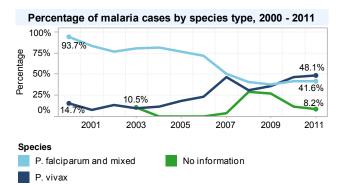
Suriname

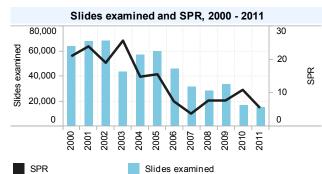
Suriname has decreased malaria incidence by over 93% compared to the year 2000, surpassing its Millennium Development Goal (MDG) for the year 2015. Deaths due to malaria have followed a similar pattern and only one was reported in 2011.

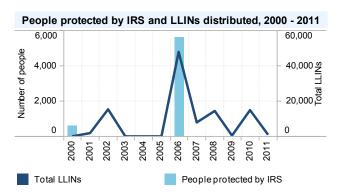
This is accompanied by decreasing proportion of cases due to *Plasmodium falciparum* and mixed infections, from a high of 93.7% to a little less than half in 2011. Rapid diagnostic tests (RDTs) are used in gold mining and other difficult to reach areas. A microscopic diagnosis should be provided to all cases positive by RDTs according to the guidelines followed in the country, but some escape due to logistical reasons; species wise information of these cases detected only by RDTs is not available.

Malaria presently is largely limited to the interior areas of the country where the indigenous populations live and in the gold mining areas in the Amazon forests. *Anopheles darlingi* is the principal vector in the country. Constant migration of miners and illegal gold mining are the prime reasons for continuing malaria transmission in some areas of the country. Proportion of cases reported in 15-49 year age group, over 90% in 2009-2011 period, represents a similar tale of economically productive age groups being more affected.

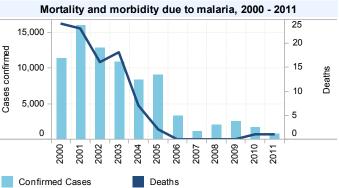
Artemether and lumefantrine combination is used for treating *P. falciparum* infections, and chloroquine and primaquine are used for *P. vivax* infections. Information about number of people treated with first line of therapy is not available since 2003 due to the unique dynamics of healthcare; Medical Mission provides it in the interior regions of the country and the Government elsewhere.

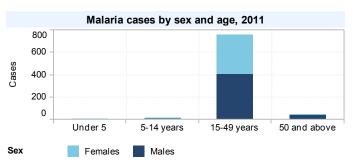


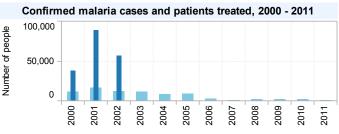


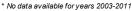












First line treatments

Confirmed Cases

