Ecuador

Region of the Americas





I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	807.3K	4
Low transmission (0-1 case per 1000 population)	9.4M	52
Malaria free (0 cases)	7.8M	43
Total	18M	

Parasites and vectors Major plasmodium species P. falciparum: 5 (%)*, P. vivax: 95 (%) (indigenous cases): An. albimanus, An. nuneztovari, An. darlingi, An. triannulatus, An. pseudopunctipennis, An. punctimacula Major anopheles species:

 $^{\circ}$ includes mixed infections and other species of Plasmodium

Reported cases and deaths

Reported cases and deatins	
Presumed and confirmed cases	757
Reported indigenous confirmed cases:	604
Indigenous deaths:	0

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/	Year
		No	adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2008
	ITN distributed by mass campaign	Yes*	2005
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
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	1950
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2006
	The sale of oral artemisinin-based monotherapies (oAMTs)	never allowed	-
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes	2018
	Primaquine is used for radical treatment of P. vivax	Yes	1956
	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	Yes	2009
Surveillance	Malaria is a notifiable disease	Yes	-
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case investigation undertaken	Yes	-
	Foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

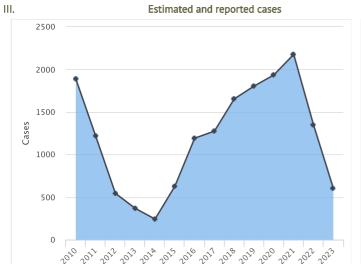
	Vos" - Policy adopted but not implemented in 2027

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

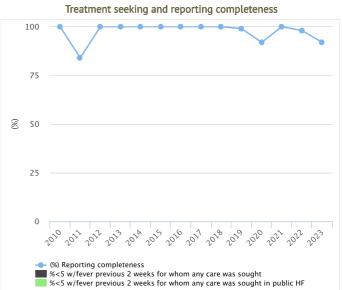
Antimalaria treatmen	t policy	,			Medicine	Year adopted
First-line treatment of unconfirmed malaria				AL+AM	2006	
First-line treatment o	f P. falo	iparum			AL+AM+PQ	2006
Second-line treatmen	t <i>P. falo</i>	ciparum			Other	2006
Treatment of severe r	nalaria				AS	2006
Treatment of P. vivax					CQ+PQ	2006
Dosage of primaquine	e for ra	dical treatn	nent of <i>P.</i>	vivax	0.2	25 mg/Kg (14 days)
Type of RDT used (pu	blic)				P.f + P.v s	pecific (Combo)
Therapeutic efficacy t	ests (cl	inical and p	parasitolo	gical failure, %)		
Medicine Year	Min	Median	Max	Follow-up	No. of studies	Species
Resistance status by i	nsectic	ide class (2	018-2023) and use of cla	ss for malaria vecto	or control (2023)
Insecticide class		(%) sites ¹	Vect	ors ²	Used ³
Carbamates						No
Neonicotinoids						No
Organophosphates		6	7% (2/3)	An. a	lbimanus	No
Pyrethroids		0	(0/2)			Yes
¹ Percent of sites for which ² Vectors reported to exhit ³ Class reported as used fo	it resista	nce to insecti	icide class			evious year were used)

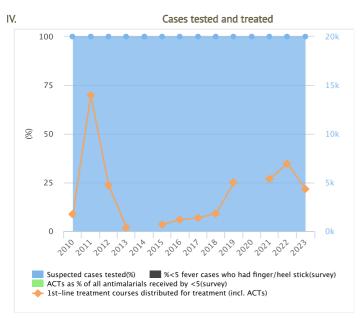


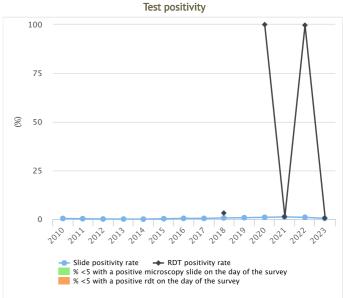


→ Indigenous malaria cases

Estimated cases

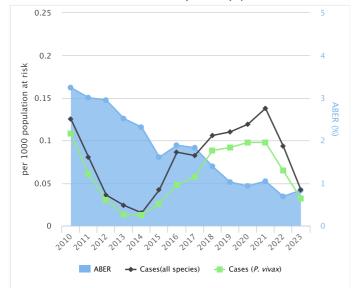






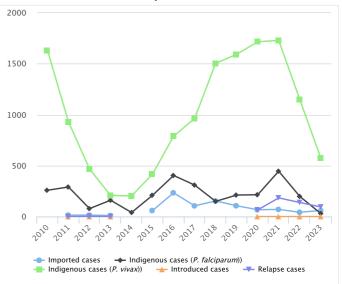
Imported and introduced malaria cases are included

Confirmed malaria cases per 1000 population at risk and ABER



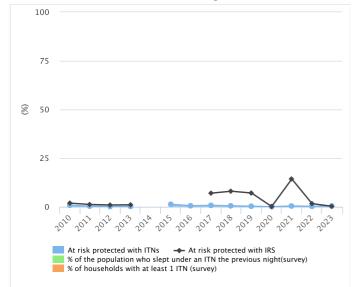
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Cases by classification

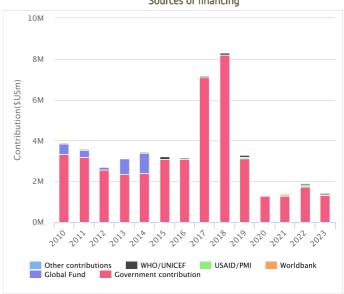


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

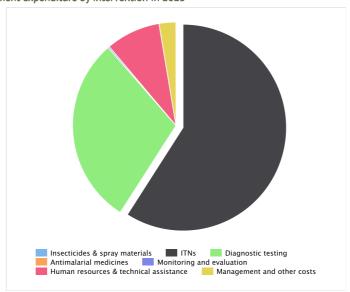
V. Coverage of ITN and IRS



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 majorage-agril2018-erg-report-malaria-burden-session6.pdf (who.int)