Public Health in Transitional Vietnam: Achievements and Challenges

Hoang Van Minh, MD, PhD; Philip Nasca, PhD

Doi Moi (Renovation) was initiated in Vietnam in 1986, when the country started transforming from a centrally planned economy to an open market mechanism. Since then, the socioeconomic situation of Vietnam has been rapidly developed. Per capital GDP (in nominal term) increased from US $98 in 1990 to US $2200 in 2017.[1] Absolute poverty rates have been reduced from 47% in 1990 to 10% in 2015. Literacy rates among people 15 years and older rose from 83% in 1990 to more than 95% in 2015. The proportion of population with access to improved sanitation facilities augmented from 37.4% in 1990 to 78% in 2015.[1,2]

Together with the development in socioeconomic conditions, health status of the Vietnamese population has also significantly improved over time. Vietnam has already achieved several health-related Millennium Development Goals such as the reduction of infant and maternal mortality.[3] Life expectancy at birth in Vietnam increased from 70.5 years in 1990 to 75.8 years in 2015. During 1990-2015, the maternal mortality ratio (MMR) declined from 233 to 54 per 100 000 live births. The infant mortality ratio fell from 44.4 to 14.7 per 1000 live births. The under 5 malnutrition dropped from 58.0% in 1990 to 22.1% in 2015.[1-3] These improvements in health outcomes were also proven to be resulted from developments in the health care system in Vietnam. In fact, the number of public health facilities in Vietnam increased from 12 972 in 1995 to 13 562 in 2013 (including 1069 hospitals, 636 polyclinics, 60 rehabilitation facilities, 11 055 commune health stations, etc). The number of hospital beds in public health facilities in Vietnam went up from 148 076 in 1990 to 227 364 in 2013.[4] There was also a rapid increase in medical equipment available in health facilities due to a policy to mobilize funds for the health sector from both government and private sources. As of 2015, the rate of doctors and pharmacists per 10 000 populations was 8 and 2.5, respectively. About 87% of commune health stations (out of 11 162 in the whole country) had a doctor. The proportion of children younger than 1 year who were fully immunized (8 vaccines) reached 97.2% in 2015. Antenatal care coverage (having ≥4 examinations during pregnancy) increased from 25% in 2002 to 73.7% in 2014. Skilled birth attendance rates rose from 69.6% in 2002 to 93.8% in 2015. Tuberculosis and HIV/AIDS treatment rates reached 80%.[5,6] Vietnam spent about 7% of GDP on health care. In 2015, 81.7% of the population in Vietnam had health insurance.[3,4]

Although many significant achievements have been made, Vietnam's health care system still faces many health and health care challenges. The country has been undergoing a rapid epidemiological transition, characterized by a double burden of noncommunicable diseases (cardiovascular diseases, cancer, diabetes, etc) and infectious diseases (HIV/AIDS, H1N1, etc). Noncommunicable diseases have been the leading causes of death in the country (rising from 427 000 deaths in 2012 to 521 000 deaths in 2015). Risk factors for noncommunicable diseases have been prevalent among the populations (eg, in 2015, the prevalence of smoking among men, harmful alcohol use, overweight, and physical inactivity was 45.3%, 44.2%,15.6%, and 28.1%, respectively).[3] Vietnam has also started facing the problem of population aging.[7] While Vietnam now faces both new and traditional health issues, capacities of the health care system have not been adequate. Notably, health care services for noncommunicable diseases have not been available at the grassroots level of the health care system. In terms of health financing, out-of-pocket payments have been always making up a large share (>40%) of the total health expenditure. The high share of out-of-pocket payments led to different inequity problems such as catastrophic health expenditure (households must reduce their expenditure on

Author Affiliations: *Center for Population Health Sciences, Hanoi University of Public Health, Hanoi, Vietnam (Dr Van Minh); and School of Public Health, University at Albany, State University of New York, New York (Dr Nasca).*

The authors declare no conflicts of interest.

Correspondence: *Hoang Van Minh, MD, PhD, Center for Population Health Sciences, Hanoi University of Public Health, Hanoi 1000, Vietnam (hvm@huph.edu.vn).*

DOI: 10.1097/PHH.0000000000000759

other necessities) and impoverishment. The coverage of health insurance increased considerably over the last few years in Vietnam (nearly 82% in 2015), but financial contributions from the health insurance scheme have been limited (accounting for only 18% of total health spending). Regarding human resources, there was still a severe shortage of health workers in remote and disadvantaged areas. Investment in training and human resource development has not met the specific needs of the health sector. The medical staff remuneration policy is still inadequate. The health management information systems have not been internally consistent, and as a result, there were often many overlaps. The system for managing service quality has been still only in its initial stages of development. Drug price controls continued to be adjusted to deal with drug price increases. Furthermore, inequalities in health between regions in the country, and between different groups of population, have increased in recent years. The MMR, infant mortality rate, under 5 mortality rate, and child malnutrition rate were still very high in poor, mountainous, and remote regions. Poor people, ethnic minorities, and those from mountainous and remote regions had very limited access to health care services they need.[3] The rates of catastrophic expenditure and impoverishment rates were higher among the households located in rural areas and among the worse-off groups than among those living in urban or among the better off.[3,7]

As public health issues in the transition period of Vietnam are complex, policy makers, managers, health staff, and other health system stakeholders in Vietnam always need to have updated and in-depth scientific evidence on these issues for their planning, management, and decision-making process. To meet these needs, a number of research studies have been conducted in Vietnam and selected findings are reported in the supplement "Public Health in Transitional Vietnam." The objectives of the supplement are to (1) present updated scientific evidence on critical public health issues in Vietnam; and (2) share these research findings with the readers from other countries of the world. The supplement consists of 10 articles addressing various important topics of public health in transitional Vietnam, including (1) community screening for cervical cancer; (2) ethnic minority midwives and provision of mother and child health care services; (3) gender inequalities in mother and child health care services; (4) operating household biogas; (5) evaluation in eco-health programs; (6) patterns and trends of unintentional injury; (7) universal health insurance coverage; (8) access to health care services among people with noncommunicable diseases; (9) alcohol consumption and binge drinking; and (10) public health management capacity in Vietnam. The supplement not only provides insights into the public health issues but also discusses policy implications of the findings for Vietnam. We hope findings from these articles to be useful for scientists, managers, policy makers, and all other health system stakeholders. We also would like to highlight that scientific evidence is crucial for policy and interventions purposes.

References

1. World Bank. *Vietnam Country Statistics*. Washington, DC: World Bank; 2017.
2. World Health Organization. *World Health Statistics 2016: Monitoring Health for the SDGs*. Geneva, Switzerland: World Health Organization; http://www.who.int/gho/publications/world_health_statistics/2016/en/. Published 2016. Accessed October 10, 2017.
3. Ministry of Health of Vietnam, Health Partnership Group. *Join Annual Health Review 2015*. Hanoi, Vietnam: Ministry of Health of Vietnam; 2016.
4. Ministry of Health of Vietnam, General Statistics Office. *Summary of Health Indicators in Vietnam*. Hanoi, Vietnam: Ministry of Health of Vietnam; 2014.
5. Ministry of Health of Vietnam, Health Partnership Group. *Join Annual Health Review 2011*. Hanoi, Vietnam: Ministry of Health of Vietnam; 2011.
6. Ministry of Health of Vietnam. *Plan for the Protection, Care and Promotion of the People's Health 2011-2015*. Hanoi, Vietnam: Ministry of Health of Vietnam; 2010.
7. Ministry of Health of Vietnam, Health Partnership Group. *Join Annual Health Review 2016*. Hanoi, Vietnam: Ministry of Health of Vietnam; 2017.