

# Vietnam

# **LNCT Network-Wide Meeting**

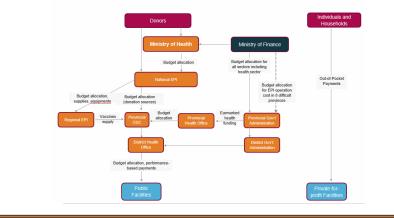
Tangerang, Indonesia, July 2019







# V. Funding Flows for Immunization

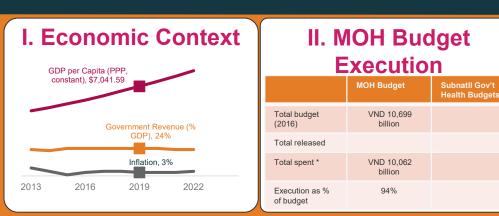


### **VI. Budget Allocation Process**

Fund	Responsible Authority	Allocation Guidance and Process	Key Bottlenecks
MOH budget	MOF	Allocated to agencies based on Parliamentary priorities and ceilings.	
Donors support to national level	Donors	Allocated for specific activities based on donor priorities and government input	Delays at the beginning of a new fiscal period Sometimes delays financial review and funding release
Provincial Gov't	MOF	Allocated to agencies based on priorities, provincial revenue & ceilings.	Provinces with low revenue and ceiling, other priorities
Provincial health budgets (to Provincial Dept. of Health-DOH)	Provincial Gov't	Allocates to agency based on provincial gov't revenue, number of health staff and target population.	
District government budget	Provincial Gov't	Allocates to agency based on provincial gov't revenue. The local gov't authorities compile requests from all sectors and allocate to various sectors based on need.	Many districts don't allocate budget for vertical program, including EPI
Immunization fund to central EPI	МоН	Allocates to agency based on EPI requests, MoH priorities.	
Immunization fund for provinces	MoF, EPI	Allocated to Provincial Gov't of poor provinces based on EPI request and provincial gov't revenue	Priorities of Provincial Gov't
	Provincial Gov't	Allocates to DOH based on provincial gov't revenue and priorities, number of health staff and target population size. Additional funding is set aside in case new requests arise during the year.	Some provinces didn't allocate budget for EPI New requests for SIA

#### **VII. Identification of Gaps**

Line item	Budget 2020	Funding Gap	Potential Budget Sources
Vaccines & injection supplies	VND 299 billion	VND 32 billion	
Personnel	VND 7 billion	VND 20 billion	GAVI Post-transition support
Transport	VND 17 billion		
Activities & other recurrent costs	VND 18 billion	VND 20 billion	GAVI Post-transition support
Logistics	VND 36 billion		
Total	VND 377 billion		



#### III. Sources of Health Expenditure

#### Year of data: 2016

CHE per capita: US\$123

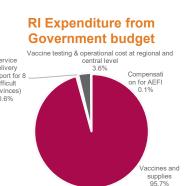
Domestic General Government Health Expenditure as % of General Government Expenditure: 9% % of Domestic General Government Health Expenditure spent on immunization: 0.28%



# **IV. Routine Immunization Budget**

Line Item	Budget Source(s)	T s
Vaccine supply & logistics	<ul> <li>Nat'l health budget</li> <li>Gavi grant</li> <li>Subnational government budgets to collect vaccines from central/regional cold store</li> </ul>	ir R Ir
Service Delivery	<ul> <li>Subnat'l health budget</li> <li>Nat'l health budget (for 8 difficult provinces)</li> </ul>	% g
Advocacy & Communication	<ul> <li>Donor basket funding to EPI</li> <li>District government budgets</li> </ul>	
Monitoring & Disease Surveillance	<ul> <li>Internat'l donor basket</li> <li>Nat'l health budget</li> <li>Subnat'l health budgets for contract staff</li> </ul>	(Si
Program Management	<ul><li>Nat'l health budget</li><li>Subnat'l health budget</li></ul>	
Shared Health Systems Costs	Subnat'l health budgets     for contract staff	

Total Expenditure (from all sources) on routine immunization: \$12.3 million RI Budget per Surviving Infant: \$7.34 % of RI costs financed by gov't: 81% RI Expenditure from Government budget Vacine testing & operational cost at regional so control level Service Se



<u>Ask me how:</u> Vietnam has conducted high-level advocacy on co-financing for pentavalent vaccine over the last five years.

<u>I want to know:</u> How can graduated countries apply for GAVI prices of vaccines?

## **VIII. Challenges**

1. Self-finance for pentavalent, IPV vaccine since 2020 and new vaccines since 2022. Reduction of support from other international organizations. Central and provincial-level advocacy for next 5years EPI plan.

2. Operation costs are covered by local gov't that prioritizes for other sectors and emerging requests.

3. Immigration in urban areas and remaining difficulty areas, new request for SIA, outbreak response during the year needed additional supports.