Viet Nam

I. EPIDEMIOLOGICAL PROFILE

Population, endemicity and malaria burden

<table>
<thead>
<tr>
<th>Population (in thousands)</th>
<th>2008</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All age groups</td>
<td>87,096</td>
<td>100</td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>7,316</td>
<td>8</td>
</tr>
<tr>
<td>≥ 5 years</td>
<td>79,779</td>
<td>92</td>
</tr>
</tbody>
</table>

Population by malaria endemicity (in thousands) 2008

<table>
<thead>
<tr>
<th>Transmission level</th>
<th>2008</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High transmission ≥ 1/1000</td>
<td>31,783</td>
<td>36</td>
</tr>
<tr>
<td>Low transmission 0-1/1000</td>
<td>47,194</td>
<td>54</td>
</tr>
<tr>
<td>Malaria-free (0 cases)</td>
<td>8,119</td>
<td>9</td>
</tr>
<tr>
<td>Rural population</td>
<td>62,862</td>
<td>72</td>
</tr>
</tbody>
</table>

Vector and parasite profiles

<table>
<thead>
<tr>
<th>Major Anopheles species</th>
<th>Plasmodium species</th>
</tr>
</thead>
<tbody>
<tr>
<td>minimus, dirus, sundaicus</td>
<td>falciparum, vivax</td>
</tr>
</tbody>
</table>

Trends in malaria morbidity and mortality

Reported malaria cases, per 1000

<table>
<thead>
<tr>
<th>Year</th>
<th>Reported malaria cases, all ages</th>
<th>Annual parasite incidence, all ages</th>
<th>Cases examined</th>
<th>Cases confirmed</th>
<th>Test positivity rate (TPR)</th>
<th>Cases with P. falciparum infection (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>74,316</td>
<td>31,589</td>
<td>2,682</td>
<td>1,746</td>
<td>64</td>
<td>86</td>
</tr>
<tr>
<td>2001</td>
<td>68,699</td>
<td>31,740</td>
<td>2,505</td>
<td>1,569</td>
<td>56</td>
<td>79</td>
</tr>
<tr>
<td>2002</td>
<td>47,807</td>
<td>20,741</td>
<td>2,950</td>
<td>1,813</td>
<td>59</td>
<td>73</td>
</tr>
<tr>
<td>2003</td>
<td>38,790</td>
<td>2,631</td>
<td>2,738</td>
<td>1,801</td>
<td>57</td>
<td>69</td>
</tr>
<tr>
<td>2004</td>
<td>24,909</td>
<td>2,063</td>
<td>2,694</td>
<td>1,535</td>
<td>49</td>
<td>58</td>
</tr>
<tr>
<td>2005</td>
<td>19,496</td>
<td>1,801</td>
<td>2,728</td>
<td>1,423</td>
<td>45</td>
<td>51</td>
</tr>
<tr>
<td>2006</td>
<td>22,577</td>
<td>1,235</td>
<td>2,972</td>
<td>1,627</td>
<td>44</td>
<td>53</td>
</tr>
<tr>
<td>2007</td>
<td>16,389</td>
<td>838</td>
<td>2,112</td>
<td>1,189</td>
<td>31</td>
<td>42</td>
</tr>
<tr>
<td>2008</td>
<td>11,355</td>
<td>678</td>
<td>2,098</td>
<td>1,101</td>
<td>27</td>
<td>34</td>
</tr>
</tbody>
</table>
I. EPIDEMIOLOGICAL PROFILE (continued)

II. INTERVENTION POLICIES AND STRATEGIES

- **Distribution of DHA-PPQ**: Yes
  - Year: 2009
  - Study year: 2001-2008
  - No. of studies: 3
  - Median: 0
  - Minimum: 0
  - Maximum: 1.3

- **QN, AS**: No
  - Year: 2003

- **CQ+PQ(14d)**: No
  - Year: 2003

- **Intermittent preventive treatment (IPT)**
  - Antimalarial policy
    - First-line treatment of P.falciparum (unconfirmed)
      - ACT is free of charge for under 5 years old in the public sector
      - ACT is delivered at community level through community agents (beyond the health facilities)
      - Uncomplicated malaria cases are admitted
      - No RDTs used at community level
      - Year: 2015

- **Diagnosis of malaria of inpatients is based on parasitological confirmation**
  - Yes
  - Year: -

- **Pre-referral treatment with quinine or artemether IM or artemether suppositories**
  - Yes
  - Year: -

- **Oversight regulation of case management in the private sector**
  - Yes
  - Year: -

- **Diagnosis of malaria is free of charge in the public sector**
  - Yes
  - Year: -

- **Malariology confirmation for patients of all ages**
  - No
  - Year: -

- **DDT is used for IRS (public health) only**
  - Yes
  - Year: 2014

- **IPT used to prevent malaria during pregnancy**
  - No
  - Year: -

- **ACT is free of charge for 5 and above years in the public sector**
  - Yes
  - Year: 2007

- **ACT is delivered at community level through community agents (beyond the health facilities)**
  - Yes
  - Year: 2007

- **Malaria diagnosis is free of charge in the public sector**
  - Yes
  - Year: 2007

- **Act is free of charge for 5 and above years in the public sector**
  - Yes
  - Year: 2007

- **IPT is used for IRS (public health) only**
  - No
  - Year: -

- **IRS is used for prevention and control of epidemics**
  - Yes
  - Year: 2006

- **IRS is the primary vector control intervention**
  - Yes
  - Year: -

- **CQ+PQ(14d) is used for IRS**
  - No
  - Year: -

- **Distribution of ITN/LLINs**
  - Free
  - Year: -

- **Targeting All age groups**
  - Yes
  - Year: -

- **Case management**
  - No RDTs used at community level
  - Year: 2015
III. IMPLEMENTING MALARIA CONTROL

A. Access to effective treatment: survey data

- Children <5 years with fever who took antimalarial drugs (%)
- Children <5 years with fever who took antimalarial drugs same or next day (%)
- Children <5 years with fever who took ACT (%)

B. Access to effective treatment: programme data

- Operational coverage of antimalarial (relative to reported malaria cases)
- Operational coverage of ACT in the public sector (relative to reported P. falciparum cases)

C. Operational IRS coverage (relative to total population at risk)

D. Operational coverage of ITNs (1 LLIN or ITN per 2 persons at risk)

IV. FINANCING MALARIA CONTROL

- Funding by source ($m)
  - Other bilaterals
  - PMI
  - European Union
  - WHO
  - World bank
  - GFATM
  - Government

V. SOURCE OF INFORMATION

- Programme data
  - Survey and other data
    - Insecticide-Treated Nets (ITN) MICS 2000, AIS 2005, MICS 2006
  - Operational coverage of ITNs, IRS and access to medicines
  - Financial data
    - Programme report
  - Use of health services DHS 2002