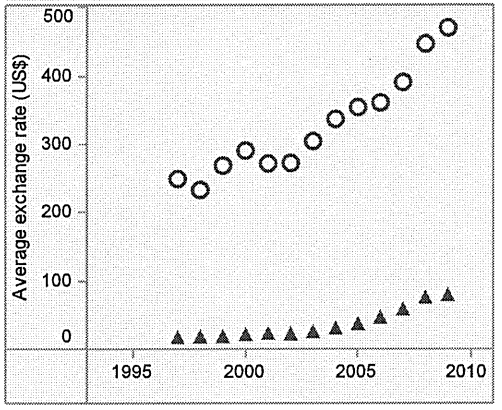
Viet Nam: health profile

World Health Organization

Selected indicators (2009)

			Country	Regional average	Global average
General	Total population (thousands)		88 069	...	...
	Population living in urban areas (%)		28	48	50
	Gross national income per capita (PPP int. $)		2 790	9 497	10 599
Mortality and burden of disease	Life expectancy at birth (years)	Male	70	72	66
		Female	74	77	71
		Both sexes	72	75	68
	Adult mortality rate (per 1000 adults 15-59 years)	Both sexes	139	116	176
	Under-5 mortality rate (per 1000 live births)	Both sexes	24	21	60
	Maternal mortality ratio* (per 100 000 live births)		56	51	260
	Prevalence of HIV (per 1000 adults 15-49 years)		4	1	8
	Prevalence of tuberculosis (per 100 000 population)		333	160	201

Per capita total expenditure on health



Viet Nam is located in the WHO Western Pacific Region.

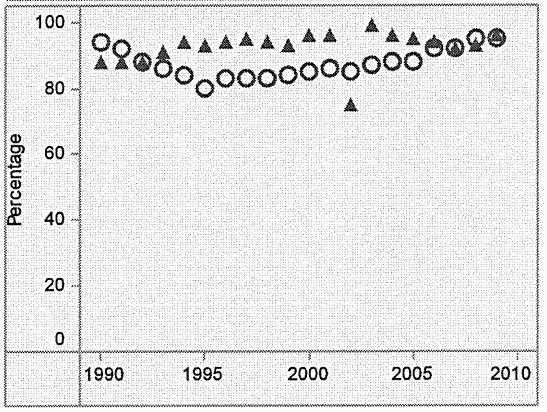
▲ Country

○ Regional average

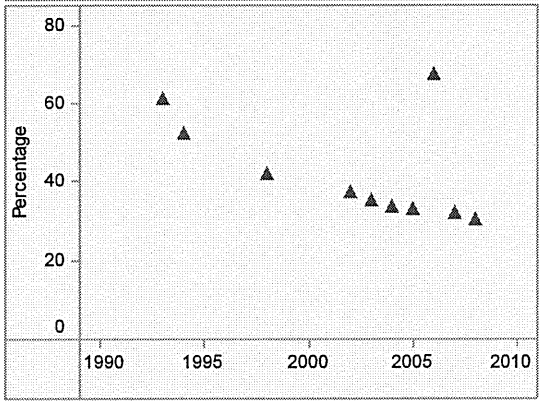
* Data refers to 2008.

Last update: 4 April 2011.

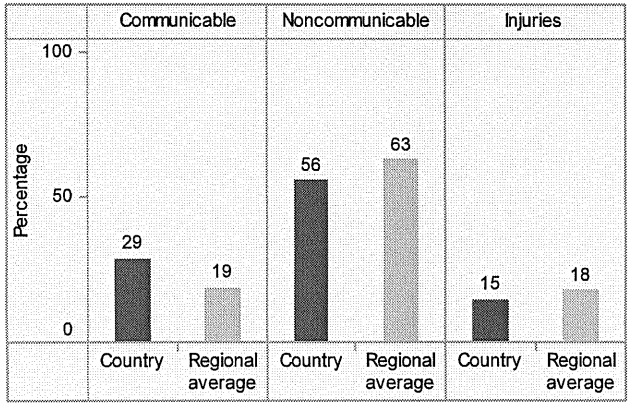
DTP3 immunization among 1-year-olds



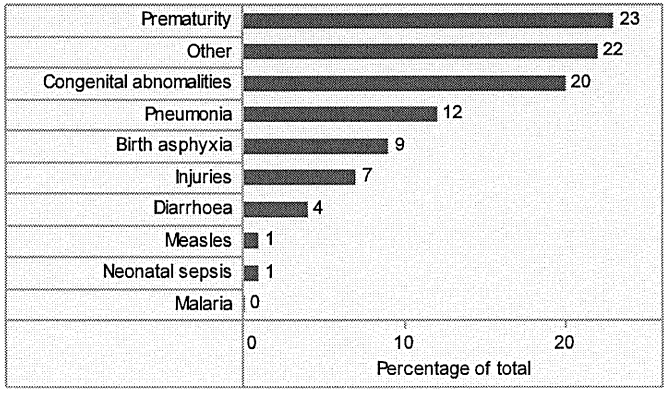
Children aged under-5 stunted



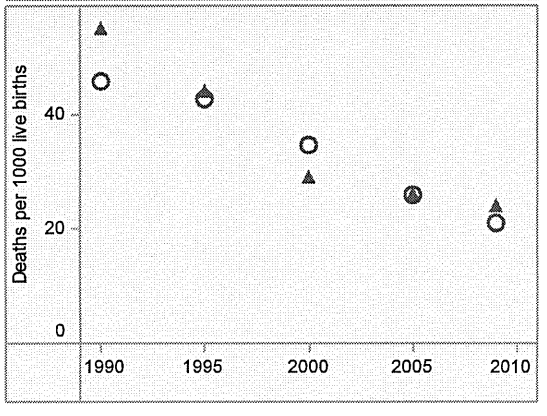
Distribution of years of life lost by causes (2008)



Distribution of causes of deaths in children under-5 (2008)



Under-5 mortality rate

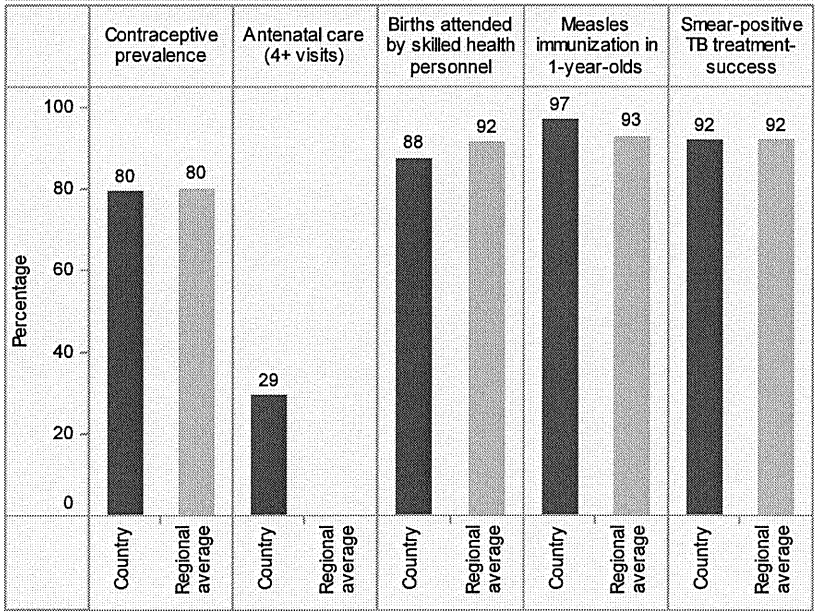


Viet Nam: health profile

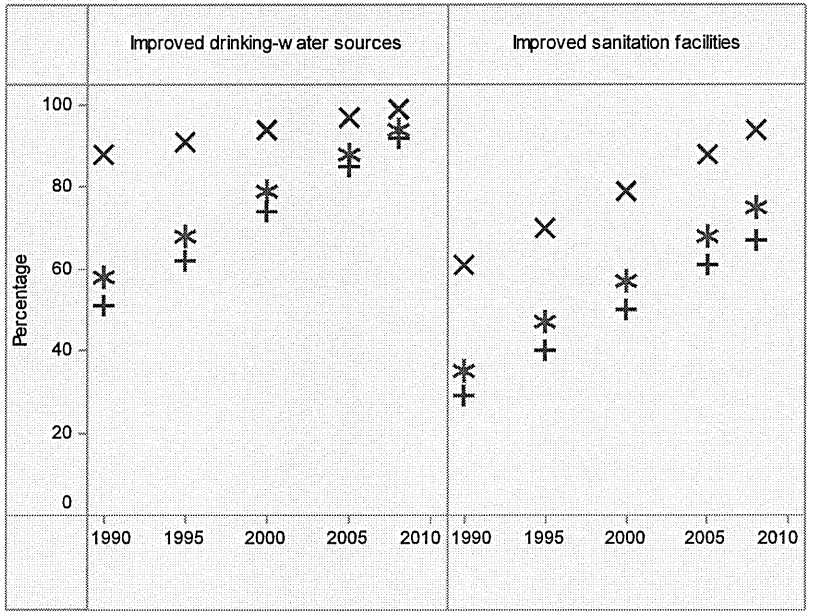
World Health Organization

Viet Nam is located in the WHO Western Pacific Region.

Utilisation of health services*



Population using improved water and sanitation



Place of residence

× Urban

✱ Total

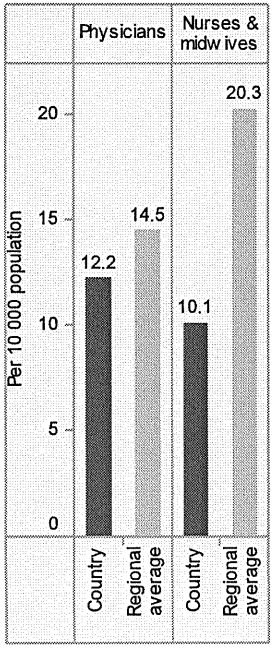
\+ Rural

* Data refer to latest year available from 2000. For specific years and references, visit the Global Health Observatory at www.who.int/gho.

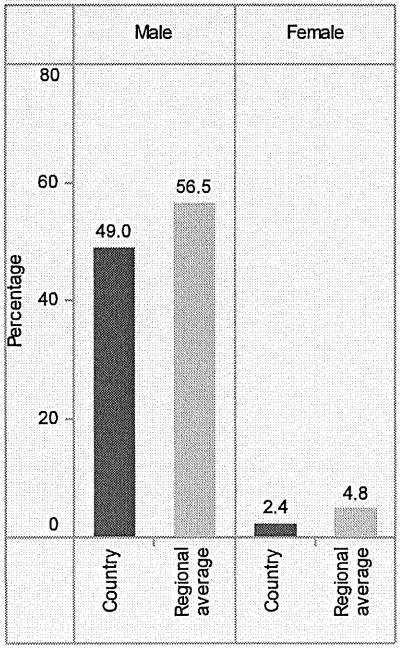
** For data sources and years, see the World Health Statistics 2011.

Last update: 4 April 2011.

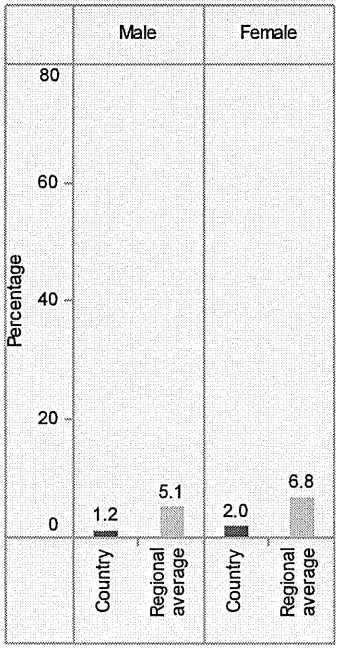
Health workforce*



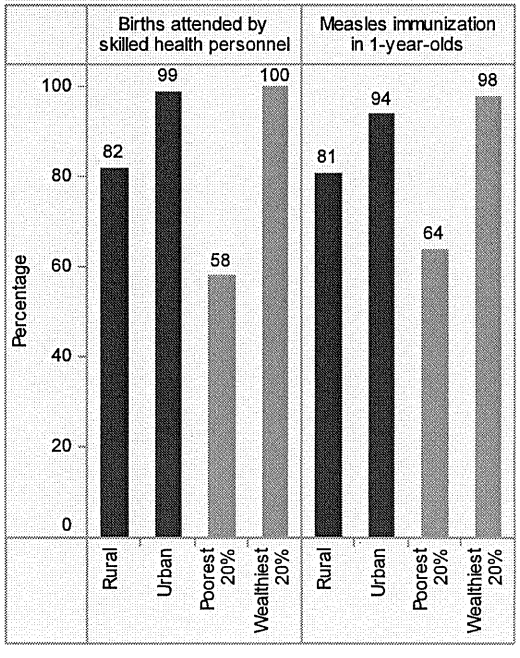
Tobacco smoking (adults 15+) (2006)



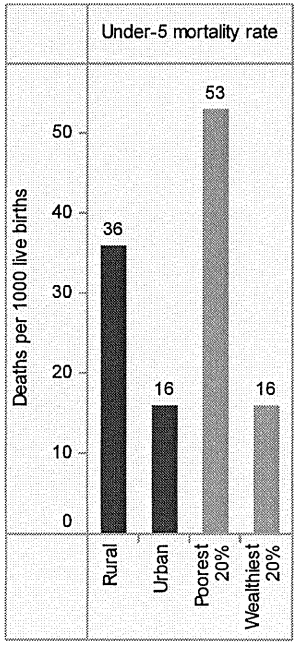
Obesity (adults 20+) (2008)



Inequities in health service utilization**



Inequities in mortality**



資料３：

血液自給に関するWHO会議プログラム

及び会議結果サマリー

World Health Organization

WHO Experts' Consultation on 'Achieving Self-sufficiency for Safe Blood and Blood Products based on Voluntary Non-remunerated Blood (and Plasma) Donations'

21-23 September 2011, Salle-G, Main Building, WHO-HQ, Geneva

Draft Programme of Work

Day 1: Wednesday 21 September 2011		
09:00-09:15	Welcome	Dr Willem Van Lerberghe
09:15-09:30	Introduction of Delegates	Delegates
09:30-09:40	Objectives and Expected Outcomes of the Consultation	Dr Neelam Dhingra
Theme 1: International Perspectives on Self-Sufficiency for Safe Blood and Blood Products		
09:40 - 09:55	WHO Guidance and Policies for Self-Sufficiency	Dr Neelam Dhingra
09:55-10:10	EDQM Council of Europe Guidance and Policies for Self-Sufficiency	Dr Marie-Emmanuelle Behr-Gross
10:10-10:25	European Commission Guidance and Policies for Self-Sufficiency	Dr Silvia Villanueva
10:25-10:45	Tea/Coffee break	
10:45-11:00	International Trade and Health - WHO and WTO perspectives	Mr Peter Beyer Mr Patrick Rata (TBC)
11:10-11:30	Discussion	
Theme 2: Concept, Rationale and Definition of Self-sufficiency		
11.30-11.50	Introductory Presentation	Dr Koji Nabae
11.50-13.00	Discussion on Practical, Working Definition of Self-Sufficiency (Six driver products) ▪ WHO Definition of Self-Sufficiency	Moderator: Prof Cees Van Der Poel
13.00 - 14.00	Lunch break	
Theme 3: Sharing Information and Experiences		
14:00-14:15	Australian Red Cross Blood Service	Mr Peter McDonald

14:15-14:30	Canadian Blood Services	Mr Anthony Steed
14:30-14:45	China - Ministry of Health	Dr Dongying Gao
14:45-15:00	Egypt - National Blood Transfusion Service	Dr Faten Moftah
15:00-15:15	France - Etablissement Français du Sang	Dr Bernard David
15:15-15:30	Hong Kong Red Cross Blood Service, SAR, China	Dr Che Kit Lin
15:30-16:00	Tea/Coffee break	
16:00-16:15	India - National Blood Programme	Dr Sandhya Kabra
16:15-16:30	Iran Blood Transfusion Organization	Dr A.Gharehbaghian
16:30-16:45	Italy - Italian National Blood Centre	Dr Giuliano Grazzini
16:45-17:00	Japan - Ministry of Health, Labour and Welfare	Dr Satoru Miyake
17:00-17:15	Macao Blood Transfusion Centre, SAR, China	Dr Crystal Hui
17:15-17:30	Malawi - Malawi Blood Transfusion Service	Dr Bridon M'baya
17:30-17:45	Netherlands - Sanquin Blood Supply	Dr Jeroen de Wit
17:45-18:00	New Zealand - New Zealand Blood Service	Dr Peter Flanagan
18:00-18:10	Summary of Day 1	
18:30-19:30	**Reception**	

Day 2: Thursday 22 September 2011		
Theme 3: Sharing Information and Experiences (Contd.)		
08.30-08.45	Nicaragua - National Blood Transfusion Service	Dr Jose Ramiro Cruz
08.45-09.00	Saudi Arabia - Directorate of Labs & Blood Banks, Ministry of Health	Dr Ibraheem Al-Omar
09.00-09.15	Singapore - Blood Services Group	Dr Diana Teo
09.15-09.30	South Africa - South African National Blood Service & Natal Bioproducts Institute	Dr Loyiso Mpuntsha Duncan Armstrong
09.30-09.45	Sri Lanka - National Blood Transfusion Service	Dr Ananda Gunasekera
09.45-10.00	Switzerland - Swiss Transfusion SRC	Dr Yvonne Fischer
10.00-10.15	Thailand - National Blood Center, The Thai Red Cross Society	Dr U. Charoonruangrit
10.15-10.30	United Arab Emirates - National Blood Transfusion Committee, Ministry of Health	Dr Amin Hussain Al Amiri
10:30-10:50	Tea/Coffee break	

10.50-11.05	United States of America -U.S. Department of Health and Human Services	TBC
11.05-11.20	Zimbabwe - National Blood Transfusion Service	Mr David Mvere
11.20-11.40	Synthesis of the WHO Survey on Self-sufficiency for Safe Blood and Blood Products	Dr Neelam Dhingra
Theme 4: Challenges and Strategies to Achieving Self-Sufficiency		
11:40-12:00	SWOT analysis	Prof Cees Van Der Poel
12:00-13:00	Discussion on SWOT analysis	All
13:00-14:00	Lunch break	
14:00-14:20	Challenges and Strategies	Dr Faten Moftah
14:00-15:30	Discussion on Challenges and Strategies	All
Theme 5: Priority Actions and Recommendations		
15:30-16:00	Tea/Coffee break	
16:00-16:20	Priority Actions and Recommendations	Dr Neelam Dhingra
16:20-17:30	Discussion on Priority Actions and Recommendations	All
17:30-17:40	Summary of Day 2	

Day 3: Friday 23 September 2011		
Theme 6: Consensus Statement, Conclusion and Next Steps		
08:30-09:00	Draft Consensus Statement	Working group
09:00-10:30	Discussion on Consensus Statement	All
10:30-11:00	Tea/Coffee break	
11:00-12:15	Discussion on Consensus Statement continued	All
12:15-13:00	Adoption of Consensus Statement	All
13:00-14:00	Lunch break	
14.00-15.00	Discussion on Follow-up Action	Dr Neelam Dhingra
15:00-15:30	Summary and Conclusion	Dr Willem Van Lerberghe
15:30-16:00	Tea / Coffee	

World Health Organization

WHO Experts' Consultation on 'Achieving Self-sufficiency for Safe Blood and Blood Products based on Voluntary Non-Remunerated Blood Donations (VNRBD[1])'

21-23 September 2011, WHO Headquarters, Geneva

Consensus Statement on Achieving Self-sufficiency for Safe Blood & Blood Products based on VNRBD

Introduction

Blood transfusion services play an essential, underpinning role in health systems. Countries throughout the world are facing serious challenges in making sufficient supplies of blood and blood products available and sustainable, while also ensuring the quality and safety of these products in the face of known and emerging threats to public health. These challenges include the risk of transfusion-transmitted infections, an inadequate number of blood donors, increasing needs for blood and blood products, inefficient blood supply systems weak quality systems, and inappropriate and unsafe use of blood and blood products leading to chronic blood shortages and inequitable access, unsafe blood products and unsound practices.

Since 1975, the World Health Assembly (WHA) has highlighted the global need for blood safety and availability through the adoption of several resolutions[2], giving greater priority to this issue within the global and national health agendas, and as part of strategies for the achievement of Millennium Developmental Goals. The specific resolutions include: WHA28.72 *Utilization and supply of human blood and blood products* (1975); WHA56.30 *Global health-sector strategy for HIV/AIDS* (2003); WHA58.13 *Blood safety: proposal to establish World Blood Donor Day* (2005); and WHA63.12 *Availability, safety and quality of blood products* (2010). These resolutions have also identified the guiding principles and essential elements for the development of sustainable national blood systems to meet the transfusion needs of all patients.

WHA resolutions 63.12, 58.13 and 28.72, the Melbourne Declaration on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components (June 2009) [3] and the recommendations of the WHO Global Blood Safety Network[4], have reaffirmed the achievement of 'Self-sufficiency for blood and blood products based on voluntary non-remunerated blood donations (VNRBD[1])' as the important national policy direction for ensuring a safe, secure and sufficient supply of blood and blood products.

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[1] VNRBD also includes donation of plasma and cellular blood components.
[2] http://www.who.int/bloodsafety/BTS_ResolutionsAdopted.pdf
[3] http://www.who.int/worldblooddonorday/Melbourne_Declaration_VNRBD_2009.pdf
[4] http://www.who.int/bloodsafety/collaboration/who_gbsn_2011_03_recommendations.pdf

While some successes have been achieved, self-sufficiency is not as yet a reality. There is an urgent need to establish strategies and mechanisms for achieving self-sufficiency for safe blood and blood products based on VNRBD. Such strategies need to be applied for blood components for transfusion as well as plasma-derived medicinal products.

Experts' Consultation on Achieving Self-sufficiency for Safe Blood and Blood Products based on VNRBD

A meeting of WHO experts' was held on 21-23 September 2011 in Geneva, Switzerland to develop a consensus statement which provides guidance on policies, strategies and mechanisms for achieving self-sufficiency in safe blood and blood products based on VNRBD. Forty-six experts from 21 developed and developing countries, and from the Council of Europe, the European Commission, the World Health Organization and the World Trade Organization contributed to the consultation.

The objectives of this consultation were to: discuss the concept and rationale of self-sufficiency, and develop a practical definition of self-sufficiency of safe blood and blood products based on VNRBD; share information and the experience of countries on the perspectives and current situation on self-sufficiency; analyse factors influencing the global implementation of self-sufficiency based on VNRBD including the issues of safety, ethics, security and sustainability of supply, trade and its potential impact on public health, availability and access for patients; and define strategies, mechanisms and options to achieve self-sufficiency.

Experts participating in the WHO Consultation endorsed the following definitions and Consensus Statement.

Definition of Self-sufficiency of Safe Blood and Blood Products based on Voluntary Non-Remunerated Blood Donation (VNRBD[1])

"*Self-sufficiency of safe blood and blood products based on VNRBD*[1]" means that national needs of patients for safe blood and blood products[5], as assessed within the framework of the national health system, are met in a timely manner, that patients have equitable access to transfusion services and blood products, and that these products are obtained from VNRBD of national, and where needed, of regional (such as neighbouring countries) origin.

Recognizing that six blood products will most likely form the drivers for the number of donations of blood, plasma and cellular blood components needed, these should be given priority in policy and strategy development for achieving self-sufficiency based on VNRBD. These six driver products are: 1) whole blood and red blood cells either recovered from whole blood or by apheresis (WB/RBC); 2) platelets either recovered from whole blood or by apheresis (PLT); 3) plasma for transfusion either recovered from whole blood or sourced by apheresis and prepared by any production method (FFP); 4) plasma-derived clotting factor VIII prepared by any production method (pd-FVIII); 5) polyvalent human (H) immune globulin (IgIV or IgSC); and 6) human albumin solutions for transfusion (Alb).

[5] Blood and blood products include blood components for transfusion as well as plasma-derived medicinal products.

Definition of Voluntary Non-Remunerated Blood Donation (VNRBD[1])

"*Voluntary Non-Remunerated Blood Donation (VNRBD[1])*" means that a person gives blood, plasma or cellular components of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money. This would include time off work other than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary non-remunerated donation.

This definition has already been endorsed by WHO, the Council of Europe, the International Federation of Red Cross and Red Crescent Societies, the International Society of Blood Transfusion and the International Federation of Blood Donor Associations.

Consensus Statement

Rationale

- Human body parts including blood, plasma and cellular blood components should not be considered a mere 'commodity'. Donated blood that is provided voluntarily by healthy and socially committed people is a precious national resource. Governments should be accountable for ensuring a sufficient supply of products from these special resources which are and will remain limited by nature. The availability and safety of the supply, the safety of donors and the appropriate use of blood, plasma and cellular blood donations is and must remain a public affair. The donation of whole blood or its components is an ultimate expression of community and citizen participation in the health system, which also requires effective intersectoral collaboration.
- The management of this precious national resource requires a long-term perspective and systematic approach aimed at ensuring continuity, sustainability and security of supply of safe blood and blood products. Universal and timely access to safe blood products of assured quality and efficacy and the appropriate use of such products are essential for quality service provision. This requires a strong foundation based on adequate number of voluntary, non-remunerated blood donors, as the most robust and safe blood systems globally are based on VNRBD.
- The need for blood and blood products is growing every year and there are still a large number of untreated patients who require life-saving support with blood and blood products. It is therefore essential that all countries have the national capacity to collect blood, plasma and cellular components of acceptable quality and safety from voluntary, non-remunerated donors in order to meet the national needs for blood components for transfusion and plasma-derived medicinal products. Particularly for the supply of plasma-derived medicinal products, in the long run it will not be feasible for a small number of countries to collect sufficient plasma to produce enough plasma-derived medicinal products to meet global needs.
- The HIV epidemic and the outbreak of vCJD have demonstrated that global distributions of plasma-derived medicinal products or intermediates could increase the risk of global spread in case of a new emerging transfusion transmissible disease .

- Voluntary Non-Remunerated Blood Donation is the cornerstone of a safe and sufficient blood supply and is the first line of defence against the transmission of infectious diseases through transfusion. Informed and regular, voluntary, non-remunerated blood donors from low-risk populations have been demonstrated to be at lower risks of HIV and other transfusion-transmissible infections than paid and family/replacement donors.
- The Oviedo Convention on Human Rights and Biomedicine of 1997[6] explicitly prohibits any financial gain from the human body and its parts. Prevention of the commercialization of blood donation and exploitation of blood donors are important ethical principles on which a national blood system should be based. The right to equal opportunity to access to blood and blood products of uniform and high quality based on the patients' need is rooted in social justice and the social right to health care.
- Payment for donation of blood (including plasma and cellular components donations) not only threatens blood safety, it also erodes community solidarity and social cohesion which result through the act of voluntary non-remunerated donation and puts an onus on under-privileged populations in need of money. It also compromises the development of a voluntary, non-remunerated blood donor programme. There are concerns that sufficient safe donations and sustainable supply, availability and access to blood and blood products based on VNRBD may be compromised through the presence of parallel systems of paid donations.
- In many countries, systems based on family/replacement donations are currently in use for providing blood for patients. These systems, however, often lead to coercion and place undue burden on patients' families and friends to give blood, also leading to systems of hidden payment. Such systems are unreliable, putting the onus for the provision of blood on the patients' families rather than on the health system. In the long term, family/replacement donation systems will not be able to provide safe, sufficient and sustainable national blood supplies, employing component preparation and apheresis donations, to ensure equitable access for all patients. It will inevitably act as a barrier to enabling national blood systems to develop appropriately alongside the countries' overall health systems.
- Large volumes of plasma recovered from whole blood donations based on VNRBD, mainly in low and middle-income countries, are currently not used and are discarded because of concerns that quality requirements are not being met for plasma for fractionation to manufacture plasma-derived medicinal products.
- The commitment by national governments to the self-sufficiency of safe blood and blood products based on VNRBD, and a coordinated, integrated and collaborative approach to policy development and planning is a pre-requisite to ensure the implementation of a fully effective national blood system.
- It is recognized that the implementation a policy for self-sufficiency for blood and blood products generally follows a stepwise progression in scope, from whole blood transfusions towards blood components for transfusion and further towards plasma fractionation, aligned to development state of the national health system. Achieving

[6] http://conventions.coe.int/Treaty/Commun/ListeTraites.asp?MA=9&CM=7&CL=ENG

self-sufficiency in the supply of blood and blood products from VNRBD and ensuring the security of that supply are important national goals and countries may set different timelines depending on their health system development in the achievement of these goals.

Recommendations to National Health Authorities

In view of the above, experts participating in the WHO Consultation recommended that national health authorities, should:

1. Incorporate the goal of achieving self-sufficiency of safe blood and blood products based on VNRBD into the national health policy, and strengthen the national blood system accordingly, by:
   - clearly positioning self-sufficiency based on VNRBD for blood components for transfusion and human plasma-derived medicinal products in the national blood policy and its legislative framework;
   - implementing strategies and mechanisms to achieve self-sufficiency based on VNRBD for blood components for transfusion as well as plasma-derived medicinal products;
   - providing appropriate and sufficient financial, technical and human resources.
2. Introduce legislation with set implementation timelines for the achievement of self-sufficiency based on VNRBD, by:
   - identifying VNRBD[1] as the sole source of blood, plasma and cellular components for the production of the six driver blood products (blood components for transfusion as well as plasma-derived medicinal products) for patient treatment;
   - instituting the preferential use of plasma-derived medicinal products from VNRBD source, as a transitional measure;
   - prohibiting payment in cash or in kind for donations of blood, plasma and cellular components, thus creating alignment with similar legislations and WHO recommendations on the donations of other substances of human origin such as organs, tissues and cells.
3. Within existing provisions of trade agreements, introduce specific measures for protection of the health of the public, to ensure that the provision of blood components for transfusion and plasma-derived medicinal products in the national health system is delivered through nationally, or if needed regionally (such as from neighbouring countries), sourced VNRBD.
4. Establish mechanisms of cooperation between countries to secure regional self-sufficiency of blood and blood products based on VNRBD.
5. Incorporate measures to achieve self-sufficiency based on VNRBD for blood components for transfusion and plasma-derived medicinal products into the regulatory framework, to facilitate:
   - the supply of plasma from VNRBD and plasma-derived medicinal products derived from VNRBD within the regional or other collaborative self-sufficiency arrangements including contract fractionation;
   - phasing out the use and restricting the imports of blood components for

transfusion and plasma-derived medicinal products based on paid donations.

6. Introduce strategies and measures to establish appropriate quality system and standardized procedures in the national blood system for the collection, testing and preparation, storage, distribution, transportation and use of blood components for transfusion and plasma (either recovered from whole blood or by apheresis).
7. Put in place mechanisms for fractionation of surplus recovered plasma from VNRBD for national or regional self-sufficiency and avoid discarding of recovered plasma donated by VNRBD. This may require:
   - formal agreements between the blood system and the fractionators(s) to support contract fractionation[7] and/or for the procurement or exchange of plasma and plasma-derived medicinal products, with oversight of the Ministry of Health or an appropriate authority accountable to the Ministry of Health); and
   - negotiations with (contract-) fractionators to provide an appropriate part of the resources and technological knowledge needed.
8. Establish mechanisms e.g., independent[8] national clinical transfusion expert committees, to:
   - estimate and monitor trends of demand, patient need and clinical use of blood components for transfusion and plasma-derived medicinal products;
   - regularly evaluate and report on the level of sufficiency for the driver blood and blood products within the framework of the national health system;
   - advise and recommend on priorities of the national supply of blood components for transfusion and plasma-derived medicinal products.
9. Establish mechanisms to:
   - collect all data on blood and blood product safety and supply (including Proprietary Information) and annual reports from the blood transfusion services and manufacturers of plasma-derived medicinal products on:
     - national distributions (deliveries, sales), imports and exports of the driver blood products and related intermediates, and;
     - contribution of donations derived from VNRBD.
   - monitor these data with a view to regularly evaluating and anonymously reporting on the national supply of driver blood products (blood components for transfusion and plasma-derived medicinal products).
   - share key blood and blood product safety and supply (anonymized) reports internationally to enable countries to make informed policy decision for the safety and sufficiency of the supply of blood and blood products.
10. Introduce labelling requirements to distinguish blood components for transfusion and plasma-derived medicinal products of VNRBD origin versus paid donations consistent with labelling, as used by manufacturers globally in other fields practicing environmentally and ethically sustainable production methods, to enable informed choices for hospitals, clinicians and patients on the source of blood components for

[7] http://www.who.int/bloodproducts/publications/en/Information%20Sheet%20PLASMA.pdf
[8] With no conflict of interest

transfusion and plasma-derived medicinal products.

11. Promote VNRBD both for blood components for transfusion and plasma-derived medicinal products as agreed in WHA28.72, 58.13 and 63.12, and to achieve 100% VNRBD by 2020 as guided by the Melbourne Declaration.
12. Warrant that the donation of blood and plasma - in line with other substances of human origin - be only from VNRBD and that the donation of blood, plasma and cellular blood components remains a public affair.

Recommendations to WHO

Experts participating in the WHO Consultation made the following recommendations to WHO, to:

1. Provide policy guidance and technical support to countries in establishing and implementing nationally coordinated, efficiently-managed and sustainable blood and plasma programmes, and in implementing the above mentioned recommendations, to move towards self-sufficiency of safe blood and blood products based on VNRBD.
2. Support countries to develop and implement strategies and mechanisms to share recovered plasma, intermediates and plasma-derived medicinal products based on VNRBD at regional levels or through other collaborative arrangements in order to make complete use of these VNRBD donations and make the products available for patient care.
3. Develop methodologies and models to estimate and predict context-sensitive national clinical and patient needs of blood components for transfusion and plasma-derived medicinal products, estimate the numbers and types of donations required, and assess progress towards self-sufficiency based on VNRBD.
4. Facilitate international technology transfer to improve self-sufficiency based on VNRBD.
5. Develop a comprehensive report on global blood safety, including the global status of self-sufficiency of safe blood and blood products based on VNRBD.
6. Establish global governance mechanisms to empower countries to implement self-sufficiency based on VNRBD, by:
   - global monitoring and reporting on self-sufficiency of safe blood and blood products based on VNRBD; and
   - assessing options and the feasibility of global instruments to prevent the commercialization of the donation of blood, plasma and cellular components and for the implementation of strategies and mechanisms to move towards self-sufficiency based on VNRBD.

Note: This consensus statement contains the collective views of an international group of experts and participants in the WHO Experts' Consultation on 'Achieving Self-sufficiency for Safe Blood and Blood Products based on Voluntary Non-Remunerated Blood Donations (VNRBD)' September 2011, and does not necessarily represent the decisions or stated policies of the participating organizations.