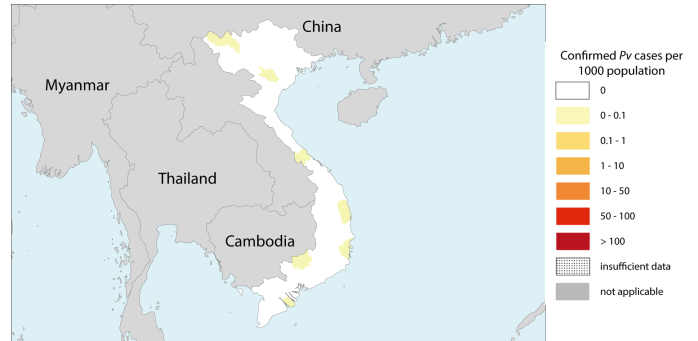


Socialist Republic of Viet Nam

Western Pacific Region



I. Epidemiological Profile

Population Distribution (Country reported)

Population	2024	%
High transmission (>1 case per 1000 population)	243.5K	0.2%
Low transmission (0-1 case per 1000 population)	4.2M	4.2%
Malaria free (0 cases)	97.0M	95.6%
Total	101.5M	100%

Reported Cases and Deaths

Total cases (presumed + confirmed)	353
Total confirmed cases	353
Confirmed cases from public sector (health facility)	275
Confirmed cases at community level	78
Confirmed cases from private sector	0
Reported deaths	0

Parasites and Vectors

Major Plasmodium Species

*P. falciparum**: 46.44%

P. vivax: 21.34%

*Includes mixed infections and other species of Plasmodium

Major Anopheles Species

An. minimus s.l., *An. minimus species A*, *An. minimus s.s.*, *An. dirus s.l.*, *An. sundaicus s.l.*, *An. epiroticus*

WHO Estimates

239
Estimated Cases
Confidence Interval: [-, -]
-
Estimated Deaths
Confidence Interval: [-, -]

II. Intervention policies and strategies

Interventions and Policies

Intervention	Policies/Strategies	Policy	Year
Diagnosis	Malaria diagnosis with either microscopy or RDTs are free in the public sector	Yes	1960
	ACTs for malaria treatment is free in the public sector	Yes	2011
Treatment	ACT is delivered at community	Yes	2011
	Pre-referral Rx with rectal artesunate suppositories at community level	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	The sale of oral artemisinin- based monotherapy drugs	is banned	2011
	IPT	IPT used to prevent malaria during pregnancy	-
IPT	Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation	-	-
	Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation	-	-
	Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation	-	-
	Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation	-	-
	Surveillance	Malaria is a notifiable disease	Yes
Surveillance	Case investigation and classification is undertaken	Yes	-
	Foci investigation and classification is undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2010
	ITN	ITNs distributed free of charge through through mass campaign to all age groups	Yes*
ITN	ITNs distributed free of charge through routine channels to all age groups	Yes	-
	ITNs durability is monitored	Yes	-
	IRS	IRS is an intervention at the NMP	Yes
IRS	DDT is used for IRS	No	-

Antimalarial Treatment Policy

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS-PYR; DHA-PPQ+PQ	2023
First-line treatment of <i>P. falciparum</i>	DHA-PPQ+PQ	2023
For treatment failure of <i>P. falciparum</i>	AS+MQ	2023
Treatment of severe malaria	AS	2023
Treatment of <i>P. vivax</i>	CQ+PQ	2023

Type of RDT used (public)

P.f + P.v 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	Pf
AS-PY	2018-2019	2	2	2	28 days	1	Pv
CQ	2015-2016	9.8	9.8	9.8	28 days	1	Pv
DHA-PPQ	2015-2019	0	4.05	68.1	42 days	18	Pf

Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates	-	-	No
Neonicotinoids	-	-	No
Organophosphates	-	-	No
Pyrethroids	-	-	Yes

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

² Vectors reported to exhibit resistance to insecticide class

³ Class reported as used for malaria control in 2024

Intervention	Policies/Strategies	Policy	Year
Larval source management	Use of Larval source management	Yes	2016

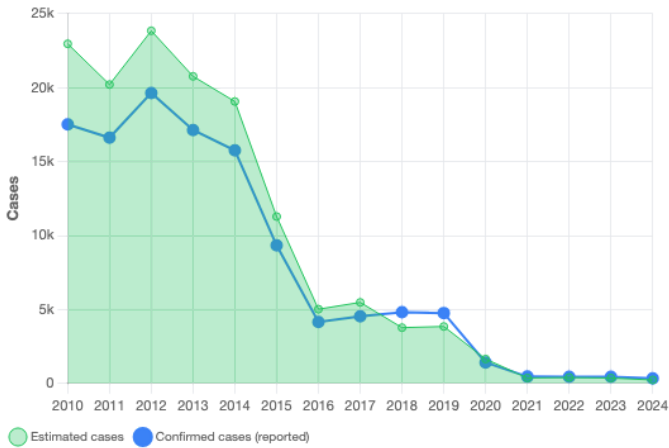
Yes* = Policy adopted, but not implemented in 2024, or no data exist to support implementation

No = Policy does not exist or policy has been discontinued

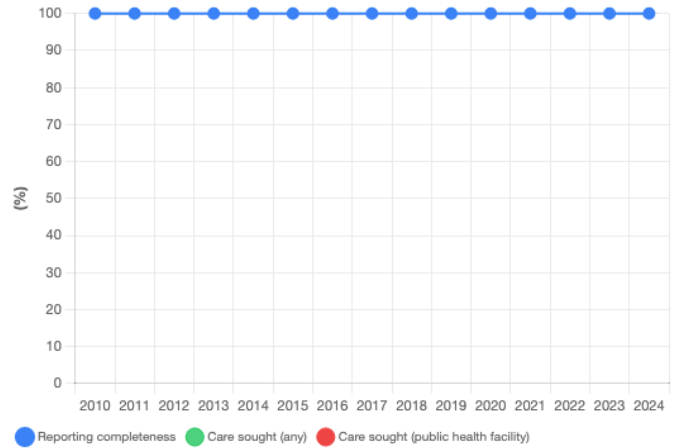
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III. Data Visualization

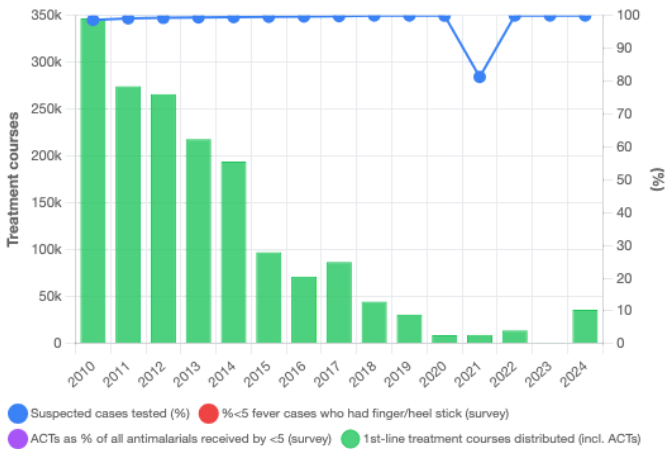
Estimated and reported cases



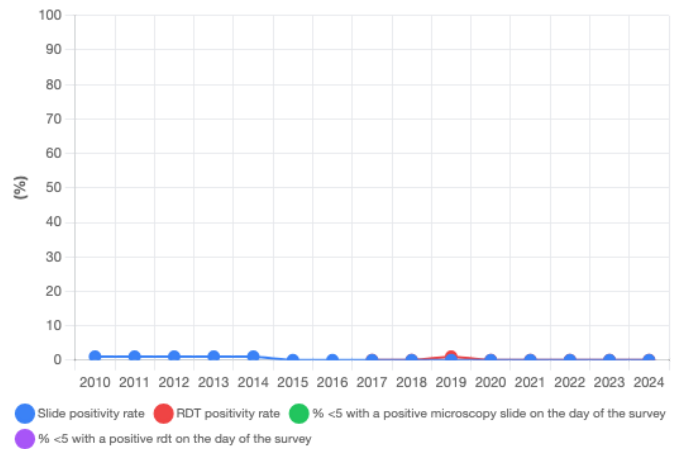
Treatment seeking and reporting completeness



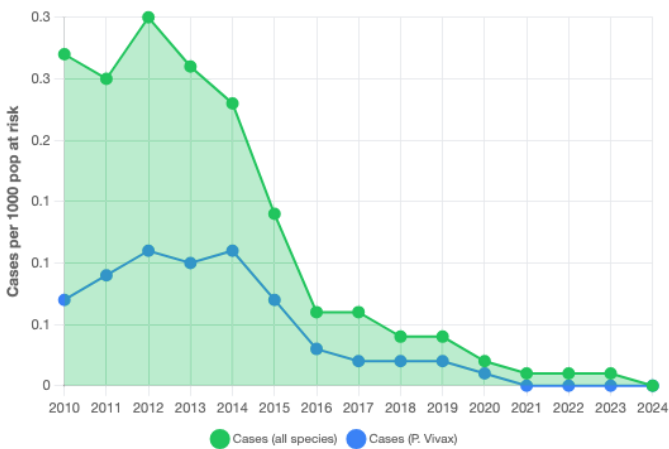
Cases tested and treated



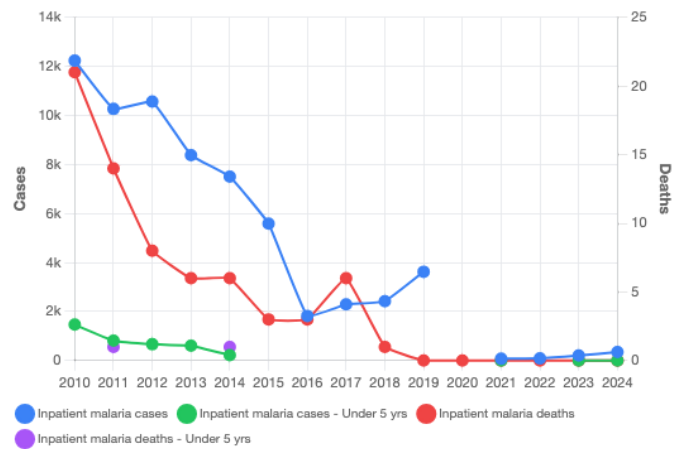
Test positivity



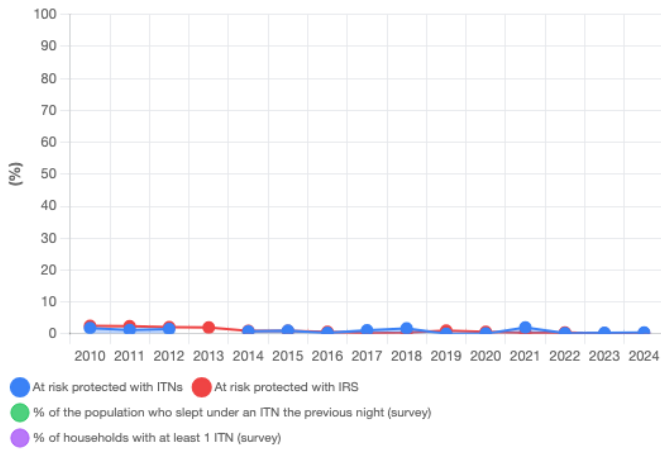
Confirmed malaria cases per 1000 population at risk



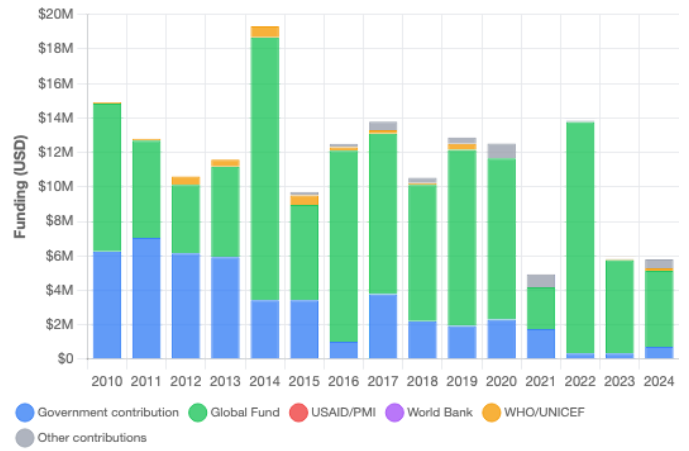
Malaria inpatients and deaths



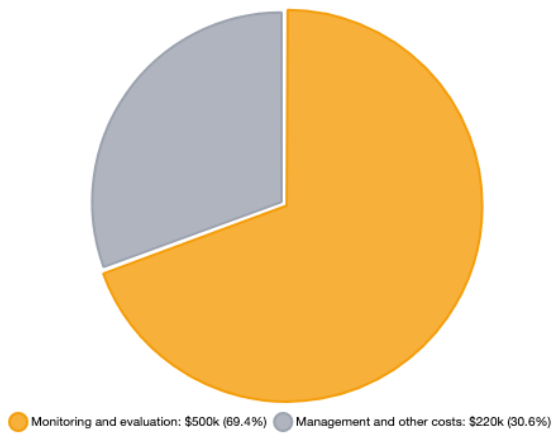
Coverage of ITN and IRS



Sources of financing



Government expenditure by intervention in 2024



Footnotes

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in mpac-april2018-erg-report-malaria-burden-session6.pdf (https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2).

World Malaria Report 2025