

# Lao People's Democratic Republic

Western Pacific Region



## I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	4M	52
Low transmission (0-1 case per 1000 population)	2	-
Malaria free (0 cases)	3.7M	48
Total	7.7M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 13 (%), <i>P. vivax</i> : 87 (%)
Major anopheles species:	<i>An. dirus s.s.</i> , <i>An. dirus s.l.</i> , <i>An. maculatus s.s.</i> , <i>An. maculipennis s.l.</i> , <i>An. minimus s.s.</i> , <i>An. minimus s.l.</i>
* includes mixed infections and other species of Plasmodium	

Reported cases and deaths	
Presumed and confirmed cases	695
Reported indigenous confirmed cases:	673
Confirmed cases from public sector:	497
Confirmed cases from private sector:	41
Confirmed cases at community level:	157
Confirmed cases in combined health sectors:	-
Indigenous deaths:	0

Estimates	
Estimated cases:	1.1K [829, 1.5K]
Estimated deaths:	0

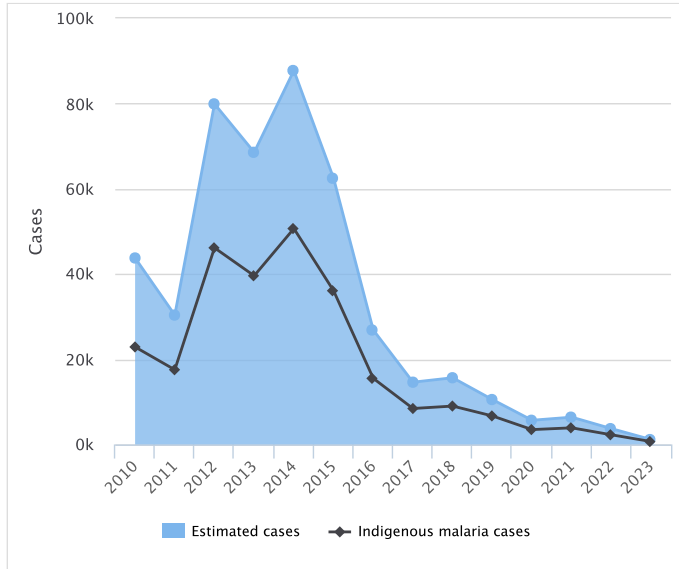
## II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITN distributed by mass campaign	Yes*	2000
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	2005
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	1995
	Malaria diagnosis is free in the private sector	Yes	2009
Treatment	ACT is free for all ages in public sector	Yes	2005
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2005
	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 <i>P. vivax</i>	Yes	2015
	G6PD test is a requirement before treatment with primaquine	Yes	2019
	Directly observed treatment with primaquine is undertaken	No	-
Surveillance	System for monitoring of adverse reaction to antimalarials exists	Yes	2005
	Malaria is a notifiable disease	Yes	2019
	ACD for case investigation (reactive)	Yes	2015
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	Yes	2018
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	Yes	2018
	Foci investigation undertaken	Yes	2018
	Case reporting from private sector is mandatory	Yes	2009

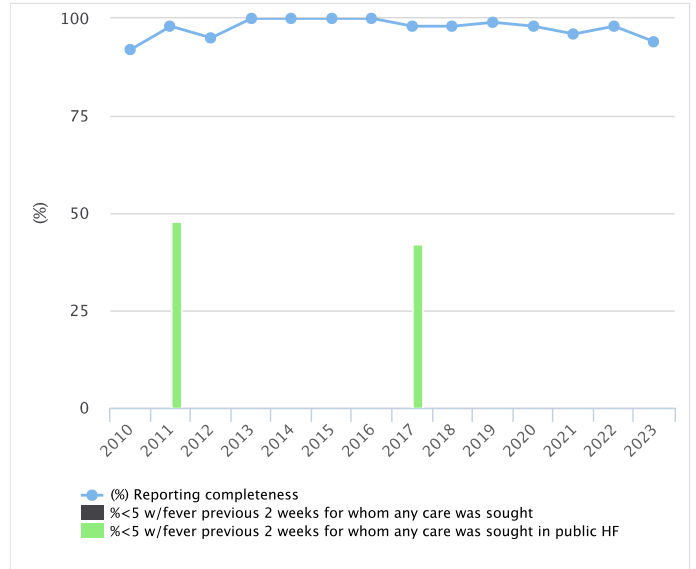
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		NA	-				
First-line treatment of <i>P. falciparum</i>		AL+PQ	2019				
Second-line treatment <i>P. falciparum</i>		AS+MQ; AS-PYR	2022				
Treatment of severe malaria		AS	2005				
Treatment of <i>P. vivax</i>		AL-PQ	2005				
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
AL	2017-2022	0	4.9	17.2	28 days	5	<i>P. falciparum</i>
AL	2019-2023	0	0	4	28 days	6	<i>P. vivax</i>
AS-MQ	2018-2019	0	0	0	28 days	1	<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							No
Neonicotinoids							No
Organophosphates							No
Pyrethroids							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

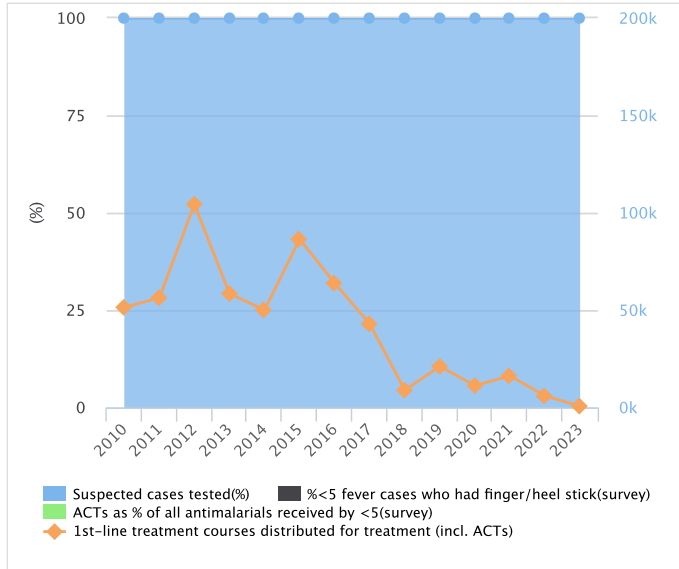
III. Estimated and reported cases



Treatment seeking and reporting completeness

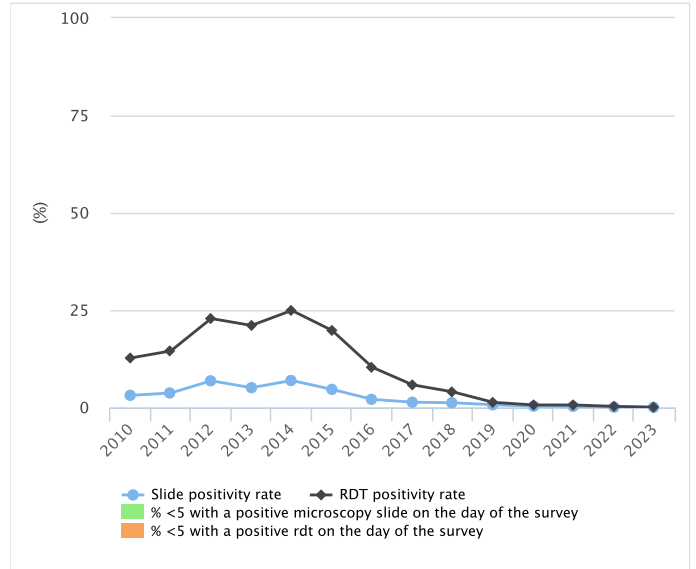


IV. Cases tested and treated

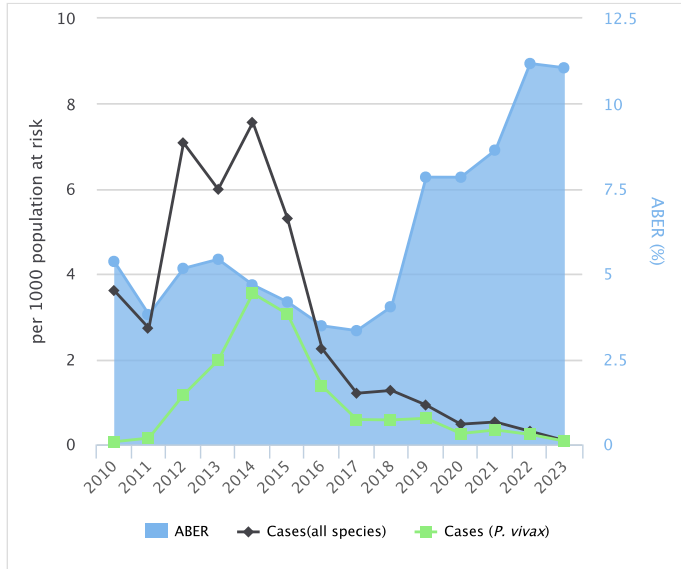


Source: 2011,2017

Test positivity

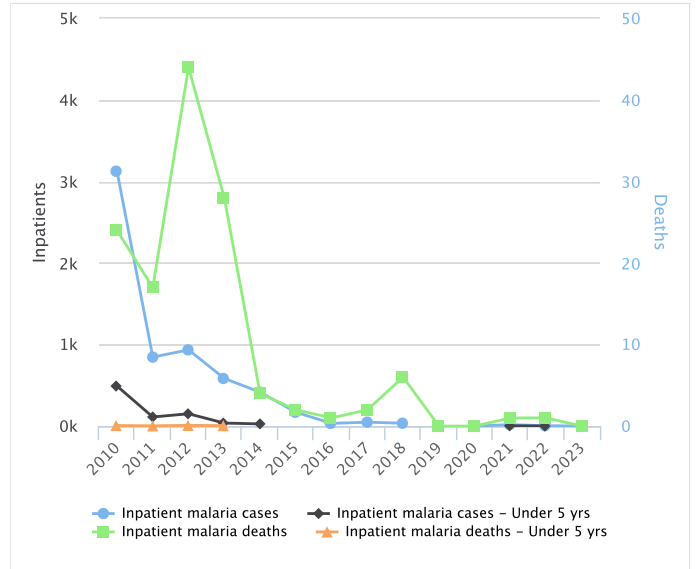


V. Confirmed malaria cases per 1000 population at risk and ABER

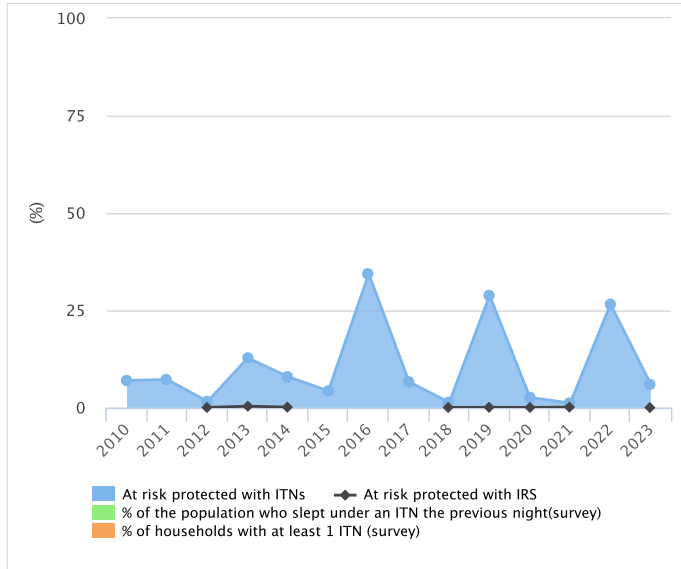


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

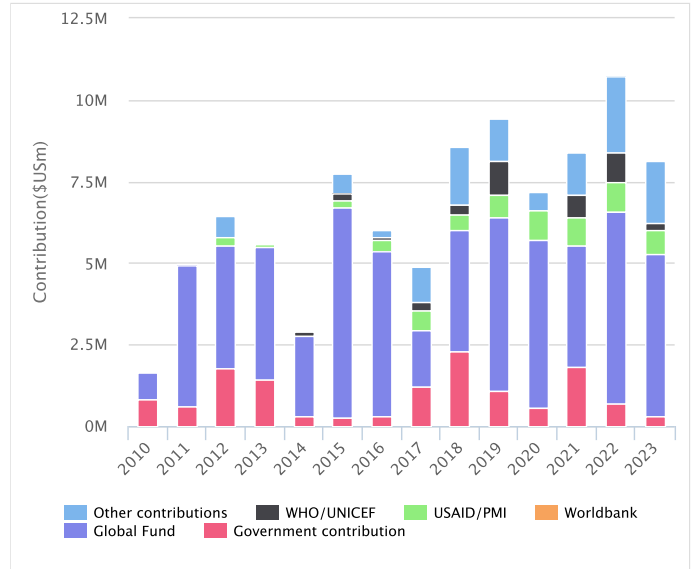
Malaria inpatients and deaths



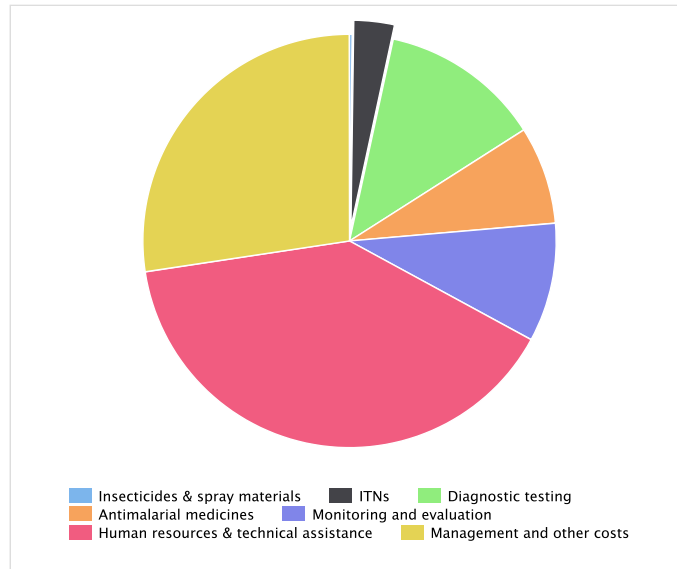
V. Coverage of ITN and IRS



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)