

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 Statics (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\$58.27**

Ratio of government health expenditure to total government expenditures: **8.95%**

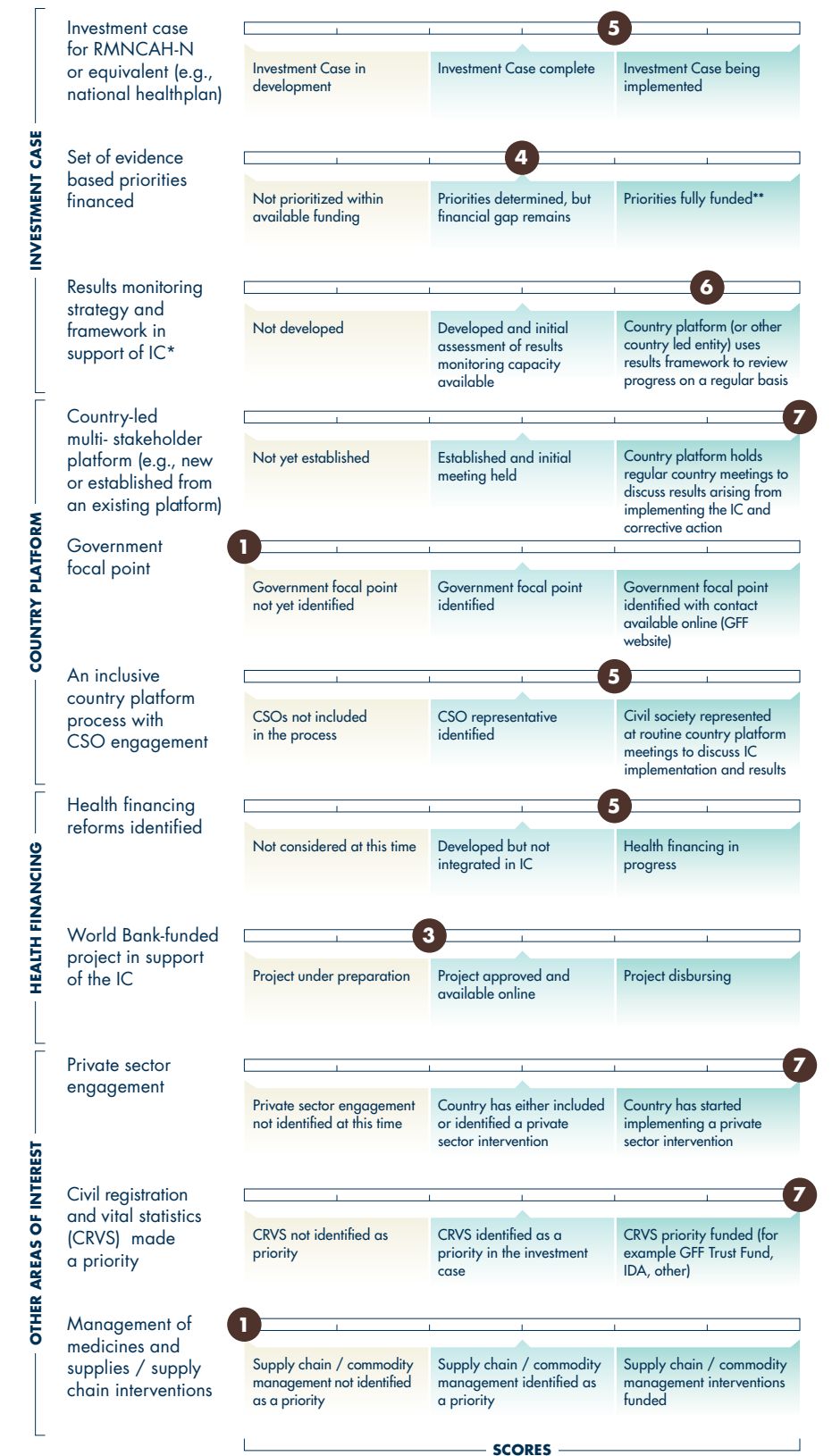
Percent of current health expenditures on primary/outpatient health care: **Not available**

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-Transitional 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 MDTF (Pharmaceutical Governance 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 identified possible sources for future resources for health for the country.¹

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.

¹ <http://documents.worldbank.org/curated/en/222831563548465796/pdf/The-Future-of-Health-Financing-in-Vietnam-Ensuring-Sufficiency-Efficiency-and-Sustainability.pdf>