

No. 35/2001/QĐ-TTg

Hanoi, 19th March 2001

PRIME MINISTER'S DECISION

on

Approval of Strategy for People's Health Care and Protection 2001 - 2010

PRIME MINISTER

- In pursuance of Government Organization Law dated 30/9/1992;
- In accordance with People's Health Protection Law dated 30/6/1989;
- At the request of the Minister of Health in the official justification No. 3769/TTrBYT dated 01/06/2000;

DECIDES:

Article 1: To adopt the Strategy for People's Health Care and Protection 2001 - 2010, which consists of the following main contents:

1. Objectives

a. Overall objective

Secured access to primary health care services as well as access to and utilization of good quality. health services for every inhabitant by efforts to be made. Safe communities for every citizen with a good physical and mental development. Reduced morbidity, improved physical health, increased life expectancy and improved overall health for next generations.

b. Specific objectives

1. Health targets to be achieved by 2010:

- Average life expectancy will increase up to 71.
- The maternal mortality rate (MMR) will reduce to 70/100,000 live births.
- The infant mortality rate (IMR) will decline to 25‰ live births
- Under-five child mortality rate (U5MR) will reduce to about 32‰ live births
- The rate of low-weight births will reduce to below 6%
- The rate of under-five malnutrition will reduce to under 20%
- The average height of the youth will reach 160cm.
- There will be 4.5 doctors and 1 university pharmacist/10,000 citizens

2. Reduce the morbidity and mortality of infectious diseases which are potential to cause outbreaks of epidemics. Reduce to the lowest the morbidity and mortality of cholera, typhoid, dengue fever, malaria, bubonic plague, B hepatitis and Japanese B encephalitis, STIs etc. Sustain the results of polio elimination and eliminate infant tetanus. Control the development of HIV/AIDS transmission.

Actively control and manage non-communicable diseases such as cardio-vascular diseases, cancer, injuries, diabetes, occupational diseases, mental diseases, toxication, suicide and diseases related to unhealthy lifestyles (e.g. drug addiction, alcohol misuse, obesity ...)

2. Effectively improve equity in access to and utilization of health services, in particular consultation and treatment services.
3. Enhance the effectiveness of health sector activities in order to improve the quality of health care at all levels in preventive and curative care, rehabilitation and health promotion. Develop and apply international advanced scientific and technological achievements so that the health sector of Vietnam can catch up with the level of other countries in the region.

2. Main solutions

a. In investment

Investments in people's health care and protection come from Government budget, community's contributions and foreign aid... with the Government budget taking the most important part. The recurrent expenditure on health ought to be gradually increased as a proportion of the total Government expenditures. The Government budget will be targeted to poor, mountainous areas, preventive care activities, traditional medicine, primary health care activities at grassroots level, health care for the poor and other prioritized people, health care for mothers and children.

The new financial mechanisms and policies should be piloted at some hospitals in big cities to gradually self-balance their recurrent expenses based on the income from health insurance and user fees. User fee level must be adjusted to match with costs, technical investment, professional qualification of each technical level and people's ability of contribution in each region and the ability to pay within different groups of the population.

Voluntary health insurance coverage should be expanded; the existing compulsory health insurance scheme ought also to be strengthened to gradually cover the whole population.

The mobilization and coordination of foreign aid flows, in particular grants for technical support and soft loans for investment in development will also be enhanced.

b. Strengthening the organization

Strengthening and developing the organizational system of the health sector; building and developing preventive, curative and pharmaceutical systems in the orientation of reducing the number of facilities in order to achieve high efficiency. Developing the sectoral management mechanism from the provincial to grassroots level.

Developing regional polyclinics (inter-district hospitals) in areas which are far from the provincial center. Strengthening and improving the quality of services in intercommune polyclinics in remote and mountainous areas.

Improving the capacity of the preventive health system from the central to the grassroots level, in particular provincial preventive health centers and district hygiene and epidemic control teams. Consolidating Departments of Labour Health and establishing clinics for consultations of occupational diseases in industrialized provinces. Enhancing the system of hygiene and food safety control.

Rearranging the system and upgrading facilities and technologies in training institutions. Renewing the content and improving the training quality, strengthening the trainer system at some secondary medical schools to convert these colleges into junior medical colleges.

c. Enhancing management

Strengthening training component for organizers and managers at all levels. Clearly decentralizing the management to all health care levels and different localities.

Improving the capacity of planning (long-term and short-term) in all areas within the health sector. Regularly monitoring, supervising and evaluating results of planning and implementation of plans.

Organizing the mobilization of qualified health workers to remote mountainous areas to work in a certain period of time. Integrating military and public health care, in particular in areas where many difficulties emerge in epidemic and disease prevention and dealing with consequences of calamities.

Continuing the strengthening of the health legal system, developing and promulgating Drug Law, Food Ordinance, Ordinance of the Revised and Adjusted Private Medical and Pharmaceutical Practice... Enacting regulations and professional standards as well as a list of standards of facility and equipment for health majors. Formulating incentive policies benefiting health workers in remote and mountainous areas.

Improving the knowledge of state management and laws and legislation for health workers. Building and strengthening the health inspection system so as to have sufficient capacity to implement functions and responsibilities regulated in the Code of State Inspection in Health.

- Properly implementing democratic regulations at all health facilities. Establishing a sectoral emulative movement within the health sector, in particular promoting good examples in work of individuals and institutions.

d. Development of manpower for health

- Standardizing training different types of health workers for every level.

- Developing training for health workers according to majors to secure adequate number of health workers per capita and balance across different majors. Promoting training of masters, doctors of medicine, 1st and 2nd degree specialists for provincial and district levels, in particular managers. Making plans for specialist training courses abroad in areas which Vietnam is still incapable of providing.

- Reshuffling provincial and district health facilities so that the staff can take turn to work at the grassroots level. Improving professional skills and strengthening professional disciplines and medical ethics among health workers.
- Gradually implementing the obligation of working in remote and mountainous areas among new graduates.

e. Consolidating and developing basic health network

- It will be assured that 100% of communes will have a commune health station which matches geographical, economic and environmental conditions and people's needs of health care within each region.
- Efforts will be made to achieve the following targets by 2005: 100% of intercommune polyclinics in remote mountainous areas will be upgraded and each will have a doctor; 65% of communes will have a doctor (out of which 50% are mountainous communes); 100% of commune health stations will have midwives, out of whom 60% will be of secondary level.
- Attempts will also be made to achieve the following targets by 2010: 80% of communes will have a doctor in each (605 of which are mountainous communes); 80% of commune health stations will have secondary midwives; all commune health stations will have health workers with the qualification of associate pharmacists and knowledge of traditional medicine. 100% of villages will continuously have health workers with elementary level onwards. Developing, in delta areas, the network of medical volunteers at village level.

f. Strengthening preventive care and health promotion

- Continuing the implementation of targets of national health programs of eliminating some social diseases and dangerous epidemics and diseases. Widely undertaking programs controlling non-communicable diseases such as cardiovascular diseases, cancer, diabetes, congenital anomaly, drug addiction.
- Being proactive in epidemic prevention to control outbreaks. Consolidating the reporting system, epidemiological surveillance system; modernizing the information management system.
- Developing reserved measures to prevent and quickly overcome consequences of disasters, calamities, injury prevention, in particular traffic accidents, labour accidents and occupational diseases.
- Dealing with different health issues and securing the working environment in different enterprises. Setting priority to supervise and deal with contaminated wastes which pollute the environment and cause negative effects to health such as hospital wastes, insecticides etc.
- Enhancing the control over hygiene and food safety; studying and monitoring food contamination to prevent food poison and other diseases related to food; developing the inspection system of hygiene and food safety at all levels.

- Strongly developing the reproductive health, safe motherhood, essential obstetric care programs and family planning services. Trying to rapidly reduce the maternal mortality rate, voluntary abortion rate and morbidity related to gynecological diseases.
- Carrying out child health programs such as malnutrition control, adolescent health, school dental care, diarrhea prevention, acute respiratory infection control...
- Promoting the movement of physical fitness to serve the purpose of health promotion.

g. Curative care

- Investing in synchronically upgrading the curative care system to meet the need and the socio-economic condition of each region. Diversifying the technical system and formulating strict referral regulations. Quickly finalizing a master plan of curative care, increasing the number of beds in provinces where the ratio of bed/population is still low; standardizing regular equipment and technologies; efficiently utilizing and taking all advantages of all medical equipment and instruments in diagnosis and treatments; formulating an appropriate drug list matching the needs of hospitals; encouraging the use of domestic drugs. Preventing wastes and over-utilization of expensive drugs as well as high technologies in diagnosis and treatments. Continuing the enhancement of rehabilitation and prevention of diseases sequels.
- Properly implementing hospital regulations, reforming administrative procedures related to consultations and treatments. Assuring good conditions for serving patients at health facilities, in particular essential things such as food and clothes for patients and hygiene at health facilities.
- Diversifying health care activities in public health facilities, sectoral health facilities, facilities with foreign investments as well as semi-public and private facilities.

h. Developing traditional medical and pharmaceutical sector

Continuing the good implementation of the Directive No. 25/CT-TTg dated 30/8/1999 of the Prime Minister on the promotion of traditional medicine.

i. Drugs and medical equipment

- Continuing the implementation of the National Drug Policy with the main objectives of assuring regular and sufficient supply of good quality drugs to the population and safe, rational and effective use of drugs. Consolidating and strengthening the system of state pharmaceutical organization and management from the central to local level.
- Planning and reorganizing the drug industry in the direction of centralization and intensive and effective investment. The objective stated is that by 2010 all drug enterprises will achieve GMP standards. Modernizing the distribution network, focusing on the distribution system to the community in remote, rural and mountainous areas.
- Fulfilling the legal document system as related to medical equipment; strengthening the organization and building centers of technical services for medical equipment. Providing

advanced equipment according to the decentralized technical level of the preventive and curative care systems respectively; developing the medical equipment industry in Vietnam.

j. Developing medical technologies and information

- Gradually modernizing the image diagnostic technique, biochemical, biophysical diagnosis techniques, immunology, genetics and particle biology. Applying advanced cardio-vascular, endoscopy, orthopedic, micro-surgical and transplantation technologies. Building some standardized laboratories and 3 high tech centers of hygiene and food safety control in the north, central and south of the country.
- Developing biological technologies, in particular the genetic technology, tissue multiplying for producing drugs, vaccines and biological products for diagnosis and treatments. Developing the automatic technology in manufacturing essential medical equipment, handling hospital wastes and operating and managing hospital
- Continuing the strengthening and improvement of the effectiveness of the two high tech health centers in Hanoi and Ho Chi Minh City; early initiating the other high tech centers in Hue and Da Nang and other regional health centers.
- Consolidating the reporting and information system to timely provide highly reliable information to serve management at all levels in order to make certain contribution to the improvement of the effectiveness of sector-wide management.

k. Social mobilization of health care

- Continuing the implementation of the Resolution No. 90/CP of the Government on "Direction and intention of social mobilization of educational, health and cultural activities". Integrating demands of protecting and improving- people's health in macro socio-economic policies, programs and projects for development and creating jobs, poverty alleviation ...
- Continuing the strengthening and development of health education, information and communication centers of all provinces and cities. Developing the network of communicators to the commune level. Collaborating with other sectors at all levels and mass as well as political organizations ... in health education and communication. Using appropriate EEC measures to different target groups so that every mass organization and population group will actively participate in and contribute to the protection of health for themselves and for the community.

4. Fund for implementation

- a. The MoH, according to assignment of implementing the Strategy for People's Health Care and Protection 2001 - 2010, ought to develop a budget estimate on the annual basis to submit to the Ministry of Finance and Ministry of Planning and Investment for consideration and balance of the annual national budget and then to submit to the Government and Parliament for approval.
- b. All provincial People's Committees should be proactive and willing to reserve their local budget for health care and protection of people within their province.

5. Time schedule: from 2001 to 2010

Article 2: The MoH is the key body to implement the programme. The MoH should collaborate with concerned Ministries and sectors (Ministries of Science - Technology - Environment, Planning and Investment, Finance, Marine, Agriculture and Rural Development, Industry, Trade, Education and Training, Culture and Information, Public Security) in planning, monitoring and supervision and reviewing the implementation of the programme on the annual basis to report to the Prime Minister; and it should also organize a review in the middle of 2005 and final review in 2010.

Article 3: This decision takes effect 15 days after the date of signing.

Article 4: Ministers of different Ministries, ministerial bodies, heads of concerned bodies and the chairman of all provincial People's Committees shall be responsible for implementing this decision.

PRIME MINISTER

(Signed and sealed)

PHAN VAN KHAI

Receivers:

- Standing Committee of Politburo
- Prime Minister, all Deputy Prime Ministers
- All Ministries, ministerial bodies, Government's bodies
- All provincial People's Councils, People's Committees
- Parliamentary Office
- President's Office
- Central Office and Party Agencies
- People's Supreme Control Agency
- People's Supreme Court
- Head Office of mass organizations
- Official gazette
- Government's Office: all departments and institutions
- To be filed: