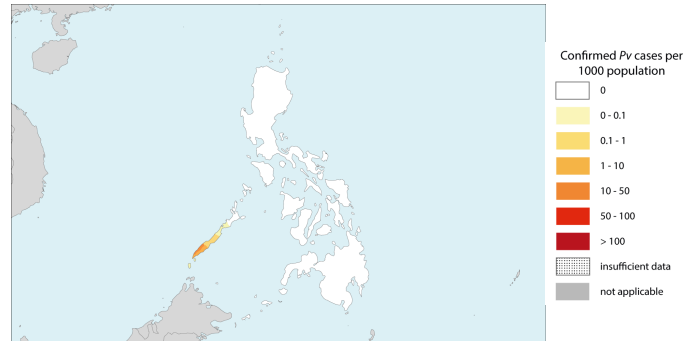
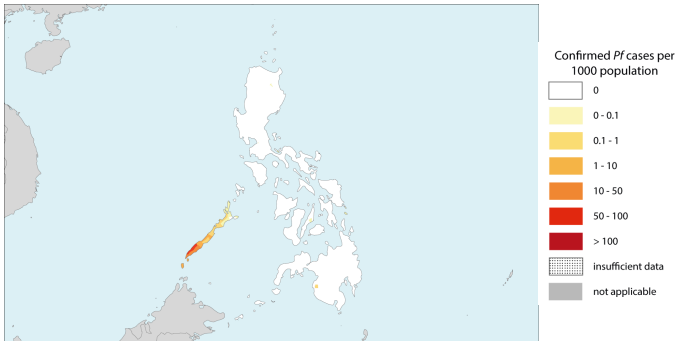


# Republic of Philippines

Western Pacific Region



## I. Epidemiological Profile

### Population Distribution (Country reported)

Population	2024	%
High transmission (>1 case per 1000 population)	294.9K	0.3%
Low transmission (0-1 case per 1000 population)	270.6K	0.2%
Malaria free (0 cases)	113.6M	99.5%
<b>Total</b>	<b>114.2M</b>	<b>100%</b>

### Reported Cases and Deaths

Total cases (presumed + confirmed)	9.0K
Reported indigenous confirmed cases	9.0K
Confirmed cases from public sector (health facility)	2.8K
Confirmed cases at community level	6.1K
Confirmed cases from private sector	104
Indigenous deaths	11

### Parasites and Vectors

#### Major Plasmodium Species

*P. falciparum*\*: 76.7%

*P. vivax*: 20.12%

\*Includes mixed infections and other species of Plasmodium

#### Major Anopheles Species

*An. flavirostris*, *An. maculatus* s.l., *An. litoralis*, *An. balabacensis*, *An. mangyanus*

### WHO Estimates

23.7K
Estimated Cases
Confidence Interval: [17.0K,32.0K]
49
Estimated Deaths
Confidence Interval: [21,89]

## II. Intervention policies and strategies

### Interventions and Policies

Intervention	Policies/Strategies	Policy	Year
Diagnosis	Malaria diagnosis with either microscopy or RDTs are free in the public sector	Yes	2004
Treatment	ACTs for malaria treatment is free in the public sector	Yes	2009
	ACT is delivered at community	Yes	2009
	Pre-referral Rx with rectal artesunate suppositories at community level	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	The sale of oral artemisinin-based monotherapy drugs	has never been allowed	-
IPT	IPT used to prevent malaria during pregnancy	-	-
	Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation	-	-
	Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation	-	-
	Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation	-	-
	Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation	-	-
Surveillance	Malaria is a notifiable disease	Yes	-
	Case investigation and classification is undertaken	Yes	2017
	Foci investigation and classification is undertaken	Yes	2017
	Case reporting from private sector is mandatory	Yes	2014
ITN	ITNs distributed free of charge through through mass campaign to all age groups	No	2006
	ITNs distributed free of charge through routine channels to all age groups	Yes*	2006
	ITNs durability is monitored	Yes*	-
IRS	IRS is an intervention at the NMP	Yes	2002

### Antimalarial Treatment Policy

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	NA	
First-line treatment of <i>P. falciparum</i>	AL+PQ	2009
For treatment failure of <i>P. falciparum</i>	AS-PYR	2023
Treatment of severe malaria	AS	2009
Treatment of <i>P. vivax</i>	AL+PQ	2017

### 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
AL	2015-2018	0	0.65	1.3	28 days	2	Pf
CQ	2016-2016	0	0	0	28 days	1	Pv

### Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

Insecticide class	(%) sites <sup>1</sup>	Vectors <sup>2</sup>	Used <sup>3</sup>
Carbamates	-	-	No
Neonicotinoids	-	-	No
Organophosphates	-	-	No
Pyrethroids	-	-	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 2024

Intervention	Policies/Strategies	Policy	Year
	DDT is used for IRS	No	-
Larval source management	Use of Larval source management	No	-

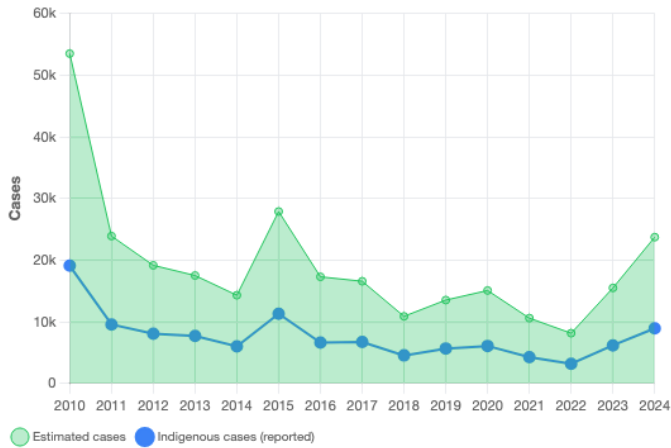
**Yes\*** = Policy adopted, but not implemented in 2024, or no data exist to support implementation

**No** = Policy does not exist or policy has been discontinued

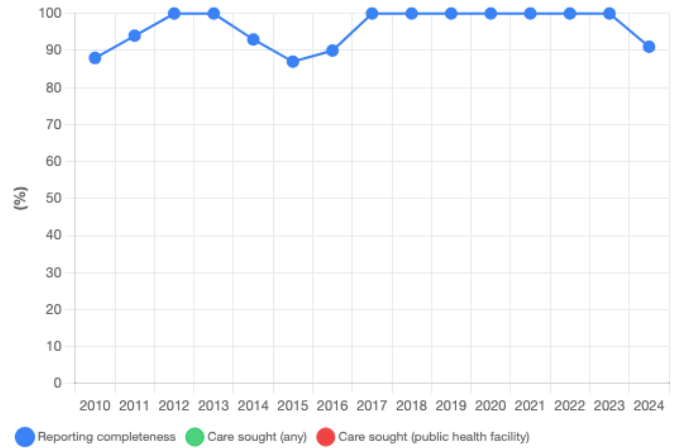
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

### III. Data Visualization

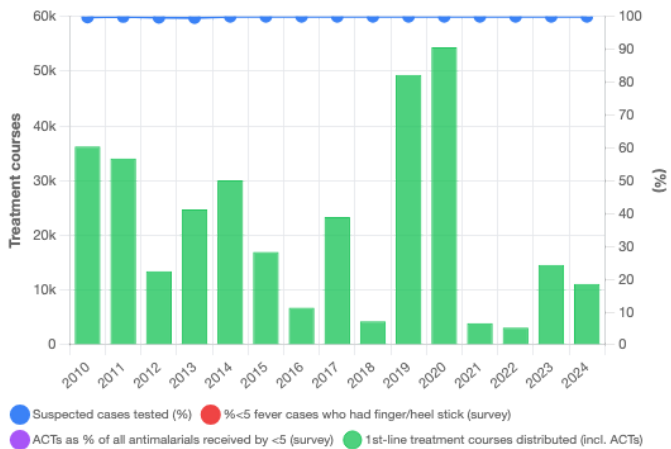
Estimated and reported cases



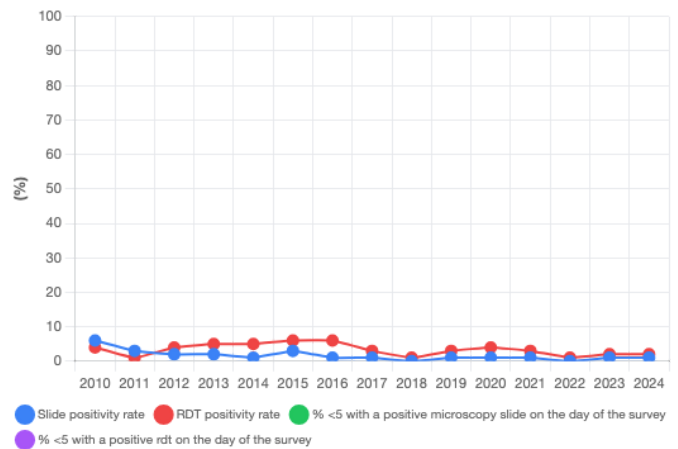
Treatment seeking and reporting completeness



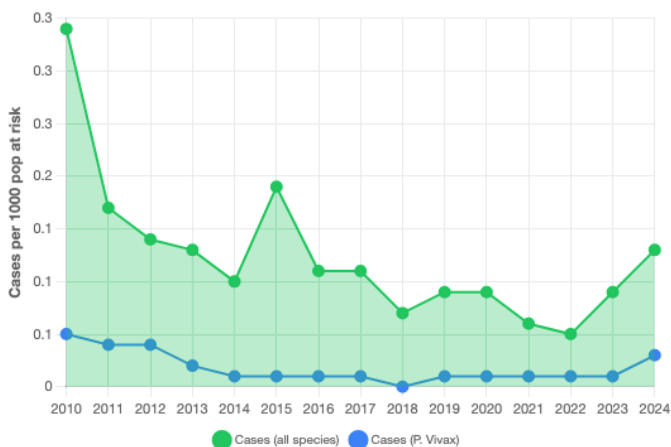
Cases tested and treated



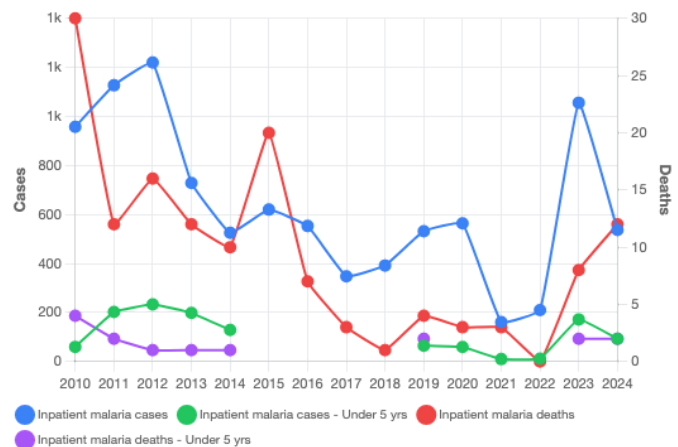
Test positivity



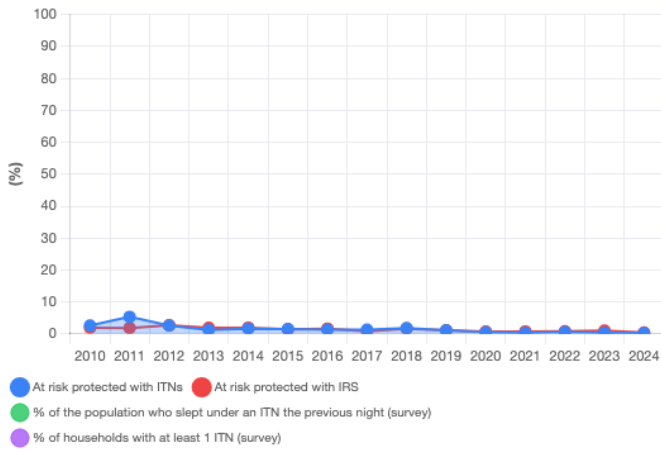
Confirmed malaria cases per 1000 population at risk



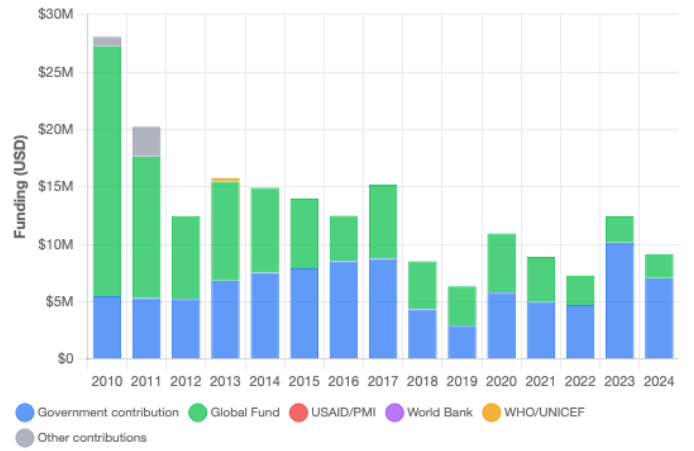
Malaria inpatients and deaths



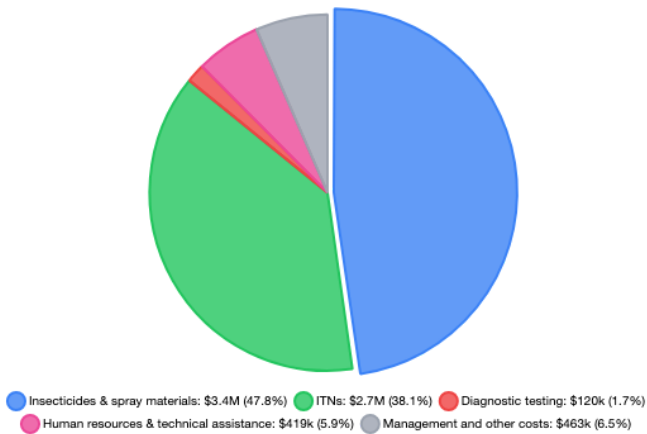
Coverage of ITN and IRS



Sources of financing



Government expenditure by intervention in 2024



## Footnotes

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in [mpac-april2018-erg-report-malaria-burden-session6.pdf](https://cdn.who.int/media/docs/default-source/malaria/mpac-april2018-erg-report-malaria-burden-session6.pdf) ([https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782\\_2](https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2)).

## World Malaria Report 2025