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## Social Protection in Vietnam: An Updated Overview

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# Social Protection in Vietnam: An Updated Overview\*

## Abstract

While Vietnam has been remarkably successful in poverty reduction, the country is faced with various challenges ranging from uneven pockets of poverty, regional inequality, low labour productivity, and high informality rates, to a fast-ageing society. We offer an updated overview of the social protection system in Vietnam, including its design and function, scale and reach, and the impacts of some key programmes. Our results, based on recent literature review and new analysis using data from various international and national sources, could offer relevant inputs for policies to help address current challenges.

## JEL classification

H55, I30, J20, O10

## Keywords

social protection, social insurance, social assistance, health, poverty, inequality, vulnerability, Vietnam

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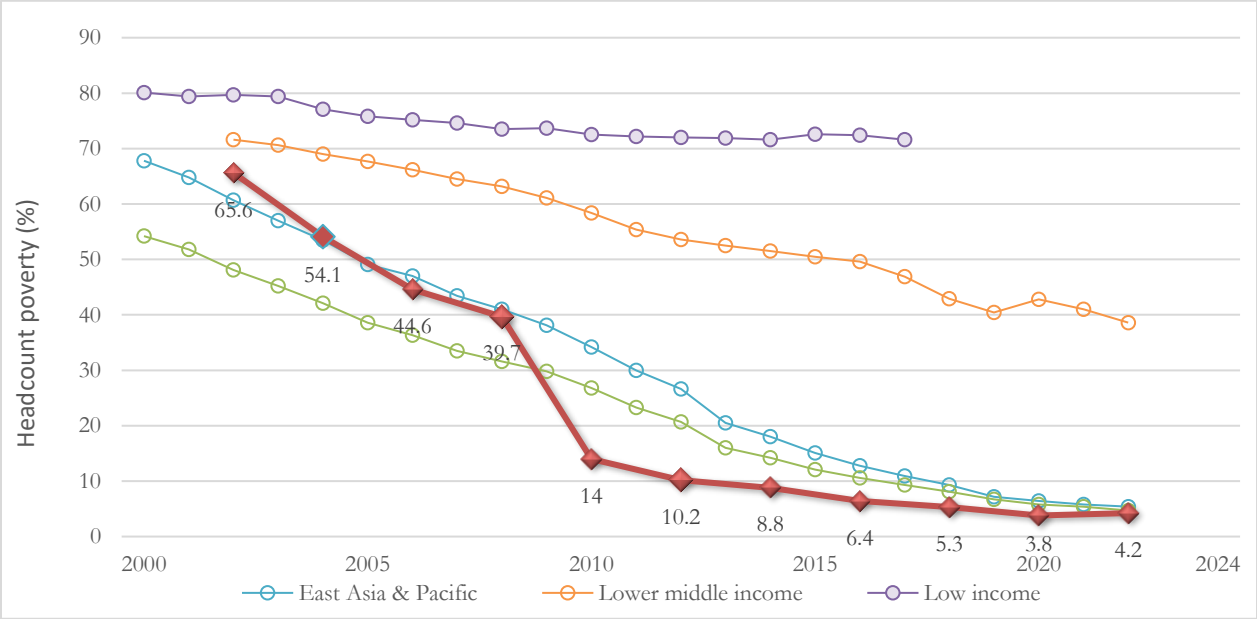
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# 1 Introduction

Despite its modest status as a lower-middle-income country, Vietnam has been remarkably successful in poverty reduction. Figure 1 shows that, despite starting out with about two-thirds of the population living in poverty in the earlier 2000s (using the poverty line of \$3.65/day in 2017 purchasing power parity (PPP)), the country has been fast reducing its poverty. The speed of poverty reduction has slowed down in recent years, but the country still achieved a (headcount) poverty rate of 4% in 2022. This poverty rate is about one-tenth of the average poverty rate of 39% for lower-middle-income countries. In fact, it is inspiringly similar to that of upper-middle-income countries, although Vietnam’s GDP per capita is just about one-third the average GDP per capita for these countries.<sup>1</sup>

**Figure 1: Poverty trends for Vietnam vs other countries, using \$3.65/day poverty line, 2000–2022**



Note: Poverty line is \$3.65/ day in 2017 PPP.  
 Source: World Development Indicators (World Bank, 2025a).

<sup>1</sup> Vietnam’s GDP per capita is \$3,760 in 2023. The corresponding figures are \$2,322 for lower-middle-income countries, \$9,780 for upper-middle-income countries, and \$41,278 for high-income countries. The corresponding figure for countries in the East Asia and Pacific (EAP) region is \$12,551. These numbers are in constant US\$ in 2015 (WDI, 2025). The sudden decline in poverty around 2008 and 2010 could be due to changes to the definitions of the consumption aggregates (and the poverty lines) (World Bank, 2022a; Dang and Nguyen, 2025).

Using alternative national poverty lines provides even more impressive results; the headcount poverty rates were estimated to have been reduced by between 92% and 96% between 1992 and 2022 (Dang and Nguyen, 2025). This strong performance is perhaps due in no small part to the country's GDP growth rates averaging 5.0% from 2000 to 2022, which is higher than the corresponding figures for lower-middle-income countries and countries in the East Asia and Pacific region (4.1%), and upper-middle-income countries (4.6%), and high-income countries (3.6%) (World Bank, 2025a).

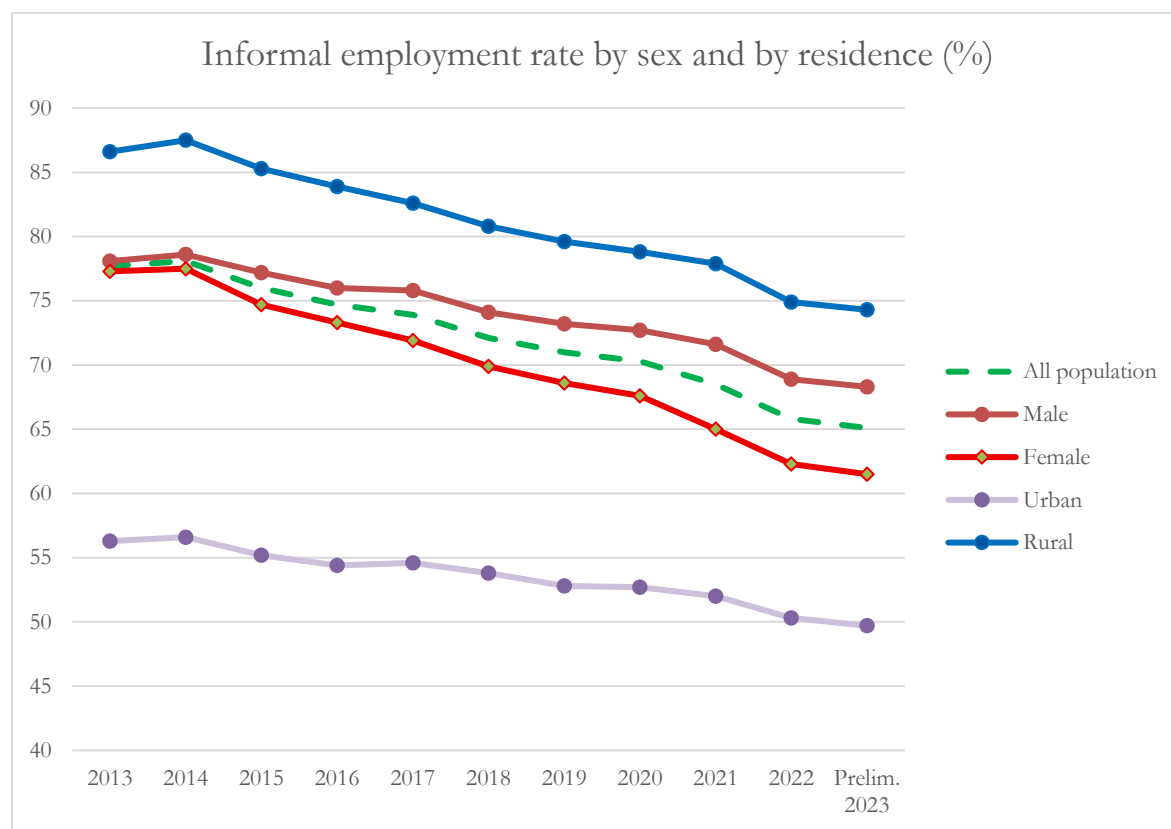
As Vietnam has made progress with eliminating absolute poverty, more attention has been gradually shifted from direct poverty interventions to social protection policies that support more inclusive growth. Indeed, the country's economic growth was not uniform. While inequality gaps between urban and rural areas have been found to narrow over time, they have widened within urban and rural areas (Bui and Imai, 2019). Indeed, the gap between within-province inequality and between-province inequality has been growing, with within-province inequality reaching almost three times between-province inequality in 2020 (Dang et al., 2025c). Furthermore, poverty rates have become increasingly concentrated in certain geographical regions, particularly in provinces with a larger population of ethnic minority groups (Benjamin et al., 2017; Lanjouw et al., 2017; Nguyen et al., 2017; World Bank, 2022a; Dang et al., 2025c).

Other challenges also require response from the social protection system. The share of workers in informal employment—who typically receive lower wages and less social protection—has been decreasing but remains stubbornly high at around 65% for all the country.<sup>2</sup> The corresponding figures are much higher in rural areas (75%) than in urban areas (50%), again highlighting challenges of urban–rural disparity (Figure 2).

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<sup>2</sup> Informal employed workers (informal workers) are defined as those who have jobs in one of the following five groups: i) unpaid family workers; ii) own-account workers, self-employed workers in the informal sector; iii) wage workers who are not allowed to sign a labour contract or are allowed to sign a labour contract but their compulsory social insurance premiums are not paid by the recruitment establishment; iv) cooperative members who do not pay compulsory social insurance; v) self-employed or wage workers in households or agriculture, forestry, and fishery households (NSO, 2024).

**Figure 2: Informal employment rate by sex and residence, 2013–2023 (%)**



Source: NSO (2024).

Table 1 shows that both younger age group (15–19) and older age group (50 and older) exhibit higher informality rates, which can raise concerns about more vulnerable population groups having less access to social protection programmes.

**Table 1: Informal employment rate by age group, 2018–2023 (%).**

Year	Age group								All population
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50+	
2018	87.5	67.1	57.6	59.2	63.1	70.6	76.4	86.1	72.1
2019	85.3	63.8	56.2	57.5	61.7	70	76.8	87.8	71
2020	84.3	63.7	56	57.6	60.7	68	75.7	87.2	70.3
2021	83.7	61.8	54.5	55.3	58.3	65.4	72.8	86.2	68.5
2022	79.8	56.9	51	51.8	56.2	62.3	70.5	84.2	65.8

Preliminary 2023	80	56.8	50.4	51	54.7	60.1	68.6	83.7	65.1
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Source: NSO (2024).

Table 2 shows the informal employment rate by residence, economic sector, and firm size. While informal employment is much larger in rural areas than urban areas (74% vs 50% in 2023), the gap has been steadily shrinking over time. This gap is slightly more than 30% in 2013 but decreases to less than 25% in 2023. Informality, however, dominates the agricultural work sector, accounting for around 99% of employment in this sector. While informality is also high in both the services and industry sectors, accounting for 57% and 48% respectively, it has been decreasing in the industry sector.

Turning to firm sizes, informality is unsurprisingly larger in smaller firms. But it steadily decreases as firms increase in size. In particular, Table 2 shows that informality is almost 100% for firms having one employee, but it decreases to 45% for firms having 10–19 employees and 18% to firms with 50 employees or more. Table A.1 (Appendix A) further confirms these results by showing the share of self-employment out of total employment for the whole population, by firm size and by firm ownership. Self-employment has been steadily decreasing over time, but is larger for firms of smaller sizes and non-state ownership. On the other hand, although unemployment varies by sector and workers' qualification, overall it is low and hovers around 2% (Table A.2 in Appendix A).

**Table 2: Informal employment rate by residence, economic sector and firm size**

Year	Informal employment rate by residence, economic sector and firm size												
	Total (NSO) (A1)	By residence (A2)		By economic sector (A3)			By number of people in a company (company size) (A4)						
		Urban	Rural	Agriculture, forestry and fishing	Industry: construction	Services	Total (LFS)	1	2-4	5-9	10-19	20-49	>50
2013	77.71	56.27	86.63	99.15	64.45	55.18							
2014	78.11	56.63	87.47	99.21	64.23	56.76	80.9						
2015	75.99	55.15	85.28	98.91	59.72	57.33	78.67						
2016	74.72	54.38	83.93	98.80	59.41	56.25	77.53						
2017	73.93	54.62	82.65	99.11	58.37	56.25	76.46						
2018	72.07	53.79	80.65	98.83	57.44	55.17	75.01						
2019	70.99	52.84	79.59	99.27	54.48	57.53	71.80	99.6	97.72	83.1	42.35	11.66	2.69
2020	70.31	52.75	78.83	98.82	53.95	58.08	72.03	99.78	98.04	83.96	45.23	32.62	17.84
2021	68.54	52.00	77.92	98.81	53.75	58.22	73.24						
2022	65.83	50.35	74.90	98.66	48.29	57.69							
2023	65.12	49.68	74.26	98.72	47.58	57.09							

Source: NSO (2024) for columns A1, A2, A3. Authors' calculation using the Labour Force Surveys for column A4.

Table 3 shows that informal workers are unlikely to have any social insurance. While the share of informal workers with social insurance has been fast increasing by almost three times from 0.36% in 2013 to 0.93% in 2021, it is far smaller than the corresponding rate of 88% for formal workers in 2021. Informal workers are likely neither to have compulsory insurance nor voluntary insurance, with both rates hovering

below 1%. This is, again, much smaller than the figures of 85% of formal workers having compulsory insurance. Showing the participation rates by income quintiles, Table A.3 and Table A.4 (Appendix A) further confirm that richer workers are more likely to have social or compulsory insurance than poorer workers. In particular, the richest workers (in the fifth income quintile) are between six and seven times more likely to participate in social or compulsory insurance than the poorest workers (in the first income quintile).<sup>3</sup>

**Table 3: Insurance participation for informal and formal employment**

Year	Percentage of informal worker		Percentage of formal worker		Percentage of informal worker		Percentage of formal worker	
	Without social insurance	With social insurance	Without social insurance	With social insurance	Compulsory insurance	Voluntary insurance	Compulsory insurance	Voluntary insurance
2012			14.96	84.79				
2013	76.94	0.36	16.94	82.98				
2014	77.32	0.39	16.76	82.75	0.24	0.20	77.13	3.33
2015	75.10	0.74	15.98	83.99	0.40	0.34	81.49	2.30
2017	77.07	0.71	14.52	85.48	0.46	0.26	83.45	2.05
2018	79.85	0.62	12.83	87.17	0.44	0.18	85.08	2.09
2019	77.19	0.59	13.83	86.17	0.37	0.22	83.12	3.06
2020	75.19	0.85	13.14	86.86	0.60	0.25	83.87	2.99
2021	64.21	0.93	12.37	87.63	0.49	0.44	85.09	2.54

Source: Authors' calculations using LFSs.

Furthermore, labour productivity is low and is growing more slowly than labour costs (Coppola et al., 2024). Table 4 shows that while about 17% of the labour force have a college education or higher, only 6% receive vocational training.<sup>4</sup>

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<sup>3</sup> Figure A.1 (Appendix A) shows the evolution of the shares of workers who work below the minimum wage on a quarterly basis from 2015 to 2020. Starting from slightly being more than 10%, the shares have been trending down to 5% in quarter 3 of 2020 before increasing to more than 10% in the last quarter of 2020 due to the negative COVID-19 pandemic impacts. See Dang et al. (2023) for more discussion on the pandemic's impact on workers working below the minimum wage.

<sup>4</sup> Various labour experts and large multinational firms (such as Intel) call for better school training to improve Vietnamese workers' work ethic and discipline, which are crucial to enhance workers' incomes and boost national labour productivity but are often neglected (Hong Chieu, 2024; Phan Duong, 2024). Skill mismatches could also constrain workers' labour productivity and on-the-job training plays a crucial role (Nguyen et al., 2022; Francois et al., 2023).

**Table 4: Percentage of trained labour force at 15 years of age and above by qualification, 2009–2023**

	Total	Vocational training	Intermediate	College	Graduate education and above
2009	14.8	4.8	2.7	1.5	5.5
2010	14.7	1.9	..	2	5.6
2011	15.6	2.1	..	2.1	6.1
2012	16.7	2.7	..	2.3	6.4
2013	18.2	3.3	..	2.5	7
2014	18.7	2.9	..	2.7	7.8
2015	20.4	3.3	5.4	3	8.7
2016	20.9	3.2	5.3	3.2	9.2
2017	21.6	3.5	5.3	3.3	9.5
2018	22	3.6	5.2	3.7	9.5
2019	22.8	3.7	4.7	3.8	10.6
2020	24.1	4.7	4.4	3.8	11.1
2021	26.1	6.8	4.1	3.6	11.7
2022	26.4	7.1	3.7	3.7	11.9
Preliminary 2023	27.2	6.2	4.2	4	12.7

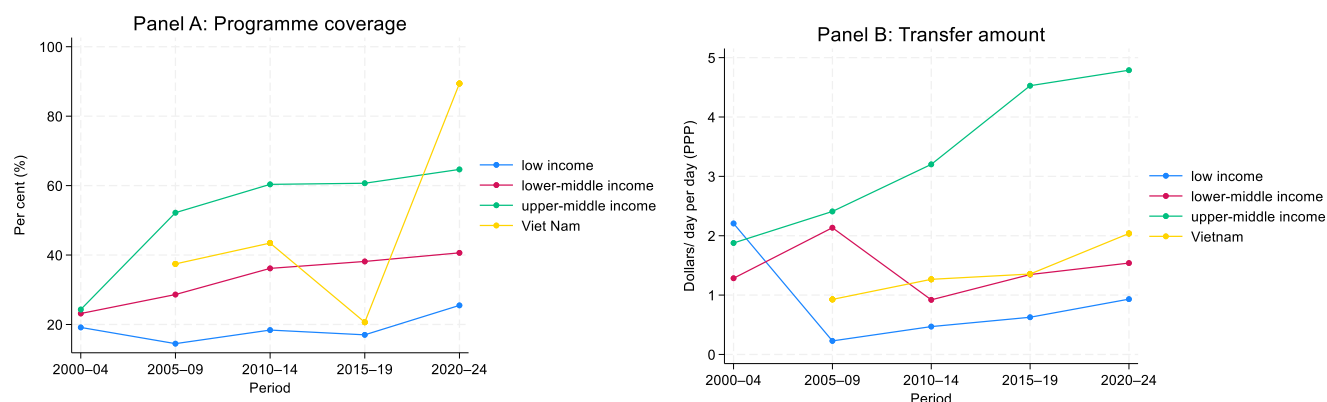
Source: NSO (2024).

Worryingly, as one of the fastest-ageing countries in the world, Vietnam is already an *ageing* society in 2015 and is projected to become *aged* in 2035. This high speed of population ageing implies major consequences for the pension system and indicates that the country has less time to adapt policies to a more aged society than many advanced economies have had (Glinskaya et al., 2021).

In other words, to respond well to various challenges, the social protection system appears to have increasingly become a core part of economic policies, including actively supporting a more efficient labour market, responding to an ageing population, and managing national- and household-level risks (Nguyen and O’Keefe, 2019). This change is consistent with the country’s aspiration to join the ranks of upper-middle-income countries by 2030 and high-income countries by 2045 (CPV, 2021). Figure 3, however, shows that while the country’s social protection coverage and transfer amount are currently comparable

to those in lower-middle-income countries, they are still well below those in upper-middle-income countries.<sup>5</sup> This holds much potential for actionable policies.

**Figure 3: Programme coverage and transfer amount for Vietnam vs other countries, 2000–2024**



Source: World Bank’s ASPIRE database (2025b).

Our paper offers an updated overview of the social protection system in Vietnam and suggests policy advice to help address current challenges. We present findings based on review of the recent literature and new analysis using recent data from various international and national sources, which include i) the World Bank’s World Development Indicators database and World Bank’s ASPIRE database on social protection, ii) IMF’s Government Finance Statistics database, iii) the International Labour Organization’s labour database, iv) Statistical Yearbooks published by Vietnam’s General Statistical Office, v) six rounds of the biennial Vietnam Household Living Standards Surveys (VHLSS) covering the period 2010–2020, and vi) ten rounds of the annual Vietnam Labour Force Surveys (LFS) covering the period 2012–2021.<sup>6</sup> We pay particular attention to differences among geographical regions where available data allows.

The paper consists of six sections. We discuss the design and function of the social protection system in the next section, which is followed by discussion of its scale and reach (Section 3), de jure and de facto

<sup>5</sup> Programme coverage in Figure 3, Panel A, is defined as the percentage of population participating in social protection and labour programmes (including direct and indirect beneficiaries) (World Bank, 2025b). The transfer amount in Figure 3, Panel B, is defined as the average transfer amount of social protection and labour programmes among programme beneficiaries (per capita and on a daily PPP basis). The indicator is estimated for the entire population. For each household, per capital average transfer is estimated as total transfers received divided by the household size (World Bank, 2025b). The spike in programme coverage for Vietnam from 2020 to 2024 could be caused by its short-term protection programmes against the COVID-19 pandemic (Figure 3, Panel A).

<sup>6</sup> But LFS data may not be available for all outcome variables of interest during this period.

coverage (Section 4), and incentives (Section 5). We finally provide overall assessment and offer policy suggestions (Section 6).

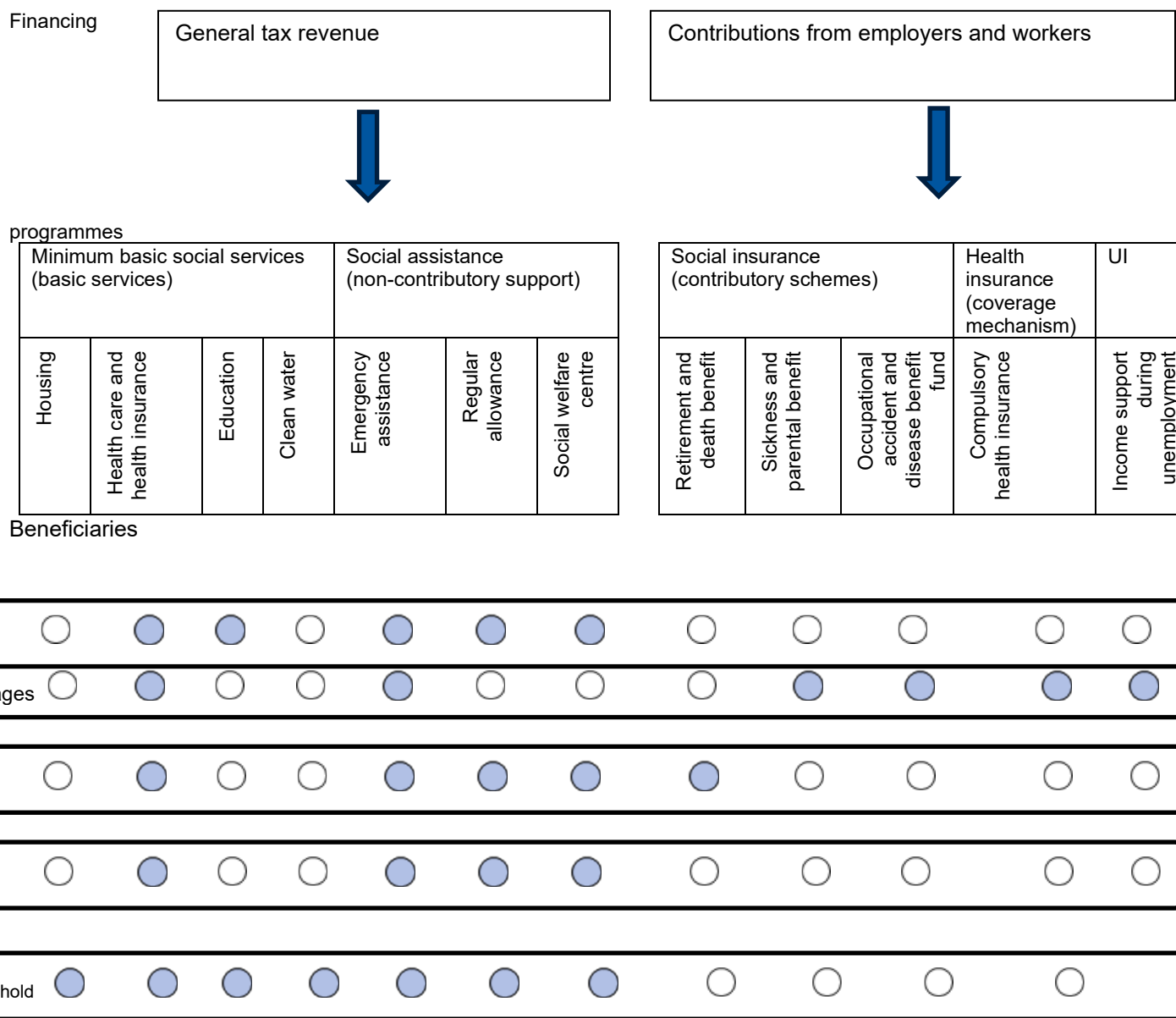
## 2 Design and function

Figure 4 shows a high-level summary of the major components of the social protection system in Vietnam by financing sources. These consist of social assistance and minimum basic social services (funded by general tax revenue) and social insurance, compulsory health insurance, and unemployment insurance (funded by contributions from employers and workers).<sup>7</sup> Figure 4 also shows the various programmes under these four main components and their five main groups of beneficiaries such as children, individuals in working ages, the elderly, the disabled, and poor households. For example, qualified children can benefit from government-supported health insurance, education subsidies, and various social assistance programmes such as emergency assistance, regular (cash) allowance, and services at social welfare centres. (We return to discuss more details on children's benefits below).

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<sup>7</sup> Figure A.2 (Appendix A) shows another more general classification of the social protection system in Vietnam, which consists of four main components (CPV, 2012). The first component is social assistance, which includes regular allowances, social care services, and emergency assistance. The second component is social insurance, which includes unemployment insurance, compulsory and voluntary insurance, and other supplemental programmes. The third component is employment and poverty reduction, which includes public works programmes, vocational training, and other employment and poverty reduction programmes. The fourth component is basic social services, which includes services related to housing, health insurance, education, clean water, and information access. Table A.5 provides a general overview of the social protection system based on this classification.

**Figure 4: Vietnam’s social protection system**



Note: UI stands for “unemployment insurance”. Bold circles indicates programme beneficiaries and empty circles indicate no programme beneficiaries.

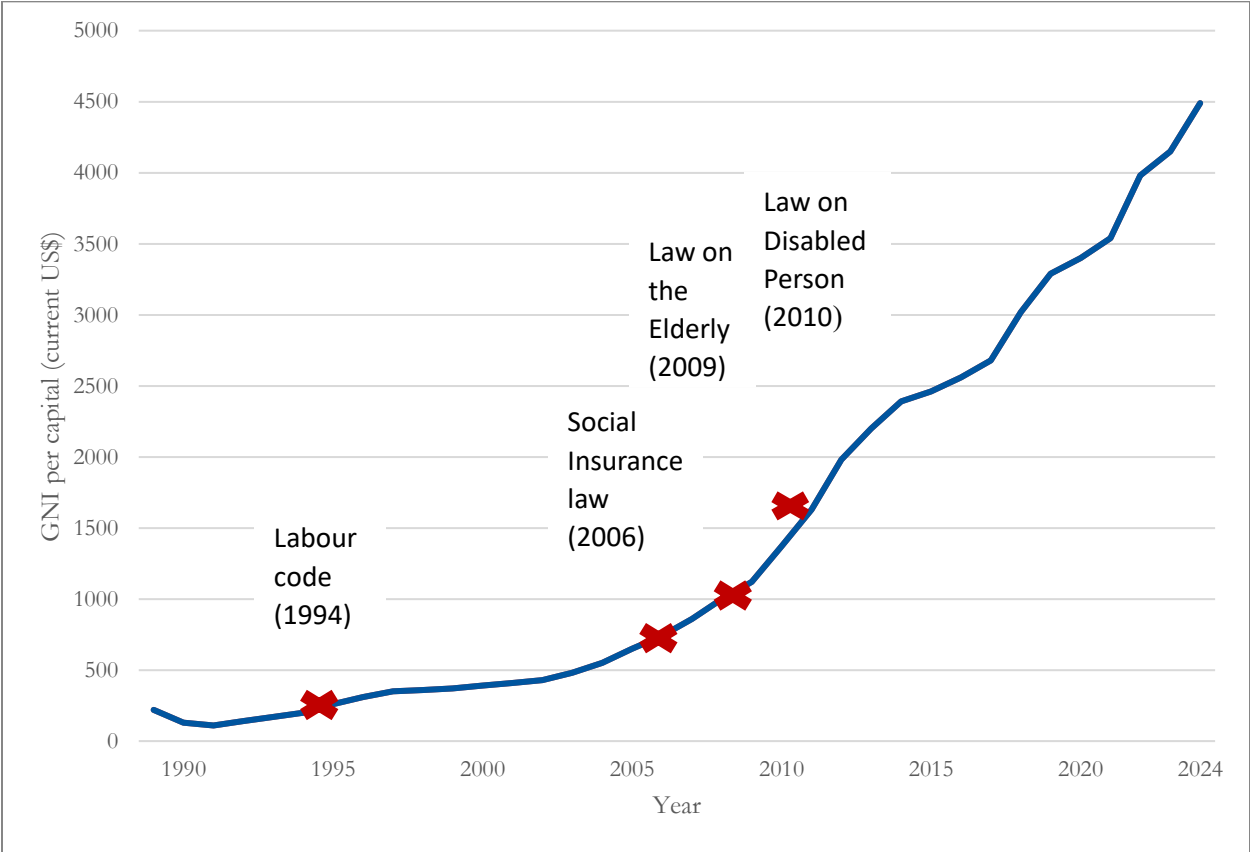
Source: Government of Vietnam (2021).

We further provide in the Appendix the timeline of a number of key laws and regulations on social protection in Vietnam (Table A.6) and more details on the key features of some important law programmes (Table A.11). Several remarks are useful. First, the social protection system was first

created in 1975 when the country was unified, which was designed to model a welfare state with social insurance for illnesses, accidents, maternity leave, and retirement, as well as generous support to beneficiaries and war-related victims. The government subsequently required compulsory health insurance for salaried workers in both the public and private sectors since 1992, marking a significant step towards a national social health insurance programme (Table A.6).

Figure 5 provides a visual illustration of the timing of major social protection laws in Vietnam. Unsurprisingly, as the country’s income grows, there is more formal legal support for the vulnerable population groups. The Labour Code was issued earlier in the 1990s and the Law on Social Insurance was issued in the mid-2000s, but the laws on elderly and disabled people were issued in the late 2000s. Latest figures show that public expenditure on social protection (excluding health) equals around 4% of the country GDP, while the public expenditure on healthcare expenditure hovers around 4–5% of GDP in recent years (Appendix A, Table A.8).

**Figure 5: Introduction of major social protection laws over time**



Source: Authors' own work.

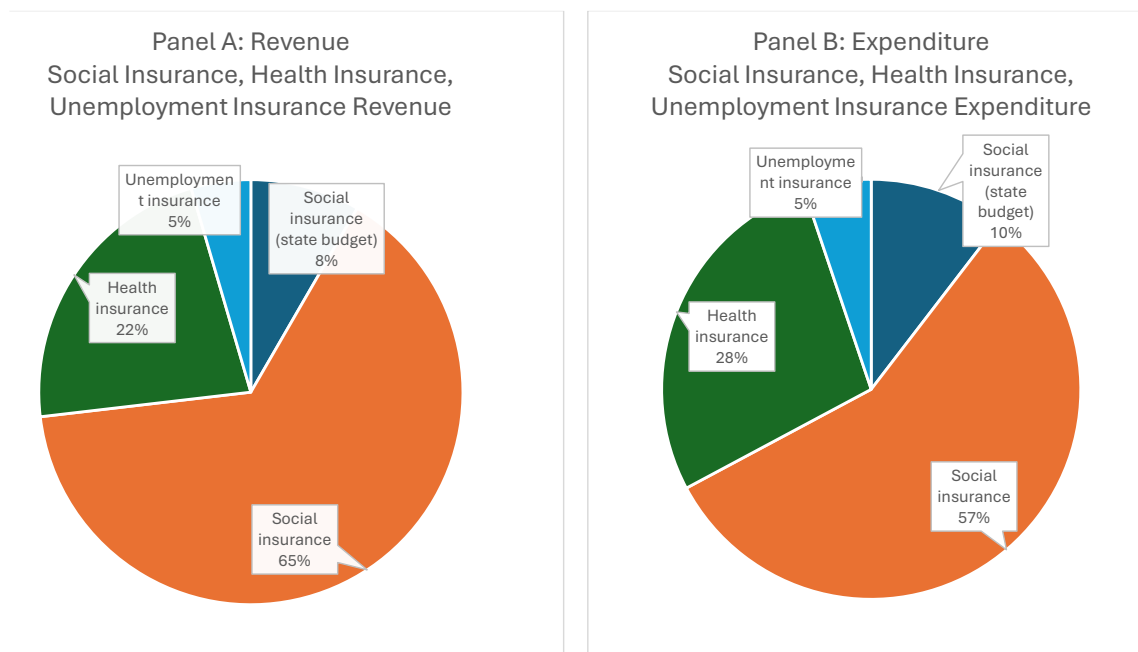
Second, while the support amounts are unsurprisingly anchored to the country's income level, most social protection programmes appear to be designed in a consistent spirit with a welfare state orientation (Table A.11).<sup>8</sup> For instance, Le et al. (2020) observe that Vietnam's social health insurance benefits regarding subsidized drugs are generous compared to that provided in most other countries with similar GDP in the Asian region. Vietnam's drugs list currently includes 1,201 non-traditional medications while the corresponding figures for Bhutan, the Maldives, and the Philippines are much lower at 429, 394, and 627 respectively. The Vietnam list also includes expensive drugs which are not included in the World Health Organization (WHO) list. As another example, Vietnam allows for periods of absence from work due to childcare being accounted for in pension benefits, which is not allowed with other richer countries in the region such as China, Indonesia, and Malaysia (World Bank, 2024).

Third, insurance participants contribute the majority of the shares of total revenue, with the state budget contributing a smaller share. The social insurance fund is financed through mandatory contributions from employers and employees. Employees contribute a portion of their salaries, while employers contribute a larger percentage based on their payrolls. Figure 6, Panel A shows that participants in social insurance contribute about two-thirds (65%) of the total revenue, followed by health insurance (22%) and unemployment insurance (5%). The state budget contributes the remaining 8%. The allocations for insurance expenditures, shown in Figure 6, Panel B, are roughly similar. More detailed figures on revenues and expenditures in the past ten years, both in general and on specific components such as social insurance, health and unemployment insurances, are shown in Table A.7 and Table A.9 in the Appendix.

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<sup>8</sup> Kokko and Tingvall (2007) observe that Vietnam's welfare state orientation is a blend of its socialist past and its transition to a socialist-oriented market economy. The state still provides a social protection system including social assistance, social insurance, and poverty alleviation programmes, which are funded by the state budget, market contributions, and community mobilization.

**Figure 6: Revenue and expenditure for social insurance, health insurance, unemployment insurance, 2022 (%)**



Source: NSO (2024).

According to the Law on Social Insurance (Government of Vietnam, 2024a), there are two types of social insurance: compulsory social insurance and voluntary social insurance. Comparing several key features of these two types, Table 5 shows that while compulsory social insurance covers formal salaried employees, voluntary social insurance covers any Vietnamese citizens who are 15 or older and who do not have compulsory social insurance. The contribution rate for compulsory social insurance is 32% of a worker's salary (with employers contributing 21.5% and employees contributing 10.5%), which is higher than the corresponding figure of 22% of individuals' optional (flexible) income for voluntary social insurance. Compulsory social insurance requires a monthly, mandatory contribution, while the contribution method is rather flexible for voluntary social insurance: it can be on a monthly, quarterly, semi-annual, or annual basis or can even be a one-time payment.

Unsurprisingly, the benefits are more generous under compulsory social insurance and cover retirement, sickness, maternity, accident, death, plus health insurance and unemployment insurance. On the other hand, voluntary social insurance only covers retirement, maternity, accident, or death and does not cover health or unemployment insurance. The pension scheme is, however, similar for both types. Pension equals 45% of salary after a minimum of 20 years of employment for men and 15 years of employment for women and increases by 2% for each additional year of employment, up to a maximum of 75% of salary. One-time withdrawal is possible for both types, subject to certain conditions. More details on the specific

contribution rates for different kinds of insurance (for compulsory social insurance) and income thresholds (for voluntary social insurance) are provided in Table A.10 in the Appendix.

**Table 5: Compulsory social insurance vs voluntary social insurance**

Categories	Compulsory social insurance	Voluntary social insurance
Subjects	Employees receive salary from state budget Employees under a labour contract for a term of one month or more Business manager, business owner Foreign worker under labour contracts with a term of 12 months Employers in labour contract	Citizens ≥15 years old, not subject to compulsory social insurance
Contribution rate	32% of salary (employees: 10.5%, employers: 21.5%)	22% of optional income (minimum ~VND700,000)
Contribution basis	Monthly salary according to contract (≥ regional minimum wage)	Optional, flexible income
Contribution method	Monthly, mandatory	Flexible: monthly, 3/6/12 months, or one-time
Benefits	Five regimes: retirement, sickness, maternity, accident, death, plus health insurance, unemployment insurance	Four regimes: retirement, maternity, accident, death; health insurance purchased separately
Pension	45% after 20 years, maximum 75%	Similar, but depends on selected income

Source: Government of Vietnam (2024a).

We briefly describe next some key social protection programmes in Vietnam. These programmes generally fall under either one of the two types of social insurance discussed in Table 5. We provide more details in Table A.11 in the Appendix.

## 2.1 Pension

The pension system in Vietnam consists of compulsory pension and voluntary pension. For compulsory pension, public pension funds are mostly supported by payroll taxes on employers and employees (Table 5). These funds are managed by the government. The social insurance programme is a pay-as-you-go system, which means current workers' contributions fund the pensions of retirees. Voluntary pension insurance products are provided by life insurance companies, investment funds, or other financial institutions. These products are regulated by the government.<sup>9</sup>

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<sup>9</sup> Private pension schemes and voluntary savings plans are becoming more popular in Vietnam, especially among higher-income individuals (Vietnam Social Security, 2025).

Workers are entitled to enjoy monthly retirement pensions if they reach the age of 55 for women and 60 for men and having paid social insurance premiums for at least 20 years. This duration eligibility is shortened to 15 years for those who have worked in hazardous and dangerous occupations. However, the retirement age will increase from 60 to 62 for men by 2028 and from 55 to 60 for women by 2035. The phased-in increases began in 2021 and annually raised the retirement age by three months for men and four months for women. But some permitted exceptions include i) workers employed in heavy, hazardous or dangerous jobs were still allowed to retire up to five years earlier than their retirement age, and ii) unlike unskilled workers, highly skilled workers were allowed to work for up to five years beyond their retirement age.

The monthly pension for those who pay compulsory social insurance is calculated according to the following formula: *Monthly pension = (Monthly pension rate) × (Average monthly salary for social insurance payment)*. The monthly retirement pension can reach up to 75% of the average monthly salary, of which 45% is offered for the first 15 years of contribution. For each additional year of contribution, the reimbursement rate increases by 2%; for each year of early retirement, the reimbursement rate is reduced by 1%.

Pension for employees with less than 20 years of social insurance contributions will be calculated based on a lower rate than those with 20 years, specifically 40% of the average monthly salary for social insurance contributions for the first 15 years, then adding 1% of the same salary for each subsequent year of contributions.

## 2.2 Unemployment insurance

Wage workers are eligible for unemployment insurance if they meet the following four conditions:

- Termination of labour contract or work contract
- Having paid (compulsory) social insurance for at least:
  - 12 months or more within 24 months before terminating the labour contract in the following cases: labour contracts with definite and indefinite terms
  - 12 months or more within 36 months before terminating the labour contract in the following cases: signing a seasonal labour contract or a certain job contract with a term from 3 months to less than 12 months
- Registered for unemployment and submitted application for benefits at the Employment Service Centre within three months from the date of termination of the labour contract, employment contract or termination of employment.
- Not finding a job after ten days from the date of submitting the application for unemployment insurance benefits.

The duration of unemployment benefits is calculated based on the number of months of contribution. For every 12 months of contributions up to 36 months, beneficiaries will receive three months' of unemployment benefits. After that, for every additional 12 months of contributions, beneficiaries will receive one more month of unemployment benefits, but the maximum period of unemployment benefits is 12 months. The monthly unemployment allowance is typically 60% of the employee's average salary from the last six months of employment, but is capped at five times the minimum wage.

## 2.3 Health insurance

There are several types of health insurance. The first type is compulsory health insurance for workers with contracts longer than one month.<sup>10</sup> This type of health insurance offers healthcare coverage such as some inpatient and outpatient care, pathology, medications, and other care services. The contribution rate is 4.5% of the monthly salary, in which the employee contributes 1.5% and the employer contributes 3%.

The second type is voluntary health insurance, which serves those who are not covered by the compulsory health insurance system, such as informal workers. The third type of health insurance is government support health insurance, under which the government fully covers the premiums for certain groups like the poor, ethnic minorities, children under 6, and the elderly over 80, and socially vulnerable groups (such as those with war merits or war veterans). Near-poor households and other vulnerable groups receive partial subsidies.

## 2.4 Elderly assistance

People age 80 years and older are eligible for regular social assistance (which can be considered a non-contributory pension) if they do not receive contributory pensions or other social insurance benefits. The current assistance amount is VND500,000 (approximately USD21) per month, which is provided by the provincial governments. Starting from 1 July 2025, this age threshold was lowered to 75 years old under the Social Insurance Law 2024. The law also states that Vietnamese citizens aged 70 to under 75 who belong to poor or near-poor households (and do not receive a pension or monthly social insurance allowance) are also entitled to the allowance.<sup>11</sup> The monthly allowance for the elderly equals the standard

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<sup>10</sup> Before 2024, the social insurance law divided the contract term between under three months and more than three months. But from 2024, the contract term just needed to be over one month for the worker to qualify.

<sup>11</sup> While a pension is a long-term benefit paid monthly in retirement after contributing for a sufficient period, a monthly social insurance allowance typically refers to other temporary benefits like sickness or work-related allowances.

social assistance level multiplied by the corresponding coefficient. This coefficient varies from 1.0 to 3.0, depending on specific situations. The current standard level of social assistance is VND500,000 per month. Table A.12 provides more details on these coefficients for different population groups, including the elderly and other vulnerable groups (such as children and the disabled).

In cases where an individual is eligible for both the social retirement allowance and another monthly social allowance, they will receive the higher of the two.

## 2.5 Maternity leave and child support

Female formal workers are entitled to six months of paid maternity leave, with a maximum of two months before childbirth. If giving birth to twins or more, mothers are entitled to an additional month of leave for each child. The leave includes holidays, Tet holidays, and weekly days off. The benefit amount is the average salary for social insurance contributions in the six consecutive months before taking leave multiplied by the number of months off due to childbirth or adoption.

Women who are not wage workers can get maternity insurance in the following cases (Government of Vietnam, 2024a):

- The wife does not work and gives birth to a child whose husband participates in compulsory social insurance. Even if the wife does not work, the husband is still entitled to maternity benefits.
- Women who do not work are still entitled to maternity insurance if they have paid voluntary social insurance and meet the conditions: social insurance contributions in the six consecutive months.

Male formal workers who are paying compulsory social insurance and whose wives give birth are entitled to maternity leave within the first 30 days from the date their wives give birth. The benefit amount is calculated as follows: *(Average salary for social insurance contribution in six consecutive months before leaving work) / 24 days* × *Number of days off*. They are also entitled to leave days (for example, seven days of leave for a woman who has a caesarean section).

Social insurance covers the full salary during this leave period. There are additional one-time birth grant payment to families after a birth or the adoption of a child under six months, as well as cash sickness benefits depending on child age. The benefit is typically 75% of the insured person's earnings and is calculated as a daily amount. The number of days families can receive the benefit depends on the child's age: it is up to 20 days in a calendar year for children under 3 years old and up to 15 days in a calendar year for children age 3 to 7.

## 2.6 Poverty alleviation programmes<sup>12</sup>

Since 1998, Vietnam has implemented two major programmes focused on poverty alleviation. The first is the National Targeted Programme for Poverty Reduction (NPPR), aimed at assisting impoverished households and communities to develop their production capabilities, increase incomes, access social services, eliminate hunger, and reduce poverty. This programme provides cash and in-kind transfers to poor households; various subsidies on health, education, utilities and housing; concessional loans; and emergency relief for natural disasters. The second programme, 'Socio-economic Development for the Communes Facing Greatest Hardships in the Ethnic Minority and Mountainous Areas', commonly known as Programme 135, provides support to nearly 2,000 communes located in poor and remote areas. Programme 135 supports infrastructure development, agricultural assistance, capacity building, and access to public services (Quan, 2009). These communes are characterized by a significant proportion of ethnic minority households and high poverty rates (CEMA and UNDP, 2009). Both programmes provide financial support for ethnic minority students

Starting from 2009, Vietnam has implemented another major programme dedicated to sustainable and rapid poverty reduction in the country's poorest districts, which is also known as Programme 30A (Government of Vietnam, 2008). The programme specifically targeted 62 districts with a poverty rate exceeding 50% in 2006 (using the poverty rate estimated by the Ministry of Labour, Invalids, and Social Affairs (MOLISA)). There was full compliance, with all districts with a 2006 poverty rate exceeding 50% being covered in the programme. Programme 30A districts are located in 20 provinces, primarily in the Northern Midlands and Mountainous areas, North Central and Central Coastal areas, and Central Highlands. These regions represent the poorest areas in the country, characterized by a high concentration of ethnic minority populations. In the 62 targeted districts, ethnic minorities constitute 90% of the population.

The primary objective of Programme 30A is to increase the average incomes of households in the targeted districts to five or six times higher than the 2008 level by 2020. The government expects to achieve this goal through policies aimed at improving agricultural productivity and generating non-farm employment opportunities (Government of Vietnam, 2008). Programme 30A aims to significantly enhance the living standards of impoverished and ethnic minority communities in the targeted districts, with the goal of reaching the same living standards in other districts in the region by 2020. The programme's targets include reducing the poverty rates in the targeted districts to 40% by 2010, aligning these poverty rates with the provincial averages by 2015, and matching them with the regional averages by 2020. Most

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<sup>12</sup> Poverty alleviation programmes are generally considered a separate arm of the social protection system (see Figure A.2 in the Appendix). The discussion for poverty alleviation programmes in this section is largely based on Dang et al. (2025a).

of the poor targeted by Programme 30A and related programmes are non-wage workers, informal workers, or agricultural workers.

Between 2010 and 2019, Vietnam invested nearly VND560 trillion (approximately USD25 billion) for poverty reduction and commune-level development in all national targeting programmes, which roughly equals 1% of the country’s average annual GDP during this period (World Bank, 2022a).

Notably, while Vietnam does not appear to implement direct income (cash) transfer programmes for the general population, the country provides income support for certain vulnerable groups such as the elderly (without pension), orphans, or disabled persons. Poor households can receive government support health insurance as discussed above. (Also see more discussion on Table 7 below.)

### 3 Scale and reach

Table 6 shows that around 18.4 million people and 14.8 million people participate in social insurance and unemployment insurance, amounting to 35% and 28% of the working-age population respectively.<sup>13</sup> On the other hand, there is almost universal health coverage, with around 93.6 million people participating in health insurance, amounting to 93% of the whole population.<sup>14</sup> While the social insurance and unemployment insurance participation rates are much lower than that of health insurance, it is useful to note that these rates have increased faster over the past decade. Specifically, the social insurance and unemployment insurance participation rates increased by around half during the period 2015–2023, while the corresponding increase for health insurance is around 26%.

**Table 6: Participation in social insurance, health insurance and unemployment insurance, 2010–23**

	Social insurance (thousand people)	Social insurance (%)	Health insurance (thousand people)	Health insurance (%)	Unemployment insurance (thousand people)	Unemployment insurance (%)
2010	9,522.60	N.A.	52,407.10	N.A.	7,206.20	N.A.
2012	10,565.40	N.A.	58,977.20	N.A.	8,269.60	N.A.
2013	11,057.40	N.A.	61,764.30	N.A.	8,691.40	N.A.

<sup>13</sup> Vietnam’s population was 101.3 million people in 2024, of which the working population (age 15 and older) is 52.9 million. Men’s labour force participation rate and women’s labour force participation rate are respectively 53.4% and 46.6% (NSO, 2024).

<sup>14</sup> Notably, Vietnam is well recognized for its efforts to achieve universal health coverage by the World Health Organization and others (Cotlear et al., 2015). Dao (2020) offers a lively depiction of public images employed in the country’s aggressive information campaign to encourage participation.

2014	11,645.90	N.A.	64,645.00	N.A.	9,219.80	N.A.
2015	12,290.50	22.6	68,466.10	74.2	10,310.20	19
2016	13,055.70	24	75,915.20	81.4	10,994.70	20.2
2017	13,820.40	25.2	81,189.00	86.1	11,538.90	21
2018	14,732.30	26.6	83,540.50	87.6	12,643.10	22.8
2019	15,762.10	28.3	85,745.40	88.9	13,391.90	24
2020	16,163.90	29.5	87,978.00	90.2	13,323.90	24.3
2021	16,546.80	32.7	88,837.20	90.2	13,394.90	26.5
2022	17,500.20	33.8	91,074.20	91.6	14,330.00	27.7
2023	18,418.10	35.2	93,628.20	93.3	14,791.20	28.2

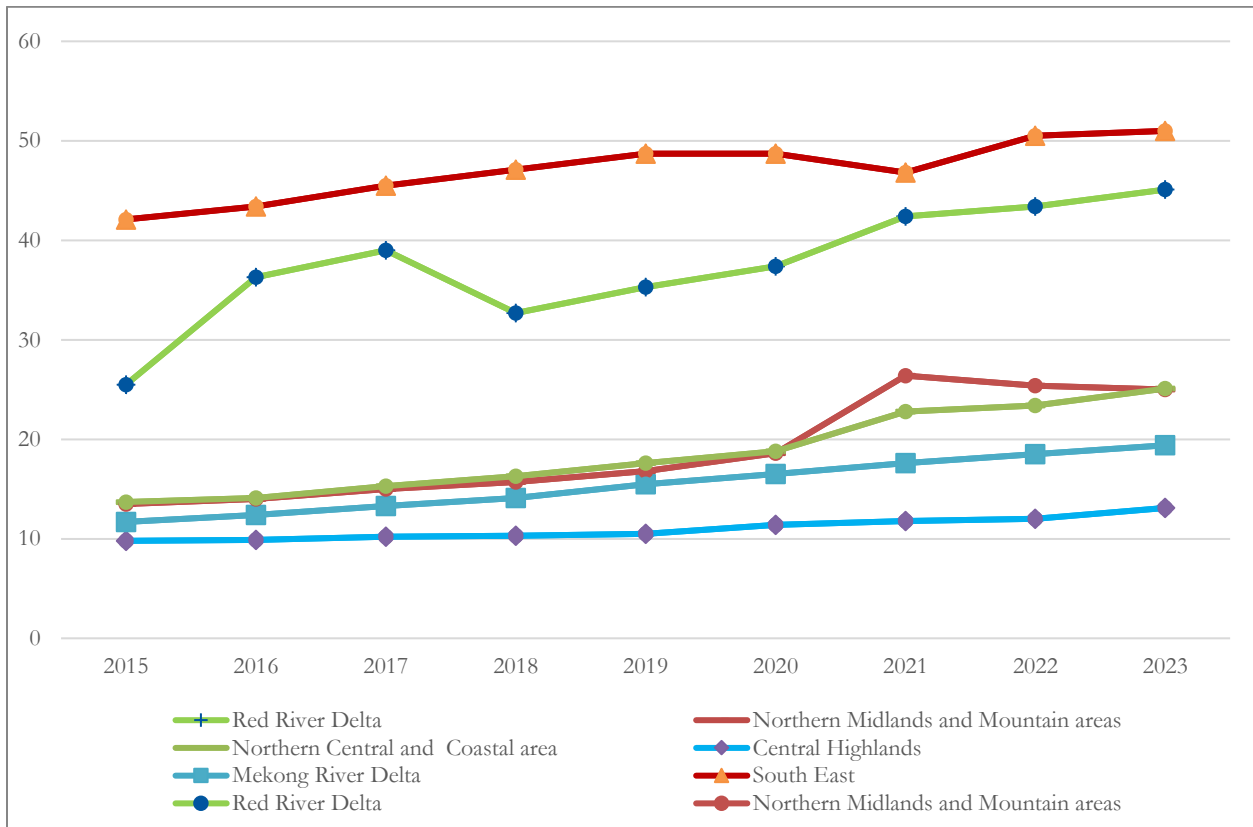
Note: For social insurance (or unemployment insurance), the share of insurance participation is calculated as the percentage of social (or unemployment) insurance participants over the number of working-age people in the workforce. Social insurance participation includes both voluntary and involuntary social insurance. The share of health insurance participation is calculated as the percentage of health insurance participants over the whole population. N.A. stands for "not available".

Source: NSO (2024).

Table A.13 in the Appendix further adds to Table 6 several other statistics such as the number of beneficiaries who receive monthly social insurance benefits, the number of one-time social insurance beneficiaries, the number of health insurance beneficiaries, and the number of unemployment insurance beneficiaries.

Further breaking down these figures by region, Figure 7 shows much regional heterogeneity. Participation in social insurance is highest in the South East region at 51%. This region also has the most economic activities in Vietnam (which houses Ho Chi Minh City, the largest city in the country). Social participation rate is second highest in the Red River Delta at 45%, which has the second most economic activity and houses Hanoi, the capital city. The Northern Midlands and Mountainous areas and North Central and Coastal areas come third at 25%, to be followed by the Mekong River Delta at 19%, and the Central Highlands at 14%.

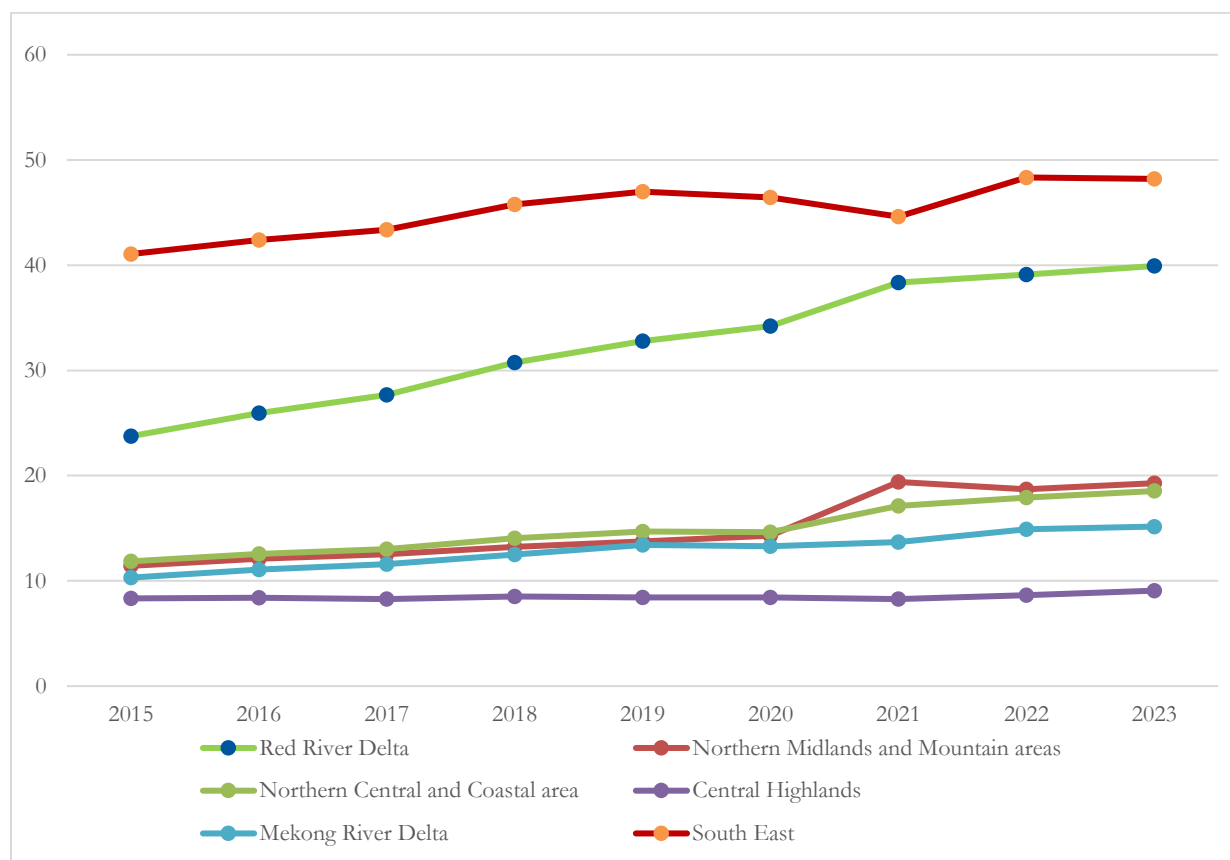
**Figure 7: Participation rate in social insurance by region, 2015–2023**



Source: NSO (2024).

There is similar a regional ranking in unemployment insurance, although the participation rates are unsurprisingly lower for all the regions. Figure 8 shows that the South East region leads the country again at 48%, to be followed by the Red River Delta at 40%, the Northern Midlands and Mountainous areas and North Central and Coastal areas at 19%, the Mekong River Delta at 15%, and the Central Highlands at 9%.

**Figure 8: Participation rate in unemployment insurance by region, 2015–2023**

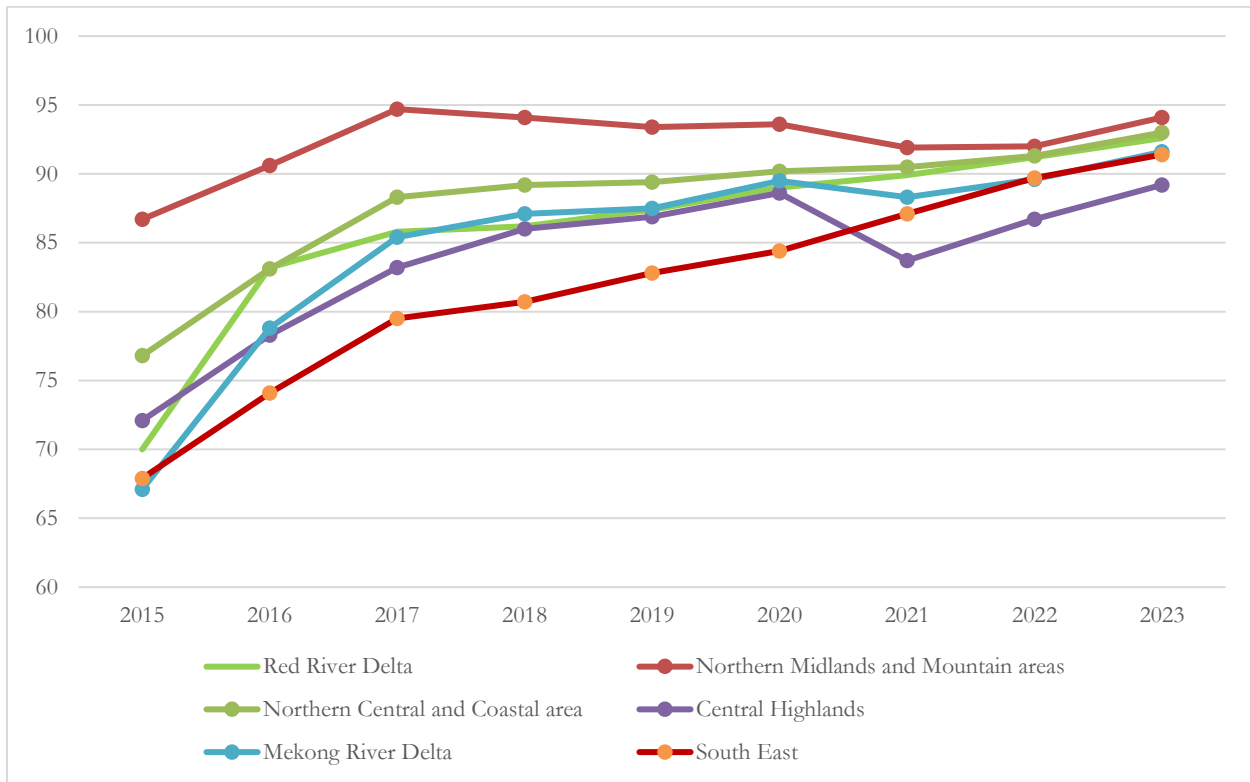


Source: NSO (2024).

Further breaking down social insurance and unemployment insurance by province shows that participation rates are typically higher in richer provinces. More remote provinces with more poverty (mostly rural or mountainous provinces) have lower participation rates (Appendix A, Figures A.3 and A.4).

For health insurance, Figure 9 shows that the regions show rather similar performance with participation rates being close to 90%. The Northern Midlands and Mountainous areas lead the country at 94%, with the Central Highlands coming last at 89% and all the other regions achieving more than 90%. Unlike social insurance and unemployment insurance, poorer provinces can have higher participation rates (Appendix A, Figure A.5), perhaps due to the country’s strong efforts to achieve universal health insurance coverage.

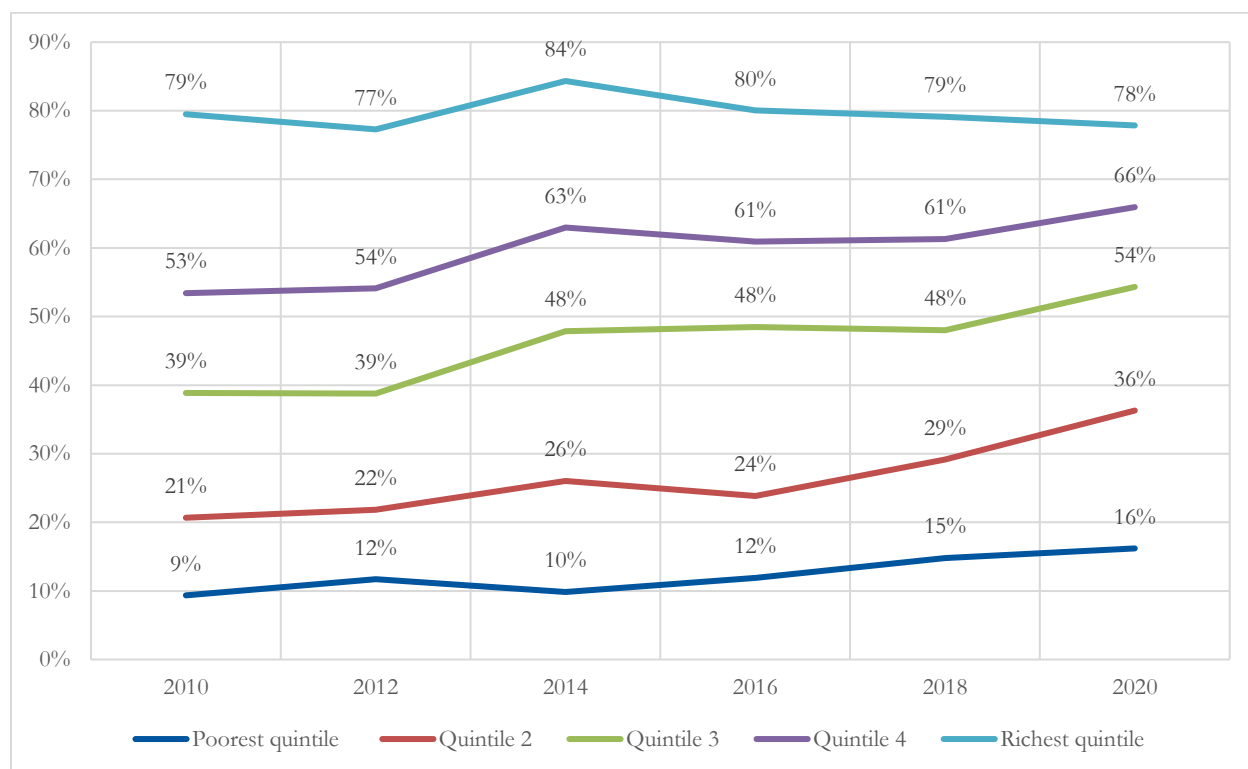
**Figure 9: Participation rate in health insurance by region, 2015–2023**



Source: NSO (2024).

We look further into social insurance by household income levels. Figure 10 plots the share of households receiving social insurance by quintiles of income. This figure indicates that the richer quintiles were more likely to receive social insurance than poorer quintiles over the past decade. In 2020, the social insurance rates are respectively 16%, 36%, 54%, 65%, and 77% for the poorest quintile, next poorest quintile, middle quintile, next richest quintile, and richest quintiles. While the good news is the gaps between different quintiles have narrowed over time, the social insurance rate for the richest quintile was still almost five times that of the poorest quintile in 2020.

**Figure 10: Participation rate in social insurance by consumption quintile, 2010–2020**



Source: VHLSSs.

Table 7 further considers coverage of the social protection for the general population and vulnerable population groups. Overall, the share of the population that is covered by at least one social protection benefit (excluding health insurance) hovers around 38% in recent years. There is clear improvement for certain population groups, such as those receiving unemployment benefits. The share of the unemployed that receives unemployment benefits has climbed fast from less than 1% in 2009 to 59% in the period 2020–2022. Coverage for the disabled and the poor respectively reaches 85% and 76% in the most recent period. However, certain groups would need more support. The coverage rate ranges from as low as 1% for children or households receiving child/family cash benefits to 22% for the vulnerable population group, and around 30-40% for the shared of employees covered by work injury insurance or mothers with newborns receiving maternity benefits, or the vulnerable population groups or the share of people above retirement age that receive a pension.

**Table 7: Social protection coverage for vulnerable population groups, 2000–2022**

Year	Aggregate (exclude health)	Children	Maternity	Disability	Work injury	Unemployment	Old-age	Vulnerable persons	Poor	Health care
	Population covered by at least one social protection benefit	Children / households receiving child / family cash benefits	Mothers with newborns receiving maternity benefits	Persons with severe disabilities collecting disability social protection benefits	Employees covered in the event of work injury	Unemployed receiving unemployment benefits	Persons above retirement age receiving a pension	Vulnerable persons covered by social assistance	Poor persons covered by social protection systems	
2000							16%			
2009						0.7%				
2010						10.8%				
2011						9.5%				
2015–2016	37.9%		44.5%		21.1%	45%	39.9%	10%		
2018–2019	38.8%	1%	44%	83.5%	26.2%	66.6%	40.9%	24.6%	100%	
2020–2022	38.3%	1.4%		85.1%	29.6%	59.2%		21.7%	76%	89.3%

Source: International Labour Organization (2025b and 2025c).

## 4 Impacts of social protection programmes

Not all key social protection programmes in Vietnam have been rigorously evaluated. We briefly review a few recent studies that rigorously investigated the impacts of several key programmes covering pension, health insurance, maternity leave, and poverty reduction.

### 4.1 Pension

Analysing data from Vietnam Household Living Standard Surveys (VHLSS) 2004 and 2006, Nguyen (2013) finds that non-poor households received larger pensions than poor households. This is because pensions are based on a contributory scheme, and the non-poor are more likely to have formal jobs than the poor. On the other hand, the poor received more social allowances than non-poor. Receiving pensions reduced (headcount) poverty by around 2.7 and 1.1 percentage points in 2004 and 2006, respectively. Receiving social allowances similarly reduced poverty by around 2.3 and 1.7 percentage points in 2004 and 2006, respectively. Pensions and social allowances also helped decrease other poverty measures such as poverty gap and the poverty severity, while helped increase expenditure on healthcare, education, and non-food consumption excluding durables.

Analysing data from the 2011 Vietnam National Ageing Survey and VHLSSs, Nguyen (2021) finds that nearly 80% of the eligible population (those 80 years old and over not receiving pensions or other

allowances) is covered under the social pension programme specifically targeting the elderly. Leakage was almost non-existent, with fewer than 1% of beneficiaries receiving the social pension before reaching 80 years old. There are positive effects of social pensions for people aged 80 and over on household income. Receiving social pensions helps older people to feel healthier and more satisfied. A recent study focusing on households whose oldest member is near the eligibility cutoff further finds that the cash transfer helps individuals in these households shift from nonfarm self-employment to wage employment (Nguyen and Tarp, 2026).

## 4.2 Health insurance

Analysing four waves of panel data from 2007 to 2016 from three provinces in Vietnam, Nguyen et al. (2025) find that health shocks lead to a reduction in non-farm income while increasing healthcare expenditure significantly. In response to health shocks, households have to increase informal borrowings to smooth their consumption, which results in severe indebtedness. Having access to health insurance helps reduce the probability of being severely indebted.

To address inequalities in access to healthcare services among vulnerable groups, Vietnam implemented a healthcare support programme in ethnic minority areas in 2013. Studying the effects of this programme on healthcare utilization among older individuals aged 55–74 with VHLSS from 2008 to 2018, Huu and Bui (2024) find that the programme had a positive effect on inpatient visits at public health facilities and increased outpatient visits at commune health stations and inpatient visits at district hospitals. The programme could also facilitate a switch from private to public facilities. Their findings suggest that providing healthcare resources to disadvantaged areas can increase healthcare utilization of older people.<sup>15</sup>

The recent COVID-19 pandemic has put to the test health insurance, as well as the overall public health system, in Vietnam. Reviewing studies on the pandemic, Dang and Do (2023) observe that the public health system was considered to perform quite well during the pandemic and Vietnam received strong praise for its effective fight against the pandemic. Yet, while the government topped up existing social protection programmes to support newly vulnerable groups with new programmes amounting to about 1% of GDP, after three months of implementation, only 12% of the package had been disbursed. Furthermore, more than one-third (36%) of poor households were not beneficiaries of aid packages

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<sup>15</sup> Recent research also points to other vulnerable groups such as adolescents, of which 13% are estimated to have a mental disorder, with anxiety and depressive disorders the most common. Economic inequality and its role in facilitating negative effects appeared to be more significant in Vietnam than in several other richer countries (Stearns et al., 2024).

during the pandemic. These inadequate responses could occur due to, among other factors, the absence of a basic social protection database to identify poor and informal workers.<sup>16</sup>

Yet, analysing rich individual-level data from Vietnam's Labour Force Surveys spanning 2015 to 2020, Dang et al. (2023) find post-pandemic increases in unemployment and temporary layoff rates alongside decreases in employment quality. Monthly wages declined even as the proportion of workers receiving below-minimum wages substantially increased, contributing to sharply rising wage inequality. Their findings suggest that more resources should have been allocated to protect vulnerable workers to cope with the pandemic.

### 4.3 Maternity leave and childcare

In 2013, Vietnam extended the required maternity leave from four months to six months. Analysing VHLSS data, Vu and Glewwe (2022) find that the maternity leave extension of the new law increases formal employment of women of childbearing age by 2.7 percentage points, and decreases agricultural household work by 3.2 percentage points. The increase in formal employment mostly happens in the private formal sector, especially in the manufacturing industry and among middle-skilled occupations, such as plant and machine operators, as well as craft workers.

Also analysing VHLSS data, Dang et al. (2022) find that childcare has strong and positive effects on women's probability of working in a formal wage-earning job. Sending children to childcare centres helps mothers move from self-employed farm work to wage-earning jobs. Moreover, a medium-term effect exists after two years for younger children, further increasing the probability that women have a wage-earning job and reducing self-employed farm work. Childcare also helps increase women's total annual wages and household income per capita and reduce household poverty (although these effects are mostly marginally statistically significant). Furthermore, these effects on the probability of having a wage-paying job are larger for more educated women and women in ethnic majority groups and are (somewhat) larger for younger children or areas with higher income levels.<sup>17</sup>

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<sup>16</sup> Notably, this lack of data is not particular to Vietnam but has been found to affect other countries with higher income levels such as Indonesia, which led to the amount disbursed for social assistance largely decreasing in 2020 from the previous year despite the COVID-19 outbreak (Ing and Basri, 2022). Similar to Vietnam, poorer and vulnerable population groups in richer countries are also more affected by the pandemic (Dang et al., 2024b).

<sup>17</sup> Raising women's education levels could also have various positive intergenerational effects in Vietnam. Hoang and Nguyen (2023) find that being exposed to a mass education programme from 1946 to 1954 raised mothers' education by 1.5 years and their children's education by 0.9 years. Le et al. (2025) find that one additional year of maternal

## 4.4 Poverty reduction

Evaluating a large-scale poverty reduction programme (Programme 30A) with VHLSS data spanning 2004 to 2020, Dang et al. (2025a) observe no significant impact of Programme 30A on household income or poverty or local economic development, as measured by commune-level night-time light data, establishment of new firms, or migration inflows and outflows. However, they find positive effects of the programme on household transitions from farm self-employment to non-farm self-employment, leading to increased non-farm income and decreased farm income. There are also substantial and positive programme effects on formal borrowing and microcredit utilization, which could be a plausible reason for these positive effects on non-farm employment. Moreover, the programme has improved household access to public services, including electricity, public transfers, healthcare utilization, and educational subsidies for students.

These results are consistent with those in a recent study that analyses data collected from 1,538 households of mountainous ethnic minorities. Hoang-Duc et al. (2024) find that current governmental support can help reduce the poor's multidimensional poverty. However, these supports cannot mitigate all of the deprivations the poor endure. The alleviation impact of human capital programmes is observed in education and health deprivations, but that of employment/ production support programmes is limited to health deprivation. Employment and living standard deprivations appear to not be significantly influenced by both supports.

Studying the effect of the Vietnam Hunger Eradication and Poverty Reduction (HEPR or NPPR) Programmes on school enrolment, Bertoni et al. (2025) show that the programme has positive effects only for younger children (age 8) but no or even negative effects for older children (age 12 and 15), particularly in rural areas. The authors argue that these heterogeneous results could be due to two reasons: declining effects of education subsidies over time, and free access to the Vocational Training Programme in rural areas for older children (which facilitates better transition to the labour market).

Phan et al. (2023) investigate whether rural microcredit can reduce household vulnerability to poverty. Analysing the Vietnam Access to Resources Household Survey (VARHS) data from 2008 to 2016, they find that rural Vietnam's access to microcredit significantly reduces vulnerability to poverty. Moreover, better-off households are seemingly the most effective at using microcredit, whereas the opposite is found among worse-off households.

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schooling induced by Vietnam's compulsory primary schooling law in 1991 reduced child mortality by 29.4%, with most improvements concentrated among women residing in rural areas, minor ethnicities, and female children. Similarly, Anh et al. (2025) find higher maternal education led to improved childcare, reduced child labour, and increased homework support.

## 5 Incentives

While studies largely suggest positive impacts of social protection programmes in Vietnam, few studies currently exist that study the disincentive effects of such programmes. Here we review some recent studies, which mostly focus on studying firm data.

Analysing data from the 2006 Enterprise Census and Survey, Castel and To (2012) find widespread social security tax evasion and under-reporting of wages in Vietnam: only 46.4% of the enterprises are registered with social security, 21.7% of registered firms' workers are not covered, and wages reported to social security represent only 32.5% of the wages actually paid. They observe that in Vietnam, as in many countries, enterprises can shift the burden of social security contributions on wages. But they do not find evidence of employers' appropriation of the unpaid social security contributions, although enterprises that evade and under-report wages pay higher wages. They suggest it is useful to implement consensus-building activities that are conducive to regulatory changes and coordinated action among policymakers, enterprises and employees. The finding of under-reporting of wages is consistent with findings in a recent study by La and Dang (2018). Analysing the VHLSS 2010, 2012, 2014, and 2016, the authors find that the income officially reported by households only accounts for 80% of the true income, leaving 20% unreported.

Conducting and analysing a survey in Hanoi and Ho Chi Minh City, Cling et al. (2012) find that although most of the informal businesses operate "illegally", this is more due to unclear registration legislation than deliberate intention to evade the economic regulations. They observe that incentives are decisive as far as the probability of having a formal business is greater among household business heads who consider that registration provides at least partial protection from corruption. These findings emphasize the need for clarification of the legal framework and appropriate incentive policies to address the informality issue.

Lee and Torm (2017) investigate how social security provision, a key determinant of formality, could bring positive impacts on small and medium-sized firm performance in Vietnam. Using enterprise census data covering all registered firms from 2006 to 2011, the authors find that firms which increase their social security coverage by 10% experience a revenue gain of 1.4–2.0% per worker and a profit gain of up to 1.8%, depending on the survival time of the firm. The authors recommend initial social insurance subsidies for small firms, given the time lag between social security contributions and enhanced firm performance.

Using a three-year matched employer–employee panel dataset, Trifkovic (2017) finds that the application of management standards could boost labour productivity and improve working conditions in small and medium enterprises in Vietnam. Certified firms pay higher wages on average and are also more likely to offer formal contracts. The author observes that these effects come from higher investment in employee training, adherence to national labour laws, and engagement of non-technical workforce.

Studying the effects of the 2007 World Trade Organization (WTO) entry on Vietnamese firms, Baccini et al. (2019) show that the post-WTO probability of exiting the market is much larger for private firms than for state-owned firms. Trade liberalization generates sizeable productivity gains in industries with a strong presence of private firms, while the gains are missing in industries dominated by state-owned firms. Their simulation exercise suggests that the aggregate productivity gains from trade in the five years after Vietnam's accession to the WTO would have been 66% higher if state-owned firms had been replaced by private firms. A key explanation for these different outcomes could be due to barriers to entry and credit constraints.<sup>18</sup>

## 6 Overall assessment and policy suggestions

Vietnam has received much praise for its successful poverty reduction. However, a number of challenges remain. These include increasingly concentrated poverty and inequality in certain geographical regions, particularly with more ethnic minorities, a high informality rate, low labour productivity, and a fast-ageing society.

While Vietnam has achieved almost universal health coverage, social insurance and unemployment insurance participation still lag far behind, hovering around 35% and 28% uptake in the working-age population. Regional heterogeneity exists, where participation in social insurance and unemployment insurance is much higher in the country's larger economic centres such as the South East region and the Red River Delta. These two regions house the two largest cities in Vietnam, Ho Chi Minh City and Hanoi. Participation in social insurance and unemployment insurance is lower for the other regions, especially poorer provinces.

Further breaking down social insurance and unemployment insurance by province shows that participation rates are typically higher in richer provinces and lower in mountainous, or more remote, provinces. Concerns about inequity remains, since while the gaps between different income quintiles have narrowed over time, the social insurance rate for the richest quintile was still almost five times as high as that of the poorest quintile.

Our review of recent studies further suggests several other policy-relevant findings:

- Pension and social assistance could help reduce poverty. Furthermore, receiving social pensions helps increase older people's subjective well-being and satisfaction.

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<sup>18</sup> Another study suggests that there are productivity gains associated with forward linkages along the supply chain for Vietnamese domestic firms which receive inputs from foreign-owned firms (Newman et al., 2015).

- Having access to health insurance helps reduce the probability of being severely indebted, and providing healthcare resources to disadvantaged areas can increase healthcare utilization of older people.
- Inadequate responses to unexpected health shocks (such as the recent COVID-19 pandemic) could be improved by building a basic social protection database to identify the poor, the vulnerable, and informal workers to provide timely transfer. More resources should be allocated to protect vulnerable workers during unexpected health shocks.
- Providing longer maternity leave increases formal employment of women of childbearing age.
- Sending children to childcare helps mothers move from self-employed farm work to wage-earning jobs and may help increase women's total annual wages and household income per capita and reduce household poverty.
- While large-scale poverty reduction programmes might not directly reduce poverty as originally intended, these could facilitate household transitions from farm self-employment to non-farm self-employment, leading to increased non-farm income and better access to public services, including electricity, public transfers, healthcare utilization, and educational subsidies for students. Microcredit programmes could offer a useful channel for these positive impacts to happen.
- Clarification of the legal framework and appropriate incentive policies could help household business formalize. In particular, providing initial social insurance subsidies for small firms could help.
- Application of international management standards could boost labour productivity and improve working conditions in small and medium enterprises, as could removing barriers to entry and credit constraints, particularly for private firms.

Last but not least, climate change, particularly global warming, is observed to have negative impacts on poverty and inequality (Dang et al., 2024a). Vietnam is one of the tropical countries most vulnerable to climate change impacts, with 70% of residents in coastal communities having high and intensifying exposure to storms and floods (World Bank and Asian Development Bank, 2021; Tran et al., 2023).

Air pollution has also recently emerged as a serious public health concern for the country. The country's average annual concentration of PM2.5 (fine particulate matter consisting of particles that are 2.5 microns or less in diameter) has been four to five times higher than the WHO safety threshold of 10  $\mu\text{g}/\text{m}^3$  (micrograms of PM2.5 particles per cubic metre of air volume) (World Bank, 2022b). In fact, the PM2.5 concentration trend has exceeded the global average for the past 20 years and was observed to be similar to that of China—a country well known for high levels of air pollution (Dang and Trinh, 2022).<sup>19</sup>

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<sup>19</sup> Furthermore, Vietnam's major urban areas can have exceptionally high seasonal pollution levels (Phung et al., 2016; Khuc et al., 2022; World Bank, 2022b). For example, Hanoi, the capital city, was even reported to be the most

Air pollution was estimated to have resulted in more than 60,000 deaths linked to air pollution in the country and an economic cost of between 1% and 3.9% of Vietnam's GDP in 2020 (WHO, 2018; World Bank, 2022b). A recent study found that air pollution could lead to lower math and reading scores, particularly for younger, primary school students who reside in urban areas and in districts with higher temperatures (Dang et al., 2025b). Consequently, while the government of Vietnam has made efforts to reduce air pollution, health experts have called for the country to adopt stronger measures to fight air pollution, especially because children are most vulnerable to poor air quality (Tran et al., 2023; Pratt et al., 2024). Consequently, effective social protection policies should be designed to provide a buffer against these climate change threats, particularly for the vulnerable population in both urban and rural areas.

As Vietnam strives toward its goal of reaching a high-income country status in 2045, the social protection system can be improved to address various challenges. Originally built on a welfare state model, the country's social protection system can also help facilitate economic growth.

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air-polluted city in the world for a number of days in the past few years (SGGP News, 2023; Bloomberg, 2025; Reuters, 2025; Vietnamplus, 2025).

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## Appendix A: Additional tables and figures

Table A.1: Proportions of self-employment in total employment, 2010-2023

Year	Self-employment (% of total employment)									
	Total	By number of people in a company						By Type of Ownership		
		1	2-4	5-9	10-19	20-49	>50	State	Non-state	Foreign
2010	66.2									
2011	65.3									
2012	65.2									
2013	65.1							8.88	69.51	2.88
2014	64.3							8.81	70.11	3.01
2015	60.7							9.06	68.17	3.76
2016	58.8							9.20	69.29	4.11
2017	57.2							9.22	69.10	4.69
2018	56.1							9.36	70.62	5.37
2019	55	95.72	79.07	16.89	5.03	1.66	0.44	7.95	76.23	1.08
2020	55.1	96.37	79.37	16.48	6.48	1.45	0.62	8.05	74.70	0.76
2021	54.1							7.53	66.94	0.61
2022	52.6									
2023	52.973									

Source: World Bank (2025) for column 1 and authors' calculations for the other columns using the LFS data.

**Table A.2: Unemployment for working-age individuals by residence, qualification, economic sector and firm ownership, 2010-2023**

Year															
	Total	By Resident		By Qualification					Total	By Economic Sector			By Type of Ownership		
		Urban	Rural	No qualification	Vocational training	Intermediate	College	University and over		Agriculture, forestry and fishing	Industry – Construction	Service	State	Non-state	Foreign investment
2010	2.91	4.27	2.35						3.56	6.04	1.38	1.45	0.29	4.11	0.18
2011	2.22	3.60	1.62						2.95	4.97	1.21	1.29	0.41	3.42	0.13
2012	1.95	3.21	1.40						2.74	4.49	1.43	1.25	0.27	3.16	0.44
2013	2.17	3.59	1.54						2.74	4.56	1.48	1.23	0.34	3.19	0.21
2014	2.10	3.41	1.49						2.38	4.11	1.15	1.04	0.38	2.78	0.05
2015	2.34	3.56	1.90						2.30	4.27	0.90	1.06	0.34	2.67	0.22
2016	2.29	3.21	1.84						1.88	3.75	0.56	0.86	0.24	2.20	0.11
2017	2.22	3.17	1.77						1.97	3.90	0.67	1.05	0.37	2.31	0.11
2018	2.19	3.10	1.74	2.06	1.26	2.62	3.77	2.62	1.62	3.27	0.66	0.89	0.38	1.90	0.05
2019	2.17	3.11	1.69	2.03	1.08	2.18	3.79	2.87	1.50	3.45	0.43	0.87	0.35	1.75	0.11
2020	2.48	3.89	1.75	1.90	2.27	4.12	6.07	4.26	2.52	4.70	1.49	1.74	0.71	2.81	1.45
2021	3.20	4.33	2.50	3.25	2.00	2.66	4.43	3.38	3.10	3.10	4.18	2.60	0.96	3.46	1.91
2022	2.34	2.82	2.04	2.21	1.60	2.31	3.41	3.16	2.21	4.00	1.44	1.81			
2023	2.28	2.75	1.99	2.01	1.14	1.72	2.69	2.85	2.01	3.52	1.70	1.41			

Source: NSO (2025)

**Table A.3: Insurance participation by income quintile**

Year	Percentage of 1st quintile (the lowest income)		Percentage of 2nd quintile		Percentage of 3rd quintile		Percentage of 4th quintile		Percentage of 5th quintile (the highest income)	
	Without social insurance	With social insurance	Without social insurance	With social insurance	Without social insurance	With social insurance	Without social insurance	With social insurance	Without social insurance	With social insurance
2012	0.14	0.26	0.11	0.29	0.08	0.30	0.05	0.39	0.02	0.20
2013	4.87	1.16	4.71	3.10	2.25	2.36	2.34	3.30	1.11	4.90
2014	1.21	1.42	0.91	1.77	0.57	2.26	0.28	2.07	0.18	2.27
2015	13.31	0.25	11.96	1.69	9.15	4.45	8.38	6.44	6.48	5.50
2017	14.54	0.47	13.27	3.05	7.30	4.32	7.24	6.84	7.26	5.89
2018	17.16	0.80	8.79	2.53	8.89	5.82	7.66	6.81	8.17	6.22
2019	15.65	0.76	11.89	3.98	8.16	6.44	6.41	7.00	7.46	6.46
2020	14.02	1.16	10.32	3.59	8.53	5.76	6.99	7.30	7.61	6.80

Source: Authors' calculations using LFSs.

**Table A.4: Compulsory and voluntary insurance participation by income quintile**

Year	Percentage of 1st quintile (the lowest income)		Percentage of 2nd quintile		Percentage of 3rd quintile		Percentage of 4th quintile		Percentage of 5th quintile (the highest income)	
	Compulsory insurance	Voluntary insurance	Compulsory insurance	Voluntary insurance	Compulsory insurance	Voluntary insurance	Compulsory insurance	Voluntary insurance	Compulsory insurance	Voluntary insurance
2014	1.31	0.07	1.64	0.09	2.13	0.09	1.97	0.07	2.14	0.07
2015	0.21	0.04	1.56	0.12	4.24	0.20	6.25	0.18	5.32	0.17
2017	0.42	0.05	2.90	0.16	4.18	0.15	6.69	0.16	5.76	0.14
2018	0.74	0.06	2.40	0.13	5.62	0.19	6.66	0.15	6.10	0.12
2019	0.69	0.07	3.73	0.25	6.17	0.28	6.80	0.20	6.26	0.20
2020	1.06	0.09	3.37	0.22	5.50	0.26	7.08	0.22	6.60	0.20

Source: Authors' calculations using LFSs.

**Table A.5: Overview of social protection system in Vietnam**

	Social Insurance	Social Assistance	Basic social service	Employment, Income and Poverty Reduction
Main purpose	The policy for social insurance: to support people in minimizing risks of sickness, occupational accidents and ageing... by participating social insurance people could actively recover income deficit or loss due to above risks	The policy for social assistance consists of regular assistance and emergency relief	The policy for basic social services helps people receive access to basic social services in education, healthcare, accommodation, clean water and information.	The policy for ensuring minimum income and poverty reduction: supporting people in actively preventing risks through participating in labour market to gain decent job, minimum income and sustainable poverty reduction
Funding source	<p>Compulsory Contributions:</p> <p>The Social Insurance Fund is financed through mandatory contributions from employers and employees. Employees contribute a portion of their salaries, while employers contribute a larger percentage based on their payrolls.</p> <p>State Allocations:</p> <p>The government provides financial support to the Social Insurance Fund, supplementing the contributions from employers and employees and enhancing the fund's capacity to cover a wide range of benefits.</p> <p>VSS run SI fund</p>	Social assistance in Vietnam comes from the government through tax revenues and budget allocations for vulnerable groups, as well as non-contributory funds from the Vietnam Social Security (VSS) system. It also draws on international support from donors and organizations, particularly for disaster relief and specific programmes like those addressing war consequences or strengthening the social assistance system itself.	Basic social services in Vietnam originate from a government commitment to social protection, rooted in the 2013 Constitution and supported by the Ministry of Labour, Invalids and Social Affairs and Vietnam Social Security. The system is built on social insurance, social assistance, and social care services, with funding from government tax revenues and administered through state agencies, non-profit organizations, and local authorities.	<p>Tax revenues also support poverty reduction programmes.</p> <p><b>Official Development Assistance (ODA):</b> Organizations like the World Bank, Asian Development Bank (ADB), and United Nations have provided millions of dollars in financial and technical assistance. This aid has funded infrastructure projects and supported human resource development.</p> <p><b>International non-governmental organizations (NGOs):</b> Groups such as Oxfam and CARE have supported specific programmes, including training women in business management, providing aid during natural disasters, and tackling inequalities for ethnic minorities.</p>
Beneficiary	Beneficiaries of Vietnam's social insurance (SI) include employees who pay SI (mainly monthly pensions or one-time SI) and other subjects depending on the SI, health insurance (HI), and	<p>Children and Youth</p> <p>Orphans, abandoned children, and those who have nobody to rely on.</p>	<p>Vulnerable Groups:</p> <p>The system prioritizes the poor, ethnic minority populations, people with</p>	<p><b>Ethnic minority groups:</b> These communities, particularly in remote and mountainous regions, face geographical and cultural barriers to accessing resources and opportunities.</p> <p><b>Poor and near-poor households:</b> These households are eligible for various support schemes, including job</p>

	<p>unemployment insurance (UI) regimes they participate in.</p>	<p>The elderly</p> <p>Lonely elderly people in poor households, or those who lack a spouse or other family support.</p> <p>People with disabilities</p> <p>Seriously disabled individuals unable to work, as well as people with non-treatable mental disabilities.</p> <p>Poor Households</p> <p>Individuals or families living in poverty, including HIV/AIDS-infected persons and single-parent households with children.</p>	<p>disabilities, children, and the elderly.</p> <p>People in Need:</p> <p>Individuals affected by natural disasters, food shortages, or other emergencies also receive support.</p> <p>All Citizens:</p> <p>The goal is to expand social security coverage to ensure all citizens have access to basic social services throughout their lives.</p>	<p>creation loans, health insurance subsidies, and educational allowances.</p> <p><b>Informal workers:</b> This large segment of the workforce often lacks social protections like unemployment insurance or pensions. Programmes help informal workers, such as street vendors and daily labourers, with cash grants and other aid, especially during economic shocks like the COVID-19 pandemic.</p> <p><b>People with disabilities:</b> A 2024 programme from the <b>Vietnam Assistance for the Handicapped (VNAH)</b> provided capital for persons with disabilities to start small businesses and improve their livelihoods.</p> <p><b>Women:</b> Targeted cash transfers and livelihood support programmes aim to empower self-employed women and promote gender equality.</p> <p><b>Rural and small-scale farmers:</b> Livelihood improvement programmes assist rural households and small-scale farmers, particularly ethnic minorities, and women, by improving agricultural productivity, increasing income, and enhancing their resilience to climate change.</p> <p><b>Children:</b> Programmes from organizations like UNICEF and Save the Children provide health and nutrition support, education access, and child protection services.</p> <p><b>Older people:</b> Some social assistance programmes and non-contributory pensions are aimed at supporting the elderly.</p>
Benefit	<p>Retirement:</p> <p>Receive monthly pension when reaching retirement age or meeting retirement conditions.</p> <p>Sickness:</p> <p>Employees who are sick according to regulations will</p>	<p>Cash allowances:</p> <p>Monthly cash benefits are provided to eligible recipients to improve their living standards.</p> <p>Health insurance card</p>	<p>It ensures that citizens, especially those in remote, mountainous, and difficult-to-access areas, can access fundamental services like education, healthcare, safe housing, clean water, and communication</p>	<p><b>Financial assistance:</b> This includes preferential loans for job creation and business development, as well as cash transfers and subsidies for basic services.</p> <p><b>Social protection:</b> This covers social insurance schemes, unemployment insurance, health insurance, and social assistance for minimum income and emergency relief.</p>

<p>receive sickness benefits from the Social Insurance.</p> <p>Maternity:</p> <p>Employees who are pregnant or giving birth will also receive maternity benefits.</p> <p>Work accidents and occupational diseases:</p> <p>Employees who have work accidents or occupational diseases will receive corresponding benefits.</p> <p>Death benefits:</p> <p>The relatives of the employee when the employee passes away will receive death benefits.</p> <p>One-time social insurance:</p> <p>Employees can withdraw the social insurance amount they have paid in one time if they meet the conditions.</p>	<p>Recipients are often granted free health insurance cards to cover medical costs.</p> <p>Financial Support for Specific Circumstances:</p> <p>The government has provided financial support for individuals affected by events such as the COVID-19 pandemic, with benefits paid from the Unemployment Insurance Fund for those with suspended or terminated contracts.</p>		<p><b>Education and skills development:</b> Beneficiaries can access vocational training, tuition fee reductions, and stipends to help them transition to better employment.</p> <p><b>Infrastructure development:</b> The government's Programme 135 (P-135) and other initiatives have funded projects in disadvantaged communes to improve infrastructure, including roads, schools, health clinics, and water facilities.</p> <p><b>Housing and sanitation:</b> Organizations like Habitat for Humanity work with low-income families to improve their living conditions through decent homes and access to clean water and safe sanitation.</p>
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Sources: Government of Vietnam (2021 and 2024a), World Bank (2020), Phung and Pham (2022), Vietnam Social Security (2024).

**Table A.6: Timeline of major legal regulation on social protection in Vietnam**

Years	Event/policy	Impacts
1945	President of State signed the Decree stipulating "Conditions of retirement of civil servants" (No 128-CP)	This decree established conditions for the retirement of government employees.
1975	Implementation of Social Welfare national wide. The State provided free health care for people	The national social welfare system was heavily influenced by the centrally planned economy of the North. The system, oriented towards a welfare state model, focused on providing social

		insurance for illnesses, accidents, maternity leave, and retirement, as well as offering support to social objects and war-related victims.
1992	Vietnam established a constitution that addressed the rights and duties of citizens, including provisions for social security and pensions	It established a framework for the organization and operation of state organs, ensuring the protection of citizens' rights and the promotion of social well-being.
	The Government issued Decree 299 on Health Insurance. Vietnam Health Insurance was formed under MOH. (Decree 299/HDBT 15/8/1992)	This decree mandated compulsory health insurance for salaried workers in both the public and private sectors, marking a significant step towards a national social health insurance program.
1994	Labor Code, Charter 12 (or Article 12 in the version provided)	Labour code outlines the responsibilities of the State and its relevant agencies in relation to social insurance.
1995	The Government issued Decree 12 and Decree 45 on Social Insurance. Vietnam Social Security was formed under the Government Health care fund for the poor	The year 1995 marked a significant milestone in the development of social insurance policies in Viet Nam, with the nationwide implementation of mandatory social insurance for workers across all economic sectors and the establishment of the Viet Nam Social Security.
2002	Mergence between Vietnam Social Security and Vietnam Health Insurance	This merger streamlined the administration of both social and health insurance in the country.
2005	Education Law (No. 38/2005/QH11 of June 14, 2005)	The Education Law provides for the national education system; schools, other educational institutions of the national education system, state agencies, political organizations, sociopolitical organizations, people's armed forces, organizations, and individuals involved in educational activities.
2006	The National Assembly passes Social Insurance law (Law No. 71/2006/QH11)	This law established a legal framework for a more comprehensive and effective social insurance policy in Vietnam.
2008	The National Assembly passed Health Insurance Law (Law No. 25/2008/QH12)	The law aimed to increase health insurance participation and move towards universal coverage. It established a mechanism based on shared risk to ensure financial resources for healthcare needs.
2009	The National Assembly passed Unemployment Insurance policy	The revised law aims to expand coverage and improve benefits to attract more laborers into the social insurance system, while also addressing issues and shortcomings in the previous law, according to <a href="http://vss.gov.vn">vss.gov.vn</a> .

	Law on Elderly Persons No. 39/2009/QH12 of the National Assembly of November 23, 2009	This Law provides for the rights and obligations of the elderly; the responsibilities of families, the State and the society and the Vietnam Elderly Association.
2010	Law on Disabled Persons No. 51/2010/QH12 of the National Assembly of June 17, 2010	It outlines the rights and obligations of people with disabilities, as well as the responsibilities of the state, family, and society towards them.
2013	Vietnamese Law on Employment, Law No. 38/2013/QH13	It's a comprehensive piece of legislation that addresses various aspects of employment, including unemployment insurance, foreign employee regulations, and the role of worker/management committees.
2014	The National Assembly passed The amendment health insurance law  The National Assembly passed The Social law	The amended Health Insurance Law included reclassifying eligibility categories, eliminating the voluntary scheme, scheduling premium increases, and revising the benefit package.  The amended Social Insurance Law is expected to improve the social security system and provide better benefits to workers.
2015	The Unemployment Insurance detailed stipulations came into effect	Effective supports for employers and workers during ups and downs of the labor market.
2016	The 2016 Law on Children, officially known as the Children's Law in Vietnam	Provides a legal framework for safeguarding children's rights and ensuring their protection.
2021	Drafting the amendments of Employment Law 2013	The amendments, part of the broader Labor Code 2019, focused on several key areas including labor contracts, working hours, employee representation, and retirement age. The goal was to improve employee protection and align with international labor standards.
2024	Vietnam's 2025 Law on Employment bring significant changes, including the new Law on Employment No. 74/2025/QH15, effective January 1, 2026	The 2025 Law on employment introduces a national labor market database, strengthens employee protections with expanded unemployment benefits, and promotes upskilling and lifelong learning. The new law legalizes digital labor contracts, offers more flexibility in unemployment insurance, and includes stricter compliance for labor disputes. Additionally, amendments to Vietnam's Trade Union Law came into effect in 2025, enabling foreign workers to join unions.

Source: Authors' compilation.



**Table A.7: Social insurance, health insurance, unemployment insurance revenue and expenditure (Billion Vietnamese dong)**

	Total revenue (**)	Revenue of social insurance from state budget	Total revenue - Social insurance	Total revenue - Health insurance	Total revenue Unemployment insurance	Total expenditure (**)	Expenditure on social insurance from state budget	Total expenditure – Social insurance	Total expenditure – Health insurance	Total expenditure - Unemployment insurance
<b>2010</b>	80,855	..	49,914	25,541	5,400	83,610	..	64,070	19,081	459
<b>2011</b>	154,991	..	103,105	41,429	10,457	133,833	..	98,714	32,474	2,645
<b>2012</b>	184,877	..	121,910	50,233	12,734	160,256	..	117,890	38,455	3,911
<b>2013</b>	197,708	..	131,733	53,979	11,996	179,686	..	131,864	43,002	4,820
<b>2014</b>	262,573	44,818	148,375	59,670	9,710	246,351	44,818	147,615	49,035	4,883
<b>2015</b>	333,355	43,709	202,057	72,322	15,267	246,527	44,048	123,910	72,397	6,172
<b>2016</b>	365,894	46,022	220,148	82,245	17,479	279,783	44,252	133,574	93,523	8,434
<b>2017</b>	378,260	46,649	222,401	93,669	15,541	354,797	45,790	201,669	96,706	10,632
<b>2018</b>	454,208	47,261	280,960	103,849	22,138	435,620	47,261	263,031	105,259	20,069
<b>2019</b>	480,293	47,146	299,188	111,076	22,883	370,618	47,146	193,626	112,073	17,773
<b>2020</b>	477,309	45,276	299,887	112,565	19,580	393,597	45,276	210,253	90,678	47,390
<b>2021</b>	565,787	46,683	383,831	117,443	17,830	413,202	46,683	229,619	116,505	20,395
<b>2022</b>	567,151	47,428	367,451	126,498	25,774	454,232	47,428	257,828	125,431	23,545

Source: Authors' calculations based on NSO (2025).

**Table A.8: Government fiscal position and expenditures on social protection, 1985-2024**

Year	GDP (current \$US) Million USD (A1)	GDP growth (annual %) (A2)	GDP per capita (current \$US) (A3)	GDP per capita Growth (annual growth %) (A4)	Government revenue, percent of GDP (%of GDP) (A5)	Government expenditure, percent of GDP (%of GDP) (A6)	Public expenditure on social protection, excluding health (%of GDP) (A7)	Public expenditure on healthcare expenditure (%of GDP) (A8)
1985	14094.69	3.81	238.6478	1.43				
1986	26336.62	2.79	436.4193	0.60				
1987	36658.11	3.58	595.2475	1.50				
1988	25423.81	5.14	404.5593	3.03				
1989	6293.305	7.36	98.10702	5.18				
1990	6471.741	5.10	98.79834	2.92				
1991	9613.37	5.96	143.7153	3.76				
1992	9866.99	8.65	144.5494	6.47				
1993	13180.95	8.07	189.4186	6.01				
1994	16286.43	8.84	229.8578	6.89				
1995	20736.16	9.54	287.8027	7.72				
1996	24657.47	9.34	337.0512	7.69				
1997	26843.7	8.15	361.6439	6.59				
1998	27209.6	5.76	361.3509	4.26	15.91766	16.01671		
1999	28683.66	4.77	375.9945	3.42	15.45641	16.70233		
2000	31172.52	6.79	404.0298	5.59	16.18299	17.78829		4.11
2001	32685.2	6.19	419.2057	5.08	16.99986	19.19209		4.80
2002	35064.11	6.32	445.1329	5.24	17.89233	19.74719		3.87
2003	39552.51	6.90	497.1171	5.84	19.63751	22.19606		3.94
2004	45427.85	7.54	565.4523	6.50	19.29105	19.4406		4.09
2005	57633.26	7.55	710.7468	6.55	19.67153	20.62545		4.32
2006	66371.66	6.98	807.7566	5.57	20.73442	20.53384		4.57
2007	77414.43	7.13	925.6403	5.25	20.55794	22.29663		4.63
2008	99130.3	5.66	1163.832	3.75	20.93282	21.38		4.36
2009	106014.7	5.40	1226.17	3.83	20.15049	24.97479		4.49
2010	147201.2	6.42	1683.162	5.21	21.46969	23.72059		5.07
2011	172595	6.41	1950.925	5.19	20.32286	21.22382		4.97
2012	195590.7	5.50	2185.118	4.28	18.0042	23.46646		5.00
2013	213708.8	5.55	2359.517	4.31	18.493	24.45702		4.41
2014	233451.5	6.42	2546.385	5.14	17.73824	22.75493		4.69

2015	239258.3	6.99	2577.569	5.67	19.19037	24.17359		4.71
2016	257096	6.69	2735.06	5.35	19.06671	22.23068		4.87
2017	281353.6	6.94	2956.11	5.62	19.5653	21.52931		4.99
2018	310106.5	7.47	3222.31	6.28	19.45871	20.47976		5.03
2019	334365.3	7.36	3440.9	6.32	19.41453	19.81125		4.97
2020	346615.7	2.87	3534.04	1.92	18.38999	21.25114		4.33
2021	366474.8	2.55	3704.194	1.67	18.69289	20.12481		4.54
2022	413445.2	8.54	4147.698	7.73	19.01122	18.3353		4.59
2023	433857.7	5.07	4323.35	4.36	17.05673	19.52		
2024	476388.2	7.09	4717.29	6.42	15.91766	16.01671	4	

Source: World Bank (2025a) for columns A1,A2,A3,A4, and A8, IMF Government Finance Statistics (2025) for columns A5 and A6, ILO (2025d) for column A7.

**Table A.9: Expenditures on social protection systems, 2010-2023**

	Total expenditure		Expenditure on social insurance from state budget		Total expenditure on social insurance		Total expenditure on health insurance		Total expenditure on unemployment insurance	
	Billion VND	% GDP	Billion VND	% GDP	Billion VND	% GDP	Billion VND	% GDP	Billion VND	% GDP
2010	83,609.60	3.05	..		64,069.70	2.34	19,080.60	0.70	459.3	0.02
2012	133,833.00	3.29	..		98,714.00	2.42	32,474.00	0.80	2,645.00	0.06
2013	160,256.00	3.58	..		117,890.00	2.64	38,455.00	0.86	3,911.00	0.09
2014	179,686.00	3.64	..		131,864.00	2.67	43,002.00	0.87	4,820.00	0.10
2015	246,351.00	4.75	44,818.00	0.86	147,615.00	2.84	49,035.00	0.94	4,883.00	0.09
2016	246,527.00	4.37	44,048.00	0.78	123,910.00	2.20	72,397.00	1.28	6,172.00	0.11
2017	279,783.00	4.45	44,252.00	0.70	133,574.00	2.12	93,523.00	1.49	8,434.00	0.13
2018	354,797.00	5.06	45,790.00	0.65	201,669.00	2.88	96,706.00	1.38	10,632.00	0.15
2019	435,620.00	5.65	47,261.00	0.61	263,031.00	3.41	105,259.00	1.37	20,069.00	0.26
2020	370,618.00	4.61	47,146.00	0.59	193,626.00	2.41	112,073.00	1.39	17,773.00	0.22
2021	393,596.70	4.64	45,276.30	0.53	210,252.60	2.48	90,678.00	1.07	47,390.40	0.56
2022	413,202.00	4.29	46,683.00	0.49	229,619.00	2.39	116,505.00	1.21	20,395.00	0.21
2023	454,232.00	4.40	47,428.00	0.46	257,828.00	2.50	125,431.00	1.22	23,545.00	0.23

Source: IMF (first two columns) and NSO (2025).

**Table A.10: Compulsory social insurance vs. voluntary social insurance**

Panel A: Compulsory social insurance

Type of Insurance	Fund	Employer payment		Employee payment	Total
Social Insurance	Retirement and death insurance benefit fund	14%	17.5%	8%	25.5%
	Sickness and parental insurance benefit fund	3%			
	Occupational accident and disease benefit fund	0.5%			
Health Insurance		3%		1.5%	4.5%
Unemployment insurance		1%		1%	2%
<b>Total</b>		<b>21.5%</b>		<b>10.5%</b>	<b>32%</b>

Panel B: Voluntary social insurance

Subject	Monthly lowest level before government support (VND) A1=A2+A3	Government support percentage (%)	Monthly amount supported by government (VND) A2	Monthly lowest level after government support (VND) A3
Poor people	330,000	30%	99,000	231,000
Near poor people	330,000	25%	82,500	247,500
Other	330,000	10%	33,000	297,000

Source: Government of Vietnam (2024a).

**Table A.11: Key features of major insurance programmes in Vietnam**

Program	Eligibility	Benefits
<p><b>Unemployment insurance</b></p>	<p>According to Article 38 in the Law on Employment 2025:</p> <ol style="list-style-type: none"> <li>1. Termination of labor contract or work contract</li> <li>2. Having paid social insurance for at least: <ul style="list-style-type: none"> <li>- 12 months or more within 24 months before terminating the labor contract in the following cases: Labor contracts with definite and indefinite terms</li> <li>- 12 months or more within 36 months before terminating the labor contract in the following cases: Signing a seasonal labor contract or a certain job contract with a term from 03 months to less than 12 months</li> </ul> </li> <li>3. Registered for unemployment and submitted application for benefits at the Employment Service Center within 03 months from the date of termination of the labor contract, employment contract or termination of employment.</li> <li>4. Not finding a job after 10 days from the date of submitting the application for unemployment insurance benefits</li> </ol>	<p>According to Article 39 in the Law on Employment 2025:</p> <p><b>Duration:</b> The duration of unemployment benefits is calculated based on the number of months of contribution. For every 12 months of contributions up to 36 months, you will receive 03 months of unemployment benefits. After that, for every additional 12 months of contributions, you will receive 01 more month of unemployment benefits, but the maximum period of unemployment benefits is 12 months.</p> <p>The time to receive unemployment benefits is the 11th working day from the date of submitting a complete application for unemployment benefits.</p> <p><b>Amount:</b> The monthly unemployment allowance is typically 60% of the employee's average salary from the last six months of employment, but it's capped at 5 times the minimum wage.</p>
<p><b>Pension</b></p>	<p>- Employee are entitled to monthly retirement pensions if they reach their retirement age and having paid social insurance premiums for at least 20 years. (This duration eligibility is shortened to 15 years for those who have worked 15 years in hazardous and dangerous occupations).</p> <p>According to Article 169 in 2019's Labor Code: The retirement age will increase from 60 to 62 for men by 2028 and from 55 to 60 for women by 2035. The phased-in increases begin in 2021 and annually raise the retirement age by three months for men and four months for women. Permitted exceptions include:</p> <ul style="list-style-type: none"> <li>• Workers employed in heavy, hazardous or dangerous jobs will still be allowed to retire up to five years earlier than their retirement age.</li> </ul>	<p><b>Amount:</b> According to Article 66, Article 72 of the Law on Social Insurance 2024 and Article 13 of Decree 158/2025/ND-CP, the monthly pension for those who pay compulsory social insurance is calculated according to the following formula:</p> <p><b>Monthly pension = (Monthly pension rate) x (Average monthly salary for social insurance payment)</b></p> <p>The monthly retirement pension (maximum pension: 75% of the average monthly salary; minimum pension: the basic minimum wage): in which 45% for the first 15 years of contribution for women and 20 years for men; for each additional year of contribution, the reimbursement rate increases by 2%; for each year of early</p>

	<ul style="list-style-type: none"> <li>Highly skilled workers will be allowed to work for up to five years beyond their retirement age.</li> </ul>	retirement, the reimbursement rate is reduced by 1%.
<b>Elderly insurance/ assistance</b>	<p>According to Article 21 of the Law on Social Insurance 2024 (effective from July 1, 2025), people aged 75 and over who do not have a pension will be entitled to social pension benefits when they meet the following conditions: being a Vietnamese citizen; not receiving a monthly pension or social insurance benefit, unless otherwise prescribed by the Government; having a written request to receive social pension benefits.</p> <p>In addition, Vietnamese citizens aged 70 to under 75 who are from poor households or near-poor households; not receiving a monthly pension or social insurance benefit but have a written request will also be entitled to receive social pension benefits according to the provisions of Clause 2, Article 21 of the Law on Social Insurance 2024.</p>	<p>The monthly allowance for the elderly is stipulated in Point d, Clause 1, Article 6 of Decree 20/2021/ND-CP.</p> <p>The monthly allowance for the elderly = standard social assistance level x the corresponding coefficient. The coefficient is from 1.0 to 3.0<sup>20</sup>.</p> <p>In which, the current standard level of social assistance is 500,000 VND/month.</p>
<b>Compulsory Health Insurance</b>	<p>According to Law on Health Insurance No. 25/2008/QH12 and Decree No. 105/2014/ND-CP</p> <p>Employees with contracts longer than three months, and other groups like children, low-income individuals, students, seniors, and war veterans.</p> <p>The contribution rate is 4.5% of the monthly salary, in which the employee contributes 1.5%, the employer contributes 3%.</p>	<b>Coverage:</b> Basic healthcare coverage, including some inpatient and outpatient care, pathology, medications, and other services.

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<sup>20</sup> - Coefficient 1.5 for the elderly from 60 to 80 years old who are in poor households, have no one with the obligation and right to support them or have someone with the obligation and right to support them but this person is receiving monthly social allowance;  
- Coefficient 2.0 for the elderly from 80 years old and above who are in poor households, have no one with the obligation and right to support them or have someone with the obligation and right to support them but this person is receiving monthly social allowance;  
- Coefficient 1.0 for:  
+ Elderly people from 75 to 80 years old who are poor households or near-poor households are not subject to the provisions in Point a of this Clause and are living in communes and villages in ethnic minority and mountainous areas with special difficulties;  
+ People from 80 years old and above who are not subject to the provisions as above but do not have pensions, monthly social insurance benefits, monthly social benefits;  
- Coefficient 3.0 for elderly people who are poor households, do not have people with the obligation and right to support them, do not have conditions to live in the community, are eligible to be admitted to social assistance facilities but have people to raise and care for them in the community.

<b>Voluntary Health Insurance</b>	Those not covered by the Compulsory Health Insurance system, such as freelancers and informal workers.	<b>Coverage:</b> Provides healthcare benefits to individuals who are not covered by the Compulsory Health Insurance system.
<b>Government Support Health insurance</b>	<b>Eligible:</b> Groups like the poor, ethnic minorities, children under 6, and the elderly over 80 and socially vulnerable groups.	The government fully covers the premiums for certain groups like the poor <sup>21</sup> , ethnic minorities, children under 6, and the elderly over 80 and socially vulnerable groups.  Near-poor households <sup>22</sup> and other vulnerable groups receive partial subsidies.
<b>Disability insurance</b>	<b>Health insurance:</b> Not all disabled people will be granted health insurance cards paid by the state budget, but only people with severe and extremely severe disabilities <sup>23</sup> will be entitled this policy. People with mild disabilities (the level of reduced working capacity is less than 61%) will not have their health insurance cards paid for or issued by the state. If they want to participate in health insurance, people with mild disabilities or their families can buy health insurance cards as a household.  <b>Social Insurance:</b> Clause 1, Article 2 of the Law on Social Insurance 2024 (effective from July 1, 2025) People with a working capacity reduction of 81% or more; people with	Disability insurance can provide benefits like:  <b>Disability Allowance (Social Assistance):</b> This is a cash transfer program for people with disabilities, with varying amounts based on the assessed loss of work capacity.  <b>Subsidiary Health Insurance:</b> receive subsidized health insurance to help cover medical costs.

<sup>21</sup> Poor household: In the rural area, households with average income under Vietnamese đồng (VND) 2,400,000 (US\$150 ) per capita per year are regarded as poor households. In the urban area, households with average income under VND 3,120,000 ( US\$195 ) per capita per year

<sup>22</sup> Near-poor household: according to Decree 07/2021/ND-CP. Specifically, a rural household is considered near-poor if it has a monthly per capita income of VND 1,500,000 or lower, but meets less than three deprivation indicators (these indicators are specific to the context of Vietnam and may include things like access to clean water, sanitation, healthcare, education, and housing), while an urban household is considered near-poor with a monthly per capita income of VND 2,000,000 or lower and the same deprivation condition.

<sup>23</sup> According to Point g, Clause 3, Article 12 of the Law on Health Insurance 2008, amended and supplemented in 2014, people who are eligible for monthly social protection benefits are eligible to participate in health insurance paid by the state budget.

According to Clause 6, Article 5 of Decree 20/2012/ND-CP, people with severe disabilities and people with extremely severe disabilities are eligible for monthly social benefits and are issued health insurance cards.

Article 3 and Article 4 of Decree 28/2012/ND-CP specifically stipulate the level of disability and determine the level of disability:

- Severely disabled people are those who, due to disability, have lost part or reduced function, cannot control themselves or cannot perform some activities of walking, dressing, personal hygiene and other activities to serve daily personal needs and need someone to monitor, assist, care for them, with a reduction of 61% - 80%.

- Particularly severely disabled people are those who, due to disability, have lost all function, cannot control themselves or cannot perform activities of walking, dressing, personal hygiene and other activities to serve daily personal needs and need someone to monitor, assist, care for them completely, with a reduction of 81% or more.

	extremely severe disabilities can terminate their participation in social insurance and have a request shall be entitled to one-time social insurance benefit.	<b>Other Supports:</b> Vietnam has programs to support education and employment for individuals with disabilities.
<b>Child assistance</b>	<p>According to Article 5 of Decree 20/2021/ND-CP, children in the following cases are entitled to monthly social allowances:</p> <p>Children under 16 years old without a source of support in one of the following cases:</p> <p>(1) Abandoned and not adopted ; orphaned<sup>24</sup> ; who have missing parents<sup>25</sup> ; who have incarcerated parents ; who have parents are receiving care and nurturing benefits<sup>26</sup></p> <p>(2) Children infected with HIV/AIDS from poor households.</p> <p>(3) Children under 3 years old from poor households or near-poor households who are not subject to the provisions of Clauses 1, 3 and 6, Article 5 of Decree 20/2021/ND-CP, living in communes and villages in ethnic minority and mountainous areas with special difficulties.</p>	<p>According to Article 6 of Decree 20/2021/ND-CP, the following provisions are made:</p> <p>Monthly social allowance: standard level specified in Article 4 of this Decree x by the corresponding coefficient specified as follows:</p> <p>Depending on certain case: - Coefficient 2.5 for cases under 4 years old; - Coefficient from 1.5 to 2.0 for cases from 4 years old and above.</p> <p>The standard level of social assistance applied from July 1, 2024 is VND 500,000/month</p>
<b>Maternity Leave</b>	<p>According to Law on Social Insurance; Decree No. 115/2015/ND-CP and Circular No. 59/TT-BLDTBXH:</p> <p>For an employee to get maternity leave, they must take specific steps to be granted official leave. Prior to going on leave, they must fill out an application for maternity leave</p>	<p>Female employees are entitled to 6 months of leave before and after giving birth, of which the leave before giving birth must not exceed 2 months. If giving birth to twins or more, mothers are entitled to an additional month of leave for</p>

<sup>24</sup> - Orphaned by both parents;

- Orphaned by one parent and the other parent is declared missing according to the provisions of law;
- Orphaned by one parent and the other parent is receiving care and support at a social assistance facility or social house;
- Orphaned by one parent and the other parent is serving a prison sentence in a prison or is serving a decision to handle administrative violations at a reformatory school, compulsory education facility, or compulsory drug rehabilitation facility;

<sup>25</sup> - Both parents are declared missing according to the provisions of law;

- One parent is declared missing in accordance with the law and the other is receiving care and nurturing benefits at a social assistance facility or social house;
- One parent is declared missing in accordance with the law and the other is serving a prison sentence in a prison or is serving a decision to handle administrative violations at a reformatory school, compulsory education facility, or compulsory drug rehabilitation facility;

<sup>26</sup> Both parents are receiving care and nurturing benefits at a social assistance facility or social house;

- One parent is receiving care and nurturing benefits at a social assistance facility and the other is serving a prison sentence in a detention center or is serving an administrative violation decision at a reformatory school, compulsory education facility, or compulsory drug rehabilitation facility.

	<p>and submit it to the head of their department within 15 days before the expected date of giving birth.</p> <p>After giving birth, the employee is allowed to receive the subsidies in her social insurance package. However, in order to receive the subsidies, they must submit paperwork to their employer within 30 days from the given birth date, which includes hospital discharge papers, birth certificate of the newborn, and completed application to receive maternal subsidies.</p>	<p>each child. The leave includes holidays, Tet holidays, and weekly days off.</p> <p>Benefit amount: Average salary for social insurance contributions in the 6 consecutive months before taking leave x 100% x number of months off due to childbirth or adoption.</p> <p>- Male employees who are paying social insurance and whose wives give birth are entitled to maternity leave within the first 30 days from the date their wives give birth . Benefit level = {(average salary for social insurance contribution in 6 consecutive months before leaving work)/24 days} x 100% x number of days off.</p> <p>Social insurance covers the full salary during this leave period.</p>
<b>Progressive personal income tax</b>	<p><b>Tax Residents:</b> Vietnamese citizens and foreigners considered tax residents are subject to progressive tax rates on their worldwide income.</p> <p><b>Tax Rates:</b> The tax rates for employment income range from 5% to 35%, increasing as the monthly taxable income rises.</p> <p><b>Tax Brackets:</b> Vietnam's tax law defines multiple income brackets, each taxed at a specific rate.</p> <p><b>Taxable Income:</b> Various types of income, including employment income, business income, and certain investment income, are subject to personal income tax</p>	<p><b>Progressive Rates:</b> Higher earners pay a larger percentage of their income in taxes.</p> <p><b>Multiple Brackets:</b> The tax system uses graduated tax brackets with increasing rates.</p> <p><b>Tax Deductions:</b> Certain deductions, such as personal deductions and dependent deductions, can reduce taxable income.</p> <p><b>Non-residents:</b> Non-tax residents are subject to a flat 20% tax rate on their Vietnam-sourced employment income.</p>
<b>Education subsidies</b>	<p>Students from poor households, ethnic minorities, or those in remote areas. These programs provide financial support, often in the form of cash or in-kind assistance.</p> <p>The Government has issued regulations on tuition exemption for students. From September 1, 2025, there will be no tuition fees for all public students from 5-year-old kindergarten to junior high school (up to grade 9).</p>	<p><b>Impact and Benefits:</b></p> <p>Increased enrollment rates, particularly in secondary schools.</p> <p>Reduced dropout rates among disadvantaged students.</p> <p>Improved access to education for vulnerable populations.</p>

<p><b>Programs for families with revolutionary contributions</b></p>	<p>Vietnam has various support programs for families with revolutionary contributions, including those who sacrificed or had disabilities due to the war.</p> <p>These programs aim to provide recognition, preferential treatment, and various forms of assistance, such as financial support, healthcare, education, and employment opportunities.</p>	<ul style="list-style-type: none"> <li>• <b>Financial Support:</b></li> </ul> <p>Many programs provide financial assistance to eligible families, helping them meet basic needs and improve their living standards.</p> <ul style="list-style-type: none"> <li>• <b>Healthcare:</b></li> </ul> <p>Access to quality healthcare services, including free or subsidized medical treatments, is a crucial aspect of these programs.</p> <ul style="list-style-type: none"> <li>• <b>Education and Employment:</b></li> </ul> <p>Programs also support the education of children and grandchildren of revolutionary contributors and provide job placement opportunities for eligible family members.</p> <ul style="list-style-type: none"> <li>• <b>Social Welfare:</b></li> </ul> <p>Some programs focus on improving the overall social welfare of these families, such as providing housing, food security, and other social services.</p>
<p><b>Poverty alleviation programs</b></p>	<p>Vietnam has made significant strides in poverty alleviation through a combination of economic reforms, targeted programs, and social welfare policies. Key initiatives include the <i>National Targeted Program for New Rural Development</i> (NTP-NRD), the <i>Hunger Eradication and Poverty Reduction Program</i> (HEPR), and the <i>National Targeted Program for Poverty Reduction</i> (NTPPR).</p>	<p><b>NTP-NRD:</b></p> <p>This program supports communes across the country in upgrading infrastructure and services, increasing incomes, and reducing disparities between rural and urban areas. It focuses on 11 activity groups and 19 criteria, including poverty reduction, education, health, and infrastructure.</p> <p><b>HEPR:</b></p> <p>This program focuses on addressing malnutrition, especially among children, and providing social support to vulnerable populations.</p> <p><b>NTPPR:</b></p> <p>This program targets ethnic minorities in impoverished rural areas, using an anthropological approach to understand local</p>

		needs and implement effective poverty reduction strategies.
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Source: Authors' compilation.

**Table A.12: Monthly cash allowance coefficients**

No.	Beneficiary		Coefficient
1	Children without a source of support	Under four years old	2.5
		Age four years old or older	1.5
2	People age 16 to 22 years old who are in one of the following cases: children who have lost their source of support and are studying in high school, vocational school, professional high school, college, or university with a first degree.		1.5
3	Children infected with HIV from poor households without monthly social insurance benefits, monthly preferential allowances for meritorious people, or other monthly allowances.	Under 4 years old	2.5
		Aged 4 to 16 years old	2.0
		Aged 16 years old or older	1.5
4	People in poor households, near-poor households who do not have a husband/wife; have a husband/wife but are dead/missing according to the law and are raising children under 16 years old/raising children from 16 to 22 years old and that child is studying culture, vocational training, professional secondary school, college, first degree university (generally referred to as poor single people raising children)		1.0
5	Elderly people in poor households without anyone with the obligation and right to support them or have someone with the obligation and right to support them but this person is receiving monthly social security benefits	Aged from 60 to 80 years old	1.5
		Age 80 years old or older	2.0
6	People aged 80 and over do not have pension, monthly social insurance benefits, monthly social contributions		1.0
7	Elderly people in poor households have no one with the obligation and right to care for them, do not have conditions to live in the community, are eligible to be admitted to social protection facilities or social housing but have someone to take care of them.		3.0
8	Significant severely disabled		2.0
9	People with significant severe disabilities are the elderly, people with significant severe disabilities are children		2.5
10	Severely disabled		1.5
11	People with severe disabilities are the elderly, people with severe disabilities are children		2.0

Note: From July 1, 2024, the standard social assistance level is 500,000 VND. The monthly cash allowance equals "500,000 VND x Coefficient" (as shown in the table).

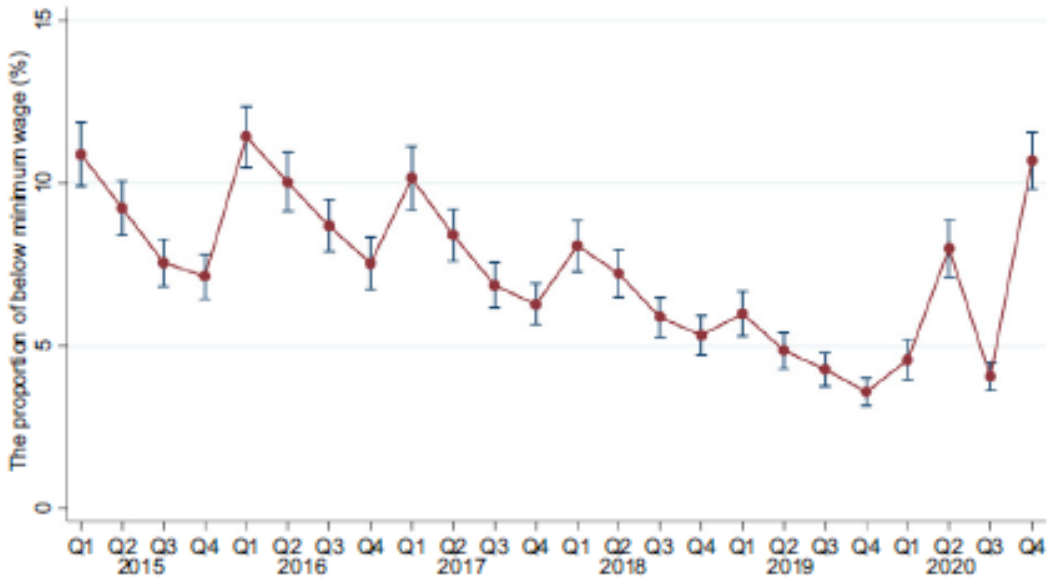
Source: Government of Vietnam (2021 and 2024b).

**Table A.13: Additional statistics on participation in social insurance, health insurance and unemployment insurance, 2010-2023**

	Total population covered by insurance (Thous. persons) - Social insurance	Proportion of population covered by social insurance (%)	Total population covered by insurance (Thous. persons) - Health insurance	Proportion of population covered by health insurance (%)	Total population covered by insurance (Thousand persons) - Unemployment insurance	Proportion of population covered by unemployment insurance (%)	Number of monthly social insurance beneficiaries (Thousand persons)	Number of one - time social insurance beneficiaries (Thousand persons)	Number of health insurance beneficiaries (Million turns of persons)	Number of unemployment insurance beneficiaries (Thousand persons)
<b>2010</b>	9,522.60	..	52,407.10	..	7,206.20	..	2,403.00	647.7	106	157
<b>2012</b>	10,565.40	..	58,977.20	..	8,269.60	..	2,588.10	395.9	122	611.5
<b>2013</b>	11,057.40	..	61,764.30	..	8,691.40	..	2,665.00	7,135.60	129.7	582.1
<b>2014</b>	11,645.90	..	64,645.00	..	9,219.80	..	2,720.50	7,238.20	136.3	532.9
<b>2015</b>	12,290.50	22.6	68,466.10	74.2	10,310.20	19	2,837.60	8,339.50	130.2	550.7
<b>2016</b>	13,055.70	24	75,915.20	81.4	10,994.70	20.2	2,934.40	9,200.70	149.7	614.8
<b>2017</b>	13,820.40	25.2	81,189.00	86.1	11,538.90	21	3,026.30	9,634.50	169.9	706.5
<b>2018</b>	14,732.30	26.6	83,540.50	87.6	12,643.10	22.8	3,097.90	10,881.10	176.1	746.1
<b>2019</b>	15,762.10	28.3	85,745.40	88.9	13,391.90	24	3,207.70	12,050.60	184.1	914.6
<b>2020</b>	16,163.90	29.5	87,978.00	90.2	13,323.90	24.3	3,285.60	10,776.80	167.6	1,148.70
<b>2021</b>	16,546.80	32.7	88,837.20	90.2	13,394.90	26.5	3,322.10	7,947.30	126.1	772.4
<b>2022</b>	17,500.20	33.8	91,074.20	91.6	14,330.00	27.7	3,343.60	12,482.10	150	980.2
<b>2023</b>	18,418.10	35.2	93,628.20	93.3	14,791.20	28.2	3,374.50	10,354.90	173.4	1,069

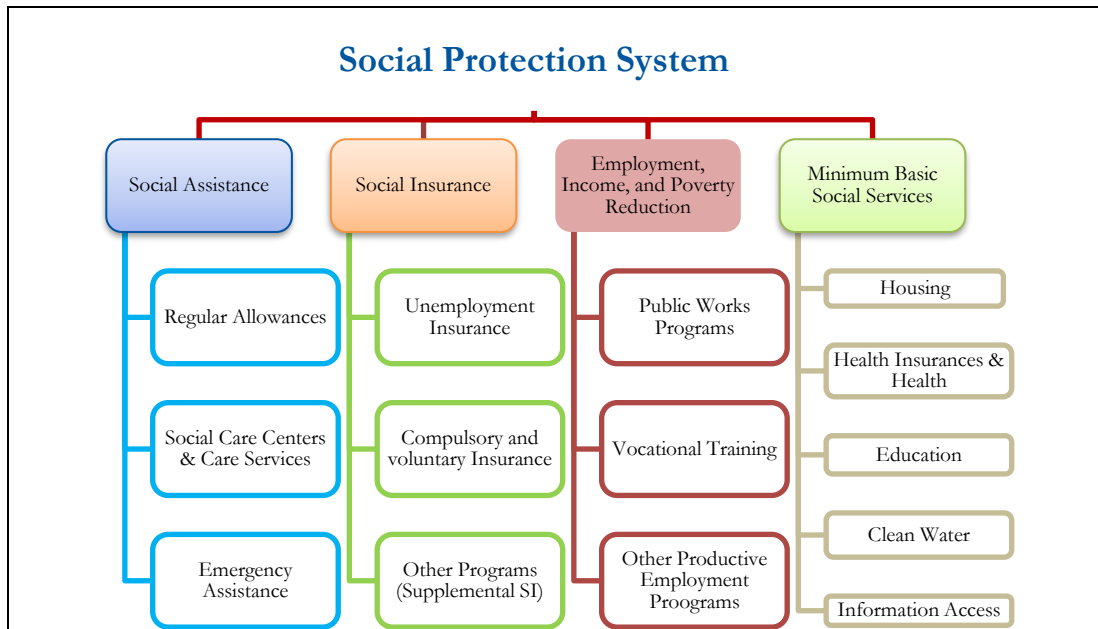
Sources: NSO (2024) and International Labour Organization (2025c).

**Figure A.1: Share of workers working below the minimum wages**



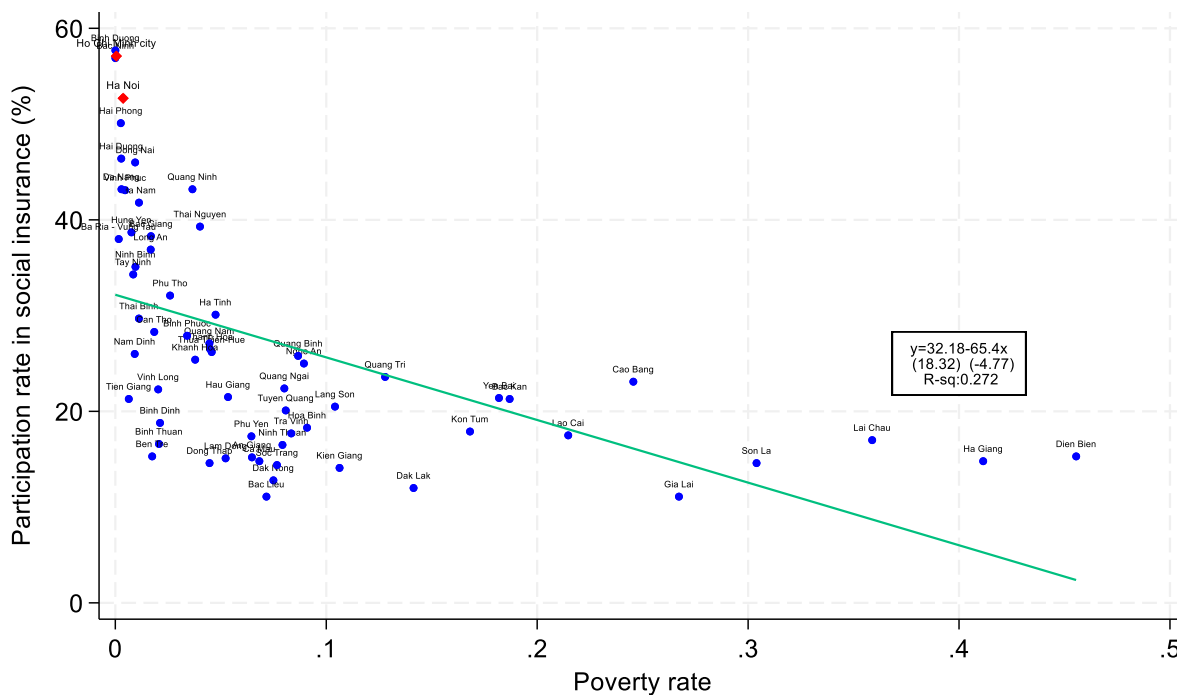
Source: Dang et al. (2023).

**Figure A.2: Alternative classification of key components of social protection system in Vietnam**



Source: Communist Party of Vietnam (2012) and Nguyen and O'Keefe (2019).

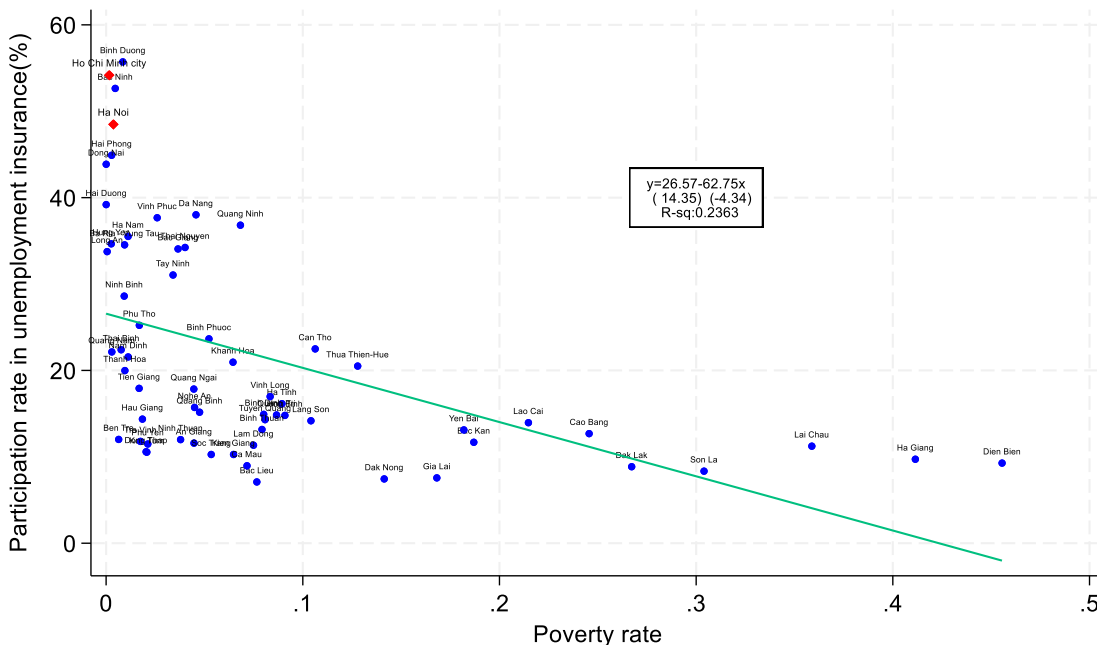
**Figure A.3: Participation rate in social insurance by province, 2023**



Note: t-statistics are shown in the box for the regression of the participation rate in social insurance on poverty rate at the province level.

Source: NSO (2024) and Dang et al. (2025c).

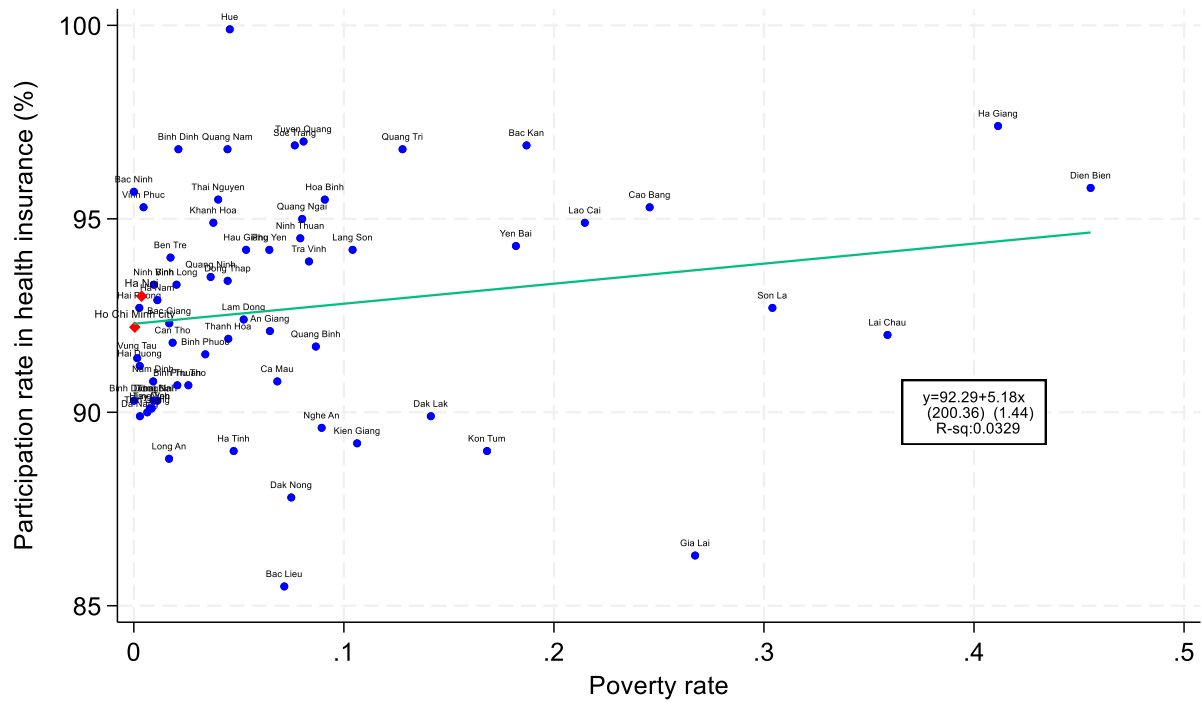
**Figure A.4: Participation rate in unemployment insurance by province, 2023**



Note: t-statistics are shown in the box for the regression of the participation rate in unemployment insurance on poverty rate at the province level.

Source: NSO (2024) and Dang et al. (2025c).

**Figure A.5: Participation rate in health insurance by province, 2023**



Note: t-statistics are shown in the box for the regression of the participation rate in health insurance on poverty rate at the province.

Source: NSO (2024) and Dang et al. (2025c).