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Fast Facts

Country: Vietnam; Lao PDR

Duration: July 2001 to June 2005

Implementing UN Agencies: WHO

Other Implementing Partners: Organization for Educational Resources and Training; Viet Nam Health Insurance Agency

Budget: \$378,245.00

Key Words: Access to health care; community-based health insurance schemes

BACKGROUND

In 2001, the health status of the populations in Lao PDR and Vietnam remained one of the lowest in the Western Pacific Region. Insufficient availability of health care together with financial barriers left vulnerable populations excluded from obtaining care when needed, resulting in low life expectancy and high infant and maternal mortality rates. Since public health clinics were underfunded and hospitals relied on patient fees, out-of-pocket payments made up the majority of the costs, barring the poor from accessing the care needed. In addition, because large segments

of the populations were not covered by existing social security schemes, the existing public health-care systems tended to be underutilised. Strengthening the national health systems towards universal coverage were considered to be a crucial dimension towards increased health security in Lao PDR and Vietnam. However, both countries encountered immense challenges in their efforts to extend health-care coverage to those not covered by existing social security programmes.

PROGRAMME OVERVIEW

GOALS AND OBJECTIVES

The project sought to extend health insurance coverage to people excluded from existing social security programmes in order to ensure greater access to health-care services for vulnerable persons. In order

to reach this objective, the project established locally-based health insurance schemes allowing communities to manage health care financing through pre-payments and risk-pooling at the community level.

BENEFICIARIES

The project targeted a total of 300,000 people in the rural provinces of Vientiane, Luang Prabang and Bolikhamxay in Lao PDR and Hoa Binh, Ninh Binh and Quang Ninh in Vietnam. By implementing health insurance schemes at the community level, members

avoided overwhelming expenditures on health care and ensured greater access to health services for their communities. As a result, anxiety over payment for treatment reduced and people accessed treatments sooner and in a more cost-effective manner.