Committee: *World Health Organization (WHO)*

Country: *Socialist Republic of Viet Nam*

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Introduction:

Vietnam is a proud, Communist Asian state. They are a part of the Association of Southeast Asian Nations (ASEAN) and have greatly improved their economy in the past decades, meeting Millennium Goal 1 of the United Nations, in which they eradicated extreme poverty. They are an independent nation boasting a very strong constitution.

Topic 1: Non Communicable Diseases

The impression that the media often leaves upon the population is that the largest health issues in the world are communicable diseases. The media extensively documents well known diseases such as the Ebola virus and HIV/AIDS. However, in reality, there are two types of diseases, communicable (CD) and non-communicable (NCD), and the latter is the more pressing in many countries. NCDs make up approximately two thirds of deaths worldwide, contributing to 38 million deaths in one year alone. NCDs are divided up into four categories: cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

While the risk of dying at a young age due to NCDs is low in Vietnam (in 2014 only 14% of deaths between the ages of 30 and 70 were caused by NCDs), NCDs have become the largest cause of death in the country. They accounted for 73% of total deaths in the year 2014. The rates of NCDs have been steadily growing, as more and more people have access to treatment for CDs. This is causing a greater burden on hospitals, in 1976 the proportion

of people being hospitalized due to NCDs was 42% and in 2012 it was 71%, an increase of almost 30%. One of the largest contributing factors to Vietnam’s high rates of NCDs is the percentage of adult males who smoke. It was discovered that 43% of males smoked regularly in 2014, which is a large factor in the high rates of chronic respiratory diseases.

Vietnam is recognized as a low to middle income country (LMIC) and therefore lacks the resources and funding to combat the growing number of NCDs. As was previously mentioned, overcrowding in hospitals is becoming a serious issue in the country, especially in rural areas, as they typically lack medical facilities. In 2010, there were only 2 hospital beds for every 1000 people, and only 1.19 physicians per 1000 persons. It is estimated that hospital capacity is exceeded by 50% to 100% in Vietnam’s largest cities. And while health expenditure in Vietnam is low (making up only 7.1% of the GDP in 2014) it exceeds that of comparable nations.

An action plan was launched in 2002 (Vietnam Noncommunicable Disease Prevention and Control Programme) to control the rise of NCDs. The programme acknowledged that the primary issue with NCDs is not prevention, but management (an important focus as much of NCD aid is focused on prevention rather than long term care). It outlined plans to ‘enhance hospital and outpatient services’, as well as ‘build capacity’. And while the programme was successful in some areas (increased capacity and organization of hospitals to some extent, educated physicians on screening processes), it failed in others, citing a general lack of funding. In order to reduce the amount of NCDs Vietnam will continue with this strategy, but requires international funding. The nation also acknowledges the need for partnership between non-governmental organization (NGOs) and governments.

Topic 2:  Global Pharmaceutical Development and Universal Access to Medication

As society’s understanding of disease advances, more and more treatments have become available to combat diseases. And while the general increase in treatment options to fight these diseases is positive, there are still many flaws which need to be addressed. Along with the development of pharmaceuticals comes overpricing and the issue of a lack of access to these drugs in developing nations. And since there are various factors which contribute to these issues, many issues need to be addressed when solving these problems.

The majority of Vietnam’s drug market is foreign and is currently valued at over 3.5 billion dollars and is predicted to grow to 6.6 billion by the year 2020. The foreign companies dominate the market almost completely and Vietnam previously combatted this through strict pricing policies as well as keeping most drug companies state owned.

However, in recent years drugs have become very overpriced in the country, with prices in the public sector exceeding that of the international reference price (IRP), with many prices over 46 times that of the IRP.  In addition, these drugs are 11.4 times the price of their generic brand counterparts.

A particular problem that Vietnam faces is a general lack of low priced generic alternatives to patented drugs. This can be primarily attributed to the views of doctors in the country, many of whom believe that the generic brands are inferior to their patented counterparts. However, this is a myth which could be easily handled through basic education on the differences between the two types of drugs. In addition to this, drug prices are very high, primarily due to the involvement of third parties, as when medications are prescribed consumers are referred to third parties by the medical professional, which often means that the doctors are unaware of the pricing or the product that the patient will be purchasing. A greater collaboration between the physicians and companies is needed to reduce these excessive drug prices.

Access to drugs is also limited, especially in LMIC countries such as Vietnam. In order to combat this, Vietnam recently amended a policy, set to be enacted early 2017, called the Law of Pharmacy. This amendment will accelerate the process that drugs can be available in the Vietnamese market. The 2005 law dictated that the drugs must undergo extensive testing for many years before being introduced into the Vietnamese drug market, but the amendment should make these drugs available at a much faster rate.

The involvement of the international community could prove to be helpful in regulating the costs of these drugs. This may be through an education plan designed to highlight the overpricing of drugs and the advantages of buying generic brands, as well as strict pricing regulations and close monitoring by governments.

Topic 3: Gender Based Inequities in Global Health

In the past few decades, gender equality has advanced greatly. More and more men and women are equal in society, but in the health sector this isn’t always the case. Both sexes face gender based inequities in health systems, and only recently has it been acknowledged. Unfortunately, since the issue has only recently become a matter of global discussion, there is a general lack of funding and almost no related research has been conducted.

One of the greatest problems related to gender based inequity is soaring suicide rates. Around the world, male suicide rates can exceed those of female suicide rates by over 75%. Vietnam is no exception. Male suicide rates are threefold that of female suicide rates. This can be, in part, attributed to societal standards where men are unable to seek assistance for physiological issues and mental health problems because of the standards that society holds them to. In the year 2012, 3431 male suicides were committed (compared to 1169 females). And although these rates are still high, Vietnam has been progressing in this area as male suicide rates fell 12% between the years 2000 and 2012, due in part to their collaboration with the WHO over mental health issues.

Vietnam also faces problems with motherhood. The maternal death rate is higher than most countries with 54 deaths per every 100000 live births. Vietnam has recognized that one of the reasons that this number is so high is because outside of urban areas there is a profound lack of medical facilities. Rural areas are almost void of physicians to assist in births (1.19 physicians per 1000 persons), and since there is a lack of skilled medical assistance, there are many deaths in childbirth.

Related to the issue of childbirth is the concept of reproductive health. And while the prevalence of contraceptives is relatively high (78.1% in 2011), Vietnam still carries out over a million abortions a year. Vietnam was a leader in abortions, legalizing the practice in the 1960s, which greatly reduced the deaths connected to it. Yet, many women in Vietnam face extreme prejudice if it is discovered that they obtained an abortion. In addition, there is a general lack of knowledge about reproductive health, as evidenced by a 2008 study that suggested that some Vietnamese women believed that occasional intercourse could not get you pregnant.

Although improvements have been made, Vietnam can combat these gender inequities in health care by launching two comprehensive action plans, one for each gender to address issues specific to both sexes. Targeting high male suicide rates and decreasing the stigma around male mental health issues (so they will receive help) for the male policy and focusing on maternal deaths and reproductive health for the female policy. In general, Vietnam must also increase the number of health facilities outside urban regions and build more health centres to combat the overcrowding in cities.

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