

Viet Nam

Western Pacific Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	6.8M	7
Low transmission (0-1 case per 1000 population)	67.1M	67
Malaria free (0 cases)	26.4M	26
Total	100.4M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 47 (%)*, <i>P. vivax</i> : 53 (%)
Major anopheles species:	<i>An. minimus</i> s.l., <i>An. minimus</i> species A, <i>An. minimus</i> s.s., <i>An. dirus</i> s.l., <i>An. sundaicus</i> s.l., <i>An. epiroticus</i>
*includes mixed infections and other species of Plasmodium	

Reported cases and deaths	
Presumed and confirmed cases	453
Reported indigenous confirmed cases:	373
Confirmed cases from public sector:	-
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	453
Indigenous deaths:	0

Estimates	
Estimated cases:	373 [373, 373]
Estimated deaths:	0

*Includes cases from the public and community

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	1992
	ITN distributed by mass campaign	Yes	-
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes*	2016
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2007
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	1991
	Malaria diagnosis is free in the private sector	NA	-
Treatment	ACT is free for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2013
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes	2012
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	1960
	G6PD test is a requirement before treatment with primaquine	Yes*	2020
	Directly observed treatment with primaquine is undertaken	Yes*	2014
	System for monitoring of adverse reaction to antimalarials exists	Yes	2000
	Malaria is a notifiable disease	Yes	-
	ACD for case investigation (reactive)	Yes	2000
	ACD at community level of febrile cases (pro-active)	Yes	2000
Surveillance	Mass screening is undertaken	Yes	2015
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes*	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	Yes*	-
	Case investigation undertaken	Yes	-
	Foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2010

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

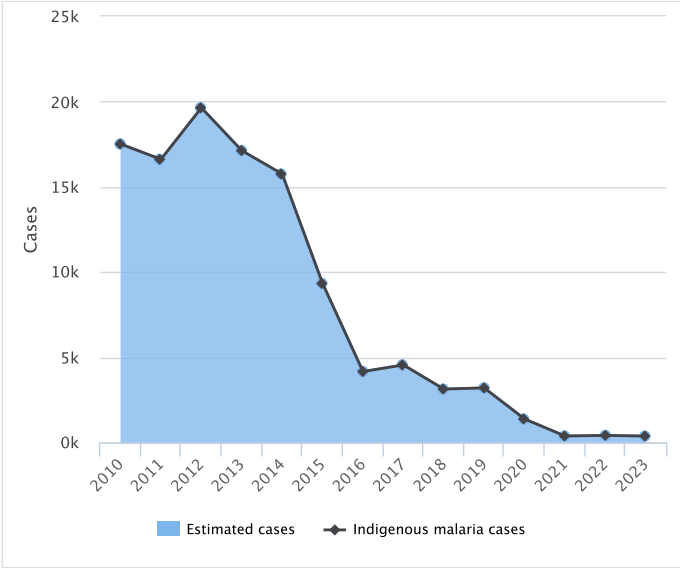
Antimalaria treatment policy					Medicine	Year adopted	
First-line treatment of unconfirmed malaria					AS-PYR; DHA-PPQ+PQ	2022	
First-line treatment of <i>P. falciparum</i>					DHA-PPQ+PQ	2022	
Second-line treatment <i>P. falciparum</i>					QN+CL; QN+D	2022	
Treatment of severe malaria					AS	2022	
Treatment of <i>P. vivax</i>					CQ+PQ	2022	
Dosage of primaquine for radical treatment of <i>P. vivax</i>					0.25 mg/Kg (14 days)		
Type of RDT used (public)					Pf + Pv specific (Combo)		
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS-PY	2017-2023	0	3.2	7.1	42 days	6	<i>P. falciparum</i>
AS-PY	2018-2019	2	2	2	28 days	1	<i>P. vivax</i>
CQ	2015-2016	9.8	9.8	9.8	28 days	1	<i>P. vivax</i>
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
Insecticide class		(% sites) ¹			Vectors ²		Used ³
Carbamates							No
Neonicotinoids							No
Organophosphates							No
Pyrethroids							Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

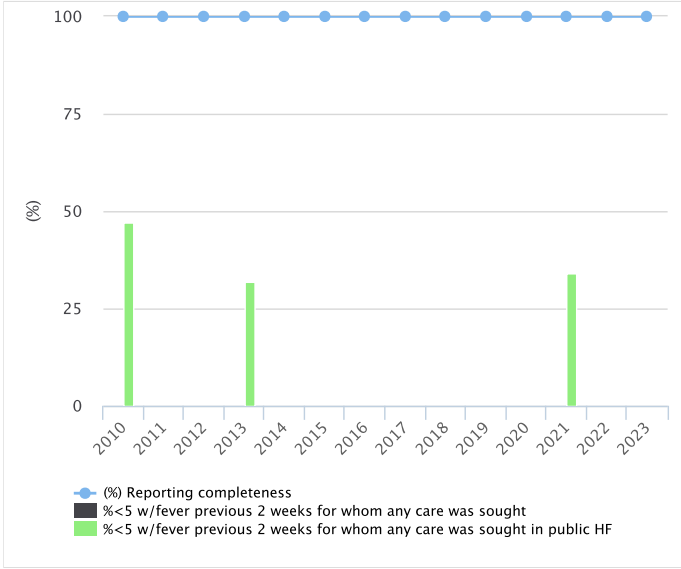
²Vectors reported to exhibit resistance to insecticide class

³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

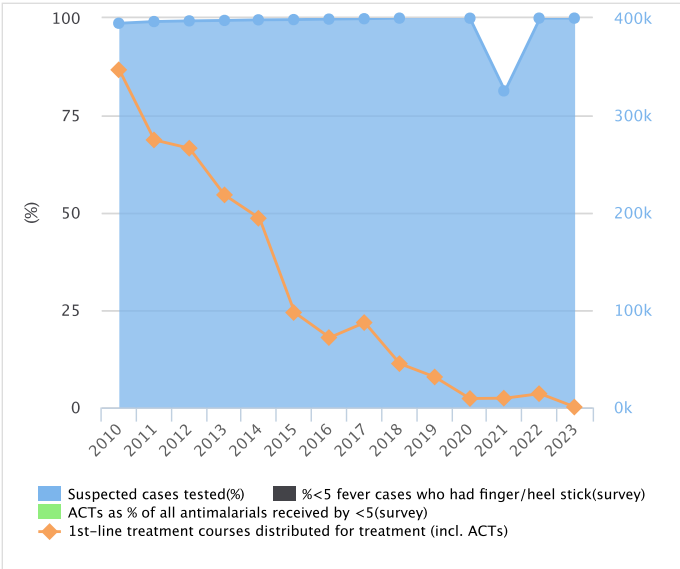
III. Estimated and reported cases



Treatment seeking and reporting completeness

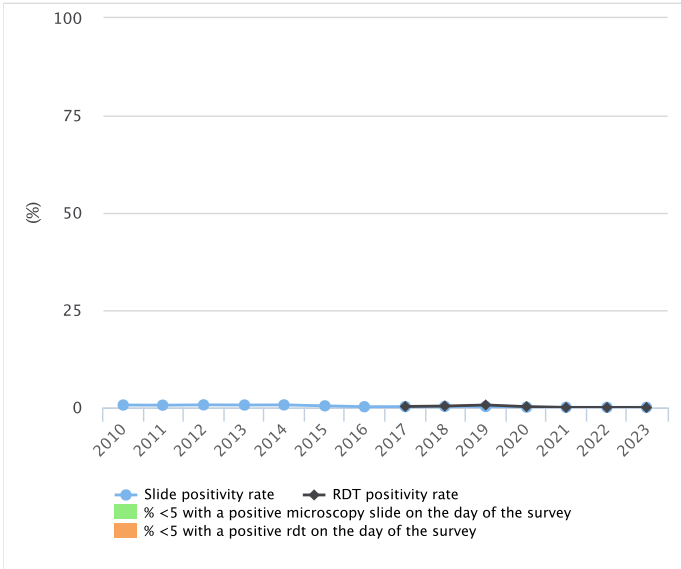


IV. Cases tested and treated

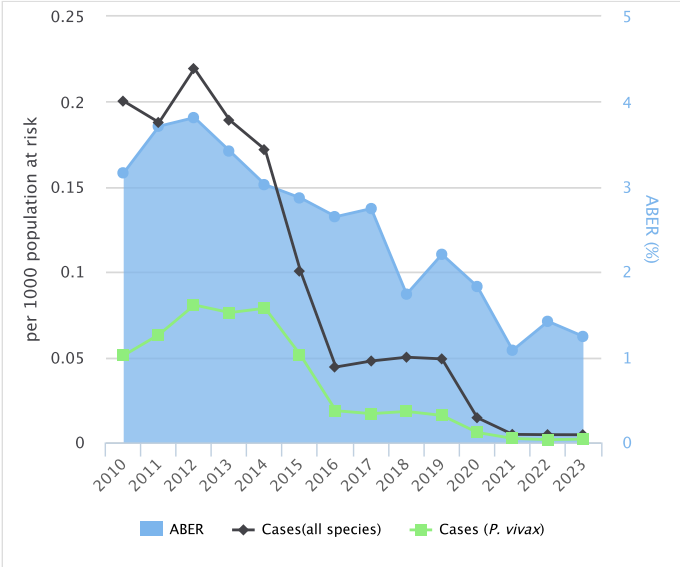


Source: 2010,2013,2021

Test positivity

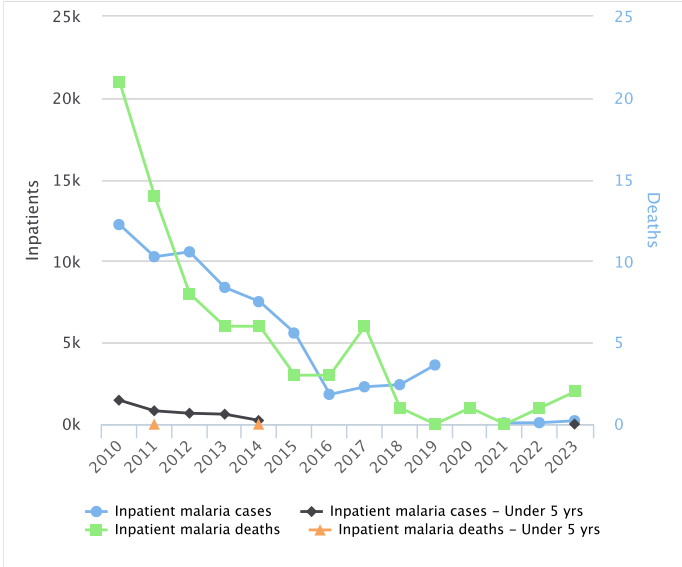


V. Confirmed malaria cases per 1000 population at risk and ABER

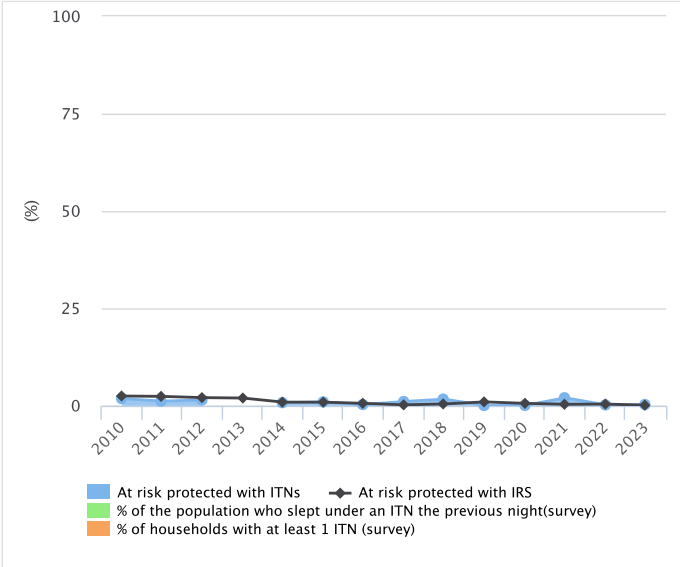


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

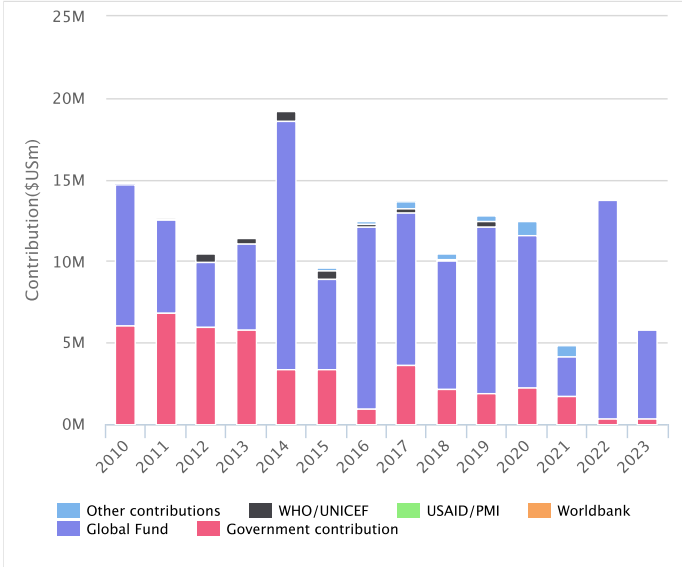
Malaria inpatients and deaths



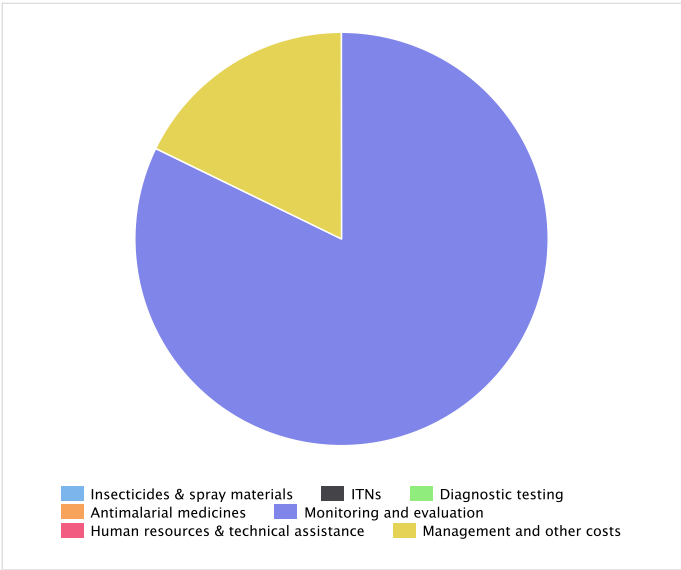
V. Coverage of ITN and IRS



Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes
(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024. Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-erg-report-malaria-burden-session6.pdf \(who.int\)](#)