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Malaria

Viet Nam: The Will to Succeed

Roll Back Malaria: Inspiring reports

What sets Viet Nam apart from its neighbours is the country's success in controlling malaria. Health, professionals are firm believers that this success is not unique but rather evidence that any country can implement effective malaria control programmes if there is strong government commitment, good organisation and adequate investments. Control can succeed in spite of adverse environmental settings and serious drug resistance to antimalarials.

In Viet Nam, as in other South East Asian developing nations, malaria occurs mainly in forested and hilly areas. The disease also occurs along the rivers of the Mekong Delta, which are filled with brackish water. One third of Viet Nam's 77 million citizens live in rural communities and villages where malaria is endemic or there is a risk of epidemics.

People still remember the epidemics of 1991192 during which more than two million people were affected by malaria and nearly 7,500 died. In 1991 alone 144 epidemics were recorded. A six-year onslaught on malaria succeeded in reducing malaria deaths by 97 per cent - with 152 in 1997 - and malaria cases by 59 per cent. Malaria epidemics have declined by 92 per cent with only 11 small outbreaks recorded in 1997.

In 1998 the prolonged drought associated with 'El Nino" led to increasing population movements and many people had to look for food in the forests. Consequently, malaria flared up in certain areas, though not on a large scale.

Malaria control efforts were intensified in 1991 and have achieved a reduction in the number of deaths, severe cases of malaria and malaria illness but failed to control transmission on a large scale.

Several factors have contributed towards Viet Nam's early success. During the early '90s the country's malaria control programme was identified as a national health priority. With decisive action and strong political will, funds were allocated towards malaria control, health care services were strengthened and revitalised down to the village level. Gradually, over the ensuing years, successful decentralisation of malaria control efforts took place.

Production and use of new antimalarials such as artemisinin and its derivatives was stepped up. Collaboration between industry and researchers led to the local production of artemisinin and related drugs for the treatment of multi-resistant and severe malaria. The artemisinin drugs used for centuries in traditional Chinese and Vietnamese medicine had been rediscovered by Chinese scientists in the 1970s. In Viet Nam the new drugs were provided to thousands of patients across the country. The extended availability and accessibility of artemisinin during the sevenyear period was possibly the most important determining factor in the reduction of deaths and severe cases.

From 1995 onwards insecticides in the residual synthetic group of environmentally-friendly pyrethroids were introduced. They were used for impregnating bednets and house-spraying. The impregnation of bednets was provided as a free service to people living in malaria endemic areas and nearly ten million people are now protected by this method. Ongoing trials in Viet Nam have shown that the effectiveness of treated bednets for preventing malaria is comparable to that of spraying houses with insecticides.

A national evaluation of malaria control in 1995 showed that malaria had decreased in most areas where impregnated bednets had been introduced, but not in all of them. Where the use of bednets had been ineffective it was often found that the people did not know that the nets were for their protection against malaria. Obviously more community education is required to ensure proper bednet usage.

Another malaria control activity has been the strengthening of grassroots activities. Hamlet health networks were introduced for early detection, diagnosis and treatment. Local microscopists were trained and new equipment was installed. District mobile teams were organised to supervise health workers in selected areas with endemic malaria.

Socialisation of malaria control also paid off. Both the government and its foreign partners encouraged communities, civilian groups and volunteers to participate. Impregnated nets, insecticides and medicines were given free to the poor and to ethnic minorities. Training health volunteers and educating the public were instrumental to the programme's success. Finally, epidemiological activities such as surveillance, epidemic forecasting, analysis and epidemiological stratification were strengthened.

Experiences over the last nine years have highlighted a number of interventions that have contributed to the reduction of malaria in the country. While Vietnamese achievements in malaria control are promising, setbacks have not been uncommon. Through trial and error lessons have been learned that can pave the way for sustained future success.

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Kontakt

Deutschschweiz
Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicusmundi.ch

Suisse romande
Medicus Mundi Suisse
Rue de Varembé 1
CH-1202 Genève
Tél. +41 22 920 08 08
contact@medicusmundi.ch

Bankverbindung
Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX