

PROGRESS TOWARD UNIVERSAL HEALTH COVERAGE IN
VIETNAM: WHO IS STILL LEFT BEHIND?

by

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ABSTRACT

Background: Monitoring and evaluating the progress towards Universal Health Coverage (UHC) targets is of growing importance in supporting government and policymakers and adapting and revising national policies to better achieve the ambitious but fundamental goal of health for all.

Objectives: This project aimed to: (1) estimate trends in and projections of UHC indicators in Vietnam from 2000 to 2030, and the probability of achieving UHC targets at both the national and sub-national levels; and (2) comprehensively investigate demographic, geographic, and socioeconomic inequalities in UHC indicators with estimations, patterns, and trends over the study period.

Methods: I included data from 15 nationally-representative household surveys from 2000 to 2015. I selected and estimated the coverage of Reproductive, maternal, newborn, and child health (RMNCH), non-communicable disease (NCD) management, and financial risk protection (FRP) indicators nationally and by sub-national groups. Using Bayesian models, I provided trends and projections and calculated the probability of reaching UHC targets of 80% health service coverage and 100% financial risk protection by 2030. I estimated multiple inequality indices including the relative index of inequality (RII), slope index of inequality (SII), and concentration index of inequality (CnI), and provided an assessment of improvement in inequalities over the study period.

Results: Nationally, 9/17 RMNCH service indicators (53%) would likely achieve the 2030 targets, including at least one and four ANC visits, BCG immunization, access to improved water and adequate sanitation, institutional delivery, skilled birth attendance, care-seeking for pneumonia, and ARI treatment. Most NCD management and FRP indicators showed a very low probability (0%–57.8%) of achieving 2030 targets except for sufficient use of fruit and vegetables (SUFV) and non-use of tobacco (NUT). At sub-national levels, for RMNCH indicators, I observed very low coverages and zero chance of achieving the 2030 targets at national and sub-national levels in early initiation and exclusive breastfeeding, family planning needs satisfied, and oral rehydration therapy. The most deprived households living in rural areas and least economically developed regions would not reach the 80% immunization coverage of DPT3, Polio3, Measles, and full immunization. For NCD management indicators, no indicator showed the likelihood of achieving 2030 targets at any regional level except for SPA, and in any wealth quintile and educational level, except for SUFV and NUT. For FRP indicators, most disadvantaged households are left behind including those who are ethnic minorities, have more dependent members, live in a rural area, live in some less developed regions, or have lower levels of socioeconomic status. The inequality analysis showed significant socioeconomic, regional, and urban-rural inequalities in all RMNCH indicators in 2014 and no change in inequalities over 15 years in the lowest-coverage indicators. For NCD indicators, there were diversities in tendency and magnitude of inequalities with widening gaps between genders (SPA, TOD), ethnic groups (SUFV), urban-rural areas (TOH), wealth quintiles, and educational levels (TOD, NUT, NHUA). I confirmed

the significance of these demographic-, geographic-, and socioeconomic-related inequalities in FRP with the widening gaps between ethnic groups and regional levels.

Conclusions: Vietnam has made some progress toward UHC in RMNCH services, but slow progress in NCD management and FRP indicators. The findings emphasized the importance of continuously reforming the healthcare and financing system, with a focus on reducing inequalities in UHC between genders, ethnicities, geographic areas, and socioeconomic groups, integrating with other national programs for developing the economy and reducing poverty. Recognizing the government's long-term commitment to attaining UHC, I believe by continuously strengthening the healthcare system and reforming health finance, Vietnam will have the opportunity to achieve the UHC targets by 2030, which supports this country taking a step forward in the achievement of health for all.

Keywords: RMNCH, Universal Health Coverage, Vietnam, trend, projection, progress, 2030 targets; Tobacco smoking, use of alcohol, use of fruit and vegetables, physical activity, overweight, diabetes, high cholesterol, cervical cancer; Catastrophic health expenditure, impoverishing health expenditure, protection from financial hardship, financial risk protection.