



IMPACT OF DOI MOI REFORMATION ON VIETNAM'S HEALTH SYSTEM



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INTRODUCTION

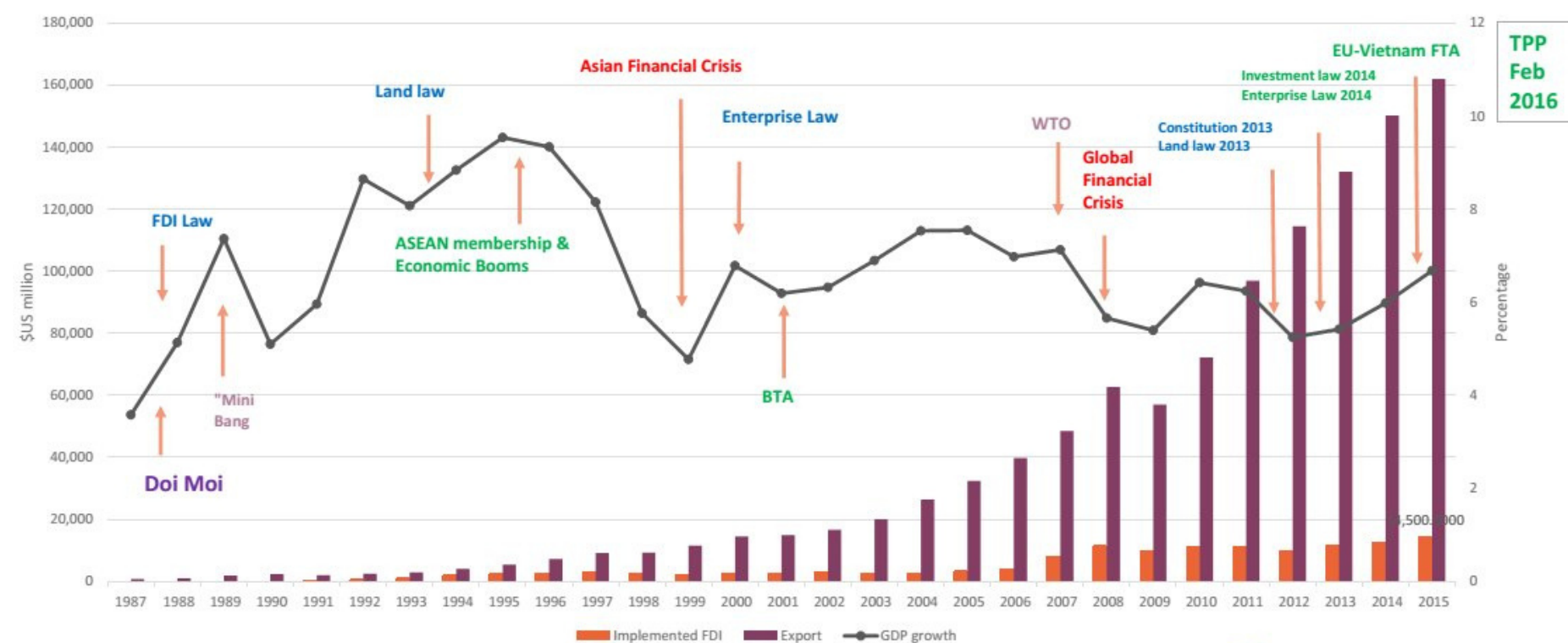
DOI MOI POLICY

- Doi moi policy is an economic reform initiated in Vietnam with the ambition of creating a market-oriented economy
- Doi Moi early stages was focused mainly on the removal of self-imposed barriers to progress and also the utilization of varied market-oriented measures
- Changed the healthcare system from fully public service to a mixed public-private provider system

NEGATIVE EFFECTS OF DOI MOI

- A greater gap between the access of the rich and the poor to basic social services and health due to income disparities
- The rural poor have difficulty in accessing health services

Vietnam Economy Since "Doi Moi": Key figures and Events



EPIDEMIOLOGICAL TRANSITION

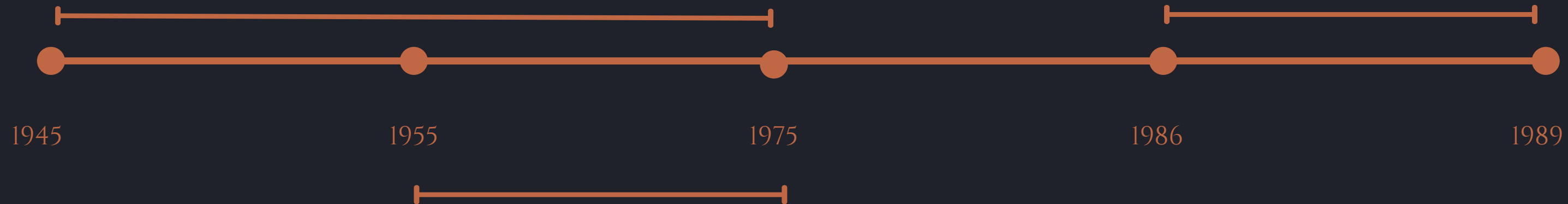
The healthcare system used to be under a fully public service system in which the government played an important role to support them.

| Indicator | 1945 | 1975 | 1998 |
|---|------|------|------|
| Life expectancy at birth | 34 | 58 | 68 |
| Infant mortality rate (per 1000 live births) | 300 | 83 | 35 |
| Maternal mortality rate (per 100,000 live births) | 200 | — | 105 |

Source: Guldner (1995) and World Bank (1998).



However after the revolution in 1986, the healthcare system in Vietnam was changed from a fully public service to a mixed public-private system



Vietnam faced an epidemiological transition since the Doi Moi reformation as well. Since the Doi Moi reformation, the quality of life and standard of living of Vietnamese have improved greatly. This leads to change in the health problems and diseases faced by Vietnamese as well.

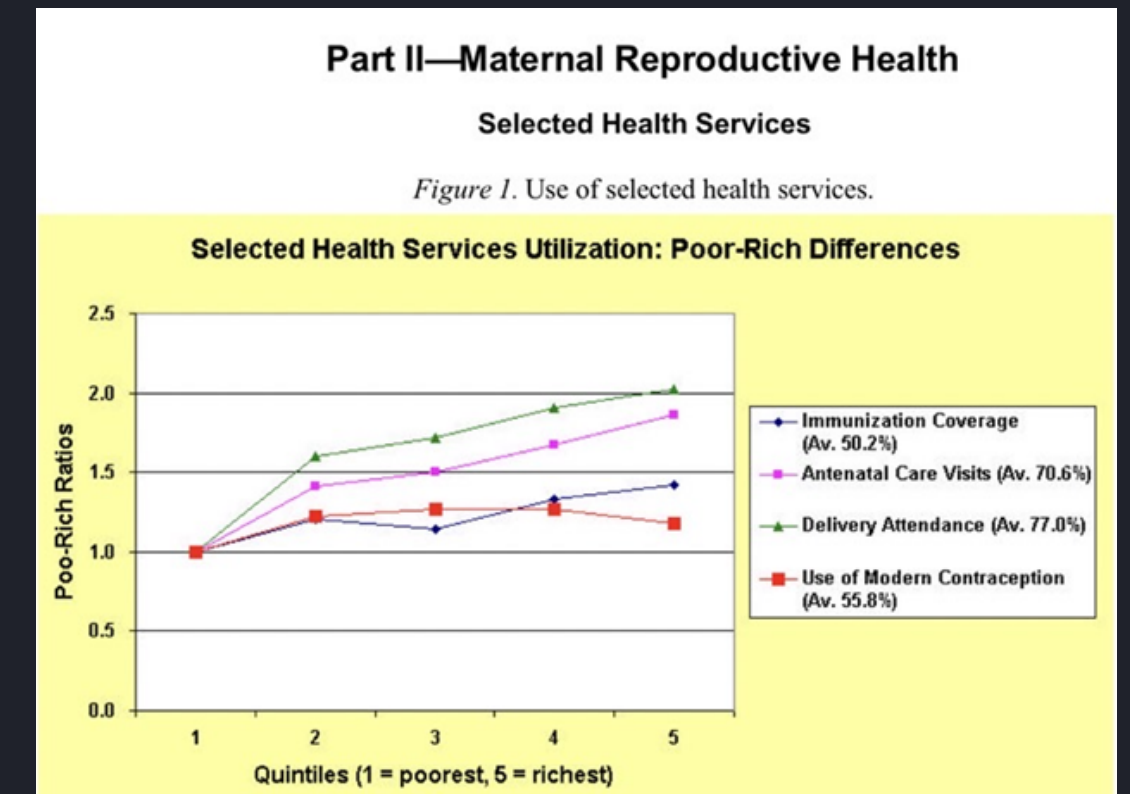
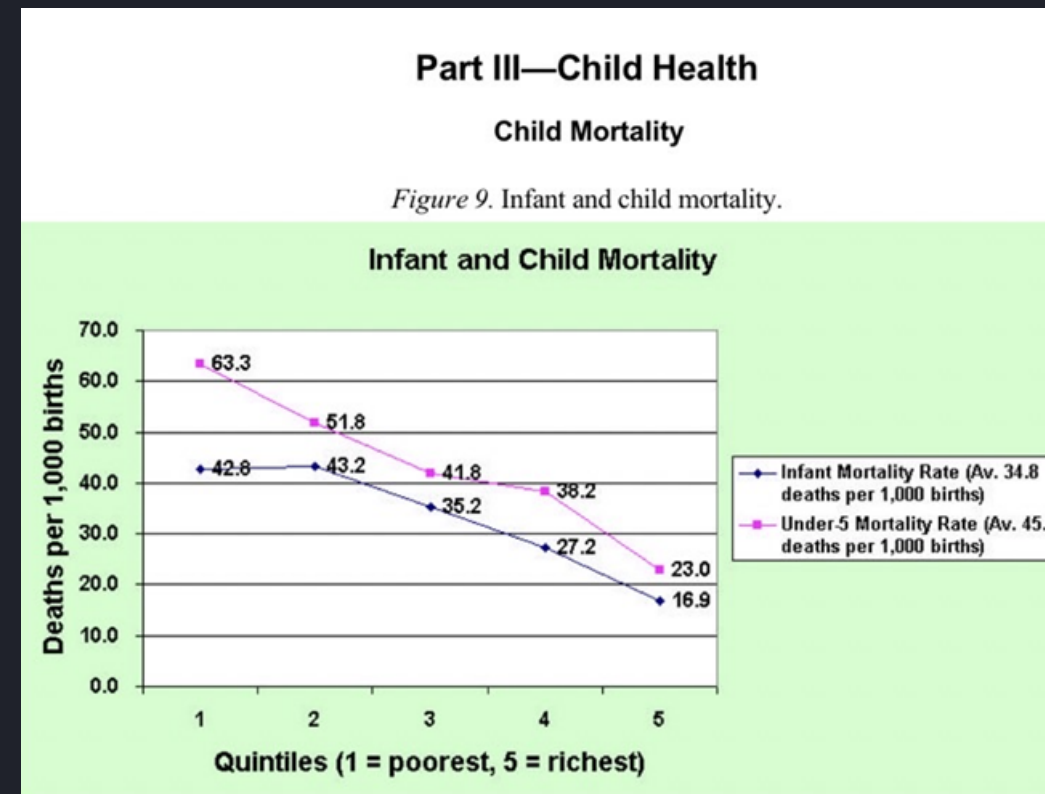
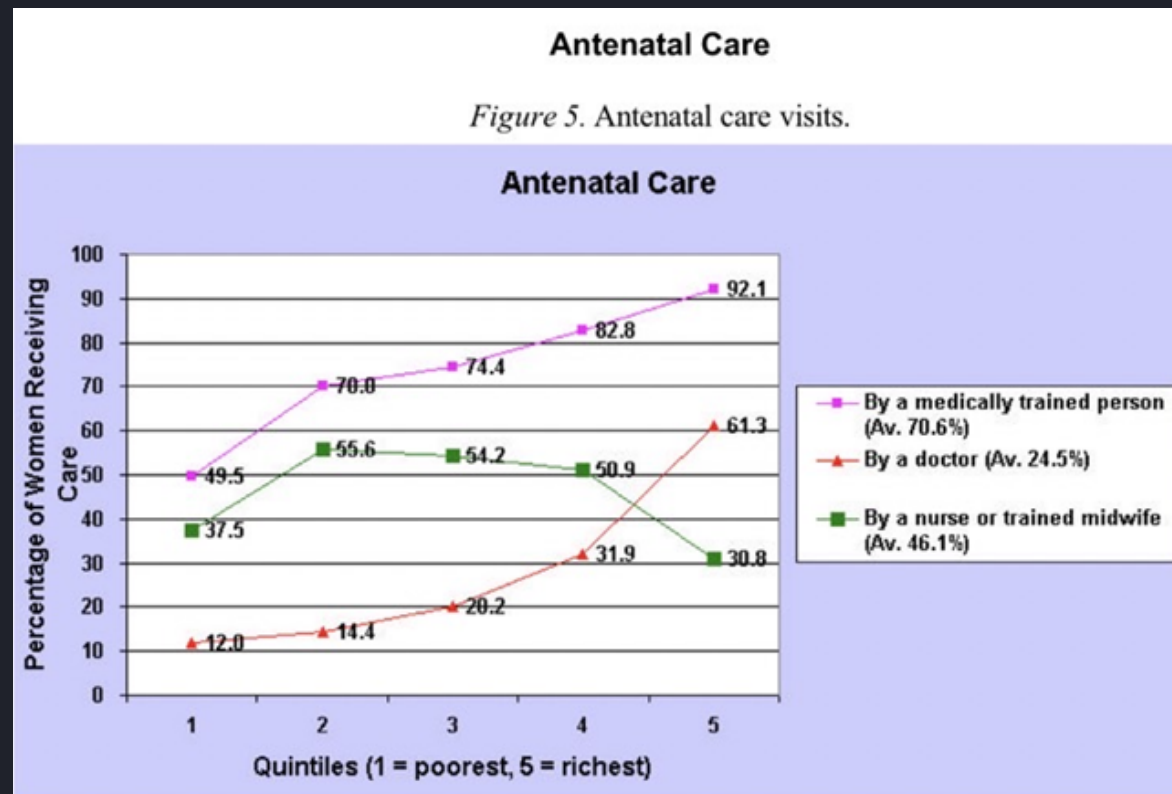




KEY ISSUES AND CHALLENGES



Despite the improvements in health services, there is still an obvious obstacle: not everyone has access to comprehensive care



1

HEALTH SERVICES ARE NOT REACHING POOR PEOPLE

The main reason that the poor are not getting information, demand, and utilization of appropriate health care

1. ACCESSIBILITY FOR POOR PEOPLE

The majority of the poor reside in rural or remote areas, while the majority of health services are clustered in urban areas. Distance and travel time are critical factors preventing them from accessing health care services, as many poor areas have poor quality roads and a lack of public transport.



2. UNAFFORDABLE SERVICES

Although there are services available, the poor could not afford it. As the cost usually exceeds the revenue of low-income families. When they have diseases, they tend to give up on treatment because they have money constraints and that money is needed to be used on other things that are more important to their families such as housing and food.



CHILD MORTALITY



During the recent years of Doi Moi, reductions in child mortality continued to fall. However, Most of the reduction tends to be clustered heavily among the better-off children

The main factors that cause high child mortality among the poor

- Limited immunization in rural area
- Inability to access clean water in rural area



THE BURDEN OF MENTAL DISORDERS

- Rapid increase in stress and social cost
- Government did not pay enough attention so the number of cases continue to increase

DEPRESSION



- 32% of the population between 14-25 years old showed signs of depression
- 25% of them felt sad or helpless enough that they could no longer engage in their normal activities
- 33% of women who visit health clinics in Ho Chi Minh City have depression and at least 19% of them have experience suicidal thought before

VIETNAMESE CHILDREN'S MENTAL HEALTH

- The survey found that more than 20% of the children are above the threshold for mental health disorders
- Vietnamese children faced a wide range of stressors such as poverty-related stress, child labor, emotional and social connection problems, and behavioral problems
- However the most important cause of mental health issues is family structure



INSUFFICIENT MENTAL HEALTH SERVICES

- Government places low priority and provides limited financial resources
- Only 286 psychiatrists working in the country : 300,000 patient to 1 psychiatrists ratio

EPILEPSY

- Strange classification
 - WHO : nervous system disorders
 - ministry of health of Vietnam : mental disorders
- Epilepsy patients increased the demand for mental health service leading to lower capacity of mental health services



GOVERNMENT/STATE STRATEGIES, POLICIES, AND LEGISLATION

1: SOCIAL HEALTH INSURANCE PROGRAM

- Established in 1992, Vietnam's social health insurance program uses the government tax revenue to subsidize vulnerable groups
- In 2018, around 87% of the Vietnamese received the health insurance program
- Healthier people leading to increase productivity of labor force, economic activity, and economic outcome
- Reduce inequality



2: MINISTRY OF HEALTH'S DIRECTION OF HEALTHCARE ACTIVITIES SCHEME

- Improving the capacity and capabilities of district and community health facilities to be able to provide better medical service
- Trying to change the perception of Vietnamese that local hospital services are inferior compared to central hospitals
- Trying to make customers trust more in local hospitals to shift the burden away from the central hospital

GOVERNMENT/STATE STRATEGIES, POLICIES, AND LEGISLATION

3: TEN-YEAR NUTRITION STRATEGY

- Providing citizens with adequate nutrition in order to increase its citizen's health
- Increase safe food diets for all ages
- Reduce health problems
- Prevent future cost of medical services that the government might face from citizens' bad health in the future



4: MENTAL HEALTH LEGISLATION

- Strengthening and increasing the mental health care in the local community
- Vietnamese government launched a policy to provide subsidy payment to mental illness patients
- Less illness people, more productive workers
- Government sees more benefit because of cost reduction through economies of scale



CONCLUSION

Even though Doi Moi has brought positive developments in Vietnam, such development was still not reaching everyone equally

Health sector is for example where development is benefitting middle and higher classes more than the lower class

Apart from increasing inequality in the healthcare gap, the Doi Moi reform also brings about epidemiological transitions

The inequality and epidemiological transition left Vietnam with three problems, inequality of health services, child Mortality, and mental disorders

Even though there have been multiple attempts to fix the issue, not all of them have found success

While Social Health insurance and the Ministry of Health's Direction of Healthcare Activities scheme found success

Ten-year nutrition strategy and mental health legislation were not as successful

All in all, even though there is progress in the health sector, the Vietnamese government still needs to put more effort and money into the health sector

GROUP 2

MEMBERS

Teerakarn Tangamornsirichok

6204640095

Kantapong Saengharn

6204640145

Sidapa Lotrakul

6204640798

Jinnapat Kulpaiboon

6204640939

Prapawit Imcharoenphon

6204641069

Kotchaporn Aksornpaisarn

6204641226

Viranchana Pypiroonrojn

6204641234

Kempasit Kanchanachittakorn

6204641812

