



ORIGINAL RESEARCH PAPER

Pharmacy

Social determinants of health in Vietnam

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ABSTRACT

Healthy is an important role in economic development, represents the progress of society. In Viet Nam, the main factors Social determinants of health: population growth and aging; the speed of industrialization affects the lives of people, causing pollution, increases climate change; diet is not appropriate, social evils tend to increase. Vietnam will need to maintain continuing efforts to meet the targets and achieve equity in the distribution of health and access to affordable care.

The social determinants of health (SDH) are the conditions in which people are born, grow, live, work and age. At the United Nations (UN) Millennium Summit held in New York in September 2000, all 189 UN member states committed to a new global partnership to reduce extreme poverty. These targets, known as the Millennium Development Goals aim to: 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat HIV/ AIDS, malaria, and other diseases; 7) ensure environmental sustainability, and 8) develop a global partnership for development [1].

Vietnam has made significant progress relating to the health status of its people and has achieved several health-related Millennium Development Goals such as the reduction of infant, under-five, and maternal mortality. These improvements in health outcomes have resulted from the developments in social, economic and health care conditions in Vietnam.

1. The main factors affecting health in Vietnam

1.1. Demographic factors

Population size and growth

In recent years, the annual population growth rate has exceeded 1%. Goals set for reduction in fertility and population growth have not been achieved as set out in the 5-year plan of 2011 – 2015. Population in 2015 reached 91.7 million people [12]. With the current growth rate, the population of the country may reach over 95 million by 2019 [3]. Since 2007, Vietnam has entered the period of golden population structure which is a great advantage for the country's economic development. The overall dependency ratio in Vietnam has fallen rapidly over time, from 78.2% in 1989 to 63.6% in 1999 and 44.0% in 2014. This reduction is attributed mainly to population and family planning activities resulting in the decrease of birth rate and the consequent rapid drop in child dependency ratio [6].

Population aging

Vietnam is among the 10 countries with the most rapid population aging rates. The proportion of the population under age 15 dropped from 33.1 percent in 1999 to 23.9 percent in 2012 [13]. The population aging index has increased rapidly from 18.2% in 1989 to 44.6% in 2014 and will continue to rise in the coming period. The higher the elderly share of the population, the heavier the burden of disease and mortality, especially due to Non-communicable disease (NCDs). This creates an increasing burden on families, society and the health system in delivering long-term and costly elderly care services [11].

1.2. Socio-economic factors

Labor and employment

Vietnam's unemployment rate among people aged 15 and older was 2.8% in 2010; 2.2% in 2011; 1.96% in 2012; 2.2% in 2013 and 2.31% in 2015. The unemployment rate among youths is usually higher than the general unemployment rate among people in working ages (6.85% in 2015). In addition, 1.85% of people in

working ages was underemployed. The unemployment rate is generally higher in urban (3.29%) than in rural (2.83%) areas while underemployment is generally higher in rural (2.32%) than urban areas (0.82%) [5, 12]. For individuals, living in a society with insufficient jobs, fear of job loss or unemployment can negatively affect health of the individual as well as the family.

Income and poverty

In the period 2004 – 2012, Vietnam's average per capita income at current prices rose 4.1 times from 484 000 VND per month to 2 million per month. However, disparities in average per capita income across urban-rural areas, regions and population groups have yet to be improved. Average per capita income in urban areas was almost double that in rural areas, while in the richest region of the Southeast, average per capita income is approximately 2.5 times higher than in the poorest region of the Northern midlands and mountains areas. Average per capita income per month among the richest quintile was 9.4 times higher than that of the poorest quintile (4.784 million compared to 0.512 million) [4].

Impacts of industrialization and urbanization processes

In 2001, Vietnam had set the goal of striving to become an industrialized country by 2020. Since then, the process of industrialization in Vietnam has been taking place very rapidly, as evidenced by several indicators, such as rapid increase in per capita income, increasing share of industry and services in the economy, increasing share of skilled workers, reduced poverty and inequality [9]. The urbanization process in Vietnam is proceeding very rapidly, with the urban share of population increasing from 21.7% in 1999 to 33.1% (an average annual increase of nearly 1 percentage point during the past 15 years) [6].

1.3. Natural and environmental factors

Climate change

Climate change is affecting access to clean air, clean water, food security and safe housing, thereby affecting health. Climate change is also changing the environment and conditions for development of pathogens, disease vectors, increasing frequency of natural disasters and risks of morbidity and mortality from associated diseases. Vietnam is one of 6 countries in the world most affected by climate change, especially the risks of sea level rise and saltwater intrusion [2, 10].

Environmental pollution (soil, water, air, solid waste)

Along with industrialization and urbanization processes, the problem of environmental pollution in Vietnam is increasingly severe, directly affecting people's health. This situation is causing obvious impacts on the people's health, increasing the risk of cancer, miscarriage and birth defects, leading to a reduction in human health. According to the assessment of the Ministry of Health and the Ministry of Natural Resources and the Environment, on average annually about 9000 people die due to contaminated water and poor sanitary conditions [14].

1. 4. Lifestyle and behavioral factors

Tobacco smoking

Smoking is one of the leading causes of mortality in Vietnam, causing an estimated 40 000 deaths each year or more than 100 deaths each day. Currently, estimates show that smoking caused about 16.9% of all deaths and 8.8% of the disease burden measured in DALYs in Vietnam. If no urgent and effective interventions are taken, the estimated number of deaths caused by tobacco-related diseases each year will increase to 70 000 by 2030 [15]. The passive smoking rate is highest in pubs and coffee or tea shops at 92.6% compared to 84.9% in restaurants. The rate in universities is 54.3% and public offices is 38.7% [7].

Unhealthy use of alcoholic beverages

About 70% of males in Vietnam use alcoholic beverages. The proportion of adolescents, youth and women who consume alcohol has increased rapidly. The per capita alcohol consumption has increased to 6.6 liters of pure alcohol equivalent per person over 15 years of age per year in the period 2008 – 2010 which is double the figure in the period 2003 – 2005. Among people aged 15 and older who drink alcoholic beverages, each drinker consumed about 17.2 liters of pure alcohol equivalent per year (17.4 liters for men and 0.9 liters for women)[7].

Illegal drug use

The number of drug addicts being managed by the State has increased to 204 377 people by September 2014. Cases of drug addiction are being reported in nearly 90% of districts and about 60% of all communes nationwide [8]. Drug use is still the main route of HIV transmission in Vietnam with approximately 45% of new HIV infections caused by drug injection. Needle sharing is also the transmission route of Hepatitis B and C among drug users.

2. Health status and determinants

Health priorities are selected based on criteria including disease burden, scope of impact, feasibility of intervention and equity.

- Implement a strategy for comprehensive access including control of risk factors, early detection and treatment, continuous and long-term management in the community in order to predict future need for services for NCDs. Interventions need to be developed that are appropriate with the specific context of each locality on the basis of promoting an environment that facilitates adoption of a healthy lifestyle and health promotion, prioritizes investments in prevention, strengthens primary health care, prevention and control of NCDs. Target groups for these programs need to start from children because prevention in this group will yield high returns through reducing future disease burden.

- Strengthening disease surveillance and prevention systems, ensuring the availability of both medical equipment and manpower to actively response and control disease. Continue to effectively implement expanded program on immunizations activities, and gradually adding additional vaccines into the program.

- Review and reform the health service delivery system with an orientation towards strengthening collaboration and integration between levels and between prevention and curative care. Prioritize investments on primary health care at the grassroots level, and for vulnerable groups like women, children and the elderly.

3. Conclusions

Inequities in health and the social determinants must be more efficiently and effectively addressed. Policy makers, clinicians, researchers, scientists, and health staff operating at all levels need to work together using available resources to ensure that this is achieved in an expedient manner. Vietnam will need to maintain continuing efforts to meet the targets and achieve equity in the distribution of health and access to affordable care. Policy efforts in Vietnam should be directed toward closing the gaps in health between different socioeconomic groups. In other words, inequities in health and the social determinants must be more efficiently and effectively addressed.

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