



# VIETNAM

**Population** 92 million **Area** 329,247 sq km (127,123 sq miles)  
**Major language** Vietnamese **Major religion** Buddhism  
**Life expectancy** 73 years (men), 81 years (women) **Currency** dong

## A quarter of a century of providing aid in Vietnam

Vietnam has been a project country since the inception of Mekong Eye Doctors. The country was ranked among the poorest in the world at the time and is still centrally administered. The latter has its advantages for eye care in Vietnam. Twenty-five years ago, the country needed to catch up on huge health care backlogs. Fortunately, outside help was accepted, so that the long waiting lists could be addressed. Because many of the policies are determined centrally, repeated multi-annual plans were formed to improve health care services and set up specialist training courses. Even a health insurance system was created. One of the things ECF supports up until today in Vietnam is the optometry course that supports optometrists who are able to perform eye measurements for prescription glasses in a professional manner. Improved visual acuity significantly improves an individual's opportunities for quality education and long-term employment.

In the late nineties, Mekong Eye Doctors set up an ophthalmic programme in collaboration with the Dien Bien Hospital in Ho Chi Minh City.<sup>91</sup> Within two years, MED volunteers were carrying out eye surgeries in six provinces in southern Vietnam. Right before the turn of the century, following a gap year when everything was evaluated, operations were picked up where they had left off, which basically came down to further reducing the backlog of surgeries or eye health treatments. In 2000, the hospital in Tra Vinh province lacked a decent microscope set and instruments, rendering the hospital unable



▲ Ophthalmic students ▲ Performing an eye test

to carry out eye surgeries. MED donated the equipment after the hospital doctors had received the necessary training. In Binh Phuoc province, the approach taken in September 2000 was slightly different. Together with the Centre of Social Diseases, MED supported a local outreach project. In preparation of the project, the doctors had already been trained. For three years, MED held eye camps in a different hospital every time.

After having first invested in physical infrastructure, the emphasis shifted to improving the quality of the eye care services. In Tra Vinh province the local eye team grew in numbers, leaving time for education. In 2002, a MED team performed surgery on patients in the hospital of Camau, while simultaneously the local doctors were trained to carry out similar interventions. In Bac Lieu too, the trained doctors were later capable of performing cataract surgeries. Lectures were given by guest MED doctors in the academic hospital in Ho Chi Minh City in 2002. Following an evaluation after three years, increased emphasis was placed on prevention and training.

In the following years, Mekong Eye Doctors concentrated on training ophthalmologists and giving hands-on training in the outreach projects. Primary eye care and refraction techniques dominated the curriculum. In 2005, thirty-nine doctors were trained in cataract surgery at the Poor People's Clinic. This was partly because MED had purchased a surgical microscope and a camera for training purposes. In 2007, MED also supported the Ho Chi Minh Hospital and provided training

for eye screenings of schoolchildren. During that period, MED also opened an office in Vietnam that was to coordinate the projects in the country.<sup>92</sup> Considering the number of projects (nine) that were simultaneously supported, a local office had been urgently needed for some time.

After 2009, the Eye Care Foundation reduced the number of projects in Vietnam.<sup>93</sup> The only project in the north, in Cao Bang, was handed over to others. The Vietnam office took over part of the financial administration of the Vietnamese projects. Meanwhile Vietnam's economy was growing fast, although the most financially disadvantaged people from the ethnic minorities were not benefitting.

In Ho Chi Minh City the training course for optometrists finally started in 2014. In the provinces of Binh Duong, Ca Mau, Dong Thap and Soc Trang, ECF focused on the treatment of refractive errors. The district hospitals started opening vision centres: the profits made by the optics shops were invested in expanding eye care services and in subsidizing prescription glasses for the poor.<sup>94</sup> In 2016, ECF also signed a ten-year cooperation agreement with Royal De Heus Vietnam, aimed at improving the quality of life for the people of Vinh Long province who have preventable blindness or low vision.<sup>95</sup>

### Current situation

Twenty years ago, eye care services were underdeveloped in Vietnam. People had very limited access to eye care due to poor eye health awareness, poverty, problematic

92 Broers, M. ECF Year report 2008. Amsterdam: Eye Care Foundation, 2008.

93 Rooijen, van R. ECF Year report 2008. Amsterdam: Eye Care Foundation, 2010.

94 Rooijen, van R. Annual report 2017, A good cause in sight. Amsterdam: Eye Care Foundation, 2015.

95 Praag, van, A. Annual report 2017, A good cause in sight. Amsterdam: Eye Care Foundation, 2017.





▲ Kids during an eye test ▲ School screening Binh Duong ▲ Eye screening in Ca Mau

## ECF FAMILY IN VIETNAM

ECF works in close partnership with the local Department of Health, hospitals in the Mekong Delta region in Ca Mau, Soc Trang, Dong Thap and Vinh Luong, Dr. Nguyen Xuan Hiep, the Director of the Vietnam Institute of Ophthalmology; Dr. Nguyen Van Khai, Director of Ho Chi Minh Eye Hospital; Social Disease Prevention Center of Ca Mau Province; Hospital 27 February of Soc Trang province; Dong Thap Medical College; Dr. Nguyen Thanh Hai, Director of Vinh Long Eye Hospital; Social Disease Prevention Center of Binh Duong Province.



health centre access and because most of the eye doctors worked in big cities. Since then, Vietnam has taken important steps towards universal health coverage and the principle of equal access to health care is emphasized. Most health care services including cataract surgeries are now covered by national health insurance. Since the importance of having good eyesight cannot be underestimated, more than half of the community health workers have been trained in primary eye care so they are capable of providing basic eye care services for local people. The prevention of avoidable blindness is prioritized. ECF has contributed to the prevention of avoidable blindness by providing technical and financial support to people with cataract and refractive errors.

ECF continues supporting five main eye care components:

- Outreach screening activities for school children and elderly people.
- Capacity strengthening for eye care professionals from national to community level.
- Establishing a comprehensive and affordable refractive service at district level.
- Raising awareness on eye health in local communities.
- Research for advocacy and policy influencing.

The Vietnamese office staff consists of Ms. Lan Luong, who is the Country Representative, Ms. Xuan Nguyen, Project Officer, and Ms. Ngan Tran, Administration and Financial Assistant.