# human resources for health and aging medical care in viet nam

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Vietnam

## I.Current situation and challenging

**1. The age of Population** Life expectancy at birth by year

| | 1986 | 1990 | 1998 | 2003 | Target 2010 | Target 2020 |
|---|---|---|---|---|---|---|
| Male | 62 | 63 | 64,9 | | | |
| Female | 66 | 67,5 | 69,6 | | | |
| For all | ~64 | ~65,3 | ~67,6 | 71,3 | 72 | 75 |

Population by age year 2005:
Age group: 0-19: 38,85%
20-59: 53,32%
60+: 7,83% (female 8,94%, male: 6,65%)
(Year 2003: age group from 60+: ~8.82%)

In general people live longer and group of elderly is higher, Population in Vietnam now 84 millions of which about 7 millions people at age more than 60 year and will be more in future.

**2. The Economy**

Vietnam still poor country with GDP about 600 US$ (compare with some other Asian courtiers as: Malaysia 5000US$, Thailand 2600 US$. Singapore 26.000, Burney 17.600 US$.) So we have more difficulty for health sector in for elderly health care.

**3. Human resource for health and aging care**

*Health personnel(gov.sector health statistis 2005):*

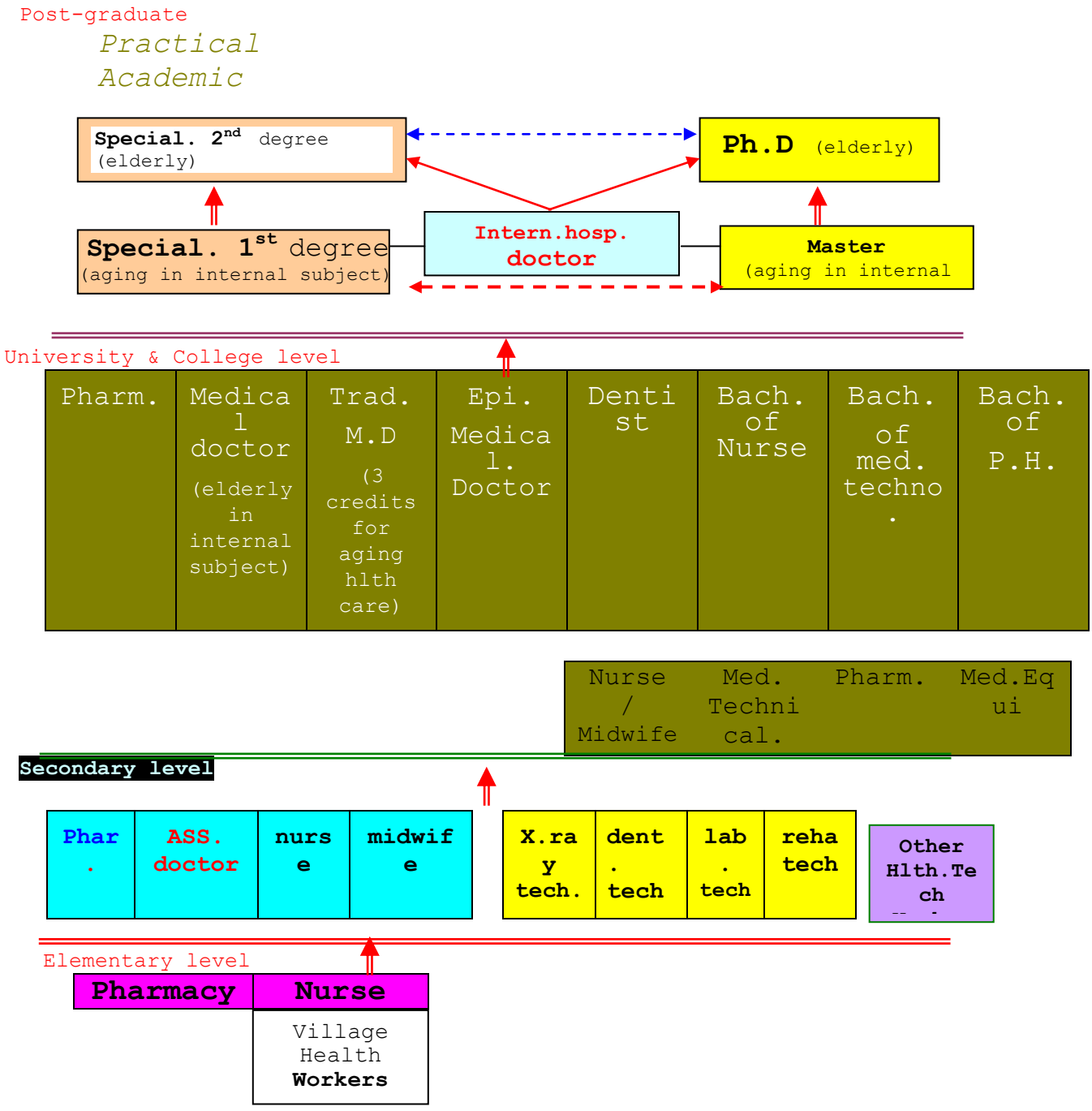
Total health staffs: 260.000
Doctor and higher: 50.100
Doctor / 10,000 inhabitants: 6.03
Nurse/ 10,000 inhabitants: 6,27
Central health staffs: 32.000
Local health staffs: 215.000

Other branches: 13.000
Health staff in aging professional: No available.

The national Aging institution establishment in 2005 in charge of aging medical care. At other Hospital they are setting up the Dept. of aging care, but few information on health staffs for aging professional.

## 4. Training system of health professionals

### *4.1.Training system chart*



Aging health care only in postgraduate program, In Traditional Medical Doctor has one subject with three credits. In other category of health training we don't have any separated subject for aging health care. There is only have some short course program.

No subject on aging health care are taught at secondary level and lower.

### *4.2.Health personnel training schools*

Vietnam has 114 health training facilities of which: 108 belonged Government and 6 are private:

*University of Medicine and pharmaceutical level: 19 faculties*

11 Schools belonged to the Ministry of health *(produce about 70% of health worker at Univ.level)*, 3 schools and Faculty belonging to Ministry of Education & Training, 1 school belonged to the Ministry of Defending, 2 schools and faculty belonged to the cities, 2 faculties in Private sector.

*College level:* 18 facilities

3 National Medical Technicians colleges (MOH), 15 Medical colleges of Provinces.

*Secondary Level:* 73 facilities training 2nd level of health manpower

44 Schools and 3 center under Province/city, 5 Units training 2nd level in National Hospital/ Institute, 24 Universities or college training the 2nd level for health man-power.

### *4.3. Professional qualification in Health sector*

1. Postgraduate: (5 categories)
2. Graduate: Degree of: (8 categories)
3. College level Diploma (4 categories)
4. Secondary level diploma (6 categories)
5. Vocational certificate (5 categories and short courses)

### *4.4. Training of aging medical care:*

-114 health training facilities, we produce thousands medical doctors and more than 20,000 health staff at second level. Each year, only under 100 medical doctors graduate with specialist on aging

medical care and short training courses on aging care. Until now, no curiculum for medical doctor with aging care specialist at univiersity level.

- The health facilities involve for aging care include: 8 Universities conduct the aging health care subject in traditional medical doctor, 6 university conduct postgraduate with aging health care professional and other medical schools have some short courses on aging health care.

**5. Current health services access for elderly:**

***5.1.Research by National Health Policy & Strategy Institute:***

- When the elderly people ill, they prefer treating by themselves or going to private sector service, they have little experience for prevent the disease especially the women and people in poor region.
- Distance to the health care facilities is a big concern. Most of them want to go to the health services nearby as commune health center.
- Health care for elderly: there is a high demand. The model disease for elderly is different from the others.Their model diseases: chronic, high blood pressure, articulation diseases.

***5.2.Lessons from Binh Dinh Province (report in 2005)***

- Each commune spent 5 to 10 million VND for medical examinations for elderly people at they commune.
- Free medical exam for people age over 90 and free over 80 in futures for all provinces.
- People perception has increased through communication and education of Decree on Elderly People.

**6. The Legislation for elderly people in Vietnam**

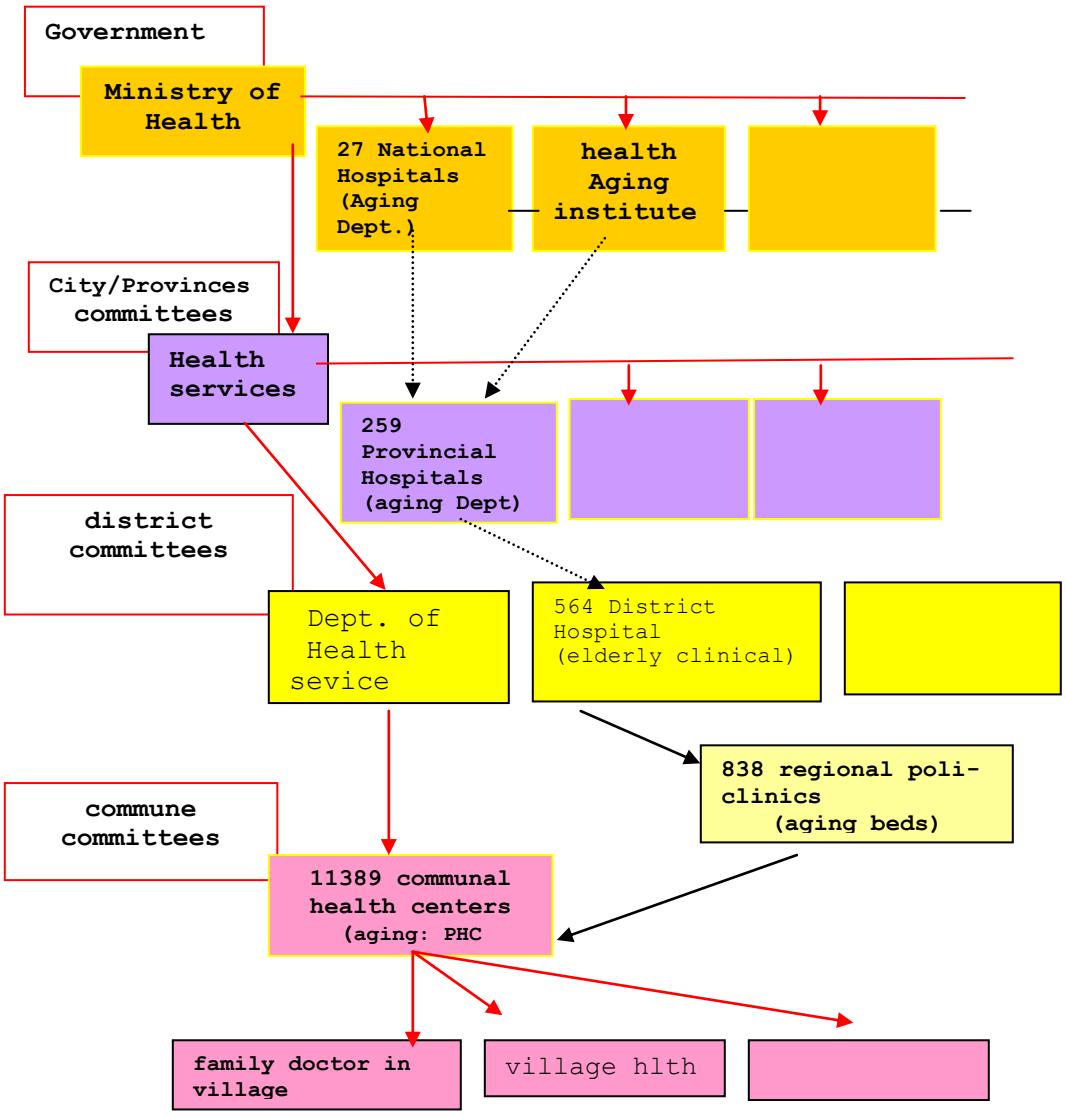
- Ordinance of the standing committee of National Assembly number: 23/2000/PL-UBTVQH10 dated 28/4/2000 on Elderly people.
- Decision of Prime Minister number 301/2005/QDD-TTg dated 21/11/2005 approving the national of action plan for Vietnam elderly people 2005-2010
- Ministry of Health: Guideline 02/2004-TT-BYT dated 20/1/2004 guideline on health care for elderly people.

**7.Some issue for aging medical care**

- The Legislation for elderly people and aging health care are clearing, but implementing it is big challenging.
- People perception of society on elderly health care is limited.
- System of aging health care is poor: Shortage of health staffs with professional in aging health care, material, money, etc.
- Health facility in grassroots level: Quality is low, not convenient to access, and far from home,...
- Shortage of financing for elderly health care activities and especially on aging health care promotion
- Health insurance covers more than 50% of population but the people in rural area cannot afford for it special elderly people.

## I. Actions for future

**1. System building:** implement the Legislation of Government for health care system for elderly as below:




**2. Training aging medical care resorces:**

- Should have curriculum for medical doctor specialist aging subject to provide. staffs for health aging department at Hospitals from central to district level and Training enough number of health professional on aging care for system (thousands medical personnel need to be trained).
- Should have short course on aging health care program to health staff such as assistant doctor, nurse. They will work at communal health center and regional poli-clinics.

- Family doctors should be trained about aging medical care in order to the elderly people can receive fast and high quality health care at community.
- Family doctors may be main health staff respond for elderly health care at the community.

**3.Other activities**

***3.1.Continuing implementing the guideline of Ministry*** *of Health effectively:*

- Communication and education for basic knowledge of prevent and control common diseases on elderly.
- Commune health center have regular exam, health checking at closest facility, priority health exam, managing of chronic disease, Rehabilitation, and mix traditional with modern medicine.
- Co-operation with elderly association for homecare for unable access health service people.
- Investment of manpower, finance, material, medical equipment for basis health facilities to improve quality of grassroots level so elderly people can access health services with higher quality.

***3.2. Implementing Decision of Primary Minister***

- The relative departments in health sectors prepare action plans for elderly heath services including monitoring and evaluating.
- The provincial Governor: have guideline for the relative sectors in province as health department, labour and welfare department on elderly health care.
- The local authority supports place, material,... for elderly club. It is concern as one element of " cultural health village".
- Improving activities of elderly association, highlight the role of elderly on social, economy, politic in local. Province should also provide budget for activities of elderly association.
- Financing: Lessons from Binh Dinh may be useful solution: provinces pay for yearly health exam, free for elderly people over 90 and reduce limited age if possible, buy health insurance (or encourage provide health insurance by community) The Province also provides budget for activities of elderly association./.