CHAPTER I

INTRODUCTION

Vietnam underwent a period of rapid social and economic change over the last 15 years, with the move from a centrally planned to a market-based economy. However, the 'Doi Moi' policy of the Government (called reform) was accompanied by a fiscal policy calling for a reduction in public expenditure, including allocations for health care. In an effort to overcome the shortage of public fund for health and social services, the Government has allowed health facilities to collect fees from patients. But as other countries, patient costs have risen substantially; there are greater differences in access to health care than in previous times.

In accordance with the national health policy to maintain equitable access to health care, including drug supplies, new mechanisms of health financing were introduced. In 1992, the Government issued a Health Insurance Decree (Ministerial Decree No. 299/HDBT) calling for compulsory and voluntary membership at a national level. By 1999, there were 6.9 and 3.6 million members in the compulsory and voluntary branches of Vietnam Health Insurance (VHI), respectively (MOH, Statistic Yearbook, 1999). Membership was designed on an individual basis rather than a family basis.

School Health Insurance (SHI) was introduced in 1995 as a component of VHI, but it was implemented through the joint efforts of VHI, the Ministry of Health (MOH) and the Ministry of Education and Training (MOE&T). By the end of 1999, SHI was serving the needs of about 3.4 million children. This collaborative, intersectional achievement has enabled the Government to respond to two major worries of Vietnamese parents: first, the protection of their families against the adverse consequences of their children's ill health; and second, the creation of conditions and programs in schools that are conducive to health and that help children and their families stay healthy. SHI is a unique and innovative means to support the development and improvement of school health programs. It is being used to advance the implementation of "Health-Promoting Schools", a concept launched by the World Health Organization (WHO, 1999).

However, to the end of 1999, SHI covered only 20% of the eligible population (VHI report, 2000). The coverage rate should be 40 – 50% of eligible population to ensure sufficient financial subsidy of the sick in the scheme (Le Ngoc Trong, 2000). The factors that affect the coverage rate of the SHI scheme are numerous, but the lack of information, education and communication experiences are the biggest weaknesses of VHI as noted by WHO. The lack of experience hampers development of appropriate promotion and public relations material and methods (WHO, 1993). How to expand the coverage rate of the scheme is a concern of not only related authorities and institutions but also of many concerned researchers. To expand the coverage rate of SHI in Vietnam in coming years, it is necessary to put more investment in IEC activities to encourage SCP to participate actively in the scheme – that is one of the

priority solutions stated by Prof. Dr. Le Ngoc Trong, Vice Minister of Health at the "SHI 5 Year Review Meeting" held in Hanoi on 30th August 2000.

Around the world, although a number of approaches and change strategies have been developed by health education professionals in recent years, the principles and methods loosely referred to as community organization remain a central method of practice (Meredith Minkler, Nina Wallerstein, 1997). Hence, in this study titled "Expanding School Health Insurance Coverage for Schoolchildren by Improving Knowledge of Schoolchildren's Parents via Schoolchildren's Parents Association in Dong Thai Commune, Ba Vi District, Ha Tay Province, Vietnam", the researcher employed the Typologies Model of Community Organization from Rothmans's to design an experimental study. The paper includes the following 6 chapters:

Chapter one is a brief overview of the social and economic circumstances from which SHI was established, the reason for study and the components of the paper.

Chapter two is begun with an introduction of health insurance in the world and in Vietnam. But the main idea is to focus on SHI development in Vietnam with its current status. Low coverage rate is the main challenge that VHI is facing. Although, at different levels, the causes leading to low coverage rate come from not only SCP, VHI, but also from health care providers. The consequences of the low coverage rate in the SHI scheme are touched upon and alternative solutions are also put forward in the chapter for consideration in proposal writing.

Chapter three is a proposal development. The project is designed by employing the Typologies Model of Community Organization from Rothmans's. The project will be carried out in Dong Thai commune, Ba Vi district, Ha Tay provinces. One commune in the district will be randomly selected as a control group following the Untreated Control Group Design (Quasi-Experiment).

Chapter four presents a data collection exercise that has been done in Dong Thai commune during February 2001. The main objective of the data exercise is to develop data collection and analysis skills to enable the researcher to participate in real research activity in the future. The lessons learned from the data collection exercise were really useful for people who are in the starting stage of research work.

Chapter five deals with the slides that would be used in the final examination. Chapter six is the annotated bibliography. This chapter is a brief overview of major books / journals that were consulted frequently during thesis writing.

With this paper, it is hopeful that there will be one more effective way to expand SHI coverage in Vietnam in coming years for VHI and related authorities, policy makers and related institutions to take into account.