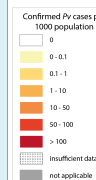
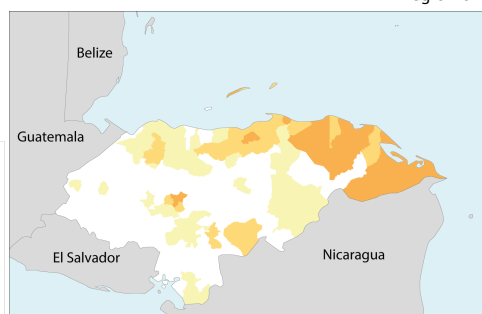
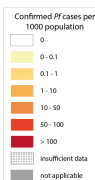
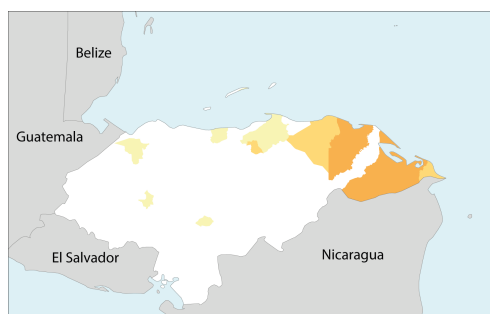


Honduras

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	2.4M	25
Low transmission (0-1 case per 1000 population)	6M	65
Malaria free (0 cases)	872.8K	9
Total	9.3M	

Parasites and vectors	
Major plasmodium species:	P.falciparum: 10 (%) , P.vivax: 90 (%)
Major anopheles species:	<i>An. albimanus</i> , <i>An. pseudopunctipennis</i> , <i>An. darlingi</i> , <i>An. cruzii</i> , <i>An. argyritarsis</i>

Reported cases and deaths	
Reported confirmed cases (health facility):	1277
Confirmed cases at community level:	115
Confirmed cases from private sector:	113
Reported deaths:	1

Estimates	
Estimated cases:	1.7K [1.4K, 2.1K]
Estimated deaths:	1 [0, 1]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2012
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	-
IPT	IPT used to prevent malaria during pregnancy	-	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	-
	Malaria diagnosis is free of charge in the public sector	Yes	-
Treatment	ACT is free for all ages in public sector	Yes	-
	The sale of oral artemisinin-based monotherapies (oAMTs) has never been allowed	-	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	No	-
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
Surveillance	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case and foci investigation undertaken	-	-
	Case reporting from private sector is mandatory	Yes	-

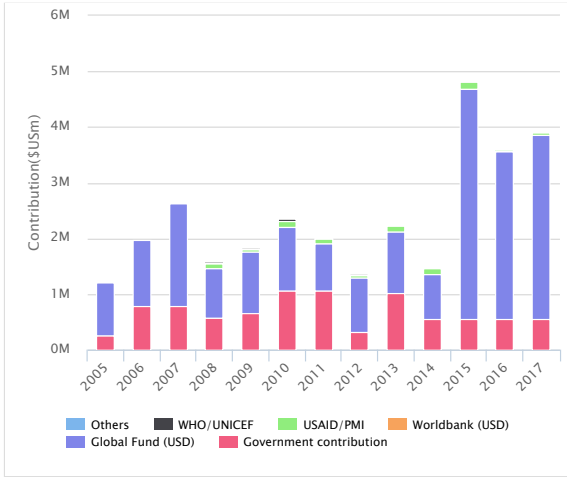
Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	-	-
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	2011
For treatment failure of <i>P. falciparum</i>	SP	2011
Treatment of severe malaria	QN; AS	2011
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	2011
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/Kg (14 days)	
Type of RDT used	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 (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(% sites) ¹		Vectors ²	Used ³		
Carbamates	2013-2017	0% (7)		-	Yes		
Organochlorines	-	-		-	No		
Organophosphates	2016-2016	100% (1)		<i>An. albimanus</i>	No		
Pyrethroids	2013-2017	28.57% (21)		<i>An. albimanus</i>	Yes		

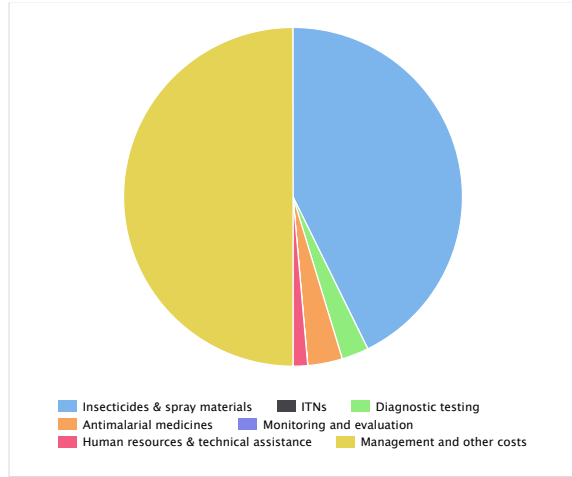
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)
²Principal vectors that exhibited resistance
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

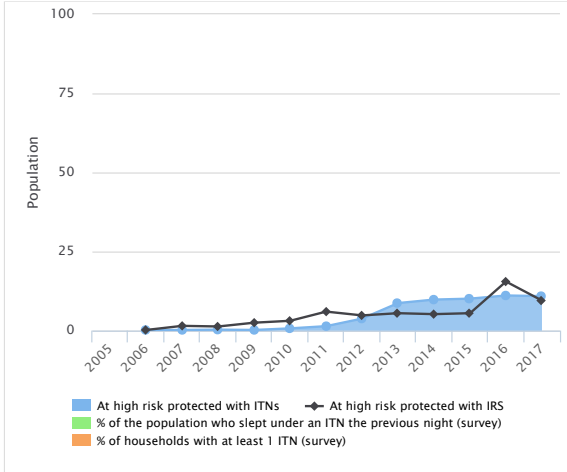


Government expenditure by intervention in 2017

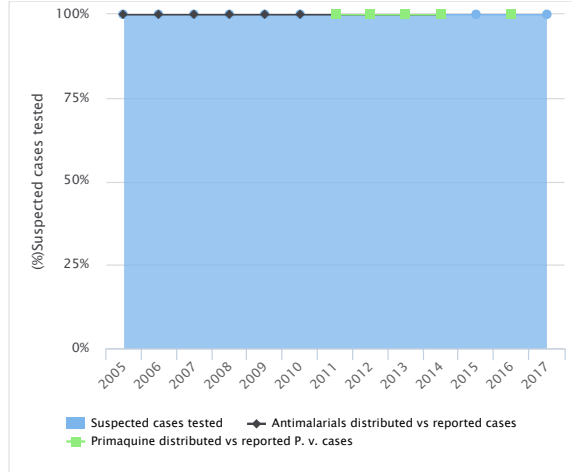


IV. Coverage

Coverage of ITN and IRS

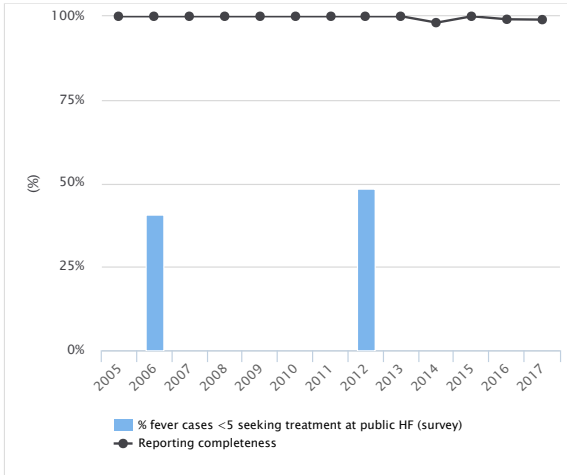


Cases tested and treated in public sector

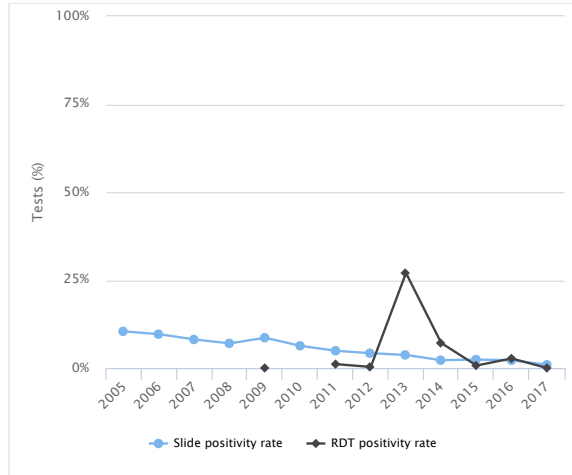


V. Impact

Cases treated



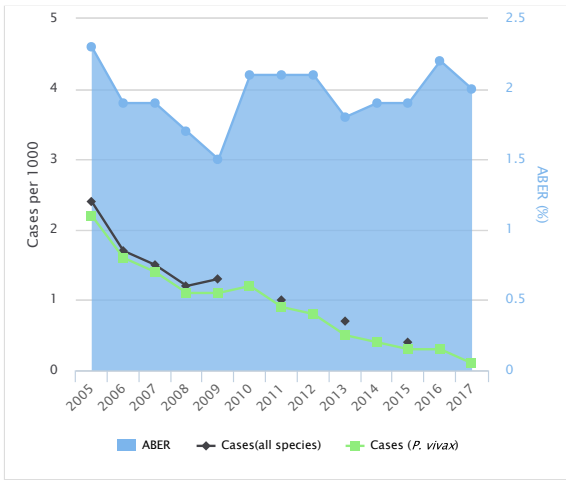
Test positivity



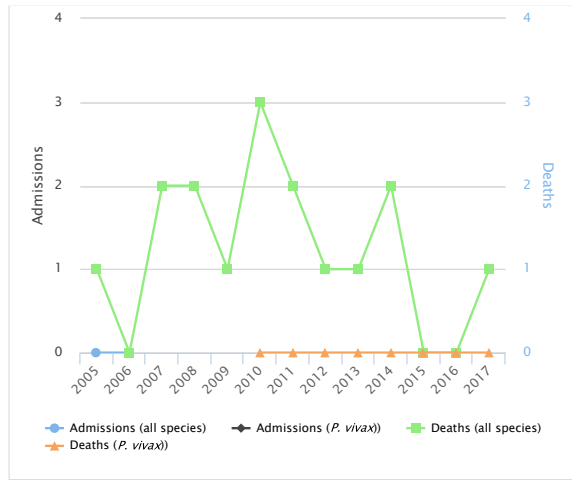
Source: DHS 2006, 2012

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



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