

INSIDE

Vietnam's

HEALTH SYSTEM

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Vietnam's Health System

Health System Structure

Vietnam's healthcare system is run by the Ministry of Health, which separates healthcare into four different tiers: national/central, provincial, district, and commune (Quan & Taylor-Robinson, 2023; Le et al, 2010; Ha et al, 2020). These tiers represent geographic divisions, as Vietnam is split into provinces, which are then split into districts and communes (Quan & Taylor-Robinson, 2023). Basic health services such as maternal and child healthcare, family planning, immunizations, and treatment of acute respiratory infections and common ailments are typically provided by commune health centers (Le et al, 2010).





Vietnam has a mixed healthcare system that utilizes both public and private health sectors (Le et al, 2010). In Vietnam, social health insurance or private health insurance can be utilized. Social health insurance is mandatory for all Vietnamese citizens and administered by the Vietnam Social Security sector and is funded partially through employer contributions, employee contributions, and state allocations (Nguyen, 2023). Employers contribute approximately 17.5% toward social health insurance, while employees contribute approximately 8% toward social health insurance, which is taken directly out of their monthly salary (Chua, 2025). For those who can afford it, private health insurance can also be purchased, which may allow better coverage for services and access to higher-quality services (Quan & Taylor-Robinson, 2023). Additionally, for marginalized populations, such as low-income individuals, ethnic minorities, single mothers, children under 6 years old, and adults over 80 years old, copayments are not required and health services are typically fully subsidized by the government (Le et al, 2020; Quan & Taylor-Robinson, 2023; World Health Organization, n.d.). The proportion of Vietnamese citizens currently expected to have health insurance is 95%, with the country's goal to achieve universal health coverage by 2030 (Voice of Vietnam, 2025). Starting in 2026, Vietnam intends to also offer every Vietnamese citizen a free annual health check-up or screening, with priority given to underserved groups (Voice of Vietnam, 2025; Vietnam News, 2025).





Public Health's Role Within the Health System

Public health plays a big role in Vietnam's healthcare system, as there is a large emphasis on disease control and prevention, along with preventative healthcare services. Policymakers are also urged to prioritize preventative healthcare by promoting healthy behaviors, vaccinations, regular health examinations, and early disease detection and intervention. An allocation of approximately 30% is also allocated for public health purposes (Quan & Taylor-Robinson, 2023). Public health services that are implemented include community outreach, immunization programs, hygiene workshops, nutrition advice, and care/support groups for new mothers (Quan & Taylor-Robinson, 2023). The central/national level of the Ministry of Health is responsible for public health programs such as the General Department of Preventive Medicine, Admission for HIV/AIDS control and prevention, and Health Environmental Management Agency. At the more local level, the provincial level has public health programs for HIV/AIDS prevention, reproductive health, preventative medicine, food safety, and also serves as the center of information, education, and communication (Ha et al, 2020). Infectious diseases such as HIV/AIDS, tuberculosis, and malaria are common in Vietnam and there are programs specifically developed for the prevention and treatment of these respective diseases. International aid has especially helped with the funding of these programs as well (Le et al, 2020). The Centers for Disease Control and Prevention (CDC), first found in the US, also has a presence in Vietnam, as they worked with the Ministry of Health to strengthen epidemiological, laboratory, and program implementation capacity, especially in regards to diseases such as HIV, tuberculosis, influenza, and other potential outbreaks by providing funding and technical support to strengthen health system infrastructure. (Ha et al, 2020).

Other efforts for public health that Vietnam has made, includes developing surveillance programs dedicated to tracking and reporting communicable diseases. The national electronic communicable disease surveillance system (eCDS) was developed in 2004 and was used to surveil conditions such as dengue, hand, foot, and mouth disease, Japanese encephalitis, influenza-like illnesses, severe acute respiratory infections, and Zika virus. Additionally, during the COVID-19 pandemic, a smartphone app called “Sức Khỏe Việt Nam” was developed, which allowed people to report potential COVID-19 infections and also receive information regarding the pandemic and how to self-assess for COVID-19 infection (Bui et al, 2021).



Limitations of the System

With Vietnam’s strengths of providing affordable healthcare and social health insurance, efforts to close the gap with health disparities, and support for their public health programs, also comes its shortcomings within the health system as well. Vietnam has a strong emphasis on preventing infectious and mosquito-borne diseases, as there are a multitude of public health programs available for the prevention and treatment of these diseases. However, the development of chronic diseases is beginning to rapidly increase, especially in rural areas where there are already health disparities. With the shift of burden from infectious diseases to chronic diseases, there likely is not enough attention on the prevention of chronic diseases, which can be detrimental to health outcomes (Hinh & Minh, 2013). Although Vietnam is known to have relatively cheap healthcare, out-of-pocket costs do exist and account for 41% of total health expenditure in Vietnam and could be a cause for financial burden (Quan & Taylor-Robinson, 2023; World Health Organization, n.d.). Additionally, those who utilize central and provincial level health services may experience over-crowding and long wait-times (Le et al, 2010). Despite these issues, Vietnam’s health system exemplifies strength through thoughtful care and consideration for the people.

Historical Context

Key Events that Shaped Vietnam's Health System

In our analysis, three key events have helped direct Vietnam to where it is today in the Doi Moi Policy, SARS outbreak of 2002-2004, and the Culture and Attitude. The Doi Moi policy, also known as the renovation policy (doi mois) implemented in 1986 was a massive change in agriculture, finance, and global politics. The policy greatly improved the infrastructure, economy, and opened the path for a mixed healthcare model, as prior to 1989, Vietnam's healthcare system was previously centrally organized and fully subsidized by the government. Shortly after, insurance was introduced in 1992 (Le et al, 2010). With the nation aiming to have 20% of its hospitals be private institutions proving value to the decision to transition. The transition to universal health coverage began in 1992 and was further backed by the Law of Health Insurance in 2008. A reported 70% of all Vietnamese citizens were covered by universal health coverage in 2014 with plans to reach 80% by 2020 (Nguyen & Chen 2014).

Vietnam was one of the first countries to be identified with severe acute respiratory syndrome (SARS) during its original outbreak in 2002. The country faced a relatively small outbreak with 68 confirmed cases but it is a testament to the ability in containing and preventing its spread.





Despite its relatively small budget, smart investment in relevant sectors has led to success in improving sanitation facilities, access to clean water, and education has improved infant mortality rates. As most of the preventative health treatments are provided free, this leads to an improved vaccination rate with the WHO program. The passing of the Law of Health Insurance in 2008 introduced a gatekeeper to the system and some drawbacks with the increased wait times for higher level hospitals.

However, the system allowed for patients to be treated anywhere regardless of insurance status in case of emergency. This likely reduced hesitancy to perform life saving procedures due to the funding provided by the state-system. Furthermore, improvement in infrastructure through 1 billion being invested into building hospitals is sure to make access easier for a majority of the population.



Criteria for Health Systems Analysis



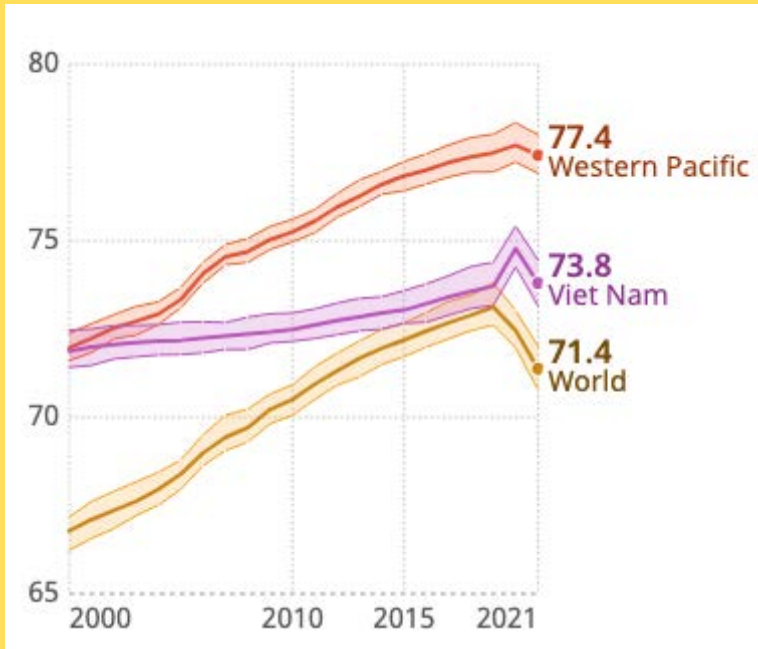
Equity in Healthcare

The Criteria for Health Systems Analysis is a framework that we will be using to examine Vietnam's health system and its ever-evolving programs and components. We chose to discuss equity and effectiveness for this analysis due to the significant efforts of Vietnam to not only reach their entire population but also because of the empirical evidence of improved health outcomes. For a health system to be equitable, populations should have equitable disbursement of the health systems services, including its advantages and disadvantages. Vietnam has taken great strides in improving the health and wellness of its population since the implementation of Doi Moi policy. In 2021, 89 percent of people had personal health insurance (Quan & Taylor-Robinson, 2023). Affordability of services has also allowed for low-income families and individuals to be utilize health services when needed.

Despite expanded efforts to increase access to healthcare to marginalized groups, such as single mothers, ethnic minorities, low-income and rural populations, there is a significant disparity in services and the number of healthcare workers geographically. For this reason, there is an overconcentration of health workers in urban, metropolitan areas and at the same time, a shortage of workers in rural areas. This inadvertently leads to a disparity in health services to rural populations. One possible solution to increase equity in this regard is telemedicine. With increased use and access to technology in Vietnam, the broader implementation of telemedicine has become much more feasible. Other solutions to address this disparity are incentives such as higher salary and housing subsidies for healthcare workers and increased education on rural health as well as working with local governments to establish systems of care.

Effectiveness of Current Systems

Life Expectancy at birth



World Health Organization. (2026). *Life expectancy at birth - region / global* [line graph]. WHO, <https://data.who.int/countries/704>

For a health system to be effective, services and systems provided need to show an improvement in health outcomes for the target population. Vietnam has proven successful in this regard through prevention focused campaigns that prioritize community engagement as well as an emphasis on healthy behaviors, vaccines, regular doctor's visits, and improved early disease detection systems. Through this approach, Vietnam has been able to significantly improve life expectancy (WHO, 2026), reduce infant and maternal mortality rates, and greatly decrease the burden of infectious diseases in the country ("Guest Editorial," 2013).

With these improved health outcomes, such as the increase in life expectancy, means a growing aging population that Vietnam's health system may not be fully equipped or prepared for. This not only requires knowledge and training of elderly populations, but a systems-based approach that takes into account social determinants of health such as income and housing, to provide informed programs and services that effectively address their needs.

One other important consideration is the prevalence of social stigmas concerning health problems. As a socially conservative country, "taboo" subjects such as mental and sexual reproductive health, create an atmosphere where it may be difficult for an individual to seek treatment. This must be addressed within Vietnam's health system in order to improve health outcomes and increase effectiveness.



Lessons for the US



Vietnam utilizes a mixed-model which reduces the work and financial load on public state-funded facilities, aided in fulfilling compulsory health insurance and pushed innovation at a reasonable price. Having a built-in state funded system means that private facilities are unable to overprice their services due to inherent competition. Practices such as ‘gift giving’ may be foreign, but it may be a bridge to service low income populations without creating financial strain (Witter 1996).



Many people travel abroad to Vietnam for their services such as dental or hospital. Healthcare is accessible despite out-of-pocket services making up 68% of all healthcare expenses (Nguyen et al., 2012). Insurance coverage directly reduces the price of health care and indirectly decreases the amount of days sick and spent in hospital.

Lessons for the US

Prevention at Source

In light of the persistent rate of chronic obstructive pulmonary disorder (COPD) due to tobacco use and to reduce teen vaping, Vietnam directly banned all E-cigarettes with a hefty fine as a consequence in January of 2025.

Though the prevalence for vaping still remains at 6.1% in public high schools, the policy indicates a direct desire to address the issue and limit the supply while further studies of the association between adolescents and e-cigarette use is furthered (Phan et al. 2025).



Focus With Care

A major lesson the US could also take from Vietnam is in its population oriented public health policies. During COVID-19, Vietnam saw no death during the original variant due to its direct approach. One of the biggest factors for its success was a focus on the principle of ‘focus with care’. The worst crowd is a panicked crowd and Vietnam knew this in its address of the pandemic. Social media became a staple for misinformation and mass hysteria making precise publications important in preventing chaotic crowds fighting for food or toilet paper (Minh et al, 2021).



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