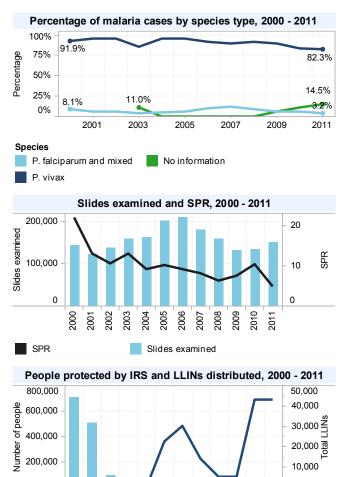
Bolivia

Bolivia has reduced the malaria incidence by over 77% in the past decade compared to the year 2000, achieving its MDG 6 goal for the year 2015. The proportion of cases due to Plasmodium falciparum and mixed infections has decreased to 3.2% in 2011 from a high of 11% in 2007. No deaths due to malaria have been reported in the country since 2005.

The districts of Guayaramerin and Riberalta accounted for 55% of malaria cases in 2011, down from 60% in 2008, demonstrating the focal nature of malaria endemicity in the country. Anopheles darlingi is the principal vector in Amazon areas while An. pseudopunctipenis is the prevalent in areas adjacent to Argentina and Paraguay. The country uses a combination of artesunate and mefloquine with primaquine as its first line of treatment for P. falciparum while chloroquine and primaquine are used for P. vivax infections.

The proportion of cases that were treated within 72 hours of initiation of symptoms has steadily improved from 52% in 2008 to 59% in 2011. Both microscopy and RDTs are used for malaria diagnosis in the country. Both insecticide treated bednets (ITN) and insecticide residual spraying (IRS) is used for malaria control in Bolivia. The coverage of IRS has decreased significantly over the last decade, and in 2011 was adequate for protection of 19% of the population at high risk in the country. ITNs were adequate for protection of 41% of high risk population.

Malaria control in the country is supported by a Global Fund grant and the AMI-RAVREDA project. Government funding for malaria control has been increasing but in 2011, it decreased from the previous year.



2002 2003

2001

Total LLINs

2005 2006

2004

2008

People protected by IRS

2007

10,000

n

