



THE WORLD BANK



# 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 technical areas by key stakeholders



# 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)











# **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

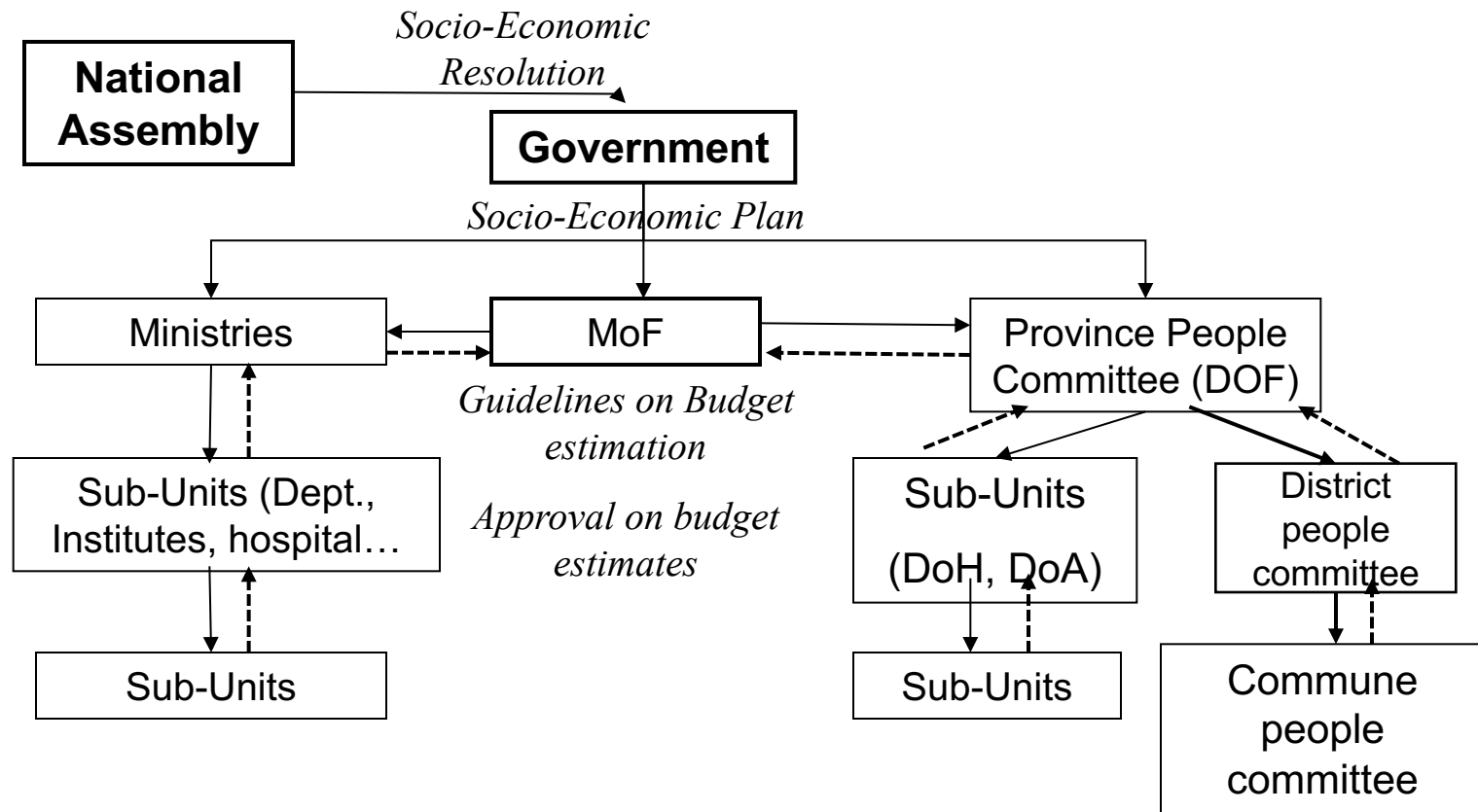
## External aid

- 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)	<ul style="list-style-type: none"><li>• Personnel costs: salary, allowances,</li><li>• Operational costs of key agencies: Utilities, communication, propaganda, meetings, travel costs, maintenance, minor repairs</li></ul>
Recurrent budget (earmarked )	<ul style="list-style-type: none"><li>• Specific technical activities</li><li>• Purchasing of specific item for technical purpose</li></ul>
Investment budget	<ul style="list-style-type: none"><li>• Infrastructure</li><li>• Equipment</li></ul>
National Target Program	<ul style="list-style-type: none"><li>• Activities to implement specific health objective</li><li>• Activity based budget</li></ul>
Reserve funds	<ul style="list-style-type: none"><li>• Advance made for emergency need when outbreak in place</li><li>• Medicines, specialized equipment, chemicals, epidemics allowances...</li></ul>
Foreign aids	<ul style="list-style-type: none"><li>• Cost of implementation project workplan</li><li>• Urgent needs in an emergency cases</li></ul>
Others	<ul style="list-style-type: none"><li>• Fees collected: Used as recurrent budget</li><li>• Social mobilization: Not yet official regulation</li></ul>

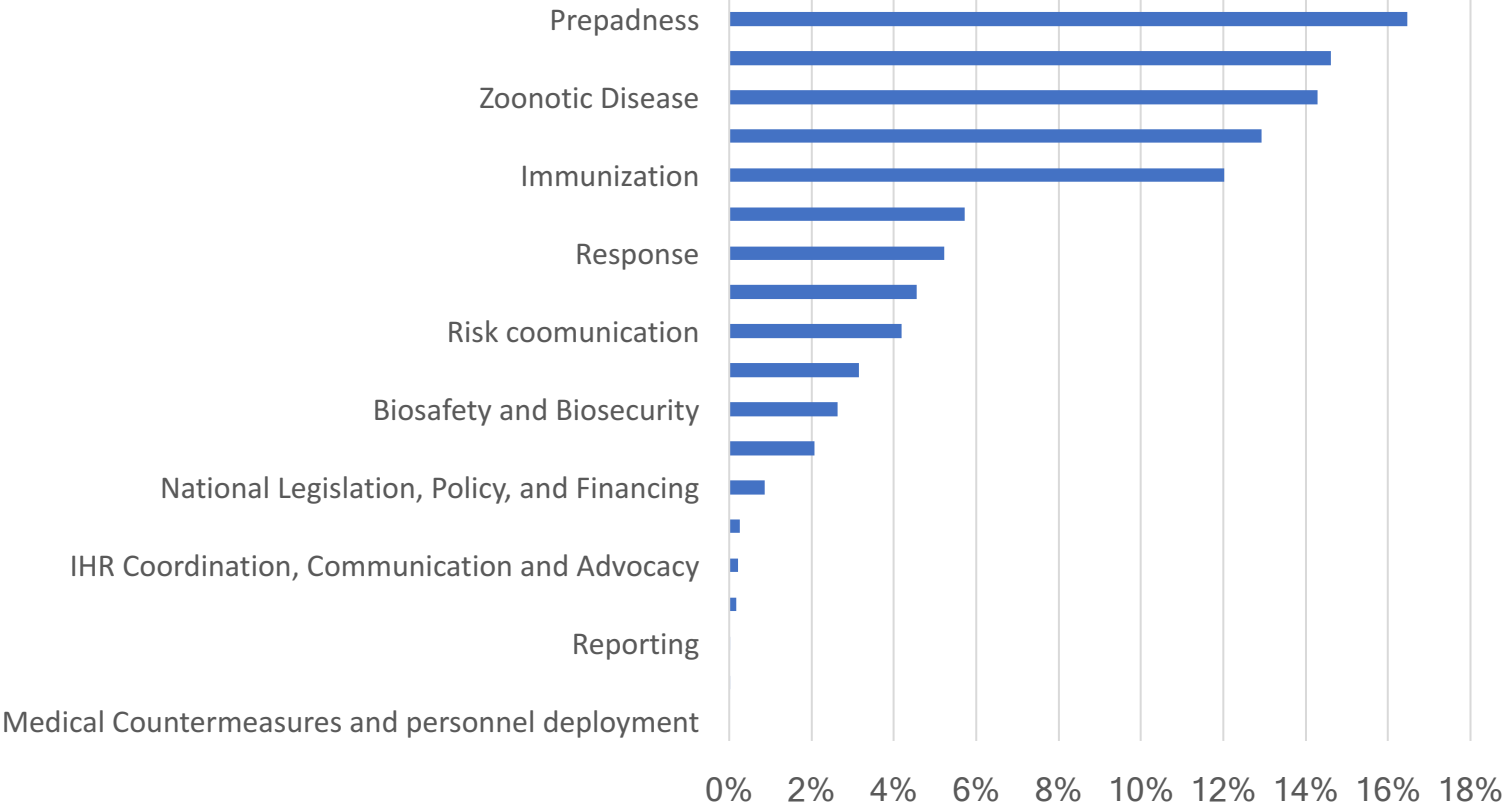
# **Financing for health security by 19 JEE technical areas**

# Total health security spending at central and provincial level, 2016

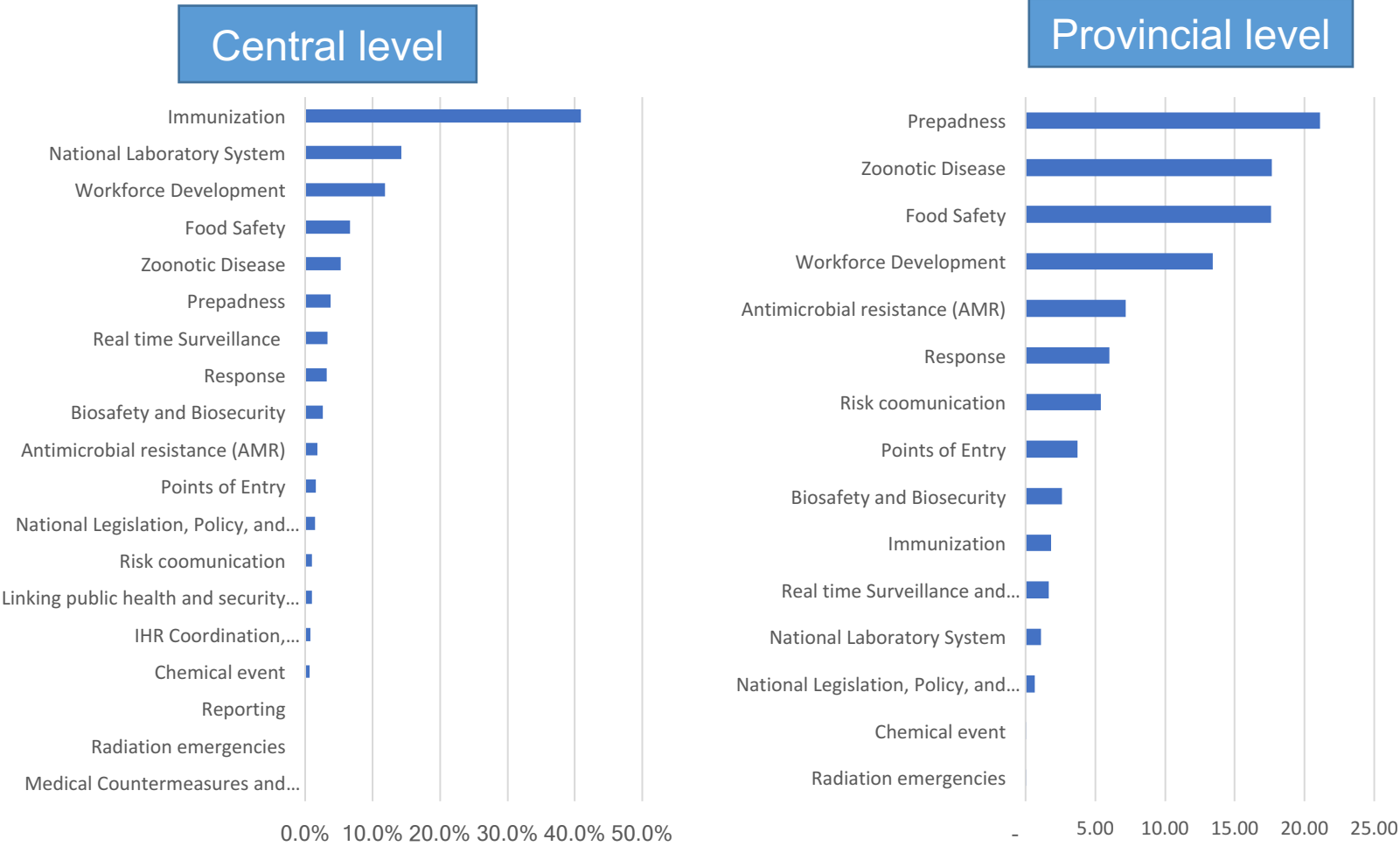
- Total health security spending – 3,968 billion VND. Equi. US\$174.8 million
- Total health security spending per capita - US\$1.94



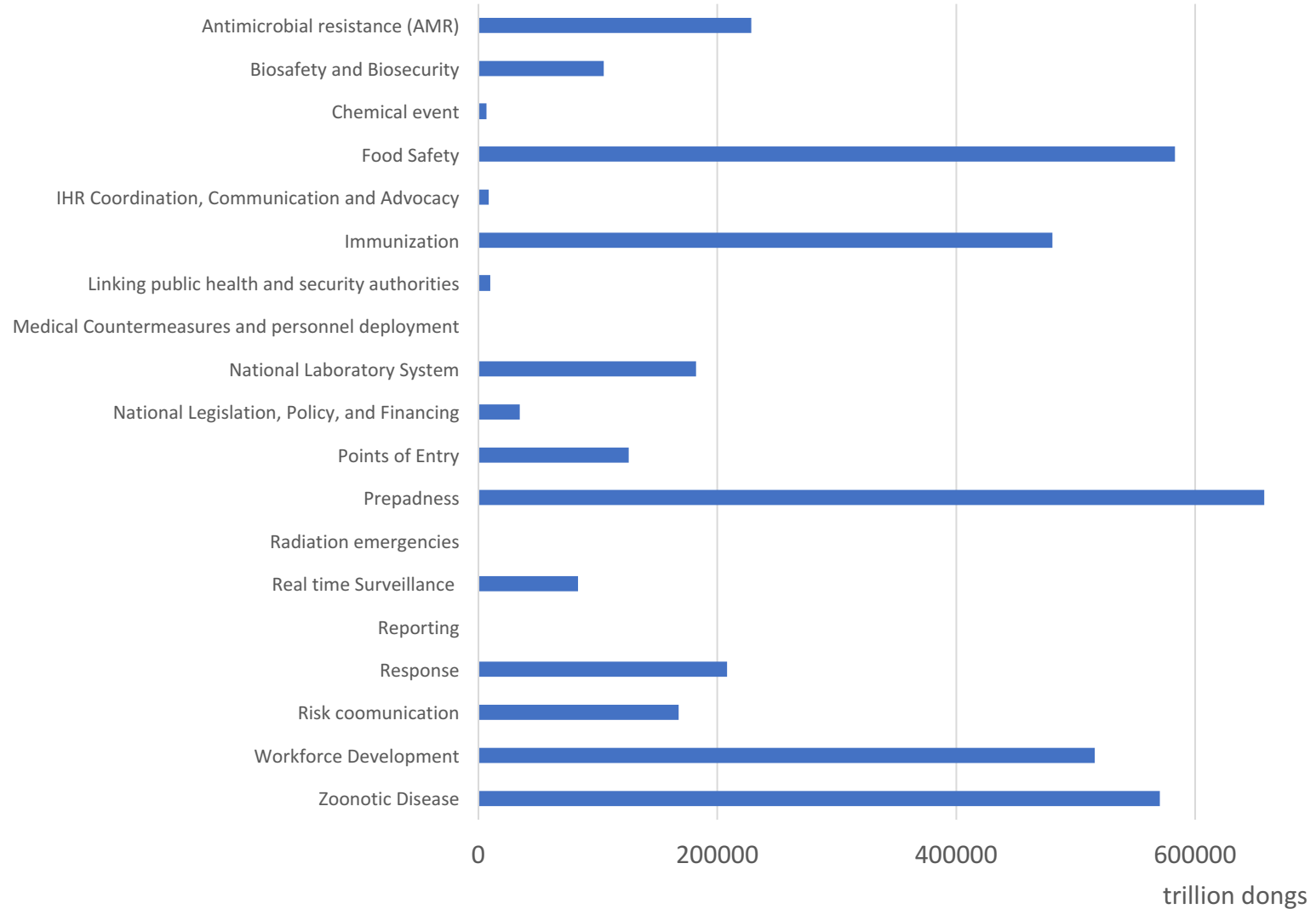
# Total health security spending by 19 areas, in billion VND in 2016



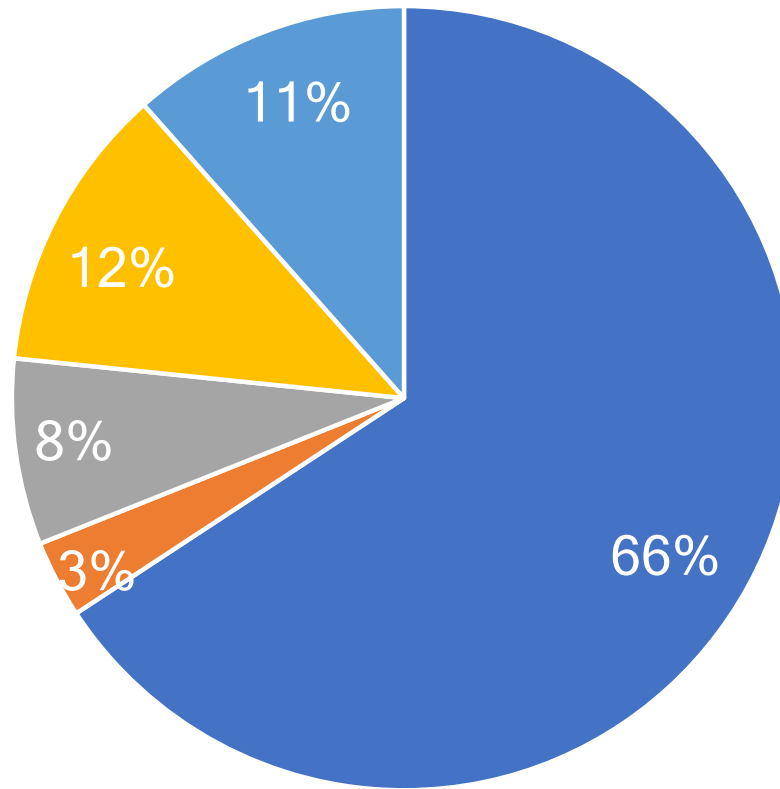
# Total health security spending by 19 areas at central and provincial level, 2016



# Distribution of health security spending by 19 areas

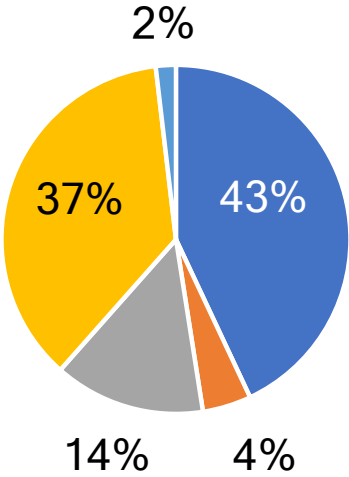


# Total health security spending by sources of funding

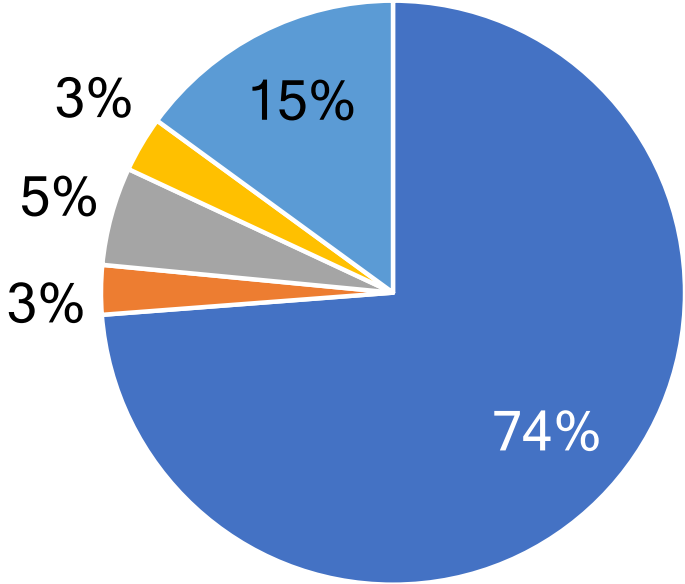


■ Recurrent Budget ■ Development investment Budget ■ Target Programme ■ Aid ■ Other

# Health security spending by sources at central and province level



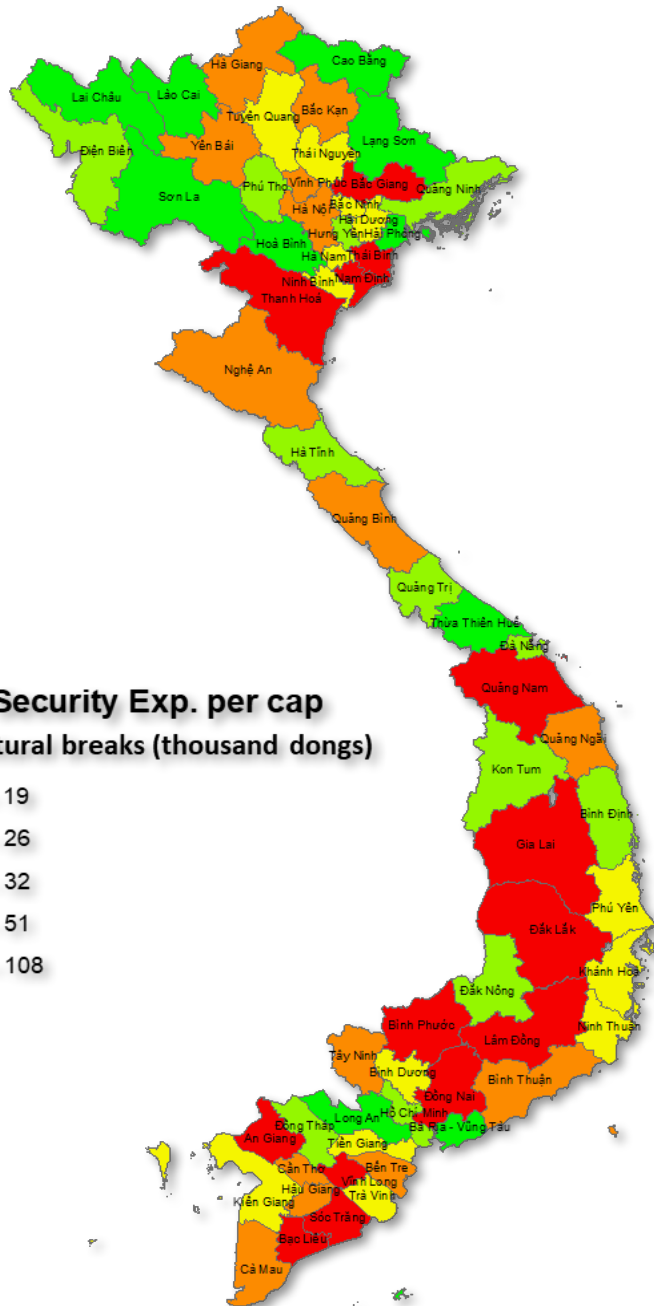
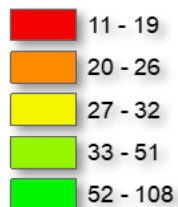
- Recurrent Budget
- Development investment Budget
- Target Programme
- Aid
- Other



- Recurrent Budget
- Development investment Budget
- Target Programme
- Aid
- Other

# Provincial health security spending per capita by 63 provinces

Health Security Exp. per cap  
Jenks natural breaks (thousand dong)



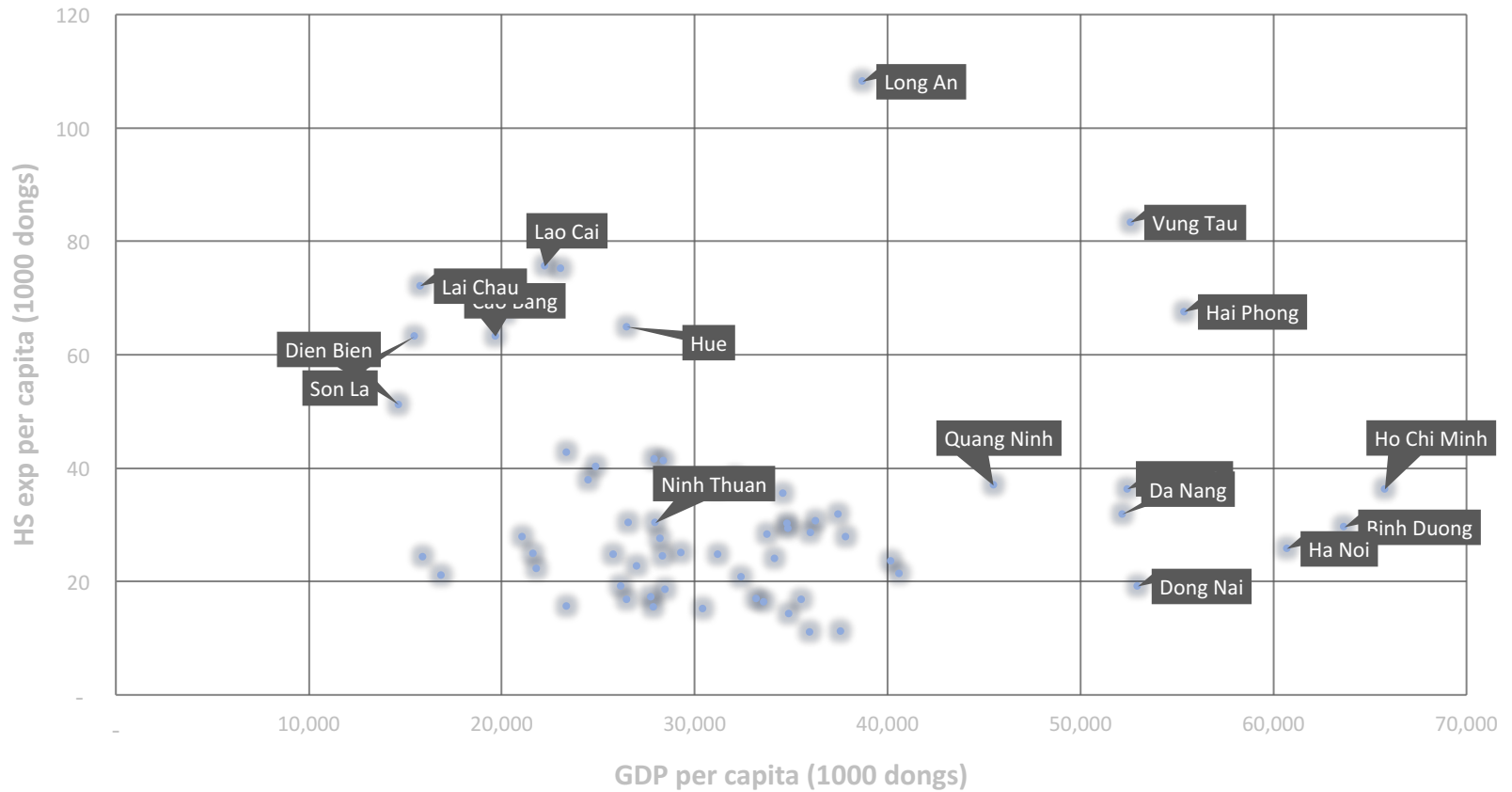
Hoang Sa



Truong Sa

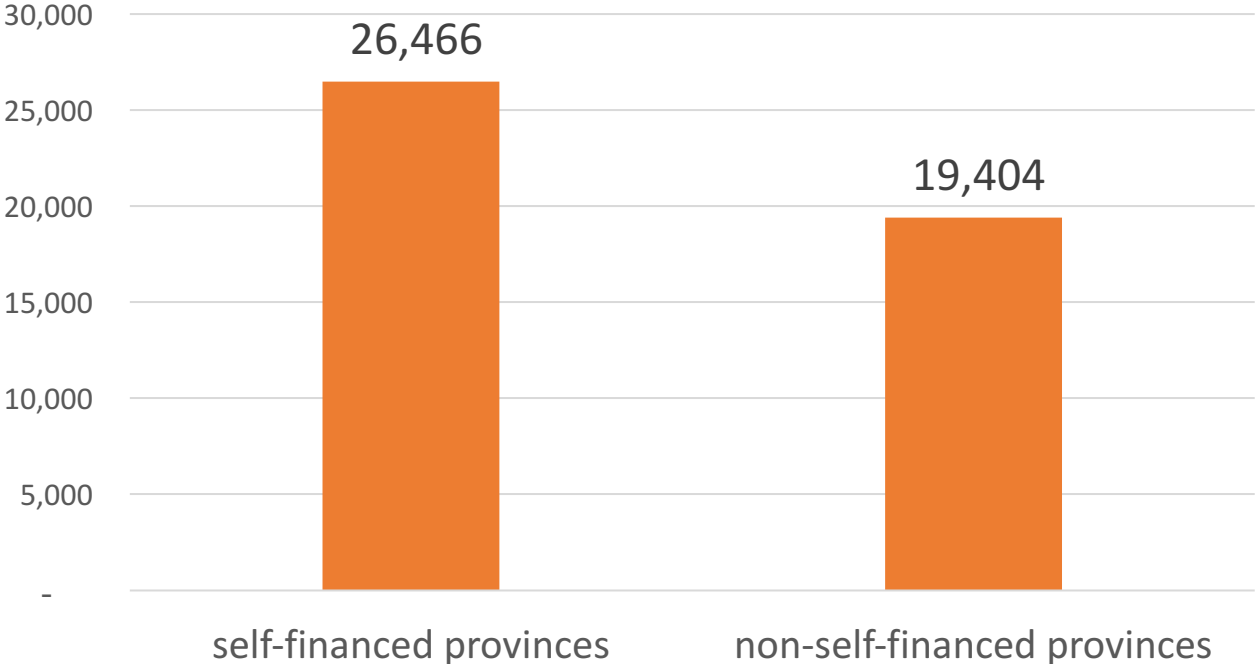


# Health Security spending per capita versus GDP per capita in 63 provinces





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



# Key messages

- 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

*THANK YOU!*