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**Enrolment in health insurance in rural Vietnam**

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OBJECTIVES To improve enrolment in voluntary health insurance

in rural Vietnam by increasing community understanding and

knowledge of the schemes and ease of participation through a

multi-faceted intervention including information, education and

communication activities and efforts to improve the administration

of health insurance.

METHODS The study took place in four rural districts in

Vietnam. In two of these districts a multi-faceted intervention was

carried out which included strengthening the awareness and

understanding of local people of Health Insurance schemes,

through the development and distribution of information education

and communication (IEC) messages and materials and

training for Health Insurance partners and collaborators on IEC

and efforts to improve the administration of the scheme. Pre- and

post-intervention household surveys were conducted to investigate

enrolment in and knowledge of health insurance, health seeking

behaviour, and costs of seeking healthcare. Pre- and postintervention

qualitative studies were undertaken to investigate

population, policy makers’ and service providers’ perceptions and

experiences of health insurance, the interventions and attribution

of any changes over the intervention period.

RESULTS Following the intervention, enrolment in health insurance

increased by 6.9% and 7.4% in the two intervention districts.

Community awareness of health insurance has improved in the

intervention districts. Following the intervention, there were 42%

and 38% increases in awareness of voluntary health insurance

schemes in the two districts. Similarly, community awareness of

health insurance for the poor has also increased with 25% and

22% increases in the two districts. From the qualitative study

factors affecting changes in enrolment and awareness emerged.

Health insurance collaborators provided information on health

insurance to community members in their homes. There was better

involvement of social organisations, such as the Red Cross, in

promoting and administering health insurance. Enrolment procedures

have improved resulting in fewer mistakes on health

insurance cards and less delay in receiving cards. Procedures for

admission to hospitals for people with health insurance have

improved in the two intervention districts.

CONCLUSION Enrolment has increased in the study areas.

Changes in awareness of HI and HI for the poor are likely to have

contributed to the increases in enrolment. Interventions aiming to

increase awareness of HI in the intervention districts appear to

have contributed to this effect. Improvements in the administration

of the schemes were also perceived to have contributed to increases

in enrolment.

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