

Overview of malaria control activities and programme progress

Since 1975, the worst year for malaria has been 1991 when close to 2 million cases and 4646 deaths were reported; in 2003 these numbers had decreased to 37 416 cases and 50 deaths, respectively. Several explanations were given for this severe situation, including insufficient funding for malaria control resulting in low coverage of ITNs and insecticides, scarcity of antimalarial drugs, large population movements, lack of international support and poor access to health facilities, particularly in the remote mountain areas.

Since 1991, the Vietnamese Government has recognized the socioeconomic impact of malaria and gave top priority to activities for the control given malaria. Today, political commitment for malaria control is provided at all levels. The NMCP has focused on: (i) strengthening the malaria control network from central to village level; (ii) increasing the number of village health workers; (iii) producing new, effective antimalarial drugs; (iv) assuring free treatment; (v) regular spraying of houses; (vi) distributing ITNs, with the participation of the community; (vii) regular training for personnel at all levels; and (viii) providing health education for malaria prevention, in particular to vulnerable groups such as migrants and ethnic minorities.

The MoH focuses on sustaining the success of the 1990s and improving control activities in areas and population groups where mortality and morbidity are still high, particularly in remote areas where village health workers are scarce and among migrants, who also have an increased exposure to vectors and reduced access to health services. Cooperation and partnerships between the MoH and the Medical Department of the Ministry of Defence in remote and border areas, Women's Union, Youth Union, Ministry of Transportation, Ministry of Construction and Ministry of Education have contributed to strengthening malaria control activities.

The country reported just over US\$ 4 million for malaria control in 2003 from national sources. Financial support from WHO, the European Commission and the governments of Australia, Belgium, Germany and others contributed to successful control in the 1990s.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines	Yes
Published/updated in	2003
Monitoring antimalarial drug resistance	Yes
Number of sites currently active	5
Home management of malaria	NA
Vector control using insecticides	Yes
Monitoring insecticide resistance	Yes
Number of sites currently active	
Insecticide-treated mosquito nets (ITNs)	Yes
Intermittent preventive treatment (IPT)	NA
Epidemic preparedness	

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
<i>P. falciparum</i> (unconfirmed)	ASU(5d) or CQ
<i>P. falciparum</i> (lab confirmed)	DHA/PPQ/TMP+PQ or ASU(5d)+PQ
<i>P. vivax</i>	CQ+PQ(5d)
Treatment failure	DHA/PPQ/TMP+PQ ASU(3d)+MQ25
Severe malaria	ASU/ATM or Q
Pregnancy	
Prevention	CQ (weekly)
Treatment	Q(7d) or CQ or ASU

EPIDEMIOLOGICAL DATA

Following WHO recommendations, malaria case reporting is carried out in most countries. The data presented below reflect aggregated malaria cases at the national level and are presented by gender, age and subnational level as submitted to WHO. Malaria reporting from national surveillance systems varies in quality and reporting completeness and may have limited value in understanding the actual malaria burden, but may be useful for understanding trends in the relative burden of malaria in the public health sector.

Reported malaria cases (annual)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
123 796	187 994	225 928	156 069	140 120	100 116	76 356	65 859	72 091	64 679
2000	2001	2002	2003	Date of last report: 16 December 2004					
62 442	53 601	46 902	37 416						

Reported malaria by type and quality

For most recent year

Reported malaria cases	37 416
Reported malaria deaths	50

Probable or clinically diagnosed

Malaria cases	12 694
Severe (inpatient or hospitalized) cases	423
Malaria deaths	4
Slides taken	2 738 600
Rapid diagnostic tests (RDTs) taken	

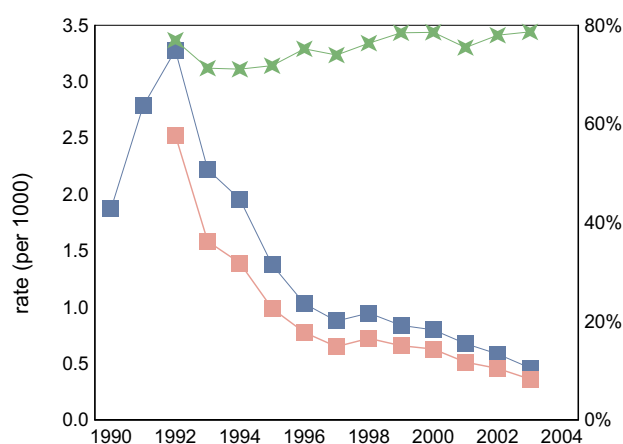
Laboratory confirmed

Malaria cases	37 416
<i>P. falciparum</i> or mixed	29 435
<i>P. vivax</i>	
Severe (inpatient or hospitalized) cases	
Malaria deaths	46

Investigations

Imported cases

Estimated reporting completeness (%)



Standardized reported malaria rate (per 1000) ■
 Standardized *P. falciparum* or mixed rate (per 1000) ■
P. falciparum or mixed cases (% of reported cases) ✱

Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	62 442	53 601	46 902	37 416	100

Reported malaria cases by selected subnational area

15 of 63 areas	2000	2001	2002	2003	%
Dak Lak	8 977	9 450	8 008	6 715	18
Gia Lai	7 605	5 424	5 526	4 771	13
Binh Phuoc	8 285	5 667	5 278	3 953	11
Binh Thuan	8 739	8 773	4 183	3 197	9
Quang Nam	931	3 739	2 898	3 035	8
Khanh Hoa	3 936	4 596	2 952	2 179	6
Quang Tri	2 281	3 279	1 793	1 951	5
Lam Dong	3 441	3 532	2 661	1 673	4
Ninh Thuan	2 844	3 304	2 319	1 585	4
Kon Tum	2 070	1 904	1 752	1 172	3
Quang Binh	2 358	1 473	1 148	1 108	3
Phu Yen	3 627	2 962	1 677	979	3
Binh Dinh	3 974	2 581	1 295	817	2
Dong Nai	3 321	1 862	897	720	2
Lai Chau	887	1 366	714	549	1

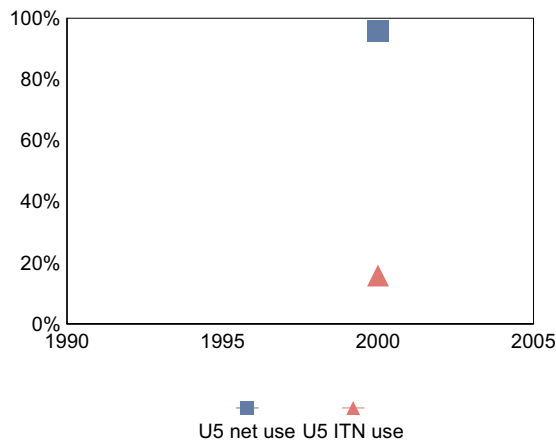
COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

Information related to the coverage of RBM key interventions is presented here. This includes coverage of antimalarial treatment, possession and use of insecticide-treated nets (ITNs), and use of intermittent preventive treatment (IPT) among pregnant women (PW) where national policy indicates.

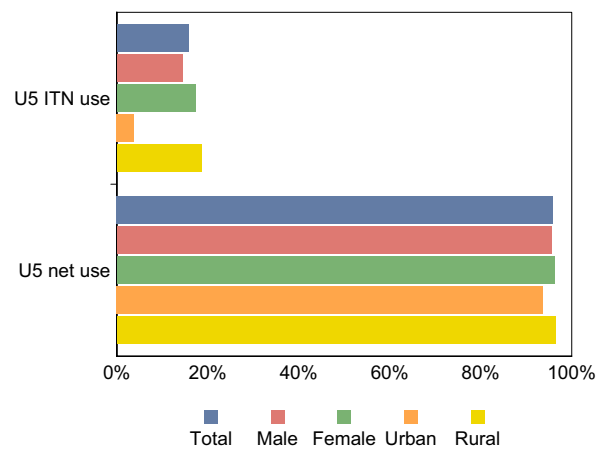
Insecticide-treated nets

ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data below represent available household survey results in which household possession and use of nets and ITNs have been assessed.

Trend in mosquito net coverage estimates from national surveys



Estimates of ITN coverage from most recent national survey



Available national surveys

MICS 2000

Sample size (HHs or U5s): 3 100

Field work:

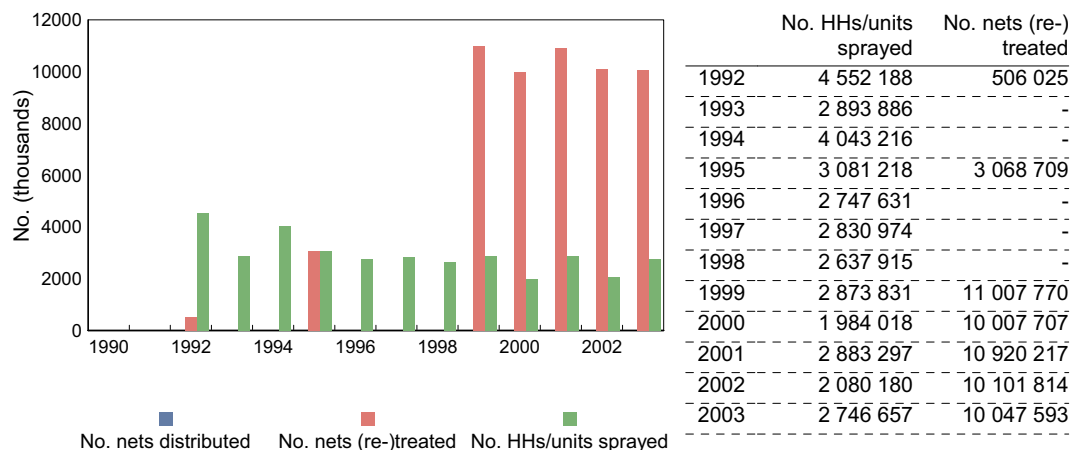
Scale: national

Supporting Organization: UNICEF

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

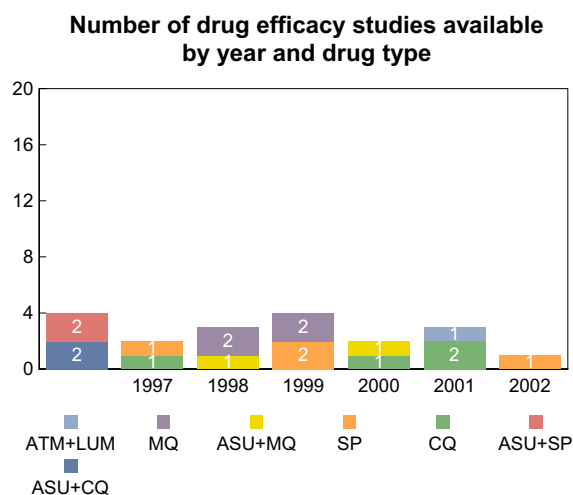
Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities of national malaria control programmes. The information reflects annual, country-reported data.



MONITORING ANTIMALARIAL DRUG EFFICACY

Monitoring antimalarial drug efficacy is important for understanding the impact of antimalarial treatment being delivered and the need for drug policy change, essential for ensuring prompt access to effective treatment. Median, range and quartiles are based on percentage clinical failure for uncomplicated *P. falciparum* malaria for countries in Africa south of the Sahara, and percentage total failure for all other areas. Included are studies that used WHO protocol among selected drugs.

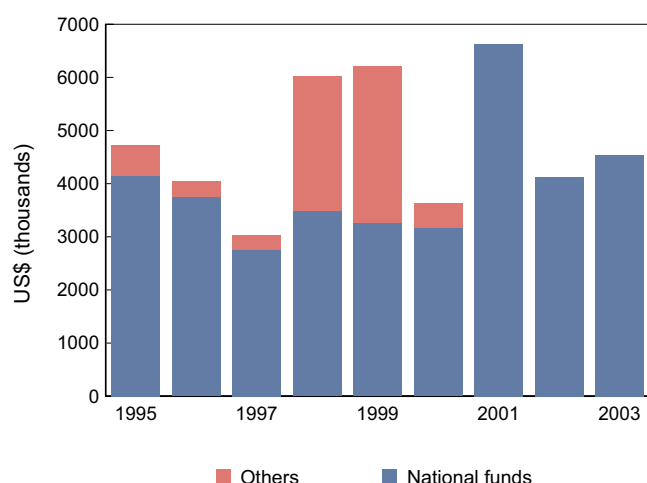
Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
1997-2001	4	52.3	6.2	71.9	27.0	64.3
SP						
1997-2002	4	12.7	5.5	70.6	8.9	41.9
MQ						
1998-1999	4	11.7	0.0	42.3	0.0	32.8
ATM+LUM						
2001	1	2.2				
ASU+CQ						
	2	37.4	28.0	46.8	28.0	46.8
ASU+SP						
	2	33.2	8.3	58.1	8.3	58.1
ASU+MQ						
1998-2000	2	5.6	0.0	11.1	0.0	11.1



FINANCING FOR MALARIA

Annual funding for malaria control

This information represents country-reported national and other resources budgeted or spent for national malaria control programme efforts. If information was reported in a different currency than US\$, the annual average of the official exchange rate from the World Development Index was used for conversion. Currency is presented in US\$ (thousands).



	National funds	Others
1995	4 145	577
1996	3 756	284
1997	2 749	273
1998	3 494	2 528
1999	3 271	2 944
2000	3 178	462
2001	6 632	-
2002	4 129	-
2003	4 537	-

Malaria funds from the Global Fund to Fight HIV, Tuberculosis, and Malaria

Information on additional resources provided to countries through GFATM from 2-year committed funds for malaria from successful proposals through the first four rounds is presented. The details on approved proposals, grant agreements and disbursements to date are provided. Figures are presented in US\$. These data are maintained and updated by GFATM.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
CCM	3	13 388 402	MoH	Yes	24-Aug-04	13 388 402	1	3 218 217	24.0%

General notes and remarks

See explanatory notes at the beginning of the section.

2 738 600 slides taken in 2003 include information from patients tested with rapid diagnostic tests (RDTs).

Reported malaria by age and gender are not available.