CONTRIBUTING TO STRENGTHEN AND DEVELOP SURGICAL SPECIALTIES

(in VN northern coastal area)

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Problem understandings

- *1978 – Alma Ata Declaration "Health for all"*
- *1980 – Central role of surgery in PHC (Dr. Halfdan Mahler)*
- *Surgery in sub-Saharan Africa – far short from the need (life saving surgical options)*
- *Surgical provision (unmet need)*
- *"Access to essential surgical services and anesthesia"*

Problem understandings

* 5 billion people lack access to safe, timely and affordable surgery;
* Estimated 1.5 million deaths per year could be prevented by making basic surgical procedures accessible

- Surgical provision falls far short of what is needed in developing countries
- Little has changed, initiatives needed to correct this deficit

May 2015

News releases

World Health Assembly closes, passing resolutions on air pollution and epilepsy
26 May 2015

World Health Assembly addresses antimicrobial resistance, immunization gaps and malnutrition
25 May 2015

World Health Assembly gives WHO green light to reform emergency and response progamme
23 May 2015

WHA reaches agreement on polio, International Health Regulations and strengthening surgical care
22 May 2015

Profile of the President

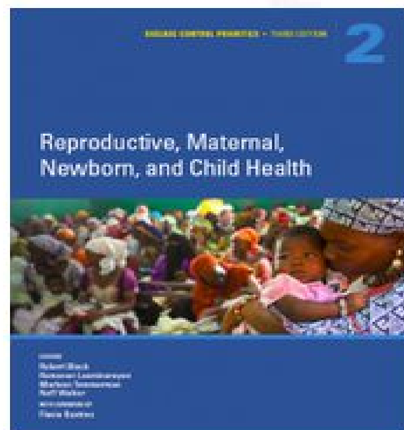
President of the Sixty-eighth World Health Assembly, Jagat Prakash Nadda

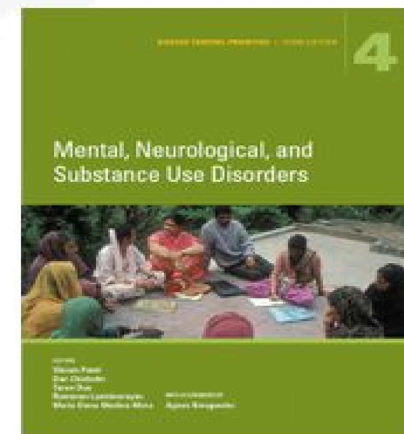
Speeches

Video and transcripts of speeches by Angela Merkel, Dr Margaret Chan and Mr Jagat Prakash Nadda

DCP3 Disease Control Priorities

economic evaluation for health





Problem understandings

- ***VIETNAM***

  "…Health inequities and disparities in health outcomes continue to persist among the poor, ethnic minorities and those living in the hard to reach areas".

  "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…"

World Health Organization

Viet Nam

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 per100,000 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.

World Health Organization

Viet Nam

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.

World Health Organization

Viet Nam

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.

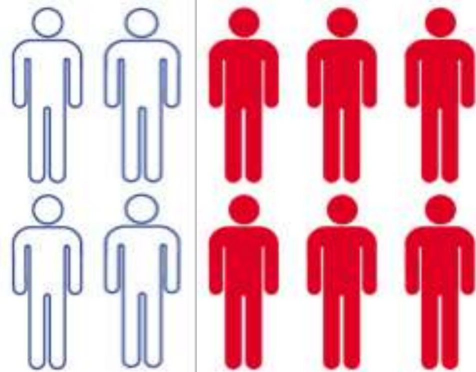
The WHO Country Office is organized in three clusters: (1) health systems strengthening; (2) communicable diseases and health security, and (3) non-communicable diseases, environmental and occupational health. The technical work of WHO covers development of national laws, policies strategies and plans; 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.

Public-private mix of providers - Vietnam

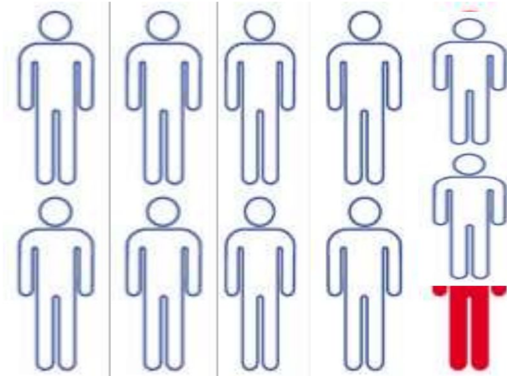
Outpatient care



40% public

60% private

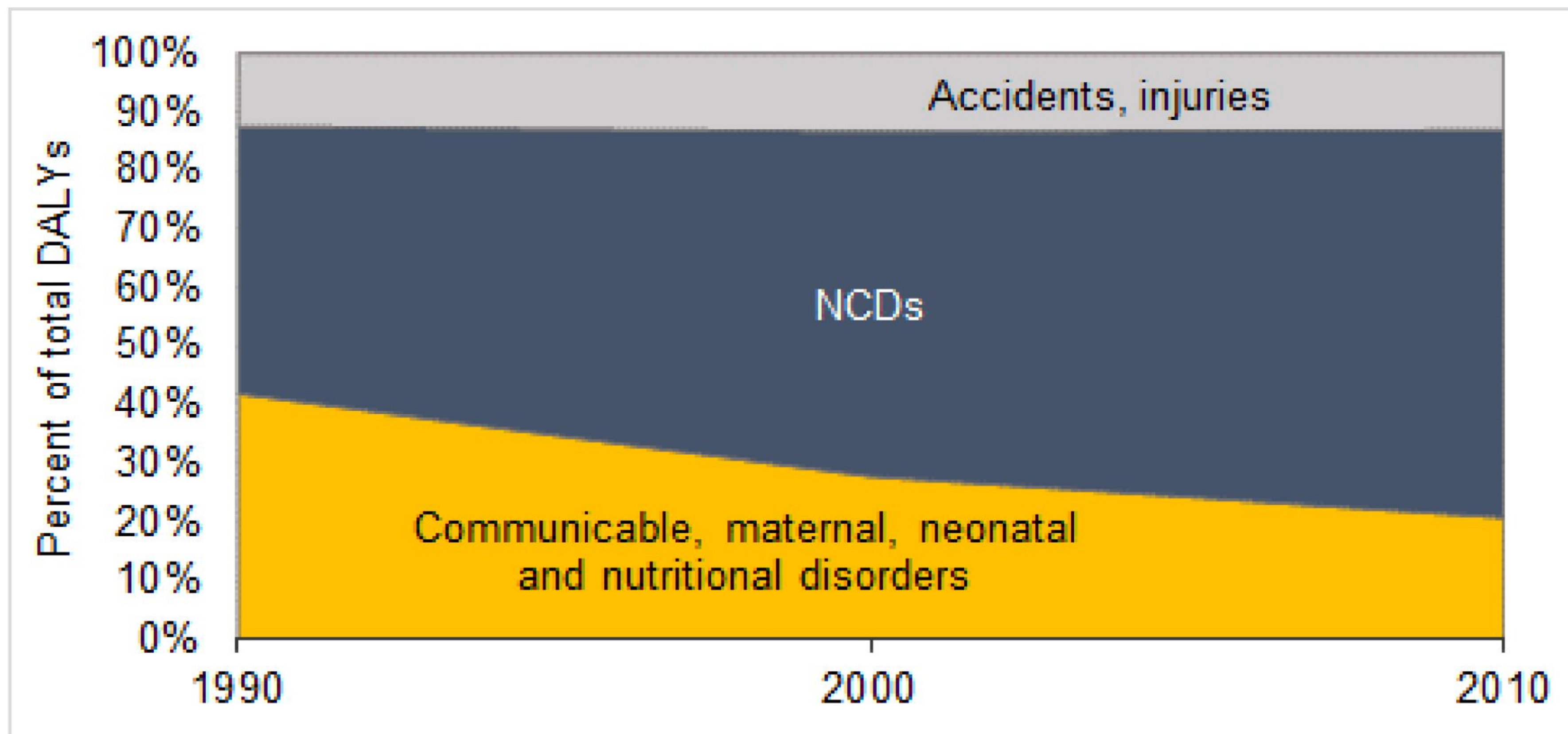
Inpatient care



96% public

4% private

Double burden of diseases: requirement for health system reform



Source: Calculated using data from the Global Burden of Disease Study 2010. Global Burden of Disease Study 2010 (GBD 2010) Results by Cause 1990–2010 – Vietnam Country Level. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2013 .

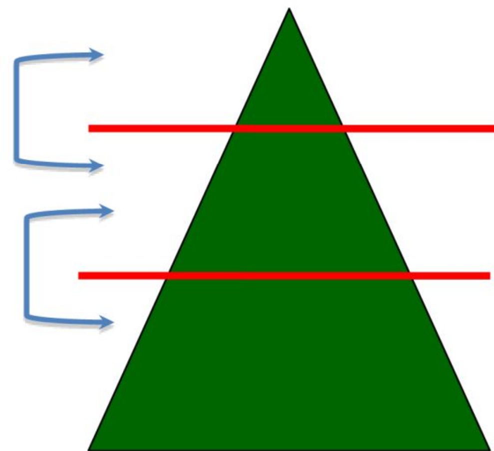
injuries, violence, disasters
pregnancy-related complications
congenital anomalies
cancer
infection
diabetic complications
other surgical conditions
Surgical and Anaesthesia Services

75
97
110 / 74

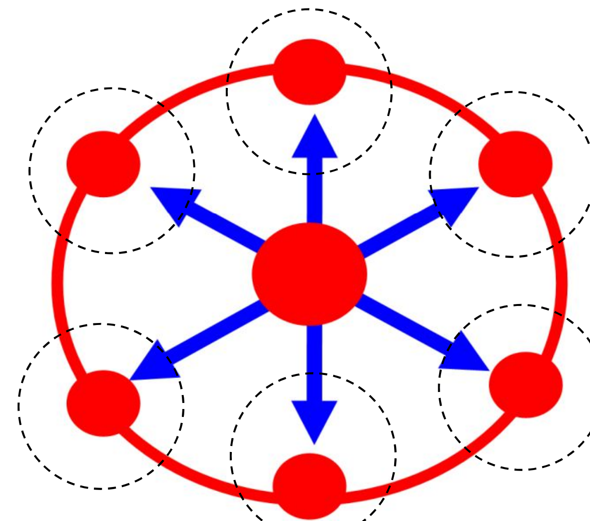
Key missions

1. Strengthen grassroots health, reform primary health care:

- Physical facilities, equipment,
- Human resources: family medicine orientation
- Service provision: management-based NCDs, expansion of medical services
- Referral mechanism



Pyramid-shaped organization



"Wheel-shaped" organization (Soft referral)

Key missions

2. To implement short-term and longer-term solutions to reduce overloading in hospitals.

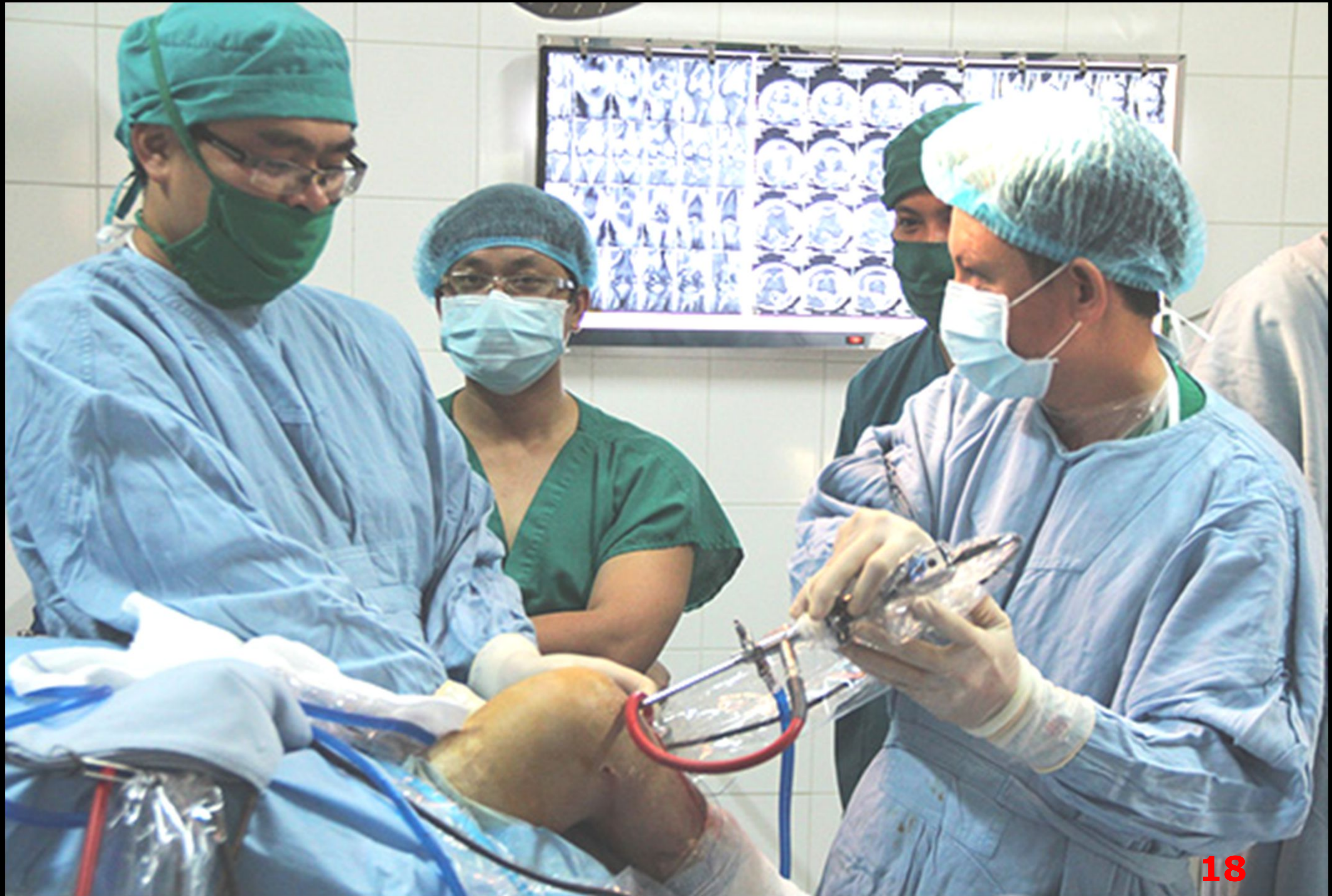
- Expand and build new hospitals in some overcrowding areas (oncology, cardiology, trauma, obstetrics, pediatrics etc…)
- Develop satellite hospitals to transfer clinical techniques to lower levels)
- Reform PHC health, strengthen grassroots health

3. Reform health financing

- Increase public spending for health
- Renovate budget allocation towards performance and output- based approach
- Renovate payment methods (DRG, capitation)
- Expand financial support for vulnerable groups (the poor, ethnics)

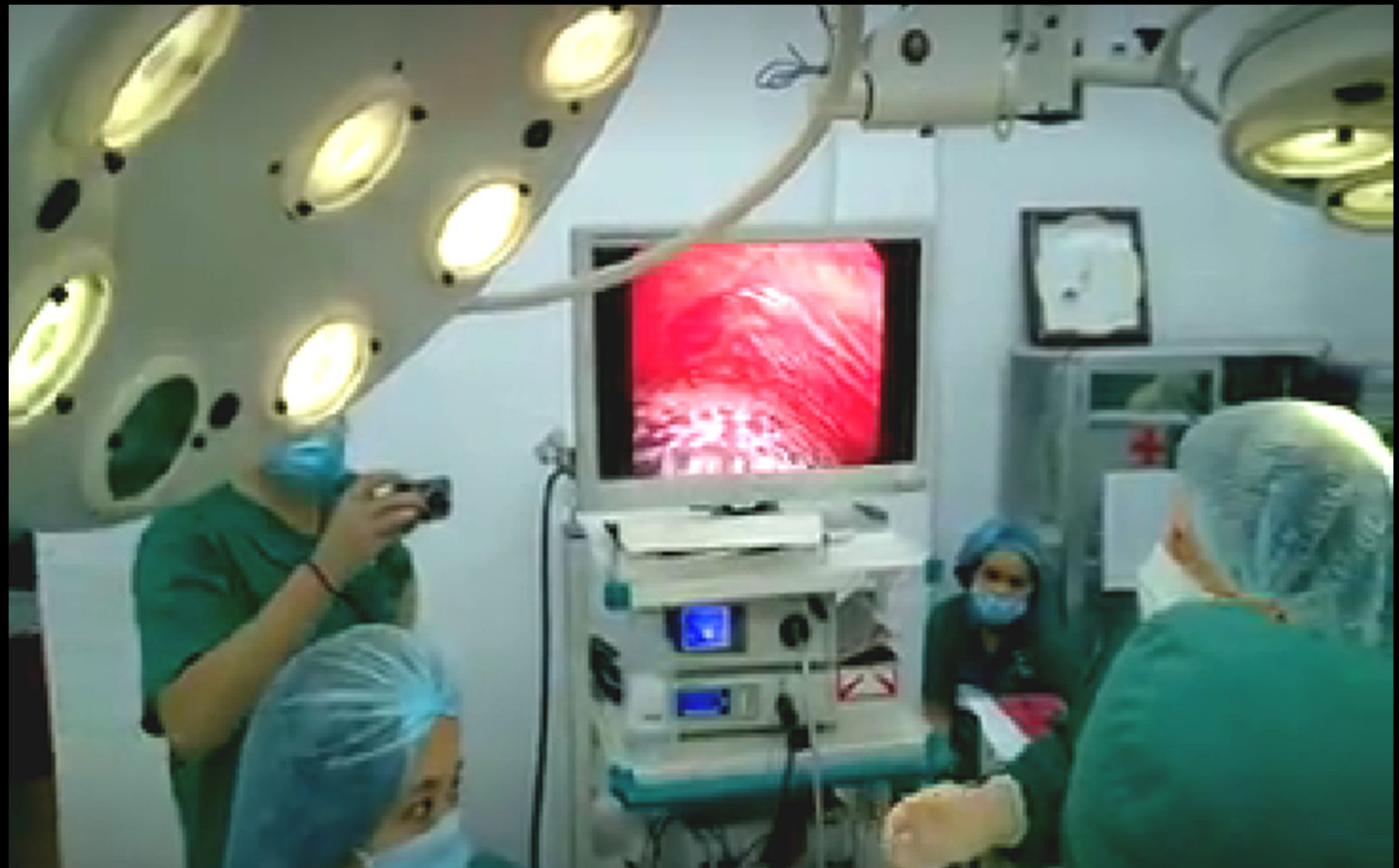
4. Improving health workforce quality

- Meeting basic needs over time for health human resources at various levels (CHCs to be manned by doctors)
- Making human resources distribution increasinglyly equitable and rational among different regions and areas



Measures carried out

- Capacity building (Projects 1816, 585…) (1)
- Extending HPMU's academic surgical department to surgical departments of central and tertiary hospitals (2),
- Establishment anesthesiology & Resuscitation – ED (3),
- Establish oncology department in UH (4),
- Create favorable conditions for development of ENT, gyneco-obstetric departments (5)
- Technical transfer in University Hospital (6) e-Health networking has been established



KHOA PHẪU THUẬT SỌ NÃO - CỘT SỐNG
NEUROSURGERY AND SPINESURGERY

E-learning
for Health
by IBSA

References

SUPPORTING RESEARCH

- *Tedros Adhanom Ghebreyesus* ***(2017)*** *Together for a healthier world. Director General of the World Health Organization, 2017*
- *Pham Le Tuan* ***(2016)*** *Vietnam health system and health infrastructure - Achievements, Challenges and Orientation. MoH, 2016*
- *Vietnam Ministry of Health* ***(2015)*** *Decision 2992/QĐ-BYT on plan of human resource development for 2015-2020 period*
- *Halfdan Mahler* ***(1980)*** *Surgery and health for all - Address by Dr H. Mahler, former Director General of the World Health Organization, 1980*