VIETNAM MISSION REPORT

Revising Basic Health Benefit Package for Social Health Insurance 14-16

June 2016

HITAP International Unit (HIU)
hiu@hitap.net

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Abbreviations

BHSP	Basic Health Service Package
CT	Computed tomography
CUA	Cost-utility analysis
DM	Diabetes mellitus
GBD	Global Burden of Disease
HITAP	Health Intervention and Technology Assessment Program
HSPH	Hanoi School of Public Health
HSPI	Health Strategy and Policy Institute
HTA	Health Technology Assessment
ICD	International Classification of Disease
IHME	Institute for Health Metrics and Evaluation
IV	Intravenous
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
PET-CT	Positron emission tomography/computed tomography
SHI	Social Health Insurance
UHC	Universal Health Coverage
VND	Vietnamese Dong
VSS	Vietnam Social Security
WHO	World Health Organization

Introduction

With the aim to achieve Universal Health Coverage (UHC), Vietnam enacted the Health Insurance law in 2008, providing coverage for health intervention items in the scope of health benefits under the Social Health insurance (SHI), managed by Vietnam Social Security (VSS). The scope of health benefits was generous with more than 20,000 items covered as of 2015. The concept of Basic Health Service Package (BHSP) was introduced when the Health Insurance Law was revised in 2014 with the aim to help prioritise and rationalise the use of health interventions in the benefits package. The BHSP will be overlooked by the Council for BHSP who is responsible for the development of the package. In order to generate evidence to inform the development of the BSHP, Health Strategy and Policy Institute (HSPI), Vietnam, appointed by Vietnamese Ministry of Health (MOH), collaborates with Health Intervention and Technology Assessment Program (HITAP), Thailand. HITAP is responsible for providing technical support and supervisions to Vietnamese scholars, which comprises researchers from HSPI and Hanoi School of Public Health (HSPH) who work full-time in generating health technology assessment (HTA) evidences.

In order to achieve the goal, HSPI has hosted two visits for HITAP in Hanoi, Vietnam, on March 7-18 and April 18-20 2016. The aims of the first visit was to develop the scope and framework of the work to be presented for local stakeholders for their opinions and to agree on the protocol of the work and the manner of collaboration among Vietnamese scholars and HITAP. The Vietnamese counterpart then led the work with support from HITAP staff. Furthermore, the second visit was held as a follow-up to discuss the progress of the work, obstacles and solutions. After the second visit, the Vietnamese scholars then continue working with regular updates to HITAP staff. Some of the preliminary results were made available with distant communication and support from HITAP staff. The results will be presented to stakeholders for their comments and feedbacks.

As a result, the third visit was hosted by HSPI on June 14th-15th 2016 at HSPI, Hanoi, Vietnam to finalise the preliminary result and presentations as a preparation for the stakeholder consultation meeting which was held on June 16th 2016 at Hanoi Hotel, Hanoi, Vietnam.

On the other hand, information on the development of Thai benefits package was requested from HITAP by the researchers from Research for Development (R4D), who are commissioned by the United State Agency for International Development (USAID) to provide consultation on designing BHSP in Vietnam. The R4D consultation workshop will also happen on 16th June 2016. HITAP agreed to share with the R4D team Thai experience as an input for their work and to participate in the R4D workshop.

Summary of the Visit

The list of participants can be found in Appendix 1 while the agenda of the visit can be found in Appendix 2.

Status of the work prior to this visit

Approach of the work

During the first visit, it was agreed that due to short timeframe, a quick review of existing evidence regarding safety, clinical efficacy/effectiveness and cost-effectiveness of selected interventions on indications about which studies were conducted. The result would be presented in traffic light system with dark green denoting the most desirable and red denoting the least desirable indications to be invested (for more details on the traffic light system, see the report of the first visit, dated 7-18 March 2016).

Interventions were grouped into either medicines, medical devices, and Indications for each intervention of which there were evidence, regardless of supporting or against, were planned to be gathered from WHO Model Lists of Essential Medicines, local guidelines, international guidelines, and literature review.

Vietnamese scholars would lead the review as primary reviewers while HITAP staff provide support and quality assurance as secondary reviewers. There are a primary and a secondary reviewers responsible for each intervention and the primary and secondary reviewers will communicate regularly to ensure the quality of the review. Technical report would then be produced after the review of an intervention is finished.

Interventions selected for review

The interventions were prioritised based on the amount of budget reimbursed from Vietnam Social Security (VSS). Initially, top 30 interventions with highest budget reimbursed were selected for review. However, the list was adjusted to be more appropriate to the time frame so the number of the interventions included in the review was reduced to 17 interventions in the second visit. The modified list can be found below.

No.	Topics
1.	Albumin
2.	Cilastatin, Imipenem
3.	Computed Tomography (CT)

No.	Topics
4.	Erlotinib
5.	Factor VIII
6.	Imatinib
7.	IV amino acid
8.	Meropenem
9.	Magnetic Resonance Imaging (MRI)
10.	Oxaliplatin
11.	Paclitaxel
12.	Positron Emission Tomography-Computed Tomography (PET-CT)
13.	Preoperative tests for elective surgery
14.	Rituximab
15.	Screening for cervical cancer
16.	Screening for breast cancer
17.	Sorafenib

Status of the review prior to this visit

The primary and secondary reviewers intensively worked together during the visits and maintain regular communication online. Prior to the third visit, preliminary reports of 5 interventions were submitted to Dr.Nguyen Khanh Phuong and Dr.Yot Teerawattananon, who are the supervisors of the primary reviewers for comments and approval. Of these, the report for albumin had been approved. The other interventions are in the process of report writing. The review of other interventions has been initiated and were in different states of completion.

Progress of the work during this visit

The primary and secondary reviewers worked together on the first two days of the visit to fine-tune the result and prepare for the stakeholder consultation meeting which followed the following day. There were some adjustments to the approach and the interventions selected for the review, as elaborated below.

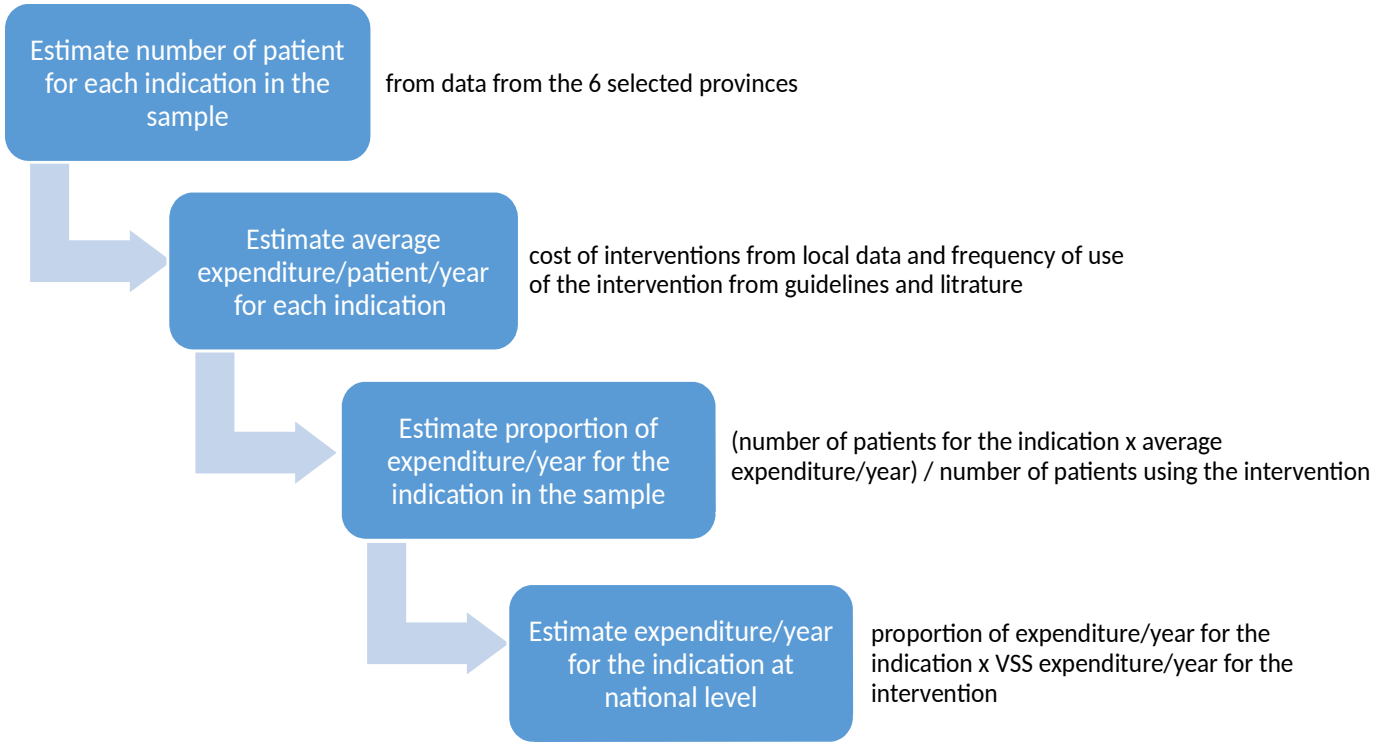
Approach of the work

In order to take into account real practice in Vietnam, in addition to the indications identified from the model list, guidelines and literature, common indications for which each intervention was currently being used in Vietnam are also included. Top 10 common indications for each intervention are derived from data from 6 selected provinces. The application of the top 10 common indications differed between medicines and medical services, as follow.

- Medicines: The common indications will be matched with the indications from the review to assign traffic light colour for the indication. For common indications that does not match with the indications from the review, i.e. traffic colour cannot be assigned, they would be denoted by grey colour. Other indications from the review which were not among the top 10 common indications would also be presented to inform the bigger picture of the use of the intervention.
- Medical services: Since the indications for medical services, e.g. CT and MRI, is very broad, the common indications were used as the starting point of the review. In other words, the review will focus on identifying evidences on the indications currently in use.

In addition to the traffic light, budget used and saved for each indication was also analysed to estimate potential savings if irrational indications were not allowed to be reimbursed. Estimated proportion of patients using the intervention for each indication were estimated and the proportion was used to calculate the proportion of budget

The budget used for each indication was also estimated using the information from the 6 provinces. From the set of data, the number of patients using an intervention for each indication and the expenditure per patient for that indication were identified. Combining these figures yield the estimated expenditure for each indication in the 6 provinces both in terms of absolute number and as proportion. Since information on the budget reimbursed by VSS for each intervention is available, budget reimbursed from VSS for that indication can be calculated by applying the proportion.



Interventions selected for review

The list of selected interventions for review was updated again to match with local interest. In this update, sorafenib and zoledronic acid were added. The final list of interventions that are reviewed and of which the preliminary results were presented to stakeholders can be found below.

No.	Topics
1.	Albumin
2.	Cilastatin, Imipenem
3.	Ciprofloxacin
4.	Erlotinib
5.	Esomeprazole
6.	Factor VIII
7.	Imatinib

No.	Topics
8.	IV amino acid
9.	Meropenem
10.	Oxaliplatin
11.	Paclitaxel
12.	Rituximab
13.	Sorafenib
14.	Zoledronic acid
15.	CT
16.	MRI
17.	PET-CT
18.	Screening for cervical cancer
19.	Screening for breast cancer

Progress of the work

The review of all the interventions in the updated list achieve the preliminary results before the expert consultation meeting. However, the additional reports for each intervention were yet to be complete and were planned to be finalised after the visit.

Consultation meeting

The consultation meeting on 16 June 2016 was well participated by stakeholder in Vietnamese context, for example, representatives from VSS; departments in the Ministry of Health, including Vice Minister; hospitals; World Health Organization (WHO) Office for Vietnam; and World Bank (WB). Dr.Khuang Ahn Tuan, Dr.Nguyen Khanh Phuong, Ms. Nguyen Thu Ha presented the preliminary findings for medical devices, medicines, and screening, respectively. The presentations outlined the indications for which the interventions are being used in Vietnam and evidences on safety, effectiveness, and cost-effectiveness on the use being derived from international publications.

It was found that most of the reviewed interventions is safe and effective for indications that they were being used for. However, supporting evidence for some interventions' clinical benefit could not be identified. Moreover, there were evidences suggesting that a use of esomeprazole in patients who are using antiplatelet therapy to prevent cardiovascular disease could be harmful since it tended to increase the incidence of the cardiovascular event. Moreover, there are many indications commonly used in Vietnam of which evidence support could not be identified.

Afterwards, Dr.Yot Teerawattananon discussed overall recommendations for the reviewed interventions. In conclusion, it is recommended that the use of the interventions for indications without evidence supporting their effectiveness or safety (4.6% of VSS spending) should not be provided under the BHSP; the inclusion of the use with effectiveness and safety but without supporting cost-effectiveness evidence is upon the policy-makers' consideration and the use with supporting effectiveness, safety and cost-effectiveness evidence should be continue to be provided in the BHSP. Evidence supporting the use of interventions with no identified supporting evidences needs to be further sought.

Interesting discussions were generated. There were receptive responses, e.g. the study is very interesting since it provides estimates of savings which materialized the result and make it easier to understand and follow, and also some debates on the finding. A representative from a hospital specialized in treating cancer pointed out that the efficacy of interventions, especially for cancer treatment, sometimes varies between cases so it is difficult to explicitly state whether the interventions are effective or cost-effective. Participants also requested that the indications which have not been reviewed but is currently used in Vietnam should also be reviewed. Furthermore, the Vice Minister Pham Le Tuan requested for review of more interventions as the second phase of the project while the Deputy Director of the VSS announced that letters of caution will be circulated to health facilities across the country to reduce the use of interventions for the indication without supporting evidences. Finally, there was also a suggestion that the indications that were common in Vietnam but had not been reviewed should be investigated.

Next steps

Since there are the request for the review of more intervention, HSPI and HITAP will discuss more on how to proceed in the second phase of the review over details, e.g. how the next batch of interventions would be selected for review. Furthermore, since there was a recommendation to explore the evidences on the common indications in Vietnam that could not be matched with the indications from the review, the HSPI team proposed that this was another area that should be considered in the future work. However, in reviewing evidences on these indications, an approach that was different from the current review needed to be applied. The current approach was to review systematic reviews about the interventions of focus and identify possible indications. On the other hand, when reviewing evidence on an indication, systematic review and/or meta-analysis of individual studies should be conducted. To generate a quality systematic review and/or meta-analysis, HITAP will provide training on the conduct of these methods to HSPI. This possibility is open for further discussion later.

Appendices

Appendix 1: List of workshop participants

	Name	Organization
1	Dr. Tran Thi Mai Oanh	HSPI
2	Dr. Nguyen Khanh Phuong	HSPI
3	Dr. Phung Lam Toi	HSPI
4	Dr. Ong The Due	HSPI
5	Ms. Do Tra My	HSPI
6	Mr. Nguyen Tuan Viet	HSPI
7	Mr. Pham Van Hien	HSPI
9	Ms. Nguyen Thu Ha	HSPH
10	Ms. Ta Thanh Binh	HSPH
11	Dr. Yot Teerawattananon	HITAP
12	Ms. Waranya Rattanavipapong	HITAP
13	Mr. Kittiphong Thiboonboon	HITAP
14	Ms. Thanaporn Bussabawalai	HITAP
16	Ms. Benjarin Santatiwongchai	HITAP

Appendix 2: Agenda of the visit

Date and Time	Activities
14 June 2016	
13.00 – 17.00	Update and discussion on progress and challenges in the review for each intervention
15 June 2016	
9.00 – 12.00	Reviewers work together to fine tune results and prepare presentations
13.00 – 18.00	Reviewers work together to fine tune results and prepare presentations (Continue)
16 June 2016	
9.00 – 12.00	Expert consultation on the review results
13.00 – 16.00	Health Financing and Governance (HFG) Meeting on Operationalizing Priority Setting Processes for Health Benefits Policy

Appendix 3: Daily Summaries

14 June 2016

The meeting started with the update and discussion on each intervention. The details for each indication were outlined in the table below.

Intervention	Discussion
Medical services	
CT	• It was decided that top 10 common indications from 6 provinces data will be used as a starting point for the review. • It was found that the use of CT for some common indications are not recommended by international guidelines and do not have a supporting study, e.g. CT for essential hypertension. Potential saving can be generated from avoiding using CT for these indications.
MRI	• It was decided that top 10 common indications from 6 provinces data will be used as a starting point for the review. • The use of MRI in low back pain is not recommended by international guidelines and does not have a supporting evidence. • An issue to consult expert in the consultation meeting was whether there should be MRI device in primary care facilities.
PET-CT	• It was found that Vietnamese guidelines are available. However, the guidelines do not specify indications or disease for which PET-CT should be used. Therefore, it is not specific enough to rationalize the use of PET-CT. • Number of patients using the device for each indication should be added
Preoperative test before elective surgery	• Since information available is not enough to derive solid result, the intervention is taken out from the list of priority intervention for review
Screening	
Screening for cervical cancer and breast cancer	• For breast cancer screening, there is only mammogram that have evidence support. No evidence on clinical benefit of self-breast exam and clinical breast exam was found. However, in some country, clinical breast exam is being done and there is no evidence with final outcome opposing the practice. Therefore, all the information will be presented so the policy makers can decide. • Comparing between cervical cancer and breast cancer screenings, the latter has better clinical evidence support. • The age range for population who should be screened and screening interval should also be reported.

Intervention	Discussion
Medicines	
Imatinib	• International guidelines recommend the use of imatinib in Chronic Myeloid Leukemia and Gastrointestinal Stromal Tumor (GIST) while the local guidelines recommended imatinib for only GIST but the current uses of imatinib in Vietnam is broader than that, which evidenced that imatinib is being overused. • Number of patients using imatinib for each indication should also be presented.
Rituximab	• Number of patients using rituximab for each indication should also be presented.
Erlotinib	• It should be checked whether erlotinib is listed in the Thai NLEM
Esomeprazole	• It was found that the use of esomeprazole in cardiovascular patients who use antiplatelet drugs can lead to higher risk of cardiovascular event. The use of esomeprazole should not be allowed since it is potentially harmful. • In the review, it was stated that esomeprazole is on the WHO Model List of Essential Medicines. However, It is not.
Ciprofloxacin	• Hospital data showed that ciprofloxacin is used for hypertensive. This may be due to error in diagnosis coding when the information was input in the system. • This review is likely to be extensive, but may not comprehensive since there are broadly different use of ciprofloxacin. Experts may submit the evidence to support other uses that are not in the review later but the local research team will need to check for the quality of evidence.
Meropenem	• The medicine is of broad spectrum. The wide use in Vietnam, as currently found, may result in various problems due to drug resistance. • The numbers of cases using meropenem in Vietnam and in Thailand and other countries/international level should be compared to see the trend of overusage of meropenem in Vietnam, if any.
Albumin	• Albumin is not included in the Thai NLEM since it was perceived as too expensive for Thailand.
IV amino acid	• There is no evidence with final outcomes that support the use of IV amino acid for any indications. • US FDA listed amino acids as a dietary supplement -> not intended to use for diagnosis and treatment for the diseases. • It should be check whether Thailand and other countries list IV amino acid as a medicine or not. •

The consultation meeting will happen in the morning of 16th June with the Vice Minister of Health attending. In the meeting, the results will be divided into 3 presentations: medical services, screening, and medicines. In addition, Dr.Nguyen Khanh Phuong will provide the overview of the

work before the result presentation and Dr.Yot Teerawattananon will give a short presentation on the summary and policy recommendations derived from the work.

Afterwards, the primary and secondary reviewers worked together to fine-tune the results according to the comments/discussions and prepare the presentations for the meeting. The presentations were sent to Kittiphong Thiboonboon who collated the results and prepared relevant charts or graphs for the summary of the work.

15th June 2016

The team brainstormed about how the review results should be conveyed in the presentations. It was agreed that there will be 3 presentations for 3 groups of intervention selected for review, namely, medical devices, medicines and screening services. To standardize the format, HITAP developed templates for all the 3 presentations and share to the local scholars for discussion. For more details, please see Appendix 4. The comments and discussions on the templates can be found below.

Template for	Comments/Discussions
Medical devices	• The results of the review of common use of these devices in Vietnam, including indications and traffic light, would also be presented to highlight the current situation in the country. • An important use of the review result is to promote the development of Vietnamese clinical practice guidelines for the reviewed medical devices. • The recommendation will inform the reader the information on options of interventions with supporting evidence. In other words, the recommendations will not be definite but they will allow rooms for clinician's judgement with the expectation that the physicians association will use these recommendations as an output to inform more specific recommendations for each different use.
Medicines	• Top 10 common indications commonly in Vietnam will be presented. If the indications match with the indications derived from the review, traffic light will be presented to provide information on which indications the medicines should continue to be used for and which should stop being used. • Top 10 common indications that do not match with the review will be denoted by grey colour. • Other indications that are not in the top 10 list will be denoted by white colour. • The indications that should be recommended for use from the review will also be presented separately.
Screening services	• The burden of the top 6 most common cancers in Thailand will be added at the beginning to provide some background. • Potential clinical benefit of implementing screening in Vietnam will be shown more explicitly by displaying numbers of cases averted, quality-adjusted life years gain, disability-adjusted life years averted if screening is implemented in Vietnam. • Economic benefit of the screenings will also be added by

Template for	Comments/Discussions
	displaying cost-savings. • The recommendations on screening are for the future development of health policy since the BHSP has not covered screening services.

Afterwards, the primary and secondary reviewers start working together on the topics they are responsible for to prepare slide presentation for meeting on June 16.

16th June 2016

The meeting was well participated by more than 20 participants from different organizations, including the Vietnamese Vice Minister of Health and other staff from the Ministry of Health, Deputy Director and other staff from VSS, World Bank representative, World Health Organization representative and representative from United State Agency for International Development.

Firstly, Mr.Nguyen Minh Thao, the Deputy Director of VSS who was the chair of the meeting, gave an opening remarks and emphasize that the objective of this consultation workshop is to present the preliminary findings of the review to experts and potential stakeholder to get comments for further improvement of the findings before deriving the final results.

The first presentation was given by Dr.Nguyen Khanh Phuong on the framework of the review. It was emphasized that the objectives of the work were to identify medicines that should be excluded from the BHSP due to its lack of safety and/or effectiveness. The selected medicines and medical services were grouped into 3 groups, which were medicines, medical devices and screening services. Evidences which were reviewed were evidence on the intervention's safety; clinical efficacy/effectiveness and cost-effectiveness. For medical devices, international guidelines were also reviewed and compared with the review results. Information from real practice was also included although there are some limitations due to the coding of the diagnosis in the medical records. The protocol of the review was also presented including how the primary and secondary reviewers worked together and how the results were presented.

Afterwards, Dr.Khuong Ahn Tuan presented the results of the review on medical devices. It was followed by the results for the review of medicines which started with examining whether the medicines in the highest rank for budget reimburse are also in WHO and Thai EML and then go into details of the review result for each medicine. It was found that 6 of 14 high cost medicines in VSS reimbursement list were not included in either WHO List of Essential Medicines or Thai NLEM. Nguyen Thu Ha then presented the results of the review of screening services. Finally, Dr.Yot Teerawattananon summarized the key message and recommendation from the review that VSS should determine an approach to negotiate price for interventions with yellow color, which denotes good safety and clinical efficacy/effectiveness but lack of value for money and the team will further work on indications with grey color. There are both underuse and overuse of the interventions. Finally, VSS should develop a registry for high-cost interventions to help contain costs. From the review, 4 recommendations were made, which were: VSS should revise its reimbursement policy, the work to generate evidence should be continued, there should be price negotiation mechanism and treatment guidelines should be developed based on evidence and reimbursement policy.

From the review results, the Deputy Director of VSS commented that the Department of Medical Service Administration of the Ministry of Health should be informed about the findings and updated on the progress related to the work. VSS will send a warning to hospitals all over the country about interventions and indications they should not be used for so they will be more careful when prescribing interventions.

Dr.Tham Chi Dung from the Ministry of Health said he was satisfied with the review results, which was also based on the data on the real use of interventions in Vietnam collected and synthesized by his team. According to traffic lights, the exclusion of indications which were found not effective will lead to more than 10% budget savings. However, he raised a concern on how the traffic light system should be applied and whether this is a gold standard. To this concern, Dr.Tran Thi Mai Oanh responded that the traffic light should not be the only criteria considered for the exclusion of the interventions/indications. There had also to be other criteria which reflect priorities set by health sectors in Vietnam and an appropriate roadmap for decision to include or exclude of interventions/indications was also needed.

A representative from WHO highlighted that the way Vietnam is spending on healthcare was somewhat wasteful and one of an advantage of this work was that it quantified the waste so relevant organizations can consider and tackle the problem, e.g. issuing a mechanism to control the wasteful use. A representative from World Bank added that for the reimbursement from VSS, there should be some rules or documentations notifying hospitals that the reimbursement can be done only under some specific conditions. Other countries have this kind of mechanism but it is still lacking in Vietnam. Another recommendation, from the Deputy Director of a hospital, is the review should be expanded to cover more interventions to derive comprehensive evidence to inform the development of BHSP. Moreover, a representative from Department of Drug Administration, Ministry of Health proposed that indications with grey colour should also be reviewed and standard treatment guidelines should be developed. However, another participant from National Cancer Hospital pointed out that treatment guidelines for cancer were controversial and it could be difficult to judge clinical efficacy/effectiveness since it varied among cases.

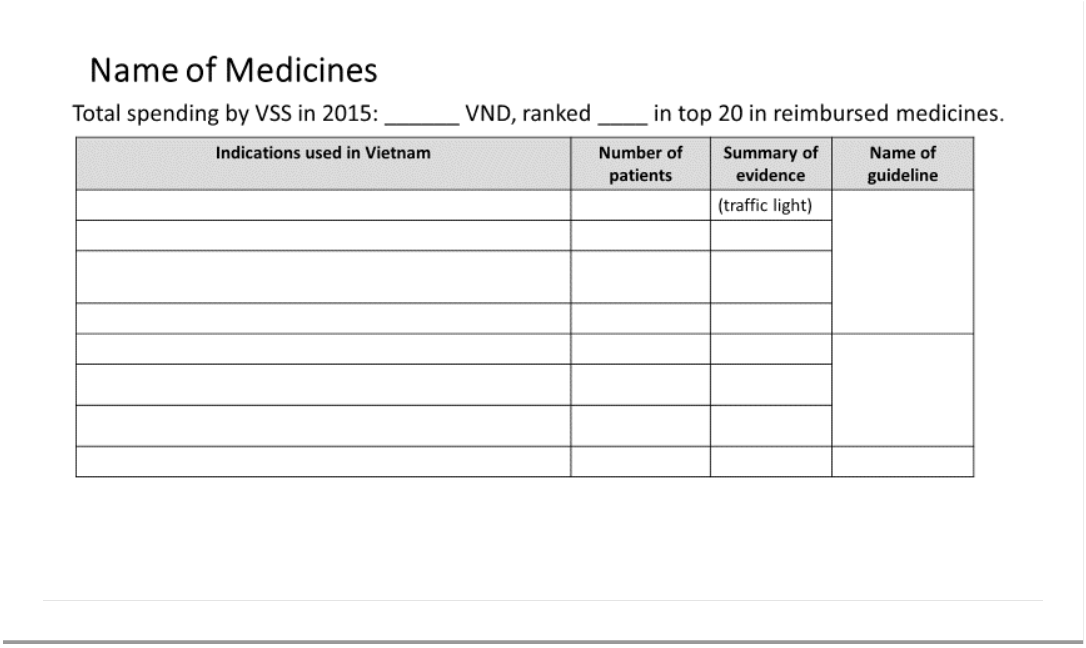
Finally, the chair of the meeting concluded that the preliminary results of this work were very good due to good methodology, with which the participants agreed. The approach that look on top 10 indications used is an appropriate one. There is high consensus among participants that the recommendations are valid. After this workshop, the working groups will continue seeking for advices from different clinical associations. By the end of this year, the review process should derive recommendations on which interventions should be included or excluded. However, he was worried about time constraints and whether decisions to include interventions should be based on the social needs. He agreed that the review of BHSP should be an ongoing, long-term work and was a priority of the country. It is sensitive when an intervention is excluded since it may create social outcry. But in the future, VSS will send notification to health facilities that they need to be cautious when prescribing some medicines, especially the ones with red colour which was notified harmful. The decision was very sensitive and had to be very prudent. The Department of Medical Service Administration and Vietnam Drug Administration should be the one to act by reviewing the review results and inform Ministry of Health on these. VSS was also thinking about reviewing circular 40, which was about the reimbursement.

In the end, the Vice Health Minister emphasize that the process of the review should be accelerated and expanded.

Appendix 4: Template for Result Presentation

Medicines

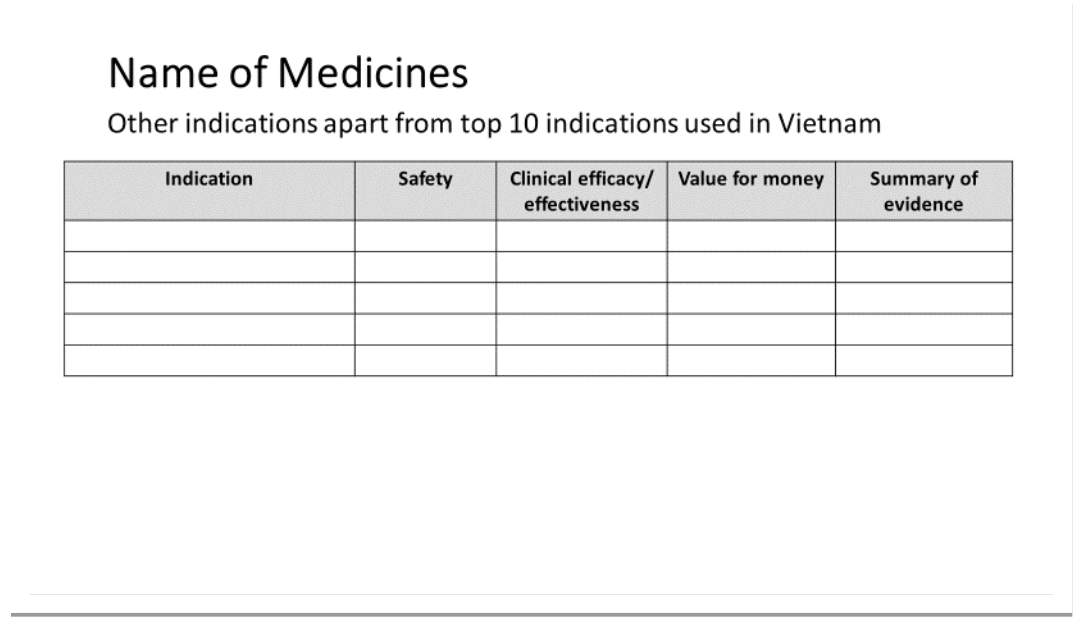
For each medicine, there will be two set of indications presented. Firstly, the common indications in Vietnam would be presented with traffic light if they match the indications from the review or with grey colour if they do not match with the indications from the review. Secondly, other indications that were derived from the review but did not coincide with the common indications would follow.



Name of Medicines

Total spending by VSS in 2015: _____ VND, ranked ____ in top 20 in reimbursed medicines.

Indications used in Vietnam	Number of patients	Summary of evidence	Name of guideline
		(traffic light)	



Name of Medicines

Other indications apart from top 10 indications used in Vietnam

Indication	Safety	Clinical efficacy/ effectiveness	Value for money	Summary of evidence

Medical devices

For each medical device, the review results would be presented with traffic light and the result of the international guidelines review.

Name of Medical Devices

Indication	Number of patients	Summary of evidence	International guidelines
		(traffic light)	

Screening services

For screening services, the burden of leading cancer in Vietnam will be presented, followed by the review results.

Leading cancer burden in Vietnam

Cancer	Prevalence	Incidence	Deaths	Economic burden (million VND annually)

Summary of review evidence

	Target population (age in years)	Interval (years)	Evidence (traffic light)
Cervical cancer			
VIA			
Pap smear			
VIA + pap smear			
HPV DNA test			
Breast cancer			
Self-breast examination			
Clinical breast examination			
Mammography			
Ultrasound			

Appendix 5: Summary of Health Financing and Governance (HFG) Meeting on Operationalizing Priority Setting Processes for Health Benefits Policy

13.00-16.00 16 June 2016

This workshop is a part of the work by the team from Research for Development (R4D) with financial support from the United State Agency for International Development (USAID) to support the development of benefits package (BP) in Vietnam under the project titled Health Financing and Governance (HFG). The workshop was hosted by HFG team to share experience in BP development in different developing countries and discuss how the team would best support such development through the operationalization of criteria for selection intervention into the BP in Vietnam.

Experiences from 3 selected countries were shared, namely, Chile, Philippines, and Thailand. For each country, some backgrounds on health context was given, followed by how benefits package was developed in that country.

Chile
Chile's BP is instituted under the 2005 Acceso Universal con Garantías Explícitas (AUGE - Regime of Explicit Health Guarantees) reform. Chilean benefits package is explicit covering 80 health conditions as of 2013 and include both diagnosis and treatment and both preventive or curative. The country adopted fee-for-service as the financing mechanism. The benefits package also applies to private insurance. Primary health care is provided free of charge but services at higher level will be co-paid by patients. There is currently no HTA institution in Chile, but the process to create one is ongoing.
The BP is adjusted once every 3 years by the Advisory Council for AUGE. There is no explicit criteria for the process of BP adjustment.

One of the special characteristics of Chile is that the country income depend to a large extent on the price of copper, of which Chile produce and export a lot so the economy may change quickly and this may also affect the BP through its effect on budgets.

Philippines
Health insurance in Philippines was paid by PhilHealth, which is the Philippine Health Insurance Corporation. PhilHealth appraise the cost-effectiveness of the interventions proposed to be included in the Philippines' BP. Weighting is not applied in the selection criteria.

Thailand
The criteria in Thailand is quantitative but there is still a room of flexibility for other considerations such as social preference and ethical concerns.

Discussion

BP in these 3 countries are comprehensive. They include prevention and health promotion interventions and have sets of criteria for selecting medicines for inclusion and exclusion. From the experience shared, all the 3 countries really put emphasis on cost-effectiveness. The most important thing is how to develop the details of the selection criteria in Vietnam. It should be noted that the criteria should take into account contexts in the country. The 3 countries in the example applied the selection criteria when their BP are modest. In the case of Vietnam in which the BP is generous, so the approach might have to be different. If HTA were to be done for all the interventions currently in Vietnam BP, it will take a lot of time so the high cost ones should be the primary focus and specifying medical indications for each intervention will add high value. The highly cost-effective intervention should be included as opposed to the less cost-effective interventions. Moreover, the research should be done only on interventions of which the clinical effectiveness and cost-effectiveness are being questioned.

For Vietnam, the criteria will be a combination between quantitative and qualitative elements. Moreover, it is likely that clinical effectiveness, cost-effectiveness, budget impact will be included and there will be a consideration to include financial burden on households, social preference, ethical considerations and capacity of service providers. Burden of disease is also important since it changes rapidly so the services in the BP should correspond the current need among the population. Furthermore, there might be a need for different BP for different groups of population such as mother and child. Interventions is BP are classified into 2 groups which are those with high utilisation rate, in primary health care, but with low cost and those with low utilisation rate but with high cost. In addition, the level of health care should also be taken into account for the BP development.

The next step for the HFG team is to design the approach for BP development in Vietnam. A principle for the approach to be designed is that it should complement with the existing approach, i.e. the review process done by HSPI and HITAP. The HFG team proposed that they will draft a proposal of a process of the BP development which integrate the components that are suitable for Vietnam context with details and example of how the process can be applied, e.g. illustrate the application of the process to a medicine. Moreover, Vietnam has a clear BP on HIV/AIDS so this should be made explicit in the proposal.