Medical Country of Origin Information

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EUROPEAN UNION
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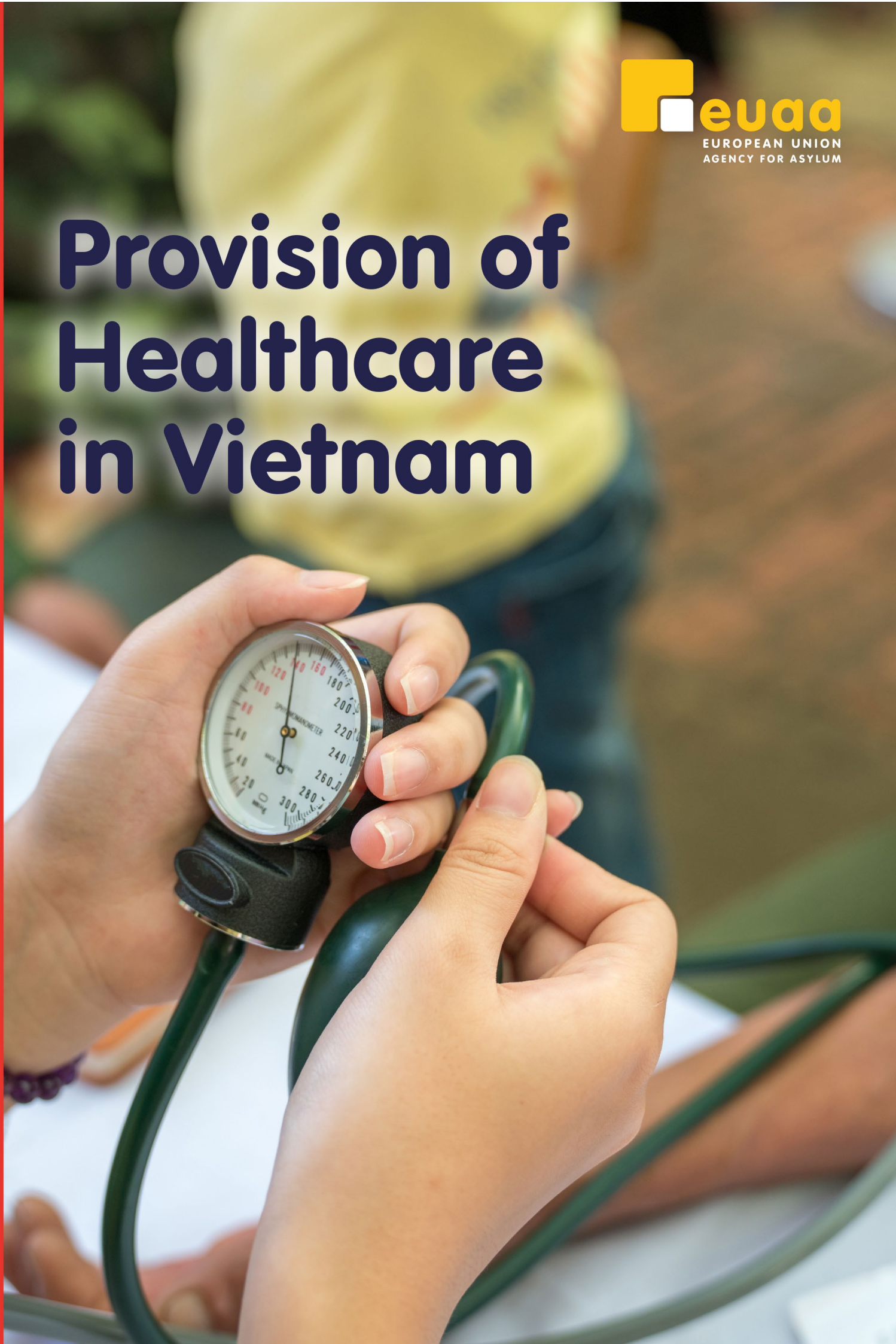
Provision of Healthcare in Vietnam



August 2023

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The report has been reviewed by International SOS and EUAA.

Contents

Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person, or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 5 June 2023. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.

Glossary and Abbreviations

Term	Definition
AIDS	Acquired Immunodeficiency Syndrome
COI	Country of Origin Information
COVID-19	Coronavirus Disease 2019
DOHA	Direction of Healthcare Activities
EASO	European Asylum Support Office
EU	European Union
EU+ countries	Member States of the European Union and associated countries
EUAA	European Union Agency for Asylum
EUR	Euro
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ISO	International Organization for Standardization
MedCOI	Medical Country of Origin Information
Member States	Member States of the European Union
MOH	Ministry of Health
mRNA	Messenger Ribonucleic Acid

Term	Definition
ORS	Oral Rehydration Salts
USD	United States Dollar
VN	Vietnam
VND	Vietnamese Dong
VSS	Vietnam Social Security
WHO	World Health Organization

Introduction

Methodology

The purpose of the report is to provide information on access to healthcare in Vietnam. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

Defining the terms of reference

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2. The drafting period finished on 14 April 2023, peer review occurred between 14 – 28 April 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 5 June 2023. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Vietnam.

Currency

The currency in Vietnam is the Vietnamese dong (VND). The currency name, the ISO code and the conversion amounts are taken from the InforEuro website of the European Commission. The rate used is that prevailing at the date of the source, i.e. the access date of the publication or the interview, that is being cited. The prevailing rate is taken from The European Commission website, InforEuro.[1]

Quality control

Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants.

[1] European Commission, Exchange rate (InforEuro), n.d., url

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental and academic publications, reports by non-governmental and international organisations, as well as Vietnamese media. All sources that are used in this report are outlined in Annex 1: Bibliography.

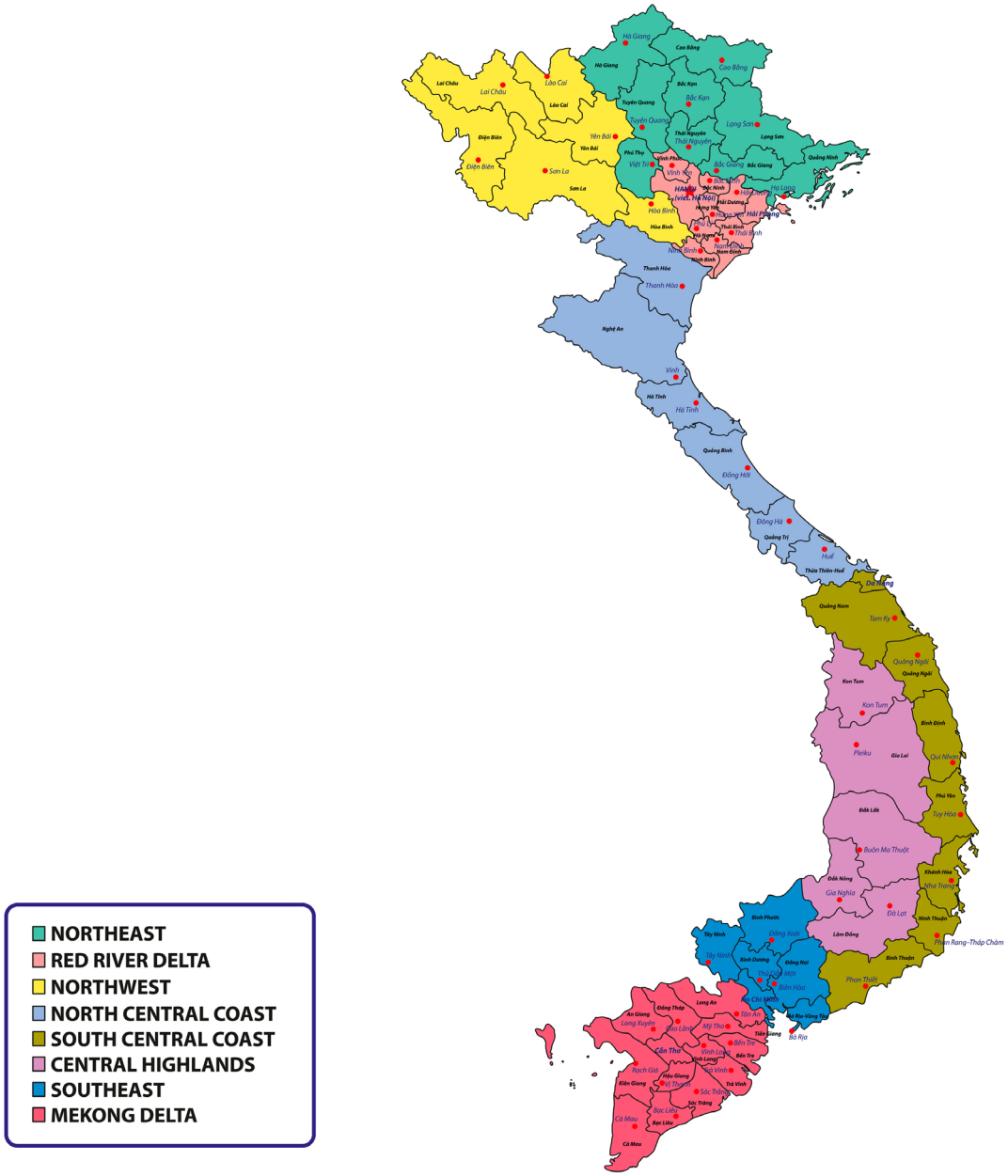
In addition to publicly available sources of information, three oral sources were contacted for this report. The oral sources are pharmacists in Ho Chi Minh City, known by the contractor and selected for reliability. MedCOI always protects sources when they may be at risk if identified, so in this report they have been anonymised for security reasons. All oral sources are described in the Annex 1: Bibliography. Key informant interviews were carried out in April 2023.

Maps

Map 1: Vietnam[2]

[2] Furian, P.H., Vietnam Political Map stock illustration, © iStock 519518622, 12 April 2016, url

Map 2: Map of Vietnam's provinces[3]



[3] Juliartblog, Vietnam vector map, © iStock 199817692, n.d., url

1. General Information

1.1. Geographic context

Vietnam is a tropical Southeast Asian nation bounded by China, Laos, and Cambodia. It has a total land area of 331 210 square kilometres and, in 2020, it had a population of over 97 million people.[4]

The Democratic Republic of Vietnam was renamed the Socialist Republic of Vietnam on 25 April 1976.[5] This reunification came after a long period of war. Hirschmann et al. note the challenges in establishing the numbers of civilian deaths during this time. The Vietnamese government reported 3.1 million war-related civilian deaths between 1954 and 1975. Between 1965 and 1975, Hirschmann et al. calculate there were approximately 1 million war-related civilian deaths.[6]

Vietnam covers a wide range of climates, terrains, and ecosystems typified by high temperatures and high humidity. This variation has a significant impact on the population's health, as certain regions are more susceptible to certain diseases than others due to their environment. The presence of mosquitoes favours malaria (forests) and dengue (widespread, but mostly in major urban areas).[7] The long coastline of 3 260 km, means that most of the population is exposed to waterborne pathogens (diarrhoeal diseases, cholera) because of their proximity to the ocean and other water bodies.[8]

The country experiences natural disasters, such as floods and typhoons, which can exacerbate existing health problems. Climate-sensitive diseases, such as dengue fever, malaria, influenza, and diarrhoeal diseases, exert increasing pressure on the health sector and adversely affect the health of the population.[9] Due to energy-intensive economic activities and an increasing volume of vehicles, air quality is deteriorating. Hanoi and Ho Chi Minh City, the two largest cities in Vietnam, are now among the 15 most polluted cities in Southeast Asia.[10]

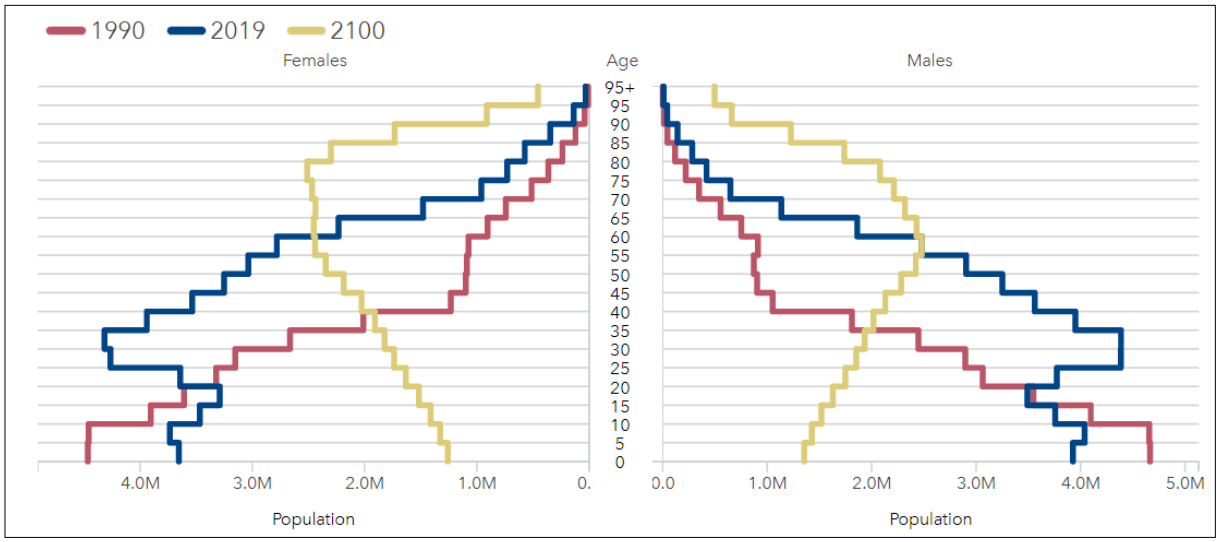
1.2. Demographic context

Vietnam is rapidly urbanising. In 2005, 27.1 % of Vietnam's population resided in urban areas; in 2021, this percentage had increased to 36.6 %.[11] UN-Habitat notes that urban growth has outpaced growth in infrastructure, housing, low-emission transportation and equitable service

[4] World Bank (The), Population, total - Vietnam, 2023, url
[5] Vietnam, Embassy of the Socialist Republic of Vietnam in the United States, History, n.d., url
[6] Hirschman, C., et al., Vietnamese Casualties During the American War: A New Estimate, December 1995, url, p. 807
[7] WHO, Institutional Repository for Information Sharing, Dengue Situation Updates 2022, 2022, url
[8] WHO, Western Pacific, Vietnam, Home, Health topics, Acute watery diarrhoea and cholera, 2023, url
[9] Tran Thi Tuyet Hanh, et al., Vietnam Climate Change and Health Vulnerability and Adaptation Assessment, 2018, 22 June 2020, url, p. 1
[10] US, ITA, Vietnam - Country Commercial Guide, 15 December 2022, url
[11] Statista, Demographics, Urban population in Vietnam from 2012 to 2021, 9 January 2023, url

delivery.[12] The population growth rate has declined from approximately 1.7 % in 1999 to 0.8 % in 2021.[13] In 2021, the median age was 32 years.[14] The population of Vietnam is aging: figure 1 shows how the age structure changed, for males and females, between 1990 and 2019 and it shows a projection to the year 2100.[15]

Figure 1: Population age structure for males and females in 1990, 2019 (reference scenario), and 2100 (reference scenario)[16]

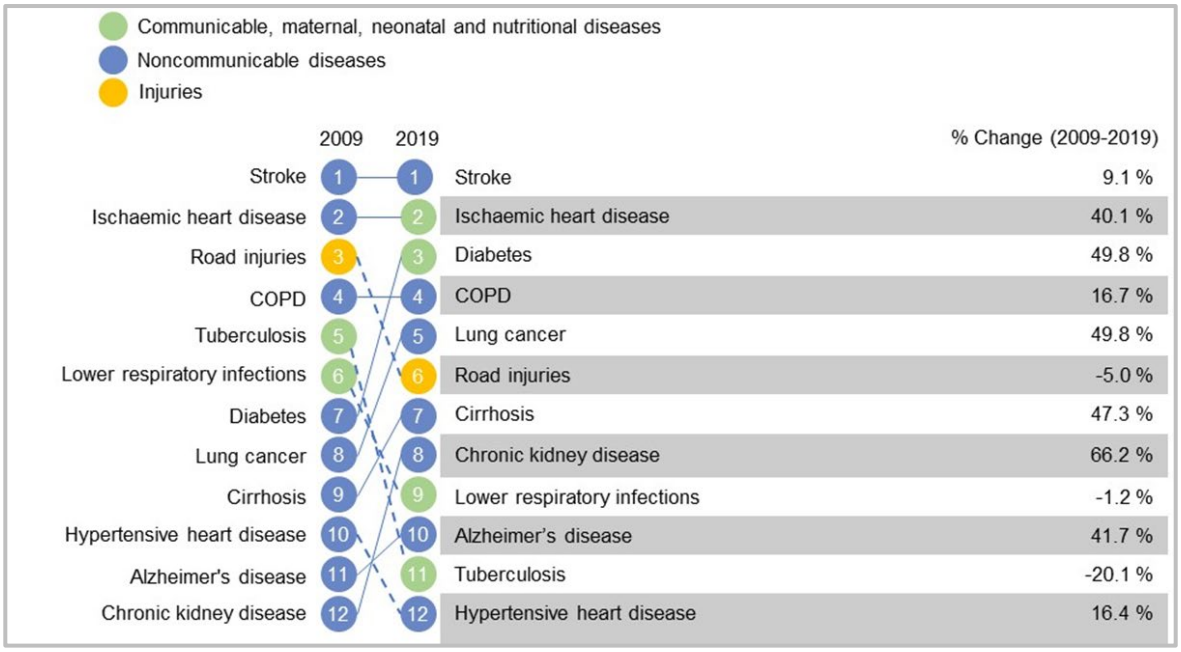


In 2021, the life expectancy at birth for men was 69 years,[17] and for women 78 years.[18] The distribution of morbidity and mortality is shifting from communicable to noncommunicable diseases. During the period between 1986 and 2015, the proportion of hospitalisations attributable to noncommunicable diseases rose from 38 % to 66 %, while the proportion of deaths attributable to noncommunicable diseases rose from 42 % to 73 %.[19] Teo et al. identify cancer, hypertension, and diabetes as accounting for the majority of Vietnam's disease burden. They note that the healthcare requirements of Vietnam's population are changing from acute episodic care to disease management for noncommunicable diseases and chronic conditions.[20] Nguyen et al. describe progress to manage noncommunicable diseases as being slow at the national level and among key subpopulations, and they note that inequalities

[12] UN-Habitat, Viet Nam, n.d., url
[13] World Bank (The), Population growth (annual %) – Vietnam, n.d., url
[14] UN, Department of Economic and Social Affairs, Population Division (2022), Median age of population (Viet Nam), 2022, url
[15] IHME, Viet Nam, How many older versus younger people are in the population, and how will these patterns change?, 2023, url
[16] IHME, Viet Nam, How many older versus younger people are in the population, and how will these patterns change?, 2023, url
[17] World Bank (The), Life expectancy at birth, male (years) – Vietnam, 2022, url
[18] World Bank (The), Life expectancy at birth, female (years) – Vietnam, 2022, url
[19] Vietnam MOH, 7-1 - Xu Hướng Tiến Triển Của Mắc Bệnh, Tử Vong Của Các Loại Bệnh Ở Cấp Toàn Quốc Giai Đoạn 1976-2016 [7-1 - Progression Trend of Disease and Death of Diseases at Nationwide in the Period 1976-2016], 2017, url
[20] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 1

between genders, ethnic groups, geographic regions, and socioeconomic groups are increasing.[21]

Figure 2: Top 10 causes of total number of deaths in 2019 and percent change 2009-2019, all ages combined[22]



Note: Figure redrawn from IHME, Viet Nam, What causes the most deaths? (2023)

Progress has been made in recent years: Millennium Development Goals were achieved, such as reducing the under-five mortality rate,[23] increasing the immunisation rate,[24] and reducing the prevalence of HIV/AIDS,[25] the reduction of maternal mortality,[26] and infant and under-5 mortality rates.[27] Furthermore, despite the challenges described above, the country has seen an improvement in both access to and quality of healthcare.[28]

The 2019 Census found that the ethnic minority population in Vietnam accounts for approximately 15 % of the country's population.[29] There are 54 different ethnic groups, in majority located in the mountainous or remote areas of the country, including the Central

[21] Nguyen, P.T., et al., Trends in, projections of, and inequalities in non-communicable disease management indicators in Vietnam 2010-2030 and progress toward universal health coverage: A Bayesian analysis at national and sub-national levels, 11 July 2022, url, p. 1
[22] IHME, Viet Nam, What causes the most deaths? 2023, url
[23] World Bank (The), Mortality rate, under-5 (per 1,000 live births) – Vietnam, 2023, url
[24] World Bank (The), Immunization, DPT (% of children ages 12-23 months) – Vietnam, 2023, url
[25] World Bank (The), Incidence of HIV, ages 15-49 (per 1,000 uninfected population ages 15-49) – Vietnam, 2023, url
[26] WHO, World health statistics 2022: monitoring health for the SDGs, sustainable development goals, 2022, url, p. 87
[27] Lee, H.Y., et al., Trends and determinants of infant and under-five childhood mortality in Vietnam, 1986–2011, 1 March 2016, url
[28] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 47
[29] Vietnam, GSO, Press Release Preliminary Results the 2019 Population and Housing Census, 11 July 2019, url, bullet point 5

Highlands, the Northwest, and the Northeast regions of Vietnam; therefore, with lower access to healthcare. The largest ethnic minority groups in Vietnam are the Tay, Thai, Hmong, Khmer, and Nung.[30]

1.3. Economic context

Vietnam is a lower middle-income nation. In 2021, the Gross Domestic Product (GDP) per capita was roughly 3 750 USD [3 090 EUR] per year.[31] In 2011, Miguel and Roland wrote that the economic effects of the war have largely dissipated and have not led to inter-regional economic divergence.[32] Health and environmental effects of the war continue to be felt. For example, Vietnamese adults exposed, as adolescents, to higher intensity bombing suffer a higher number of somatic health complaints than their counterparts,[33] and chemicals used during the war persist in the environment.[34]

The Vietnamese economy faces a double burden of malnutrition from imbalances in diet and diet-related noncommunicable diseases.[35] There is a high prevalence of chronic malnutrition in Vietnam: in 2020, 19.6 % of children under five were of low height for their age.[36] This is known as stunting, and it is caused by chronic or recurrent undernutrition, which the World Health Organization (WHO) attributes to poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life.[37] With the increased availability of processed and refined foods in Vietnam,[38] there is also an increase in chronic health issues, such as overweight and obesity, diabetes, and cardiovascular diseases.[39]

[30] Vietnam, Socialist Republic of Vietnam, Ethnic Groups in Vietnam, n.d., url
[31] World Bank (The), GDP per capita (current US$) – Vietnam, 2023, url
[32] Miguel, E., and Roland, G., The long-run impact of bombing Vietnam, 2011, url, p. 12
[33] Glass, D.J., et al., Weathering within war: Somatic health complaints among Vietnamese older adults exposed to bombing and violence as adolescents in the American war, February 2023, url, p. 5
[34] Olson, K.R., and Cihacek, L., The fate of Agent Blue, the arsenic based herbicide, used in South Vietnam during the Vietnam War, November 2020, url, p. 565
[35] Rupa, J.A., et al., Does food market modernisation lead to improved dietary diversity and diet quality for urban Vietnamese households? 21 May 2019, url, p. 501
[36] World Bank (The), Prevalence of stunting, height for age (% of children under 5) – Vietnam, 2023, url
[37] WHO, Malnutrition, 2023, url
[38] Baker, P., and Friel, S., Food systems transformations, ultra-processed food markets and the nutrition transition in Asia, 2016, url, p. 5
[39] Global Nutrition Report, Country Nutrition Profiles, Viet Nam, 2023, url

2. Healthcare System

2.1. Health system organisation

2.1.1. Overview

The current healthcare system in Vietnam is a hybrid public-private system. The public system plays an essential role in ensuring that preventive and curative care is provided to the entire population.[40]

Following the reunification of the country, the Vietnamese government sought to improve public health. It established free healthcare, promoted the use of preventive measures to control infectious diseases (such as malaria, human immunodeficiency virus, viral hepatitis), and it expanded access to medical treatment. The government also established national health insurance and implemented health education programmes.[41]

According to the MOH, there is a consistent risk of diseases returning, including those that can be prevented by vaccines such as measles and diphtheria, and vaccination rates are low in some regions, among some ethnic groups and among migrants. The prevention of noncommunicable diseases, such as cancer, cardiovascular disease, diabetes, and hypertension remains limited and there is an ongoing issue of food poisoning.[42]

The COVID-19 pandemic destabilised the public health activities provided by rural health centres. The Expanded Programme on Immunisation was disrupted, especially in remote communes where ethnic minorities, difficult conditions, and language differences lead to low cooperation with vaccination campaigns. Some preventable infectious diseases that had been under control for many years have returned. In the Central Highlands, unobserved diphtheria affected children: nearly 200 cases of diphtheria were recorded, and 4 babies died. In 2020, the number of diphtheria cases increased 15-fold compared to 2019.[43]

Policies and initiatives to address these challenges are delivered through the national network of hospitals, clinics, and health centres. Access to healthcare remains a significant issue, especially in rural areas where many people do not have access to basic medical care.[44] The healthcare service and management system have four administrative levels:

- commune

[40] Hoa, N. T., el al., Primary care quality in Vietnam: Perceptions and opinions of primary care physicians in commune health centers - a mixed-methods study, 29 October 2020, url, p. 3
[41] Vietnam, The State of the Socialist Republic of Vietnam, Số: 2474/QĐ-TTg. Quyết định: phê duyệt chiến lược phát triển thanh niên Việt Nam giai đoạn 2011 – 2020 [No: 2474/QD-TTg. [Decision Approving the Vietnamese Youth Development Strategy during 2011-2020], 30 December 2011, url
[42] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 7
[43] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 16
[44] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 120

- district
- provincial
- central.[45]

The district and commune levels provide primary healthcare services. Primary care is the foundation of the health system and is central to the Vietnamese national health programme.[46] The central and provincial levels provide secondary and tertiary care with specialised healthcare professionals.[47]

DOHA, or Direction of Healthcare Activities (*Chỉ đạo tuyến* in Vietnamese), is the English translation for the MOH guidance on the supply of healthcare and the relation between higher and lower level hospitals.[48] As since the 1990s it has been noted that patients were mainly accessing healthcare through higher level hospitals, DOHA required health facilities at the higher administrative levels to train and support those at lower administrative levels, through a process known as 'trickle-down' healthcare. The DOHA scheme also upgraded the facilities and equipment in lower level facilities across Vietnam.[49] DOHA is amended and adjusted based on the demand for medical care, but it continues to be an important term in the context of medical care reform.[50] It monitors several Public Health indicators in order to achieve targets for improving health standards (see Table 1).[51]

[45] Le, D. C., et al., Health Care System in Vietnam: Current Situation and Challenges, 1 March 2010, url, p. 24
[46] Hoa, N. T., el al., Primary care quality in Vietnam: Perceptions and opinions of primary care physicians in commune health centers - a mixed-methods study, 29 October 2020, url, p. 3
[47] Atlantic Philanthropies (The), et al., Viet Nam Health Care System, 2017, url, p. 5
[48] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, pp. 2-3
[49] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 6
[50] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 2
[51] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 47

Table 1: Assessment of the implementation of the development plan's economic and social targets in 2020[52]

Target		Obtained
Key targets assigned by the National Assembly and the Government in 2020		
Percentage of population participating in health insurance	90.7 %	90.85 %
Number of hospital beds per 10,000 people	28	28
Specific targets for industries and fields assigned by the Government in 2020		
Number of doctors per 10,000 people	9	9
Sex ratio of new-borns	114.6 boys/100 girls	112.1 boys/100 girls
Mortality rate of children under 1 year (per 1 000 live births)	14	13.9
Percentage of children under 5 years of age malnourished (weight for age)	12 %	11.5 %
Mortality rate of children under 5 years old (per 1 000 live births)	20.4	22.3
Percentage of communes meeting the national criteria for health	80 %	94.4 %
Percentage of health stations in communes, wards and townships with working doctors	94 %	94 %

[52] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 47

2.1.2. Public sector

The administrative structure for healthcare facilities in Vietnam is set out in Article 81 of Chapter VIII of the 2009 Law on Examination and Treatment, which covers the organisational system of medical examination and treatment establishments.[53] There are four levels of administrative structure (see Table 2):[54]

Table 2: Administrative structure for healthcare in Vietnam[55]

Administrative tier	Level	Coverage
Central	I	National
Provincial	II	1–2 million people
District	III	100 000 to 200 000 people
Commune	IV	5 000 to 10 000 people

Figure 3 shows how Level I central hospitals are controlled by the MOH or managed by major municipalities, such as Hanoi or Ho Chi Minh City. These perform the most advanced medical or surgical services. Lower-level provincial hospitals are under the control of local provincial governments for allocating finance and human resources, while the health departments of provinces are responsible for their management. Lower-level district hospitals are under the control of local districts for allocating finance and human resources and the health departments of districts are responsible for their management. Both the provincial and district hospitals are under the supervision of the MOH.[56]

[53] Vietnam, The President, Law on Medical Examination and Treatment, Order No. 17/2009/L-CTN of December 4, 2009, on the promulgation of law, 2009, url
[54] Coker D, et al., Establishing a Standardized Surveillance System for Health Care-Associated Infections in Vietnam, 2022, url , p. 2
[55] Coker D, et al., Establishing a Standardized Surveillance System for Health Care-Associated Infections in Vietnam, 2022, url, p. 2
[56] Takashima, K., et al., A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 2

Figure 3: Organisational chart of Vietnam's healthcare system, illustrating roles and responsibilities of each component (adapted from the Ministry of Health)[57]

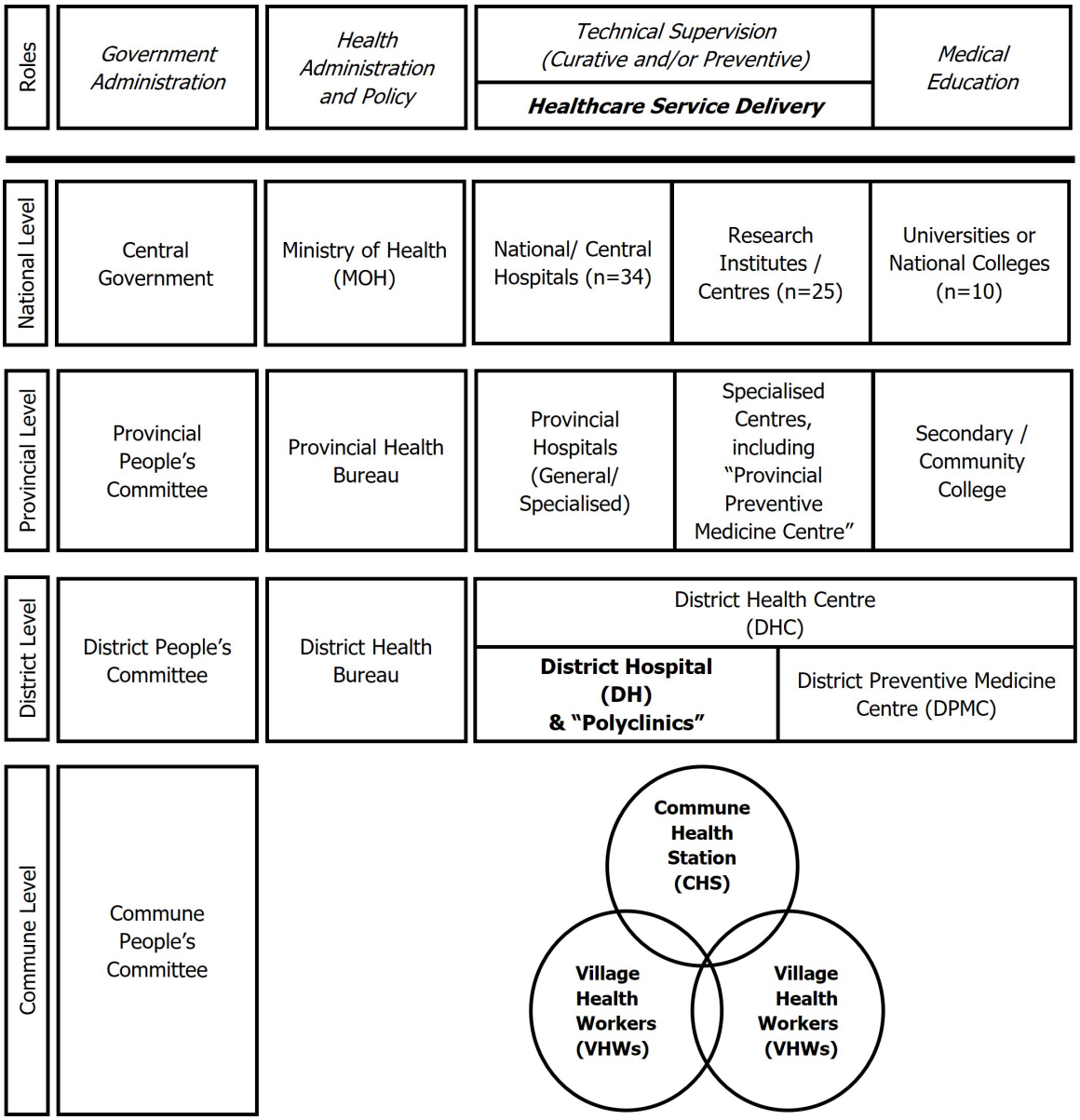
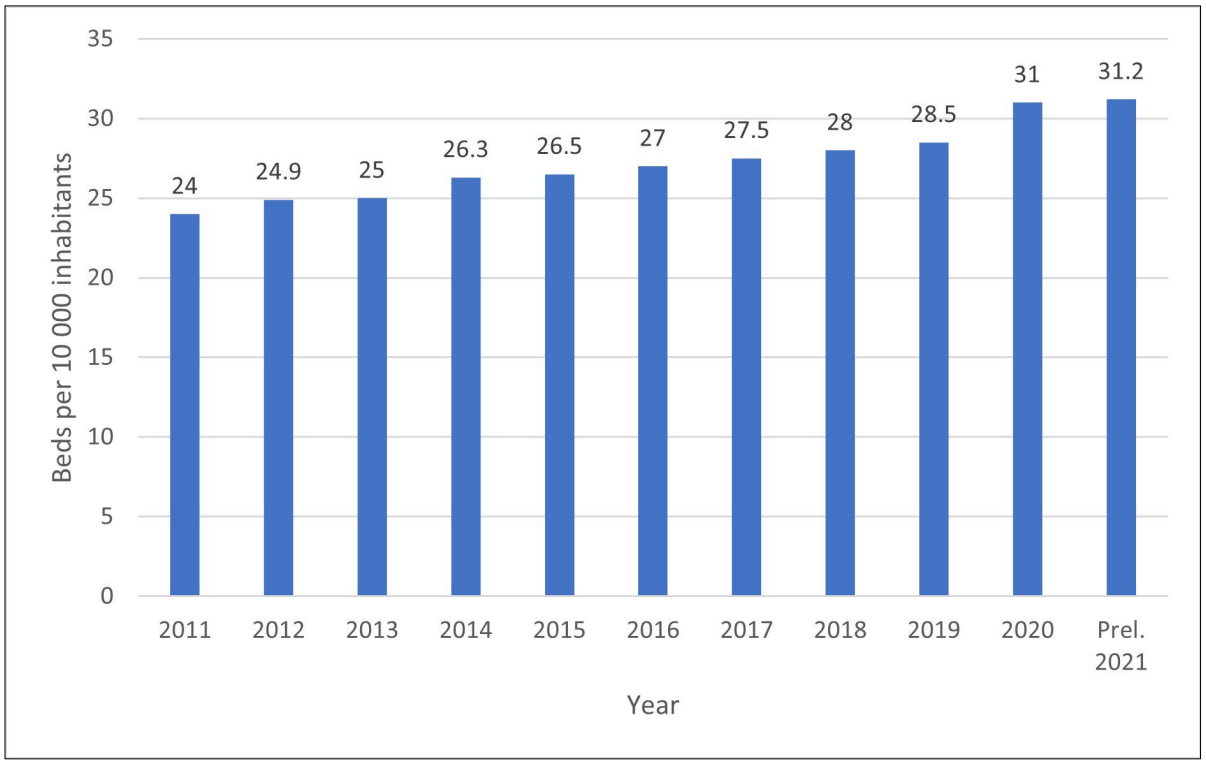


Figure 4 shows the number of Inpatient Department beds per 10 000 population.[58] It is estimated that hospitals in Vietnam handle over 50 % of all healthcare visits and account for over 95 % of all health insurance expenditures. It is still deemed that people visit hospitals as their initial point of care instead of the available primary care health centres.[59]

[57] Meiqari, L., et al., Access to hypertension care and services in primary health-care settings in Vietnam: a systematic narrative review of existing literature, 23 May 2019, url, p. 2
[58] Vietnam, GSO, Number of patient beds (*), n.d., url
[59] WHO, Hospitals in Viet Nam, 2023, url

Figure 4: Inpatient beds per 10 000 inhabitants: 2011-2021[60]



Note: Data for 2021 is incomplete. Items: Number (Thou. beds); Health establishments: Bed per 10 000 inhabitant (Bed); Year: 2011 – Prel. 2021

In 2017, public hospitals were distributed as follows: 48 central hospitals and 1 015 provincial and district hospitals.[61] Table 3 shows how provincial and district hospitals, and other health establishments, are distributed by economic region.[62]

Table 3: Number of health establishments under provincial departments of health by economic region (2017)[63]

Economic regions	Hospital	Regional polyclinic	Sanatorium and rehabilitation hospital	Medical service unit
Red River Delta	211	9	95	2 476

[60] Vietnam, GSO, Number of patient beds (*), n.d., url
[61] Vietnam, GSO, Number of health establishments by management level(*) by Items, Year and Management level [2017], n.d., url
[62] Vietnam, GSO, Number of health establishments under provincial departments of health by province(*), n.d., url
[63] Vietnam, GSO, Number of health establishments under provincial departments of health by province(*), n.d., url

Economic regions	Hospital	Regional polyclinic	Sanatorium and rehabilitation hospital	Medical service unit
North Midlands and Mountain areas	197	8	197	2 558
North and Central Coastal areas	242	9	85	2 900
Central Highlands	80	2	50	726
Southeast	116	3	41	871
Mekong River Delta	169	2	104	1 589
Total	**1 015**	**33**	**572**	**11 120**

Note: Data on GSO webpage selected as follows: Cities, provinces: as in column 1; Year: 2017; Health establishments: as in Row 1

At Commune Health Centres (also known as Commune Health Stations) primary care physicians work with nurses, midwives, pharmacists, and others. The primary care physicians will often have a leadership role in the Commune Health Centres, as well as in providing clinical services, such as patient examination and treatment. There is no requirement for a primary care physician to have postgraduate training in family medicine or other specialities.[64] In 2019 and 2020 respectively, 89 % and 88 % of such centres were staffed with physicians (2020 target: 90 %).[65]

The extensive network of small, usually rural, Commune Health Centres across the country was designed as the primary healthcare solution. However, despite the MOH's efforts to improve quality of primary healthcare, patients directly consult secondary or tertiary levels of care. This is likely because a higher service quality is expected from those levels, even if at a higher out-of-pocket cost.[66] The reimbursement provided by social health insurance is discussed below (see section 3.1.1). From 1 January 2021, the health insurance fund has

[64] Hoa, N.T., et al., Primary care quality in Vietnam: Perceptions and opinions of primary care physicians in commune health centers - a mixed-methods study, 29 October 2020, url, p. 3
[65] Vietnam, MOH, 1.1 - Chỉ tiêu mục tiêu [Target Indicators], Medical Statistics Yearbook, 2019, url
[66] Hoa, N.T., et al., Primary care quality in Vietnam: Perceptions and opinions of primary care physicians in commune health centers - a mixed-methods study, 29 October 2020, url, p. 3

covered the inpatient treatment expenditures for patients who are insured but who go to a provincial hospital which is different to their registered hospital.[67]

The preference to go directly to hospitals of a higher-level means that beds may be shared by two or three patients.[68] Bed occupancy has reached 120–160 %, particularly in the central hospitals of large cities. Overcrowding is attributed to multiple factors:

- limited healthcare quality in lower-level facilities in districts and communes, and even in provincial hospitals;
- increasing expectations of service quality;
- improved accessibility from remote areas to urban areas;
- limited differences in hospital fees between administrative levels.[69]

DOHA aims to reduce referrals from provinces to overburdened Level I hospitals. This is matched by a rise in public health facilities and availability of medical equipment due to the allocation of both government and private funding for the health sector.[70] However, despite these efforts to decentralise access to healthcare, the financial model of the health system continues to incentivise higher-level hospitals to accept patients rather than requiring a referral. The Vietnam Social Security (VSS) reimburses hospitals for curative care, therefore creating strong incentives for hospitals to increase the number of services they offer. This is referred to as the fee-for-service method. The VSS has limited monitoring and power over payment conditions and rules, leading to unrestricted fee-for-service expenditures in high-level hospitals.[71]

The health financing system is different at district level. The VSS pays district hospitals annually for outpatient services, hospital stays, and referrals to provincial hospitals for each insured person. This is referred to as 'capitation-based' payments. They place district hospitals at significant financial risk if they exceed their annual budget, with little control over their financial plan and expenditures. District hospitals are also liable for treatment costs incurred by insured patients at Commune Health Centres under their jurisdiction.[72]

Finally, the Commune Health Centres have a distinct funding mechanism: the two primary sources of revenue for these centres are budget from the province which primarily covers staff salaries and other operating expenses such as electricity, and health insurance payments for curative care services.[73]

[67] Thoa, K., Scope and levels of health insurance benefits in Vietnam, 26 November 2022, url
[68] Nguyen, T. K., and Cheng, T.M., Vietnam's health care system emphasizes prevention and pursues universal coverage, 2014, url, p. 2058
[69] Le, D. C., et al., Health Care System in Vietnam: Current Situation and Challenges, 1 March 2010, url
[70] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 1
[71] Teo, H.S., et al., The Future of Health Financing in Vietnam: Ensuring Sufficiency, Efficiency, and Sustainability, June 2019, url, p. 41
[72] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 18
[73] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 19

However, there are no clear criteria to determine how much the Commune Health Centres should be reimbursed for curative services.[74]

The WHO and MOH note the absence of a mechanism to control the over, or unnecessary, supply of services and drugs and the way that ordinary healthcare services are provided by high-level hospitals, which is an inefficient use of health insurance funds and of household resources, due to greater distance to travel, longer waiting times and higher treatment and medication prices.[75] In summary, poor cost controls, distorted incentives, and a lack of suitable payment methods limit the potential for care integration in Vietnam's current provider payment system. The higher-level facilities are well reimbursed for the care they provide, which reduces their incentive to restrict the numbers of patients they treat. Community and district facilities are in competition for patients since the provision of services at community level reduces the volume and revenue at district level.[76]

Since 2018 it has been a priority to provide financial autonomy to hospitals: 253 units now manage all recurrent budget items and control 80 % to 90 % of their budget, while four Level I hospitals enjoy full autonomy from the government. This means that hospitals need to establish efficient payment systems for medical examination and treatment. The MOH notes that change is slow: a 2015 decree[77] requires hospitals to create an autonomy plan, but many continue to use the previously established mechanism.[78] The 2015 decree also requires a change from the current centralised management of hospitals by the MOH to hospitals becoming independent service delivery organisations.[79] In this latter scenario, the state retains public ownership and accountability structures but leaves decision-making power to the hospital management team. Healthcare and insurance cost predictions are inaccurate, which makes it challenging for hospitals to be self-sufficient in regular spending. This has knock-on effects on the fees that patients pay and, given that 99 % of public hospital patients are poor, it increases inequity.[80]

In the context of empowerment of hospitals, the Vietnamese government has lowered state budget funding and raised user fees to promote their autonomy. This programme raised curative care user fees to help public hospitals recover government subsidies and move toward financial autonomy. As intended, financial autonomy allows hospitals to supplement staff salaries. Teo et al. argue that these different elements lead Level I facilities to recommend costly, high-tech services, which are likely not to be medically necessary, but

[74] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector; Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 19
[75] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 37
[76] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 19
[77] Vietnam, Socialist Republic of Vietnam, Nghị định. Số: 16/2015/NĐ-CP, [Decree No.: 16/2015/NĐ-CP], 14 February 2015, url
[78] Vietnam, Socialist Republic of Vietnam, Nghị định. Số: 43/2006/NĐ-CP [Decree. No.: 43/2006/NĐ-CP.], 25 April 2006, url
[79] Vietnam, Socialist Republic of Vietnam, Nghị định. Số: 16/2015/NĐ-CP, [Decree No.: 16/2015/NĐ-CP], 14 February 2015, url
[80] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 194

which are seen by patients as a sign of quality. This adds to Level I hospital overcrowding and the shunning of smaller healthcare facilities.[81]

This transition also presents administrative and unexpected hurdles. Complex procurement and bidding laws mitigate against fast change. On 11 November 2022, the Finance Ministry introduced Circular No. 68 which amended procurement rules to require quotations from at least three medical providers before setting the market price of a drug or assets, goods, or services.[82] The Sai Gon Giai Phong News reports that the Oncological Hospital in Ho Chi Minh City is experiencing shortages of medicines and parts for its devices. This is attributed to the introduction of Circular No. 68. Indeed, the hospital is required to get quotations from three different sources but there is only one manufacturer which can supply the specialised medical devices, and which can thus supply a quotation. The Sai Gon Giai Phong News states that the hospital is not able to buy machine parts for repair and that this leads to longer waiting times for patients. In January 2023, Deputy Director Diep Bao Tuan is reported as saying that over 470 hospital inpatients were awaiting surgery or radiation therapy. [83] The Sai Gon Giai Phong News also reports that in February 2023, Viet Duc Hospital, in Hanoi, was only able to perform one-third of the emergency surgeries that it usually performs.[84]

2.1.3. Private sector

In 2020, Vietnam Investment Review reported that private hospitals were increasing in number and that 250 hospitals were privately owned. This is 17 % of the 1 400 hospitals in Vietnam and 5.6 % of hospital beds.[85] A 2017 article found that private hospitals provide over 60 % of outpatient services and that they are an integral part of the national health system.[86] Three-quarters of private hospitals contain fewer than 100 beds, but there are also a few large and better-equipped private hospitals staffed by highly qualified medical personnel recruited from the public health sector.[87] The Medical Practitioner Society of Ho Chi Minh City states that up to 70 % of private medical practitioners also hold positions in the public sector.[88]

The imbalance between demand for hospital beds and their availability stimulates the private sector to fill the gap. Government policies seek to ensure that private hospital beds reach 10 % of all hospital beds by 2025 and 15 % by 2030.[89] Domestic private corporations are now

[81] Teo, H.S., et al., The Future of Health Financing in Vietnam: Ensuring Sufficiency, Efficiency, and Sustainability, June 2019, url, p. 11
[82] Vietnam, Ministry of Finance, Số: 68/2022/TT-BTC [Circular No.: 68/2022/TT-BTC], 11 November 2022, url, Clause 2 Article 11
[83] Sai Gon Giai Phong News, HCMC healthcare sector determinedly overcoming challenges, 23 February 2023, url
[84] Sai Gon Giai Phong News, Y Tế - Sức Khỏe, Bệnh viện Việt Đức sẽ chỉ mổ cấp cứu từ 1-3 [Medical-Health, Viet Duc Hospital will only perform emergency surgery from 1-3], 1 March 2023, url
[85] Fitch Solutions, Support For Private Healthcare Sector To Increase In Vietnam, 1 October 2021, url
[86] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 2
[87] Oanh T.T.M., et al., Current Situation Assessment and Recommended Solutions to Strengthen Public Private Partnership in Health Sector, 2011, url,
[88] Medical Practitioner Society of Ho Chi Minh City, Bộ Y tế: Đầu tư bệnh viện tư nhân sẽ tăng cao [Ministry of Health: Private hospital investment will increase], n.d., url
[89] Vietnam, Central Executive Committee, Communist Party of Vietnam, Hội Nghị Lần Thứ Sáu, Ban Chấp Hành Trung Ương Khoá Xii, Về Tăng Cường Công Tác Bảo Vệ, Chăm Sóc Và Nâng Cao Sức Khoẻ Nhân Dân Trong Tình Hình Mới [The Friday Conference of the Central Executive Committee, Term XII, On Enhancing the Protection, Care and Enhancing the People's Health in the New Situation], 25 October 2017, url

establishing chains of hospitals and clinics across the nation. Private clinics and 'other facilities' outnumber their counterparts in the public sector (Table 4).[90] However, a study published in 2019 found that Vietnamese consumers rated private facilities, such as private clinics and pharmacies, as providing the lowest quality of inpatient experience.[91]

Table 4: Number and distribution of public and private health facilities (2014 data)[92]

No.	Economic Regions	Hospitals		Clinics		Other Facilities*		Hospital Beds	
		Publ.	Priv.	Publ.	Priv.	Publ.	Priv.	Publ.	Priv.
1	Red River Delta	242	37	83	116	11	4248	61 284	1 938
2	North Midlands and Mountain areas	167	4	153	20	14	1 302	26 120	417
3	North and Central Coastal areas	205	32	101	58	12	3 205	47 325	1 678
4	Central Highlands	45	2	43	4	7	1 161	8296	300
5	Southeast	104	57	42	296	16	4 902	4 316	4 126
6	Mekong River Delta	147	23	60	22	28	6 055	36 114	1 045

[90] Nguyen, M.P., and Wilson, A., How Could Private Healthcare Better Contribute to Healthcare Coverage in Vietnam? 2017, url, p. 2

[91] Hoa, N.T., et al., Patient experiences of primary care quality amongst different types of health care facilities in central Vietnam, 2 May 2019, url, p. 1

[92] Nguyen, M.P., and Wilson, A., How Could Private Healthcare Better Contribute to Healthcare Coverage in Vietnam? 2017, url, p. 2

No.	Economic Regions	Hospitals		Clinics		Other Facilities*		Hospital Beds	
		Publ.	Priv.	Publ.	Priv.	Publ.	Priv.	Publ.	Priv.
	Total	**910**	**155**	**482**	**516**	**88**	**20 873**	**22 855**	**9 501**

* Other facilities include those outside the hospital and clinic as traditional medicine, para-clinical and health service units. All public Commune Health Stations are excluded in the table.
Note: The authors, Nguyen, M.P. and Wilson, A., attribute this to data from GSO, Statistics Yearbooks, 2014

2.2. Healthcare resources

Despite recent improvements (see Table 1 above), disparities in health between regions, ethnic groups, and income levels persist.[93] The MOH summarises challenges facing healthcare resources in Vietnam as follows:

> the distribution of health workers is still not reasonable among regions and levels, and the quality of human resources is still weak at the grassroots level, and the medical ethics of a part of staff is not good. Human resource training has not kept up with the requirements of the renovation of health systems and activities and has not approached international standards. Quality control is not strict. License to practice is still confusing, not in line with international practices.[94]

The consultancy firm Wise Consulting Finland Oy reported inequalities in human resources for health, stating that in large cities, such as Hanoi and Ho Chi Minh city, the proportion is approximately nine physicians per 10 000 population, whereas in remote areas this can drop to one physician per 10 000 population.[95] Table 5 shows variation between economic regions in the number of doctors.[96] Specialised physicians and medical units in fields such as cancer, neurology, autoimmune diseases, palliative care, and mental health, are principally found in large urban areas.[97]

[93] Vietnam Investment Review, Rising inequality threatens to deny access to basic healthcare for some, 27 January 2022, url
[94] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 7, paragraph 5.
[95] Wise Consulting Finland Oy, "My health emerging markets," Wise Consulting Finland Oy, Vietnam, 2017, url, p. 9
[96] Vietnam, GSO, Number of doctors by province, n.d., url; Vietnam, GSO, Average population by province, sex and residence by Cities, provinces, Average population and Year, n.d., url
[97] Krakauer, E.L., et al, Vietnam's palliative care initiative: successes and challenges in the first five years, 2010, url, p. 29; Vuong, D.A., et al., Mental health in Vietnam: Burden of disease and availability of services, 2011, url, p. 1

Table 5: Number of doctors by province per 10 000 population (2018-2020)[98]

Economic Regions	2018	2019	2020
Red River Delta	9.89	10.37	7.42
North Midlands and Mountain areas	9.74	11.49	10.52
North and Central Coastal areas	8.76	9.52	9.42
Central Highlands	6.88	7.97	7.41
Southeast	8.78	10.08	9.31
Mekong River Delta	7.91	9.45	8.04
Average	**8.66**	**9.81**	**8.69**

Note: The proportions were calculated by dividing the number of 'doctors by province' by the 'average population per province.'

A 2017 review of Vietnam's healthcare reform found that the quantity and quality of healthcare services is lower in rural areas compared to urban areas.[99] In its 2016-2020 plan, the MOH stated that the health workforce is not evenly distributed across disciplines or across the country,[100] and that to develop the healthcare network at 'grassroots level' and to enhance preventive medicine and health promotion, it was necessary to 'invest in medical infrastructure, equipment and essential drugs for district and commune health facilities' and to give priority to 'communes in mountainous, remote, disadvantaged and extremely difficult areas.'[101] The overstretched capacity of Vietnam's health system is viewed as a threat to the country's ability to achieve the Sustainable Development Goals, as it impedes progress in combating noncommunicable diseases and consequently affects life expectancy and poverty rates.[102]

[98] Vietnam, GSO, Number of doctors by province, n.d., url; Vietnam, GSO, Average population by province, sex and residence by Cities, provinces, Average population and Year, n.d., url
[99] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 1
[100] Vietnam, MOH, Plan, For People's Health Protection Care and Promotion, 2016-2020, 2016, url, p 10
[101] Vietnam, MOH, Plan, For People's Health Protection Care and Promotion, 2016-2020, 2016, url, p. 22
[102] Vietnam, The Socialist Republic of Vietnam and the United Nations, One Strategic Framework for Sustainable Development Cooperation between the Government of Viet Nam and the United Nations for the period 2022–2026, n.d., url, p. 27

2.3. Pharmaceutical sector

At the time of writing, the current version of Vietnam's essential medicines list was published in 2018.[103] The list helps to ensure access to safe, effective, and affordable medicines of good quality and provides guidance to healthcare professionals. It covers 510 allopathic medicines, and 737 herbal and traditional medicines.[104]

The MOH states that 'the pharmaceutical market is controlled and provides enough drugs for medical examination and treatment, it ensures enough drugs for the prevention of epidemics, natural disasters and floods and that there is no shortage of medicine.'[105]

Official data on the availability of essential drugs in Vietnam is scarce. A study into the availability of 30 paediatric essential medicines reported that the availability of original patented pharmaceutical products was low in both the public and private sectors. The prices for original patented pharmaceutical products were high in private medicine outlets, making them unaffordable. In both sectors, generic medicines were readily available and lowest-priced generic medicines were sold to patients at reasonable prices.[106]

Official documents mention that 'the drug distribution system spans the entire nation, with an average density of one pharmacy per 1 600 people. Inspection and supervision of the quality of drugs circulating on the market are conducted regularly and in an organised manner from the central to the local levels, and the rate of substandard drugs has been maintained at less than 2 % over the years. Under the Expanded Programme of Immunisation, domestic vaccine manufacturers have supplied 10 of 11 vaccines.'[107]

Vietnam's pharmaceutical industry is at an early stage of development, characterised by the presence of small, low-competitive domestic firms, low investment, lax price management and intellectual property protection. Its pharmaceutical industry has been excessively reliant on imported material inputs and pharmaceuticals, and foreign companies have dominated the patent and specialty drug segments. Therefore, pharmaceutical enterprises have primarily produced low-priced and limited-product-type generic drugs. In recent years, nearly 60 % of the total domestic consumption of pharmaceuticals in Vietnam has been met by imported drugs. The European Union (EU) has traditionally been the largest market for Vietnamese pharmaceutical imports.[108]

[103] Vietnam, MOH, Số: 19/2018/TT-BYT, Ban hành danh mục thuốc thiết yếu [No: 19/2018/TT-BYT, Issuance of a list of essential drugs], Hanoi, 30 August 2018, url
[104] Nguyen, H.T.T., et al., Availability, prices and affordability of essential medicines: A cross-sectional survey in Hanam province, Vietnam, 2021, url, p. 3
[105] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 26
[106] Nguyen, H.T.T., et al., Availability, prices and affordability of essential medicines: A cross-sectional survey in Hanam province, Vietnam, 2021, url, p. 13
[107] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 5
[108] Angelino, A., et al., Pharmaceutical Industry in Vietnam: Sluggish Sector in a Growing Market, 29 August 2017, url, p. 6

Product registration is overseen by the Drug Administration of Vietnam and is conducted on an individual basis, necessitating lengthy local trials.[109] In general, 'fully meeting domestic demand' is the ultimate objective for the development of the pharmaceutical industry in Vietnam, hence it is not a profit-seeking sector.[110] An analysis of significant obstacles facing the Vietnamese pharmaceutical industry listed: no long-term strategy, low value-added production, dependence of external material inputs, distorted distribution network, price distortion, and ineffective quality control and supervision.[111] Despite this, the British Business Group Vietnam reports that, in 2018, Vietnam was the second largest medicine market in South East Asia and that the value of per capita spend per annum on pharmaceuticals is expected to increase from 170 USD [152 EUR] in 2017 to 400 USD [360 EUR] in 2027.[112]

2.4. Patient pathways

Patient referral is the transfer of a patient from lower to higher level healthcare facilities and is the key component of DOHA. DOHA departments from health facilities manage this process, which is covered by Circular 14/TT-BYT.[113] Referral between healthcare facilities is determined by several factors: the technical capacity of the respective facilities, the availability of medical specialities and the respective standard lists of medical technologies. One of the aims is a reduction in the number of patients referred to central (higher-level) hospitals while improving treatment outcomes at all levels.[114]

Outpatients often go to private sector facilities or engage in self-treatment to avoid lengthy wait times and subsequent out-of-pocket expenses, and due to the perception that staff in private facilities display a better attitude towards patients.[115]

Different groups have different patterns of usage of health facilities. This leads to inequalities in the quality of care between rural and urban areas, the wealthy and the poor, and different ethnic groups. For example, poor households of ethnic minorities are more likely to visit a Commune Health Station than a provincial hospital (67 % vs 2 %). Commune Health Stations are not well-resourced, and they are staffed by providers who expend less effort on each patient. Richer households visit hospitals that are staffed by physicians and compared with Commune Health Stations, are better supplied with medicines, staff and facilities. Somnathan

[109] World Bank (The), Ministry of Planning and Investment of Vietnam, Vietnam 2035: Toward Prosperity, Creativity, Equity, and Democracy, 2016, url, p. 57
[110] Vietnam, Government of Vietnam. Resolution No. 37-CP of the Government on Strategic Orientations for Public Health Care and Protection in the 1996–2000 Period and National Drug Policy, 1996, url
[111] Angelino, A., et al., Pharmaceutical Industry in Vietnam: Sluggish Sector in a Growing Market, 29 August 2017, url, pp. 12-13
[112] British Business Group Vietnam, Vietnam 2019. Healthcare, 2019, url, p. 3
[113] Vietnam, MOH, Thông tư số 14/2014/TT-BYT của Bộ Y tế: Quy định việc chuyển tuyến giữa các cơ sở khám bệnh, chữa bệnh [Circular No. 14/2014/TT-BYT of the Ministry of Health: Regulations on the transfer between medical examination and treatment establishments], 14 April 2014, url
[114] Takashima, K., et al, A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), 30 October 2017, url, p. 5
[115] Lê, N., et al., Health insurance and patient satisfaction: evidence from the poorest regions of Vietnam, 5 November 2018, url, p. 13

et al. state that this gap in the quality of care is as significant as differences in the quantity of care.[116]

A 2021 study found that patients with noncommunicable diseases had to visit multiple health facilities before obtaining a definitive diagnosis at a provincial or central level hospital. Access to healthcare was affected by participants' often limited knowledge of their condition, lack of support, costs of healthcare and other factors such as public health insurance coverage, distance to health facilities, and the attitude of healthcare providers.[117]

[116] Somanathan, A., et al., Master Plan Goal (2): Improving Financial Protection and Equity, 2014, url, p. 41
[117] Nguyen, T.A., et al., Factors affecting healthcare pathways for chronic lung disease management in Vietnam: a qualitative study on patients' perspectives, 2021, url, p. 1

3. Economic Factors

3.1. Risk pooling mechanisms

3.1.1. Public health insurance, national or state coverage

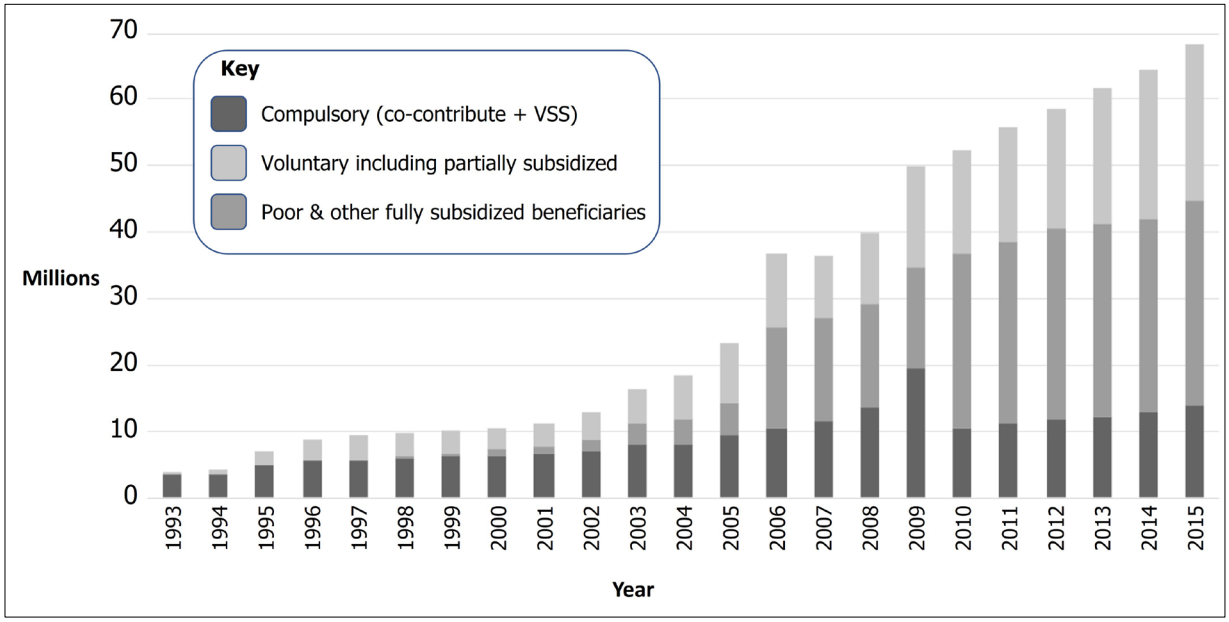
The government introduced a formal social health insurance scheme in 1993 to improve access to healthcare services and to protect the population against the financial burden of illness.[118] The MOH defines social health insurance as 'a form of mandatory health insurance policy, of which the premium rate depends on the financial capability [of the individual/household], and the benefits do not depend on the premium rate but the health status' of the individual/household.[119] The MOH states that in 2020, approximately 91 % of the population had health insurance.[120] Social health insurance is managed by the Vietnam Social Insurance, a single fund that is directly under the Government and 63 social agencies in provinces.[121]

Social health insurance started as a compulsory scheme and Vu et al. describe how at first, 'it covered state officials and civil servants, state enterprise employees, medium and large non-state enterprise employees, and those receiving social security allowance.'[122] The scheme was expanded between 1993 and 2013 to include children under 6 years of age, 'the poor and near-poor, ethnic minority households living in remote mountainous areas and residents of communes with very difficult socio-economic circumstances.'[123] A voluntary scheme was started for those not eligible for the compulsory scheme.[124] The website Pháp Luật Doanh Nghiệp (Corporate Law) explains that employers are required to contribute to the social health insurance scheme. The premium is quoted as being 4.5 % of the employee's monthly salary. Employees are required to contribute 1.5 % of their salary.[125]

Figure 5 shows that in 2015 approximately 75 million people were covered under the social health insurance scheme. Approximately 40 % of the population are categorised as vulnerable and poor and they have their premium payments covered by the government. Approximately 30 % were partially subsidised.[126]

[118] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239
[119] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 5
[120] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 8
[121] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 21
[122] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239
[123] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239
[124] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239
[125] Pháp Luật Doanh Nghiệp, Những điều cần biết về Bảo hiểm y tế [What you need to know about Health Insurance], 6 January 2022, url
[126] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 34

Figure 5: Social health insurance coverage by financing source, 1993–2015[127]



The insurance scheme provides similar benefits covering most outpatient and inpatient care received at government health facilities, and at private facilities that hold contracts with VSS, the insurer.[128] Article 21 of the Law on Health Insurance 2008[129] (amended by the Law on Amendments to Law on Health Insurance 2014)[130] sets out the scope of health insurance benefits as being that the insured has the following costs covered: costs of medical examination and treatment, function rehabilitation, regular pregnancy check-ups and birth giving, and, subject to conditions, the costs of the transfer of the patients from district hospitals to superior hospitals in case of medical emergency or inpatients needing such transfer.[131]

Various co-insurance schemes have been tried and Vu et al. state that the co-insurance rate is 5 % for pensioners, social security/unemployment insurance recipients and near-poor households. Co-insurance is waived for children under six years old, social protection pension recipients, police officers and public security officers, poor households, and other groups in socio-economic difficulties.[132] Those who self-refer to hospitals face higher co-insurance rates: 40 % at provincial hospitals and 60 % at central and tertiary hospitals.[133]

[127] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 34
[128] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239
[129] Vietnam, National Assembly, Socialist Republic of Viet Nam, Luật Bảo Hiểm Y Tế Căn cứ Hiến pháp nước Cộng hòa xã hội chủ nghĩa Việt Nam năm 1992 đã được sửa đổi, bổ sung theo Nghị quyết số 51/2001/QH10 [Law on Health Insurance Pursuant to the 1992 Constitution of the Socialist Republic of Vietnam, which was amended and supplemented under Resolution No. 51/2001/QH10], No. 25/2008/QH12, 14 November 2008, url
[130] Vietnam, National Assembly, Socialist Republic of Viet Nam, Sửa Đổi, Bổ Sung Một Số Điều Của Luật Bảo Hiểm Y Tế [Amendments to the Law on Health Insurance No: 46/2014/QH13], Hanoi, 13 June 2014, url
[131] Thoa, K., Scope and levels of health insurance benefits in Vietnam, 26 November 2022, url
[132] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239
[133] Vu, P.H., et al., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 2023, url, p. 239

Restrictions on the use of facilities are gradually being lifted for those who are referred appropriately. Since 1 January 2016, those who do not go to their registered hospital are reimbursed for examination and treatment at the commune hospitals or the inpatient treatment costs at the provincial and central hospitals.[134] The benefit levels are set out in Clause 1 Article 22 of the Law on Health Insurance 2008.[135] This applies to poor household members or ethnic groups living in regions facing socio-economic difficulties, to regions facing extreme socio-economic difficulties, and to the insured living in island communes or islands districts.[136]

The 2020 Vietnam Household Living Standards Survey reports that 95 % of people who had health treatment were covered by health insurance.[137] WHO and MOH note that patients with health insurance can still find themselves being required to pay for their healthcare services because of many factors; for example, insured patients not using their health insurance cards, bypassing (skipping a level in the system), or self-referral.[138] A 2013 study reported that health insurance provided limited protection against catastrophic payment and impoverishment.[139] A 2017 survey of patients in a northern area of Vietnam found that approximately 60 % of Vietnamese held universal cover. However, the majority of these insured patients were found not to be adequately covered and to receive less than 50 % of their actual expenditures.[140] WHO and MOH considered barriers to equity in health insurance and the rates of service access and usage and noted the following challenges:

- the percentage of the population that remains without health insurance and thus makes direct payment for healthcare services;
- inequality in the ability to access and use healthcare services between geographical areas and population groups;
- barriers to many low-income households created by health facilities seeking to increase revenue by charging in addition to health insurance revenue and any co-payments for patients with health insurance.[141]

The MOH works with Vietnam Social Insurance and localities to reach out to health insurance participants, to encourage prompt payment of insurance premiums by units and enterprises, and to identify groups who do not participate in health insurance with a view to increasing uptake.[142] For example, VSS provides various ways by which people can monitor their participation history and the usage value of their health insurance card, such as the App

[134] Thoa, K., Scope and levels of health insurance benefits in Vietnam, 26 November 2022, url
[135] Vietnam, National Assembly, Socialist Republic of Viet Nam, Luật Bảo Hiểm Y Tế Căn cứ Hiến pháp nước Cộng hòa xã hội chủ nghĩa Việt Nam năm 1992 đã được sửa đổi, bổ sung theo Nghị quyết số 51/2001/QH10 [Law on Health Insurance Pursuant to the 1992 Constitution of the Socialist Republic of Vietnam, which was amended and supplemented under Resolution No. 51/2001/QH10], No. 25/2008/QH12, 14 November 2008, url
[136] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 29
[137] Vietnam (GSO), Kết quả Khảo sát mức sống hộ gia đình Việt Nam 2020 [Result of the Viet Nam Household Living Standards Survey 2020], 2021, url, p. 14
[138] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 16
[139] Van Minh, H., et al., Financial burden of household out-of pocket health expenditure in Viet Nam: Findings from the National Living Standard Survey 2002–2010, November 2013, url, pp. 263
[140] Pekerti, A., et al., Health Care Payments in Vietnam: Patients' Quagmire of Caring for Health versus Economic Destitution, 2017, url, p. 19
[141] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 37
[142] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 28

"VssID - Digital Social Insurance" for smartphones, a portal,[143] support hotline, and health insurance payment receipt.[144]

VSS states that this helps people to renew their health insurance cards in a timely manner after the old one expires, ensuring continuous health insurance benefits, while also avoiding fraudulent activities and misappropriation of the health insurance fund (if any).[145]

3.1.2. Private health insurance schemes

Private healthcare is paid directly by the patients or by their social or private health insurance scheme. In Vietnam, numerous insurers provide comprehensive private health insurance and international providers are entering the market, typically in partnership with a general insurer. Insurance from local providers is usually for Vietnamese nationals but can also be available to foreigners.[146]

The monthly premium can range from 1 173 725 VND [45 EUR] to 11 737 250 VND [453 EUR] depending on the benefits package, which can include for example the following services: inpatient, outpatient, health checks, maternity, dental and medical evacuation.[147]

Tenzing Pacific Services, an insurance provider, states that with regard to pre-existing conditions, the provider will typically:

1. accept pre-existing conditions under standard terms;
2. accept it with a surcharge ("loading");
3. exclude this condition and all related expenses from coverage; or
4. reject the application if the pre-existing condition is extremely grave.[148]

Tenzing Pacific Services also states that those who can afford private insurance may face problems related to direct billing. A common issue is the delay between insurance providers and medical facilities. Other issues are:

- variations in whether a treatment is available for direct billing;
- variations in ability of providers to cope with direct billing;
- request from hospital to provide credit card details;
- the insured needing to check that preferred hospital or clinic is in the direct billing network; and
- variation in whether service providers provide direct billing for outpatient services.[149]

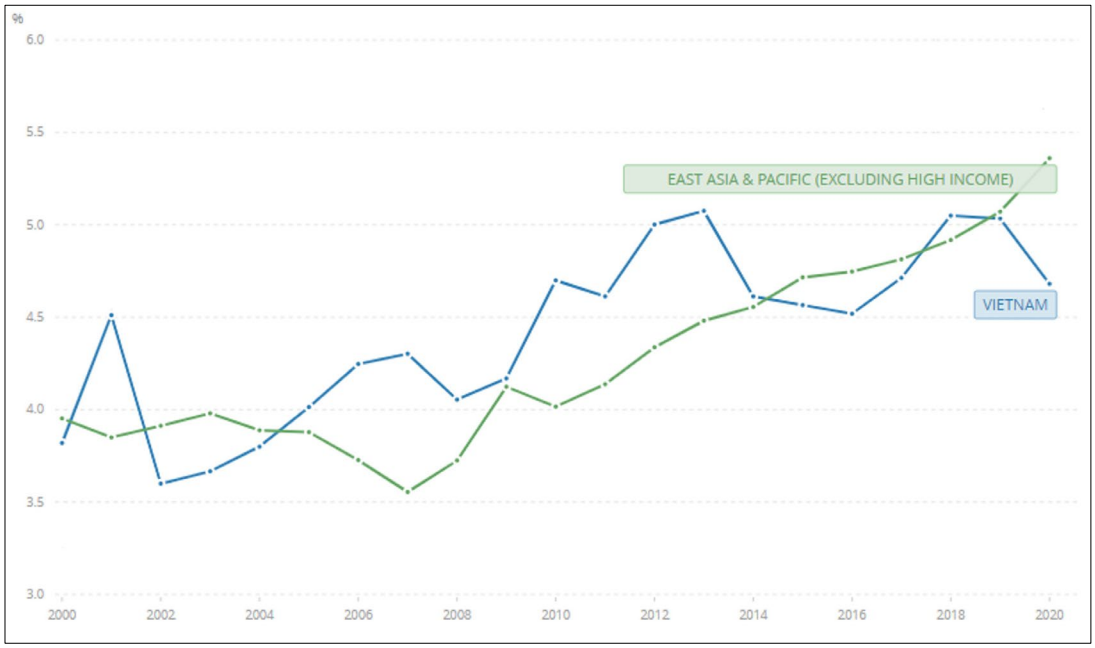
[143] VSS, Bảo Hiểm Xã Hội Việt Nam [Vietnam Social Security], 2016-2017, url
[144] VSS, 4 ways to check participation history and usage value of health insurance card, 5 March 2023, url
[145] VSS, 4 ways to check participation history and usage value of health insurance card, 5 March 2023, url
[146] Tenzing Pacific Services, The Ultimate Guide to Health Insurance in Vietnam 2023, 2023, url
[147] Tenzing Pacific Services, The Ultimate Guide to Health Insurance in Vietnam 2023, 2023, url
[148] Tenzing Pacific Services, The Ultimate Guide to Health Insurance in Vietnam 2023, 2023, url
[149] Tenzing Pacific Services, The Ultimate Guide to Health Insurance in Vietnam 2023, 2023, url

3.2. Out-of-pocket health expenditure

Direct out-of-pocket payments for health care refer to the payments households make when they use services. These include the purchase of medication, the payment of hospital user fees, payment for diagnostic services and other indirect expenses related to seeking medical care at public or private facilities (including self-medication).[150]

WHO advises that a health system reliance on out-of-pocket health expenditures increases when the proportion of government health expenditure to GDP is less than 5 %.[151] In 2019, Vietnam's Current Health Expenditure as a proportion of its GDP was 5.03 %. Figure 6 shows how from 2000 to 2020, this proportion has remained close to the average for Low- and Middle-Income countries in the World Bank's East Asia and Pacific Region.[152]

Figure 6: Current health expenditure (% of GDP) - Vietnam, East Asia & Pacific (excluding high income), 2000-2020[153]



Note: Data from the WHO Global Health Expenditure database, url, License : CC BY-4.0

According to the Household Living Standard Survey 2020, in 2020, the average annual health expenditure per person was 3 033 200 VND [approx. 120 EUR]. This represents approximately 5.8 % of household expenditure.[154] Sephiri et al. looked at Vietnam's Household Living Standard Survey between 2006 and 2018. They found that the use of inpatient departments in

[150] Van Minh, H., et al., Financial burden of household out-of pocket health expenditure in Viet Nam: Findings from the National Living Standard Survey 2002–2010, November 2013, url, p. 259
[151] Jowett, M, et al., Spending targets for health: no magic number, 2016, url, p. 4.
[152] World Bank (The), Current health expenditure (% of GDP) - Vietnam, East Asia & Pacific (excluding high income), 7 April 2023, url
[153] World Bank (The), Current health expenditure (% of GDP) - Vietnam, East Asia & Pacific (excluding high income), 7 April 2023, url
[154] Vietnam (GSO), Kết quả Khảo sát mức sống hộ gia đình Việt Nam 2020 [Result of the Viet Nam Household Living Standards Survey 2020], 2021, url, p. 14

higher level government hospitals and private facilities increased over this period while the use of Commune Health Centres fell. Sephiri et al. report an upward trend in out-of-pocket expenditure, reaching as high as 155.5 % extra per patient in 2018. This price increase was most notable at higher level government hospitals and private hospitals.[155]

Catastrophic health expenditure can be defined in different ways: the Vietnamese MOH[156] accepts the WHO definition which is when health expenses exceed 40 % of a household's ability to pay.[157] Vietnam relies heavily on out-of-pocket payments for healthcare, which is a burden for low-income households. Household out-of-pocket payments represented 37 % of Current Health Expenditure in 2000 and rose to 45 % in 2019.[158] As noted above, health facilities charge additional costs to patients which creates barriers to low-income households.[159]

This report has noted various factors that lead to increased costs for health services, some of which are borne by the state and some of which are passed on to patients: for example, the recognition that the reimbursement system creates incentives for over treatment (see section 2.1.2), [160] and the tendency for healthcare providers to hold positions in both the public and private sectors (see section 2.1.3).[161]

Corruption in the health sector is also an important issue. The Vietnamese not-for-profit company Towards Transparency reports that Vietnamese urban citizens in 2010 ranked the health sector as being the third most corrupt institution. Of people who had had contact with medical services in the previous 12 months, 29 % reported paying a bribe.[162] Towards Transparency and the National Contact for Transparency International interviewed 170 medical staff in Ha Noi, Son La, Dak Lak and Can Tho and discovered that the most common mode of informal payment was a direct offer of cash. The amounts varied according to the level and location of the hospital, whether urban or rural. Payments ranged from 50 000 VND [1.93 EUR] to 5 000 000 [193.90 EUR].[163] Service providers saw the payments as being offered informally and they were accepted to supplement official salary and to avoid embarrassment. In contrast, patients reported social pressure to offer payment, explaining that it is seen as common behaviour and that it must be offered to avoid the embarrassment of knowing that others have

[155] Sepehri, A., et al., Challenges in moving toward universal health coverage: rising cost of outpatient care among Vietnam's insured rural residents, 2006-2018, February 2023, url, p. 1
[156] Vietnam, MOH, Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, url, p. 5
[157] Xu, K., Evans, D.B., et al., Household catastrophic health expenditure: a multicountry analysis, 12 July 2003, url, p. 112
[158] WHO, Household out-of-pocket payments (OOPS) as % Current health expenditure (CHE), n.d., url, select: year 2000 to 2020, countries: Viet Nam, indicators: out-of-pocket payments (OOPS) as % Current health expenditure (CHE), relations: % of Current health expenditure
[159] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 37
[160] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 11
[161] Medical Practitioner Society of Ho Chi Minh City, Bộ Y tế: Đầu tư bệnh viện tư nhân sẽ tăng cao [Ministry of Health: Private hospital investment will increase], n.d., url
[162] Towards Transparency, Informal Payments in the Health Sector, n.d., url
[163] Towards Transparency, Informal Payments in the Health Sector, n.d., url [conversion rate as at May 2023]

paid. Payment was seen as being necessary to get access to care and to enhance its quality, to get medical supplies and to ensure transfer to a higher-level hospital.[164]

Despite the availability of social health insurance, out-of-pocket expenditure and informal payments to service providers continue to be integral to healthcare in Vietnam. In addition, there is a paucity of data on health expenditure in the private sector and Teo et al. emphasise the need for a greater understanding of the levels of private spending on health by households, including on investments, recurrent spending, and health insurance.[165]

The changing age structure and the epidemiological transition, whereby communicable and noncommunicable diseases are prevalent, are both noteworthy. Vietnam is an aging society (see section 1.2) which has been described as one of the fastest-aging countries in Asia.[166] Older people have higher needs for health services, indeed, the presence of a chronic illness among rural elderly in Vietnam was shown to be a predictor of the need for care with a higher likelihood of catastrophic payment.[167] Communicable diseases remain a cause of catastrophic healthcare expenditures. A study examined the total hospital bills and insurance contributions for 100 adults treated for the two most common infectious shock causes in southern Vietnam, septic shock, and dengue shock, as well as the proportion of patients/families who faced catastrophic healthcare costs. The median hospital bills for septic shock and dengue shock are 617 USD and 57 USD, respectively. The authors estimated that 47 % and 13 % of patients with septic shock and dengue shock, respectively, incurred catastrophic payments, as did 56 % and 84 % of fatal cases of septic shock and dengue shock, respectively.[168] The WHO and MOH state that in 2011, out-of-pocket expenditure was 55.8 % for inpatient services and 43.7 % for medication with a small amount being spent on outpatient services (0.5 %).[169]

3.2.1. Cost of consultations

In 2017, Viet Nam News reported that the government was increasing the medical examination fee in a bid to encourage people to enrol in the state-sponsored health insurance programme. The fees for people without national health insurance increased as follows:

- in special-class and Level I hospitals (under the management of the MOH or provincial/municipal people's committees) the fee per consultation rose from 20 000 VND [0.80 EUR] to 39 000 VND [1.56 EUR];
- in Level II hospitals, under the management of provincial/municipal departments of health, the fee per consultation rose from 15 000 VND [0.60 EUR] to 35 000 VND [1.40 EUR];

[164] Towards Transparency, Informal Payments in the Health Sector, n.d., url
[165] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 47
[166] Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, April 2020, url, p. 1
[167] Van Minh, H., Xuan Tran, B., Assessing the household financial burden associated with the chronic non-communicable diseases in a rural district of Vietnam, 2012, url, p. 5
[168] McBride, A., et al., Catastrophic health care expenditure due to septic shock and dengue shock in Vietnam, 24 July 2019, url, p. 2
[169] WHO and Vietnam MOH, Health financing strategy of Vietnam (2016–2025), 2016, url, p. 16

- in Level III hospitals, under the management of provincial/municipal departments of health, serving residents of a district or a certain number of districts, the fee per consultation rose from 10 000 VND [0.40 EUR] to 31 000 VND [1.24 EUR];
- the cost of certain medical procedures and surgeries increased by 20 % to 30 %.[170]

In the private sector, prices are higher, see, for example, Table 6 which shows the price list for consultation in a private clinic.[171]

Table 6: Price list for consultation with different medical specialists in a specific private sector hospital[172]

General Practitioner	Resident doctor	Expatriate doctor
Standard Medical Consultation (up to 30 mins)	2 009 000 VND [80.36 EUR]	2 210 000 VND [88.40 EUR]
Extended Medical Consultation (1 hour)	2 678 000 VND [107.12 EUR]	2 880 000 VND [115.20 EUR]
After-Hour Consultation	2 612 000 VND [104.48 EUR]	4 017 000 VND [160.68 EUR]
Paediatrician	**Vietnamese**	**Foreigner**
Standard Medical Consultation	2 009 000 VND [80.36 EUR]	3 107 000 VND [124.28 EUR]
Obstetrician and Gynaecologist	**Business Hours**	**After Hours**
Standard Medical Consultation	3 107 000 VND [124.28 EUR]	4 486 000 VND [179.44 EUR]
Other Specialist	**Business Hours**	**After Hours**

[170] Viet Nam News, Medical fees to rise for people without insurance, 20 April 2017, url
[171] Raffles Medical, Raffles Medical International Clinics in Viet Nam, Price List, n.d, url
[172] Raffles Medical, Raffles Medical International Clinics in Viet Nam, Price List, n.d., url

Standard Medical Consultation	3 107 000 VND [124.28 EUR]	4 486 000 VND [179.44 EUR]
Vaccination	**Business Hours**	
Vaccination Consultation	1 687 000 VND [67.48 EUR]	
Vaccination Administration	803 000 VND [32.12 EUR]	

Consultation fees exclude medical charges such as medication, laboratory tests, x-rays, etc.[173]

3.2.2. Cost of medication

The Drug Administration of Vietnam regulates the price of medication. [174] It operates under the Law on Pharmacy, which prioritises the purchase of generic medications that are on the List of National Products and that are produced locally.[175] The Law on Pharmacy provides for the sale of medication when the foreign manufacturer of the medicine meets conditions outlined in the law.[176] Importers of medication and local manufacturers of medication are required to declare a price for the medication which is then approved by authorities and everyone must keep to the declared price, which can only be changed after approval by the authorities.[177]

Medicines on the national Essential Medicine List are available at different co-payment rates of 0 %, 0.5 % and 20 % respectively, dependent on the population group to which an individual belongs. Employees and employers pay at the 20 % rate, pensioners and people in near poverty pay at the 5 % rate. For people living below the poverty line and for children under six years of age, medicines on the national Essential Medicine List are not subject to co-payment rates, if the patient receives care from the hospital listed on their health insurance card.[178]

Three qualified pharmacists in Ho Chi Minh City, from a hospital, a chain pharmacy and an individually owned pharmacy, were interviewed to provide a qualitative assessment for this report on the availability and the affordability of essential medicines.[179] The pharmacists from

[173] Raffles Medical, Raffles Medical International Clinics in Viet Nam, Price List, n.d., url
[174] Vietnam, Drug Administration of Vietnam, n.d., url
[175] Vietnam, National Assembly, Socialist Republic of Viet Nam, Số: 105/2016/QH13, Luật Dược [Number: 105/2016/QH13, Law On Pharmacy], 6 April 2016, url, Article 7, paragraphs 4a and 4c
[176] Vietnam, National Assembly, Socialist Republic of Viet Nam, Số: 105/2016/QH13, Luật Dược [Number: 105/2016/QH13, Law On Pharmacy], 6 April 2016, url, Article 54, paragraph 4
[177] Lexology, Q&A: the promotion and sale of pharmaceuticals and medical devices in Vietnam, 8 October 2022, url
[178] Oanh, T.T.M. et al., Sustainability and Resilience in the Vietnamese Health System, March 2021, url, p. 11
[179] VN001, interview April 2023. VN001 is a pharmacist in a hospital pharmacy in Ho Chi Minh City. The person wishes to remain anonymous; VN002, interview April 2023. VN002 is a pharmacist in a commercial chain pharmacy in Ho Chi Minh City. The person wishes to remain anonymous; VN003, interview, April 2023. VN003

the hospital and the chain stated that drugs that required a prescription were never sold without it.[180] The pharmacist at the individually owned pharmacy stated that they would sell prescription drugs, such as antibiotics, without a prescription. This practice is reportedly common in rural areas, where most pharmacies are individually owned. In rural pharmacies, pharmacists also commonly listen to clients' symptoms and sell medication directly.[181] The pharmacist at the individually owned pharmacy stated that they would often give a patient the medication even when that patient was too poor to pay for it.[182] This generosity is possible because the pharmacist owns the business. In the hospital and the chain pharmacies, patients were reported to always have the means to pay for the drugs as they are aware that payment is required to obtain the drugs.[183]

Prices for medication in public hospitals (paid via insurance) and medication from pharmacists in public hospitals are controlled by the MOH. The newspaper, Hànộimới (New Hanoi), reports that pharmacists sell at a range of prices. Hànộimới surveyed four pharmacies in Hanoi, close to the Duc Giang General Hospital, and found that each pharmacy was selling medications at higher prices than the official retail price. Retail pharmacies can set their own prices and Hànộimới observes that the prices are set by the rules of the market.[184]

Nguyen et al. looked at the availability and affordability of generic and original branded medicines. They found that generic medicine is mostly available and affordable, while original branded medication is not widely available and is also more expensive.[185] Table 7 below shows that generic drugs for common conditions are available at less than one day's worth of wages for the lowest level government employee.[186]

is a pharmacist in an individually owned pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

[180] VN001, interview, April 2023. VN001 is a pharmacist in a hospital pharmacy in Ho Chi Minh City. The person wishes to remain anonymous; VN002, interview, April 2023. VN002 is a pharmacist in a commercial chain pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

[181] VN003, interview, April 2023. VN003 is a pharmacist in an individually owned pharmacy in Ho Chi Minh City.. The person wishes to remain anonymous.

[182] VN003, interview, April 2023. VN003 is a pharmacist in an individually owned pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

[183] VN001, interview, April 2023. VN001 is a pharmacist in a hospital pharmacy in Ho Chi Minh City. The person wishes to remain anonymous; VN002, interview, April 2023. VN002 is a pharmacist in a commercial chain pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

[184] Hànộimới, Bao giờ "dẹp loạn" giá thuốc? [When will drug prices be "quieted"?], 26 July 2017, url

[185] Nguyen, H.T.T., et al., Availability, prices and affordability of essential medicines: A cross-sectional survey in Hanam province, Vietnam, 2021, url, p. 12

[186] Nguyen, H.T.T., et al., Availability, prices and affordability of essential medicines: A cross-sectional survey in Hanam province, Vietnam, 2021, url, p. 8

Table 7: Number of days' wages of the lowest-paid government worker needed to purchase standard treatments[187]

Disease condition and standard treatment			Day's wages to pay for treatment		
Condition	**Medicine name, strength, dosage form**	**Treatment schedule**	**LPG — public sector**	**LPG – private sector**	**OB – private sector**
Asthma	Salbutamol 100 mcg/dose inhaler	1 inhaler of 200 doses	0.5	0.7	0.9
Diabetes	Metformin 500 mg cap/tab	1 cap/tab x 3 x 30 days = 90 cap/tab	0.5	-	1.6
Hypertension	Bisoprolol 5 mg cap/tab	1 cap/tab x 2 x 30 days = 60 cap/tab	0.4	0.9	2.7
Hypertension	Captopril 25 mg cap/tab	1 cap/tab x 2 x 30 days = 60 cap/tab	0.3	0.4	-
Hypercholes-terolaemia	Simvastatin 20 mg cap/tab	1 cap/tab x 30 days = 30 cap/tab	0.2	0.7	-
Depression	Amitriptyline 25 mg cap/tab	1 cap/tab x 3 x 30 days = 90 cap/tab	-	0.3	-
Paediatric respiratory infection	Co-trimoxazole 8+40 mg/ml suspension	5 ml twice a day x 7 days = 70 ml	0.1	0.5	-

[187] Nguyen, H.T.T., et al., Availability, prices and affordability of essential medicines: A cross-sectional survey in Hanam province, Vietnam, 2021, url, p. 8

Disease condition and standard treatment			Day's wages to pay for treatment		
Condition	**Medicine name, strength, dosage form**	**Treatment schedule**	**LPG — public sector**	**LPG – private sector**	**OB – private sector**
Adult respiratory infection	Ciprofloxacin 500 mg cap/tab	1 cap/tab x 2 x 7 days = 14 cap/tab	0.5	0.1	-
Adult respiratory infection	Amoxicillin 500 mg cap/tab	1 cap/tab x 3 x 7 days = 21 cap/tab	0.1	0.2	-
Adult respiratory infection	Ceftriaxone 1 g/vial injection	1 vial	-	0.2	-
Anxiety	Diazepam 5 mg cap/tab	1 cap/tab x 7 days = 7 cap/tab	0.04	-	-
Arthritis	Diclofenac 50 mg cap/tab	1 cap/tab x 2 x 30 days = 60 cap/tab	-	0.1	2.3
Pain/ inflammation	Paracetamol 24 mg/ml suspension	Child one year: 120 mg (= 5ml) x 3 for 3 days = 45 ml	-	0.3	-
Ulcer	Omeprazole 20 mg cap/tab	1 cap/tab x 30 days = 30 cap/tab	0.04	0.1	-

Note: OB: originator brand, LPG: lowest-priced generic, cap/tab: capsule/tablet, mcg: microgram.
"-"means "Medicines were not found in 4 facilities or more"
All above treatment schedules were taken from documents of the WHO/HAI.

4. List of Useful Links

Organisation	Web address
Country information	
WHO	https://www.who.int/vietnam/health-topics/hospitals
WHO	https://www.who.int/countries/vnm
World Bank	https://www.worldbank.org/en/news/feature/2021/03/01/vietnams-rural-populace-enjoys-better-healthcare-services
Information about healthcare providers	
Family Medical Practice	https://www.vietnammedicalpractice.com/
FV Hospital	https://www.fvhospital.com/
Raffles Medical Vietnam	https://rafflesmedical.vn/en/
UK Government	https://www.gov.uk/government/publications/list-of-medical-facilities-in-vietnam/list-of-medical-facilities-in-hanoi-and-northern-provinces
US Government	https://vn.usembassy.gov/wp-content/uploads/sites/40/List-of-Clinics-and-Hospitals.pdf

Annex 1: Bibliography

Oral sources, including anonymous sources

VN001, interview, April 2023. VN001 is a pharmacist in a hospital pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

VN002, interview, April 2023. VN002 is a pharmacist in a commercial chain pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

VN003, interview, April 2023. VN003 is a pharmacist in an individually owned pharmacy in Ho Chi Minh City. The person wishes to remain anonymous.

Public sources

Angelino, A., Khanh, D.T., An Ha, N. and Pham, T., Pharmaceutical Industry in Vietnam: Sluggish Sector in a Growing Market, in: International Journal of Environmental Research and Public Health, Vol. 14, Issue 9, 29 August 2017, https://doi.org/10.3390/ijerph14090976, accessed 20 March 2023

Atlantic Philanthropies (The), Stephen Bechtel Fund & MASS Design Group, Viet Nam Health Care System, 2017, https://massdesigngroup.org/sites/default/files/multiple-file/2017-11/Purpose%20Built_Viet%20Nam%20Health%20Care%20System.pdf, accessed 23 May 2023

Baker, P. and Friel, S., Food systems transformations, ultra-processed food markets and the nutrition transition in Asia, in: Globalization and Health, Vol. 12, Issue 1, 2016, https://doi.org/10.1186/s12992-016-0223-3, accessed 23 May 2023

British Business Group Vietnam, Vietnam 2019. Healthcare, 2019, http://www.ukabc.org.uk/wp-content/uploads/2019/04/Sector-Briefing-Healthcare-In-Vietnam-2019.pdf, accessed 23 May 2023

Coker, D., Phuong, H.T.K., Nguyen, L.T.P., Ninh, T., Gupta, N., Ha, T.T.T., Truong, N.T., Van Thanh, H., Vasquez, A., Bui, H.T.T. and Malpiedi, P., Establishing a Standardized Surveillance System for Health Care-Associated Infections in Vietnam, in: Global Health: Science and Practice, Vol. 10, Issue 3, June 2022, https://doi.org/10.9745/ghsp-d-21-00284, Article no. e2100284 [no pagination], accessed 14 April 2023

EUAA (European Union Agency for Asylum), Country of Origin Information (COI) Report Methodology, February 2023, https://euaa.europa.eu/sites/default/files/publications/2023-02/2023_02_EUAA_COI_Report_Methodology_Rebranded.pdf, accessed 20 March 2023

EASO (European Asylum Support Office), Writing and Referencing Guide for EASO Country of Origin Information (COI) Reports, June 2019,

https://euaa.europa.eu/sites/default/files/publications/2019-EASO-COI-Writing-Referencing-Guide.pdf, accessed 20 March 2023

EUAA (European Union Agency for Asylum), The EUAA Writing Guide, 1 April 2022, https://euaa.europa.eu/publications/euaa-writing-guide, accessed 20 March 2023

European Commission, Exchange rate (InforEuro), n.d., https://commission.europa.eu/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-inforeuro_en, accessed 20 March 2023

Fitch Solutions, Support For Private Healthcare Sector To Increase In Vietnam, 1 October 2021, https://www.fitchsolutions.com/pharma-healthcare/support-private-healthcare-sector-increase-vietnam-01-10-2021#:~:text=According%20to%20data%20by%20the,the%20total%201%2C400%20hospitals%20nationwide, accessed 20 March 2023

Furian, P.H., Vietnam Political Map stock illustration, © iStock 519518622, 12 April 2016, https://www.istockphoto.com/vector/vietnam-political-map-gm519518622-90567121, accessed 24 May 2023

Glass, D.J., Young, Y.M., Tran, T.K., Clarkin, P., and Korinek, K., Weathering within war: Somatic health complaints among Vietnamese older adults exposed to bombing and violence as adolescents in the American war, in: Journal of Psychosomatic Research, Vol. 165, February 2023, https://doi.org/10.1016/j.jpsychores.2022.111080, accessed 24 May 2023

Global Nutrition Report, Country Nutrition Profiles, Viet Nam, 2023, https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/viet-nam/#overview, accessed 23 May 2023

Hànộimới, Bao giờ “dẹp loạn” giá thuốc? [When will drug prices be "quieted"?], 26 July 2017, http://hanoimoi.com.vn/ban-in/Xa-hoi/874094/bao-gio-dep-loan-gia-thuoc, accessed 30 May 2023

Hirschman, C., Preston, S. and Loi, V.M., Vietnamese Casualties During the American War: A New Estimate, in: Population and Development Review, Vol. 21, Issue 4, December 1995, https://doi.org/10.2307/2137774, pp. 783-812, accessed 23 May 2023

Hoa, N.T., Derese, A., Peersman, W., Markuns, J.F., Willems, S., and Tam, N.M., Primary care quality in Vietnam: Perceptions and opinions of primary care physicians in commune health centers - a mixed-methods study, in: PLoS One, Vol. 15, Issue 10, 29 October 2020, https://doi.org/10.1371/journal.pone.0241311, Article No. e0241311 [no pagination], accessed 20 March 2023

Hoa, N.T., Tam, N.M., Derese, A., Markuns, J.F. and Peersman, W., Patient experiences of primary care quality amongst different types of health care facilities in central Vietnam, in: BMC Health Services Research, Vol. 19, Issue 1, 2 May 2019, https://doi.org/10.1186/s12913-019-4089-y, accessed 20 March 2023

IHME (Institute for Health Metrics and Evaluation), Viet Nam, How many older versus younger people are in the population, and how will these patterns change? 2023, https://www.healthdata.org/vietnam, accessed 20 March 2023

IHME (Institute for Health Metrics and Evaluation), Viet Nam, What causes the most deaths? 2023, https://www.healthdata.org/vietnam, accessed 20 March 2023

Jowett, M., Brunal, M. P., Flores, G., and Cylus, J., World Health Organization (WHO), Spending targets for health: no magic number, 2016, https://apps.who.int/iris/handle/10665/250048, accessed 14 April 2023

Juliartblog, Vietnam vector map, © iStock 199817692, n.d., https://stock.adobe.com/images/vietnam-vector-map/199817692?prev_url=detail, accessed 4 July 2023

Krakauer, E.L., Cham, N.T., Khue, and L.N., Vietnam's Palliative Care Initiative: Successes and Challenges in the First Five Years, in: Journal of Pain and Symptom Management, Vol. 40, Issue 1, July 2010, https://doi.org/10.1016/j.jpainsymman.2010.04.009, pp. 27-30, accessed 14 April 2023

Le, D. C., Kubo, T., Fujino, Y., Pham, T.-M. and Matsuda, S., Health Care System in Vietnam: Current Situation and Challenges, in: Asian Pacific Journal of Disease Management, Vol. 4, Issue 2, 1 March 2010, https://doi.org/10.7223/apjdm.4.23, pp. 23-30, accessed 9 March 2023

Le, N., Groot, W., Tomini, S., and Tomini, F., Health insurance and patient satisfaction: evidence from the poorest regions of Vietnam, 5 November 2018, https://www.semanticscholar.org/paper/Health-insurance-and-patient-satisfaction%3A-Evidence-L%C3%AA-Groot/b7cf899cd808a1fa2d7e533d6987dac53245794e, accessed 31 March 2023

Lee, H.Y., Do, D.V., Choi, S., Trinh, O.T.H. and To, K.G., Trends and determinants of infant and under-five childhood mortality in Vietnam, 1986–2011, in: Global Health Action, Vol. 9, Issue 1, 1 March 2016, https://doi.org/10.3402/gha.v9.29312, Article No. 29312 [no pagination], accessed 20 March 2023

Lexology, Q&A: the promotion and sale of pharmaceuticals and medical devices in Vietnam, 8 October 2022, https://www.lexology.com/library/detail.aspx?g=1587afc9-80e3-468f-83bf-3f8facd8509b, accessed 30 May 2023

McBride, A., Thuy Duong, B., Chau Nguyen, V.V., Thwaites, C.L., Turner, H.C. and Hao Nguyen, V., Catastrophic health care expenditure due to septic shock and dengue shock in Vietnam, in: Transactions of the Royal Society of Tropical Medicine and Hygiene, Vol. 113, Issue 10, 24 July 2019, https://doi.org/10.1093/trstmh/trz064, pp. 649-651, accessed 31 March 2023

Medical Practitioner Society of Ho Chi Minh City, Bộ Y tế: Đầu tư bệnh viện tư nhân sẽ tăng cao [Ministry of Health: Private hospital investment will increase], n.d., http://www.ytetunhantphcm.com.vn/vi/hoat-dong/hanh-nghe-y-tai-bv-tu/96-bo-y-te-dau-tu-benh-vien-tu-nhan-se-tang-cao, accessed 9 March 2023

Meiqari, L., Nguyen, T.P., Essink, D., Zweekhorst, M., Wright, P. and Scheele, F., Access to hypertension care and services in primary health-care settings in Vietnam: a systematic narrative review of existing literature, in: Global Health Action, Vol. 12, Issue 1, 23 May 2019, https://doi.org/10.1080/16549716.2019.1610253, Article no. 1610253 [no pagination], accessed 31 March 2023

Miguel, E. and Roland, G., The long-run impact of bombing Vietnam, in: Journal of Development Economics, Vol. 96, Issue 1, 2011, https://doi.org/10.1016/j.jdeveco.2010.07.004, pp. 1-15, accessed 12 May 2023

Nguyen, H.T.T., Dinh, D.X., Nguyen, T.D., and Nguyen, V.M., Availability, prices and affordability of essential medicines: A cross-sectional survey in Hanam province, Vietnam, in: PLoS One, Vol. 16, Issue 11, 2021, https://doi.org/10.1371/journal.pone.0260142, Article no. e0260142 [no pagination], accessed 14 April 2023

Nguyen, M.P., and Wilson, A., How Could Private Healthcare Better Contribute to Healthcare Coverage in Vietnam?, in: International Journal of Health Policy and Management, Vol. 6, Issue 6, 2017, https://doi.org/10.15171/ijhpm.2017.05, pp. 305-308, accessed 14 April 2023

Nguyen, P.T., Gilmour, S., Le, P.M., Nguyen, H.L., Dao, T.M.A., Tran, B.Q., Hoang, M.V. and Nguyen, H.V., Trends in, projections of, and inequalities in non-communicable disease management indicators in Vietnam 2010-2030 and progress toward universal health coverage: A Bayesian analysis at national and sub-national levels, in: EClinicalMedicine, Vol. 51, 11 July 2022, https://doi.org/10.1016/j.eclinm.2022.101550, Article no. 101550 [no pagination], accessed 31 March 2023

Nguyen, T.A., Pham, Y.N., Doan, N.P., Nguyen, T.H., Do, T.T., Van Vu, G., Marks, G.B., McKinn, S., Negin, J., Bernays, S. and Fox, G.J., Factors affecting healthcare pathways for chronic lung disease management in Vietnam: a qualitative study on patients' perspectives, in: BMC Public Health, Vol. 21, Issue 1, 15 June 2021, https://doi.org/10.1186/s12889-021-11219-4, Article no. 1145 [no pagination], accessed 31 March 2023

Nguyen, T.K., and T.M. Cheng (2014). Vietnam's health care system emphasizes prevention and pursues universal coverage, In: Health Affairs (Millwood), Vol. 33, Issue 11, November 2014, available by subscription at: https://doi.org/10.1377/hlthaff.2014.1141, pp. 2057-2063, accessed 31 March 2023

Oanh, T.T.M., Phượng, H.T., Phương, N.K., Tuấn, K.A., Thủy, N.T., Mai, V.L., My, D.T., et al., Current Situation Assessment and Recommended Solutions to Strengthen Public Private Partnership in Health Sector, 2011, http://en.hspi.org.vn/vclen/current-situation-assessment-and-recommended-solutions-to-strengthen-public-private-partnership--in-health-sector-t15972-7976.html, accessed 16 March 2023. The original source website, Health Strategy and Policy Institute, is no longer available

Oanh, T.T.M., Phuong, N.K. and Tuan, K.A., Sustainability and Resilience in the Vietnamese Health System, Health Strategy and Policy Institute and Partnership for Health System Sustainability and Resilience (PHSSR), March 2021, https://www3.weforum.org/docs/WEF_PHSSR_Vietnam_Report.pdf, accessed 24 May 2023

Olson, K.R., and Cihacek, L., The fate of Agent Blue, the arsenic based herbicide, used in South Vietnam during the Vietnam War, November 2020, https://doi.org/10.4236/ojss.2020.1011027, pp. 518-577, accessed 23 May 2023

Pekerti, A., Vuong, Q.-H., Ho, T. and Vuong, T.-T., Health Care Payments in Vietnam: Patients' Quagmire of Caring for Health versus Economic Destitution, in: International Journal of Environmental Research and Public Health, Vol. 14, Issue 10, 2017, https://doi.org/10.3390/ijerph14101118, Article No. 1118, pp. 1-23, accessed 26 May 2023

Pháp Luật Doanh Nghiệp, Những điều cần biết về Bảo hiểm y tế [What you need to know about Health Insurance], 6 January 2022, https://thuvienphapluat-vn.translate.goog/phap-luat-doanh-nghiep/bai-viet/nhung-dieu-can-biet-ve-bao-hiem-y-te-265.html?_x_tr_sl=vi&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=wapp, accessed 30 May 2023

Raffles Medical, Raffles Medical International Clinics in Viet Nam, Price List, 2018, https://rafflesmedical.vn/en/price-list/, accessed 16 March 2023

Rupa, J.A., Umberger, W.J. and Zeng, D., Does food market modernisation lead to improved dietary diversity and diet quality for urban Vietnamese households? in: Australian Journal of Agricultural and Resource Economics, Vol. 63, Issue 3, 21 May 2019, https://doi.org/10.1111/1467-8489.12308, pp. 499-520, accessed 23 May 2023

Sai Gon Giai Phong News, HCMC healthcare sector determinedly overcoming challenges, 23 February 2023, https://en.sggp.org.vn/hcmc-healthcare-sector-determinedly-overcoming-challenges-post100436.html, accessed 23 May 2023

Sai Gon Giai Phong News, Y Tế - Sức Khỏe, Bệnh viện Việt Đức sẽ chỉ mổ cấp cứu từ 1-3 [Medical-Health, Viet Duc Hospital will only perform emergency surgery from 1-3], 1 March 2023, https://www.sggp.org.vn/benh-vien-viet-duc-se-chi-mo-cap-cuu-tu-1-3-post680413.html, accessed 20 March 2023

Sepehri, A., Minh, K.N. and Vu, P.H., Challenges in moving toward universal health coverage: rising cost of outpatient care among Vietnam's insured rural residents, 2006-2018, in: Public Health, Vol. 215, February 2023, available by subscription at: https://doi.org/10.1016/j.puhe.2022.12.002, pp. 56-65, accessed 31 March 2023

Somanathan, A., Tandon, A., Dao, H.L., Hurt, K.L. and Fuenzalida-Puelma, H.L., Master Plan Goal (2): Improving Financial Protection and Equity, in: Moving toward Universal Coverage of Social Health Insurance in Vietnam: Assessment and Options, The World Bank, 2014, pp. 37-48, available by subscription at: https://doi.org/10.1596/978-1-4648-0261-4_ch3, accessed 20 March 2023

Statista, Demographics, Urban population in Vietnam from 2012 to 2021, 9 January 2023, https://www.statista.com/statistics/603397/vietnam-urban-population/#:~:text=In%202021%2C%20the%20urban%20population,Minh%20City%20and%20Can%20Tho, accessed 20 March 2023

Takashima, K., Wada, K., Tra, T.T., and Smith, D.R., A review of Vietnam's healthcare reform through the Direction of Healthcare Activities (DOHA), In: Environmental Health and Preventative Medicine, Vol. 22, Issue 1, 30 October 2017, https://doi.org/10.1186/s12199-017-0682-z, pp. 1-7, accessed 31 March 2023

Tenzing Pacific Services, The Ultimate Guide to Health Insurance in Vietnam 2023, 2023, https://ten-pac.com/health-insurance-in-vietnam/, accessed 24 May 2023

Teo, H. S., Bales, S., Bredenkamp, C., Cain, J.S., The Future of Health Financing in Vietnam: Ensuring Sufficiency, Efficiency, and Sustainability, World Bank, License: CC BY 3.0 IGO, Washington, DC, June 2019 https://openknowledge.worldbank.org/entities/publication/f2d49004-6dfe-589c-9187-142f0e5df4e6, accessed 13 April 2023

Teo, H.S., and Huong, D.L., Improving Efficiency in the Health Sector: An Assessment of Vietnam's Readiness for Integration of Care, World Bank, Washington, DC. License: CC BY 3.0 IGO, April 2020, https://openknowledge.worldbank.org/entities/publication/b36c3ab9-6476-58ae-a6ae-b112dda73b8b, accessed 13 April 2023

Thoa, K., Scope and levels of health insurance benefits in Vietnam, LawNet [Online], 26 November 2022, https://lawnet.vn/thong-tin-phap-luat/en/bao-hiem/scope-and-levels-of-health-insurance-benefits-in-vietnam-latest-108047.html, accessed 15 May 2023

Towards Transparency, Informal Payments in the Health Sector, n.d., https://towardstransparency.org/en/informal-payments-in-the-health-sector/, accessed 26 May 2023

Tran, T.T.H., Le, T.T.H., Hoang, V.M., Nguyen, T.L.H., Tran, N.Q.L., Nguyen, H.Q., Nguyen, T.T.N., Ebi, K., Nguyen, D.C., Ha, V.N., Tran, M.K., Hales, S., Do, M.C., Nguyen, T.T.T., Luu, Q.T., and Nguyen, N.N.B., Vietnam Climate Change and Health Vulnerability and Adaptation Assessment, 2018, 22 June 2022, https://dx.doi.org/10.1177/1178630220924658, Article No. 117863022092465 [no pagination], accessed 23 May 2023

UN (United Nations), Department of Economic and Social Affairs, Population Division, Median age of population (Viet Nam), World Population Prospects: The 2022 Revision, 2022, https://population.un.org/dataportal/data/indicators/67/locations/704/start/1990/end/2023/table/pivotbylocation, accessed 24 May 2023

UNESCAP (United Nations Economic and Social Commission for Asia and the Pacific), UNECE (United Nations Economic Commission for Europe), UNECLAC (United Nations Economic Commission for Latin America and the Caribbean), and Vietnam, MOT (Ministry of Transport), Road Safety Performance Review, Viet Nam: Project on Strengthening the National Road Safety Management Capacities of Selected Developing Countries, and Countries with Economies in Transition. United Nations: New and Bangkok. At: Road Safety Performance Review Viet Nam, 2018, https://unece.org/DAM/trans/roadsafe/unda/RSPR_Viet_Nam_FULL_e.pdf, accessed 17 May 2023

United Nations Human Settlements Programme (UN-Habitat), Viet Nam, n.d., https://unhabitat.org/viet-nam, accessed 24 May 2023

Van Minh, H. and Xuan Tran, B., Assessing the household financial burden associated with the chronic non-communicable diseases in a rural district of Vietnam, in: Global Health Action, Vol. 5, Issue 1, 20 December 2012, https://doi.org/10.3402/gha.v5i0.18892, pp. 1-7, accessed 31 March 2023

Van Minh, H., Kim Phuong, N.T., Saksena, P., James, C.D. and Xu, K., Financial burden of household out-of pocket health expenditure in Viet Nam: Findings from the National Living Standard Survey 2002–2010, in: Social Science & Medicine, Vol. 96, November 2013, https://doi.org/10.1016/j.socscimed.2012.11.028, pp. 258-263, accessed 30 May 2023

Viet Nam News, the National English Language Daily, Medical fees to rise for people without insurance, 20 April 2017, https://vietnamnews.vn/society/375061/medical-fees-to-rise-for-people-without-insurance.html, accessed 16 March 2023

Vietnam Investment Review, Rising inequality threatens to deny access to basic healthcare for some, 27 January 2022, https://vir.com.vn/rising-inequality-threatens-to-deny-access-to-basic-healthcare-for-some-90996.html, accessed 14 April 2023

Vietnam MOH (Ministry of Health), 7-1 - Xu Hướng Tiến Triển Của Mắc Bệnh, Tử Vong Của Các Loại Bệnh Ở Cấp Toàn Quốc Giai Đoạn 1976-2016, Niên giám thống kê y tế 2015 [7-1 – Progression Trend of Disease and Death of Diseases at Nationwide in the Period 1976-2016, Medical Statistics Yearbook 2015], 2017, https://moh.gov.vn/thong-ke-y-te?p_p_id=useryearbook_WAR_yearbookserviceportlet&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&p_p_col_id=row-0-column-2&p_p_col_count=1&_useryearbook_WAR_yearbookserviceportlet_jspPage=%2Fhtml%2Fyearbook%2Fuser%2Fview.jsp&_useryearbook_WAR_yearbookserviceportlet_yearbookId=301&_useryearbook_WAR_yearbookserviceportlet_datatableGroupId=403, accessed 20 March 2023

Vietnam Social Security (VSS), 4 ways to check participation history and usage value of health insurance card, 5 March 2023, https://vss.gov.vn/english/thebenefits/Pages/medical-benefits.aspx?CateID=159&ItemID=10908, accessed 24 May 2023

Vietnam Social Security (VSS), Bảo Hiểm Xã Hội Việt Nam [Vietnam Social Security], 2016-2017, https://baohiemxahoi.gov.vn/Pages/default.aspx, accessed 24 May 2023

Vietnam, Central Executive Committee, Communist Party of Vietnam, Hội Nghị Lần Thứ Sáu, Ban Chấp Hành Trung Ương Khoá Xii, Về Tăng Cường Công Tác Bảo Vệ, Chăm Sóc Và Nâng Cao Sức Khoẻ Nhân Dân Trong Tình Hình Mới [The Friday Conference of the Central Executive Committee, Term XII, On Enhancing the Protection, Care and Enhancing the People's Health in the New Situation], 25 October 2017, https://thuvienphapluat.vn/van-ban/The-thao-Y-te/Nghi-quyet-20-NQ-TW-2017-tang-cuong-cong-tac-bao-ve-cham-soc-nang-cao-suc-khoe-nhan-dan-365599.aspx, accessed 31 March 2023

Vietnam, Drug Administration of Vietnam, n.d., https://dav.gov.vn/en, accessed 30 May 2023

Vietnam, Embassy of the Socialist Republic of Vietnam in the United States, History, n.d., https://vietnamembassy-usa.org/vietnam/history, accessed 23 May 2023

Vietnam, Government of Vietnam. Resolution No. 37-CP of the Government on Strategic Orientations for Public Health Care and Protection in the 1996–2000 Period and National Drug Policy, 1996, https://vbpl.vn/bokhoahoccongnghe/Pages/vbpqen-toanvan.aspx?ItemID=2125&Keyword=, accessed 23 May 2023

Vietnam, GSO (General Statistics Office), Average population by province, sex and residence by Cities, provinces, Average population and Year, n.d., https://www.gso.gov.vn/en/px-web/?pxid=E0203-07&theme=Population%20and%20Employment, accessed 23 May 2023

Vietnam, GSO (General Statistics Office), Kết quả Khảo sát mức sống hộ gia đình Việt Nam 2020 [Result of the Viet Nam Household Living Standards Survey 2020], 2021, https://www.gso.gov.vn/wp-content/uploads/2022/06/Khao-sat-muc-song-2020.pdf, accessed 20 March 2023

Vietnam, GSO (General Statistics Office), Number of doctors by province, n.d., https://www.gso.gov.vn/en/px-web/?pxid=E1114&theme=Health%2C%20Culture%2C%20Sport%20and%20Living%20standard, accessed 12 May 2023

Vietnam, GSO (General Statistics Office), Number of health establishments under provincial departments of health by province(*), n.d., https://www.gso.gov.vn/en/px-web/?pxid=E1105&theme=Health%2C%20Culture%2C%20Sport%20and%20Living%20standard, accessed 12 May 2023

Vietnam, GSO (General Statistics Office), Number of patient beds (*), n.d., https://www.gso.gov.vn/en/px-web/?pxid=E1107&theme=Health%2C%20Culture%2C%20Sport%20and%20Living%20standard, accessed 12 May 2023

Vietnam, GSO (General Statistics Office), Press Release Preliminary Results the 2019 Population and Housing Census, 11 July 2019, https://www.gso.gov.vn/en/data-and-statistics/2019/10/press-release-preliminary-results-the-2019-population-and-housing-census/, accessed 12 May 2023

Vietnam, Ministry of Finance, Số: 68/2022/TT-BTC. Sửa đổi, bổ sung một số điều của thông tư Số 58/2016/TT-BTC Ngày 29 Tháng 3 Năm 2016 quy định chi tiết việc sử dụng vốn nhà nước để mua sắm nhằm duy trì hoạt động thường xuyên của cơ quan nhà nước, đơn vị thuộc lực lượng vũ trang nhân dân, đơn vị sự nghiệp công lập, tổ chức chính trị, tổ chức chính trị - xã hội, tổ chức chính trị xã hội - nghề nghiệp, tổ chức xã hội, tổ chức xã hội - nghề nghiệp [Circular No.: 68/2022/TT-BTC. Amending Circular No. 58/2016/TT-BTC dated March 29, 2016 prescribing use of state funding for making purchases serving regular operations of regulatory authorities, units affiliated to people's armed forces, public administrative units, political organizations, socio-political organizations, political-social-professional organizations, social organizations, socio-professional organizations], 11 November 2022, https://thuvienphapluat.vn/van-ban/EN/Tai-chinh-nha-nuoc/Circular-68-2022-TT-BTC-

amending-Circular-58-2016-TT-BTC-use-of-state-funding-for-making-purchases/540642/tieng-anh.aspx, accessed 23 May 2023

Vietnam, MOH (Ministry of Health), Plan, For People's Health Protection Care and Promotion, 2016-2020, 2016, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/viet_nam/vietnam_plan_2016-2020.pdf, accessed 17 May 2023

Vietnam, MOH (Ministry of Health), Số: 19/2018/TT-BYT, Ban hành danh mục thuốc thiết yếu [No: 19/2018/TT-BYT, Issuance of a list of essential drugs], Hanoi, 30 August 2018, https://vbpl-vn.translate.goog/boyte/Pages/vbpq-toanvan.aspx?ItemID=132228&_x_tr_sch=http&_x_tr_sl=vi&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=wapp, accessed 17 May 2023

Vietnam, MOH (Ministry of Health), Tài liệu Hội nghị Y tế toàn quốc ngày 06/01/2021 [Documents of the National Medical Conference on January 6, 2021], Executive Direction Information, 6 January 2021, https://moh.gov.vn/documents/174521/605005/01.+Tai+lieu+HN+Y+te+toan+quoc+06.01.2020.pdf/2629ad1b-d472-4632-aedb-8bfac7ad7235, accessed 16 March 2023

Vietnam, MOH (Ministry of Health), Thông tư số 14/2014/TT-BYT của Bộ Y tế: Quy định việc chuyển tuyến giữa các cơ sở khám bệnh, chữa bệnh [Circular No. 14/2014/TT-BYT of the Ministry of Health: Regulations on the transfer between medical examination and treatment establishments], 14 April 2014, https://vanban.chinhphu.vn/default.aspx?pageid=27160&docid=174166, accessed 17 May 2023

Vietnam, MOH (Ministry of Health), Thông Tư, Ban Hành Danh Mục Thuốc Thiết Yếu [Circulars, Issuance of a List of Essential Drugs], No. 19/2018/TT-BYT, 30 August 2018, https://thuvienphapluat.vn/van-ban/The-thao-Y-te/Thong-tu-19-2018-TT-BYT-danh-muc-thuoc-thiet-yeu-393919.aspx, accessed 16 March 2023

Vietnam, National Assembly, Socialist Republic of Viet Nam, Luật Bảo Hiểm Y Tế Căn cứ Hiến pháp nước Cộng hòa xã hội chủ nghĩa Việt Nam năm 1992 đã được sửa đổi, bổ sung theo Nghị quyết số 51/2001/QH10 [Law on Health Insurance Pursuant to the 1992 Constitution of the Socialist Republic of Vietnam, which was amended and supplemented under Resolution No. 51/2001/QH10], No. 25/2008/QH12, 14 November 2008, https://lawnet.vn/vb/Luat-bao-hiem-y-te-2008-25-2008-QH12-14114.html, accessed 24 May 2023

Vietnam, National Assembly, Socialist Republic of Viet Nam, Số: 105/2016/QH13, Luật Dược [Number: 105/2016/QH13, Law On Pharmacy], 6 April 2016, https://vbpl.vn/tw/Pages/vbpq-van-ban-goc.aspx?dvid=13&ItemID=101886, accessed 30 May 2023

Vietnam, National Assembly, Socialist Republic of Viet Nam, Sửa Đổi, Bổ Sung Một Số Điều Của Luật Bảo Hiểm Y Tế [Amendments to the Law on Health Insurance No: 46/2014/QH13], Hanoi, 13 June 2014, https://lawnet.vn/vb/Luat-Bao-hiem-y-te-sua-doi-2014-3A3AA.html, accessed 17 May 2023

Vietnam, Socialist Republic of Vietnam, Ethnic Groups in Vietnam, n.d., https://vietnam.gov.vn/ethnic-groups-in-viet-nam, accessed 16 March 2023

Vietnam, Socialist Republic of Vietnam, Số: 16/2015/NĐ-CP. Nghị định. Quy định cơ chế tự chủ của đơn vị sự nghiệp công lập [Decree. No.: 16/2015/NĐ-CP. Stipulating the mechanism for exercising the autonomy of public administrative units], 14 February 2015, https://thuvienphapluat.vn/van-ban/Bo-may-hanh-chinh/Nghi-dinh-16-2015-ND-CP-co-che-tu-chu-cua-don-vi-nghiep-cong-lap-266548.aspx, accessed 23 May 2023

Vietnam, Socialist Republic of Vietnam, Số: 43/2006/NĐ-CP. Nghị định. Quy định quyền tự chủ, tự chịu trách nhiệm về thực hiện nhiệm vụ, tổ chức bộ máy, biên chế và tài chính đối với đơn vị sự nghiệp công lập [Decree. No.: 43/2006/NĐ-CP. Providing for the right to autonomy and self-responsibility for task performance, organizational apparatus, payroll and finance of public non-business units], 25 April 2006, https://thuvienphapluat.vn/van-ban/EN/Bo-may-hanh-chinh/43-2006-ND-CP/72975/tieng-anh.aspx, accessed 23 May 2023

Vietnam, The President, Law on Medical Examination and Treatment, Order No. 17/2009/L-CTN of December 4, 2009, on the promulgation of law, No. 40/2009/QH12, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://vss.gov.vn:3535/File_Server_BHXH/documents/Law40%2709MedicalExaminationandTreatment.pdf, accessed 16 March 2023

Vietnam, The Socialist Republic of Vietnam and the United Nations, One Strategic Framework for Sustainable Development Cooperation between the Government of Viet Nam and the United Nations for the period 2022–2026, n.d., https://vietnam.un.org/sites/default/files/2022-11/CLEAN%20VERSION%20FOR%20SIGNATURES%20ENG%20FINAL%20%28NEWEST%29_2.pdf, accessed 16 March 2023

Vietnam, The State of the Socialist Republic of Vietnam, Số: 2474/QĐ-TTg. Quyết định: phê duyệt chiến lược phát triển thanh niên Việt Nam giai đoạn 2011 – 2020 [No: 2474/QD-TTg. Decision Approving the Vietnamese Youth Development Strategy during 2011-2020], 30 December 2011, https://www.ilo.org/dyn/natlex/docs/MONOGRAPH/91576/128470/F1699464818/VNM91576.pdf, accessed 20 March 2023

Vu, P. H., Sepehri, A., and Tran, L. T. T., Trends in out-of-pocket expenditure on facility-based delivery and financial protection of health insurance: findings from Vietnam's Household Living Standard Survey 2006–2018, 13 April 2022, https://link.springer.com/article/10.1007/s10754-022-09330-z, accessed 20 March 2023

Vuong, D.A., Van Ginneken, E., Morris, J., Ha, S.T. and Busse, R., Mental health in Vietnam: Burden of disease and availability of services, in: Asian Journal of Psychiatry, Vol. 4, Issue 1, March 2011, https://doi.org/10.1016/j.ajp.2011.01.005, pp. 65-70, accessed 20 March 2023

WHO (World Health Organization) and Vietnam MOH (Ministry of Health), Health financing strategy of Vietnam (2016–2025), 2016, available by subscription at: https://www.scribd.com/document/404377370/3-Health-financing-strategy-period-2016-2025-EN-Copy-1-docx, accessed 15 May 2023

WHO (World Health Organization), Hospitals in Viet Nam, 2023, https://www.who.int/vietnam/health-topics/hospitals, accessed 16 March 2023

WHO (World Health Organization), Household out-of-pocket payments (OOPS) as % Current health expenditure (CHE), n.d., https://apps.who.int/nha/database/ViewData/Indicators/en, accessed 24 May 2023

WHO (World Health Organization), Institutional Repository for Information Sharing, Dengue Situation Updates 2022, 2022, http://apps.who.int/iris/handle/10665/352792, accessed 20 March 2023

WHO (World Health Organization), Malnutrition, 2023, https://www.who.int/health-topics/malnutrition#tab=tab_1, accessed 23 May 2023

WHO (World Health Organization), Western Pacific, Vietnam, Home, Health topics, Acute watery diarrhoea and cholera, 2023, https://www.who.int/vietnam/health-topics/cholera, accessed 20 March 2023

WHO (World Health Organization), World health statistics 2022: monitoring health for the SDGs, sustainable development goals. Monitoring health for the SDGs, Sustainable Development Goals, Geneva, 2022, https://www.who.int/publications/i/item/9789240051157, accessed 13 April 2023

Wise Consulting Finland Oy, “My health emerging markets,” Wise Consulting Finland Oy, Vietnam, 2017, https://www.slideshare.net/futurewatch/summary-future-health-solutions-in-emerging-market-service-vietnam-team-finland-future-watch-report-october-2015, accessed 20 March 2023

World Bank (The), Current health expenditure (% of GDP) - Vietnam, East Asia & Pacific (excluding high income), 2023, https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?contextual=default&locations=VN-4E, accessed 20 March 2023

World Bank (The), Data, Life expectancy at birth, female (years) – Vietnam, 2022, https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=VN, accessed 20 March 2023

World Bank (The), GDP per capita (current US$) – Vietnam, https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=VN, 2023, accessed 20 March 2023

World Bank (The), Immunization, DPT (% of children ages 12-23 months) - Vietnam, 2023, https://data.worldbank.org/indicator/SH.IMM.IDPT?locations=VN, accessed 20 March 2023

World Bank (The), Incidence of HIV, ages 15-49 (per 1,000 uninfected population ages 15-49) – Vietnam, 2023, https://data.worldbank.org/indicator/SH.HIV.INCD.ZS?locations=VN, accessed 20 March 2023

World Bank (The), Life expectancy at birth, male (years) – Vietnam, 2022, https://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN?locations=VN, accessed 20 March 2023

World Bank (The), Ministry of Planning and Investment of Vietnam, Vietnam 2035: Toward Prosperity, Creativity, Equity, and Democracy, 2016, http://hdl.handle.net/10986/23724, accessed 20 March 2023

World Bank (The), Mortality rate, under-5 (per 1,000 live births) – Vietnam, 2023, https://data.worldbank.org/indicator/SH.DYN.MORT?locations=VN, accessed 20 March 2023

World Bank (The), Population growth (annual %) – Vietnam, 2023, https://data.worldbank.org/indicator/SP.POP.GROW?locations=VN, accessed 20 March 2023

World Bank (The), Population, total, Vietnam, 2023, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=VN, accessed 20 March 2023

World Bank (The), Prevalence of stunting, height for age (% of children under 5) – Vietnam, 2023, https://data.worldbank.org/indicator/SH.STA.STNT.ZS?locations=VN, accessed 20 March 2023

Xu, K., Evans, D.B., Kawabata, K., Zeramdini, R., Klavus, J. and Murray, C.J., Household catastrophic health expenditure: a multicountry analysis, in: The Lancet, Vol. 362, Issue 9378, 2003, https://doi.org/10.1016/S0140-6736(03)13861-5, pp. 111-117, accessed 15 May 2023

Annex 2: Terms of Reference

General information

Avoid general Country of Origin Information (COI), focus on aspects that have an impact on healthcare.

This section is devoted to the geographic, demographic, political and/or economic contexts which are relevant to analyse the health system in the country in question. If possible, explain the impact of these factors on the accessibility of healthcare. Ensure that in this section are included all particular aspects that can have an impact on the provision of healthcare in the country. (e.g., security situation, internally displaced people (IDPs) / refugees, ethnic tensions, etc.).

Healthcare system

Health system organisation

a) Overview

How is the healthcare system organised (e.g., organised as primary, secondary and tertiary healthcare)? If so, could you explain who provides care at each level and what type of care is provided at each level? Does a system of referrals and counter referrals exist?

Is the healthcare system centralised, decentralised or federal? How are the healthcare jurisdictions distributed between the levels of power? How is the health sector financing distributed between the levels of power? In the cases of states with federal / confederal structure, if the care is not available in the state / region/republic of residence of the patient, but is however available in another federated state (region / republic) of the same country, is there a possibility for the patient to be transferred there? Is there a mandatory referral system? What are the conditions?

Is there recent data on the geographical distribution of the health structures? If so, could you give an overview? Is there a difference in the care supply, in respect to the different healthcare levels, in the urban and rural regions? Do the patients in the urban and rural zones have equal access to healthcare? Are there regions / provinces particularly affected by a lack of hospitals or health centres? Ensure that there is Information on the number of healthcare facilities at each level of healthcare.

Use links to existing documents online for more detailed information.

b) Public sector

How is the public sector structured? What are the strengths? What are the weaknesses?

c) Private sector

Does a private health sector exist? How is it structured? Is there a difference (quantitatively and qualitatively) between hospitals and health structures in the public and private sector? What are the main differences, for the patient looking for medical care, between the state-financed healthcare system and the private sector?

Healthcare resources

Is there recent data on the number of healthcare personnel in the country (e.g., cardiologists, psychologists, etc. per number of inhabitants)? If so, provide a brief overview (context / comparison with other similar countries or Europe)?

How is the distribution of human resources in health care in the country? Are there regions / provinces particularly affected by a shortage of healthcare professionals? Is the distribution of the healthcare personnel equal between the public and private sectors?

Are there any specific needs with regards to human resources for health? Are there any under-represented professional categories? Could you specify?

Is there an emergency healthcare service, e.g., ambulances? How is it organised?

Health expenditure / GDP.

Pharmaceutical sector

Is there a national essential drugs list for the country? What does it mean in terms of access to drugs for patients? How often is the list updated? If generic drugs are not widely available, do patients have access to generic drugs? Are they accessible to patients and how?

Is there a supply system for drugs? Does the country experience regular stock shortages? If so, does it affect the patients' access to medication? What drugs and diseases are mainly affected by these stock shortages? What organisations regulate / control the market? Are there many illegal medications in circulation?

Are the drugs accessible both in urban and rural areas? Are the drugs accessible geographically in all the country's regions?

Are any medications only available in hospitals, not pharmacies? If so which ones?

Can non-registered medication be imported (parallel import)? How?

Patient's pathways

In general: when in need of medical treatments and/or medicines, where and how can patients find information? What is the 'typical route' of a patient who needs healthcare; treatments and/or medicines? What does he/she do and where does he/she go primarily and what

happens next? What are the main obstacles in general to access medical treatments / medicines in the country?

Economic factors

Risk-pooling mechanisms

Include only the mechanisms which are relevant to the country in question. Remove section if there are none.

Health services provided by the State / Public authorities

Is there a national health and social insurance system / certain state coverage in the country?

How is the Public Health / Social Insurance system organised?

How is health insurance financed? Is it financed by the employer and/or employee contribution or by taxation or by OOP (out of pocket payments)? What is the patient's financial contribution?

What does it consist of? Who is entitled to public health insurance (or other form of public / state coverage)? Is the entire population entitled to this insurance? If not, what are the administrative procedures that should be undertaken and/or the conditions that are necessary in order to be registered with health insurance? Are the procedures identical for the entire population? Is being employed one of the conditions to qualify for health insurance? Does the health coverage target certain groups of the population (pregnant women, children, seniors, etc.)? What are the criteria in order to be covered by public health insurance? Is a patient's financial participation necessary for the registration? If so, how much should they pay? What percentage of the population is covered by public health insurance?

Does the country have a complementary system to protect the most vulnerable and those who cannot contribute or be enrolled in the National Health insurance?

Are returning migrants / citizens covered by public health insurance?

Public health insurance, national or state coverage

Note for drafters: the aim of this section is to make clear to the reader what is covered by public health insurance and to what extent it is covered. Below are guiding aspects to take into account.

What type of healthcare / what diseases does health insurance cover? Is maternity care covered by health insurance? Where is the healthcare provided (in which healthcare facility or at what level of the health pyramid structure)?

Are medicines covered by health insurance? Does it cover all medicines or only some of them or only a percentage of the cost? What are the conditions to benefit from drug coverage?

Are there cash benefits in case of illness for employees? If so, in which cases and conditions and what is the amount of these benefits?

In case a patient needs medical care and does not have the means to pay, are there any governmental measures allowing them access to healthcare? Is there a difference between emergency care and non-emergency care? What are the solutions for patients without financial resources?

Private health insurance schemes

Are there private health insurance systems? What are the main health insurances in the country? What are the conditions necessary to benefit from them?

What do these health insurances cover? What type of healthcare, which diseases are covered? Where is the healthcare provided (in which healthcare facility or at which level of the health pyramid structure)?

How much must a person / family pay to obtain a private insurance on average?

What is the percentage of the population's coverage by private health insurances? Who has access to this type of insurance?

Out-of-pocket health expenditure

Average total of out-of-pocket payment on total health expenditure.

Information on the frequency of health expenditure events that may bankrupt a person / family.

a) Cost of consultations

Provide a range of prices for consultations with a general practitioner and different specialists as well as for a hospital stay. What is the price of a consultation / hospitalisation in an emergency department? What is the share of financial participation by patients?

Is there a difference in respect to prices between the private and public facilities? Are there any geographical disparities?

Is there a practice of overcharging medical fees? Is it common? If so, could you explain the context? How much does it amount to?

b) Cost of medication

General information about the prices of medication: Are the prices regulated? Is there an inflation problem, price variation, etc.?

Are there medications provided for free (e.g., are certain medicines covered by the state)? If so, could you specify which ones and in what facilities or at what health level?

In general, what share of the health budget per person / family goes to the purchase of drugs? Does the price of medication vary between pharmacies? Is there a difference in respect to prices between the private and public facilities? Are there any geographical disparities?

List of useful links

Include links that provide long-term value and are likely to be kept updated, such as websites detailing epidemiologic data, national disease programmes, Ministry of Health website, certain large hospitals, online pharmacies, etc. Not e.g., individual research articles or other 'static' material.

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