Regional Directors, Excellences, Honorable Ministers, Distinguished Delegates, Colleagues, Ladies and Gentlemen,

Thank you very much for giving us this privileged opportunity to organize this side event on social health insurance in Viet Nam right here in the plenary hall and on the first day of this meeting.

I am pleased to have this occasion to share with you our strong political commitment to expand health coverage to our entire population, the successes we achieved in health insurance coverage, the challenges we are facing and our desire to learn from experiences of countries in the region how to make universal health coverage more successful.

In Viet Nam, health care has always been considered a priority task of our Government. The provision of health care for all has been clearly stated in the current Constitution “The State ... ensures health insurance and creates favorable conditions for all citizens to enjoy health care”.

Social health insurance in Viet Nam has been selected as the financing mechanism for curative care and the first Government Decree on social health insurance was issued 20 years ago in 1992 and amended 2 times in 1998 and 2005 to expand health insurance coverage. Finally, the Health Insurance Law was adopted in 2008 aiming to achieve universal coverage starting in 2014.

It is necessary to note, that in regard to preventive health care, our country has achieved universal coverage, as preventive health care and
all public health services are financed by the state budget and is provided for free to the whole population since many years.

What our Government additionally wants is access to curative health care for every one of our citizens, by providing good quality services, based on need, and not on ability to pay. The current financial capacity of the Government does not allow subsidizing health insurance premiums for all, but the most vulnerable population groups are prioritized in receiving the Government subsidy. The poor, ethnic minorities living in disadvantaged areas, children under six, the elderly, meritorious and social protection groups are fully subsidized to join health insurance. Most of the remaining vulnerable groups, such as the near poor, school children, and middle income farmers are partly subsidized to encourage them to enroll in the health insurance scheme.

*Ladies and Gentlemen,*

I want to briefly point out our core achievements in terms of population coverage, services coverage and cost coverage (for details, please see our posters and documents available at the exhibition tables in the lobby).

As mentioned before, after 3 years implementing the Health Insurance Law, the number of Vietnamese people covered by health insurance is just over 57 million, equivalent to 64% of the population, of which 14.5 million members are the poor and ethnic minorities, and 8.5 million are children under 6 years old.

Insured people access health care at all levels of care, from the primary care level to tertiary hospitals. 74% of visits occurred at commune health stations and district hospitals, 23% at provincial hospitals and 3% at tertiary hospitals. On average, each insured member had 2 outpatient visits and 0.15 hospital admission per year.

The health insurance benefit package is designed as a comprehensive package, including outpatient and inpatient care, rehabilitation, prescription drugs, and many different health services, including even the most advanced such as MRI, CT Scan, hemodialysis, cancer treatment, and cardiac interventions.
Out of pocket payment for health has been decreasing significantly from very high levels in the 1990s (80% of total health expenditure) to less than 50% of total health expenditure today.

Despite strong political commitment and efforts of all stakeholders, there are still a lot of challenges in achieving universal health coverage for Viet Nam, a lower middle income country. Just to name the main challenges.

The first is expanding coverage to the remaining 36% of the population, of which many are employed in the informal sector. We also need to enforce the compliance in the formal sector to increase participation. And we need to learn the best practices on how to select the coverage mechanism appropriate for the Vietnamese context, either a contributory (social health insurance) mechanism with high government subsidy (like China did), or a non–contributory mechanism with full subsidy from government general revenue (as in Thailand).

A further challenge is to improve access to affordable quality health care services, through a package of services that has to be developed on cost effectiveness based evidence. To do this we need to develop the capacity to design these cost–effective based benefit packages, including the capacity for health technology assessment.

The third challenge is related to the financial protection dimension of universal coverage. We are now revising the Health Insurance Law and related regulations in order to reduce out of pocket payments for health services and to prevent catastrophic health expenditures.

Currently, we are in the process of submitting a Master plan for universal health insurance coverage to the Government. The Master plan will be implemented under the instruction of the Prime Minister who will be the chair of the Steering Committee with the involvement of relevant Ministries such as Ministry of Health, Viet Nam Social Security, Ministry of Finance, Ministry of Labor-Invalid and Social Affairs, and Mass Organizations such as the Viet Nam Fatherland Front, the Trade Unions, the Women’s Union, the Youth Union, the Farmer Union, etc.
Ladies and Gentlemen,

I am much encouraged by the profound interest and valuable support of the WHO/WPRO, especially from the Regional Director, for social health insurance development in Viet Nam (just one example is that he organized with us the high level Tamdao Forum in March 2012, on health insurance policy development and implementation in Viet Nam). This was only one of many activities supported by WHO to provide technical assistance to develop health insurance in Viet Nam. I would like to take this occasion to express our thanks to WHO/WPRO, as well as to the EU, WB, ADB, Rockefeller Foundation, and all the others who contribute effectively to the development of health insurance in Viet Nam.

We would like to suggest that WHO/WPRO enhances its leading role in organizing activities for the exchange of experiences in health insurance implementation, learning lessons of either success or failure in health insurance development and for providing continued technical assistance to member states.

I look forward to the establishment of a Western Pacific Regional Network organized by WHO/WPRO for exchanging experiences on universal health coverage that all member countries can benefit from. We welcome and appreciate any initiative in organizing international conferences of countries that are successful in universal coverage to share their experience.

Viet Nam will be actively involved in WHO activities aiming to achieve universal health coverage, as we strongly commit to equity in health care.

I look forward with much anticipation and optimism that my country can draw lessons from countries in the region, and we will do our utmost to achieve universal health coverage so that all people in our country can “enjoy health care” as mandated in our constitution.

Thank you very much.