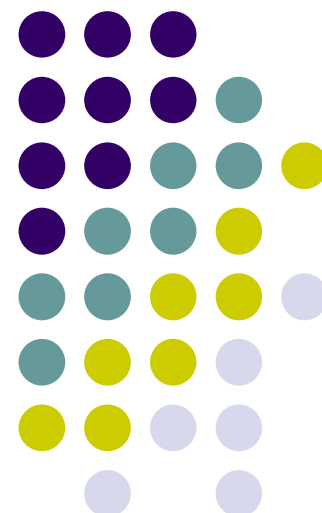
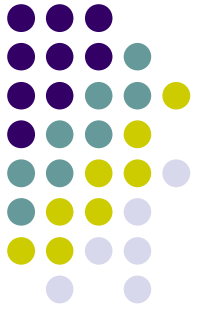


An Assessment of Health Care for the Poor in Vietnam

Tran Thi Mai Oanh
Health Strategy and Policy Institute

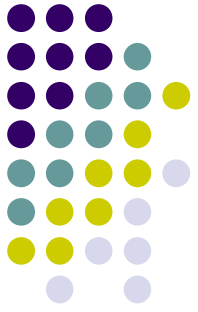


NECESSITY...

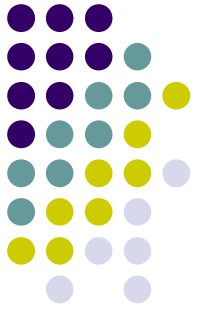


- Social Security: the protection which society provides for its members through a series of public measures, against the economic and social distress that otherwise would be caused by stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death.
- Ensure equity in health care: priority of the Vietnamese government

NECESSITY...

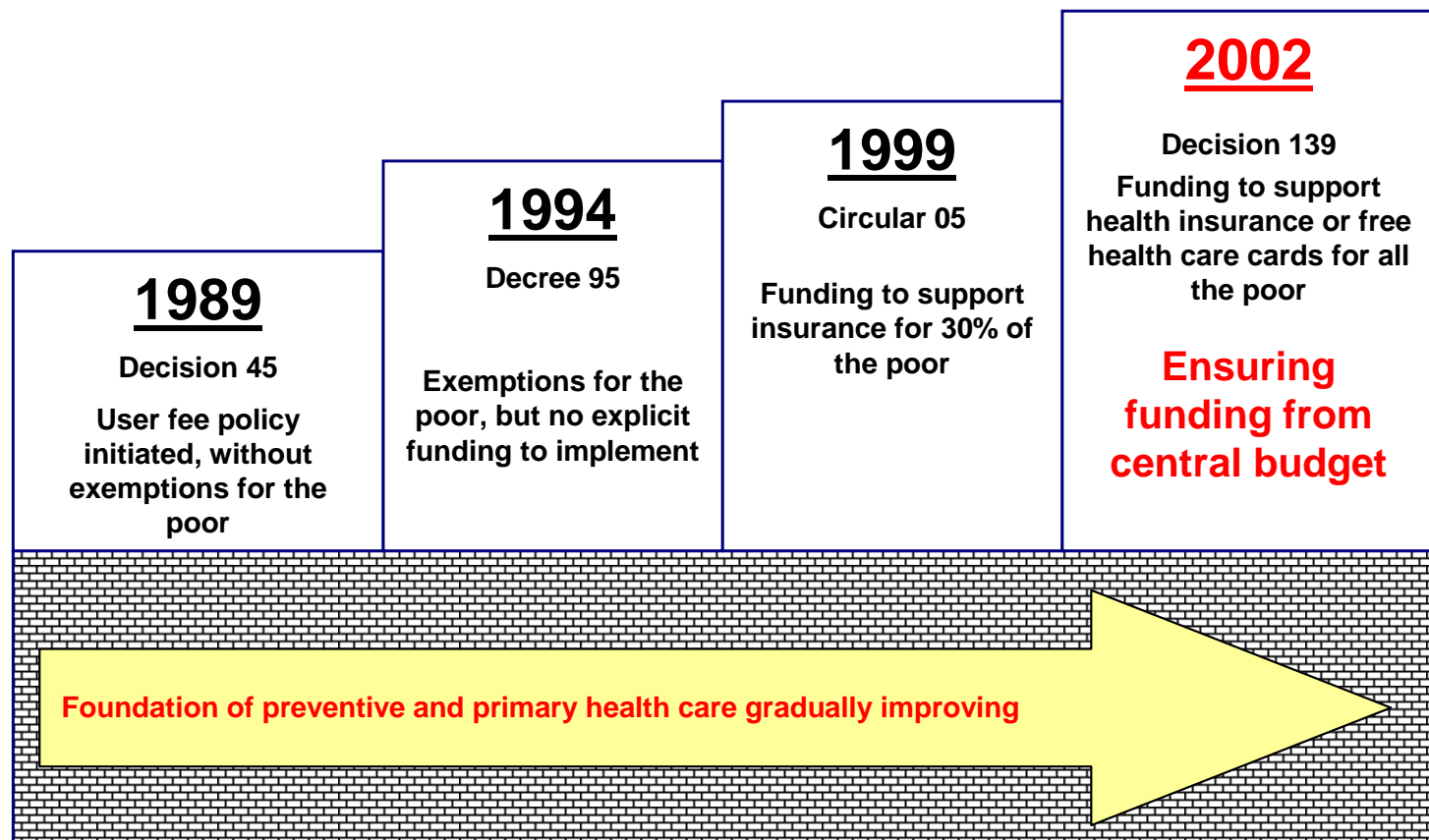


- **Evidence on need for support to the poor**
 - The poor has higher risk of having diseases
 - Loss of income
 - High medical costs
 - Poverty: a barrier to utilization of health services in Viet Nam
 - High financial burden on poor households at public hospitals
 - The poor use health care services less often than the better-off
- ➔ **Need to provide financial support to the poor**

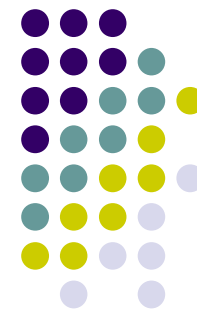


NECESSITY...

- Policies to provide financial assistance to the poor for health care since the reforms



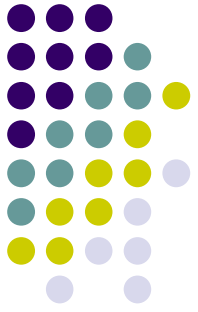
Health Care for the Poor



1. Highly prioritise health problems among the poor
2. Increase access of the poor to health services
3. Reduce financial burdens
 - Increase public spending for health
 - Expand health insurance/pre-payment schemes.
 - Increase financial supports on demand side, e.g., Health Care Fund for the Poor - HCFP

Decision 139/2002/QD-TTG on HCFP

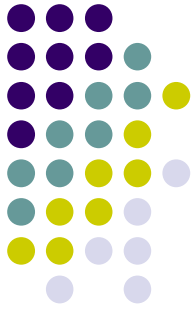
Who are beneficiaries???



1. The poor (national poverty lines, MOLISE guidelines)
2. All people living in “135” communes
3. All ethnic minority people in Central Highlands (5 provinces) and Northern Uplands most disadvantaged provinces (7 provinces)



BẢN ĐỒ HÀNH CHÍNH VIỆT NAM 2003 VIETNAM ADMINISTRATION MAP

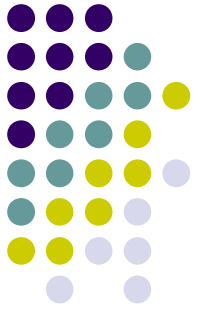


1. Cao Bang
2. Bac Can
3. Lao Cai
4. Ha Giang
5. Son La
6. Lai Chau
7. Dien Bien

1. Gia Lai
2. Kon Tum
3. Dac Lac
4. Dac Nong
5. Lam Dong



The Fund

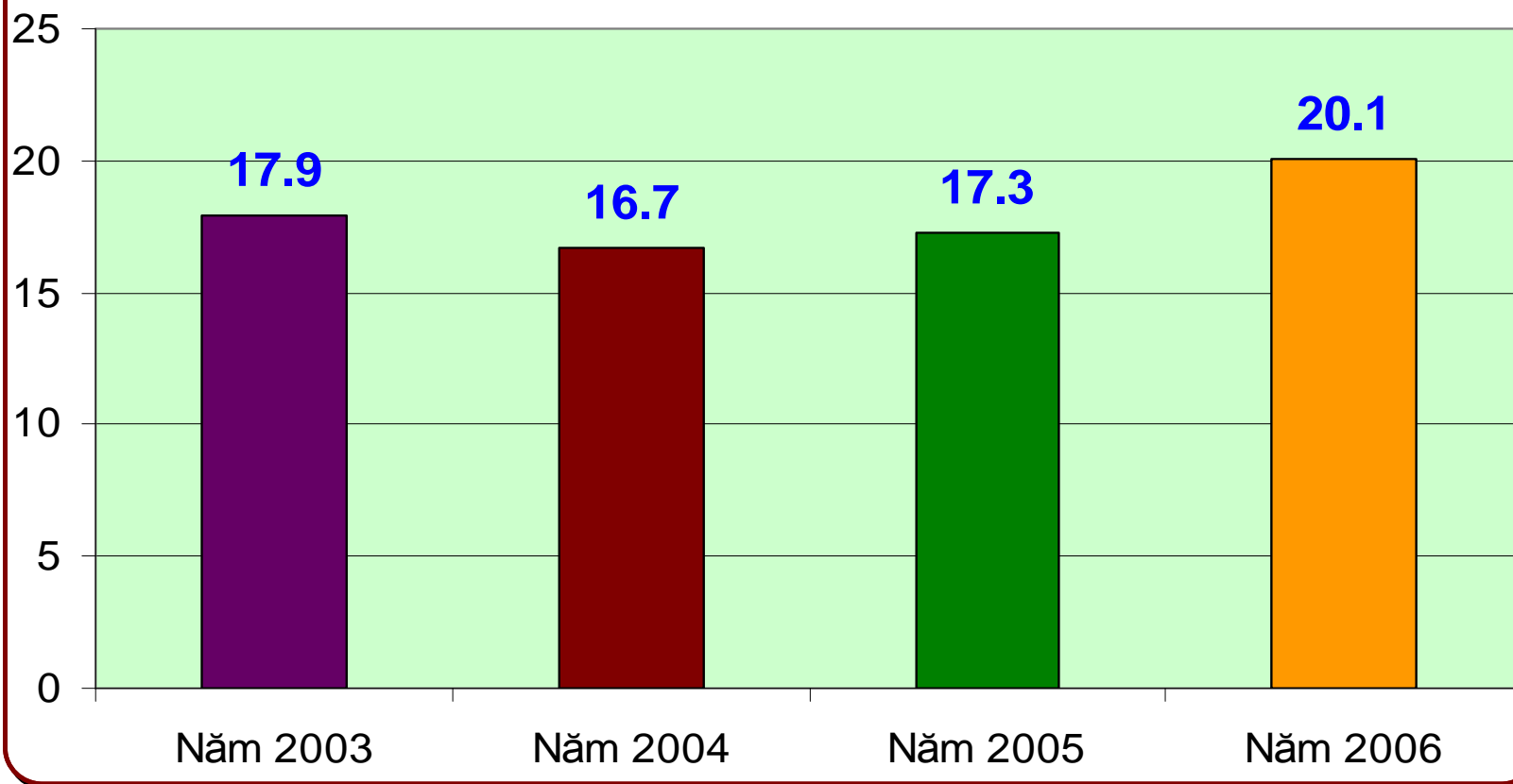


1. HCFP managed by Provincial Fund Management Board, chaired by a Vice-chairman of the PPC.
2. Premium: 80,000 VND/person/year
(130,000 VND/per/yr – 2008)
3. Use of the Fund:
 - Providing HI card
 - Support for catastrophic cases

% beneficiaries/population by years

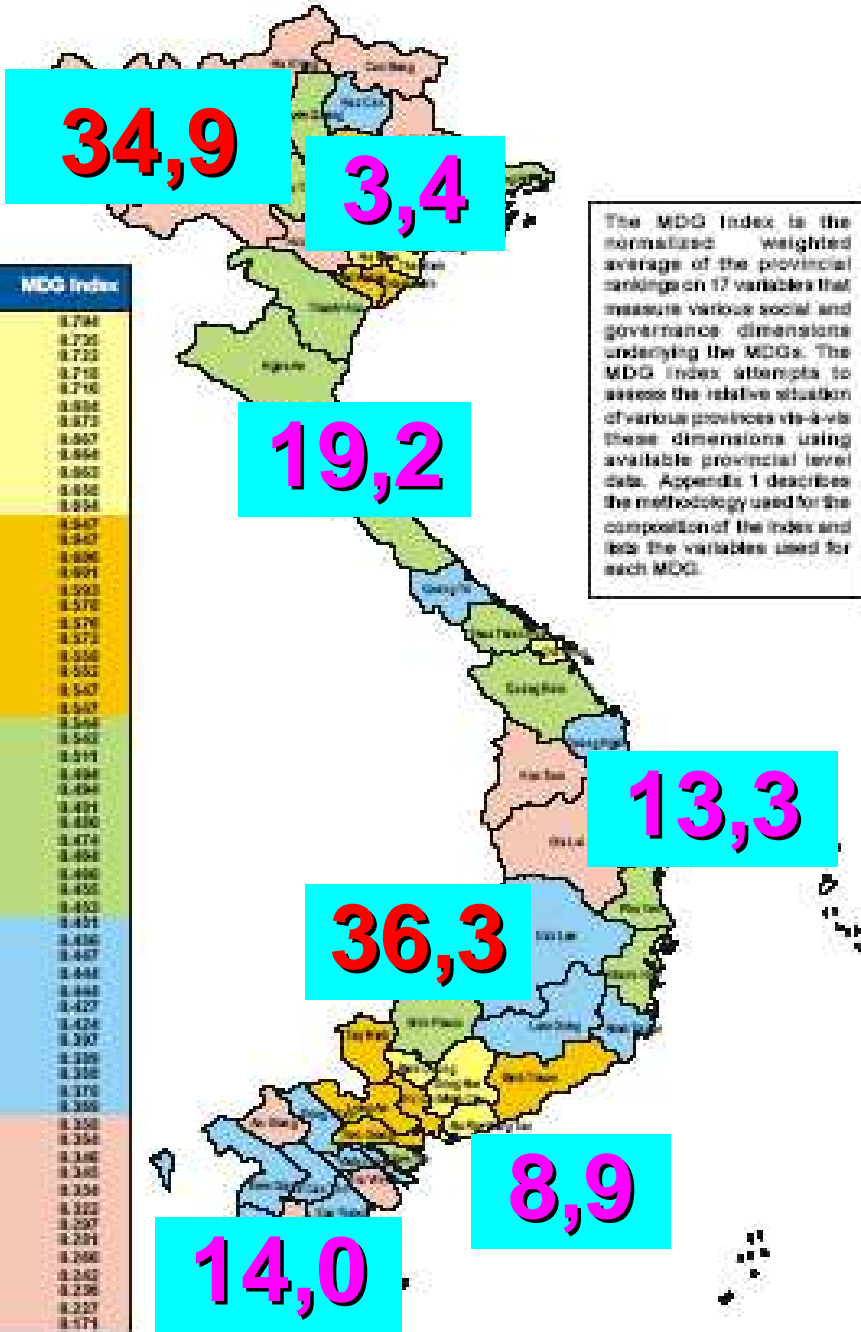


Tỷ lệ đối tượng hưởng lợi so với dân số



* Data in 2006 from reported 49 provinces

MDG MAP



Province	MDG Index
Ha Noi	0.798
Ha Tay	0.726
Da Nang	0.722
Hung Yen	0.718
Hai Duong	0.716
Da Nang-Tai	0.688
Hai Phong	0.673
Binh Duong	0.667
Dang Nai	0.664
Vinh Phuc	0.663
Thai Binh	0.650
Ha Nam	0.654
Nam Dinh	0.647
Ho Chi Minh City	0.647
Bac Giang	0.636
Hinh Binh	0.631
Ha Tinh	0.593
Bac Ninh	0.578
Tam Giang	0.576
Tay Ninh	0.573
Thai Nguyen	0.556
Binh Thuan	0.553
Long An	0.547
Binh Dinh	0.547
Phu Tho	0.544
Thanh Hoa	0.543
Quang Nam	0.511
Tuyen Quang	0.494
Thuan Thien-Hue	0.494
Ban Tre	0.491
Quang Binh	0.480
Rhomb Hoa	0.474
Quang Binh	0.468
Nghia An	0.460
Binh Phuen	0.455
Phu Yen	0.453
Binh Thuan	0.451
Lam Dong	0.436
Ca Mau	0.447
Dac Lac	0.444
Can Tho	0.444
Vinh Long	0.427
Nam Giang	0.424
Quang Ngai	0.397
Quang Tri	0.336
Soc Trang	0.336
Bac Can	0.316
Dong Thap	0.306
Hoa Binh	0.306
Bac Lieu	0.304
Yen Bai	0.300
An Giang	0.300
Lang Son	0.304
Ha Giang	0.303
Lao Cai	0.297
Tru Vinh	0.281
Gia Lai	0.260
Nam Ton	0.267
Lai Chau	0.236
Cao Bang	0.237
Sen La	0.174

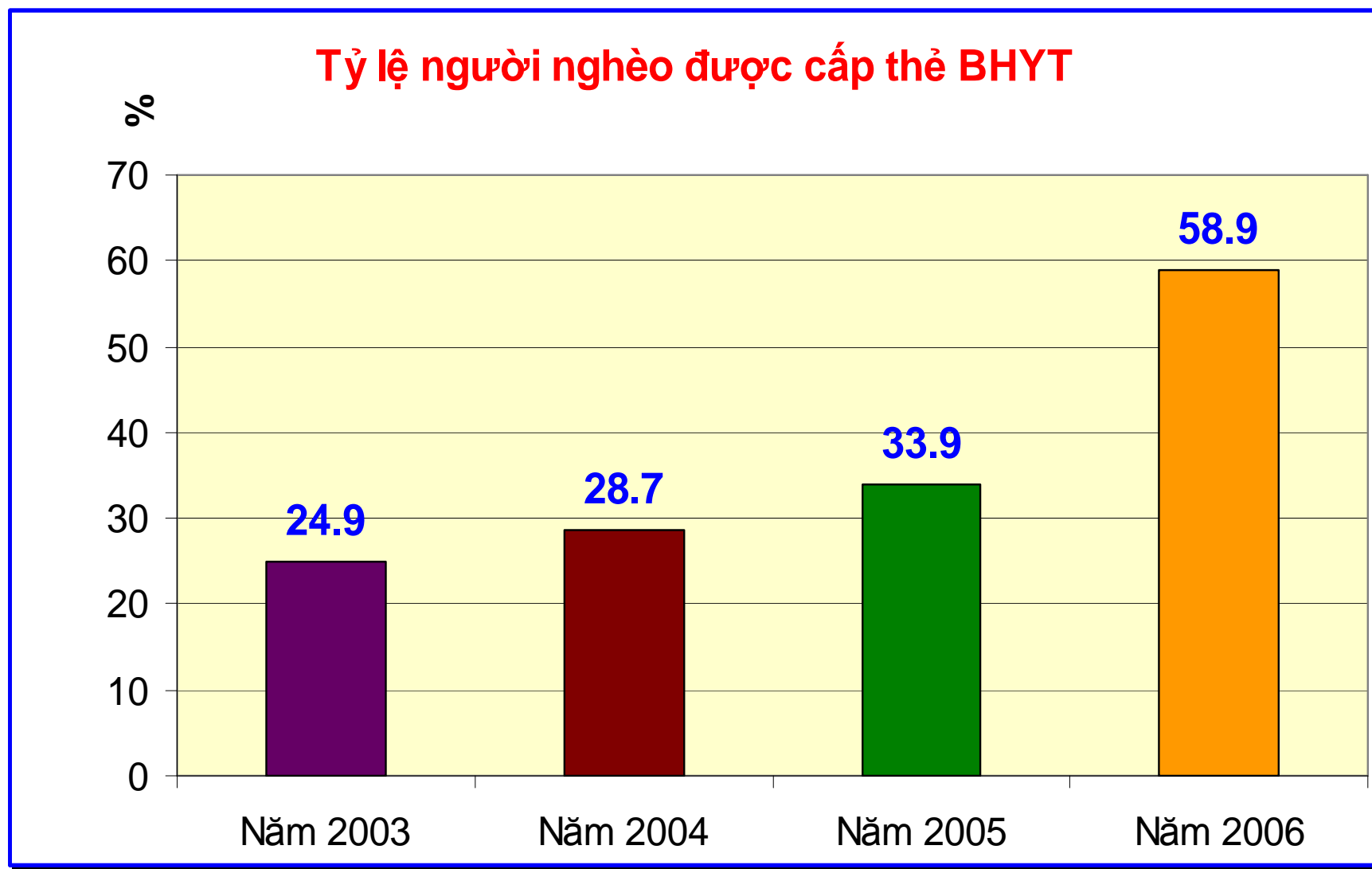
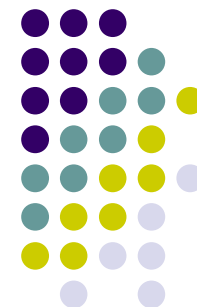
Source: UNDP 2002

Bringing the MDGs Closer to the People

% beneficiaries/population by regions
Data source: MoH, 2005

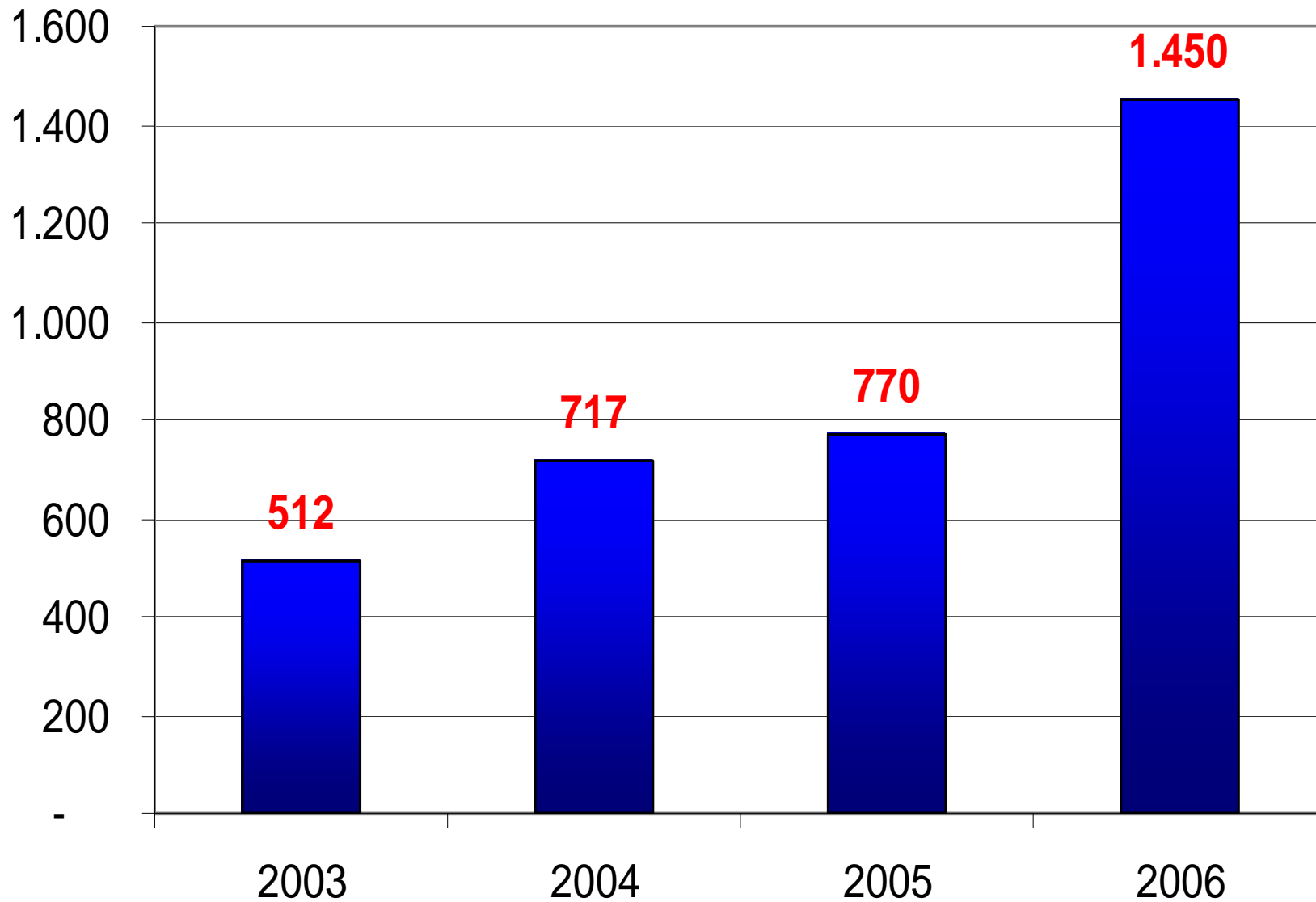
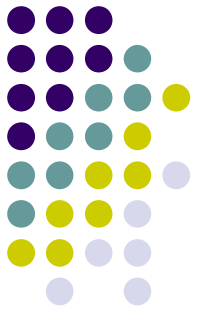


% of the poor provided HI card by years



* Data in 2006 from reported 49 provinces

% government budget for health care for the poor by years (Billion VND)

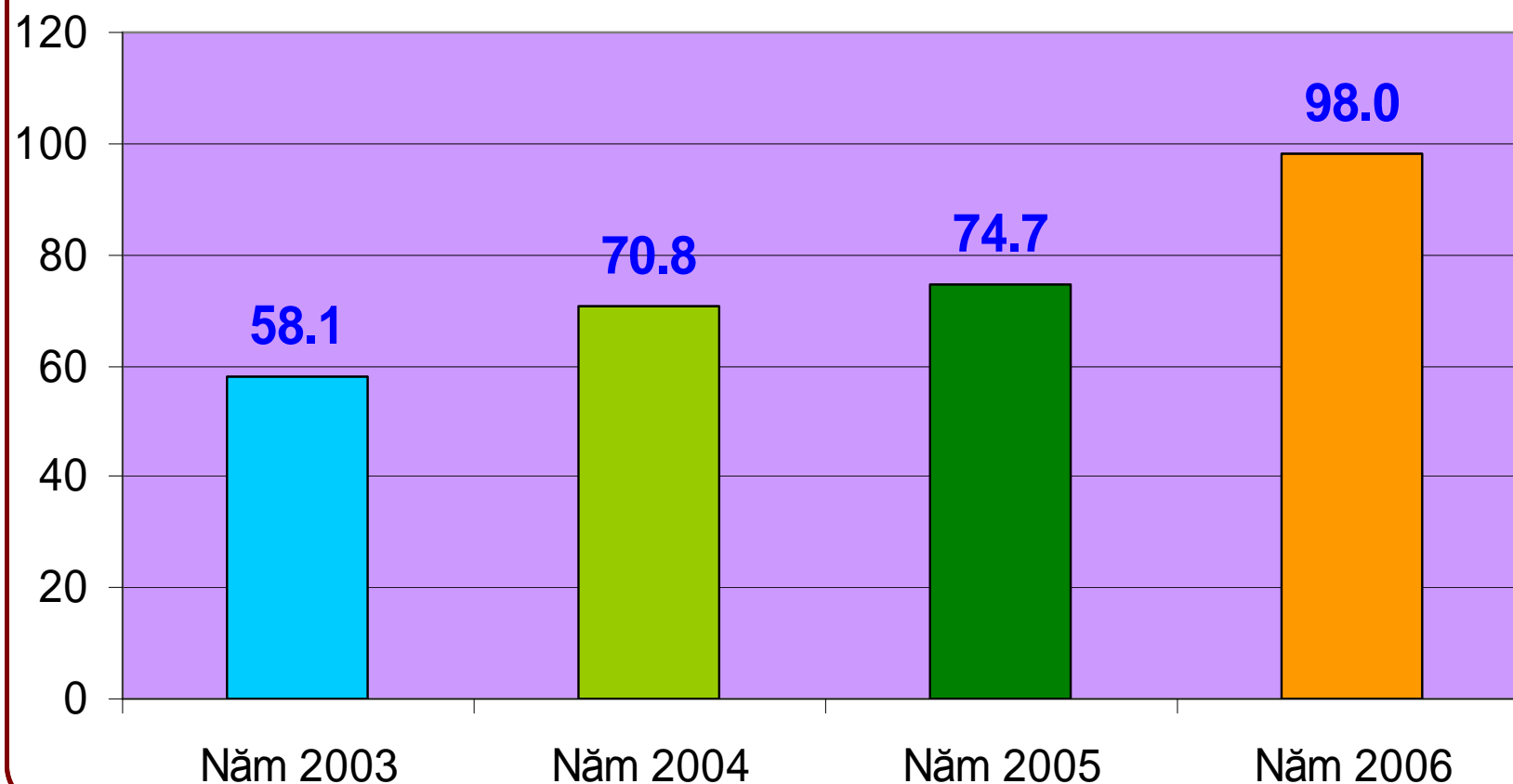


Fund disbursement by years (%)

Data source: MoH



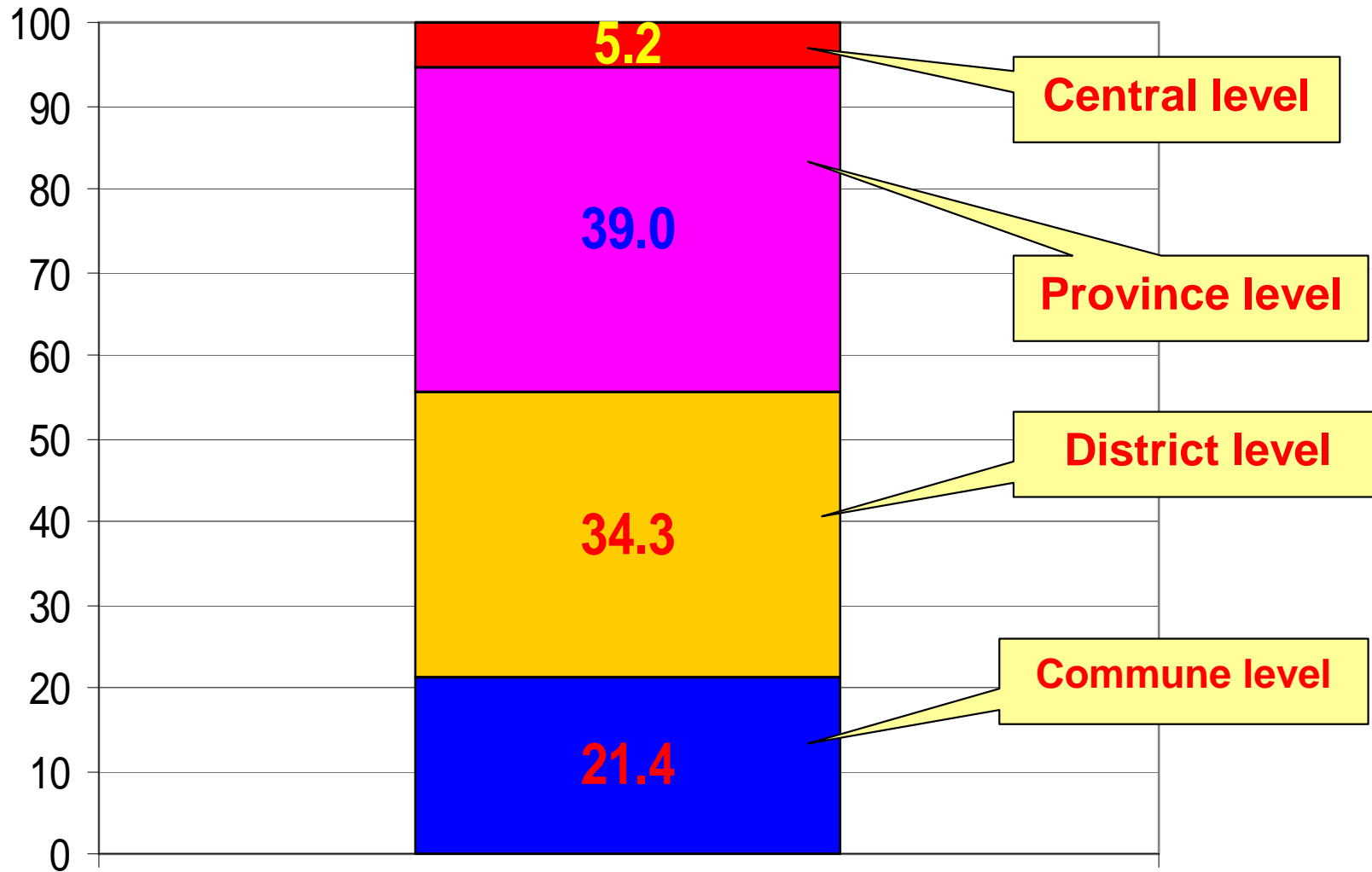
Tỷ lệ chi tiêu Quỹ Khám chữa bệnh
Người nghèo



* Data in 2006 from reported 49 provinces

Fund disbursement by level of care (%)

Data source: MoH, 2005

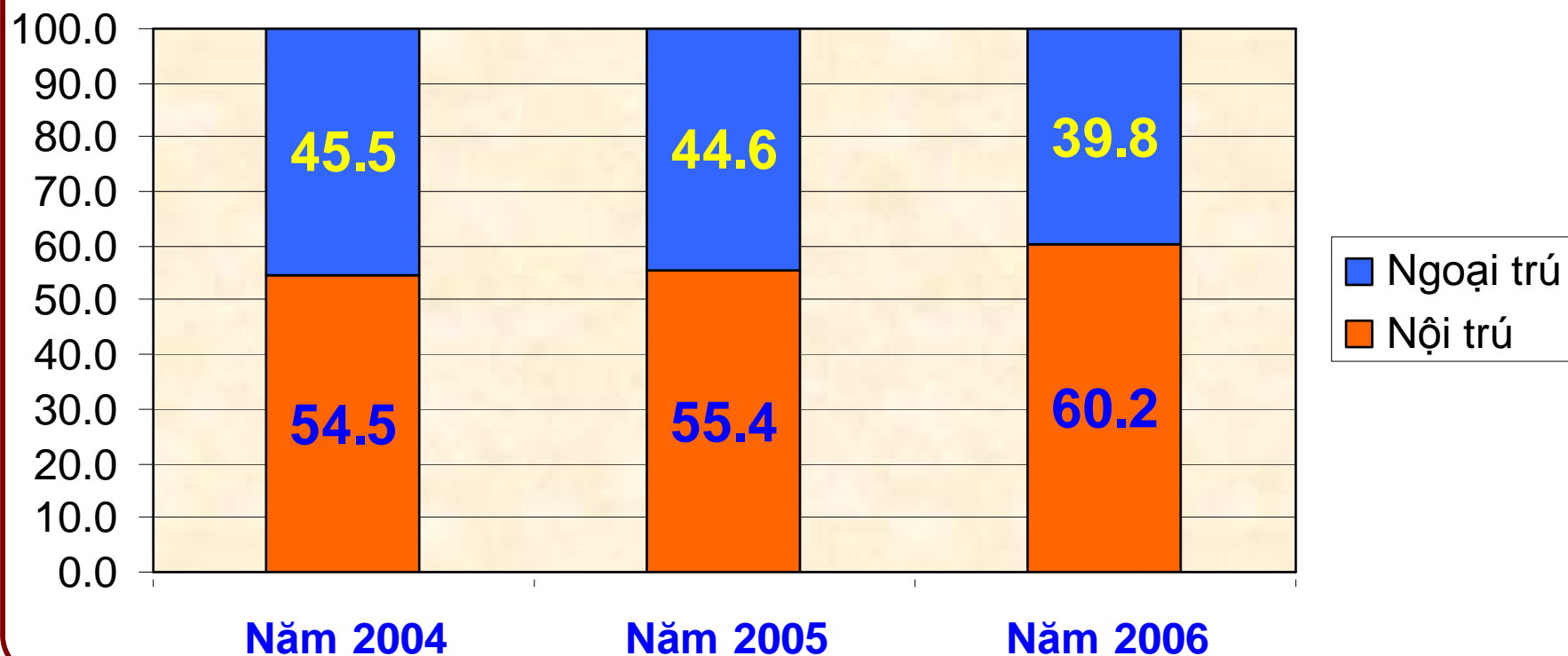


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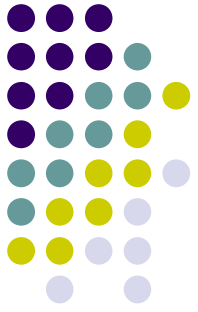
In-patient, Out-patient spending (%)



Tỷ lệ chi tiêu cho khám chữa bệnh nội trú và ngoại trú



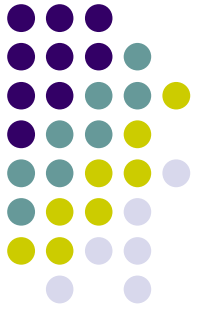
* Data in 2006 from reported 49 provinces



Major achievements

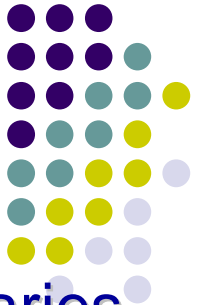


Major achievements



1. Fairly good implementation, in all 64 provinces and cities
2. High political and financial commitments of the Government
3. Much better access to and use of the health care services for the poor
4. Reduce financial burden on health care for the poor

Major achievements

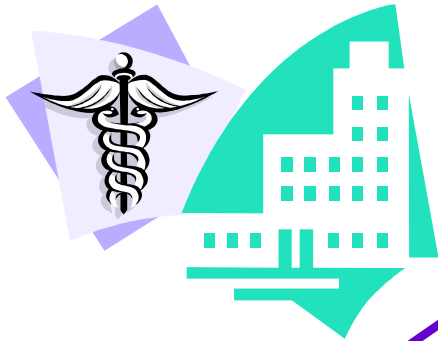


5. Positive impact on health service utilizations among beneficiaries

- In-patient care: 11% higher among beneficiaries compared to non-beneficiaries
- Out-patient care: 17% higher among beneficiaries compared to non-beneficiaries
- Reducing health care expenditure for self-treatment of poor households
- HCFP reduces the gap between the poor and the better-off provinces in health service utilization of people
- For those who are beneficiaries, health care spending is lower than that of non-beneficiaries
- HCFP reduces catastrophic health care spending



Difficulties???



1. Identifying the poor

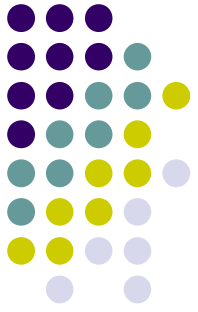
2. Printing, delivering HI card for the poor

3. Accessing to HC service

4. Quality of HCS

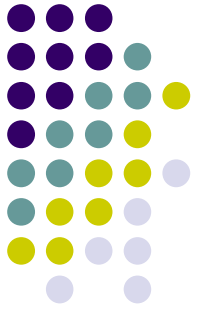
5. Recovery

10 issues of revised Decision 139



1. Title: *“Health care for the poor and ethnic minority people”*
2. Extending coverage: based on new poverty line
3. Every ethnic minority people in communes of region II and III according to the Committee of ethnic minority group
4. The near poor (=1-1.5% of national poverty line)
5. Payment mechanism: health insurance

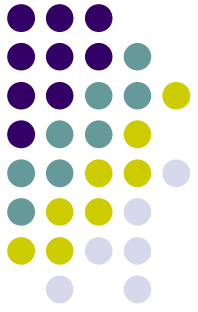




6. Higher premium: 130,000 VND/person/year (2008)
7. The near poor: Government provide financial support for 50% of health insurance premium
8. Protect the poor from catastrophic health care expenditure: maximum of 10 million VND/episode
9. Health facilities providing health care services for insured patients: either public or private
10. Encourage ethnic minority people who are better-off to buy voluntary health insurance



LESSON LEARNT



- MoH and related stakeholders success in using evidence to persuade government organizations such as Ministry of Finance to increase budget for health care for the poor
- Government needs to provide basic public health services, primary health care for people in general and specifically for the poor
- It is necessary to have close inter-sectoral collaborations in identifying beneficiaries

LESSON LEARNT



- Ensuring health insurance cards with correct information as well as ensuring HI cards to reach the poor are still challenges for policy makers
- Ensuring the poor use health care services rationally is also challenges
- It is necessary to ensure government budget for health for the poor actually used for health care for the poor in the provinces



**THANK YOU
FOR YOUR ATTENTION**