







Health Security Financing Assessment: Findings from a pilot study in Vietnam

Hanoi, 13 November 2018

Outline of presentation

- Objectives
- Methods
- Mapping key actors implementing health security by the 19 JEE technical areas
- Health security budgeting process & resource allocation
- Financing of health security by the 19 JEE technical areas
- Conclusion and recommendations







Objectives of HSFA pilot

- 1) Estimates the size of financing for health security,
- 2) Assess health security arrangements and flow of funds;
- 3) Identify critical constraints and opportunities related to health security financing;
- 4) Identify strengths and weaknesses of the coordination and implementation arrangements
- 5) Recommendations for financing strategies to strengthen financing systems that accelerate and sustain progress towards effective health security
- 6) Test the HSFAT and gain lessons for further refinement of the tool and roll out to other countries

Methodology (1)

National in scope

- Establish the technical team with experts from multiple discipline (Human Health, Animal Health, Public Finance)
- HSFAT customized to the context of Vietnam

Mapping health security activities under the 19 JEE



Methodology (2)

Technical approach

- Desk reviews relevant policy documents and study reports
- Quantitative assessment tracking expenditures from the Gov. financial statements and donors...(2016)
- Qualitative assessment key informants in-depth interviews for institutional arrangement
- Case Study synthesis of past lessons and experience (Avian Influenza 2003 - 06)



Data collection - qualitative

- Key informant in-depth interviews
 - ✓ Government officers from central level: 18 persons
 - ✓ Provincial levels: 24 small group discussions
- Partners working in health security (WHO, FAO, One health partnership, USAID, USCDC)

Data collection - quantitative

- Extract expenditure data from government and donors financial records.
- Expenditure data from 2016 the most up to date
 - ✓ At central level: Data collection at related departments of MOH, MARD, MOF and others;
 - ✓ At province level: through 3 regional workshops (204 participants from DOH, DOF, DARD)





Mapping key actors at central level

No	19 areas	МоН								MARD						\Box			
		MoH Cabinet Office	GDPM	MSA	Ad. of Food Hygiene and Safety	VAAC	Center for IEC for health	NIHE and Pasteau Ins.	Ins. of quality control for drug, vaccine	Vaccine companies	National Institute of Malariology Parasitology and Entomology	Central hospitals	MARD Cabinet Office	Dept. of Animal Health	Dept. of Agro- Forestry- Fisheries Quality Assurance	Dept of Livestock Production	MoF	MOST	МОІТ
1	National Legislation, Policy, and Financing																		
2	IHR Coordination, Communication and Advocacy																		
3	Antimicrobial resistance (AMR)																		
4	Zoonotic Disease																		
5	Food Safety																		
6	Biosafety and Biosecurity																		
7	Immunization																		ㄴ
8	National Laboratory System																		L
9	Real time Surveillance																		丄
10	Reporting																		╙
11	Workforce Development																		
12	Preparedness																		
13	Emergency Response Operations																		
14	Linking public health and security authorities																		
15	Medical Countermeasures and personnel deployment																		
16	Risk Communication																		
17	Points of Entry																		
18	Chemical Events																		
19	Radiation Emergencies																		

Mapping key actors at provincial level

	_														
	19 areas	рон											DARD		
No		Office	Center of Preventive Medicine	Branch of Food Safety	Center for Health communic ation &educatio	Centers for Malaria Preventio	Center for HIV/AIDS control	Center for internatio nal health quarantin e	Center for testing drugs and cosmetics	General hospital	TB and lung disease hospital	Office	Brähtenof Animal Animal	Forestry- Fisheries	Branch of
1	National Legislation, Policy, and Financing														
2	IHR Coordination, Communication and Advocacy														
3	Antimicrobial resistance (AMR)														
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16	Risk Communication														\square
17	Points of Entry														П
18	Chemical Events														П
19	Radiation Emergencies														

Health security budgeting processes & resource allocation

Sources of financing

Government budget

- Recurrent budget
- Non-current budget
- Investment budget
- National Target program
- Contingency fund
- Financial Reserve
- National Reserve

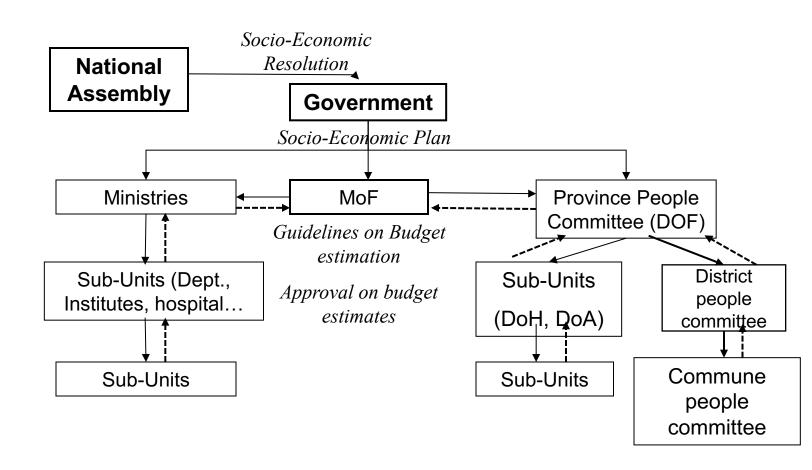
External aid

- Project based
- Emergency donation

Other

- Fees collection
- Direct contribution from enterprises, households

Process of budget allocation: general



Use of different financing source

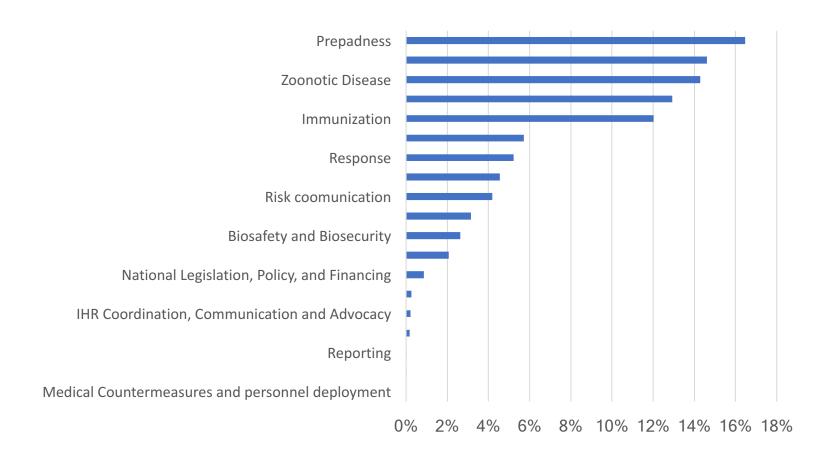
Recurrent budget (block grant)	 Personnel costs: salary, allowances, Operational costs of key agencies: Utilities, communication, propaganda, meetings, travel costs, maintenance, minor repairs 					
Recurrent budget (earmarked)	Specific technical activities Purchasing of specific item for technical purpose					
Investment budget	•Infrastructure •Equipment					
National Target Program	Activities to implement specific health objective Activity based budget					
Reserve funds	Advance made for emergency need when outbreak in place Medicines, specialized equipment, chemicals, epidemics allowances					
Foreign aids	Cost of implementation project workplan Urgent needs in an emergency cases					
Others	Fees collected: Used as recurrent budget Social mobilization: Not yet official regulation					

Financing for health security by 19 JEE technical areas

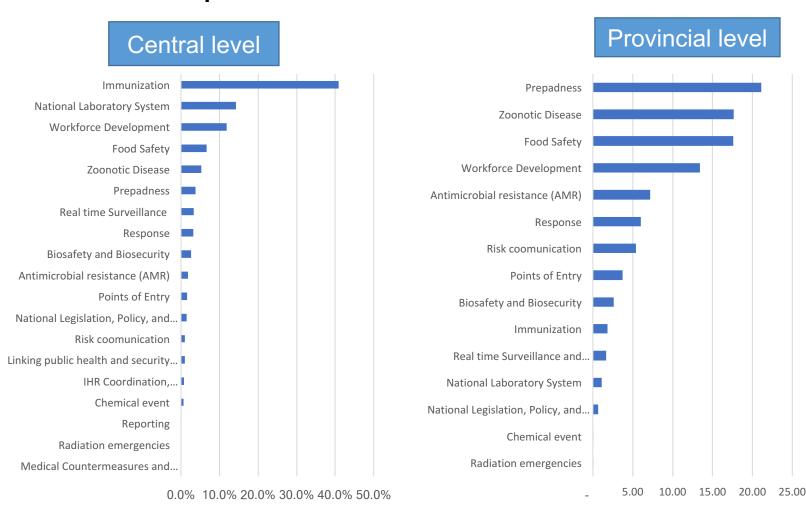
Total health security spending at central and provincial level, 2016

- Total health security spending 3,968 billion VND. Equi. US\$174.8 million
- Total health security spending per capita US\$1.94

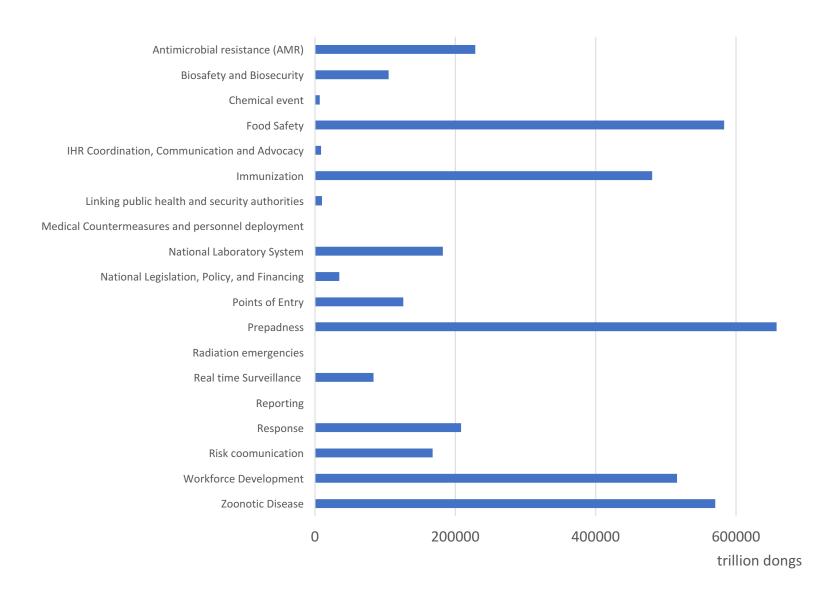
Total health security spending by 19 areas, in billion VND in 2016



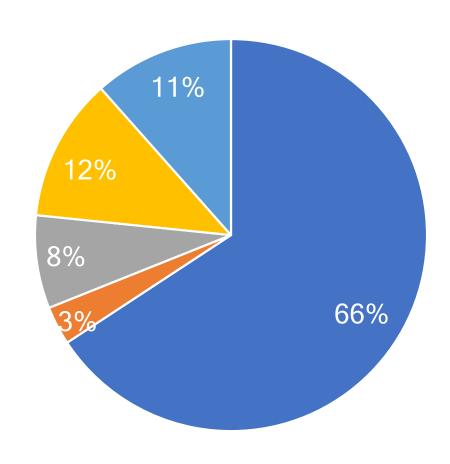
Total health security spending by 19 areas at central and provincial level, 2016



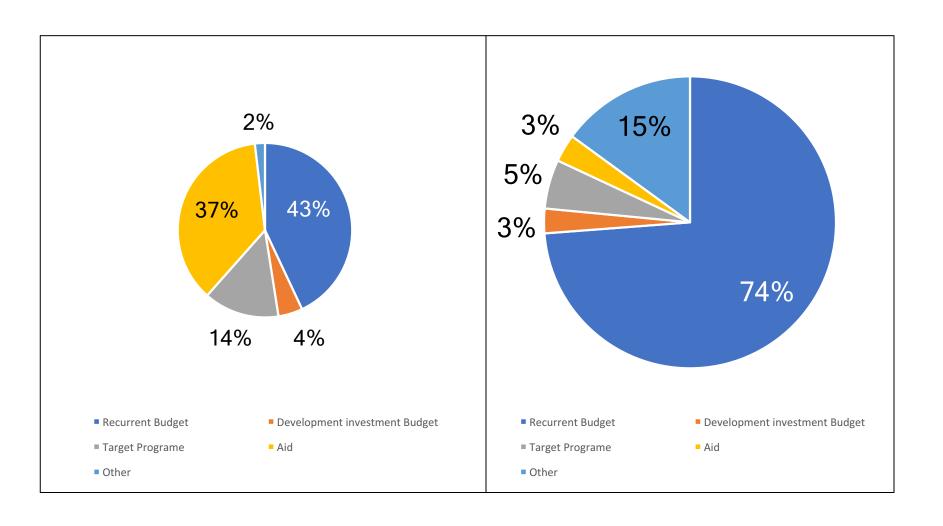
Distribution of health security spending by 19 areas

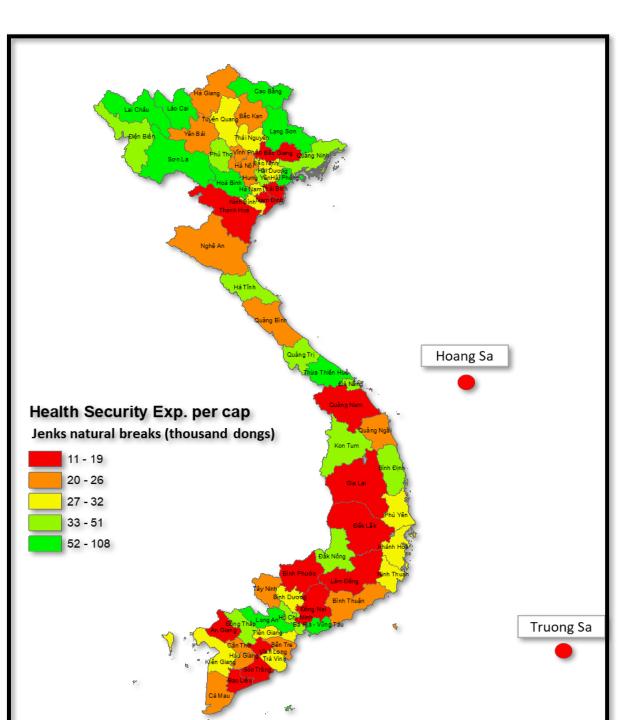


Total health security spending by sources of funding



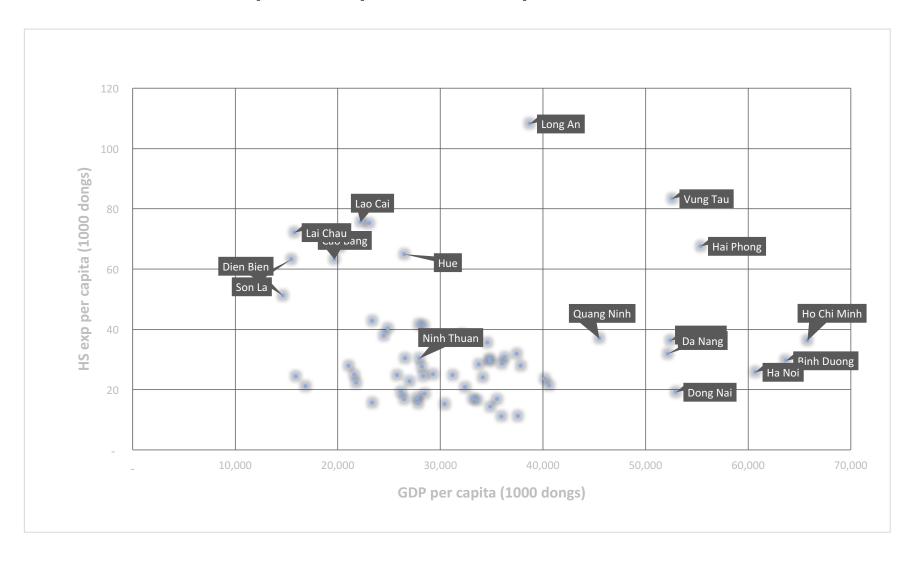
Health security spending by sources at central and province level



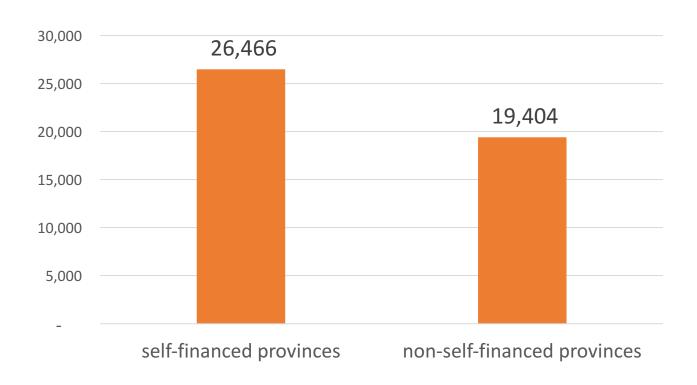


Provincial health security spending per capita by 63 provinces

Health Security spending per capita versus GDP per capita in 63 provinces



Health Security spending per capita (in VND) - by self-financed and non-self financed provinces



Key mesages

- Vietnam health security system has a fairly well prepared and good structure to respond to public health threats to the population in general.
- Government budget is well planned to be ready financing health emergency happens
- In average, Vietnam spends about US\$1.94 per capita for health security in 2016
- High proportion of funding is for prevention and response
- Main source of funding for health security is government budget
- Coordination between intersectoral ministries and among donors needs to improve

