Editorial

HEALTHY AGING RESEARCH

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Health and health care for older people in Vietnam

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Introduction

Vietnam has been undergoing a rapid demographic transition characterized by an increase in the number of older people. The number of people aged 60 years and over in Vietnam increased from 4 million (accounting for 6.9% of total population) in 1979 to 10.35 million (accounting for 11.3% of total population) in 2015 [1]. It is projected that, by 2038, the number of older population would account for 20% of the total Vietnamese population [2]. The fast aging population process is mostly due to the declines in fertility rates, mortality rates, and increase in life expectancies of the population [3].

Older people in Vietnam have been facing a heavy burden of non-communicable diseases (NCDs), accounting for 87 - 89% of lost DALYs and 86%-88% of deaths depending on the age group [4-7]. Cardiovascular diseases (mainly stroke and ischemic heart disease), cancers (mainly lung, tracheal, liver, stomach, colon, with burden rising with age) and chronic obstructive pulmonary diseases (COPD) are the first, the second and the third leading causes of mortality and mortality among the older people, respectively [8]. Joint pain, dizziness and headache are the most common symptoms reported by older persons, followed by cough, breathing difficulties and chest pain. Symptoms and disease most commonly reported by older persons included hypertension (30%), musculoskeletal disorders (10%) and respiratory disease (7.6%) [8].

Health care for older people has been being regarded as a priority in Vietnam. Several policies on health care for older people have been issued and translated into practice such as the Vietnam National Action Program for the Elderly for the period 2012-2020 (issued following the Decision No. 1781/QD-TTg issued in 2012 [9]) which aims to improve the quality of care for older people; promote the social mobilization of care activities and the roles of older people in accordance with the potential and level of socio-economic development of the country), the Health Care for the Elderly Project for the period 2017-2025 (with the objective "to meet older people's needs for health care in accordance with population aging, contributing to the implementation of the Vietnam National Action Program for the Elderly").

Even though significant progress has been made, Vietnam's health care system still faces a number of challenges as regard to health care for older people. While suffering a heavy burden of NCDs, the capacity of the health system is still inadequate to serve this health needs and the access to health care services for these conditions among older people in Vietnam has been still limited [7]. More than 26% of older people in Vietnam did not have health insurance and more than 51% of them could afford health care costs and, as a result, refrain from seeking treatment [4]. Those who did seek treatment often suffer from catastrophic costs and impoverishment problems due to out-of-pocket health expenditure, with households with older people [8]. Older persons in Vietnam would have a high need for long term cares but these types of services are still lacking [8].

Given the above-mentioned challenges, more comprehensive public-health action on health and health care for older people is urgently needed in Vietnam. Improving capacity of primary health care system for NCDs prevention and control would be a top priority in the coming time in Vietnam. More health care services for older people, including social, clinical supports, rehabilitation, health promotion, etc. should be available at primary care level. These services should be covered by health insurance scheme and universal health insurance should be achieved among older people. Strengthening inter-sectoral collaboration in providing timely and effective medical, social and financial supports to older people would be an important solution. Vietnam can adopt the WHO public health framework for Healthy Ageing which includes four main priority areas: 1) aligning health systems to the older populations they now serve; 2) developing systems of long-term care; 3) creating age-friendly environments; and 4) improving measurement, monitoring and understanding [10].

Conflict of Interest

The author declares no conflict of interest with regard to the content of this editorial.

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