



*ACTMalaria is welcome  
to Vietnam*



Vietnam National Malaria Control Project (VNMCP)

**Evaluation of the malaria control  
in 2002 and plan of action for 2003-2004**



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## **Malaria situation in Vietnam from 1958 to 1991:**

**1. 1958-1975:** The country was divided into 2 parts ( North and South VN ) ; therefore , the malaria eradication programmes were implemented separately :

- In the North 1975: The parasite rate was 5 /10,000 p.
- In the South 1975: The malaria was increased.

**2. 1976-1990:** The malaria eradication strategy was shifted to the malaria elimination in the whole country. Since 1987, malaria has been resurgent, especially with high peak in 1991.

- 1991 : 144 outbreaks, more than 1 million cases, 4,646 deaths .

## Objectives of the malaria control 1991-2000:

### 1. 1991-1995:

“To control the speed of malaria increase, to reduce malaria mortality, outbreaks (1991-1993) and then to stabilize the situation (no increase) and reduce it again (1994-1995) and control it by the year 2000”.

### 2. 1996 - 2000:

- To reduce malaria mortality by 60% as compared with that in 1995.
- To reduce malaria morbidity by 50% as compared with that in 1995.
- No big outbreaks.
- To develop sustainable factors for malaria control.

## Results of malaria control from 1991-2000:

Rolled back malaria in the whole country, reached and exceeded the objectives:

### ➤ *2000 compared with 1991:*

- Malaria mortality/100.000 p. was reduced by 97.3%
- Malaria morbidity/1000 p. was reduced by 77.0%
- Malaria parasite rate/1000 p. was reduced by 64.9%.
- Number of malaria outbreaks was reduced by 98.6%

### ➤ *As compared with the objectives of WHO/WPRO.*

*(2000/1992):*

- **Mortality was reduced by 94.4% (the target was 80%).**
- **Morbidity was reduced by 77.3% (the target was 50%).**

# Reasons of Success, Experiences and Lessons for Malaria Control 1991-2000

1. Malaria control is a priority national health program:

- *It was under direction and investments (budget and materials) by the Government, Ministry of Health and the Provincial People's Committees.*
- *It was well managed and implemented by the system from central to local level and integrated in the general health service system.*

2. Suitable and creative malaria control strategy.

3. Prevention and reduction of malaria deaths.

4. Prevention and control of malaria outbreaks

5. Prevention and reduction of malaria morbidity.

6. IEC and socialization of malaria control.

7. Training and establishment of control network.

8. Link of scientific researches with malaria control.

9. International cooperation.

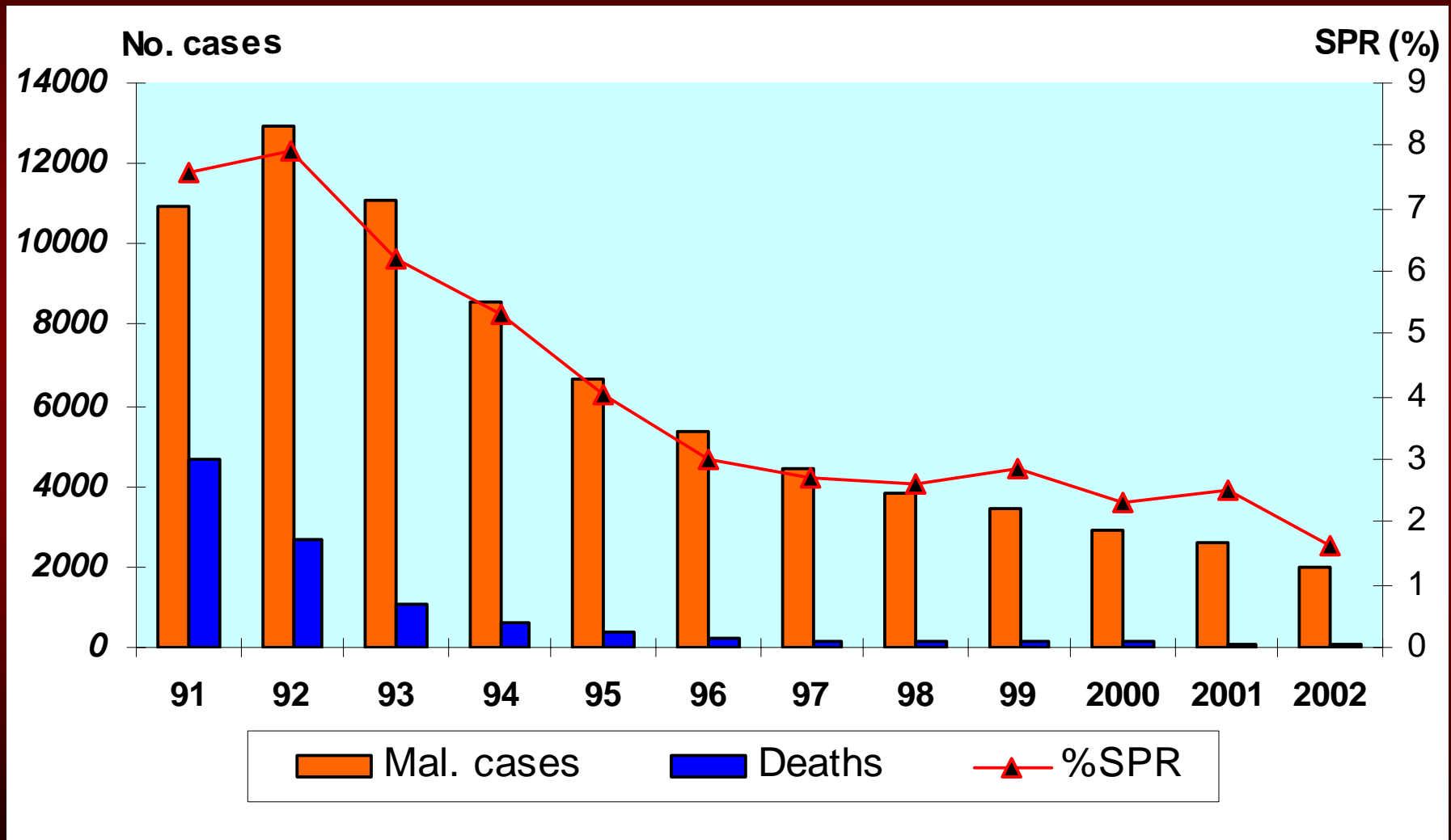
# malaria control in 2000-2002

## Main malaria indicators

<b>Indicators</b>	<b>2000</b>	<b>2002</b>	<b>% <i>Reduced</i></b>
<b>No. of malaria cases</b>	<b>293,016</b>	<b>185,529</b>	<b>-36.7</b>
<b>Morbidity rate/1000</b>	<b>3.84</b>	<b>2.32</b>	<b>-39.6</b>
<b>No. of positive cases</b>	<b>74,329</b>	<b>47,807</b>	<b>-35.7</b>
<b>No. of death</b>	<b>148</b>	<b>50</b>	<b>-66.2</b>
<b>Mortality rate/100.000</b>	<b>0.19</b>	<b>0.06</b>	<b>-68.4</b>
<b>No. of outbreaks</b>	<b>02</b>	<b>0</b>	<b>-100</b>



# MALARIA SITUATION IN VIETNAM 1991-2002



# Main solutions

1. Continue the investment and technical guidance for rolling back malaria in the malaria “hot spots”, high endemic areas and high risk groups .

2. Improve the quality of malaria epidemiological surveillance.

3. Improve the quality of supervision and control of malaria vectors.

4. Improve the quality of malaria diagnosis and treatment.

5. Scientific researches, IEC and international cooperation.

6. Strengthen the socialization of malaria control.

## results of malaria control In the First 6 months of 2003

Indicators	6 months	6 months	% (-) ↓ (+) ↑
<b>No. of malaria cases</b>	<b>2002</b> 52,398	<b>2003</b> 49,352	-9.3
<b>Morbidity rate/1,000</b>	1.84	2.32	-10.6
<b>No. of death</b>	12	24	+100.0
<b>Mortality rate/100,000</b>	0.02	0.03	+50.0
<b>No. of outbreaks</b>	0	0	0

+The cause of mortality increase is big movement of population to highly endemic areas

# Advantages

- High priority given by the Government, Ministry of Health and the various level authorities.
- Collaboration of different sectors.
- Development of suitable & creative malaria control strategy.
- Promotion of internal strength.
- Socialization of malaria control activities.
- International cooperation.

# Problems

- Changes of environment and natural climate.
- Big population in the endemic areas (44 millions).
- The coverage and quality of malaria control activities in the malaria endemic areas are limited.
- Malaria indicators in some areas are still high.
- Illegal migrant people going to and staying over night in the forests.
- Unstable resources, some international supported projects have been finished.

# Orientation and plan of action for malaria control 2003-2004

## 1. General objectives:

- Continue to roll back malaria in the hyper- endemic, forests, remote and border areas.
- Develop and strengthen the sustainable factors for malaria control.

## 2. Specific objectives:

- Reduce morbidity by 5% (to under 2.2/1,000 p.).
- Reduce mortality by 5% (to under 0.6/100,000 p.).
- No big malaria outbreaks.

### **3 . Main measures :**

- 1. Concentrate resources and malaria control activities in the high endemic areas and high risk groups.**
- 2. Improve the quality of malaria epidemiological surveillance, control of vectors, diagnosis and treatment.**
- 3. Strengthen IEC and the socialization of malaria control.**
- 4. Reduce morbidity , mortality , malaria outbreaks and continue to roll back malaria.**









