FULBRIGHT UNIVERSITY VIETNAM

FULBRIGHT SCHOOL OF PUBLIC POLICY AND MANAGEMENT

DEVELOPMENT POLICY

SESSION 8

Development, Health and Social Care

Session 8

- Why Health and Social Care?
- From MDGs to Development Goals
- Examples
- Vietnam?

Key goals of MDGs

- Core areas of Millennium Development Goals (MDGs) were public health situation – G4 (child mortality), G5 (maternal health), G6 (disease).
- G7 (sustainable environment) is also closely linked to public health and social care agenda.
- Highlights cross-sectoral links of health, education, water, sanitation, poverty reduction, and growth

Is Growth Enough?

- Income elasticity of health outcomes low: economic growth alone cannot be expected to deliver MDG outcomes.

- Wide variation with regard to impact of income on health MDGs: although “wealthier is healthier” on average, but several examples show that economic growth is neither necessary nor sufficient to attain health outcomes.

  - Cuba, Sri Lanka, pre-reform China, and Kerala (India) demonstrate that rapid economic growth is **not** a pre-condition for health improvements.

  - Many countries have had improvements in child mortality **without** economic growth.

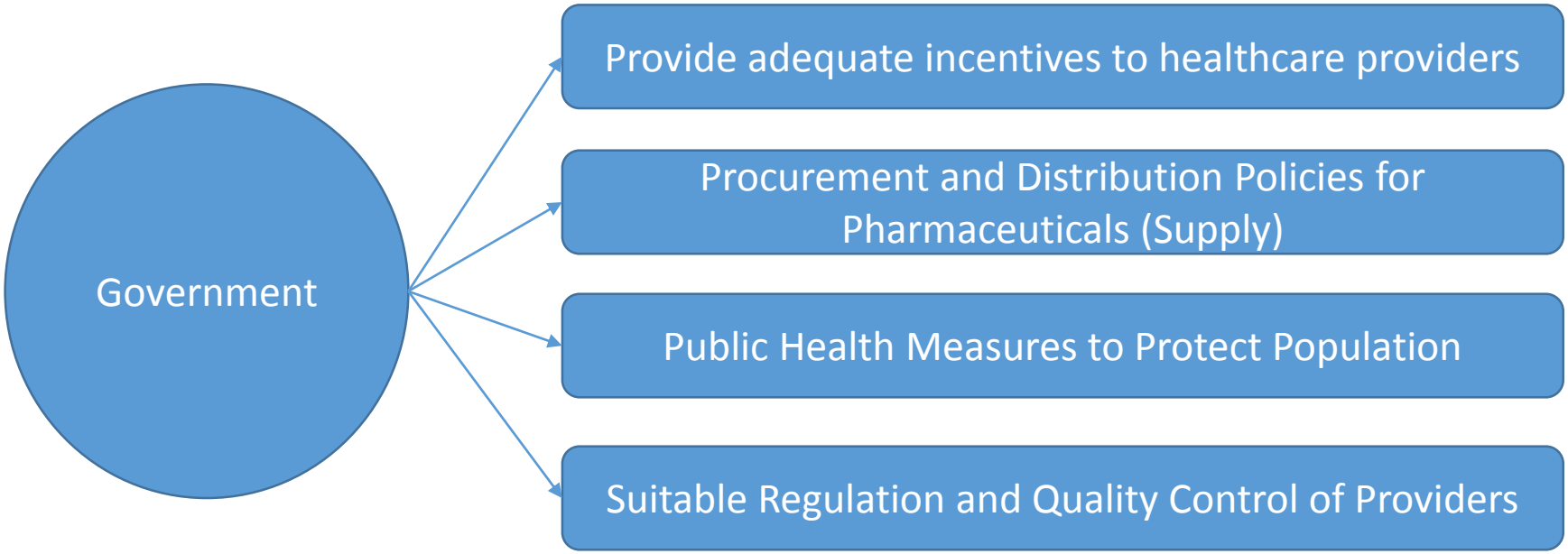
  - Other factors such as education, institutions, and political environment are important.

Why Public Intervention?

- To provide health services with collective benefits (*public* verses *personal* health services).
- Contribute to the redistribution/Equity
- Often health insurance market failures (affordability)
- Other market failures in the direct consumption and provision of health services → often linked not only to the provision of health services, but also to interventions outside the health sector (****e.g. access to clean water, education for mothers, behavioral changes etc.)

Delivering Health Service

- Delivering health service effectively requires the coordination of public policies across a number of fields.



Major Issue - Financing

Model	Revenue Source	Groups Covered	Pooling Organization	Care Provision
National Health Service	General revenues	Entire population	Central government	Public providers
Social Health Insurance	Payroll taxes	Specific groups	Semi-autonomous organizations	Own, public, or private facilities
Community-based Health Insurance	Private voluntary contributions	Contributing members	Non-profit plans	NGOs or private facilities
Voluntary Health Insurance	Private voluntary contributions	Contributing members	For- and non-profit insurance organizations	Private and public facilities
Out-of-Pocket Payments (including public user fees)	Individual payments to providers		None	Public and private facilities (public facilities)

Social Health Insurance

Most common features and principles:

1. Membership is publicly mandated for a designated population.
   - From existing employer-based insurance schemes to compulsory schemes for specific employment groups to SHI.

2. Direct link between the payment of contributions to finance the system and the receipt of medical care benefits.
   - Only contributors have the right to access specific items of care.
   - “There is a public commitment to take and give under prescribed conditions stipulated by laws and regulations.” (Ron, Abel-Smith, and Tamburi 1990).

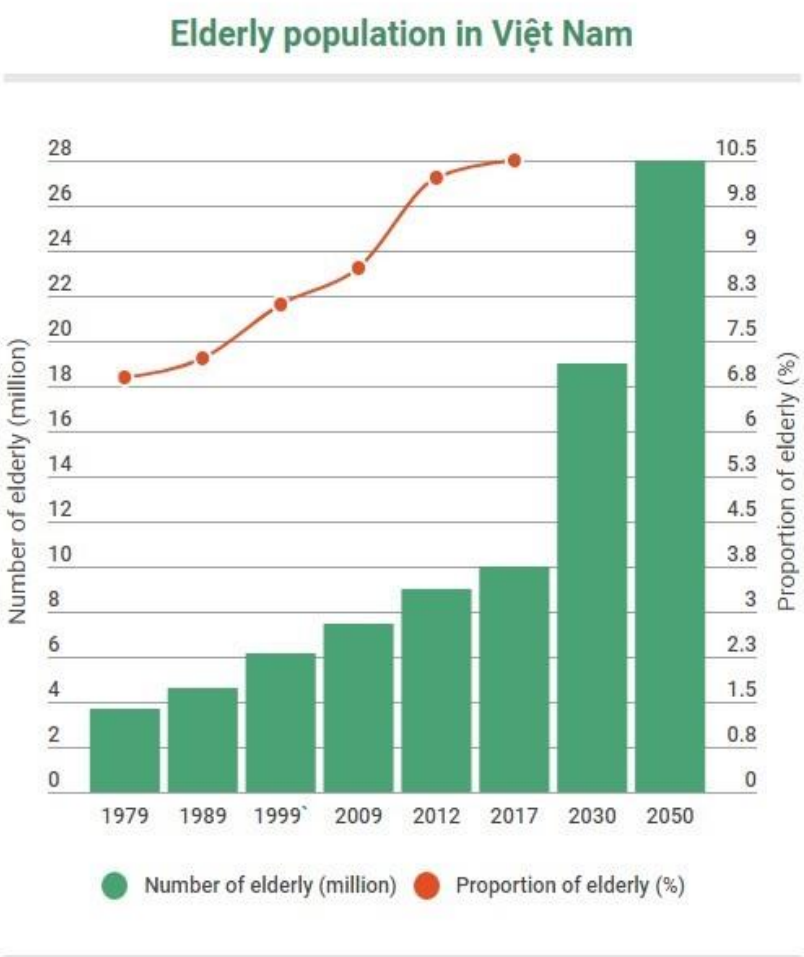
Vietnam's Public Health

- Important Progress have been made toward improving the health status of the population. Equaled or surpassed the neighboring countries.
- Due to widespread health care delivery network, increasing numbers of qualified health workers, expanding national public health programs, some achievement:
  - Life expectancy: 72.8 years (70.2 men, 75.6 women, 2013)
  - 1990 – 2009: Infant mortality rate fell from 44.4% to 16.0%
  - Maternal mortality ration declined from 233 to 65 maternal deaths per 100,000 live births.

Challenges

- Vietnam's challenges and issues:
- Increase of non-communicable disease (cardiovascular disease, cancer, diabetes, etc.)***
- Increase of new infectious disease (HIV/ADIS, H1A1, etc.)
- Ageing population – new issue
- Inadequate health system, inequality in healthcare

New Issues



Japan: 7% (1970) → 14% (1994)
Korea: 7% (2000) → 14% (2018)
China: 7% (2000) → 14% (2026)

* From 7% → 14%: France 115 years, Sweden 92 years, USA 73 years

In coming decades, population of East Asia (Vietnam) is forecast to age dramatically Finance, economics, life style, etc. Big question mark!

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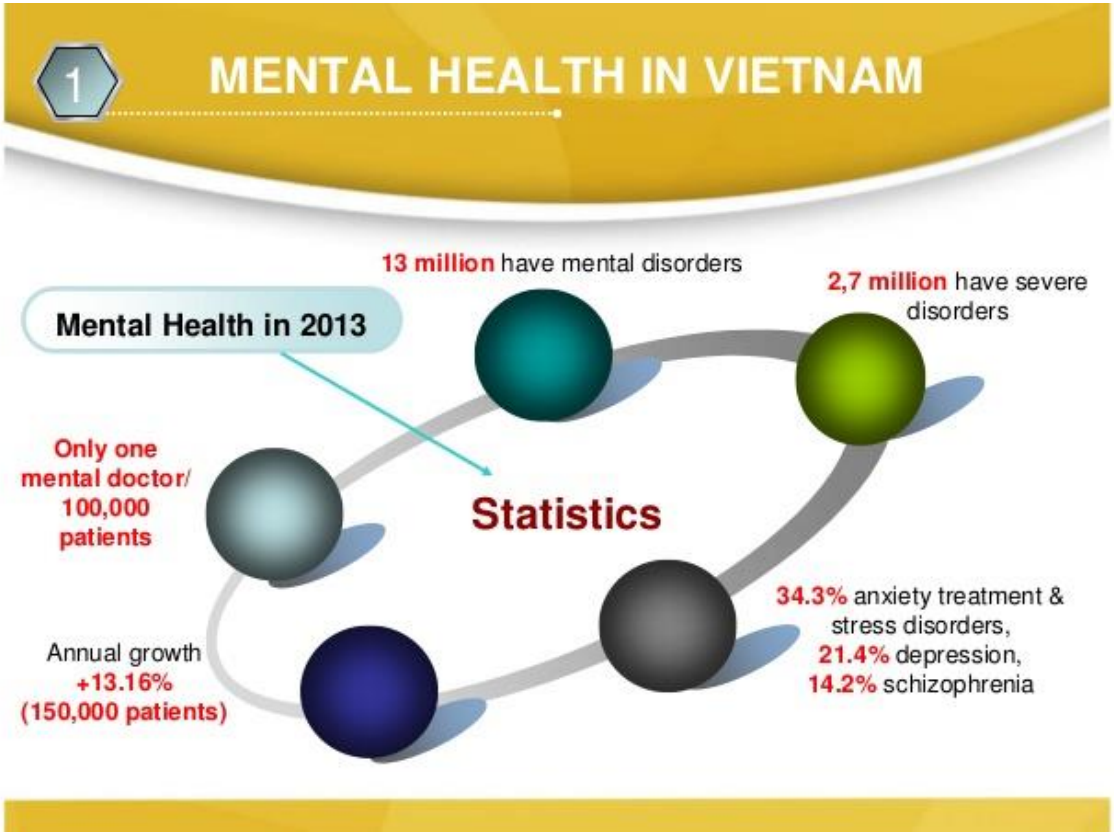

- Rapidly rising mental health patients in Vietnam (worldwide)
- Extreme marginalization and distress among mothers having disabled children
- Irrelevant number of doctors and clinics

Continued…

- Smoking is still a major source of cancer and death in Vietnam – ‘health education’ is still far behind the standard.
- In particular, ethnic minorities are endangered.
- Alcohol consumption among men in Vietnam (household expenditure on alcohol is remarkable).
- Vietnam’s air quality

Other Areas

- Discussion

- What areas that Vietnam can improve in health and social care sector?

Q&A

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