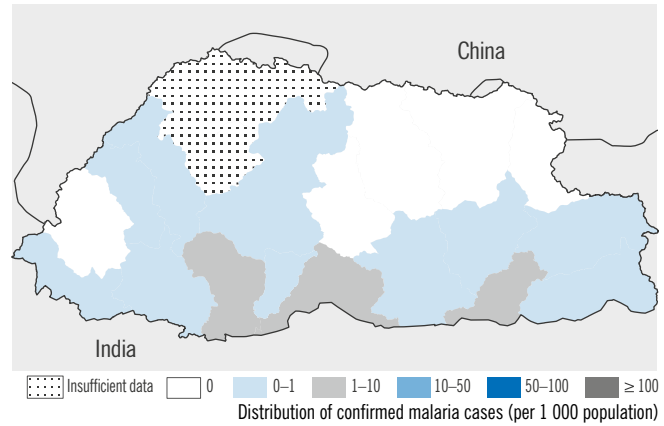


Bhutan

Phase: Control. Coverage: In 2010, IRS was sufficient to protect >50% of the population at high risk; ITN/LLINs delivered were sufficient to protect >50% of the population at high risk.



I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission (≥ 1 case per 1000 population)	94 400	13
Low transmission (0-1 cases per 1000 population)	443 000	61
Malaria-free (0 cases)	189 000	26
Total	726 400	

Parasites and vectors

Major plasmodium species: *P. falciparum* (40%), *P. vivax*
 Major anopheles species: *An. culicifacies*, *maculatus*

II. INTERVENTION POLICIES AND STRATEGIES

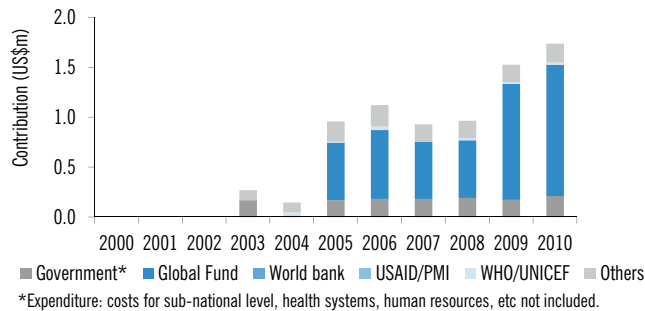
Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs: distributed free of charge	Yes	2006
	ITNs/LLINs: distributed to all age groups	Yes	2006
IRS	IRS is recommended	Yes	1964
	DDT is used for IRS	No	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
	Patients of all ages should receive diagnostic test	Yes	1964
Case management	RDTs used at community level	No	-
	ACT is free for all ages in public sector	Yes	2006
	Pre-referral treatment with recommended medicines	Yes	2006
	Oral artemisinin-based monotherapies are not registered	Yes	-

Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	AL	2006
Treatment failure of <i>P. falciparum</i>	QN	2006
Treatment of severe malaria	AM, QN	2006
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2006

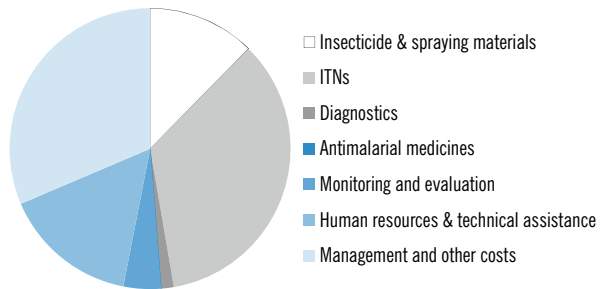
Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
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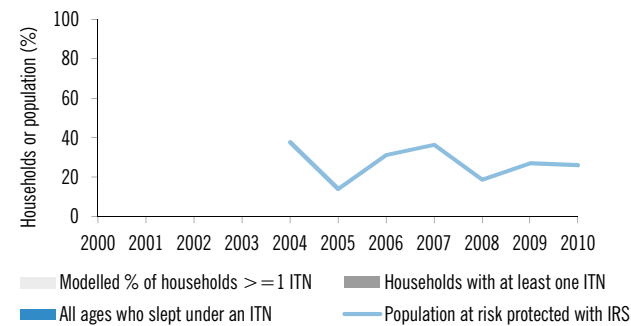
III. FINANCING – Government and external financing



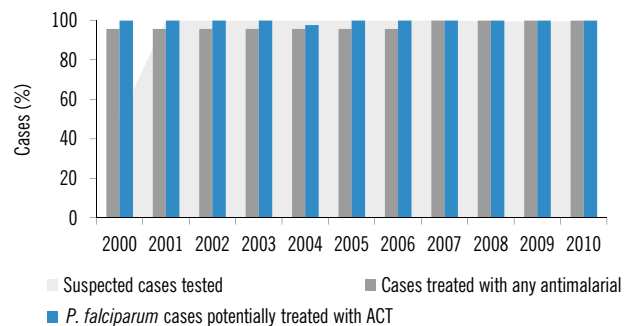
Expenditure by intervention in 2010



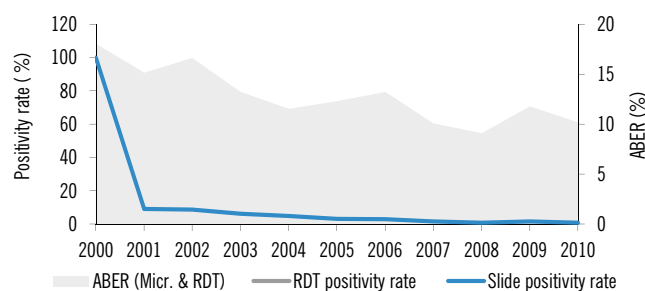
IV. COVERAGE – Coverage of ITN and IRS



Cases tested and ACT delivered: Programme data (public sector)



V. IMPACT – Malaria test positivity rate and ABER



Confirmed cases, admissions and deaths (per 100 000)

