Towards Universal Social Health Protection

Voices from Lao PDR, Myanmar and Viet Nam

connect
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Introduction

Towards COVID19 recovery and prosperity for all in South East Asia

Social Health Protection (SHP) aims to provide adequate financial protection against the risk of ill health and related financial burden and catastrophe. It is crucial in poverty reduction and access to essential health care. The Rights to Health and to Social Security are both enshrined in the 1948 Universal Declaration of Human Rights.

In line with the tremendous progress that has been made in alleviating poverty and through strengthened social protection systems, **health outcomes** in South East Asia have vastly improved in recent years. Over the last three decades, life expectancy has significantly increased in the region and most countries have also experienced notable declines in maternal and child mortality rates, and a sharp reduction in the prevalence of communicable diseases.

Despite these encouraging developments, the socio-economic diversity of the region entails uneven progress between countries. There are also significant health inequities within countries, as disparities between rural and urban populations intensify in the wake of rapid urbanisation. The region faces a growing burden of chronic diseases, challenges associated with ageing populations and a rise of health issues related to traffic accidents, air pollution and climate related disasters. There is a pressing need to ensure that gains in health outcomes are sustained and equitable.

Health Equity is the notion that everyone should have a fair opportunity to attain their full health potential, regardless of their social status or the circumstances defined by their social status. Health Equity is based on the premise that all individuals have a right to good physical and mental health and well-being. Providing everyone with an equal chance to access this right is a question of Social Justice. Realizing greater equity in health is a goal in itself; achieving specific global health and development targets without ensuring equitable distribution across and within populations is of limited value. Therefore, although most countries are successful in reducing mortality and morbidity, further efforts and achievements are required to address the social context and conditions in which people live, in order to remove obstacles that contribute to health inequities, such as poverty, unemployment and discrimination.

Today, with populations across the globe facing the unprecedented repercussions of the COVID-19 Pandemic, disparities in accessibility, affordability and quality of health care services are increasingly stark. The need to promote health for all in line with **Sustainable Development Goal (SDG) 3** has never been more urgent.

BOX 1: Social Health Protection aims to alleviate the potentially heavy financial burden caused by poor health by reducing the costs of disease and disability through affordable public health insurance or government-funded health services.

It is therefore critical for Governments in the region to invest in shock responsive, resilient and sustainable social health protection systems that provide the entire population with financial protection when and where the population need to access health care services. When public investments in healthcare are increased and people are protected from catastrophic health expenditures, the health and well-being of populations advance in tandem. Improved health outcomes lead to increased labour participation and productivity, better education outcomes, poverty reduction and the promotion of social justice. This in turn contributes to overall national prosperity and stability, accelerating progress towards multiple SDGs.

Target 1.3
Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

Target 3.8
Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

Target 5.6
Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Target 8.5
By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

Target 10.4
Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve gender equality

Target 17.16
Enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources to support the achievement of sustainable development goals in all countries, particularly developing countries

To achieve these crucial and interrelated goals, adequate preventative and curative health care must be accessible to all, with assurance that no one is left behind. This can only be attained through the application of the International Labour Standards, and particularly those specified in Convention 102 (1952) on Social Security Standards, Convention 130 (1969) on Sickness and Medical Care and Recommendation 202 (2012) on the establishment of national social protection floors.

BOX 2: THE SDGs

Adopted as part of the 2030 Agenda for Sustainable Development, the 17 Sustainable Development Goals (SDGs) set out the layout to achieve a better and more sustainable world for all by 2030. 'The SDG targets on universal health coverage (SDG 3.8) and universal social protection systems, including floors (SDG 1.3) are two complementary and closely linked priority measures aimed at achieving a healthy and dignified life for all, which is at the heart of sustainable development and social justice. (ILO 2020)

The core principles of Social Health Protection

Social Health Protection (SHP) can be defined as a *series of public measures against social distress and economic loss caused by the reduction of productivity, stoppage or reduction of earnings, or the cost of necessary treatment that can result from ill health.* Effective SHP provides financial protection against loss of income and the costs of treatment in cases of ill health, injury and maternity, facilitating access to affordable, acceptable and accessible quality health care.

Social Health Protection systems are of paramount importance, not only for the promotion of health, but to uphold people's rights and to achieve the Decent Work Agenda.

Health financing sources vary from country to country, with strategies usually mixing State Budget, prepaid health insurance contributions, direct out-of-pocket expenditures and/or external aid. There is no one-size-fits-all approach for Governments to guarantee health protection to all. However the way health is financed is not neutral and determines levels of equity in financing and access to health care, and financial protection. The key to such an approach is redistribution through a system of burden sharing and risk pooling founded on the values of solidarity, equity and social justice. There is also global consensus that domestic resource mobilization must be strengthened and out-of-pocket spending reduced to the extent possible to avoid households catastrophic health expenditures. It is the responsibility of National Governments and public institutions to translate these values into practice.

BOX 3: INTERNATIONAL PRINCIPLES OF SOCIAL HEALTH PROTECTION

1. Universality of protection
2. Diversity of approaches and progressive realization
3. Risk-sharing and solidarity in financing
4. Overall and primary responsibility of the State
5. Adequacy of benefits
6. Predictability of benefits
7. Non-discrimination, gender equality and social inclusion
8. Fiscal and economic sustainability with regards to social justice and equity
9. Participation, social dialogue and accountability
10. Integration within comprehensive social protection systems

What are the benefits of Social Health Protection (SHP)?

- **SHP facilitates timely access** to health care without delay, which can limit the severity of diseases, helping people to recover faster, at a lower cost.

- **SHP reduces poverty** by eliminating the burden on individuals to pay for treatment directly. This means that sick people can access necessary health care services without relying on their savings, selling their assets or borrowing money. Reducing poverty is crucial, as the conditions associated with poverty such as poor habitat, malnutrition and inadequate water supply and access, and sanitation, can lead to diseases. This further impedes an individual ability to work and earn an income, perpetuating the vicious cycles of poverty.

- **SHP protects incomes**; And when incomes are secured, workers can afford to spend on better food, and other necessities which keep them healthy. Healthy people with secured incomes have more opportunities to invest in the future, and are more likely to spend on education, or developing a business. This **enhances human capital**, leading to a better educated, healthier, and more productive workforce.

BOX 4: KEY INTERNATIONAL STANDARDS

The objectives, functions and principles of social health protection systems are grounded in international social security standards, and include a set of principles to guarantee effective and adequate health protection.

- Medical Care Recommendation, 1944 (No. 69)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Medical Care and Sickness Benefits Convention,1969 (No. 130) and Recommendation, 1969, (No.134)
- Maternity Protection Convention, 2000 (No. 183)
- Social Protection Floors Recommendation, 2012 (No. 202)

- At the collective level, **SHP drives growth**. Money saved on health care can be spent locally on other necessities, which stimulates local economies and contributes to the overall prosperity of communities.

- Ensuring access to affordable health care and sickness benefits is central to **responding to infectious disease outbreaks** such as COVID-19. Effective SHP

enhances Government capacity to contain and respond to such outbreaks by ensuring (i) treatment for those infected and (ii) facilitating early detection and isolation, (iii) protecting income of those who tested positive or are displaying symptoms so that they can isolate thereby preventing further spread of the virus.

- By ensuring that everyone can access health care services, SHP reduces income disparities. This **limits political unrest** related to inequalities and **promotes peace, stability, social cohesion and solidarity**.

Progress, gaps and challenges in Lao PDR, Myanmar and Viet Nam

There is increasing consensus among Governments across **South East Asia** on the need to strengthen SHP systems to promote sustainable development. ASEAN countries have made the extension of social protection a regional priority.

As reflected in the region's steadily improving health indicators, Governments in South East Asia have demonstrated a high level of political will to strengthen financial protection and address high levels of out-of-pocket health care payments. These commitments are recognised in the ASEAN Declaration on Strengthening Social Protection adopted in 2013 and their efforts are underpinned by a strong commitment to achieve Universal Health Coverage (UHC). Lao PDR, Myanmar and Viet Nam are some of the ASEAN member states to have set ambitious targets for achieving UHC in line with target 8 of SDG 3. While each country is at different stages along its path towards this goal and advancing along different trajectories, progress is tangible in all three countries.

In **Lao PDR**, Government subsidies for the country's National Health Insurance (NHI) scheme have been steadily increased. In the space of a decade, the percentage of the population covered by SHP rose exponentially from less than 10 percent in 2008 to 93% since 2018. In 2018, almost full population coverage was reached. The NHI scheme now relies primarily on tax-based financing, combined with contributions from workers in formal employment. To access treatment, beneficiaries - except contributing workers, poor patients, expectant mothers and children under 5 years - pay a relatively low co-payment at facility level. Currently, the Ministry of Health is strengthening the country's previously fragmented SHP schemes into a unified NHI system, which is expected to enhance efficiency and equity of coverage and bring the country closer to its ambitious target of achieving UHC by 2025.

In **Myanmar**, the elected Government has committed to advance towards UHC by 2030 along a pro-poor trajectory, as outlined by

the country's National Health Plan (2017-2021), which comprises ambitious reforms to extend SHP to the entire population. In addition to the tax funded public health services, a vehicle for SHP delivery in Myanmar is the Government managed Social Security Board (SSB) which provides health insurance and income security to contributing workers, who are able to access free care at SSB run facilities. Before the 1st February 2021 Coup, the elected Government efforts were underway to modernise SSB administration towards a "member-centric approach", expand the network of SSB health facilities and extend coverage to members' dependents, with the ambition to extend population coverage and adequacy of benefits.

In **Viet Nam,** encouraging measures to further expand coverage and reach UHC by improving the efficiency of the country's Social Health Insurance (SHI) scheme, are also ongoing. Over the years, laudable progress has been made through strengthened legislation and significant government subsidies to the scheme. As a result, more than 90 percent of the Vietnamese population is currently covered by SHI, which is now the primary channel for health care financing in Viet Nam. Substantial Government funding ensures full subsidies for those over 80 and children under 6, as well for ethnic minority households and those identified as poor. For other disadvantaged groups, such as the near poor, partial subsidies are available, with the goal to reach 100 per cent coverage for vulnerable groups.

All these efforts in Lao PDR, Myanmar and Viet Nam must now be sustained to consolidate achievements and meaningfully implement the principles of UHC, so that no one is left behind.

Achieving UHC on a global scale by 2030 will require a high level of commitment from Governments, strong multisectoral collaboration and sustainable public investment where it is needed most. Experiences from Lao PDR, Myanmar and Viet Nam are examples of the opportunities and obstacles that many countries face along the way. The imperative now, particularly in the context of the unprecedented global health challenges related to the COVID19 pandemic humanity is currently facing, is to learn from these experiences and build on the momentous accomplishments that have been achieved to date. Reflecting on how far health protection systems in South East Asia have advanced over the course of just a few decades provides a powerful insight into the transformative progress that can and must follow in the years to come.

The impact of these efforts, advancements and challenges cannot be fully comprehended through statistics alone. The next chapters will therefore go on to highlight the experiences of SHP beneficiaries and health workers in Lao PDR, Myanmar and Viet Nam to explore how the varied strategies and approaches being implemented in each country are changing lives. By drawing on first-hand testimonies from individuals,

the aim is to give a voice to those most impacted by reforms and highlight how these interventions play out on the ground. Shining a spotlight on the diverse experiences of patients and frontline health care workers is an opportunity to bring forward cases lost among statistics, revealing the human face of SHP and the tangible impacts it has on the lives of beneficiaries. Not only does this breathe life into the impressive achievements of evolving health protection systems in the region, but also highlights the challenges that remain. Learning from these challenges will help promote the development of meaningful and sustainable solutions that drive progress towards UHC.

This Advocacy booklet is a product of 'Connect for Social Health Protection' (CONNECT) - a pioneering multi-stakeholders network of public institutions and non-for profit organisations in the Asia Pacific region, working together to bridge the gaps in Social Health Protection. CONNECT's mandate is to support countries in the region to develop and implement strong, sustainable and comprehensive policies, strategies and systems for Social Health Protection as a contribution to the achievement of Universal Health Coverage (UHC). CONNECT aims to promote good practices, provide capacity building and joint research opportunities, and support advocacy and awareness-raising efforts in the region. CONNECT promotes South-South cooperation initiatives as a complement to on-going national efforts and in support to existing national policies. CONNECT is supported by the ILO Luxembourg funded regional Project 'Support to the extension of Social Health Protection in Southeast Asia', which focuses on Lao PDR, Myanmar and Viet Nam.

For more information, please visit:
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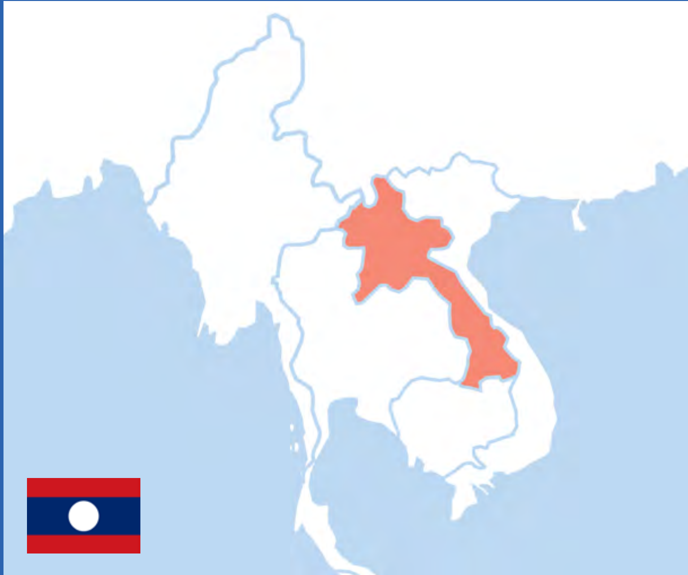

Lao PDR

Population: **7.1 million** (2019)

GDP per capita: **$2,654** (2019)

Domestic General Government Health Expenditure: **0.9%** of GDP (2018)

Out-of-pocket payment as % of Current Health Expenditure (CHE): **49%** (2018)

Coverage

48 **(2015)**

Service Coverage Index (SDG Indicator 3.8.1)

3.0% **(2007)**

Population with household expenditures on health greater than 10% of total household expenditure or income (SDG Indicator 3.8.2)

93.6% **(2019)**

% of the population affiliated to a social health protection scheme

National priorities for reaching Universal Health Coverage in Lao PDR

- Maintain and further expand NHI coverage and reduce out-of-pocket expenditure
- Improve the legal and policy framework of NHI, and strengthen the National Health Insurance Board (NHIB) governance mechanism
- Strengthen the financial independence, accountability, and sustainability of the NHI fund
- Enhance health facilities responsiveness and quality of health care services
- Raise awareness among the general population about NHI benefit entitlements

See Lor

As an obstetrician and a mother of two, See Lor says she can relate to her patients, and often feels for them, particularly if what was meant to be a simple delivery turned into a complicated surgery. “Especially if they needed a C-section, they'd have to sell their land or cattle to pay for it,” she says. Now, people now longer need to worry about the costs, as everyone is covered by the National Health Insurance.

The change has been tremendous, See Lor says. She remembers treating a woman who was experiencing complications in her last trimester, but couldn't afford antenatal care. Shortly after the diagnosis, however, national insurance was introduced, and she was able to get the care she needed. “The hospital even sent an ambulance to pick her up. All her costs were covered, and she was able to have a safe delivery,” See Lor recalls.

As her unit now sees about twice as many patients, waiting times can be longer, and some get flustered and impatient. For staff, an increase of work load means more stress, and See Lor says she's a lot more tired now. Still, she wouldn't have it any other way. “Even if at the end of the day I am tired from working,” she says. “I am happy.”

Kham Meung

Following a friend's advice, she sought treatment at a military hospital at central level, which takes private patients. After a week of running tests, she was given medicine – and a bill of 5 million Kips. "But it only helped for a little while, and her initial problems came back." she says. When she learned from a neighbour that treatment at public hospitals was now free of charge for all Laotians, she went to the Maria Theresa Hospital.

This time, the treatment was successful, and her expenses totalled 30,000 Kips – the nominal sum charged to every patient per night. Both were satisfied with the treatment, with one small criticism: Boun Pone has caught the doctors and nurses playing on their phone. "They should focus a bit more on their work," he says, laughing.

With a brother who emigrated to the US, Boun Pone and his wife, Kham Meung, were already luckier than most. If they really needed medical care, the income from their goats, their small fish pond and their rice field, supplemented with some money from his brother, would likely suffice. Even so, they never went to a hospital, and typically just picked up medication at the local pharmacy.

This June, however, Kham Meung noticed that her menstrual cycle didn't stop.

Soutima Chang

A driven student who had gotten a government scholarship to study business administration in Hanoi, Soutima Chang was enjoying life, and excelled at her studies despite the difficulty of having to learn Vietnamese. One day, however, her stomach started to ache as she sat in class. “The pain didn't stop, so I went to the hospitals to get tested,” the 22-year-old says. The diagnosis came as a shock to her and her entire family: a Cervical tumour. Five days after a provincial hospital in Vientiane confirmed the diagnosis, she was undergoing surgery.

While the treatment was free, patients pay a nominal sum for every treatment they receive in the hospital, which, in Soutima's case, amounted to 30,000 Kips. “We are very happy to get this kind of support,” her mother, Kham Chang, says. Four years ago, the family went from raising pigs to running a small restaurant, hoping to serve workers of a garment factory that had just opened nearby. “But it isn't easy to make money in Laos, and to afford health care, so this scheme is incredibly helpful,” Kham Chang says.

Sitting by her daughters side along with her husband, the family talked about Soutima's recovery, and was making plans for her return to university this summer. If all goes well, she will graduate in 2021. “Then, I hope to work for the Lao government,” she says.

Myanmar

Population: **54.1 million** (2019)

GDP per capita: **$1,408** (2019)

Domestic General Government Health Expenditure: **0.71%** of GDP (2018)

Out-of-pocket payment as % of Current Health Expenditure (CHE): **76%** (2018)

Coverage

60 **(2015)**

Service Coverage Index (SDG Indicator 3.8.1)

14.4% **(2015)**

Population with household expenditures on health greater than 10% of total household expenditure or income (SDG Indicator 3.8.2)

2% **(2018)**

% of the population affiliated to a social protection scheme

National priorities for reaching Universal Health Coverage in Myanmar[1]

- The objective is to reach UHC by 2030, and particularly:
- Extend medical benefits to dependents of SSB insured workers
- Progressively extend social security coverage to the remaining formal sector workers and to workers in informal employment
- Gradually expande coverage to the entire population with the enactment of the Health Insurance/UHC Law
- Improve quality and accessibility of health care services for all

[1] The following testimonies from Myanmar were collected before the Military coup of 01 February 2021.

Thein Min Hlaing

Thein Min Hlaing had quit his job as a painter and mason to work in the garment factory that was employing his wife. Being able to get to and from work on the same bicycle, the couple thought, would make their lives easier – until one night in June 2018. The young pair had just finished an extra shift at around 10 pm and was pedaling down a dark street when a truck hit them. His wife was thrown to the side and sustained minor injuries, but Thein Min Hlaing was run over by the truck.

The broad, heavy tires crushed his arm, his back and his skull, leaving his left side paralyzed. It took a total of three complicated surgeries to reconstruct his skull. “Everyone thought I would never recover, but now I can walk and talk without any disability,” he says, as he takes off a baseball cap to reveal the thick, long scar that stretches from his right ear over the back of his head.

As a member of the Social Security Board, Thein Min Hlaing received medical treatment and monthly cash benefits – but he still had to pay more than 10 million kyat for his surgeries, and he now owes money to friends and relatives. His financial situation worries the 27-year-old, but he knows he’s gotten trough worse. “Even though I was scared”, he says of his long road to recovery. “I never gave up. My spirit was always high.”

Yin Yin Win

Hailing from a family in which almost everyone worked in the medical sector, it seemed only natural for Yin Yin Win to become a nurse. Her father was particularly encouraging as he kept telling Yin Yin Win what a noble profession it is to help others. Thankfully, Yin Yin Win didn't need to be convinced: Being a nurse allows her to follow her passion. "I don't know how to express this, but I feel satisfied when I have to care for the patients – this is making me happy and I am enjoying giving care to the patients," she says.

She treats patients with hypertension, seasonal flus and chronic diseases on a daily basis, and notes that the majority of her patients work in the country's growing garment industry. Those patients, she says, have seen tremendous benefits from joining the Social Security Board, as most of them are young women who will go through at least one pregnancy, and will receive free pre- and ante-natal care and medication through the Social Security Board.

She acknowledges that the job can be hard, especially when poor patients are so worried about the costs that they deter their treatment until the last minute. "But when they register with the Social Security Board, they get treatment in time," Yin Yin Win says.

Theingi San

When Theingi San visits a factory, the owners are hardly ever excited. As a deputy staff officer for the Social Security Board scheme, its part of her duty to collect membership payments from the about 200 factories she's responsible for. Each month, about 30 of them are late. "Some of them are really difficult to manage. When they don't pay on time, or they become indebted, I am in charge of collecting the contributions. It's very stressful," she says.

In some cases, she had to go as far as threatening lawsuits – a trick that has always worked, as none of the factory owners has, in fact, been taken to court. Coincidentally, the member that causes the biggest headache is one of Theingi San's favorite restaurants. "The food is delicious, but the context is difficult," she says. "When I go, I keep a low profile."

As a Social Security Board staff, she's used to having her medical expenses for health issues covered, but she also understands that this isn't the case for everybody. Any of us, she says, could fall sick at any time, and with with Social Security Board membership membership, patients only need to worry about how to get to a clinic, or which food they'll eat while getting treated. "And for everything else – surgery, medication – you don't need to worry about anything."

Viet Nam

Population: **96.46 million** (2019)

GDP per capita: **$2,715.28 USD** (2019)

Domestic General Government Health Expenditure: **6%** of GDP (2018)

Out of pocket payment as % of Current Health Expenditure (CHE): **45%** (2018)

Coverage

48 **(2015)**

Service Coverage Index (SDG Indicator 3.8.1)

9.4% **(2016)**

Population with household expenditures on health greater than 10% of total household expenditure or income (SDG Indicator 3.8.2)

90.8% **(2020)**

% of the population affiliated to a social protection scheme

National priorities for reaching Universal Health Coverage in Viet Nam

- Achieve universal health coverage and universal health insurance, so that all people have equal rights and obligations to participation in health insurance and enjoy the benefits of health service provision
    - By 2030, expand social health insurance coverage to 95% of the population, and
    - Reduce out-of-pocket payments to 30%
- Improve the quality of health care services, particularly hospital overcrowding
- Ensure the financial sustainability of the Health Insurance Fund, including through strategic purchasing
- Enhance the legal framework with a new Health Insurance Law

Luong Thi Co

For Luong Thi Co's family of eight, the question of whether to get health insurance wasn't an easy one to answer. When a Viet Nam Social Security agent stopped by their home six years ago to ask them to sign up, they explained that some of their family members didn't need insurance. Her great grandchildren, for example, were already covered by insurance through school, and since her children and grandchildren were young and healthy, she did not think they would need health insurance..

Luong Thi Co herself is a diabetic, but costs for her treatment are covered by the insurance all elderly receive in her province. "But the Vietnam Social Security agent agent told us that it was important for the family to have health care, and we had seen friends and neighbors with health issues who'd reaped the benefits," Luong Thi Co says.

On top of that, the agent explained that, thanks to a special family scheme, they'd pay a total of 1.8 million dong annually – a fee that seemed reasonable to Luong Thi Co. They signed up. Luckily, she says, none of her family members have been hospitalized since they've got the insurance, but, knowing that they'd be covered, Luong Thi Co says she sleeps well at night. "We never know what will happen," she says.

Nguyen Thi Quyen

Sweet longan and jackfruit are no longer part of Nguyen Thi Quyen's diet. Instead, she eats rice and vegetables and drinks bean juice, as recommended by her doctors. Mixed with the medication she takes each morning and evening, the elderly woman is managing her diabetes well. The tiredness she felt before she was diagnosed is gone, and she's back to being the spritely homemaker who cooks, cleans, and looks after her grandchildren. "Now, I feel good," she says.

But she remembers the worry when she was first diagnosed with diabetes. Without health insurance, her first stay at a Hanoi hospital cost 10 million dong – about twice her and her husband's annual income. "We are just farmers, we can't afford this. It would have been too much," she says. After much consultation with her family, they asked health professionals for advice, and promptly learned about the Health Insurance scheme.

Now that she signed up, she pays under 100,000 dong for her monthly health check up, including all blood and urine tests and new medication – a significant saving that makes it possible for her to be treated and live a healthy life in the first place, she says. Nguyen Thi Quyen was so impressed, she says, that she got her entire family of six to join. "Since we got health insurance, things have been so much easier."

Nguyen Van Hong

Growing up with a father who suffered from liver cirrhosis, Nguyen Van Hong wanted to provide care for him, and decided to become a doctor. “It’s like humanitarian work,” he says, “you really need to care”. Today, he’s been working at the same private hospital for 17 years. As he examines a patient, he points to state-of-the-art equipment and explains that still many high-tech services are not covered by health insurance. As a doctor, this means that he regularly has to weigh the costs and necessity of carrying out tests and exams not covered by the Viet Nam Social Security.

Still, the fact that almost 90 percent of people in his province have health insurance has eased his work, and he’s well-aware that not every part of the country has such high coverage rates. In other provinces, fewer people have coverage, and he distinctly remembers an out-of-province patient who was diagnosed with a liver tumor.

Because the man lacked health insurance, Nguyen Van Hong requested that the hospital waive the fees for his treatment, saving the man’s family a crippling bill of about five million dong. “He was poor and he didn’t have much, but he gave me a duck and some eggs as a gift,” Nguyen says, before thoughtfully adding, “I wish everyone had health insurance.“

Trinh Thi Minh

When the longan trees that surround their house are ripe, Trinh Thi Minh Tuyet helps her husband, a farmer, with the harvest. It's a chore she enjoys, and a welcome distraction from her work as the chair of the local Women's Union. Her job comes with health insurance, but the couple still pays for her husband's health insurance. Just like for the other farmers in this fertile region of Vietnam, getting insurance seemed like a hefty expense at about 700,000 dong annually, she says. “It's high for someone on a farmer's income, and I know that many won't buy it if they do not see the immediate need,” Thinh Thi Minh Tuyet says.

The key to getting people to sign up, she says, is to give them concrete, real-life examples of the benefits. Take her own family, for instance: When her children were still in school, health insurance was automatically registered by the school, so getting them treatment was never an issue. And when her elderly mother recently spent more than a week in the hospital to treat her diabetes, Trinh Thi Minh Tuyet was relieved that her health insurance had covered nine million of the 10-million-dong bill.

Her favorite example, however, is herself: When she helped plant flowers for a Woman's Union event, she developed a herniated disc. “I had to get surgery, and I felt lucky that I had insurance, and that I could get the best treatment,” she says.

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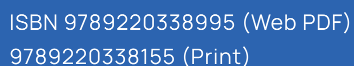
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