



Development Policy 2019

Session (15): Public Health and Social Care

# Schedule

- What has been done to improve public health and sanitation and what can be done for further to meet the MDGs and the SDGs which contain several targets for health condition in developing countries?
- What is the 21<sup>st</sup> century's biggest health challenge for Vietnam and the world?

# Health, Social Care & Development

- Conceptual relationships
- **Public health:** the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society (Acheson, 1988).
- **Health promotion:** the process of enabling people to increase control over and to improve their health (WHO, 1986).
- **Sustainable development:** development which meets the needs of the present without compromising the ability of future generations to their own needs (World Commission on Environment and Development, 1987).



“Human beings are at the center of concerns for sustainable development, they are entitled to a healthy and productive life in harmony with nature.” (United Nations, 1992)

# Key Goals of MDGs | SDGs

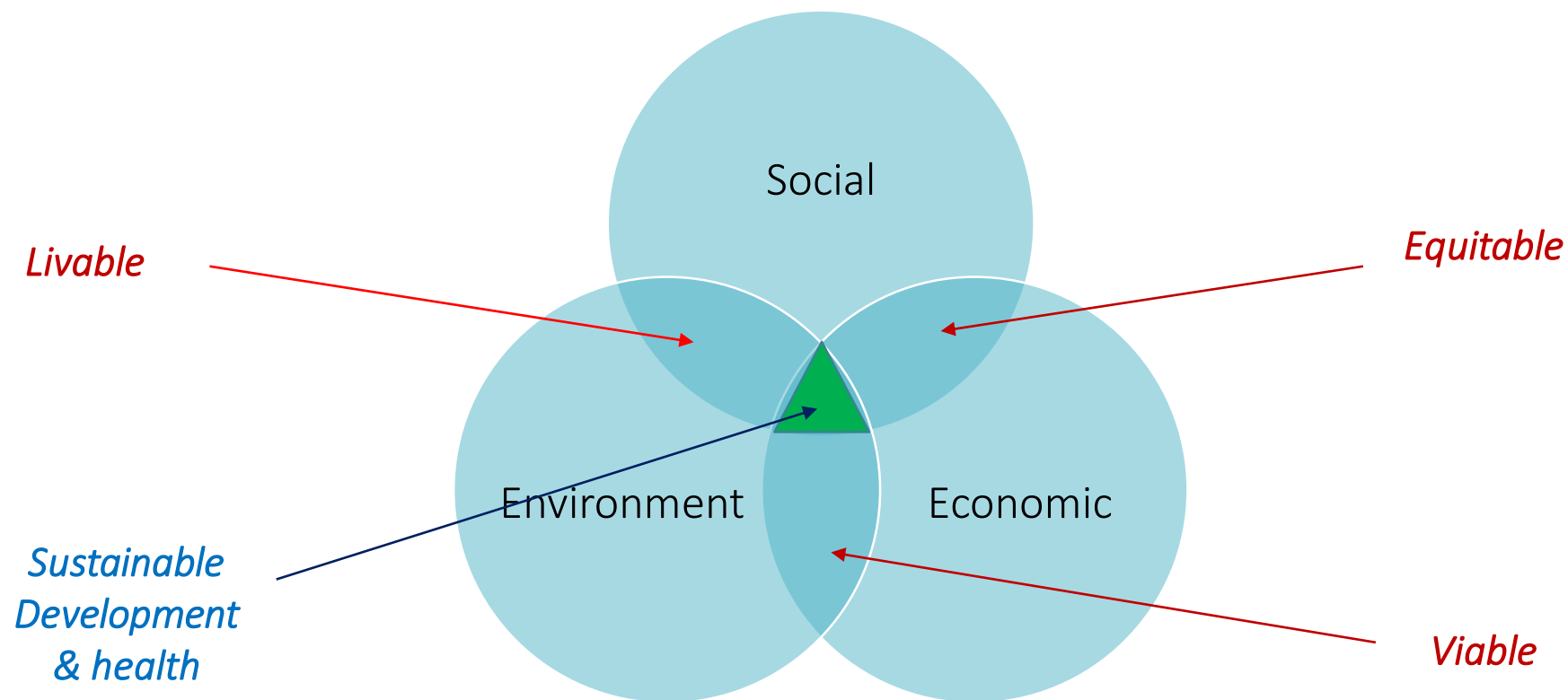


- Core areas of MDGs were public health situation – G4 (child mortality), G5 (maternal health), G6 (disease).
- G7 (sustainable environment) is also closely linked to public health and social care agenda.
- Highlights cross-sectoral links of health, education, water, sanitation, poverty reduction, and growth.
- Sustainable Development Goals: G3 (good health and well-being)

# Is Growth Enough?

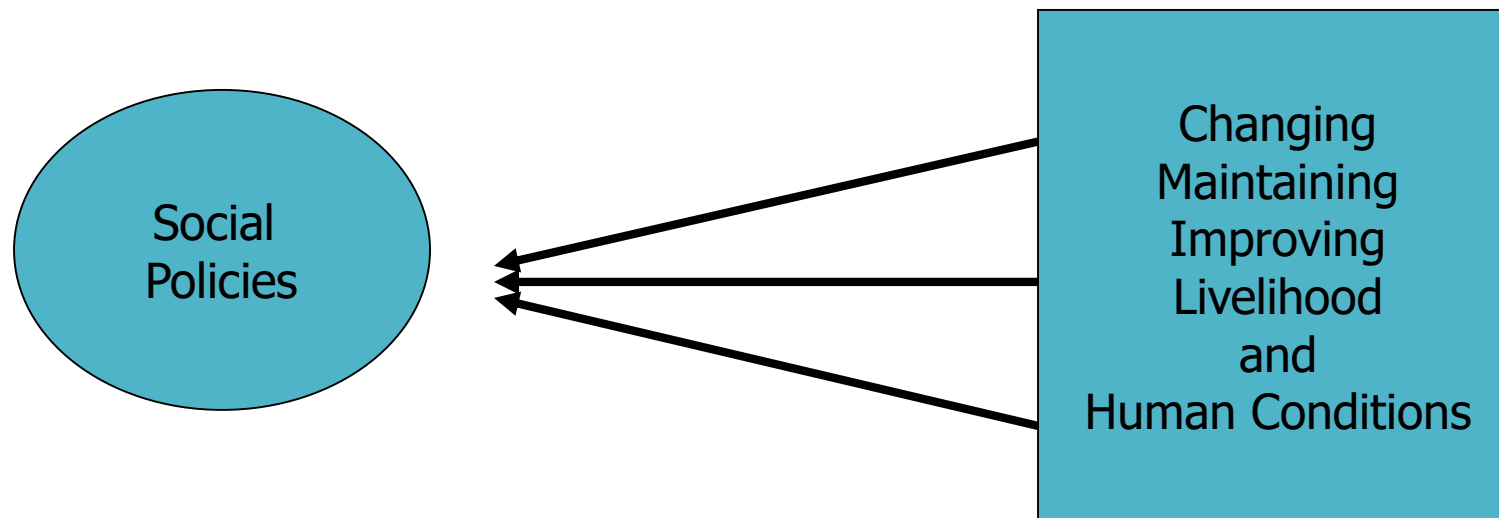
- Income elasticity of health outcomes low: economic growth alone cannot be expected to deliver MDGs | SDGs outcomes.
- Wide variation with regard to impact of income on health MDGs: although “wealthier is healthier” on average, but several examples show that economic growth is neither necessary nor sufficient to attain health outcomes.
- ✓ Cuba, Sri Lanka, pre-reform China, and Kerala (India) demonstrate that rapid economic growth is **not** a pre-condition for health improvements.
- ✓ Many countries have had improvements in child mortality **without** economic growth.
- ✓ Other factors such as education, institutions, and political environment are important.

# Building Healthy & Sustainable



# Beyond Public Health

- Interests in **social care, well-being, and social policies** have been increasing.
- Social policies are public policies or governmental responses to problems such as human services, welfare, health problems, inequality, housing, social insurance (broadly includes labor policies and education policies as well).



# Then Why Public Intervention?

- To provide social & health services with collective benefits (public vs. personal social & health services).
- Contribute to the redistribution and equity.
- Often social & health insurance market failures (affordability).
- Other **market failures (e.g. expensive service for the poor)** in the direct consumption and provision of social & health services → often linked not only to the provision of social & health services, but also to interventions outside the social & health sector (\*\*e.g.: access to clean water, education for mothers, behavioral changes etc.)



# Lowest Investment in East Asia – Similar?

1. *Low public expenditure on social care*
2. *Productivist social policy focused on economic growth*
3. *Hostility to the idea of the welfare state*
4. *Strong residualist elements*
5. *Central role for the family*
6. *Regulatory and enabling role for the state*
7. *Piecemeal, pragmatic and ad hoc social development;*
8. *Use of welfare to build legitimacy stability and support for the state; and*
9. *Limited commitment to the notion of welfare as a right of citizenship.*

9 features about  
East Asian Social  
Policies  
“Productive Welfare  
State”  
(Ian Holiday, 2000)



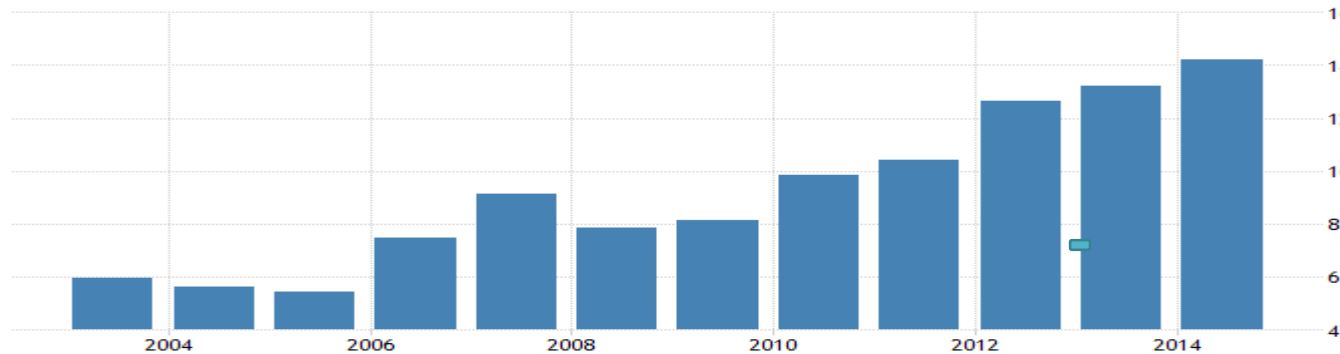
It is characterized by...high rates of economic growth into the 1990s, low rates of taxation, public expenditure and social provision, and considerable social stability even during the ‘Asian Crisis’ of the late 1990s (Paul Wilding, 2000)

# But Changing Environment Requires Government Intervention

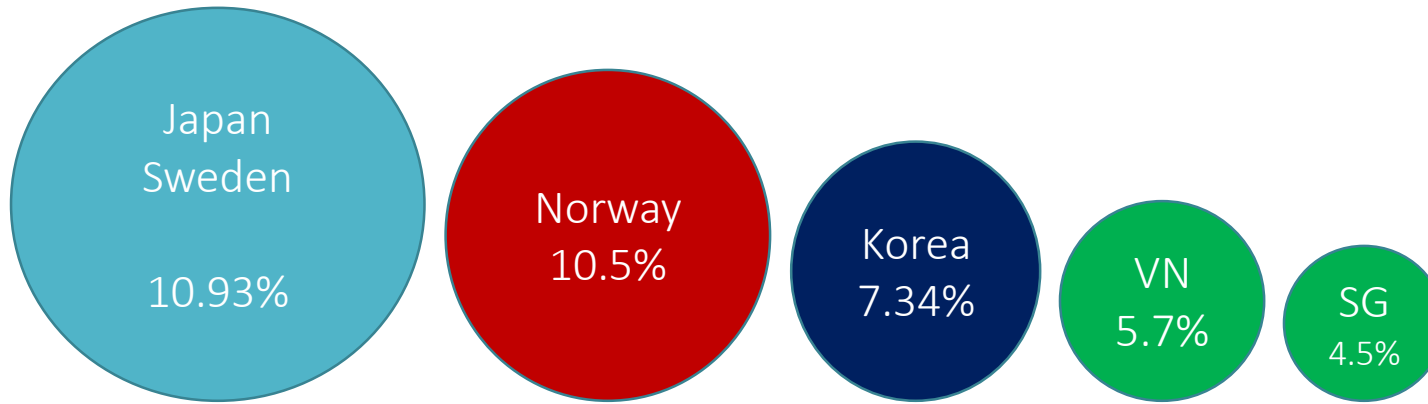
- Japan's original policy orientation: economic policy first, welfare is individual responsibility → worked during the Japanese miracle period.
- Even since mid-1980s (Japan's Lost Decade) – the government cutback welfare spending substantially and pushed for family responsibility.
- Rise of ageing population has become serious → renewal of social programs (e.g. Long-term care insurance (2000) | Increase of welfare NGOs | Increase of social spending).
- South Korea's economic crisis (late 1990s) → unemployment, poverty + rapid ageing population trend → Rise of social instability & required urgent solution → introduced National Basic Livelihood Security (1999), National Pension (1999)

# Vietnam's Public Health

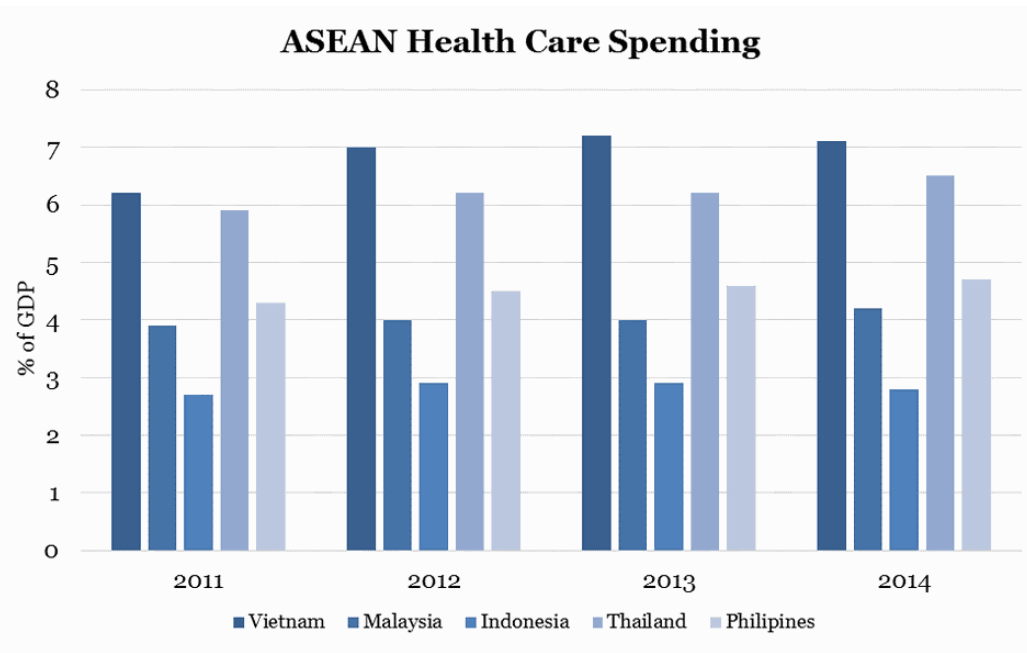
- Important Progress have been made toward improving the health status of the population. Equaled or surpassed the neighboring countries.
- Due to widespread health care delivery network, increasing numbers of qualified health workers, expanding national public health programs, some achievement:
  - ✓ Life expectancy: 72.8 years (70.2 men, 75.6 women, 2013)
  - ✓ 1990 – 2009: Infant mortality rate fell from 44.4% to 16.0%
  - ✓ Maternal mortality ration declined from 233 to 65 maternal deaths per 100,000 live births.



*Vietnam's public health  
expenditure  
(14.2% to government  
expenditure, 2014)*



General health spending to GDP (%) – 2016 Data, World Bank

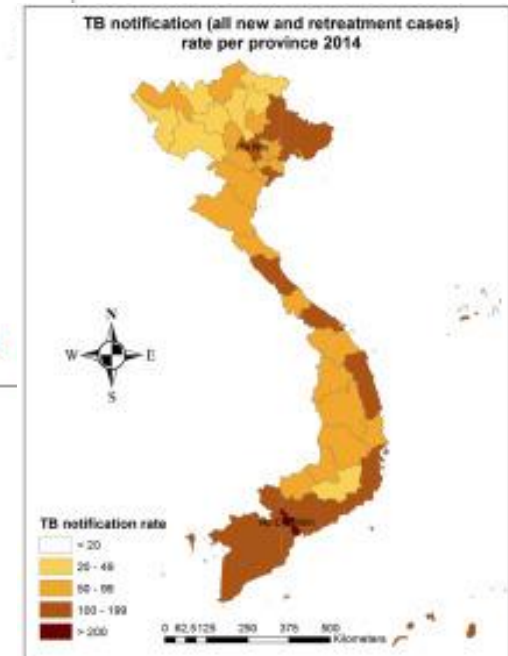
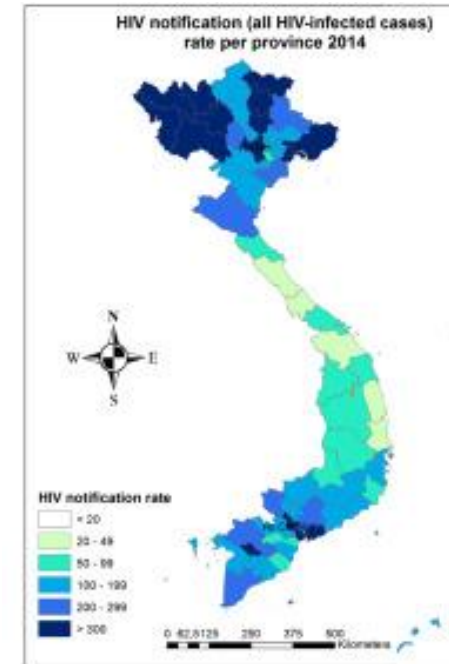


Spending on private healthcare grew by 241% ([Forbes, 2016](#))

As Vietnamese economy grew so did demand for health services.

# Challenges to Vietnamese Public Health

- Regardless of recent growth – the Vietnamese health and social care cannot keep up the demand for medical services. (e.g.) according to WHO, on average, only 7~8 healthcare workers and 25 hospital beds for every 10,000 citizens (\*\* global average is 15 workers and 30 beds).
- Increase of non-communicable disease (cardiovascular disease, cancer, diabetes, etc.) – due to unhealthy diet, physical inactivity, tobacco, harmful use of alcohol. Already 75% Vietnamese dies due to NCD.
- Increase of new infectious disease (HIV/AIDS, Virus, Tuberculosis)



# Ageing Speed in Asian Countries

- 7%→14% France 115 years, Sweden 92 years, German 36 years, USA 73 years.
- Vietnam is also rapidly ageing (8% in 2000, 13% in 2025, over 25% in 2050) → improved living standard, public health, two children policy, extended retirement age)

	<b>7% Ageing</b>	<b>14% Aged</b>	<b>20% Super- aged</b>	<b>7% →14% (years)</b>	<b>14% →20% (years)</b>
Japan	1970	1994	2005	24	11
Korea	2000	2018	2026	18	8
China	2000	2026	2037	26	11

What are  
concerns about  
the Vietnamese  
ageing society?

# Gender

- Statistically – the health status of the elderly deteriorated considerably as one got older.
- In Vietnamese context, ageing population is very sensitive issue to women (Vietnamese policymakers concern). Why?
- Older women would be more susceptible than men to various forms of hardship because they tend to experience socio-economic disadvantage in early life and to be widowed in older years).
- Debates: 1) Women in Vietnam is more likely than men to have poor health at older ages due to the above reason. 2) No, female elders tend to be more protected socially by family and kin network support.

*What is your opinion?*

# Others



- Health education – (e.g.) smoking is still a major source of cancer and death in Vietnam. Health education is still far behind the global standard.
- Ethnic minorities are endangered.
- [Alcohol consumption among men in Vietnam](#) (household expenditure on alcohol is remarkable). (e.g.) 340 million liters of spirits and 3.92 billion liters of beer in 2016 (estimated 40% increase from 2010). 40% of traffic accidents are alcohol related.
- Nearly 10% of Vietnamese men aged from 50 to 69 died of alcohol (3 times to the global average).
- Vietnam's air and water quality





# Continued...

- Rapidly rising mental health patients in Vietnam (and worldwide).
- Extreme marginalization and distress among mothers (parents) having disabled children.
- Irrelevant number of doctors and clinics.

