



APLMA Case Study

In partnership with PATH in Vietnam

Strengthening Provincial Resource Mobilization for Malaria: Lessons from Khánh Hòa and Lai Châu

February 2026



Malaria patient screening at the village level. (Photo: PATH in Vietnam)

Acknowledgements

This case study was developed in partnership between APLMA and PATH in Vietnam.

About Asia Pacific Leaders Malaria Alliance (APLMA)

Uniting the Heads of Government across Asia Pacific to achieve malaria elimination by 2030, the Asia Pacific Leaders Malaria Alliance (APLMA) was formed at the behest of the Prime Ministers of Australia and Viet Nam at the 8th East Asia Summit in 2013. APLMA serves as a regional mechanism for technical advocacy, health diplomacy, and high-level convenings that build and sustain momentum towards the elimination goal.

About PATH

PATH is a global organization that solves the world's most pressing health challenges by bringing together public institutions, businesses, social enterprises, and investors. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions when and where they are needed most—including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

Introduction

Viet Nam has achieved remarkable success in reducing its indigenous malaria burden from close to 10,000 in 2015, to less than 300 a decade later (1,2). As Viet Nam progresses towards its goal of eliminating all malaria species by 2030, advancing these gains presents a critical set of challenges.

Over the past four years (2021–2024), the number of indigenous cases has slowly plateaued, with 353 cases reported in 2024 (2). Transmission has become increasingly focalized, with provinces such as **Khánh Hòa** and **Lai Châu** carrying a disproportionate share of the national burden. In 2024, the two provinces accounted for **60.9% of all reported malaria cases nationwide** (199 in Khánh Hòa; 16 in Lai Châu). Their contribution remained substantial in the first 42 weeks of 2025, representing **43.2% of reported cases** (93 in Khánh Hòa; 3 in Lai Châu). Both provinces have also experienced **persistent outbreaks in the past few years**. This includes a prolonged *P. malariae* outbreak in Khánh Vĩnh District beginning in 2023 (3), as well as a multi-year outbreak of *P. vivax* malaria in Lai Châu that began in 2019 (4). These hotspots represent some of the final hurdles to achieving nationwide malaria elimination.

At the same time, declining and further expected reductions in international donor support have made mobilizing **domestic resources for malaria** more urgent than ever. In Viet Nam's decentralized governance structure, this responsibility falls primarily to provincial budgets. Yet the absence of designated malaria budget lines and standardized costing norms has led to allocations driven by historical precedent rather than real-time epidemiological needs. This has produced notable inequities and inefficiencies. Some provinces have been able to finance essential commodities but lack sufficient resources for surveillance, community engagement, or vector control. Others have allocated funds but face delays in disbursement due to procedural requirements or unclear expenditure rules. Such fragmentation increases the risk of uneven programme performance precisely at a time when the malaria burden is increasingly concentrated in a small number of high-transmission areas.

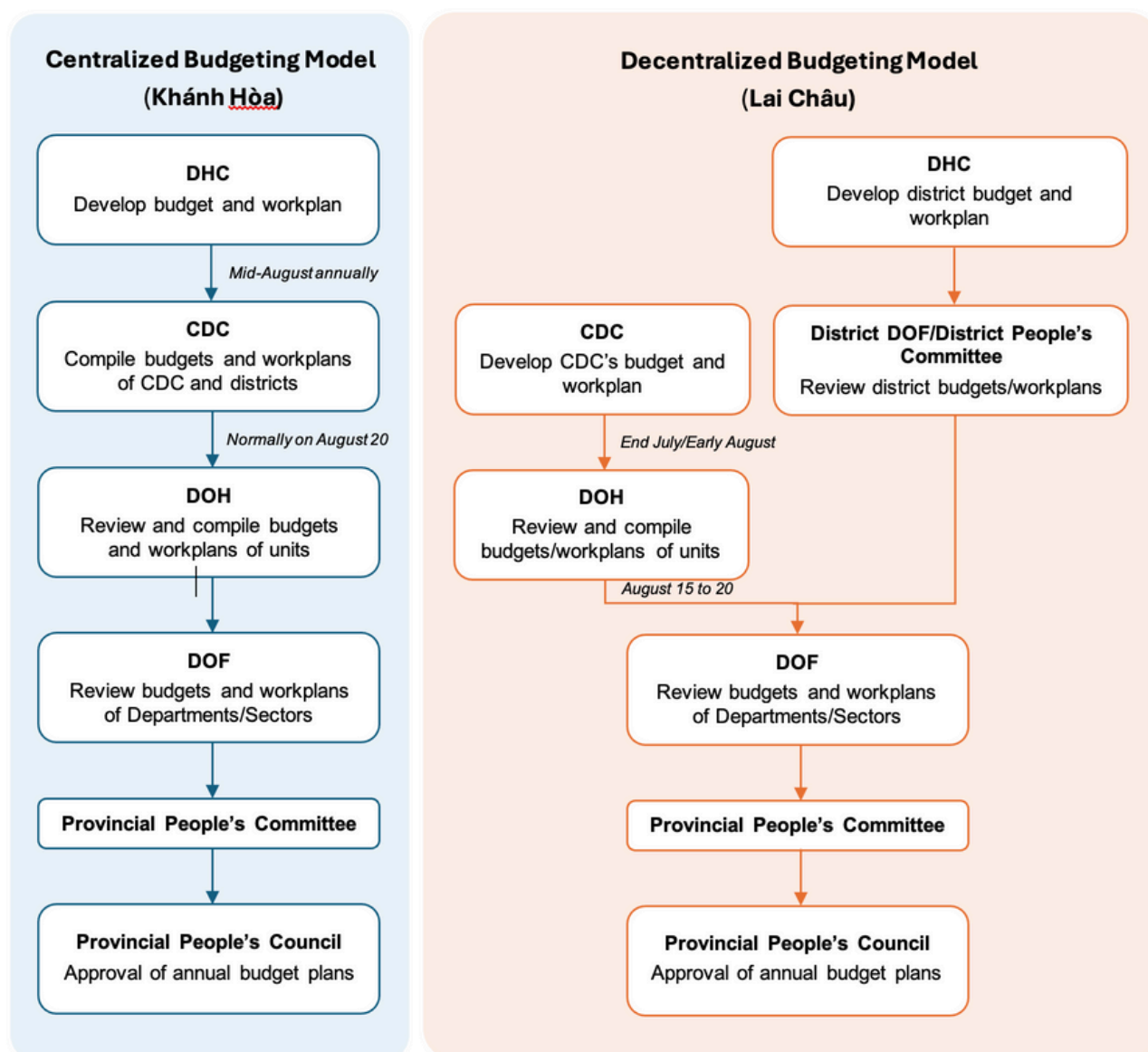
To address these systemic challenges and to identify scalable approaches for strengthening domestic resource mobilization, Asia Pacific Leaders Malaria Alliance (APLMA) and PATH partnered with the National Institute of Malariology, Parasitology and Entomology (NIMPE) to conduct focused provincial-level advocacy in Khánh Hòa and Lai Châu in 2024. The two provinces' epidemiological importance, coupled with documented gaps in budget planning and execution, made them ideal demonstration sites. Their experience offers critical insights into how Viet Nam can consolidate hard-won gains and ensure that financing mechanisms are robust enough to support the country's last mile towards malaria elimination.

Key Challenge

Viet Nam currently applies two different subnational models (Figure 1) for approving annual malaria budgets. The first is a **centralized budgeting model**, used in **Khánh Hòa**, where all district and commune plans are aggregated by the provincial Center for Disease Control (CDC) into a single proposal. This consolidated package is then reviewed sequentially by the Department of Health (DOH), Department of Finance (DOF), and the Provincial People's Committee. While the model allows for coordinated planning, the release of funds, like in all provinces, remains dependent on the approval of formal cost norms and expenditure categories. During the 2023 malaria surge in Khánh Vĩnh District, which accounted for 94% of provincial cases, the absence of approved cost norms delayed disbursement despite adequate allocation. As a result, unspent 2023 funds had to be rolled over into 2024, illustrating a key limitation of centralized systems: available resources cannot always be deployed quickly in emergencies.

In contrast, **Lai Châu** uses a **decentralized or dual-track budgeting model**, where the provincial CDC and each district independently prepare their malaria budgets. The CDC submits its plan through the DOH and DOF, while districts route theirs through District People's Committees before provincial consolidation. However, approved budgets in Lai Châu have historically been lower than proposed. As a result, critical activities such as surveillance and community outreach are financed from the CDC's routine preventive-medicine budget. During the 2023 outbreak in Mường Tè District, funding gaps led the province to mobilize private sector support, which included 150 litres of insecticide and 20,000 chloroquine tablets. This ad hoc approach highlights the absence of institutionalized contingency financing, and the systemic fragility that can arise under decentralized budgeting processes.

Together, these two provinces illustrate how differing budgeting structures can create distinct constraints for malaria programmes and underscore the need for enhanced domestic resource mobilization at the provincial level.

Figure 1. Comparison of Centralized Budgeting Model and Decentralized Budgeting Model ^a

Case Analysis

To strengthen provincial resource mobilization for malaria, APLMA and PATH convened two multisectoral advocacy workshops in 2024 – one in Khánh Hòa and one in Lai Châu. These convenings brought together the institutions responsible for budget planning, approval, and execution, creating a rare forum for coordinated dialogue across health, finance, and other local government officials. The discussions directly informed the 2025 planning cycle, and contributed to **increased malaria budget allocations in both provinces, marking a concrete step towards more sustainable malaria financing.**

The multisectoral format proved crucial for enabling CDCs to engage decision-makers beyond the health sector. For many participants, this was the first time malaria epidemiology, programme priorities, and financing needs were presented in an integrated way. This strengthened cross-sector understanding and enabled CDCs to advocate more proactively for budget resources through active dialogue, rather than relying on passive proposal submission.

^a These two budgeting models were in use prior to the July 2025 nationwide administrative reforms.

Workshop Approach

To support these advocacy workshops, APLMA and PATH undertook a structured preparation and facilitation process. Prior to each workshop, PATH conducted interviews with provincial leaders and staff responsible for budget development to map existing budgeting processes and identify key approval bottlenecks. This informed a joint review of the proposed 2025 malaria budgets, the identification of priority departments for engagement, and the refinement of core advocacy messages. Given the timing of the workshops towards the end of the annual planning cycle, close follow-up with participating agencies was essential to secure multisectoral attendance.

During the workshops, facilitation was led jointly by NIMPE and provincial DOHs, providing both technical authority and subnational leadership. Discussions were organized around two core pillars – technical priorities and domestic budget mobilization – to ensure that budgetary decisions were grounded in operational realities and aligned with national and provincial elimination goals. Participants from provincial, district, and commune levels were actively engaged to reflect on local transmission patterns, implementation challenges, and service delivery needs, including diagnostics, high-risk population management, and risk communication. This structured and participatory approach enabled stakeholders to converge on priority actions and financing strategies, including the approval of cost norms, the mobilization of corporate social responsibility (CSR) contributions, and preparations for increased decentralization in 2025. The process helped translate diverse inputs into a coherent set of shared commitments for the next implementation period.



Blood sampling for malaria testing among residents of Khánh Vĩnh District, Khánh Hòa Province.
(Photo: PATH in Vietnam)

Khánh Hòa Province

Held in Nha Trang City, the 18 November 2024 workshop convened 38 key stakeholders, including representatives from NIMPE, the Department of Planning and Investment, Department of Health, Provincial CDC, District Health Centres, Provincial Public Security, Khánh Hòa Radio and Television, and *Khánh Hòa Newspaper*.

The workshop produced major financing gains for the province. Khánh Hòa's Provincial CDC successfully advocated for an expanded, consolidated malaria budget line, which increased from **VND 1.33 billion (USD 52,000) in 2024 to VND 2.06 billion (USD 81,000) in 2025 – a 56% increase**. The largest allocations in 2025 come from the Provincial CDC (VND 1.16 billion, ~USD 45,800) and Khánh Vĩnh District, the site of recent outbreaks (VND 675 million, ~USD 26,500). The most substantial relative increase occurred in surveillance, following presentations by district-level staff during the workshop that highlighted persistent surveillance bottlenecks and the need for greater operational resourcing.

In addition to higher budget allocations, the workshop further strengthened the case for the Department of Finance to endorse new malaria cost norms for 2025. These updated norms enable faster disbursement and expand the range of eligible operational expenditures, addressing previous delays caused by procedural restrictions. Collectively, these shifts illustrate how Viet Nam's centralized budgeting model can perform effectively when multisectoral policy dialogue aligns fiscal authority with programme needs, enabling both sufficient funding and the flexibility required for timely malaria response.



Representatives from the Khánh Hòa Department of Health, Khánh Hòa Center for Disease Control, PATH, APLMA, and community groups at the Conference on Planning and Budgeting for Malaria Prevention and Control in Khánh Hòa Province. (Photo: PATH in Vietnam)

Lai Châu Province

Held in Lai Châu City, the 24 December 2024 workshop brought together 28 key stakeholders, including representatives from NIMPE, the Department of Planning and Investment, Department of Health, Provincial CDC, Mường Tè District People's Committee, District Health Centres, and Provincial Public Security.

The workshop resulted in several concrete commitments. Stakeholders agreed to map all project and domestic budgets, establish a single province-wide malaria budget line for 2025, and explore integrating malaria activities into broader preventive health training programmes. These steps were designed to improve transparency, avoid duplication, and ensure more predictable financing for essential malaria interventions.

The impact on provincial financing was substantial. The malaria budget increased from **VND 566 million (USD 22,000) in 2024** to **VND 823 million (USD 32,000) in 2025 – a 45% increase**. The province also endorsed a forward estimate of **VND 1.1–1.25 billion (USD 43,000–49,000)** for 2026–2027. Notably, Mường Tè District secured dedicated budget lines for surveillance and IEC activities, both of which had previously been unfunded at district level. The 2025 budget also includes specific allocations for malaria commodities and medicines (including chloroquine) to support upcoming mass drug administration (MDA) rounds. Together, these commitments reflect a strengthened and more coordinated domestic financing approach within the province.



Representatives from the Lai Châu Department of Health, Lai Châu Center for Disease Control, PATH, APLMA, and community groups at the Conference on Planning and Budgeting for Malaria Prevention and Control in Lai Châu Province. (Photo: PATH in Vietnam)

Key Learnings

Taken together, the two advocacy workshops in Khánh Hòa and Lai Châu surfaced several common learnings that can guide the strengthening of malaria budget advocacy (MBA) and domestic resource mobilization across other provinces.

1. Understanding provincial budgeting models enables tailored support.

The contrast between Khánh Hòa's centralized model and Lai Châu's decentralized model highlighted how budgeting architecture influences planning, approval, and disbursement processes. Recognizing these differences allows partners and national programmes to provide more targeted technical guidance. These insights can directly inform updates to the *2026–2030 National Malaria Elimination Plan*, future MBA materials, and revisions to preventive service cost norms, in turn strengthening overall provincial planning.

2. The workshops demonstrated a strong foundation for strengthening provincial budget advocacy capacity.

Both workshops revealed high interest among provincial and district staff, while also showing that budget development often relies on historical allocations rather than detailed situation analyses. The workshops were the first of their kind to be held in both provinces, illustrating the significant opportunity to formalize and scale such efforts.

3. There is clear potential to integrate budget advocacy into routine planning cycles.

Discussions in both provinces showed that systematic advocacy is not yet embedded in annual workplans, but the workshops generated momentum and highlighted the value of jointly reviewing needs, gaps, and financing options. Institutionalizing this process would help ensure that provincial plans and budgets more accurately reflect programme realities.

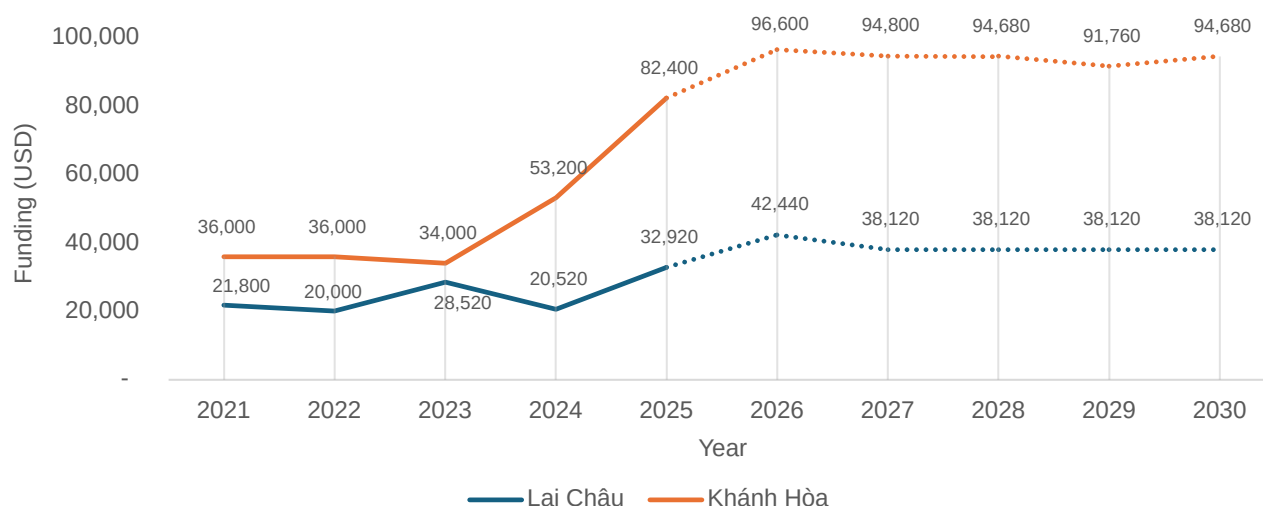
4. Provinces demonstrated willingness to mobilize diverse funding sources.

Lai Châu's experience securing private sector contributions during the 2023 outbreak shows the feasibility of expanding non-government financing streams. The workshops highlighted a broader opportunity to strengthen provincial awareness of available funding channels and to strategically engage government, private sector, and community partners in support of malaria elimination.

Moving Forward

Following the multisectoral engagements in Lai Châu and Khánh Hòa, both provinces showed clear increases in their 2025 allocations (Figure 2), demonstrating the tangible gains of coordinated MBA. At the same time, the projected funding needs for 2026–2030 highlight a widening gap that will require sustained advocacy efforts to address.

Figure 2. Provincial Funding Provisions Towards Malaria (2021 - 2025) and Projected Funding Needs (2026 - 2030)^b



Source: Draft National Action Plan for Malaria (2026 – 2030), Lai Châu and Khánh Hòa provincial CDCs

Building on this momentum, several priority actions can help provinces strengthen domestic resource mobilization and maintain progress towards elimination:

1. Strengthen provincial capacity for malaria budget advocacy

The increases achieved in 2025 showcase what is possible when provinces are supported to analyze needs, articulate budget gaps, and advocate effectively. To sustain and build on these gains, targeted capacity building for DOH, CDC, and District Health Centre staff will be essential. Training should focus on situation analysis, costed planning, evidence-based advocacy, and the development of provincial budget strategies. Regularizing MBA workshops within the annual planning cycles will help institutionalize these skills and ensure they are applied consistently.

2. Promote multi-source financing tailored to provincial context

The projected funding needs highlight the importance of diversifying financing beyond traditional sources. Provinces can adopt context-specific strategies that combine central government support, donor contributions, and private sector or CSR funding. Provinces with stronger economic capacity may rely more heavily on government budgets, while those with tighter budgets may benefit from more intentional engagement with non-government partners. This multi-source approach will help ensure that future malaria activities are sustainably financed.

3. Institutionalize MBA workshops as part of routine budgeting processes

To keep provincial budgets aligned with epidemiological realities and projected needs, MBA workshops should be held annually. These workshops should: update stakeholders on anticipated declines in external funding; present detailed activity requirements and quantified funding gaps; and identify opportunities to mobilize additional government and non-government resources. Embedding MBA within routine planning cycles will help provinces respond proactively to future funding needs.

4. Integrate malaria activities into broader health programmes

Given the projected increase in resource needs, integrating selected malaria activities into existing preventive health programmes can help provinces reduce costs while maintaining coverage. Activities such as training, supervision, and community outreach can be combined with broader health initiatives, increasing efficiency and improving coordination across programmes.

It is also worth noting that in July 2025, Viet Nam implemented nationwide administrative reforms, which merged selected provinces and removed district-level governance. These changes may require new coordination arrangements, updated planning processes, and stronger alignment of priorities across newly combined provincial administrations for future MBA efforts. At the same time, shifting responsibility for malaria budgeting, planning, and implementation has increased the importance of clear guidance, targeted capacity building (particularly at commune level), and streamlined reporting and accountability systems. This also represents an opportunity to integrate MBA more firmly into local decision-making structures. In this evolving context, the priority actions outlined above have become even more critical.

Conclusion

The results achieved in Khánh Hòa and Lai Châu illustrate how structured MBA can strengthen provincial financing systems and generate tangible increases in resources for elimination. These provinces offer practical demonstration models for how MBA can be applied more widely, particularly in “Prevention of Reestablishment (POR) provinces” where domestic resource mobilization for malaria has often been most limited. Scaling up this approach is increasingly important as Viet Nam faces a rapidly shifting donor landscape, with expected reductions in the next Global Fund cycle in 2026. Sustained, province-led advocacy and resource mobilization will be critical to sustaining Viet Nam’s progresses and supporting its 2030 malaria elimination goal.

^b An exchange rate of 1 VND = 0.00004 USD was applied for the project period



A community engagement session on malaria prevention and control. (Photo: PATH in Vietnam)

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