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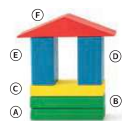


General data

POPULATION, 2023
100352192
SURFACE, KM², 2022
331,340
PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
115
GDP PER CAPITA (US\$), 2023
4282,09
HEALTH EXPENDITURE (% GDP), 2021
4,59
UNIVERSAL HEALTH COVERAGE, 2021
68



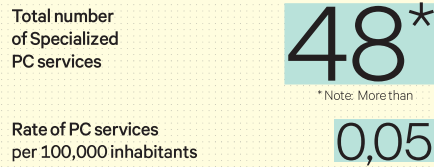
WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC

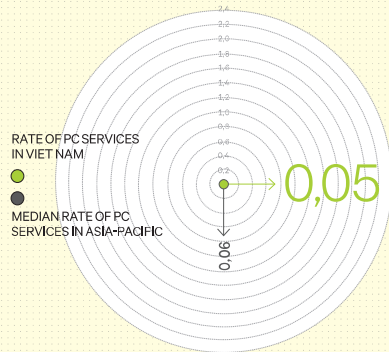


Viet Nam

F Provision of PC (Specialized Services)



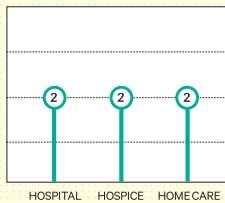
Viet Nam in the context of Asia-Pacific regions



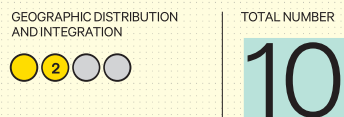
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



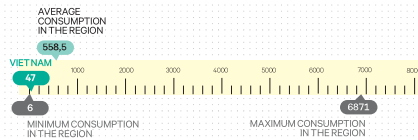
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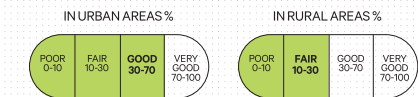
D Use of essential medicines



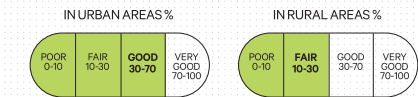
Viet Nam in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Vietnam Palliative Health Care Society.
Consultants: Tuyet Mai Do; Dai Duong Le; Giang Huong Nguyen; Vu Thao.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: No
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training



B Policies



A Empowerment of people and communities

Groups promoting the rights of PC patients




Advanced care planning-related policies



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People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	 <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</p>	<p>Established in 2019, the Vietnam Palliative Health Care Society is a government-recognized national association focused on advocacy, training, and policy advising for palliative care. Active primarily on social media and in southern Vietnam, the society promotes awareness and quality care for individuals facing life-limiting illnesses. In northern Vietnam, early pioneers and initial programs contribute to communication and training efforts. This organization aims to ensure that patients receive compassionate, high-quality care tailored to their needs, while also empowering patients and families with the resources and information to make informed care decisions.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>The Palliative Care Guidelines in Vietnam, initially released in 2006, were updated in January 2022 to address comprehensive support—physical, psychological, social, and spiritual—across several settings, including home care. However, these guidelines are not consistently applied in all healthcare settings and lack specifics on surrogate decision-makers, living wills, and advanced care planning (ACP). The 2023 National Health Care Law introduces definitions for substitute decision-makers and guidance for cases where individuals lose decision-making capacity. Although Vietnam currently lacks a national ACP policy, there is growing momentum to educate both patients and healthcare providers on ACP, drawing from WHO models and international research to shape future policy.</p>
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Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>	<p>Vietnam's healthcare strategy prioritizes palliative care to improve the quality of life for patients with serious illnesses, emphasizing pain relief and psychological support for patients and families. Decision No. 83/QD-BYT, issued in 2022, updated the National Palliative Care Guidelines to address physical, psychological, social, and spiritual needs, particularly in home care. The National Strategy for the Prevention and Control of NCDs (2015-2025) includes a Palliative Care Plan to build capacity and establish units in cancer hospitals, though only five facilities currently provide such services. While guidelines are available and implemented in public and private facilities, integration remains inconsistent, with gaps in monitoring, research, and funding. Efforts focus on developing clear policies and expanding services, but a lack of program evaluations limits understanding of the impact.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
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<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>The National Health Care Law 2023 defines the scope of services practicing family medicine principles, explicitly including palliative and end-of-life care, and establishes palliative care as part of the basic healthcare service package at the primary care level. In addition, a 2019 report from the Ministry of Health in Vietnam outlined the list of basic medical services at commune health stations, specifying that each service package included detailed categories and pricing. Palliative care was mentioned as part of the healthcare provided to individuals living with non-communicable diseases (NCDs), but its details and availability varied across localities. The National Strategy for the Prevention and Control of NCDs (2015-2025) also called for the development of a palliative care system at the basic level and its integration into primary care, though specifics were limited.</p> <p>2023 THE NATIONAL HEALTH CARE LAW INCLUDES PALLIATIVE CARE IN THE PRIMARY HEALTH SERVICES.</p>
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<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p>	<p>The Ministry of Health of Vietnam has issued Circulars and Guidelines to organize non-communicable disease management activities, including palliative care, under the oversight of the Department of Medical Examination and Treatment. This department is responsible for implementing these activities and fostering the development of palliative care in the country. However, current initiatives primarily focus on raising awareness and providing capacity-building training, with insufficient specialized personnel and funding to support the comprehensive and ongoing advancement of palliative care research and practice nationwide.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>There are concrete functions but do not have a budget or staff.</p>	

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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

The Vietnam Palliative Health Care Society organizes an annual conference for palliative care during the week of World Hospice and Palliative Care Day, complemented by smaller conferences throughout the year and palliative care sessions at specialty conferences such as those for cancer and cardiology. In October 2023, a scientific conference was held at Ho Chi Minh City University of Medicine and Pharmacy to mark the International Day of Palliative and Hospice Care, featuring contributions from both domestic and international experts. Additionally, the National Cancer Prevention Conference, which occurs every two years, took place in 2023 in Hanoi and included a popular Palliative Care Session that attracted attention from researchers and clinicians. The first Oncology Nursing Conference in Vietnam also featured a Palliative Care session with participation from many experts in the field.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Reflects a limited number of articles published.

Palliative care research in Vietnam remains limited, with few scientific articles published in international peer-reviewed journals. However, research in this field is gradually expanding.

Medicines

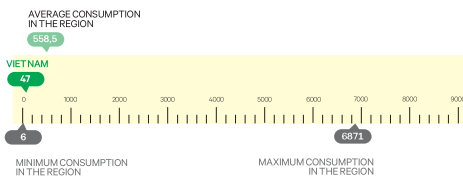
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 47 S-DDD



COUNTRY VS REGION



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Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

In Vietnam, there are about 2000 Primary Health Care facilities. Most palliative care medications are included in the National Medicines List, available at the primary healthcare level and covered by health insurance, with non-opioid painkillers accessible at all levels of care and often obtainable without a prescription at local facilities. Rural and mountainous areas face significant shortages, with only basic painkillers available at commune and ward health facilities.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Good: Between 30% to 70%.

In Vietnam, access to opioids, particularly morphine, remains limited, even at large oncology hospitals, and is tightly regulated. District health centers can supply morphine, but access is restricted, and usage remains insufficient. Rural and mountainous areas face significant shortages, as commune and ward health facilities are not licensed to store morphine, further limiting access in remote regions.



10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

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Education & Training

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	<p>1/29</p> <p>8/29</p> <p>1/150</p> <p>8/150</p>	 <p>Palliative care education in Vietnam is limited, with only 5-8 of 29 universities offering courses, mostly as electives for final-year students in cities like Hanoi, Ho Chi Minh City, and Hue. The University of Medicine and Pharmacy at Ho Chi Minh City (UMP) is the only institution with a structured palliative care curriculum across basic, intermediate, and advanced levels, aligning with WHO standards. Although the number of nursing schools grew from 70 in 2005 to 150 in 2015, palliative nursing primarily focuses on pain management, with limited integration into undergraduate programs.</p>
<p>Ind12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	 <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.</p>	<p>Established in February 2018, the Department of Palliative Care at Ho Chi Minh City University of Medicine and Pharmacy became Vietnam's first medical university department dedicated to palliative care education. Initially, it focused on advanced palliative care training for doctor students in related medical fields. In March 2019, the Ministry of Health authorized the university, in collaboration with the Department of Pediatrics and Ho Chi Minh City Oncology Hospital, to establish the country's first official training program for Level I palliative care specialists. This advanced two-year program, officially recognized by the Ministry of Health since 2019, qualifies graduates to practice as subspecialists in palliative care.</p>

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Provision of PC / Services

<p>Ind13</p> <p>13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	 <p>Isolated provision: Exists but only in some geographic areas.</p>  <p>Ad hoc/ in some parts of the country.</p>  <p>Ad hoc/ in some parts of the country.</p>  <p>Ad hoc/ in some parts of the country.</p>	<p>Palliative care (PC) services in Vietnam are mainly provided in oncology hospitals, particularly in major cities. Approximately 30 hospitals have inpatient PC departments, while standalone hospices offering home care are limited to cities like Hanoi, Ho Chi Minh City, and Vinh Phuc. The National Cancer Hospital in Hanoi operates three specialized PC facilities. In the south, Ho Chi Minh City hosts a cluster of 11 PC units, including home care services through the Oncology Hospital, though this model has not been widely replicated due to resource and policy limitations. Home care typically focuses on symptom relief and basic care, with some units supplying morphine to patients at home. Private PC providers face challenges, such as limited opioid authorization and weak coordination with central health authorities. Vietnam has at least 48 PC units, with a rate of 0.05 specialized PC services per 100,000 inhabitants.</p> <p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p>  <p>48* ← SPECIALIZED PALLIATIVE CARE SERVICES</p> <p>NOTE *More than</p>
<p>Ind14</p> <p>14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country.</p>	 <p>Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.</p> <p>6 PPC TEAMS</p>	<p>Palliative care for pediatric patients in Vietnam is available only at a limited number of large oncology, infectious disease, and pediatric hospitals. Few of these institutions have dedicated pediatric palliative care departments, with the City Children Hospital in Ho Chi Minh City being the only facility with a specialized PC team dedicated specifically to that end. The Children's Hospitals 1 and 2 also have palliative care departments that provide service also to pediatric patients, while the Central Cancer Hospitals 1 and 2 offer general palliative care services that include children. Additionally, several other medical facilities offer palliative care services for pediatric patients, leading to approximately 10 health facilities overall that provide palliative care for children, even though most of them lack specialized pediatric palliative care units.</p>