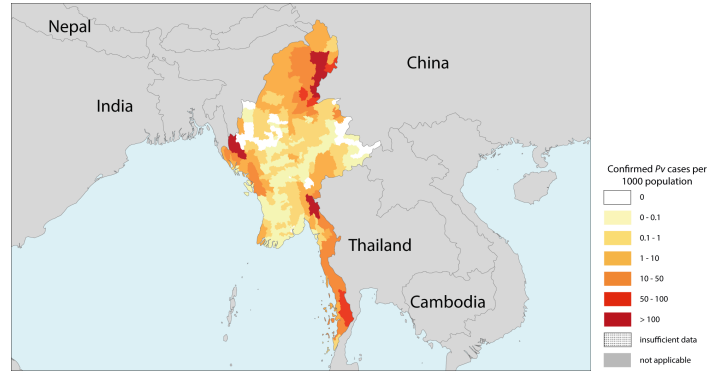
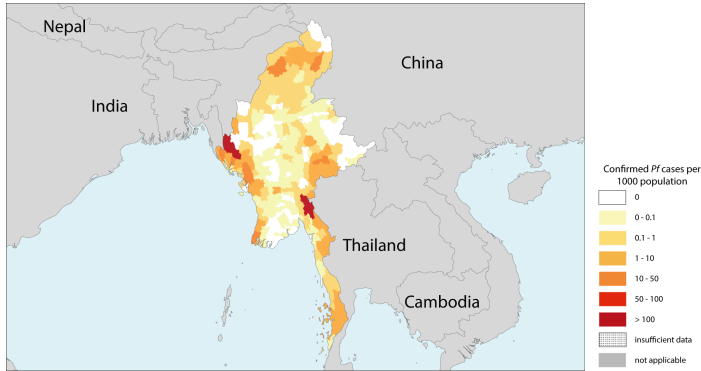


# Myanmar

South-East Asia Region



## I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	8.9M	16
Low transmission (0-1 case per 1000 population)	38.3M	71
Malaria free (0 cases)	7M	13
<b>Total</b>	<b>54.1M</b>	

Reported cases and deaths	
Presumed and confirmed cases	228 567
Reported indigenous confirmed cases:	228 554
Confirmed cases from public sector:	-
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	228 567
Indigenous deaths:	14

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

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 19 (%), <i>P. vivax</i> : 81 (%)
Major anopheles species:	<i>An. minimus s.l.</i> , <i>An. dirus s.l.</i>

\* includes mixed infections and other species of Plasmodium

Estimates	
Estimated cases:	847.3K [508.3K, 3.5M]
Estimated deaths:	660 [278, 2.9K]

## II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	
ITN	ITNs/LLINs distributed free of charge	Yes	2006	
	ITN distributed by mass campaign	Yes	2007	
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	2002	
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2002	
	Malaria diagnosis is free in the private sector	Yes	2002	
Treatment	ACT is free for all ages in public sector	Yes	2008	
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2013	
	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	1952	
	G6PD test is a requirement before treatment with primaquine	Yes	2015	
	Directly observed treatment with primaquine is undertaken	Yes	2020	
	System for monitoring of adverse reaction to antimalarials exists	Yes	-	
	Surveillance	Malaria is a notifiable disease	Yes	2021
		ACD for case investigation (reactive)	Yes	2020
		ACD at community level of febrile cases (pro-active)	Yes	2020
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	2014	
Foci investigation undertaken	Yes	2014		
Case reporting from private sector is mandatory	Yes	2011		

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	2015					
Second-line treatment <i>P. falciparum</i>	AS+MQ+PQ; DHA-PPQ+PQ	2015					
Treatment of severe malaria	ART+AL	2002					
Treatment of <i>P. vivax</i>	CQ+PQ	2002					
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	2015-2020	0	2.3	3.8	28 days	11	<i>P. falciparum</i>
CQ	2015-2016	0	0	2	28 days	5	<i>P. vivax</i>
CQ+PQ	2016-2022	0	4	9.6	28 days	5	<i>P. vivax</i>

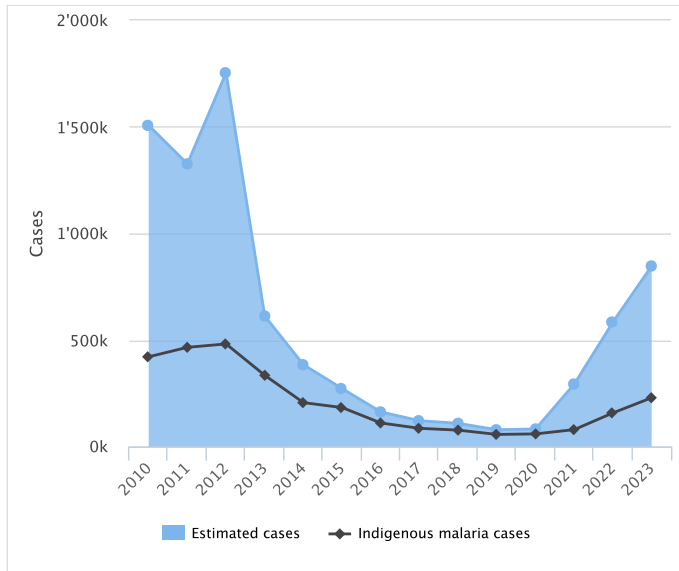
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)			
Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>
Carbamates			No
Neonicotinoids			No
Organophosphates			No
Pyrethroids	10% (2/20)	<i>An. barbiostris</i> , <i>An. hyrcanus</i> , <i>An. splendidus</i> , <i>An. vagus</i>	Yes

<sup>1</sup>Percent of sites for which resistance is confirmed and total number of sites that reported data

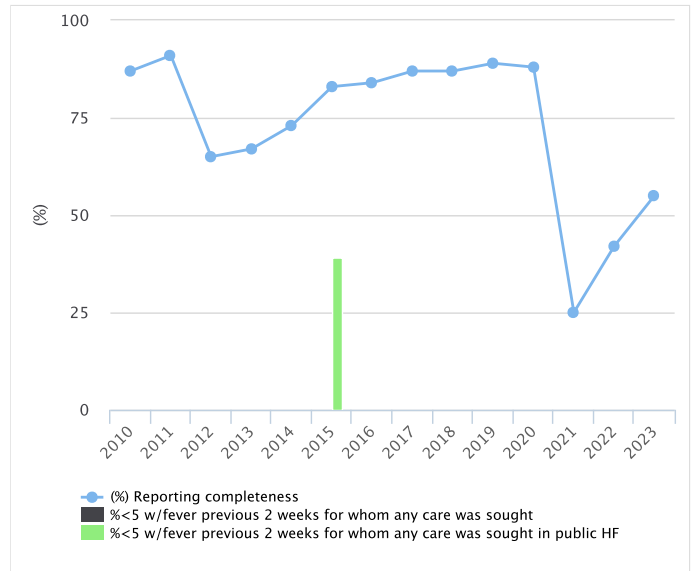
<sup>2</sup>Vectors reported to exhibit resistance to insecticide class

<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)

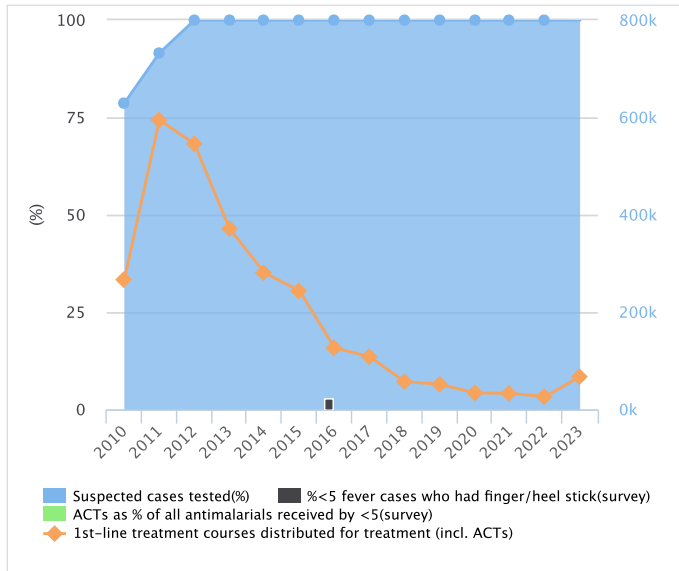
III. Estimated and reported cases



Treatment seeking and reporting completeness

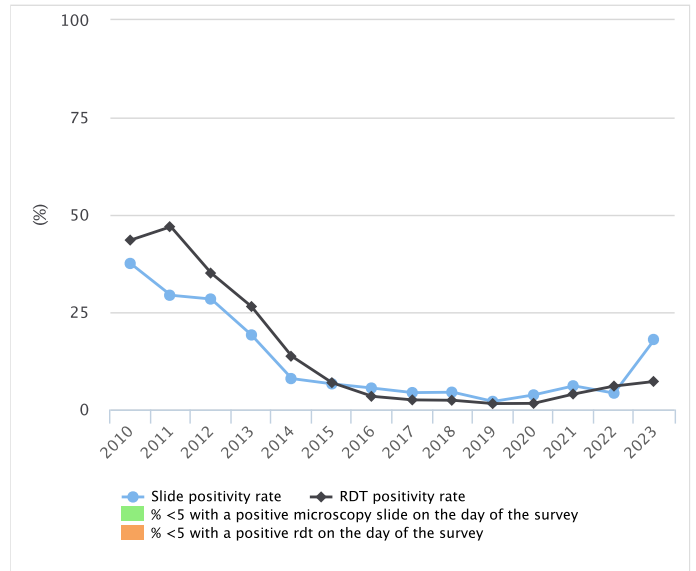


IV. Cases tested and treated



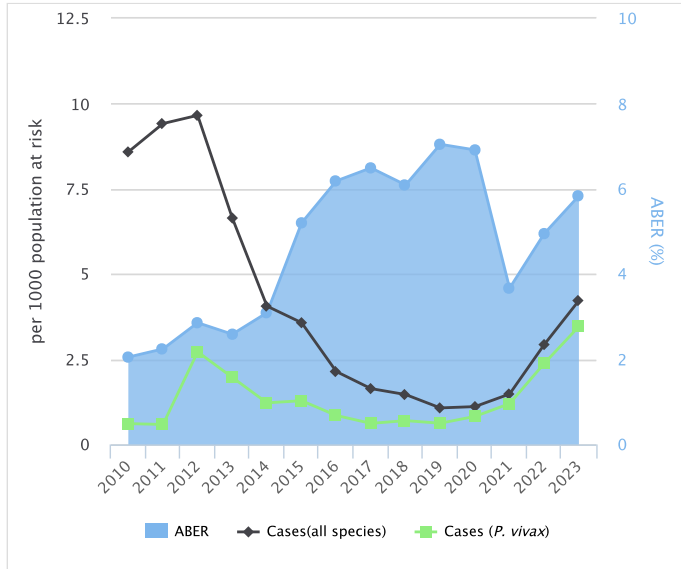
Source: 2015

Test positivity



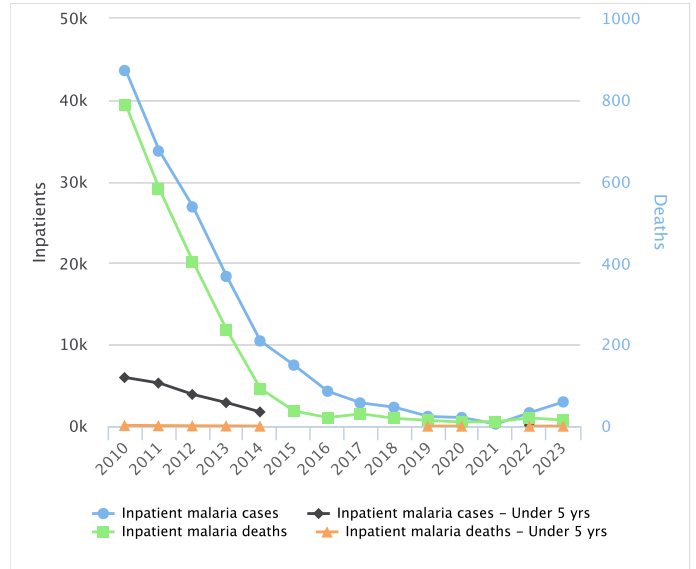
Source: 2016

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

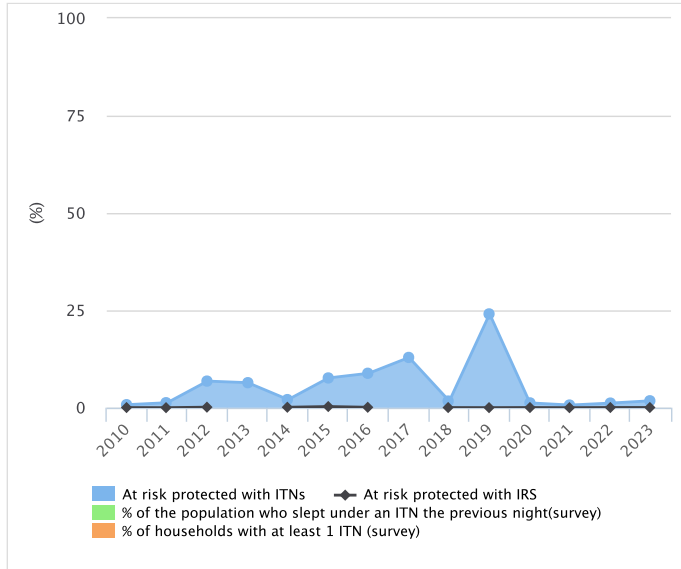


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

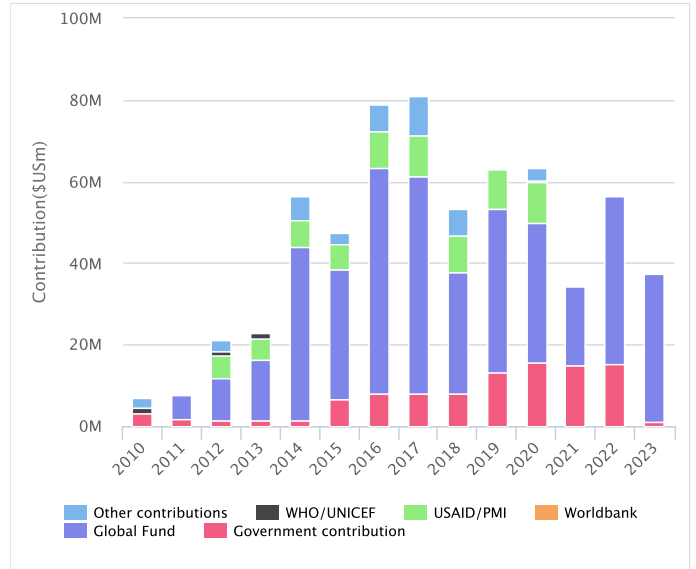
Malaria inpatients and deaths



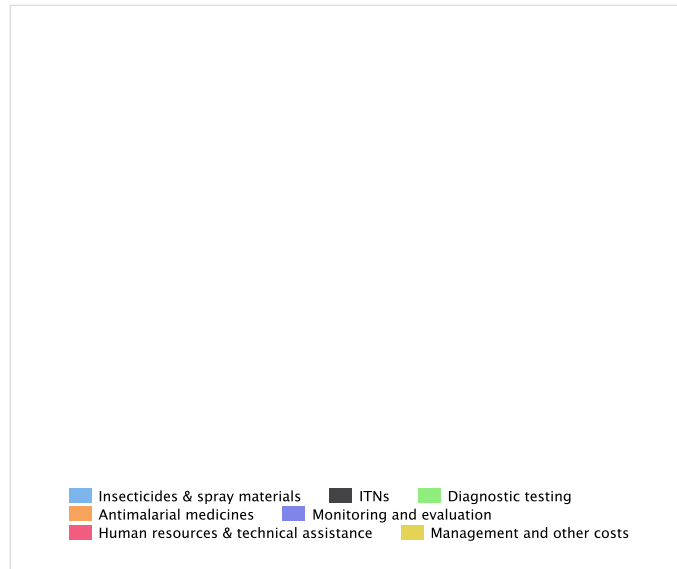
V. Coverage of ITN and IRS



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)