Vietnam

Country Focus Areas

- Increase health system efficiency by improving the quality of grassroots (commune-level) health system, including through strengthening infrastructure, equipment, training and developing new models of service delivery.
- Improve functioning of Social Health Insurance (SHI) through technical assistance to the revision of the SHI Law and its associated policies.
- Strengthen Civil Registration and Vital Statistics (CRVS) system through development of a CRVS Action Plan and tools to improve cause of death reporting.
- Improve understanding of options for Public-Private Partnerships that serve the public interest, through analysis and capacity-building.

RMNCAH-N Core Indicators

Maternal mortality ratio: 54 per 100,000 live births
Neonatal mortality ratio: 11.5 per 1,000 live births
Under-five mortality ratio: 21.6 per 1,000 live births
Adolescent birth rate: 29 per 1,000 women
Percent of births <24 months after the preceding birth: 13%
Stunting among children under 5 years of age: 24.6%
Moderate to severe wasting among children under 5 years of age: 6.4%

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US$38.27
Ratio of government health expenditure to total government expenditures: 8.935%
Percent of current health expenditures on primary/outpatient health care: Not available
Incidence of catastrophic and impoverishing health expenditures: 9.81% catastrophic; 0.2% impoverishing

Resource Mapping

Vietnam is no longer highly dependent on external assistance for the health sector, with external financing accounting for 2.7 percent in 2014. But some major development partners (e.g., the European Union [EU], Gavi and the Global Fund) have completed or are reducing the scale of their assistance, necessitating a shift to government budget or health insurance. The recently approved Grassroots Health Service Delivery project fills an important financing gap for Vietnam. The project is supported by an IDA-Transition Support (IDA-TS) credit of US$80 million, a co-financing grant of US$5 million from the Integrating Donor-Financed Health Programs Multi-Donor Trust Fund funded with Australian support, a co-financing grant of US$3 million from the Tackling Non-Communicable Diseases Challenges in Low- and Middle-income Countries (MIDT) Trust Fund, and US$21.25 million from the Government of Vietnam in addition to the US$17 million GFF financing for the IDA-TS credit buydown. A recent fiscal space assessment for Vietnam analyzed trends in health spending and the financial gap remains. The recently approved Grassroots Health Service Delivery project fills an important financing gap for Vietnam.

Monitoring the Country-Led Process

Investment Case for RMNCAH-N or equivalent (e.g., national health plan)
Set of evidence based priorities financed
Results monitoring strategy and framework in support of IC*
Country-led multi-stakeholder platforms (e.g., new or established from an existing platform)
Government focal point

An inclusive country platform process with CSO engagement
Health financing reforms identified
World Bank-funded project in support of the IC
Private sector engagement
Civil registration and vital statistics (CRVS) made a priority
Management of medicines and supplies / supply chain interventions