



VIET NAM



Vietnam's continued socioeconomic progress over the past decades has resulted in a significant expansion of national health insurance coverage. With nearly half of its health spending however still being out-of-pocket, health financing is at the heart of its sector reform.



PLAN FOR PEOPLE'S HEALTH PROTECTION, CARE AND PROMOTION, 2016-2020

92 701 100 TOTAL POPULATION, (2016)	76 YEARS LIFE EXPECTANCY AT BIRTH, (2015)	390\$ TOTAL HEALTH EXPENDITURE PER CAPITA, (2014)	81% TUBERCULOSIS TREATMENT COVERAGE, (2016)
37% OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)	14% GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)	3% EXTERNAL AID AS % OF TOTAL HEALTH EXPENDITURE, (2014)	74% ANTENATAL CARE COVERAGE, (2013-2014)
31 HOSPITAL BEDS PER 10 000 POPULATION, (2009)	70% RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2015)	96% DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)	94% BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2013)

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SOURCE: WHO GHO & WB

CURRENT PRIORITIES

In Vietnam's middle income society, an ageing population is posing new challenges to the health care and financing system. The country published its new Health Sector Strategic Plan 2016-2020 in March 2016, which identifies nine key tasks for the health sector, some of which will directly impact UHC, notably:

- To reduce hospital overcrowding;
- Development of health workforce;
- Reform of health financing and implementation of the universal health coverage Roadmap.

The plan is monitored through Joint Annual Health Reviews (JAHR) conducted by MoH in conjunction with the Health Partnership Group (HPG), an official stakeholder policy dialogue forum. The latest JAHR 2016 has put a strong emphasis on addressing the issue of ageing through appropriate sub-sector policies.

LINKAGE TO UHC

Implementing UHC is the first of the health sector plan's 7 specific objectives and one of its priority tasks, underpinned by several core indicators, including health insurance coverage. In 2009, the government created a national Social Health Insurance (SHI) program. A new Law, approved in June 2014, aimed to increase SHI coverage by mandating a shift from voluntary to compulsory membership. In complement, a Health Financing Strategy 2016-2025 was elaborated in 2016.

To highlight some major results achieved in recent years, with regard to UHC:

- SHI Population coverage: 81% as of March 2017 (above target)
- Improvement of service attitudes following a patient-centred approach towards patients' satisfaction has been agreed upon and implemented in the whole sector.

With regard to current health sector challenges, the JAHR 2016 lists a set of recommendations on how to address the likely impact of a rapidly ageing population on UHC and health financing. Currently, funding for long-term care for older persons primarily comes from households' budgets and older persons' savings.

WHO SUPPORT TO DATE

- Organize a financing dialogue around the new 5-year health sector plan and ensure linkage with 2016 IHP+ monitoring exercise.
- Policy advocacy for full budget subsidy for near poor and vulnerable groups to enrol in health insurance
- Develop a national health financing strategy
- Capacity building for provincial government and health managers on health system strengthening and financing

Remaining gap: Increased out-of-pocket expenditure due to rising user fees

↳ **Recommendation: Increase transparency of medical services management and efficiency of HI reimbursement systems.**

Remaining gap: Service delivery capacity and quality remain limited, especially at grassroots level

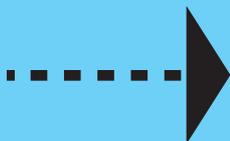
↳ **Recommendation : Organisation of service delivery, administrative procedures and professional quality to be improved.**

Remaining gap: Financing of long-term care and health access for the elderly

↳ **Recommendation : Promote cross-sector and mixed public-private approaches to financing problems (details: see JAHR 2016).**

Stories from the field:

An active policy dialogue forum towards universal coverage and health for all



When it comes to health, no one should be left behind: each and every person matters. This is the premise behind Viet Nam's commitment to and adoption of universal health coverage (UHC) as a part of its development agenda and the foundation on which its Health Partnership Group (HPG) operates.

The HPG, which serves as a mechanism for high-level policy dialogue and coordination between the MoH and development partners (DPs) has been moving this vision forward. The HPG offers a platform for convergence towards UHC, and has in effect been serving as a partnership to achieve this vision. Together with MOH, WHO has taken a lead role in facilitating this process.

Through its TWG on health planning and financing, the HPG has supported **the revision of the health insurance law**. The new Law, approved in June 2014, aims to increase health insurance coverage from 67% in 2014 to 80 % by 2020 by mandating a shift from voluntary to compulsory membership and from individual to family enrolment.



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