



EVOLUTION OF UHC IN VIET NAM

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Largest city
National language
Religion

Hanoi 21°2'N 105°51'E
Ho Chi Minh City
Vietnamese
• Folk or Irreligious 73.2%
• Buddhism 12.2%
• Christianity 8.3%
• Cao daism 4.8%
• Hoa haoism 1.4%
• Other 0.1%

GENERAL INFORMATION

Viet Nam is a southeast asian country, bordered by China, Cambodia and Laos. It's population was estimated to be 94,6 million in 2016, with a life expectancy of 76 years (in 2015). 30 % of the Vietnamese population lives in urban areas.

While many progresses have recently been achieved on the way to UHC in Viet Nam, some important reforms are being considered in order to further strengthen efficiency and equity, while reducing OOP spending.



NATIONAL UHC
DYNAMICS CARD
www.p4h.world

towards
SDG 3.8.2

1992 - 2002

HEALTH INSURANCE PROGRAM

1992

Viet Nam enshrined the right to health care and protection for all citizens in its 1992 Constitution.

The national Viet Nam Health Insurance program was introduced the same year after a pilot experience. Aiming at facilitating financial access to health care, the scheme provided mandatory coverage for certain population groups (civil servants, employees of state-owned enterprises, pensioners and employees with an employment contract of min. 3 months).

Remaining groups could still benefit from a voluntary scheme.

1992-2002

The Government issued a series of legal documents progressively expanding population coverage. In 2002, the administration of the Health Insurance is transferred from the Ministry of Health to Viet Nam Social Security, following Decision 20/2002/QĐ-TTg.



"Viet Nam prioritizes to improve the local health care system in order to enhance primary health care for people. 'No one left behind' is considered the core principle of UHC in Viet Nam, through which every person can access quality health care when needed."

Mdm Nguyen Thi Minh Tien
Minister of Health

OUTLOOK

Significant challenges remain, especially in terms of improving quality and financial sustainability.

FINANCIAL SUSTAINABILITY

The double challenge is to ensure financial sustainability of the health insurance scheme while guaranteeing benefits adequacy, in a context of a rapid aging population and a double burden of disease, contributing to a general increase of the costs of care in Viet Nam.

POPULATION COVERAGE

An additional challenge consists in maintaining the current achievement of high population coverage, ensuring that people who are now benefiting from state's subsidies will start contributing after graduating out of poverty, and that Viet Nam will manage to further expand coverage to the missing middle.

PURCHASING MECHANISM

The MoH is considering to adopt DRG as a possible move towards more strategic purchasing and provider payment mechanisms, favoring cost containment.

2002 - 2019

HIL THE HEALTH INSURANCE LAW

2002

The Health Care Fund for the poor (HCFP) was set up.

It provides social health protection for the poor, ethnic minorities, and the disadvantaged.

2008

The Health Insurance Law (HIL) integrated the HCFP into the existing insurance scheme.

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2012

Farmers, workers in agriculture, forestry, fishery sectors and salt producers were integrated into the HIL.

2014

The government revised the HIL, reinforcing compulsory enrolment for all and creating a single pool.

The Health Insurance scheme provides a unique and broad benefit package to all members, with co-payment ranging from 0 to 20% of a free schedule, depending on the group members belong to. The benefit package covers basic medical services and preventive services, including immunizations.

OUTCOME ON HEALTH 2014

The access to the broad benefit package was hindered by limited health facilities equipment and low quality of services at primary level.

OUTCOME ON HEALTH 2009

The HIL was a highly fragmented and inefficient health financing system.

MINISTRY OF HEALTH IN 2014

The MOH has an oversight and regulatory function. The MOH is responsible for monitoring and evaluation of HI and reports on the scheme's performance to the National Assembly of Viet Nam. It is also responsible for setting prices of medical services.

The HI Fund is implemented and managed by the Viet Nam Social Security (VSS), a public agency.

The Ministry of Labour, Invalids and Social Affairs (MOLISA) is responsible for identifying vulnerable households and of beneficiaries of social assistance, meritorious programs and other subsidized programs.

2016

HEALTH EXPENDITURE:

8-10%

OF GENERAL GOVERNMENT EXPENDITURE

Domestic Government Health Expenditure represented 47% of Current Health Expenditure, and between 8 and 10% of General Government Expenditure after the adoption of the HIL.

2019

87%

POPULATION COVERAGE

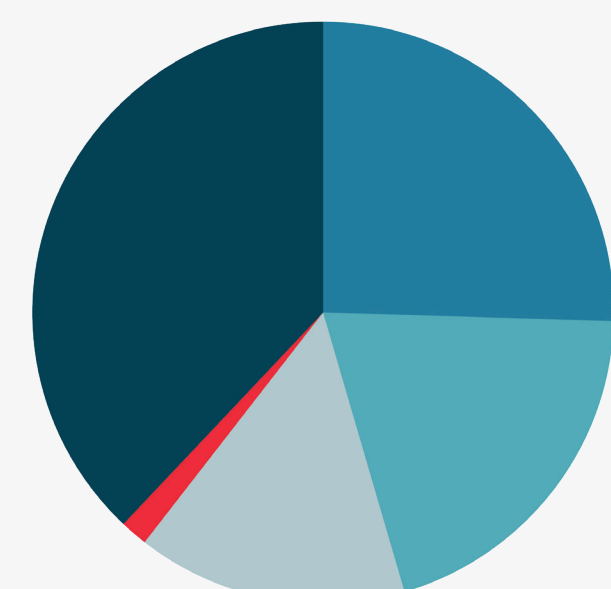
Viet Nam reached a population coverage of 87% and is now targeting 99% by 2020, with 100% coverage of the poor, elderly and other vulnerable groups.

73%

COVERAGE OF HEALTH SERVICES

Proportion of population with out-of-pocket health spending exceeding 25% of household's budget or income:

5%



HI COVERAGE BY GROUPS

- 37.9% other
- 25.6% the poor
- 20% students
- 15% children under 6
- 1.5% the near poor

VIET NAM (VSS) HEALTH INSURANCE ENROLMENT

