

Health Sector Profile

Summary

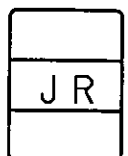
Viet Nam

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1 Health Policy

1.1 National Health Policy and Plan

1.1.1 Institutional Framework

All national health policies are set by the Ministry of Health. The Ministry of Health directs the country's health policy, planning, logistics, and budget formulation, with the cooperation of national research institutes and national/regional/major hospitals. The Ministry of Health also has jurisdiction over medical universities, along with national pharmaceutical development and production factories. National hospitals under the Ministry of Health, in addition to conducting research and serving as training centers, also function as third-party physician referral services.

1.1.2 National Health Plan

In 1991, the government created its "Strategy for Socio-Economic Stabilization and Development up to the Year 2000." This strategy includes plans for the development of health; below are listed its main goals regarding health policy and improving the health care system:

- Main Goals of the "Strategy for Socio-Economic Stabilization and Development up to the Year 2000."
 - Emphasis is placed on extending primary health care to all citizens, and improving the quality of health services.
- Improvements in the Health System by the Year 2000
 - User fee system reform
 - Expand the medical insurance system
 - Approve a private health sector
 - Open market for pharmaceuticals
 - Improve production of pharmaceuticals
- Health Policy up to the Year 2000
 - Infectious diseases control
 - HIV/AIDS prevention
 - Establish a health service network
 - Improve nutritional status
 - Family planning promotion
 - Self-sufficiency in essential drugs (including vaccines)

- Encouragement, promotion and preservation of traditional medicine
- Improve environmental health
- Training programme for medical practitioners

Various policies were implemented in the fifth Five Year Plan (1991-1995). Policies approved for the sixth Five Year Plan in January 1996 are currently being implemented.

1.2 Provincial Health Policy and Plan

1.2.1 Institutional Framework in Region

Administrative decentralization has progressed in Viet Nam, and provincial government have considerable autonomy regarding health service.

The board of health of each province oversees all health-related activities of its cities and communes. Provincial hospitals also provide referral services to city hospitals. Each province has, in addition to general and specialist hospitals, its own independent pharmaceutical manufacturing facility. Moreover, schools for medical technicians are under the jurisdiction of the provinces, and provinces bear the responsibility for the training of medical assistants such as assistant doctor, nurses, midwives, and medical technicians.

City health bureaus play the role of facilitator between the provinces and the communes.

1.2.2 Provincial Health Budget

Provincial health bureaus receive funds directly from the state, just as the national Ministry of Health does. The provincial Peoples' Committees disburse funds from their budget to the provincial health bureau, and through the provincial health bureaus in turn disburse funds to the city health bureaus. About one third of the total national health budget goes to the central Ministry of Health, while two thirds go to provincial and city-level bodies.

2 Demography

2.1 Population

2.1.1 Total Population; Population Growth Rate; Population by Age

Viet Nam's total population as of 1995 was 75,000,000. The population growth rate began dropping after North and South Viet Nam united in 1975, and by 1979 it had dropped to a yearly average of about 2% due to declines of fertility and mortality (from 8% in 1989 to 6.7% in 1993 -- NCPFP). According to Bureau of Statistics, it is predicted that Viet Nam's total population will reach 80,000,000 by the year 2000, and by the year 2015 it will reach 100,000,000.

When looking at a graph of Viet Nam's population distribution by age, it is apparent that the distribution resembles a pyramid. Due to the 35-year war in Viet Nam which lasted from 1945 to 1979, there are relatively few people alive over 35 years old (especially males). So while there are comparatively many young people, past 35 the number of Viet Nameese declines rapidly in the form of a pyramid. The National Committee of Population and Family Planning (hereafter NCPFP), however, predicts that in the future the population of working-age people will increase, and by the year 2015 the population "pyramid" will have a noticable buldge in the center.

2.1.2 Population Distribution by Region

There is large variation in population density according to region in Viet Nam. While the population is concentrated in the Red River and Mekong River deltas (42% of the population on 16% of the land area), the population density in the mountainous regions of North and central Viet Nam is low (21% of the population on 48% of the land area).

2.1.3 Fertility

In recent years the overall fertility rate has been on the decline, and it is predicted that in the future it will drop even lower. However, the total fertility rate varies greatly throughout the country, from a total fertility rate of about two in Hanoi to one of from five to seven in the mountainous regions.

2.1.4 Mortality

The mortality rate (per 1,000 population) is overall in decline. According to the 1989 population census, the overall national infant mortality rate was 45 (per 1,000 live birth) in the Mekong River Delta and the Southeast, while in the mountainous regions of North and central Viet Nam it was over 60.

2.2 Health Indicators

In spite of the fact that Viet Nam is an impoverished country with a per capita GNP of less than \$200/US, Viet Nam's health index is ranked about average when compared to the rest of the world's nations.

UNICEF's "The state of the World's Children" ranked 150 of the world's nations by the mortality rate of children under five years of age: based on 1994 data, Viet Nam was ranked 77th out of those 150.

It is thought that the Expanded Programme on Immunization (EPI) begun in 1985 has been responsible for bringing down the infant mortality rate and the mortality rate of children under five.

3 Epidemiology

3.1 General Remarks

Malaria, tuberculosis, and malnutrition remain some of Viet Nam's main illnesses. Tuberculosis especially is thought to be a serious problem because it is estimated that only half of all tuberculosis infections have been detected; some health workers feel it is an even more serious problem than malaria. The incidence of malnutrition among children is extremely high 50%. In addition, cases of mental illness and suicides have begun to draw attention in recent years.

3.2 Mortality

Data on cause of death from public hospitals is shown in the chart below,

Table 3-1 Cause of Death Data Obtained from Public Hospitals (1995)

Cause of Death	No. Deaths
1. Congenital anomaly	4,364
2. Chemical Poisoning	1,431
3. Pneumonia	1,011
4. Tuberculosis	827
5. External Injuries	651
6. Hypertension	578
7. Traffic Accidents	495
8. Viral Encephalitis	444
9. Malaria	293
10. Dengue Fever	254

3.3 Morbidity

The leading ten diseases reported by public hospitals are shown in the chart below. Malaria was the number one disease for many years, but with the development of the new anti-malaria drug "Artemisinin," the incidence of malaria has gone down.

Table 3-2 Leading Ten diseases as Reported by Public Hospitals (1995)

Diseases	No. Cases	No. Deaths
1. Diarrhoeal Diseases& Intestinal Infections	230,835	205
2. Malaria	226,401	293
3. Pneumonia	147,680	1,011
4. Acute Bronchitis	98,697	229
5. External Injuries	70,765	651
6. Abortion	66,249	1
7. Dengue Fever	61,860	254
8. Tuberculosis	61,037	827
9. Chemical Poisoning	58,947	1,431
10. Hypertension	54,997	578

3.3.1 Child Health

The main types of diseases among infants are malaria, acute respiratory infections (ARIs), diarrhoeal diseases, newborn tetanus, measles, other EPI targeted diseases, and malnutrition. Acute respiratory infections in particular cause 33% of all infant deaths, while diarrhoeal diseases account for 25%.

3.3.2 Maternal Health

According to Ministry of Health documents, Viet Nam's maternal mortality rate from 1989 to 1993 of 120 (per 100,000 live births) has not improved since 1980.

The main causes of maternal death and illness are excessive post-partum bleeding, uterine hemorrhaging, tetanus, and toxemia.

3.3.3 Adult Health

The leading cause of death among adults is cerebral hemorrhaging (stroke), followed by heart disease, tuberculosis, and acute myocardial infarction (acute heart attack). The main reasons for hospitalization are normal childbirth, abortion, vaginal infections, appendicitis, high blood pressures, and digestive disorders.

3.4 Infectious Diseases

3.4.1 Vaccine-preventable Diseases

The state of EPI-targeted diseases has seen vast improvements since the EPI began activities in 1985. In 1989 Viet Nam met the Universal Child Immunization (UCI) goal with over 85% immunization. Since, however, diseases like whooping cough and measles are still prevalent, and because of the high mortality rate from newborn tetanus, progress in EPI activities is still needed.

3.4.2 Diarrhoeal Disease

According to Ministry of Health statistics, there were more than 1,000,000 cases reported in 1995. It is believed that about 25% of all deaths among children are related to diarrhoeal diseases. With the growth of the food service industry in cities in recent years, the need has grown greater for assured safe drinking water, sanitary facilities and uncontaminated food.

3.4.3 Acute Respiratory Infection

In 1995, 2,830,000 of Viet Nam's 8,850,000 children under the age of five became infected with an acute respiratory infection. One means of combating this extremely high infection rate is educating mothers to quickly detect and treat ARIs.

3.4.4 Tuberculosis

According to specialists at the National Institute of Tuberculosis and Respiratory Diseases, at present there are about 54,000 patients undergoing treatment for tuberculosis. It is said, however, that there are actually twice this number of tuberculosis patients. Moreover, about 60,000 new cases of tuberculosis are reported each year, but it is estimated that the actual number of new cases is closer to 130,000, more than twice the number of reported cases.

3.4.5 Leprosy

Leprosy is correlated with low standard of living and lack of sanitary living conditions. The carrier rate for leprosy is especially high among ethnic minority groups in the mountainous area. In recent years, the treatment of leprosy with multidrug therapy has progressed, and great strides have been made towards meeting the WHO's recommended goal of a carrier rate of 1/10,000 population by the year 2000.

3.4.6 Malaria

According to UNICEF documents, Viet Nam has an environment where malaria can spread year round, and three out of four of the rural population are infected. In recent years, however, treatment with a new drug called Artemisinin, which was developed domestically from locally plants, has been very effective; with this new treatment, the infection and death rates from malaria have been declining.

3.4.7 Other Parasitic Infections

90% of the residents of Northern Viet Nam are infected with one or more types of intestinal parasite. The reason for this is the practice of using human waste as fertilizer. In the South, cholera bacteria originating from sewage and waste water has been found in drinking water and ice.

3.4.8 HIV/AIDS

As of August of 1996, there were 4,109 reported cases of HIV infection; of those infected, 353 had developed AIDS and 184 had died.

Of the HIV-positive people who have been detected, 77% are regular drug users; other commonalities include commercial sex workers and carriers of venereal disease.

The National Anti-AIDS Committee expects that by the year 2000 there will be between 200,000 and 300,000 HIV-positive people in Viet Nam.

3.4.9 Other Infectious Diseases

(1) Dengue Fever

81,612 cases of dengue fever were reported, with 274 deaths. The two largest areas of outbreaks were in the Red River Delta area in the North and the Mekong Delta area in the South. 70% of all cases were below the age of 15.

(2) Japanese Encephalitis

Outbreaks are numerous in the mountainous area of the North, Central Viet Nam, and the Red River Delta area. The rate of infection is highest in the hot months between May and June. Many of the those infected are between five and nine years of age.

(3) Rabies

About 90% of rabies infections in Viet Nam are transmitted by dog bites. In 1995 there were 370 deaths from rabies.

(4) Tracoma

About 17,500,000 Viet Nameese, or one in four, have conjunctivitis (pinkeye). 3,500,000 of these, or 20%, are children under the age of 15. Blindness can result in children who do not receive proper treatment.

3.5 Non-communicable Diseases and Injuries

3.5.1 Malnutrition

The average daily caloric intake of children under five in Viet Nam is between 700 and 900 calories per day, while for adults it is between 1,800 and 2,100 calories per day. This is quite low: for children it is only 60% of their daily caloric needs, and for adults only 87%. Viet Nam's nutritional problems, however, are thought to be due more to a problem with supply and demand and distribution than to any absolute scarcity of food.

3.5.2 Hypertension and Diabetes

In 1995 public medical facilities saw 54,997 hypertension patients, 578 of whom died. Between 1990 and 1996 the incidence of diabetes has risen from 1% to 3% in urban areas, and from 0.5% to 0.8% in rural agricultural areas.

3.5.3 Mental Disorder

Viet Nam is in the process of changing to a market economy; a growing number of people suffer from stress or become mentally imbalanced because they are unable to cope with the drastically changing social tide.

In 1995 there were 58,115 mental disorder and 30,809 epileptics reported.

3.5.4 Traffic Accidents

Along with Viet Nam's recent economic growth has come a rapid increase in the number of motorbikes and bicycles crowding the streets; this had led to a drastic increase in traffic accidents. 43,055 people were injured and 495 killed in traffic accidents in 1995. In order to solve this problem, traffic regulations, dissemination of driver's education, and a strict speed limit are needed.

3.5.5 Physical Disabilities

There are estimated to be from 500,000 to more than 1,000,000 children with physical disabilities in Viet Nam. The main causes of disabilities are malnutrition and chemical poisoning. Due to influence from the war, physical deformities are especially common among children born between 1975 and 1980.

3.5.6 Cataracts

There were 80,000 people diagnosed with cataracts, 30,000 of which received operations.

4 Health Program

4.1 Primary Health Care (PHC)

The government's goal is to have at least one Community Health Center in every commune. At present many of these health centers are run by Assistant Doctor: the government plans to increase the number of Public Health Doctors (MDs) to replace them.

4.2 Expanded Programme on Immunization (EPI)

In recent years the entire country has continued to maintain a high immunization coverage rate of over 90%. The main activities to promote immunizations are establishment of the cold chain, declaration of immunization days, and production of vaccines.

4.3 Nutrition

Vietnam's nutritional programs are not run by the Ministry of Health, but by a collection of bureaus borrowed from several ministries by the prime minister to carry out the "National Plan of Action for Nutrition 1995-2000." The main activities involving the "National Plan of Action for Nutrition 1995-2000" are shown below.

- Increase food production, and monitor supplies.
- Make sure there is enough food at the household level.
- IEC (Information, Education and Communication) activities.
- Distribute micronutrients.
- Research local plants
- Monitor food sanitation.

4.4 Maternal and Child Health

(1) Current State and Goals

Since achieving independence in 1945, protecting the health of mothers and children has been a major part of Viet Nam's health policy. Now, looking toward the year 2000 the goal is to lower maternal mortality and infant mortality as much as possible.

The main policies being pursued are pre-natal care, post-natal care, safe abortions, birth spacing, and breastfeeding.

4.5 Family Planning

The present government recommends two children per couple with a space of three to five years between children. The national total fertility rate, however, is 3.6; in order to meet the population policy goal of a total fertility rate of 2.0, the present rate of 40% contraceptive prevalence rate will have to be raised to 70% by the year 2000. In order to reach this goal, the government does not regulate

contraception in any way, but lets citizens choose any form of contraceptives they wish.

4.6 Prevention and Treatment of Malaria

The following activities are being carried out with the goal of lowering the incidence and mortality of malaria by 50% by the year 200:

- Increase society's awareness of anti-malaria campaigns
- Enable rural health workers to conduct early detection and treatment
- Distribute mosquito nets containing insecticide
- Educate regional residents and encourage their participation
- Improve the quality of anti malaria training and review

4.7 Prevention and Control of HIV/AIDS

In order to halt the spread of HIV and keep adverse influence on public health, society and the economy to the absolute minimum, the following concrete goals for the year 2000 are being followed:

- Reduce the estimated number of HIV infections by 50%.
- Increase the number of citizens who can use accurate knowledge of AIDS to act in a safe manner to 90% of the population.
- Reduce the number of commercial sex workers and habitual drug users by 70% to 90%. If this goal is not met, make sure 80% of them can act in a safe manner.
- Increase the quality of health service nationwide, starting with a safe blood supply. Decrease the incidence of venereal disease from its present level of 7.0/1,000 population to 1.3.

4.8 Prevention and Treatment of Diarrhoeal Disease

The goal for the year 2000 is to make sure that 85% of all sufferers of diarrhoeal disease receive oral rehydration therapy (ORT), as well as a proper amount of food.

Among the programs for the prevention and treatment of diarrhoeal disease is the goal of training health workers so that they can provide proper care and diagnosis.

4.9 Other Infectious Diseases

4.9.1 Prevention and Treatment of Tuberculosis

(1) Detection

Because education levels are generally low in mountainous and remote regions, tuberculosis mobile action teams from city tuberculosis division bureaus and provincial tuberculosis centers travel to remote villages, searching for suspected tuberculosis infections.

(2) Treatment and Care

City tuberculosis division bureaus give saliva tuberculosis tests. If there are complications or the case is serious, the patient is transferred to a general hospital, and receives chemotherapy for the first two months. Complicated cases are transferred to provincial tuberculosis wards for treatment.

4.9.2 Prevention and Treatment of Leprosy

With the goal of reducing the carrier rate of leprosy to 1.0/10,000 population by the year 2000, IEC activities, health worker training, the testing of all residents in targeted areas, diagnosis by dermatologists at the provincial level, and multidrug therapy treatment are being conducted.

5 Health Service Delivery System

5.1 Health Facilities

5.1.1 Public Sector

The types and numbers of Viet Nameese health facilities are shown in the chart below.

Table 5-1 Types and Numbers of Health Facilities (1995)

Type of Medical Facility	Number	No. Beds
Medical Research Facilities	10	1,970
Specialist Hospitals	78	13,418
National General Hospitals	719	84,358
Traditional Medicine Hospitals	40	3,875
Inter-Commune Treatment Centers	1,216	10,304
Maternity and Child Health Hospitals	27	650
Rehabilitation Hospitals	20	860
Sanatoriums	121	13,150
Sanatoriums for Leprosy	20	1,170
Community Health Centers	10,305	42,887
Total	12,556	172,642

5.1.2 Private Sector; Missionaries and NGOs

Doctors were allowed to set up private clinic in 1989; as of September of 1996, there were 8,120 private clinics and 8,000 private pharmacies registered.

5.2 Medical supplies

The importation and production of pharmaceuticals has been increased on a large scale, to a current market share of about \$200,000,000/US. At present about 3,000 different pharmaceutical products are imported, and about 5,000 produced domestically. About 150 domestic businesses are authorized to sell pharmaceuticals domestically, and about 150 Viet Nameese companies export pharmaceuticals.

Some future goals are to put a distribution control system in place, and to improve production techniques and efficiency.

5.3 Utilization of Health Services

5.3.1 User's Perspective on Utilization

Self medication is overwhelmingly prevalent in Viet Nam, especially among those living below the poverty line. Moreover, ethnic minority groups seeking

medical service more often turn to the private sector than the public sector. Compared to the privileged classes, the quality of medical care available to those living below the poverty line is of poorer quality: people in the poorest income groups have a one in three chance of getting medical care as good as that available to the privileged class.

5.3.2 Utilization of Regional Health Facilities

Since about 1992, utilization of regional health facilities has been steadily increasing. At present an average of 10 to 40 patients visit each community health center per day.

5.3.3 Traditional Medicine

In cases where long term or intensive care are needed, the Vietnamese include traditional medicine in their treatment.

According to government statistics there are 967 traditional healers, the majority of whom are active at the commune level.

5.4 Managerial Information System

The Ministry of Health founded a health statistics information center in 1991 in order to strengthen the health information gathering system. The role of the center is to establish a statistical information network among Viet Nam's health centers in order to facilitate the collection and processing of information from the national to the grass-roots level.

5.5 Medical Insurance System

In 1989 Viet Nam introduced Viet Nam Health Insurance (VHI) targeted at government and business employees. Starting in 1992 VHI was largely operational, and at present about 7,000,000 people are covered by medical insurance.

5.6 Emergency Medical Assistance System

(1) Hospital Emergency Systems

Hospitals from the city to the national level operate 24 hour emergency rooms. City and provincial hospitals generally have one ambulance each, while national hospitals have several.

(2) Emergency Centers

According to the Ministry of Health, there are several emergency centers, each equipped with several ambulances.

(3) Private Emergency Medical System

In recent years a private medical emergency system with an international network has appeared. Now these services are targeted not only at foreigners; members of the privileged classes can utilize them as well.

5.7 Research Institutes.

Some of the chief research institutions are the National Hygienics Research Institute, the National Tuberculosis Research Institute, the National Malaria and Parasitic Diseases Research Institute, the National Dermatological and Venereal Disease Research Institute, the Tropical Medicine Clinical Research Institute, the National Nutritional Research Institute, and the National Worker and Environmental Health Research Institute.

6 Health Manpower

6.1 Health Manpower by Type

One of the distinctive characteristics of the medical field in Viet Nam is the existence of assistant doctor, assistant pharmacists and nurse interns, in addition to ordinary doctors, nurses, and medical technicians. The number of citizens per doctor has been declining: as of 1995, there were 2,374 people to each doctor, 946 if assistant doctors are added. In addition there were 3,435 people to each nurse, 1,602 if nurse interns are taken into account.

6.2 Human Resource Development

(1) Training System

Doctors train for six years, while dentists and pharmacists train for five. Each year about 2,000 doctors and 300 pharmacists graduate from medical school.

Secondary Medical Schools, operating below the university level, provide four year training courses for assistant doctor, and two to three year training courses for such fields as assistant nurse, medical technician, pharmacist technician, and pharmacist's assistant.

(2) Training Institutions

Viet Nam has seven medical and pharmacological universities; it has 46 secondary medical schools for such fields as nursing, assistant nurse, and assistant doctor.

7 Environmental and Occupational Health

7.1 Environmental Health and Sanitation

7.1.1 Potable Water

The government's National Action Plan has the following goals with regard to drinking water:

[Government Goals for Drinking Water]

- Increase the overall access to safe drinking water from 29.7% in 1990 to 82% by the year 2000; increase the access in rural agricultural areas from 20.9% to 80%.
- Establish one public source of guaranteed safe drinking water per person by the year 2000
- Have 13,000 schools assured of safe drinking water by the year 2000.
- Establish a hand pump maintenance network.

7.1.2 Latrine

The government's National Action Plan goals regarding latrines are to increase the national average for access to suitable latrines to 65%, and 60% in rural agricultural areas, by the year 2000.

7.1.3 Housing

Because of the widening gap in living conditions according to income, UNICEF is providing rural agricultural areas with facilities such as latrines, as well as providing needed items such as good stoves and sinks, garbage receptacles, clean household storage sheds, and mosquito netting.

7.1.4 Pollution

Due to rapid economic development following the Doi Moi adjustment and reform, damage to the environment in the form of air and water pollution and deforestation has sped up.

7.2 Occupational Health

The main health problems facing the industrial sector are dust and soot, chemical poisoning, and noise pollution.

Moreover, with the liberalization of private home industry with the Doi Moi adjustment and reform, worsening working conditions have contributed to a rapid increase in the incidence of serious cases of tuberculosis.

8 International Cooperation in Health

8.1 Cooperation with Donors

8.1.1 International Organizations

(1) World Health Organization (WHO)

WHO's monetary support for Viet Nam is between two and three million US dollars.

WHO participates in a wide variety of support; most of their current support is aimed at long-term projects to improve quality of life and the health status.

(2) UNICEF

UNICEF's efforts in Viet Nam have chiefly been aimed towards the health and education fields. UNICEF places particular emphasis on aid to those living below the poverty line.

(3) UNFPA

UNFPA cooperates with UNICEF in supporting maternal and child health, family planning, and health worker training.

A nationally-run condom plant that UNFPA founded employs 250 workers and produces 50,000,000 condoms annually.

(4) World Bank

The World Bank's support strategy is aimed at economic development and the alleviation of poverty, placing particular emphasis on providing basic social services to those living in poverty. The World Bank presently provides financial support to the National Health Support Project.

8.1.2 Bilateral Support

(1) Australia (AusAID)

AusAID places emphasis on creating infrastructure for health, family planning, and supplying drinking water, as well as support for all fields of education including a scholarship program for study in Australia.

One of AusAID's distinctive features is its cooperation with foreign and domestic NGOs.

(2) Sweden (SIDA)

The goal of Sweden's support is to improve the standard of living of those living in poverty. Sweden places special emphasis on health policy, primary health care, medical practitioner training, family planning, and support for ethnic minorities.

(3) France

Some of France's main projects in the health field are efforts to improve medical training in Viet Nam and create a student exchange program, as well as cooperation with medical supplies.

(4) Holland

Holland places support in the health sector third, behind agricultural and financial management support: at present about 10% of Holland's financial support is spent in the health field. Some of the main programs Holland supports are anti tuberculosis programs, nutritional programs, and other national health programs.

8.1.3 Non-Governmental Organizations

At present about 200 foreign NGOs operate in Viet Nam, about 62 of which have their offices in Hanoi.

8.2 Japan's Cooperation Activities

Japan's support for Viet Nam was largely renewed in 1992. Most aid has been directed at the health .

13 of 52, or 25%, of Japan's unfunded cooperation programs from 1954 to 1994 were in the health

Moreover, of the four technical cooperation projects between 1954 and 1994, 3 were in the health

Finally, at present a technical cooperation project in Ho Chi Minh City's Cho Rai Hospital is being conducted.

JICA