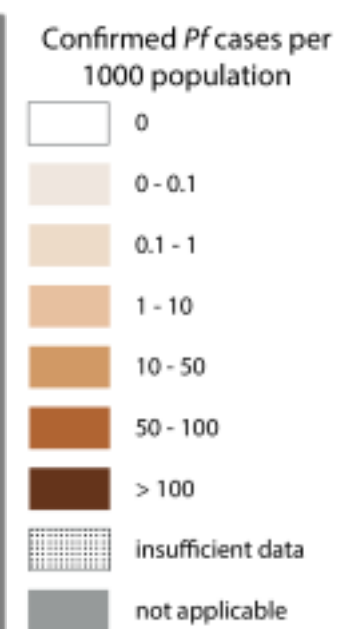
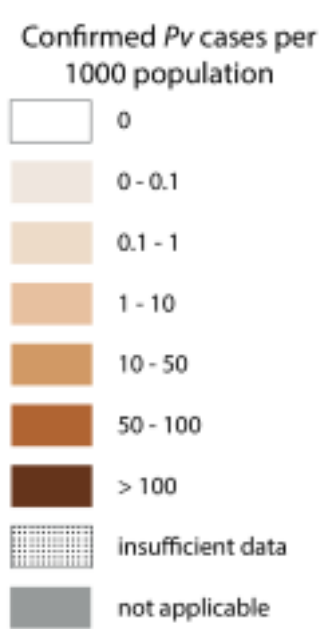
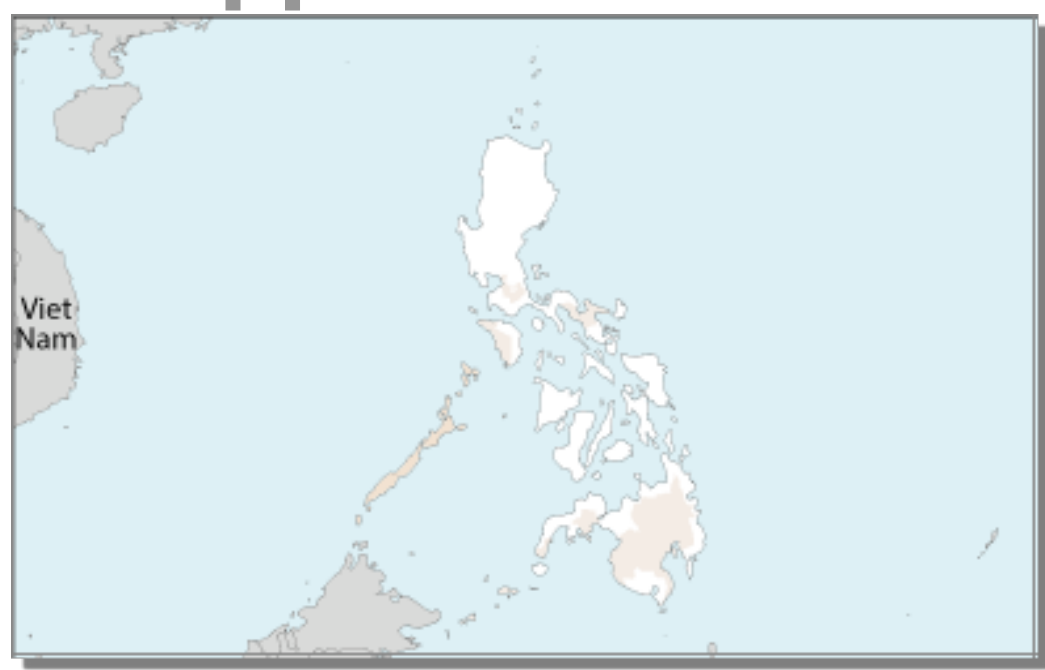


Philippines

Western Pacific Region



I. Epidemiological profile

Population (UN)	2016	%	Parasites and vectors	
High transmission (> 1 case per 1000 population)	7,040,000	7	Plasmodium species:	<i>P. falciparum</i> (86%), <i>P. vivax</i> (12%)
Low transmission (0-1 cases per 1000 population)	53,000,000	51	Major anopheles species:	<i>An. flavirostris</i> , <i>An. maculatus</i> , <i>An. balabacensis</i> , <i>An. littoralis</i>
Malaria-free (0 cases)	43,300,000	42	Reported confirmed cases (health facility):	6,680 Estimated cases: 16,630 [12,000-21,660]
Total	103,300,000		Confirmed cases at community level:	-
			Reported deaths:	7 Estimated deaths: ≤ 100

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2006
	ITNs/ LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	2002
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	-
IPT	IPT used to prevent malaria during pregnancy	N/A	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2004
	Malaria diagnosis is free of charge in the public sector	Yes	2003
Treatment	ACT is free of charge for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2006
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2007
	G6PD test is a requirement before treatment with primaquine	Yes	2011
	Directly observed treatment with primaquine is undertaken	Yes	2010
	System for monitoring adverse reactions to antimalarials exists	Yes	2009
Surveillance	ACD for case investigation (reactive)	Yes	2009
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	Yes	2009
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	-	-
	Case reporting from private sector is mandatory	Yes	2007

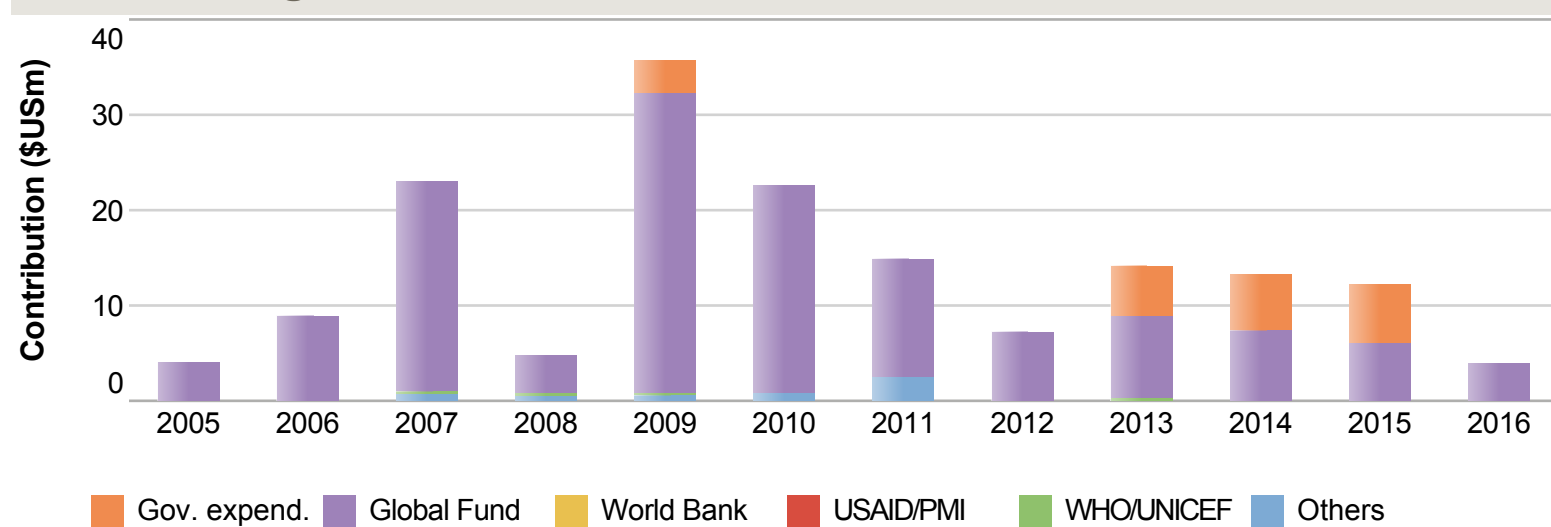
Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2009
First-line treatment of <i>P. falciparum</i>	AL+PQ	2009
Treatment failure of <i>P. falciparum</i>	QN+CL; QN+D; QN+T	2002
Treatment of severe malaria	QN+T; QN+D; QN+CL	2002
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2002
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/Kg (14 days)
Type of RDT used		P. f + all species (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year(s)	Min	Median	Max	Follow-up	No. of studies	Species
AL	2013-2015	0	0	4.3	28 days	5	<i>P. falciparum</i>

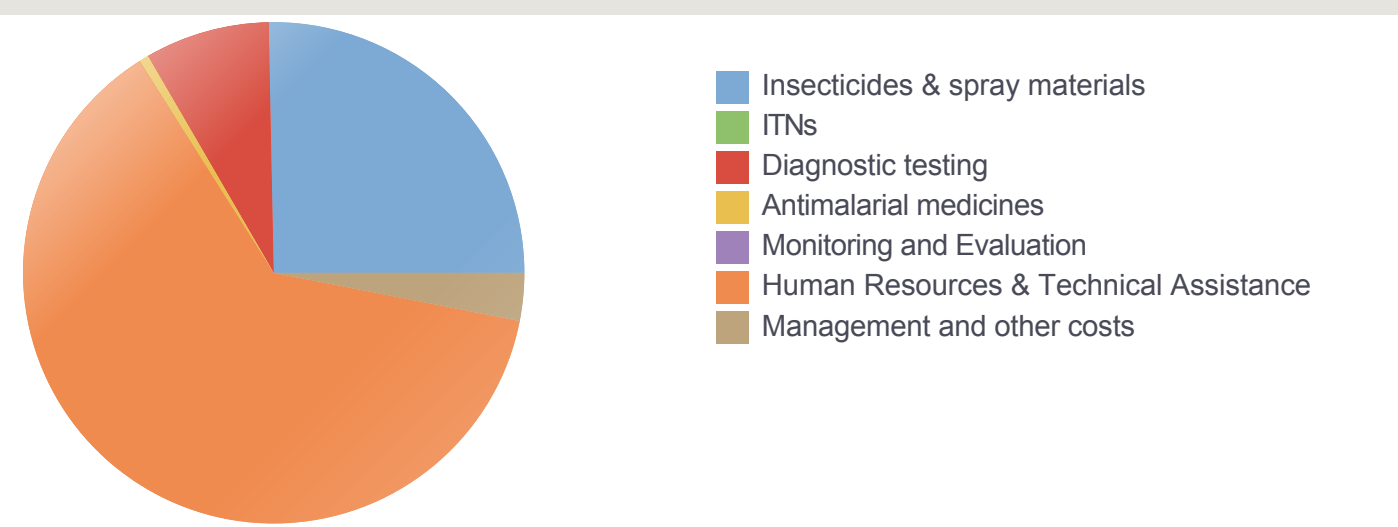
Insecticide resistance tests (mosquito mortality, %)							
Insecticide class	Years	Min	Mean	Max	No. of sites	Species	
Organophosphates	2011-2015	0.1	0.8	1	4	<i>An. annularis</i> , <i>An. flavirostris</i>	
Organochlorines	2011-2015	0	0.9	1	17	<i>An. annularis</i> , <i>An. flavirostris</i> , + other	
Pyrethroids	2011-2015	0	0.9	1	39	<i>An. annularis</i> , <i>An. flavirostris</i> , + other	

III. Financing

Sources of financing

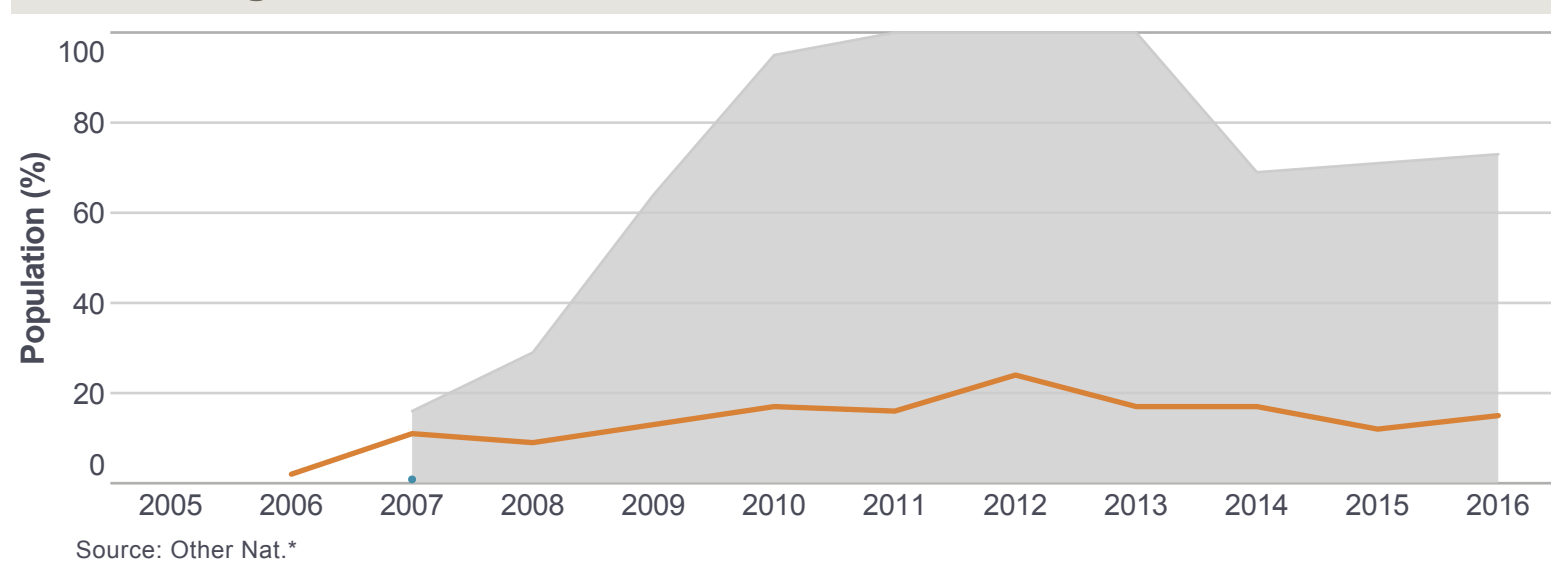


Government expenditure by intervention in 2016

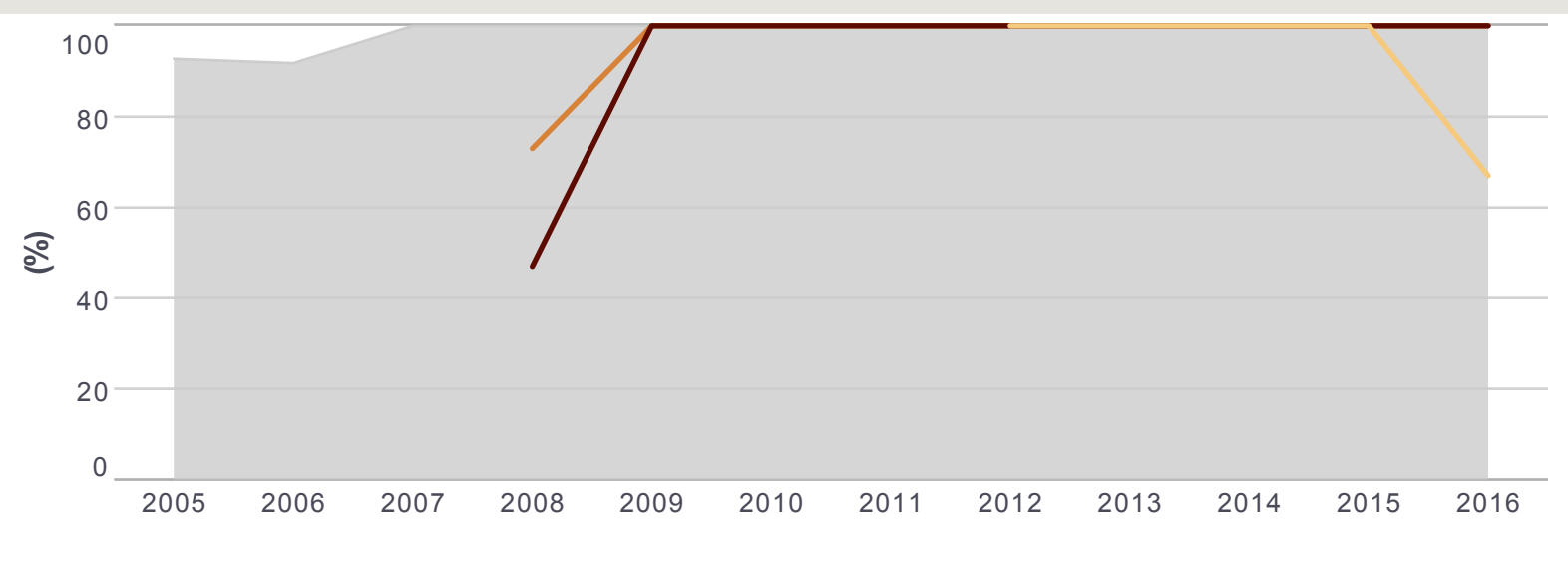


IV. Coverage

Coverage of ITN and IRS

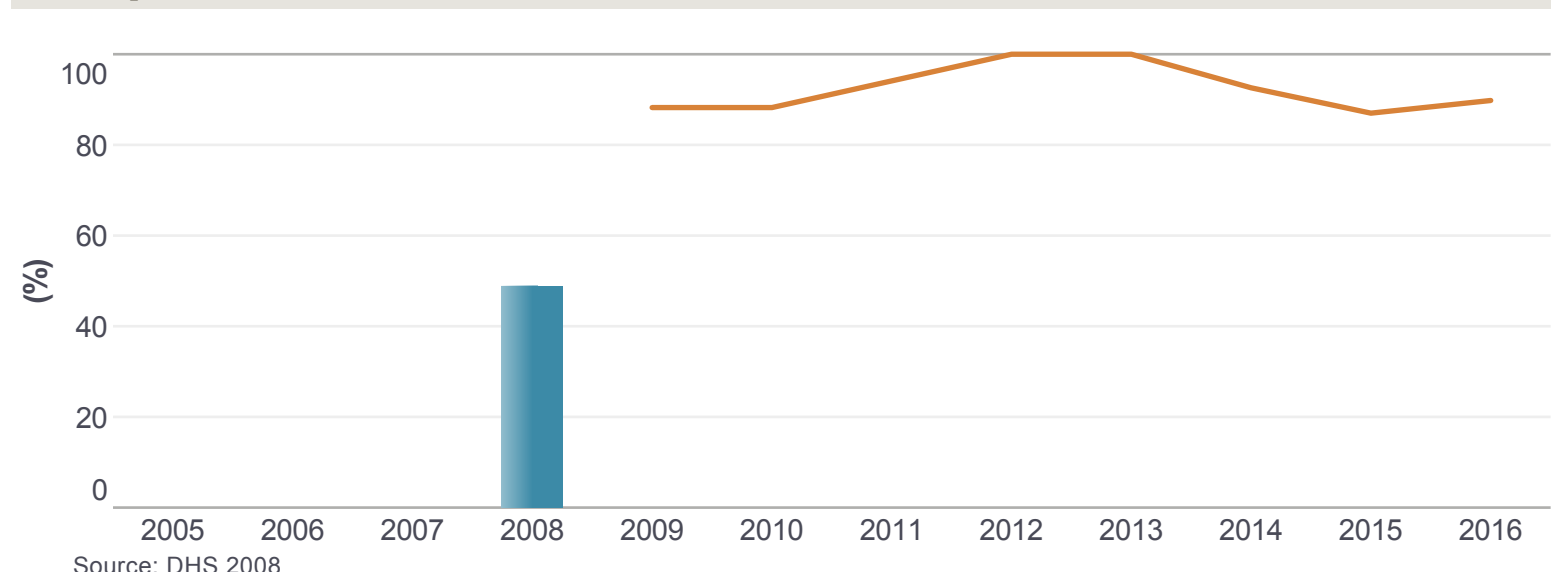


Cases tested and treated in public sector

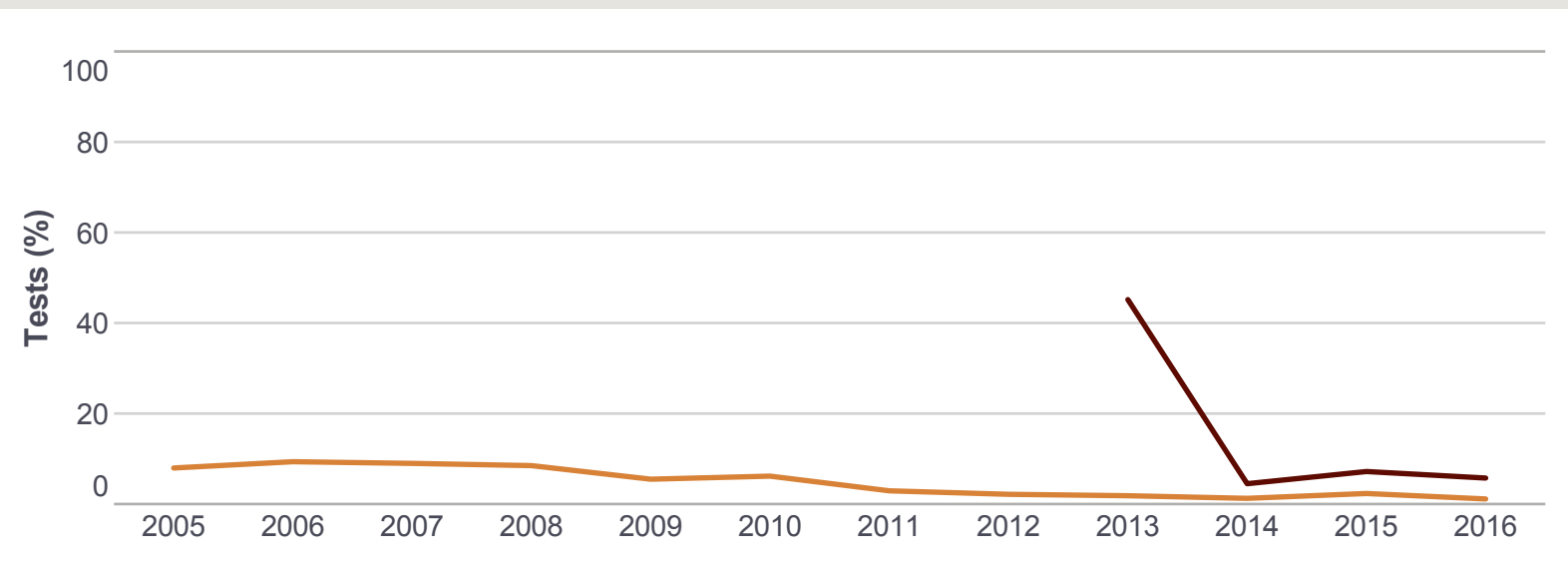


V. Impact

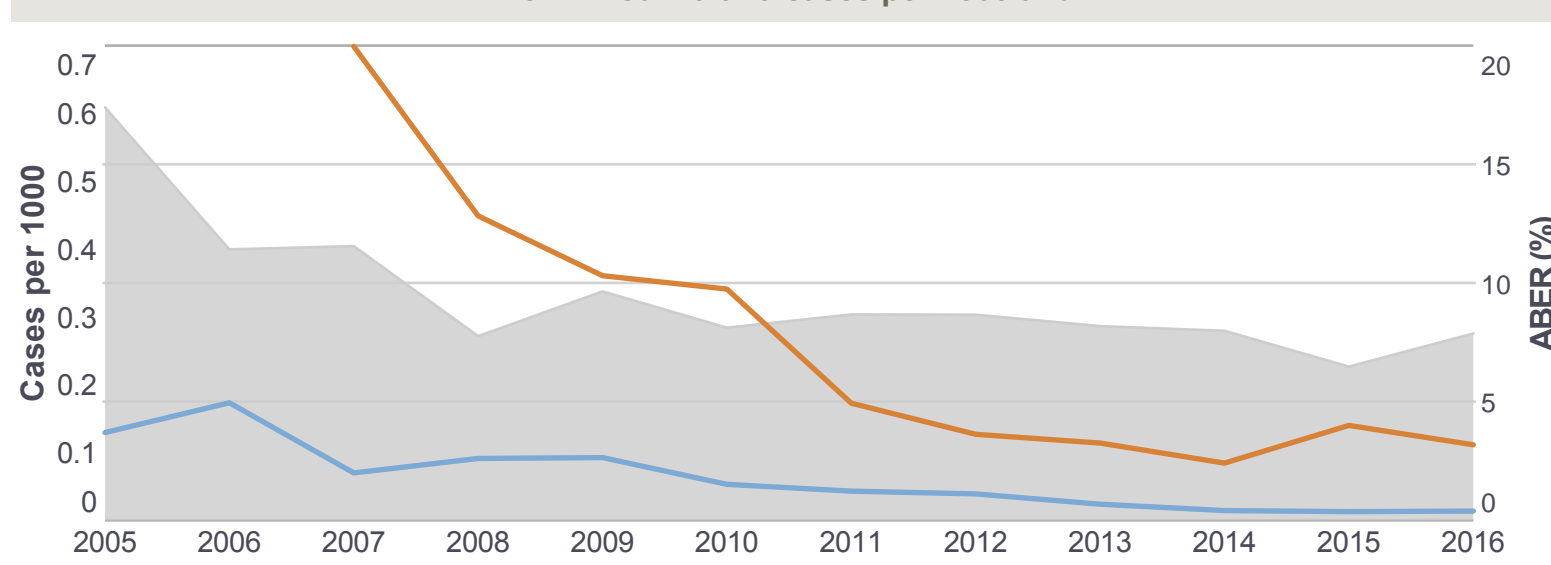
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths

