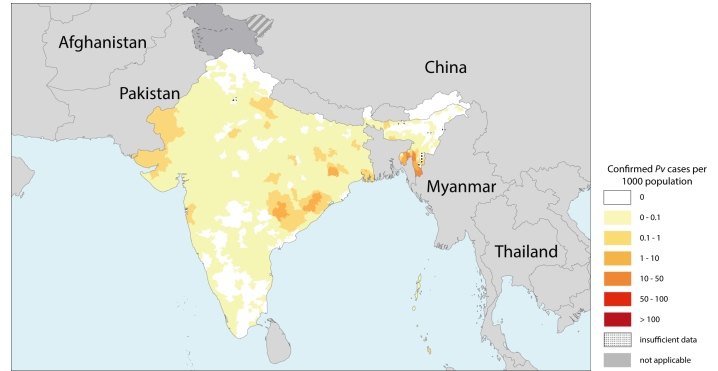
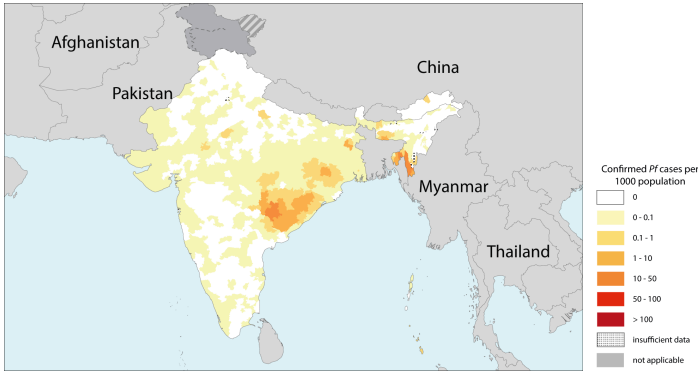


# India

## South-East Asia Region



### I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	174.5M	12
Low transmission (0-1 case per 1000 population)	1.2B	81
Malaria free (0 cases)	94.3M	7
Total	1.4B	

**Parasites and vectors**

Major plasmodium species (indigenous cases): *P. falciparum*: 61 (%), *P. vivax*: 39 (%)

Major anopheles species: *An. culicifacies s.L.*, *An. dirus s.L.*, *An. fluviatilis*, *An. minimus s.L.*, *An. stephensi*, *An. annularis*

\* includes mixed infections and other species of Plasmodium

Reported cases and deaths	
Presumed and confirmed cases	227 564
Total confirmed cases:	227 564
Confirmed cases from public sector:	-
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	227 564
Reported deaths:	83

Estimates	
Estimated cases:	2M [1.6M, 2.7M]
Estimated deaths:	3.5K [1.6K, 5.8K]

\* Includes cases from the public, private sector and community

### II. Intervention policies and strategies

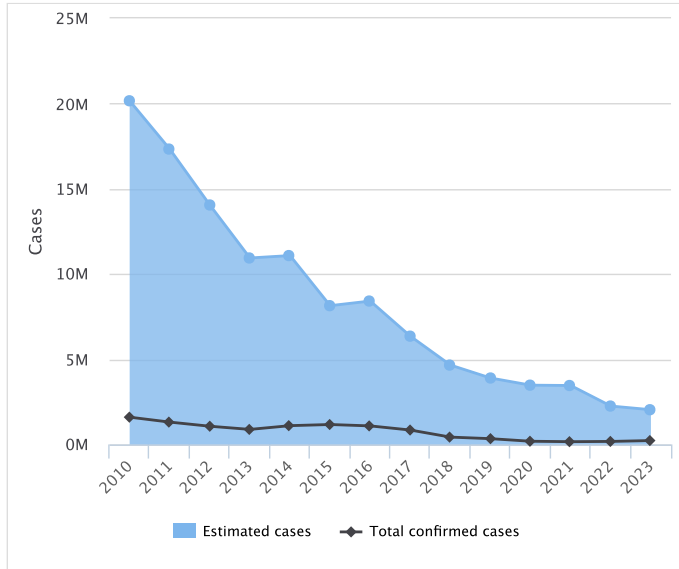
Intervention	Policies/Strategies	Year adopted	
		Yes/No	Year
ITN	ITNs/LLINs distributed free of charge	Yes*	2007
	ITN distributed by mass campaign	Yes*	2007
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	Yes	1960
Larval control	Use of Larval Control	Yes	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2013
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	1960
	Malaria diagnosis is free in the private sector	NA	-
Treatment	ACT is free for all ages in public sector	Yes	2006
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2009
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes*	1982
	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	-
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	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	Yes*	-
	Foci investigation undertaken	Yes*	-
Case reporting from private sector is mandatory	Yes	-	

Antimalaria treatment policy				Medicine	Year adopted		
First-line treatment of unconfirmed malaria				NA	-		
First-line treatment of <i>P. falciparum</i>				AL+PQ; AS+SP+PQ	2013		
Second-line treatment <i>P. falciparum</i>				QN+D; QN+T	2013		
Treatment of severe malaria				AM; AS; QN	2013		
Treatment of <i>P. vivax</i>				CQ+PQ	2013		
Dosage of primaquine for radical treatment of <i>P. vivax</i>				0.25 mg/Kg (14 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
AL	2015-2019	0	0	3.3	28 days	21	<i>P. falciparum</i>
AS+SP	2015-2017	0	0	5.6	28 days	14	<i>P. falciparum</i>
CQ	2015-2017	0	0	0	28 days	3	<i>P. vivax</i>
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>				Used <sup>3</sup>	
Carbamates	43% (3/7)	<i>An. culicifacies s.L.</i>				No	
NEONIC						No	
Organophosphates	42% (49/118)	<i>An. culicifacies s.L.</i> , <i>An. stephensi</i>				Yes	
Pyrethroids	42% (86/203)	<i>An. culicifacies s.L.</i> , <i>An. stephensi</i> , <i>An. subpictus species A</i> , <i>An. subpictus species B</i> , <i>An. superpictus</i>				Yes	

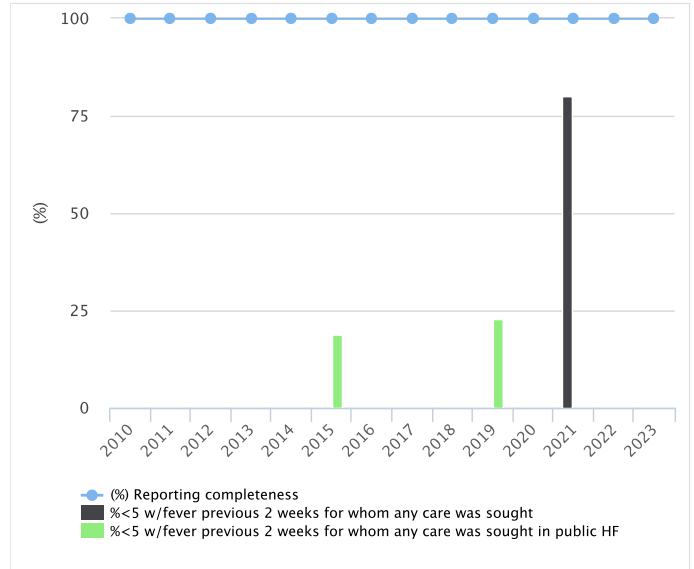
<sup>1</sup>Percent of sites for which resistance is confirmed and total number of sites that reported data  
<sup>2</sup>Vectors reported to exhibit resistance to insecticide class  
<sup>3</sup>Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous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

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

III. Estimated and reported cases

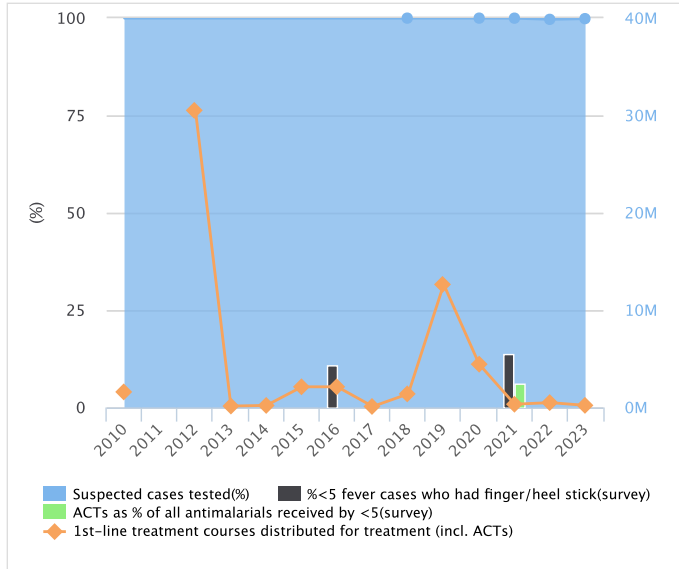


Treatment seeking and reporting completeness

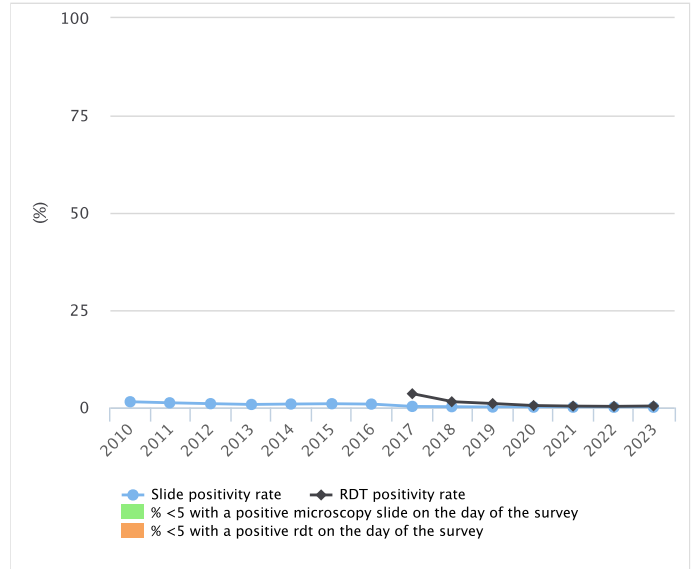


Source: 2015,2019,2021

IV. Cases tested and treated

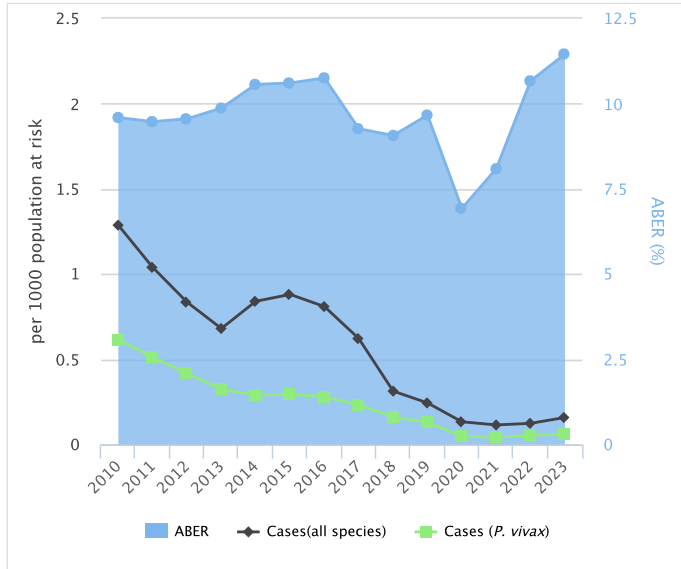


Test positivity



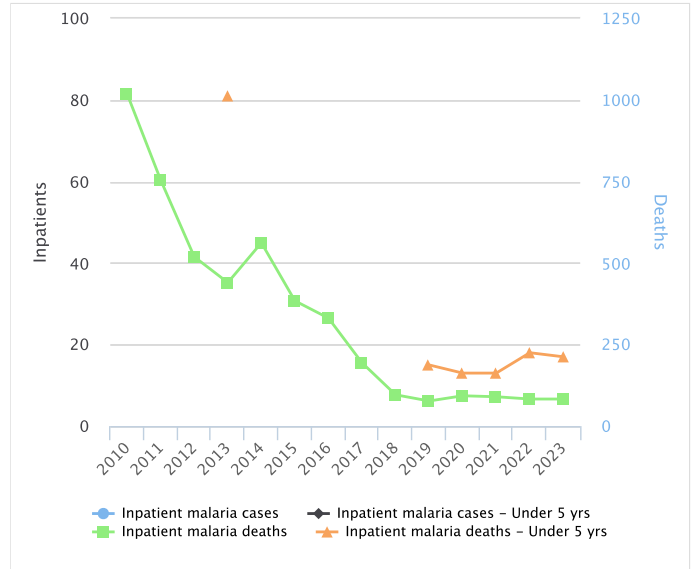
Source: 2016,2021, DHS 2021

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

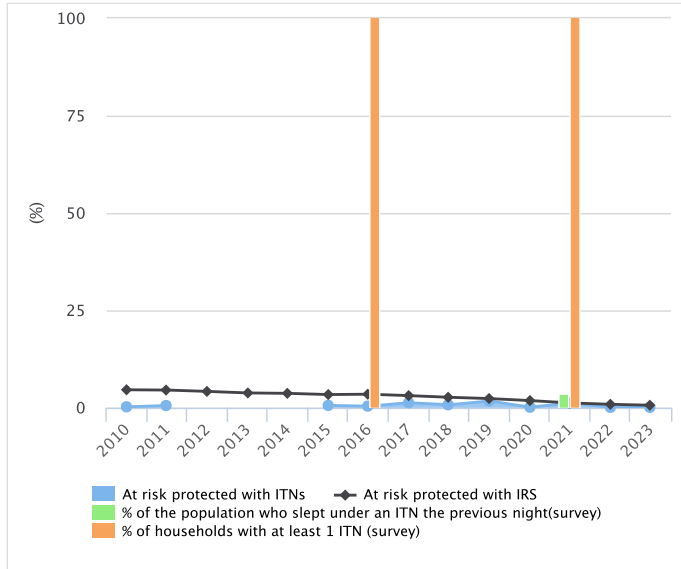


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

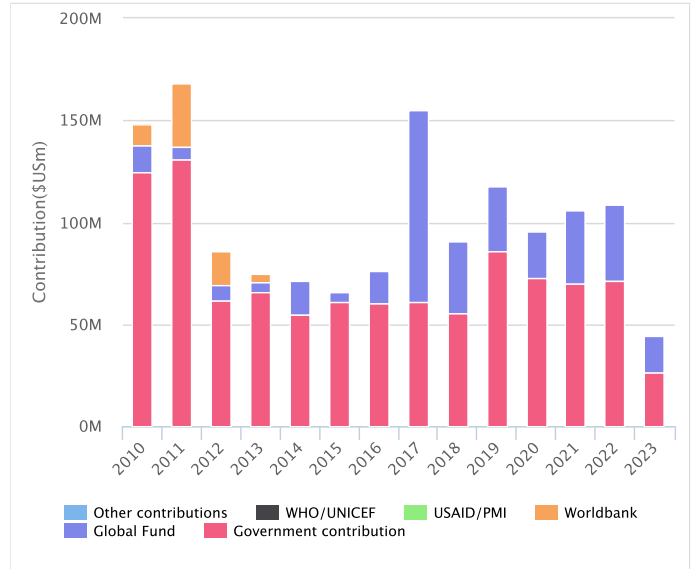


V. Coverage of ITN and IRS

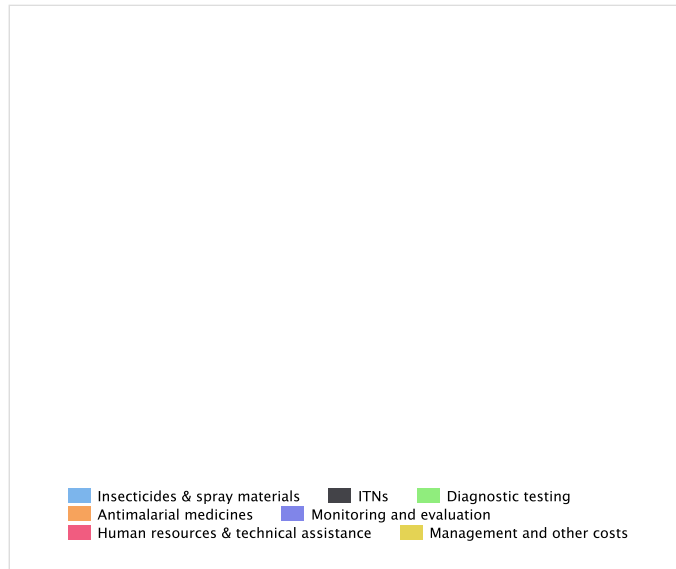


Source: 2021

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)