Investment Case Priorities

1. Strengthen the grassroots-level health care system (primary health care).
2. Strengthen the delivery of quality services to improve maternal and child health outcomes, including a new basic essential service package for health insurance reimbursement at the commune level.
3. Prevent and manage noncommunicable diseases, including cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, asthma, and other noncommunicable diseases.
4. Promote healthy aging.
5. Improve the efficiency and sustainability of health financing and service delivery arrangements, including (among others):
   - Reducing the over-reliance on hospital financing.
   - Strengthening the delivery of quality services to improve maternal and child health outcomes, including a new basic essential service package for health insurance reimbursement at the commune level.
6. Ensuring equity of access to health services for ethnic minority populations.

RMNCAH-N Data

- Maternal mortality ratio 54 per 100,000 live births
- Under-five mortality ratio 21.6 per 1,000 live births
- Neonatal mortality ratio 11.5 per 1,000 live births
- Percent of births <24 months after the preceding birth 13%
- Stunting among children under 5 years of age 24.6%
- Children aged <5 years with pneumonia symptoms taken to a healthcare provider 81.1%
- Modern contraceptive prevalence rate 37%
- People living with HIV receiving ART 47%
- Coverage of pregnant women who received ARV for RMNCH 66%

Geographic Focus Areas

Vietnam

Resource Mapping

The key value-added of the GFF in mobilizing resources for health in Vietnam has been through the box-down of a loan to more favorable terms (from IDB terms) for the Investing and Innovating for Grassroots Service Delivery Reform Project (P161283). In a constrained macroeconomic environment, with a high debt-to-GDP ratio, the government is reluctant to use loans, especially loans made at less-concessional IDB terms and even more so when the loans are for non-revenue-generating activities for investment in the health sector, specifically RMNCH and primary care. The GFF-supported loan/project also crowds in financing from other development partners, including the private sector, leveraging their individual contributions for greater collective impact. Project resources are US$800 million from IDB, US$5 million in counterpart financing, US$17 million from the GFF grant, US$5 million grant from Ireland (DFAT) through a Multi-Donor Trust Fund (MDTF), and a US$3 million grant from the Pharmaceutical Governance Trust Fund. The project also leverages around US$2 million in in-kind financing from Gavi and is being prepared in coordination with an Asian Development Bank-financed project with similar objectives, but covering complementary provinces. External financial assistance for health now makes up only a tiny share of total health financing in Vietnam, with several funders phasing out their programs, shifting to domestic resources. Presently, development partners that provide technical and financial support to the health plan include the Asian Development Bank, the European Union, the governments of Japan (JICA, Korea), and the United States (USAID, CDC), other UN agencies (UNICEF, UNFPA, UNDP, UNAIDS), and WHO.

Health Financing Indicators

- Health expenditure per capita and from domestic sources 48.81
- Ratio of government health expenditure to total government expenditure 7.89
- Percent of current health expenditures on primary/ outpatient care 46.07%
- Incidence of catastrophic and impoverishing health expenditures 9.6% catastrophic, 0.35% impoverishing

Efficiency

- DTP3 dropout rate 8%
- ANC dropout rate 23%
- Health budget execution rate Not available
- Health financing in progress
- World Bank-funded project in support of the IC
- Private sector engagement
- Civil registration and vital statistics (CRVS) made a priority
- Project under implementation
- Project approved and available online
- Private sector engagement not identified at this time
- OOPs not identified as a priority
- OOPs identified as a priority in the investment case
- Country has started implementing a private sector intervention
- OOPs identified or included in OOPs
- Project not yet identified
- Not considered at this time
- Government focal point identified
- Government focal point identified
- Project not yet identified
- OOPs identified or included in OOPs
- Developed but not categorized as IC
- Not yet established

Monitoring the Country-led Process

- Investment Case Priority 1: Strengthen the grassroots-level health care system (primary health care).
- Investment Case Priority 2: Strengthen the delivery of quality services to improve maternal and child health outcomes, including a new basic essential service package for health insurance reimbursement at the commune level.
- Investment Case Priority 3: Prevent and manage noncommunicable diseases, including cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, asthma, and other noncommunicable diseases.
- Investment Case Priority 4: Promote healthy aging.
- Investment Case Priority 5: Improve the efficiency and sustainability of health financing and service delivery arrangements, including (among others):
  - Reducing the over-reliance on hospital financing.
  - Strengthening the delivery of quality services to improve maternal and child health outcomes, including a new basic essential service package for health insurance reimbursement at the commune level.
- Investment Case Priority 6: Ensuring equity of access to health services for ethnic minority populations.

Investment case for RMNCAH-N or equivalent (e.g., national health plan)