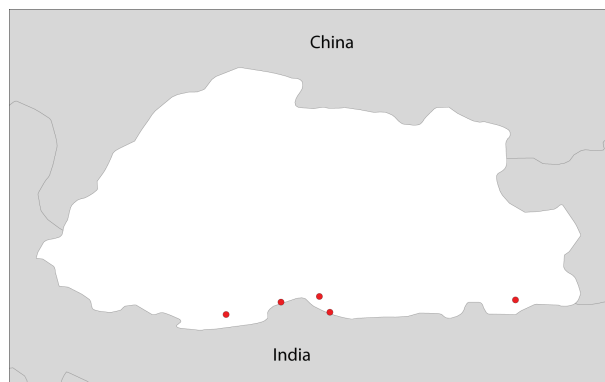


Bhutan

South-East Asia Region



Classification
of focus

● Active foci

I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	102.2K	13	Major plasmodium species (indigenous cases): <i>P. falciparum</i> : (%)*, <i>P. vivax</i> : (%)
Low transmission (0-1 case per 1000 population)	479.7K	61	Major anopheles species: <i>An. pseudowillmori</i> , <i>An. culicifacies</i> s.l.
Malaria free (0 cases)	204.5K	26	*includes mixed infections and other species of Plasmodium
Total	786.4K		

Reported cases and deaths

Presumed and confirmed cases	18
Reported indigenous confirmed cases:	0
Indigenous deaths:	0

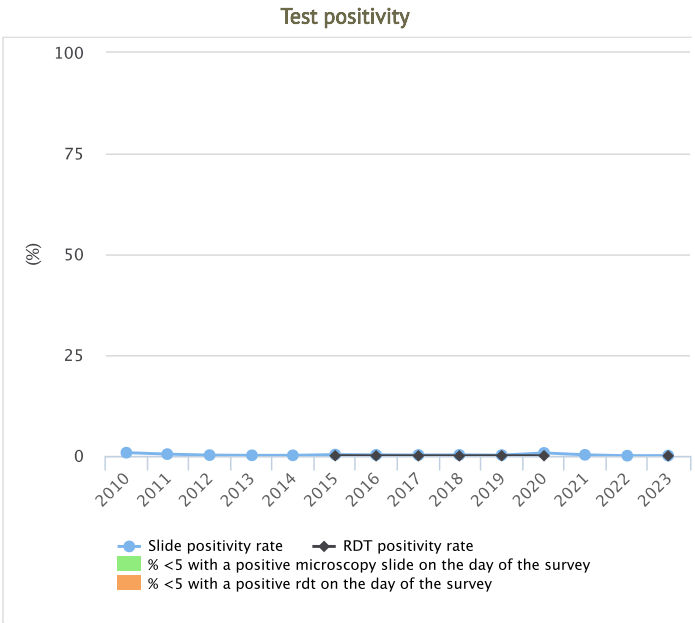
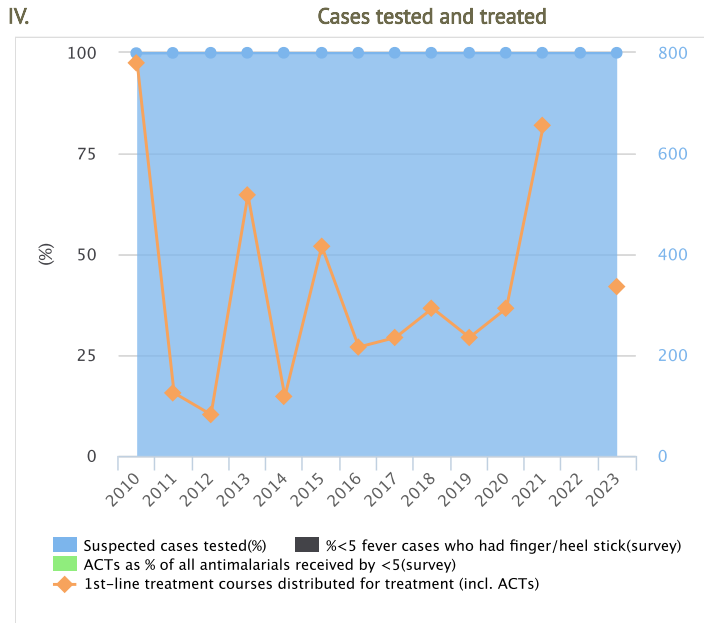
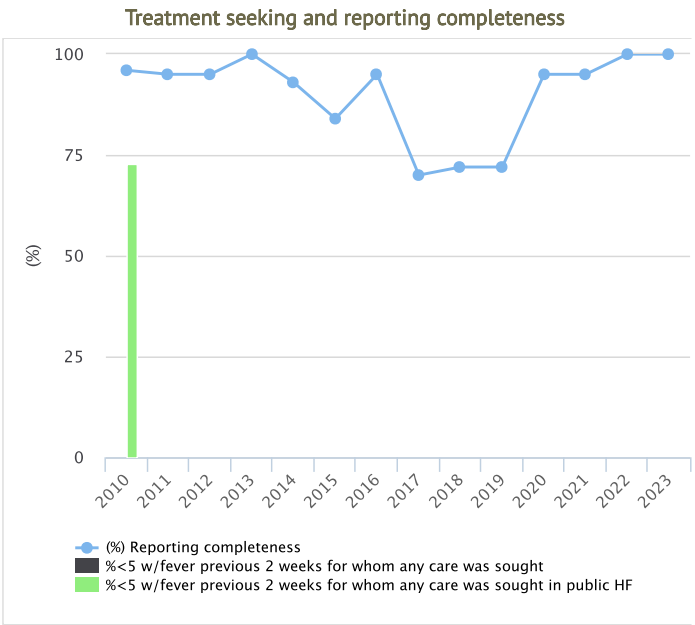
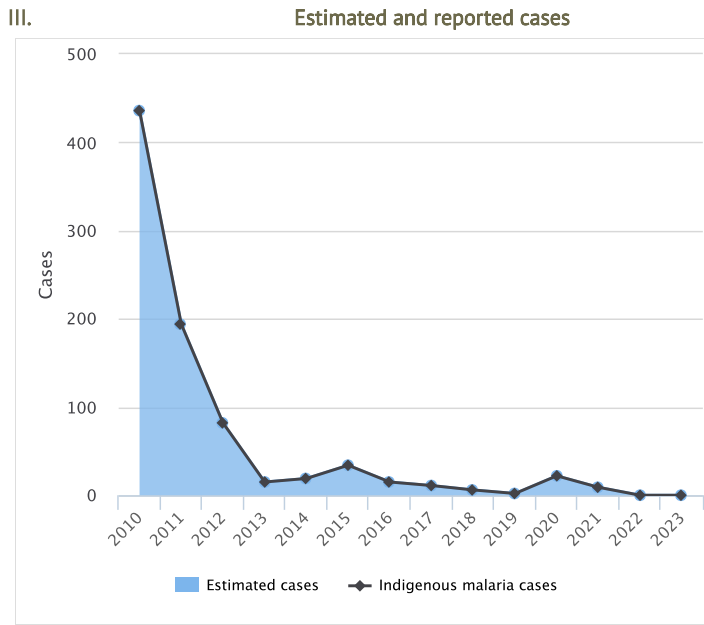
II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted	Antimalaria treatment policy	Medicine	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2006	First-line treatment of unconfirmed malaria	AL-PQ	2016
	ITN distributed by mass campaign	Yes	2006	First-line treatment of <i>P. falciparum</i>	AL-PQ	2016
IRS	IRS is recommended	Yes	-	Second-line treatment <i>P. falciparum</i>	DHA-PPQ	2019
	DDT is used for IRS	No	-	Treatment of severe malaria	AM; AS; QN	2019
Larval control	Use of Larval Control	Yes	-	Treatment of <i>P. vivax</i>	CQ+PQ	2006
IPT	IPT used to prevent malaria during pregnancy	NA	-	Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/Kg (14 days)	
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	-	Type of RDT used (public)	P.f + P.v specific (Combo)	
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	-	Therapeutic efficacy tests (clinical and parasitological failure, %)		
	Malaria diagnosis is free in the private sector	No	-	Medicine	Year	Min Median Max Follow-up No. of studies Species
Treatment	ACT is free for all ages in public sector	Yes	2005	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)		
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-	Insecticide class	(%) sites ¹	Vectors ² Used ³
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	2016	Carbamates		No
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-	Neonicotinoids		No
	G6PD test is a requirement before treatment with primaquine	Yes*	2023	Organophosphates		No
	Directly observed treatment with primaquine is undertaken	Yes*	-	Pyrethroids		Yes
	System for monitoring of adverse reaction to antimalarials exists	Yes*	2012	¹ Percent of sites for which resistance is confirmed and total number of sites that reported data		
				² Vectors reported to exhibit resistance to insecticide class		
Surveillance	Malaria is a notifiable disease	Yes*	2008	³ Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)		
	ACD for case investigation (reactive)	Yes	2013			
	ACD at community level of febrile cases (pro-active)	Yes	2013			
	Mass screening is undertaken	Yes	2015			
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes*	2000			
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes	2010			
	Case investigation undertaken	Yes*	2013			
	Foci investigation undertaken	Yes	2013			
	Case reporting from private sector is mandatory	Yes	2015			

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

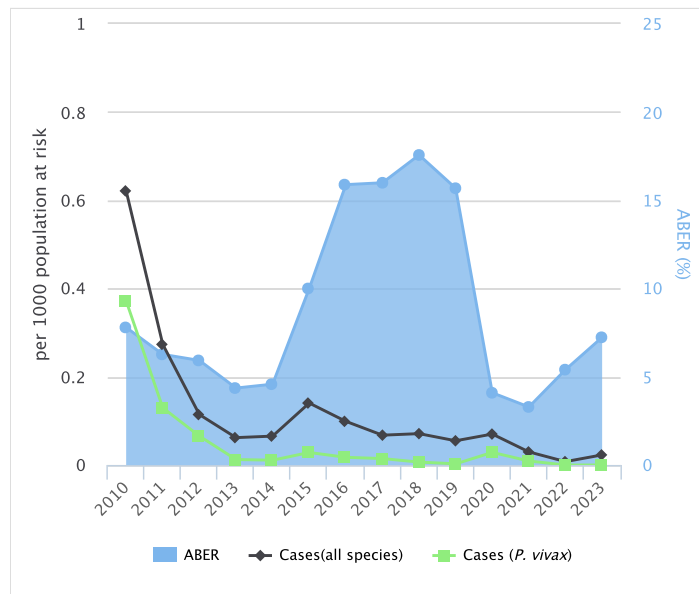


Source: 2010

Imported and introduced malaria cases are included

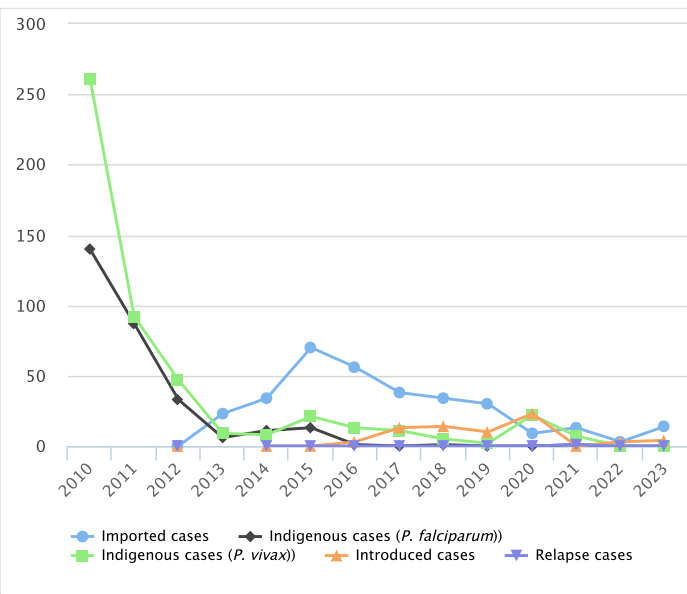
V.

Confirmed malaria cases per 1000 population at risk and ABER



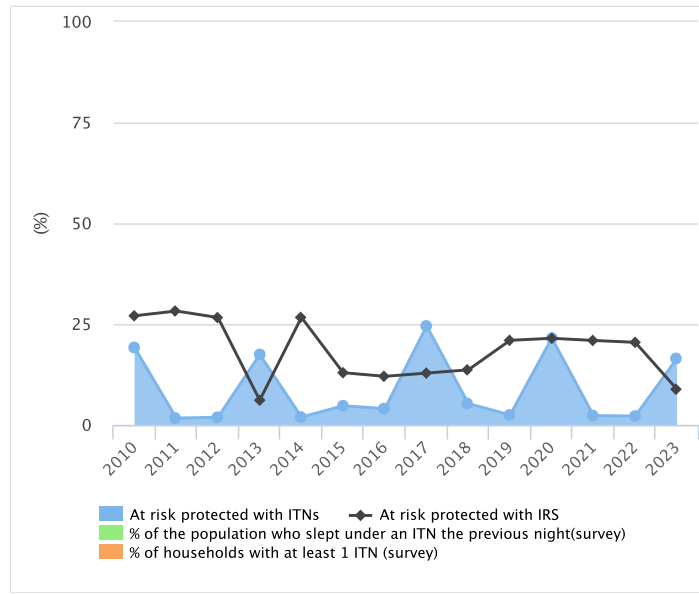
ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Cases by classification

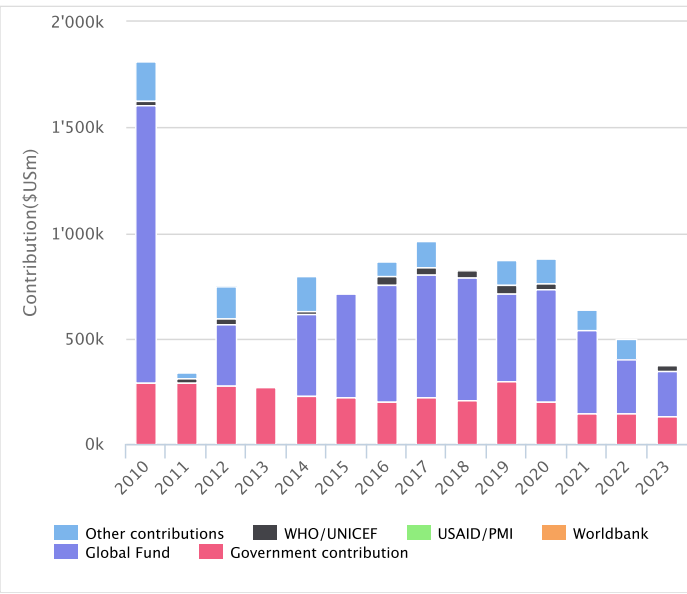


V.

Coverage of ITN and IRS

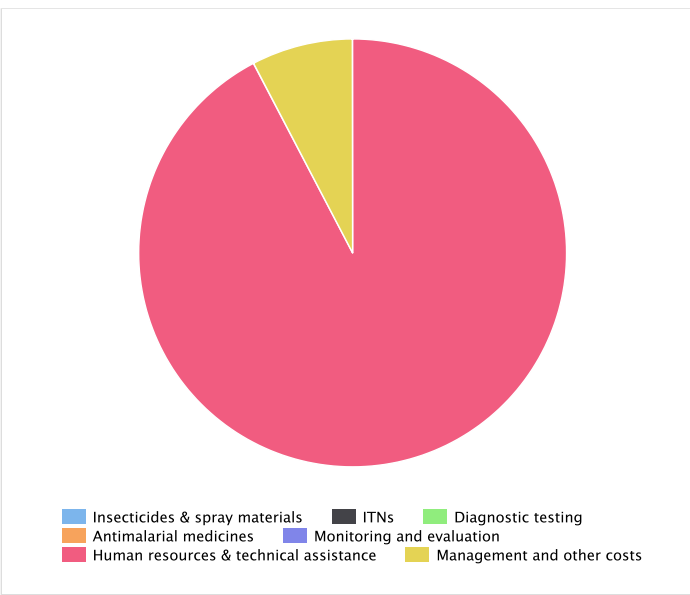


Sources of financing



VI.

Government expenditure by intervention in 2023



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

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-erg-report-malaria-burden-session6.pdf \(who.int\)](#)

World Malaria Report 2024