

Viet Nam



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	91680
% Population under 15 (2013)	22.7
% Population over 60 (2013)	9.6
Life expectancy at birth (2013) Total, Male, Female	80 (Female) 71 (Male) 76 (Both sexes)
Neonatal mortality rate per 1000 live births (2013)	13 [9-18]
Under-five mortality rate per 1000 live births (2013)	24 [22-28]
Maternal mortality ratio per 100 000 live births (2013)	49 [29-84]
% DTP3 Immunization coverage among 1-year-olds (2013)	59
% Births attended by skilled health workers (2014)	93.8
Density of physicians per 1000 population (2013)	1.19
Density of nurses and midwives per 1000 population (2013)	1.236
Total expenditure on health as % of GDP (2013)	6
General government expenditure on health as % of total government expenditure (2013)	9.3
Private expenditure on health as % of total expenditure on health (2013)	58.1
Adult (15+) literacy rate total (2011)	93.4
Population using improved drinking-water sources (%) (2012)	95 (Total) 94 (Rural) 98 (Urban)
Population using improved sanitation facilities (%) (2012)	67 (Rural) 75 (Total) 93 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2008)	16.9
Gender-related Development Index rank out of 148 countries (2012)	48
Human Development Index rank out of 186 countries (2012)	127

Sources of data:
Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Viet Nam is at the crossroads in health with unprecedented achievements, in health, yet, the challenges that come along with rapid growth and development are enormous and act as a barrier to the sustainability of the achieved progress.

Viet Nam health status has significantly improved with the overall, basic health indicators being better than those of other developing countries in the region with similar or even higher per capita incomes. Life expectancy has increased from 79.2 in 2010 to 76 in 2013. The health-related Millennium Development Goals (MDG's) are on track. MDG 4 has been achieved with under-five mortality rate reduced from 56% in 1990 to 24% in 2013. MDG 5 is on track with maternal mortality rate ratio reduced from 233 per 100,000 live births in 1990 to 49 per 100,000 live births in 2013. The country is moving towards universal health coverage (UHC) with around 69% of its population covered by social health insurance in 2012 and the poor and ethnic minorities are fully covered.

Progress however is uneven and there are old and new challenges. Health inequities and disparities in health outcomes continue to persist among the poor, ethnic minorities and those living in the hard to reach areas. For instance, maternal mortality rate was 5 times the national average in the 62 poorest districts and ethnic minority children are 4 times more likely to die in the first year of life. Infant and under five mortality rates have decreased for the majority of the population, but has increased for the ethnic minority groups.

Viet Nam is undergoing rapid epidemiologic and demographic shifts. Non-communicable diseases now comprise 75% of the total disease burden. By 2017 the population will reach the aging phase with the elderly (65 and above reaching more than 10% of the total population), while the aging phase of the population will enter by 2017. Rapid urbanization is also creating health challenges by creating new pockets of poverty and putting pressures on health delivery systems.

HEALTH POLICIES AND SYSTEMS

Overall, Viet Nam's policies are largely grounded upon the government's high commitment to address inequalities in health. The government, initiated the Health Fund to cover the basic health services for poor population two decades ago. In 2010, Viet Nam adopted universal health coverage as its development agenda for health and has initiated a series of policies and reforms to achieve UHC.

One of the key reforms put in place by the government was the Law and Examination and Treatment (LET), which provided the regulation and management of the health sector, in ensuring the delivery of equitable, quality assured and affordable health services at all levels of health care. The Health Insurance Law was revised in 2014 with an objective of covering 100% of its population with health insurance. The revised law has three major provisions that would ensure universal health coverage including the shift from voluntary to compulsory membership, individual to family enrolment and the development of essential benefit packages that will be covered by the health insurance fund.

Viet Nam has also passed the Pharmaceutical Law (currently being revised) which sets the directions for the pharmaceutical sector, and with an over-arching goal of ensuring access to quality assured and affordable essential medicines. This is complimented by the recently revised National Pharmaceutical Strategy. Support to key public health programmes is strong with National Target Programmes for TB, Malaria, HIV/AIDS and non-communicable diseases fully funded by the government.

In January 2014, the Prime Minister signed the Resolution on the Acceleration of the Millennium Development Goals to help ensure that the remaining gaps in reaching the MDGs will be covered by 2015. Viet Nam is known for its strong grassroots health care system, composed of a network of district hospitals and centres and communal health stations. By 2013, there are more than 11,000 health communes, and 1,040 hospitals. 93% percent of all the health service providers are decentralized to local levels.

COOPERATION FOR HEALTH

WHO provides lead support to the MOH in convening the Health Partnership Group (HPG), and is the convenor for health within the One UN in Viet Nam.

The country office provides support at four levels: a) technical support to disease prevention programmes and other areas in health; b) system design; c) coordination of the health sector and among development partners, and 4) positioning health in the context of development through its work on the social determinants of health.

The WHO Country Office is organized in three clusters: (1) health systems strengthening; (2) communicable diseases and health security, and (3) non-communicable diseases, environmental and occupational health. The technical work of WHO covers development of national laws, policies strategies and plans; strengthening capacity of institutions to conduct oversight, enforce regulations, generate evidence and guide the planning and implementation of programmes and services as well as support institutions to ensure that these elements will be utilized as mechanisms to improve access to quality, affordable and acceptable health services.

WHO in Viet Nam is closely supporting the government on re-designing the health systems to ensure its resilience and responsiveness to the changing needs of Viet Nam while ensuring that access to health services will be equitable.

WHO is also working on health and development, ensuring that health is a part of the post-2015 development agenda and that health will be streamlined into all policies.

WHO COUNTRY COOPERATION STRATEGIC AGENDA

Strategic Priorities	Country Cooperation Strategy Focus Areas
STRATEGIC PRIORITY 1: Strengthening the building blocks of human and animal system	<ul style="list-style-type: none"> • Development of the National Health Sector Plan for 2016-2020 • Support to universal health coverage, which includes technical support and policy development in the areas of health financing; pharmaceuticals, human resources for health and health information; • Strengthening the capacity of public health institutions to strengthening capacity of institutions to conduct oversight, enforce regulations, generate evidence and guide the planning and implementation of programmes; • Strengthening of health regulations
STRATEGIC PRIORITY 2 Policy advice and technical support provided to improve evidence about, prevent and effectively manage non-communicable conditions at national and sub-national levels	<ul style="list-style-type: none"> • Support in strengthening national and sub-national surveillance systems for monitoring trends of non-communicable conditions and effectiveness of intervention programmes • Support to the development and implementation of multisectoral policies to reduce the level of exposure of individuals and populations to the common modifiable risk factors for injuries and non-communicable diseases; • Institutional capacity building to ensure effectiveness of services for NCD's • Documenting and responding to health consequences associated with environmental and occupational risk factors and climate change.
STRATEGIC PRIORITY 3: National and sub-national capacities enhanced to improve evidence about, prevent and control communicable diseases of humans and animals	<ul style="list-style-type: none"> • Support to strengthen the country's capacity to emergencies including strengthening of the national surveillance systems; • Support to develop evidence-based policies standards and guidelines to strengthen the prevention and management of communicable diseases; • Strengthen capacity for service delivery including the provision of immunization through quality assurance and prudent use of vaccines and pharmaceuticals in humans; • Strengthening diagnostic and laboratory capacity and risk communication • Strengthening the country's capacity to ensure food safety
STRATEGIC PRIORITY 4: national and sub-national capacities enhanced to strengthen evidence and improve universal access to and utilization of a quality and gender-sensitive package of nutrition, and sexual and reproductive, adolescent, maternal, neonatal and child health care and services	<ul style="list-style-type: none"> • Support national and sub-national institutions to generate evidence from targeted operations research universal access and utilization of quality, gender sensitive, sexual, reproductive, adolescent, maternal and child health and nutrition services • Support national and sub-national institutions to use evidence in policy and strategy development and engage communities in the development, implementation and monitoring of sexual, reproductive, adolescent, maternal and child health and nutrition policies, laws and programmes • Strengthening institutional capacity to sure access and utilization of quality assured services for maternal and child care.

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