

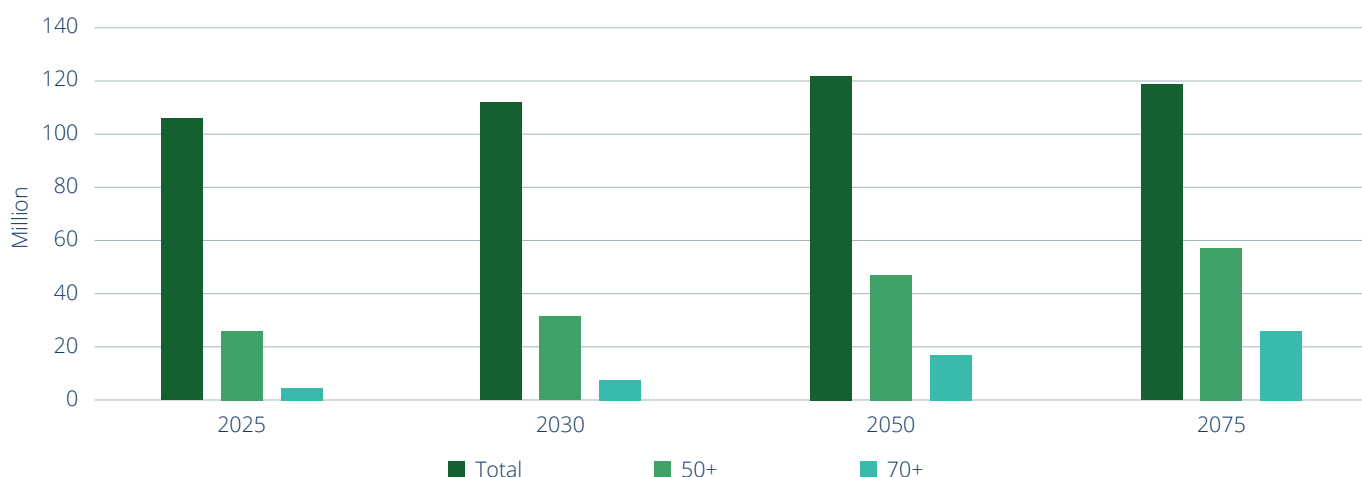
DEMOGRAPHIC TRENDS

Vietnam's population is projected to grow steadily until the mid-21st century, increasing by 13% from 106.7 million in 2025 to 121.0 million by 2050. However, this growth will be followed by a period of gradual decline, with the population decreasing by 2% to 118.9 million by 2075 (*Figure 1*). Vietnamese currently have an average life expectancy of 76.3 years, which is expected to rise to 86.7 years by 2075, an increase of more than 13%.

The proportion of Vietnamese aged 50 years or older is set to rise significantly. In 2025, this group of 26.4 million people represents almost 25% of the total population. By 2075, this will increase to 48%, with numbers more than doubling to 56.7 million (*Figure 1*).

The most dramatic demographic shift in Vietnam will be among those aged 70 years or older, whose numbers are projected to surge from 5.4 million in 2025 to 26.4 million in 2075, a 390% increase in absolute terms. Equally striking is their growing share of the total population. In 2025, those aged 70+ accounted for just 5% of Vietnam's 106.7 million people. By 2075, they will make up 22% of a larger 118.9 million population, reflecting a 340% relative increase in their proportion of the total population.

Figure 1. Population projections for Vietnam from 2025 to 2075 ^[1]



CENTRALISED DATABASES FOR FRACTURES AND EPIDEMIOLOGY

There is no centralised database for fractures in Vietnam.

PATIENT SUPPORT ORGANISATIONS

There are no patient support organisations that focus on osteoporosis in Vietnam.

HEALTHCARE COSTS ASSOCIATED WITH FRAGILITY FRACTURES

Average direct hospital costs for treating osteoporotic hip fractures (USD)	Average indirect hospital costs for treating osteoporotic hip fractures (USD)	Average bed days for hip fractures
4,000 (2,000 - 7,000 in private hospitals)	200 - 400	7

Average Direct Hospital Costs for Treating Osteoporotic Hip Fractures (USD): Approximately \$4,000, with costs ranging from \$2,000 in public hospitals to \$7,000 in private hospitals, depending on surgical intervention and facility type.

Average Indirect Hospital Costs for Treating Osteoporotic Hip Fractures (USD): Estimated at \$200 – \$400, though data is limited and may not capture full societal costs (e.g., caregiver expenses or lost productivity).

Average Bed Days for Hip Fractures: 7 days, based on standard post-surgical recovery in Vietnam’s healthcare system.

CLINICAL SPECIALTY RESPONSIBLE FOR MANAGEMENT OF OSTEOPOROSIS





Osteoporosis is primarily managed by primary care physicians, while specialist input is provided by rheumatologists, orthopaedic surgeons, gynaecologists, endocrinologists, geriatricians, and internal medicine doctors. Osteoporosis is not recognised as a standalone medical specialty and is currently not a recognised component of specialty medical training.

OSTEOPOROSIS AS A DOCUMENTED NATIONAL HEALTH PRIORITY (NHP)

Osteoporosis is not documented as a National Health Priority (NHP) in Vietnam.

ACCESS TO DXA AND/OR ULTRASOUND AND REIMBURSEMENT

DXA is available in Vietnam

	Waiting time (d)	Immediate
	Cost (USD)	10 - 20
	Is it reimbursed?	Yes, but limited to only when prescribed by a rheumatologist
	Is reimbursement a barrier to accessing treatment?	Yes

No data was provided on access to ultrasound in Vietnam.

AVAILABILITY AND REIMBURSEMENT OF MEDICATION

As shown in *Table 1*, a range of osteoporosis treatments are available and reimbursed in Vietnam. There are no designated first-line treatments in the country.

Treatment reimbursement in Vietnam involves a combination of funding from the national health system, private insurance, and patient co-payments. The level of reimbursement varies depending on the patient’s specific insurance coverage. However, current reimbursement policies may not always align with physicians’ preferred treatment strategies.

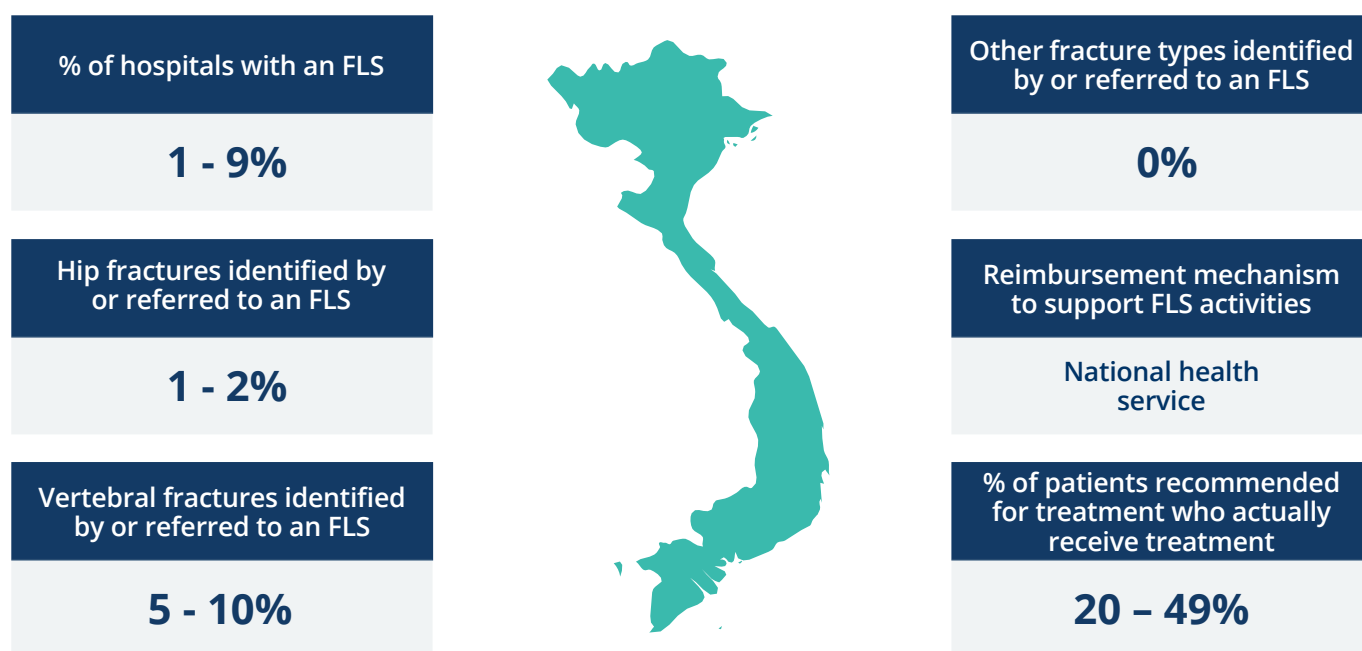
Table 1. Availability and reimbursement of osteoporosis treatments in Vietnam

Treatment	Available	Reimbursed	% Reimbursed
Risedronate	X	X	80%
Alendronate	X	X	80%
Ibandronate	X		
Zoledronic acid	X	X	80%
Clodronate			
Pamidronate			
Raloxifene	X		
Bazedoxifene			
Denosumab			
Strontium Ranelate			
Teriparatide			
PTH (1-84)			
Abaloparatide			
Romosozumab			
Vitamin D/Calcium supplements	X	X	80%
Calcitonin	X		
Hormone Replacement Therapy	X		
Testosterone			
Alfacalcidol			
Calcidiol	X		
Calcitriol	X		
Tibolone			

Medication costs are reimbursed only for patients with a bone mineral density (BMD) T-score of ≤ -2.5 , as per Vietnam’s national health insurance policy. This threshold may exclude high-risk patients with fragility fractures but higher T-scores.

Reimbursed treatments include risedronate, alendronate, zoledronic acid, and vitamin D/calcium supplements (80% reimbursement rate). Other treatments like ibandronate, raloxifene, and calcitonin are available but not reimbursed.

FRACTURE LIAISON SERVICES (FLS) REIMBURSEMENT AND AVAILABILITY



- **Reimbursement Mechanism:** National health insurance covers prescribed expenses for FLS activities, but only 1 - 9% of hospitals in Vietnam have an FLS program. Low adoption limits identification and management of fractures (1 - 2% of hip fractures, 5 - 10% of vertebral fractures, and 0% of other fractures are referred to FLS).
- **Impact:** Approximately 20 - 49% of patients recommended for treatment receive it, indicating significant care gaps.

WAITING TIME FOR HIP SURGERY



FRACTURE RISK ASSESSMENT TOOLS

No risk assessment tools are used in Vietnam.

QUALITY INDICATORS

There are no quality indicators for hip and other fractures in Vietnam.

GUIDELINES FOR OSTEOPOROSIS MANAGEMENT

In 2016, the Ministry of Health published a Clinical Practice Guideline (CPG) on the diagnosis and management of osteoporosis. The guideline covers the management of osteoporosis in postmenopausal women. ^[2]

The guidelines do not address population-based screening and do not address fracture risk assessment; however, they are compatible with reimbursement policy. Criteria for treatment includes BMD only, but they are compatible with reimbursement policy. The guidelines were developed without direct patient involvement. Additional details on the development of these guidelines are included in *Table 2*.

Table 2. Development of clinical guidelines for the management of osteoporosis in Vietnam

Systematic literature review undertaken	No
Recommendations	Yes, but recommendations were not graded
Stakeholder involvement	No
External review	No
Procedure for update defined	No
Economic analysis	No
Editorial independence	No



OVERVIEW OF OSTEOPOROSIS IN VIETNAM

Osteoporosis management in Vietnam faces numerous and significant challenges. A major concern is the predominant reliance on T-scores alone to guide treatment decisions, with insufficient consideration given to the presence of fragility fractures. This narrow focus risks excluding many individuals who are at high risk of future fractures but do not meet the T-score threshold.

The absence of validated fracture risk prediction strategies further impedes early identification and timely intervention. These shortcomings are compounded by a critical lack of comprehensive hip fracture data, which is essential for accurately assessing the national burden of osteoporosis. Public awareness is also limited, due in part to the lack of a coordinated national campaign to promote osteoporosis education and prevention. On the treatment front, options remain constrained, with bisphosphonates being the only widely available therapy. The unavailability of a broader range of medications restricts clinicians’ ability to offer personalised, evidence-based treatment plans tailored to individual patient needs

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2. Department of Medical Service Administration, Ministry of Health, Vietnam. Guidelines for Diagnosis and Treatment of Musculoskeletal Diseases 2016. Available at: <https://kcb.vn/upload/2005611/20210723/HDDT-Cơ-Xương-Khớp.pdf>.

This document highlights the key findings for Vietnam, published in "The Asia Pacific Regional Audit: Epidemiology, costs and burden of osteoporosis in 2025". View the complete report at: <https://www.osteoporosis.foundation/asia-pacific-audit-2025>

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