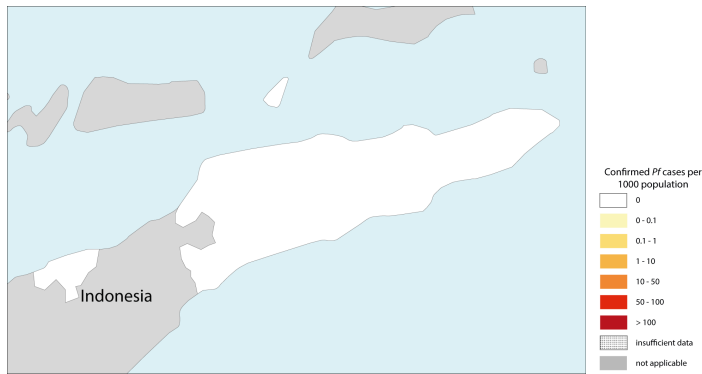


Timor-Leste

South-East Asia Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	468.8K	34
Low transmission (0-1 case per 1000 population)	833.1K	60
Malaria free (0 cases)	82.4K	6
Total	1.4M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : (%)*, <i>P. vivax</i> : (%)
Major anopheles species:	<i>An. barbirostris</i> , <i>An. subpictus</i> species A, <i>An. subpictus</i> species B, <i>An. sundaicus</i> s.s.

* includes mixed infections and other species of Plasmodium

Reported cases and deaths	
Presumed and confirmed cases	9
Reported indigenous confirmed cases:	0
Indigenous deaths:	0

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	-	2010
	ITN distributed by mass campaign	-	2010
IRS	IRS is recommended	-	-
	DDT is used for IRS	-	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2009
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2009
	Malaria diagnosis is free in the private sector	-	-
Treatment	ACT is free for all ages in public sector	Yes	2015
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2017
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	-	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	-	-
	G6PD test is a requirement before treatment with primaquine	-	-
	Directly observed treatment with primaquine is undertaken	-	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2012
Surveillance	Malaria is a notifiable disease	Yes	2016
	ACD for case investigation (reactive)	Yes	2016
	ACD at community level of febrile cases (pro-active)	Yes	2018
	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	2016
	Foci investigation undertaken	Yes	2016
Case reporting from private sector is mandatory	Yes	2018	

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

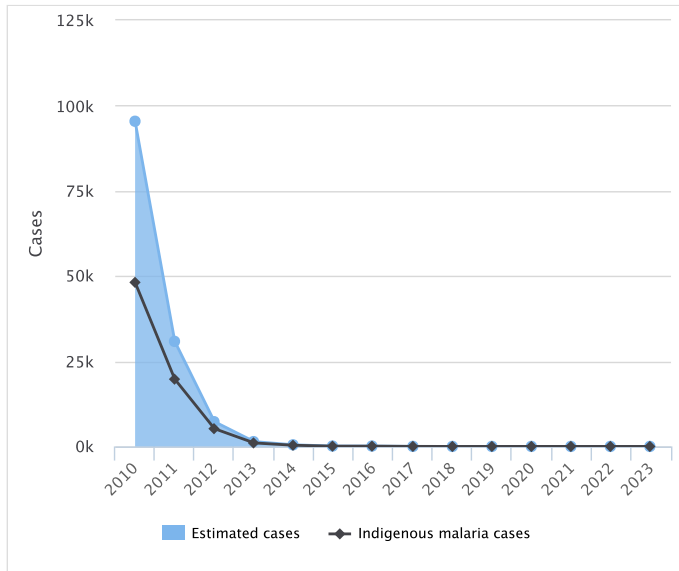
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL+PQ	2017
First-line treatment of <i>P. falciparum</i>	AL+PQ	2017
Second-line treatment <i>P. falciparum</i>	DHA-PPQ	2017
Treatment of severe malaria	AS; QN	2017
Treatment of <i>P. vivax</i>	AL+PQ	2017
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.75 mg/Kg (8 weeks)	
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	

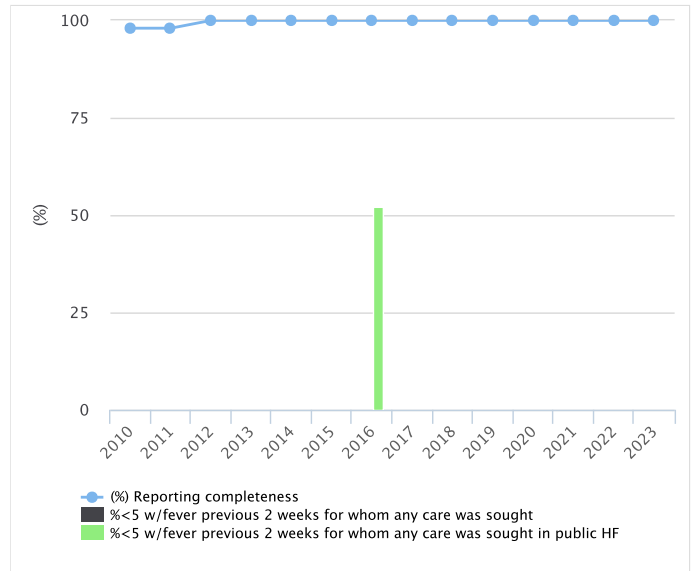
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)			
Insecticide class	(%) sites ¹	Vectors ²	Used ³

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)

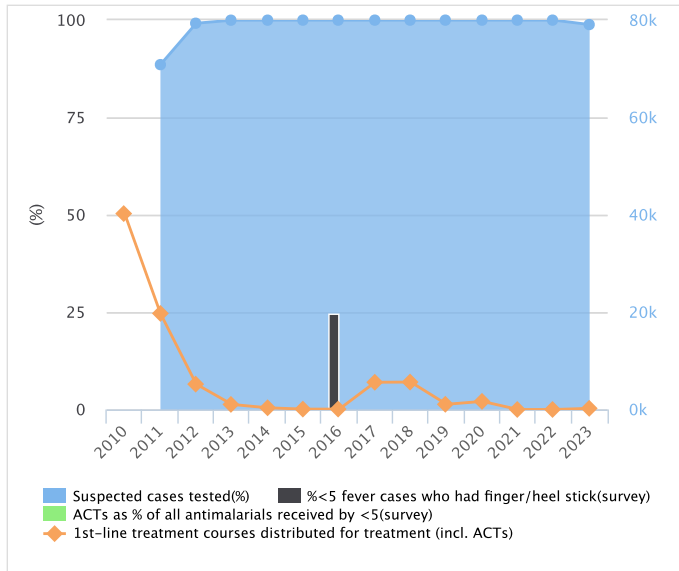
III. Estimated and reported cases



Treatment seeking and reporting completeness

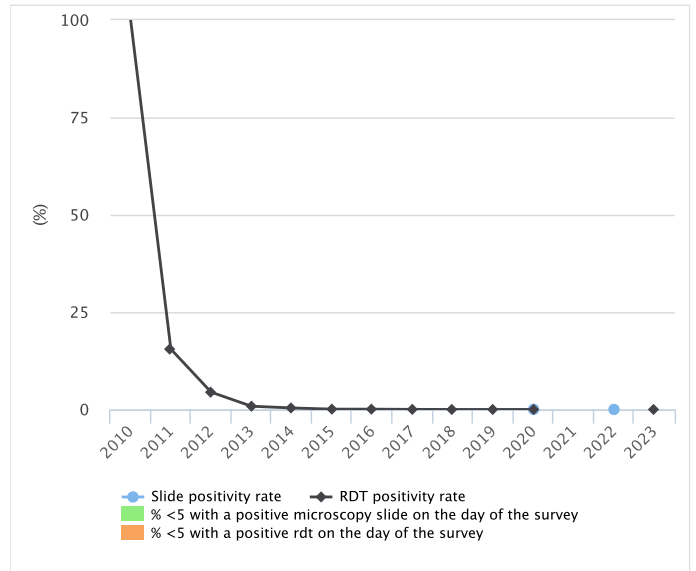


IV. Cases tested and treated



Source: 2016

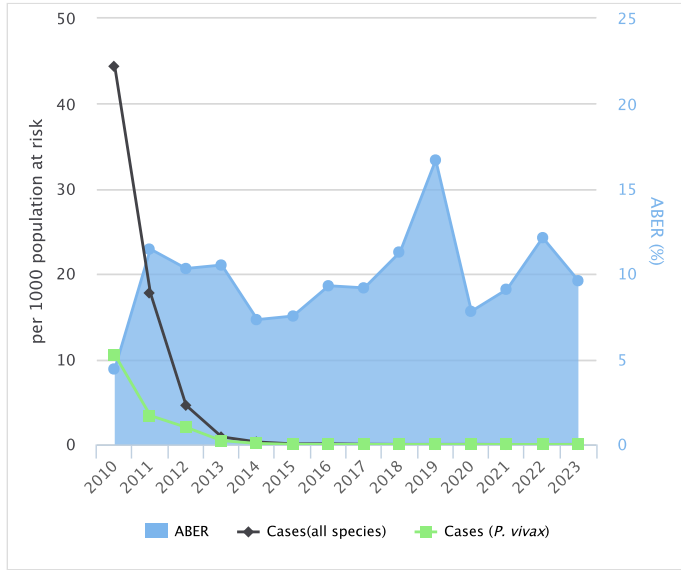
Test positivity



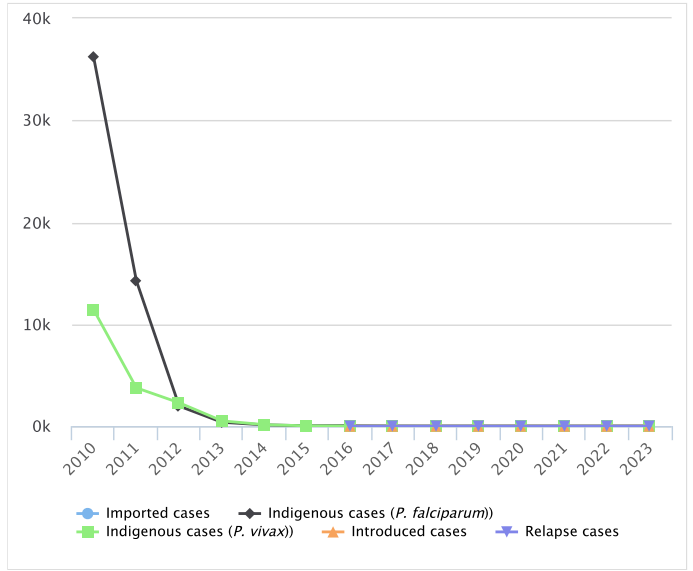
Imported and introduced malaria cases are included

Source: 2016

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

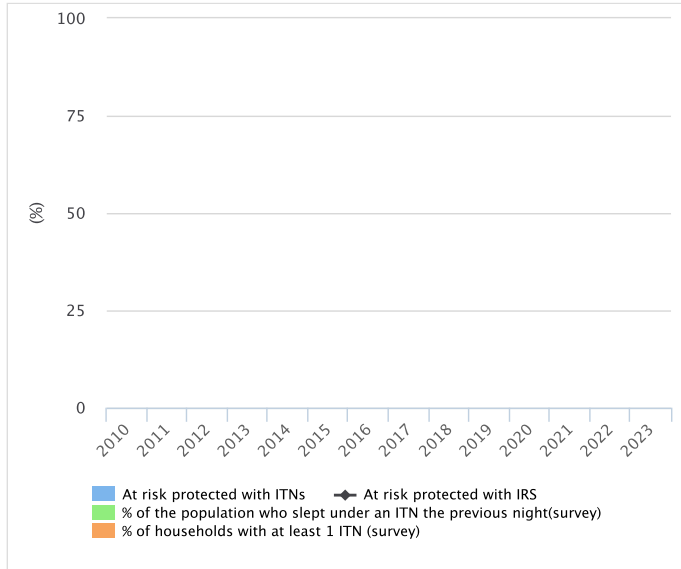


Cases by classification

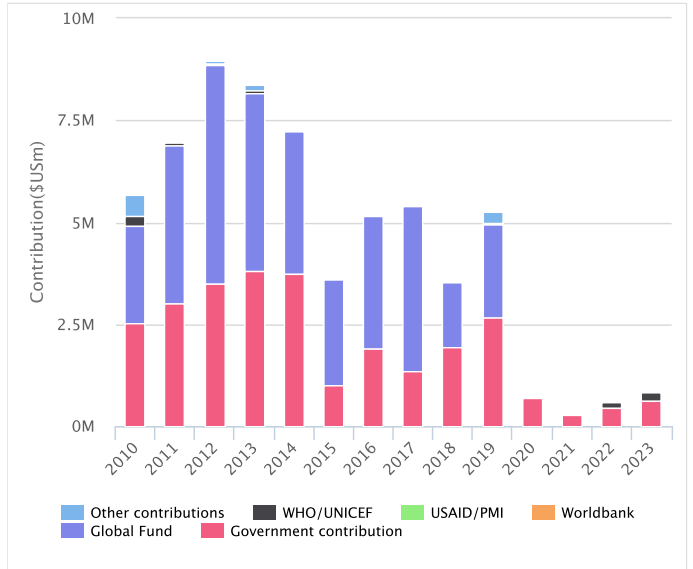


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

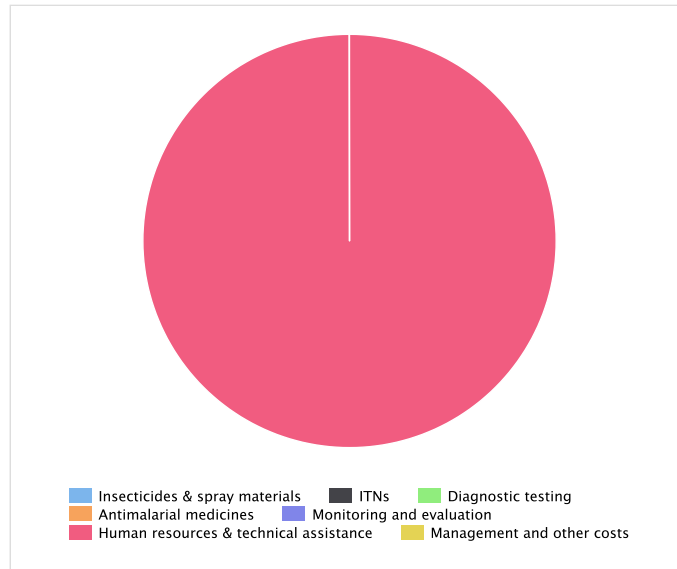
V. Coverage of ITN and IRS



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 [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6)