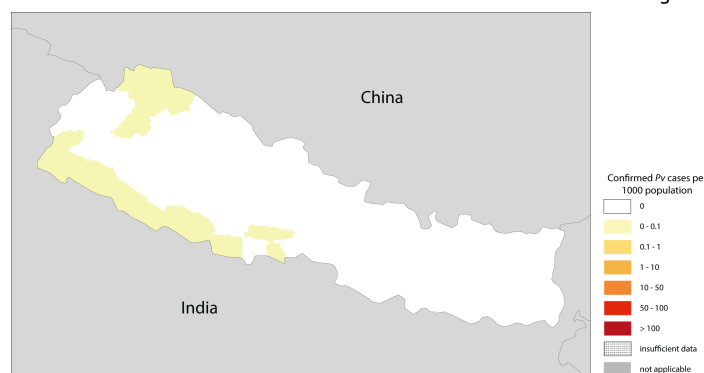
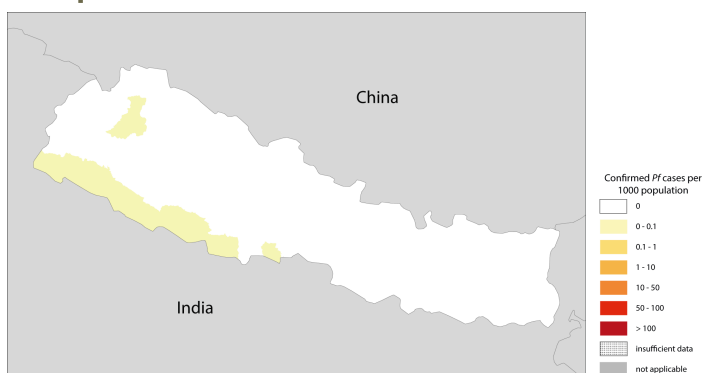


Nepal

South-East Asia Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	1.6M	5
Low transmission (0-1 case per 1000 population)	7.1M	24
Malaria free (0 cases)	21.1M	71
Total	29.7M	

Reported cases and deaths

Presumed and confirmed cases	665
Reported indigenous confirmed cases:	15
Indigenous deaths:	0

Parasites and vectors

Major plasmodium species (indigenous cases): *P. falciparum*: 20 (%), *P. vivax*: 80 (%)

Major anopheles species:

An. fluviatilis, *An. maculatus* s.s., *An. annularis*

*includes mixed infections and other species of Plasmodium

Estimates

Estimated cases:	15 [15, 15]
Estimated deaths:	0

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	2006
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*	2000
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	1962
	Malaria diagnosis is free in the private sector	Yes	1962
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	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2009
	G6PD test is a requirement before treatment with primaquine	Yes*	2015
	Directly observed treatment with primaquine is undertaken	No	-
Surveillance	System for monitoring of adverse reaction to antimalarials exists	Yes	2015
	Malaria is a notifiable disease	Yes	1997
	ACD for case investigation (reactive)	Yes	2000
	ACD at community level of febrile cases (pro-active)	Yes	2000
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	Yes	2000
	Foci investigation undertaken	Yes	2000
	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

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2019
First-line treatment of <i>P. falciparum</i>	AL-PQ	2009
Second-line treatment <i>P. falciparum</i>	DHA-PPQ	2019
Treatment of severe malaria	AS	2015
Treatment of <i>P. vivax</i>	CQ+PQ	1952
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/Kg (14 days)	
Type of RDT used (public)	P.f + P.v specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2015-2017	1	1	1	28 days	1	<i>P. vivax</i>
CQ+PQ	2015-2017	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)

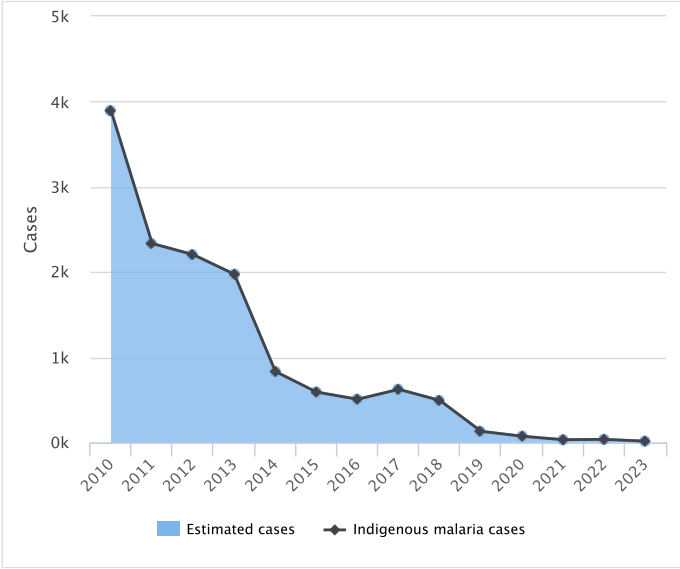
Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates			No
Neonicotinoids			No
Organophosphates	33% (1/3)	<i>An. culicifacies</i> s.l., <i>An. peditaeniatus</i>	No
Pyrethroids			Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

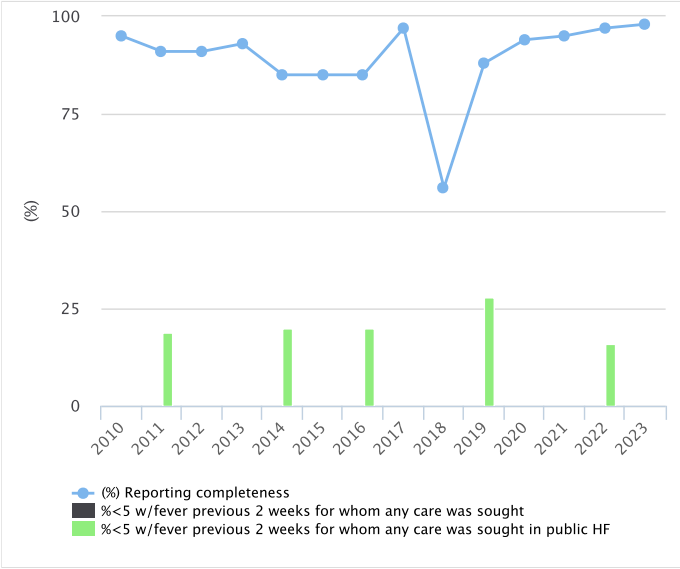
²Vectors reported to exhibit resistance to insecticide class

³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

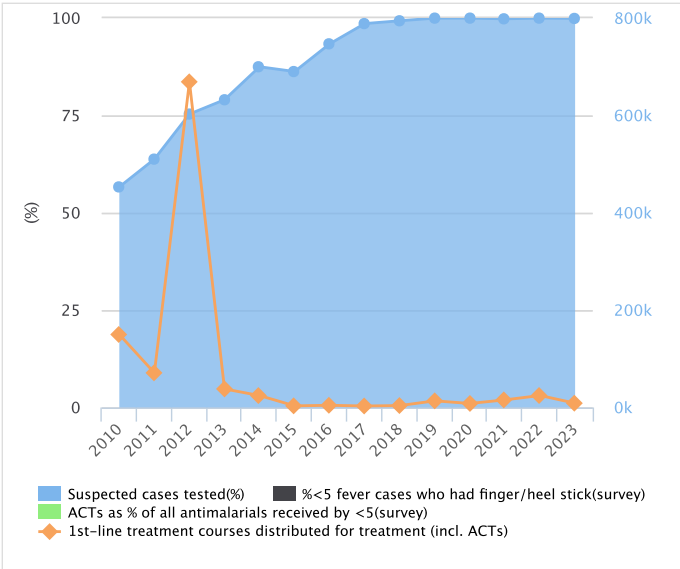
III. Estimated and reported cases



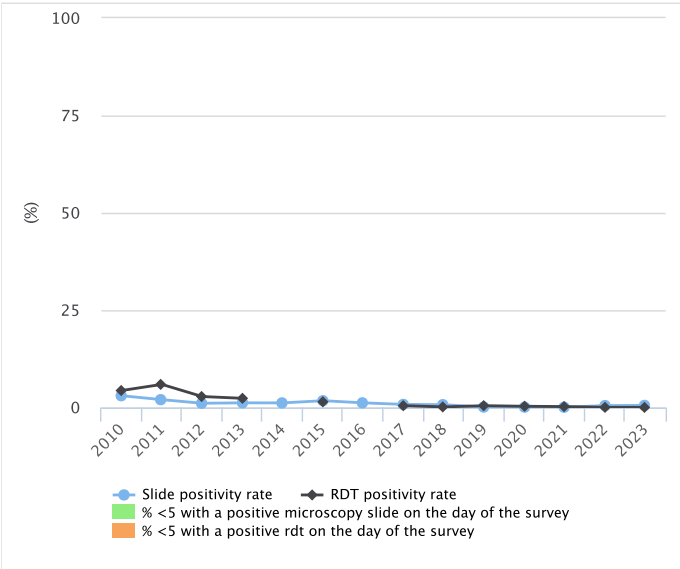
Treatment seeking and reporting completeness



IV. Cases tested and treated



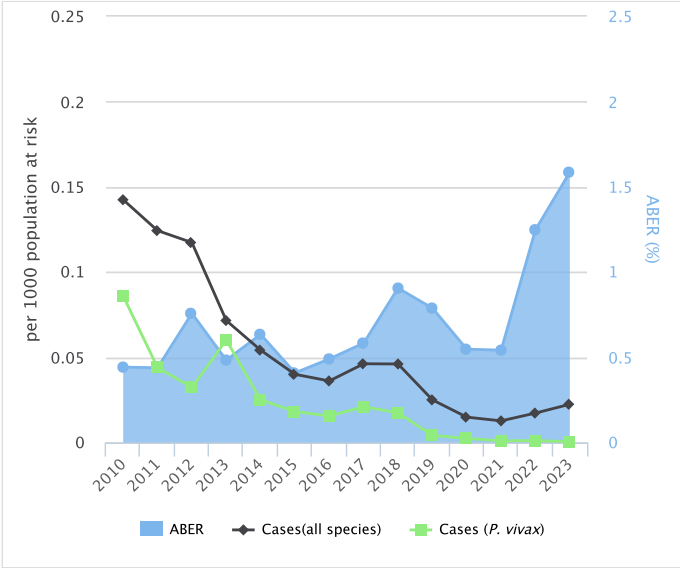
Test positivity



Source: 2011,2014,2016,2019,2022

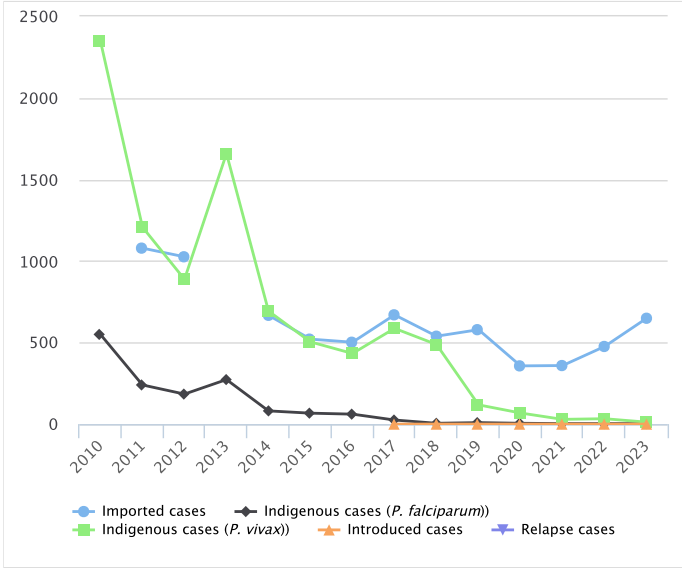
Imported and introduced malaria cases are included

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

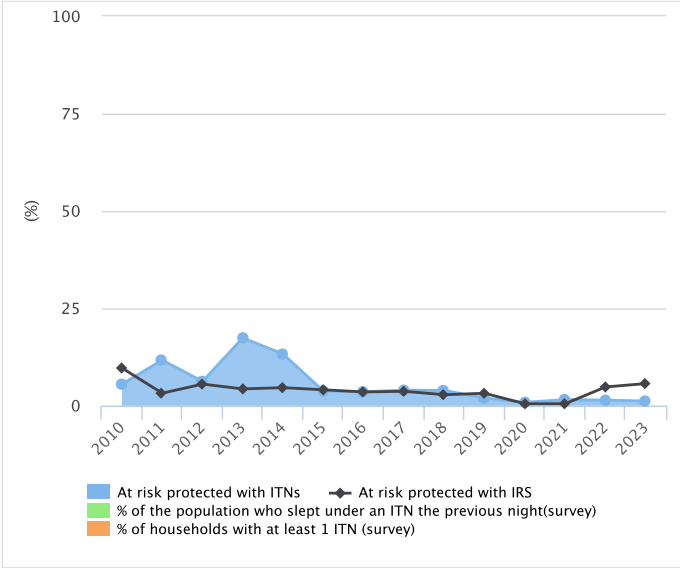


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

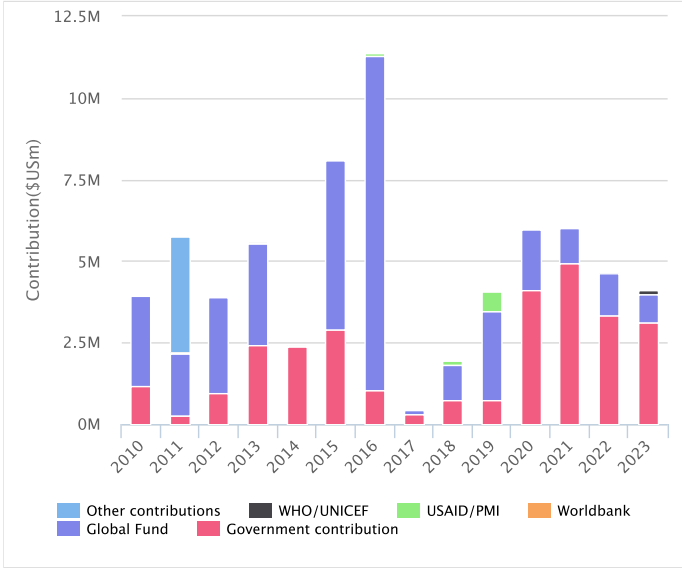
Cases by classification



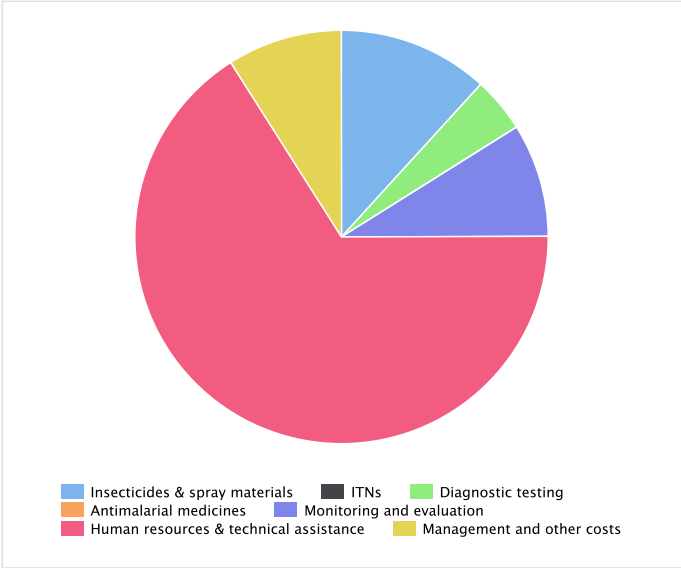
V. Coverage of ITN and IRS



Sources of financing



VI. Government expenditure by intervention in 2023



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

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 \(who.int\)](#)