

Abstract

Objectives In Vietnam, the policy of free healthcare for children under six years of age (FCCU6) has encountered implementation difficulties since its inception and out-of-pocket (OOP) medical expenditures for Vietnamese households continue to be high. We aimed to provide insights into the non-usage of FCCU6 for hospitalization of diarrhea, and assess the risk of catastrophic expenditure for those households who forgo FCCU6.

Methods Invoices detailing the charges incurred from 472 hospitalized diarrheal cases in one pediatric hospital in Ho Chi Minh City were retrieved. Associations between clinical and socioeconomic factors with the total charge of hospitalization and non-utilization of FCCU6 were evaluated.

Results Elective services, if utilized, required the household to forgo FCCU6 and pay entirely OOP. Twenty-nine percent (139/472) of patients paid OOP (median: \$29.13 (IQR: \$18.57-46.24)), consuming between approximately 0.4% and 1.2% of a high and low-income household's annual income, respectively. More low-income OOP patients (21/30, 70%) utilized only the elective bed cleaning or meal service than medium and high-income patients (39/90, 43%; 4/19, 21%; respectively; $p=0.036$). Patients from larger households and those with a parent working in government were less likely to pay OOP.

Conclusion Although a single diarrheal hospitalization is unlikely to induce catastrophic medical expenditure, FCCU6 non-usage disproportionately increases the risk of catastrophic expenditure for lower-income households over multiple illnesses. Our results suggest that a proportion of OOP households, highest in the low-income category, may not have sufficient information for accessing FCCU6 and/or perceive that they receive higher quality healthcare when paying OOP.