

Vietnam

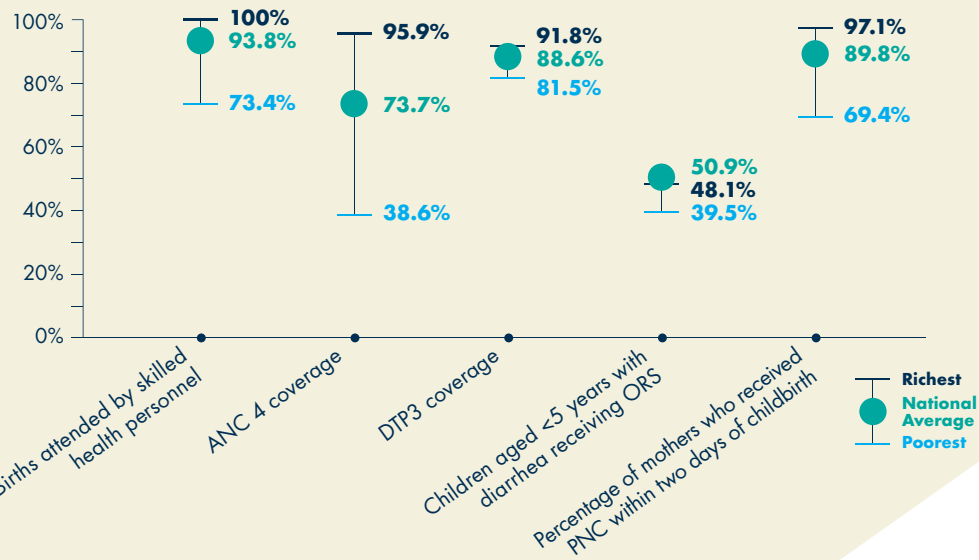
RMNCAH-N Data

CORE IMPACT INDICATORS

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

COVERAGE INDICATORS***

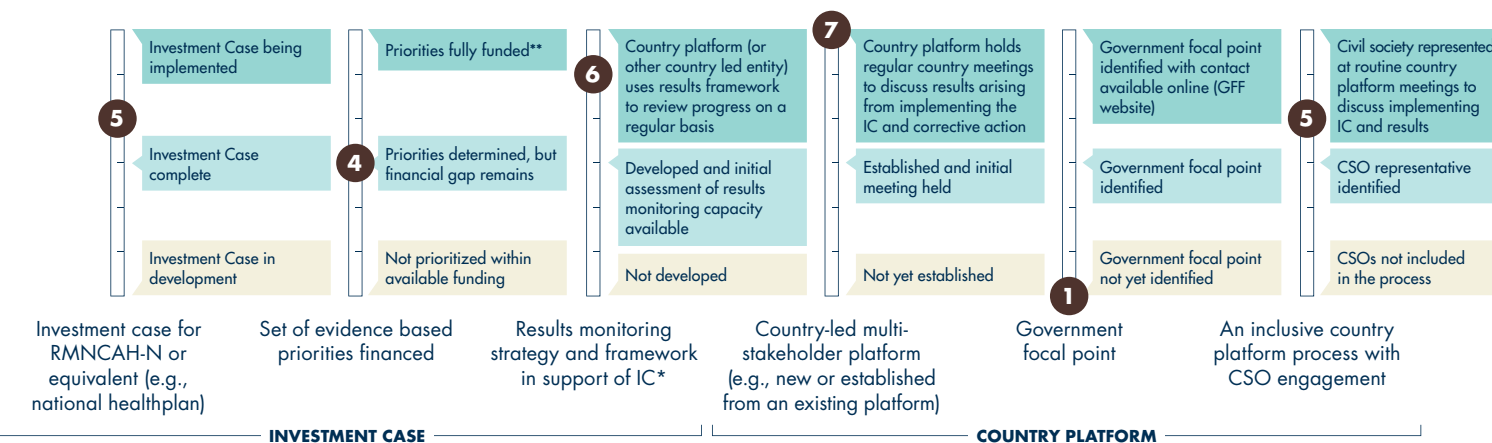
People living with HIV receiving ART 47%	Coverage of pregnant women who receive ARV for PMTCT 66%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 81.1%	Modern contraceptive prevalence rate 57%
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Investment Case Priorities

- Strengthen the grassroots-level health care system (primary health care).
- 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.
- Prevent and manage malnutrition.
- Prevent and manage noncommunicable diseases, including cancer, cardiovascular disease, diabetes, chronic obstetric pulmonary disease, asthma, and other noncommunicable diseases.
- Promote healthy aging.
- Improve the efficiency and sustainability of health financing and service delivery arrangements, including (among others):
 - Reducing the over-reliance on hospital centered delivery
 - Supporting health insurance reform
 - Enhancing financial protection from out-of-pocket health spending
 - Creating an enabling environment for private-sector participation.
- Ensuring equity of access to health services for ethnic minority populations.

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 48.81	Ratio of government health expenditure to total government expenditures 7.89%	Percent of current health expenditures on primary/ outpatient health care 46.07%	Incidence of catastrophic and impoverishing health expenditures 9.8% catastrophic 0.35% impoverishing
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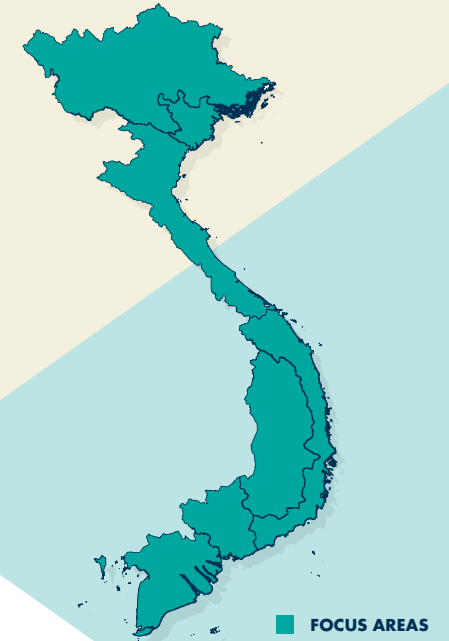
OUTPUT INDICATORS

Share of health in total government budget Not available	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization Yes	Share of external funding for health that is pooled or on budget 71.09%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old Yes	Implemented strategies to reduce key drivers of inefficiency Yes	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) Yes	
Country has: implemented or updated a resource mapping exercise Yes	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) Yes		

EFFICIENCY

DTP3 dropout rate 8%	ANC dropout rate 23%
Health budget execution rate Not available	

Geographic Focus Areas



Resource Mapping

The key value-added of the GFF in mobilizing resources for health in Vietnam has been through the buy-down of a World Bank loan to more favorable terms (lent at IBRD 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 IBRD terms and even more so when the loans are for non-revenue-generating activities for investment in the health sector, specifically RMNCAH 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\$80 million from IBRD, 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.

