VIETNAM HEALTHCARE – MARKET UPDATE
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1 Latest news and trends

1.1 Former deputy health minister back to old job amidst coronavirus woes

The Hanoitimes - Returning to the old post, Long will be a member of the Working Group for nCoV Prevention.

Vietnamese Prime Minister Nguyen Xuan Phuc on Friday appointed Nguyen Thanh Long, deputy head of the Party Central Committee’s Commission for Communications and Education, as deputy minister of health as the country strives to tighten curb on the new China coronavirus or nCoV.

Nguyen Thanh Long has been appointed as deputy minister of health

The appointment takes immediate effect, the Government Portal said.

Long, 54, was a deputy minister of health from December 2011 to October 2018 before being taking the current post at the Commission for Communications and Education, which oversees ideological, cultural and press issues in Vietnam.

He started his career at the Health Ministry as a preventive medicine specialist in 1995 and led the Department of HIV/AIDS Prevention between 2008 and 2011.

Returning to the old post, Long will be a member of the Working Group for nCoV Prevention.

Deputy Prime Minister Vu Duc Dam is now in charge of the Health Ministry and the minister post is still vacant after the parliament released Minister Nguyen Thi Kim Tien from her post in November 2019.

Vietnam has confirmed five individuals infected with the nCoV, including two Chinese nationals on January 23 and three Vietnamese citizens on January 30.

The country has recorded 97 suspected cases with signs of fever and cough, all from China’s virus-stricken areas. Of them, 32 are in quarantine pending test results, according to the Health Ministry.
1.2 PM directs preventive measures against corona virus

At Tan Son Nhat airport (Photo: VNA)

Hanoi (VNA) – Prime Minister Nguyen Xuan Phuc has issued Notice No.121/CD-TTg on intensifying prevention measures against the acute respiratory illness caused by a new strain of corona virus.

The virus is spreading human to human in China while no medicine or vaccine is available. It has infected nearly 2,000 people in China, and killed at least 56 as of late January 25.

Many countries have also recorded infection cases, including Thailand, Malaysia, the Republic of Korea, Japan, Australia, France and the US.

The PM required the Health Ministry to closely check passengers coming in at border gates on roads, waterway and airway. Those who are suspected of being infected must be isolated immediately.

The ministries of information and communications; culture, sports and tourism; labour, invalids and social affairs; and foreign affairs must work closely with the Health Ministry to popularize information and warnings to Vietnamese citizens to avoid unnecessary travel to affected areas.

Chairs of people's committees of all centrally-run municipal and provincial were order to take drastic actions in disease control in accordance with directions of the Health Ministry; ensure the supply of medicines, medical equipment and funding for disease prevention and control activities.
Two Chinese citizens, a father and his son, have been quarantined at Ho Chi Minh City-based Cho Ray Hospital after they tested positive to the virus.

These are the first cases of individuals infected with the virus ever Vietnam has confirmed since the disease spread from China’s Wuhan city last December.

1.3 New population strategy poses challenges for Vietnam

Head of the General Office for Population and Family Planning under the Ministry of Health, Nguyễn Doãn Tú, talks to Nhân Dân (The People) newspaper about Việt Nam’s population strategy

Prime Minister Nguyễn Xuân Phúc has issued Decision 1679/QĐ-TTg approving Việt Nam’s Population Strategy towards 2030. What does the strategy focus on?

The strategy emphasises the need for more efforts to shift the focus from family planning to population and development to solve population issues including size, structure and distribution. The strategy will also focus on the relationship with economic, social, national defence and public security factors.

The strategy sets out eight goals to be achieved by 2030.

1) Maintain the replacement fertility rate and reduce fertility disparities across regions and groups.
2) Protect and develop populations of ethnic minorities of less than 10,000 people.
3) Bring the sex ratio at birth to a natural balance, and strive to maintain the age structure at a reasonable level.
4) Improve the quality of the population.
5) Promote rational population distribution and ensure national defence and public security.

6) Complete the construction and operation of a national population database, and accelerate the integration of population factors into the formulation and implementation of socio-economic development plans.

7) Maximise the advantages of a golden population, creating strong momentum for the country’s rapid and sustainable development.

8) Adapt to an aging population and promote healthcare for the elderly.

It also sets out eight solutions.

1) Strengthen the leadership and direction of Party committees and authorities at all levels.

2) Innovate communications and campaigning about population.

3) Perfect mechanisms, policies and laws on population.

4) Improve network development and population service quality.

5) Speed up scientific research while perfecting population information and data systems.

6) Ensure resources for population work.

7) Complete syllabus for education structure.

8) Strengthen international co-operation.

**Given Vietnam’s current population, what advantages and challenges will the strategy encounter?**

Vietnam is striving to basically become an industrialised country towards modernisation by 2030. Currently, there are many shortcomings and limitations facing population work.

Fertility rates vary significantly between provinces, and between rural and urban areas. Areas facing multiple social and economic difficulties have high rates, such as the northern midland and mountainous areas and the Central Highlands, where the birth rate is 2.43 children per woman. Some places have even higher rates, such as Yen Bai and Kon Tum where it reaches 2.74. Meanwhile, in areas with developed social and economic structures, the fertility rate has dropped, such as the southeast region where it’s just 1.56. In some places, the fertility rate is much lower than the replacement rate, for example, HCM City’s rate is just 1.39.

Although adjustments have been made to policies and regulations, no increases have been seen in most places with low rates, and some have continued to decline, especially in southern provinces. In the North, the fertility rate is unstable and has increased in some places.

The imbalance in the sex ratio at birth with an excess of boys over girls has become increasingly widespread, both in urban and rural areas.

The golden population may meet the quantity criteria, but not the quality we need in our human resources as labour productivity remains limited. No in-depth research has been carried out to propose solutions and promulgate synchronous mechanisms and policies to promote the advantages of the golden population.

Vietnam has one of the fastest ageing populations in the world, while socio-economic conditions are not prepared to adapt.
Regarding the quality of the population, the current human development index (HDI) is low and is only improving slowly. The average life expectancy is high but the average number of years of healthy living is low. The rate of maternal deaths, child mortality and malnutrition among children under five years old is still high, with significant disparities across regions.

The stature and physical strength of Vietnamese people has slowly improved. Child marriages and incestuous marriages are still common among some ethnic minorities, while the protection and development of populations of ethnic minorities of less than 10,000 people is limited.

We are also limited in terms of population distribution and migration. Since 1989, migration has been growing, mainly from rural to urban areas. Most migrants are young and female.

Family planning services, counselling, pre-marriage health check-ups, screenings, diagnoses, treatment, prenatal and neonatal diseases have not been properly invested in. The network of elderly care in the community and intensive care facilities remains underdeveloped.

We are also facing difficulties in communicating with people about population factors. Most population mechanisms and policies still focus on family planning. The integration of population factors in social and economic development has not received due attention.

What will the General Office for Population and Family Planning do to implement the strategy?

We will co-ordinate with localities to disseminate the strategy from central to grassroots levels. We will regularly provide information on the population for ministries, committees and local governments.

The office will direct and support localities to formulate action plans for 2020-25 to implement the strategy with goals and targets suitable to the local fertility situation, gender imbalance at birth and aging population.

The office is submitting a plan and investing in population work at all levels. We have also suggested that population projects should be incorporated into medium-term public investment plans. — VNS
1.4 Vietnam strives to maintain replacement fertility this year

Vietnam’s population and family planning work in 2019 faced difficulties, especially in communications due to decreased funding, heard a conference in Hanoi on January 9.

Hanoi (VNA) – Vietnam’s population and family planning work in 2019 faced difficulties, especially in communications due to decreased funding, heard a conference in Hanoi on January 9.

Hosted by the Ministry of Health, the event aims to review the population and family planning work in 2019, and set out key tasks for 2020, including the implementation of the Vietnam Population Strategy through 2030.

Reports presented at the event showed that a number of documents, regulations and guidelines on the implementation of the population work were issued late and asynchronously, while funding for communications campaigns – a crucial solution to the work – has reduced, greatly affecting the sector’s performance.

By April 1, 2019, Vietnam had a total population of over 96.2 million people, up 1.5 million compared to a year earlier. The crude birth rate was 16.3 percent, up 1.7 percent against 2018. The newborn screening rate rose by 2 percent compared to 2018 to reach 40 percent, but failing to meet the goal of 70 percent set for 2019.

Thanks to efforts of the sector at all levels, a number of basic targets of the 2019 plan were satisfied. The replacement fertility was maintained at 2.09 children per woman, while the sex ratio at birth was controlled at 111.5 boys per 100 girls. The rate of couples accepting to use modern contraception
reached 70.8 percent, 2.8 percent higher than the target. The number of women receiving screening during pregnancy stood at 56.43 percent.

Meanwhile, the percentage of elderly people receiving health checkups at least once a year reached 20 percent, exceeding the target of 10 percent.

In 2020, the sector aims to firmly maintain the replacement fertility, reduce fertility disparities across regions, and bring the sex ratio at birth to the natural equilibrium, and improve the quality of population and health care for the elderly.

Attention will paid to building legal documents on the population and family planning work, while promoting communication campaigns to raise public awareness of the work, and the implementation of models and measures to improve the quality and structure of population.

Vietnam’s population is forecast to reach 97.3 million people in 2020, with the total of birth rate standing at 2.1 percent, and the sex ratio at birth at 111.3 boys per 100 girls./.

2 Import-Export

2.1 New points of Decree no. 03/2020/ND-CP issued by the government on January 1, 2020 on management of medical equipment

On January 1, 2020, the Government issued Decree No. 03/2020 / ND-CP to amend and supplement Clauses 5, 6 and 11, Article 68 (Transitional provisions) of Decree No. 36/2016 / ND-CP amended and supplemented in Decree No. 169/2018 / ND-CP on management of medical equipment. As follows:

For medical equipment of types B, C and D:

– If it is on the list of import licensing and has been granted in 2018, 2019, 2020, 2021: The license will continue to be valid until the end of December 31st, 2021, and will be imported with The amount is not limited and not controlled by the Customs.

– If not on the list of those subject to issuance of an import license: Will continue to import until the end of December 31st, 2021 on demand, no quantity limit, no need to certify that the medical equipment of Ministry of Health when carrying out customs clearance procedures.

For medical equipment of type A:

– If there is already a receipt of the application for approval of the applicable standard issued by the Department of Health: it will continue to be imported on demand, without quantity restrictions, without the need for a classification and a confirmation document that is necessary. medical equipment of the Ministry of Health when performing customs clearance procedures.

For medical equipment being in vitro diagnostic bio-products:

– If the import license was granted in 2018, 2019, 2020, 2021: The license will continue to be valid until the end of December 31, 2021, to be imported in unlimited quantities and without being Customs control.

– If the circulation registration certificate has been issued in accordance with the 2005 Pharmacy Law and the documents guiding the implementation of this Law, the circulated number will be valid until
the end of the time stated in the registration certificate onions. Unless the circulation number is recorded to expire after January 1\textsuperscript{st}, 2019 and before December 31\textsuperscript{st}, 2021, the issued circulation will be valid until the end of December 31, 2021.

**For ASEAN common technical dossier (CSDT):**

- Will be applied from December 31\textsuperscript{st}, 2021. Accordingly, starting from December 31\textsuperscript{st}, 2021, establishments requesting for circulation no longer need to provide documents specified at Points g, i, m, Clause 1, Article 26 of Decree No. 36/2016 /ND-CP.

Decree 03/2020/ND-CP takes effect along with the signing date for issuance, which is intended for January 1\textsuperscript{st}, 2020.

Decree 03/2020 /ND-CP revises the previous Decrees on the transitional provision, which is very important for a legal document, helping us determine the specific time limit of import licenses, circulation registration papers previously issued for each type of medical equipment, which serve as a basis for organizations and individuals involved in production, trading, and import activities. import and provide medical equipment services to perform necessary tasks to maintain the relevant conditions, ensure compliance with the provisions of the law on management of medical equipment.

### 3 International cooperation

#### 3.1 KMDICA signs MOU with Ho Chi Minh University Medical Center for trial use of Korean medical devices

With University Medical Center in Ho Chi Minh City having decided to use Korean-made medical devices for trial use and education, Korean medical equipment companies are expected to make inroads into Vietnam.

Korea Medical Devices Industrial Cooperative Association (KMDICA) signed a business agreement with University Medical Center in Ho Chi Minh City at the opening ceremony for the Grant and Innovation Center of the university.

It is a follow-up to the business agreement signed in August with the Vietnam center, Ho Chi Minh University innovation center and the home medical education center.

Under the agreement, KMDICA plans to expand the pilot use of Korean-made medical devices at Ho Chi Minh University and medical school hospitals and conduct education of related products.

Ho Chi Minh University Medical Center is Vietnam's top medical education institution established in 1947, with about 10,000 students attending seven departments and university hospitals.

"We hope that this will be an opportunity to acknowledge the excellence of Korean medical devices and to experience the excellence of products through product training," said Lee Jae-hwa, chairman of KMDICA.

Meanwhile, KMDICA has been supporting domestic medical device companies' entry into such countries as Vietnam and Indonesia through overseas comprehensive support centers since 2013.
4 Digitalisation

4.1 Insurance sector to supply more online services at level four

Hanoi (VNA) – The Prime Minister has approved a project on accelerating the supply of level-four online services in the field of insurance and other public services based on data sharing between the Vietnam Social Security and related sectors.

The project aims at promoting online payment, especially methods accessible to a majority of people, and conditions ensuring the supply of level-four online services.

A target of the project is to have at least 70 percent of online services provided at Level 4, which allows people and businesses to perform administrative formalities, submit required forms, handle documents and payments, and receive results with a computer connected to the Internet, by the end of 2020.

The building of an online social security database should be basically completed this year, along with a national insurance database (including data on health insurance and health care), thus allowing the
connection and sharing of information with databases of ministries, sectors, localities and related agencies, serving the reform and streamlining of administrative procedures.

One of the tasks and solutions set by the project is to intensify the application of information technology, and conduct communication activities to encourage the people access online services and perform transactions such as receiving pensions, paying for health care and educational services online.

Under the project, a system for online insurance premium collection and insurance benefit payment will be completed to encourage non-cash payment by organisations and individuals.

The portal of the Vietnam Social Security will be upgraded and connected with the national public services portal./.
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