

3.3. The Experience of Anti-Malarial Drug Resistance in Asia

The “example from Vietnam” was presented as well as data from Thailand, Myanmar and Cambodia. In the case of Vietnam, during the period 1986-1990 *Plasmodium falciparum* was: resistant to Chloroquine 78.2% in vivo (RII+RIII) and 84.6% in vitro; Fansidar 73.6% in vivo; Amodiaquine 23.6 (in vivo) and 25% (in vitro); Quinine 4.2% (in vitro) and Mefloquine 3.4% in vivo and 1.1 (in vitro).

Drug resistance has decreased (in vivo) during the period 1997-1990 and the sensitivity is good for Mefloquine (96.4%); combination Artemisine + Mefloquine (100%); sensitivity is also good for other derivatives of artemisine, such as Artemisinin produced in Vietnam, extracted from Artemisia annual-L (Thanh hao plant).

Artemisinin has been effective in reducing mortality due to malaria, from 3.95 to 0.25 per 100,000 population, during the period 1992-1999.

In areas of high malaria endemicity the prevention and control program has included vector control. This has involved spraying insecticides and impregnating mosquito netting, training local leaders and pharmacists, entering into special agreements with persons and institutions distributing anti-malarial drugs and encouraging community participation.