Leading Causes of Death in Vietnam

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Implementing government programs, including smoking cessation, smoking education, healthcare system can be considered two main contributors to the leading causes of chronic diseases, risky health behaviors, such as smoking, and the state of the decline. Although there may be many factors contributing to these high death rates due to chronic and preventable causes of death, Vietnam is currently facing a public health crisis. Rates of chronic and preventable diseases, such as ischemic heart disease, chronic obstructive pulmonary disease (COPD), and lower respiratory infections (World Health Organization and UN partners, 2015). 

During 2012, ischemic heart disease contributed to 7% of deaths in Vietnam, equaling 36.5 thousand people died from ischemic heart disease (World Health Organization and UN partners, 2015). Chronic Pulmonary Obstructive Disorder, also known as COPD, was the third leading cause of death in Vietnam in 2012, accounting for 4.9% of deaths, which is equivalent to 23.5 thousand people (World Health Organization and UN partners, 2015). Lower respiratory infections in Vietnam killed 25 thousand people in 2012, making them the leading causes of death in Vietnam. (Vietnam: WHO Statistical profile 2015). 

HEALTHCARE

Vietnam’s healthcare is in the process of transitioning to a universal healthcare system (Do, Oh, & Lee, 2014). The current Vietnamese healthcare system causes individuals to have high out-of-pocket payments, leading to care being allocated to those with the ability to pay instead of to those in need of care (Than, Tran, Waye, Harstal, & Lindholm, 2014). 66% of poor households in rural Northern Vietnam were in debt, and a third of them cited payment for health care as the main reason for their debt (Whitehead, Dahlgren, & Evans, 2001). 33% of poor families choose to self-treat, instead of seeking medical care (Thuan et al., 2008). 

The high expenses of the current healthcare system in Vietnam lead to less people seeking medical care, enabling chronic diseases to potentially develop without proper management and treatment. 

Future Innovations

- Implementing a tobacco control policy, with higher tobacco taxes and a media campaign against smoking and enforcement of clean-air laws, while banning advertisements of tobacco products has potential to decrease smoking rates (Levy et al., 2006).
- Legalization of smoking cessation drugs, including replacement therapies, Varenicline, and Bupropion, could help smokers quit.
- Determining governmental healthcare coverage through an ability-to-pay mechanism, instead of minimum salary could allow more people to afford health insurance.
- For the wealthy, who perceive the enrollment contribution as too expensive, the government could enact an educational program to influence them to enroll.
- Similarly to Korea, the government needs to organize a plan for compulsory health insurance, starting with companies that employ more than 500 employees, and then extending to companies of 300, 100, and 16 employees over time (Do et al., 2014).
- In order to obtain universal coverage, Vietnam will need to reallocate resources to reduce the financial burden of subsidizing more than half of the population for health insurance by implementing policies such as raising taxes on tobacco and alcohol (Do et al., 2016).
- Decreased costs of healthcare, increased number of people insured, and a decrease in smoking prevalence will hopefully help to reduce the number of deaths due to chronic disease.

Conclusion

Overall, Vietnam faces a public health issue, with increasing death rates due to chronic diseases. These rising rates of disease and death may be preventable with alterations in healthcare and lifestyle. Currently, the largest obstacles in decreasing the prevalence of chronic diseases and deaths are the high costs of healthcare and the high rates of smoking. By implementing government programs, such as smoking cessation access, healthcare education, and more, Vietnam can work towards decreasing the prevalence of chronic diseases and improving the health and lifespan of the country’s residents.

References
