

# VIETNAM MISSION REPORT

Revising Basic Health Benefit Package for Social Health Insurance 9-11 January

2017

HITAP International Unit (HIU)

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# Table of Contents

|   |    |
|---|----|
| Table of Contents.....                          | 1  |
| Abbreviations.....                              | 2  |
| Introduction.....                               | 3  |
| Summary of the visit .....                      | 4  |
| Next steps .....                                | 8  |
| Appendices.....                                 | 9  |
| Appendix 1: List of workshop participants ..... | 10 |
| Appendix 2: Agenda of the visit.....            | 11 |
| Appendix 3: Daily Summaries .....               | 12 |

## Abbreviations

|       |   |
|-------|---|
| BHSP  | Basic Health Service Package                          |
| BP    | Benefits Package                                      |
| GHD   | Global Health Development Group                       |
| HePTA | Health Policy and Technology Assessment               |
| HITAP | Health Intervention and Technology Assessment Program |
| HSPI  | Health Strategy and Policy Institute                  |
| HTA   | Health Technology Assessment                          |
| iDSI  | International Decision Support Initiative             |
| MEL   | Monitoring, Evaluation and Learning                   |
| UHC   | Universal Health Coverage                             |
| VSS   | Vietnam Social Security                               |
| WHO   | World Health Organization                             |

## Introduction

Vietnam is one of the countries that are on the journey to achieve Universal Health Coverage (UHC). With the Health Insurance Law enacted in 2008, and master plan for UHC approved by the prime minister in 2013 addressing some important issues including prioritizing healthcare provided to the population. The Health Intervention and Technology Assessment Program (HITAP), on behalf of the International Decision Support Initiative (iDSI) has collaborated with Vietnam to strengthen health technology assessment (HTA) in Vietnam since 2013. The Health Strategy and Policy Institute (HSPI) is appointed by the Ministry of Health, Vietnam, to be the focal point for HTA work from Vietnamese side.

In order to strengthen UHC in Vietnam, HSPI is requested by the Ministry of Health to generate evidence to inform the revision of the Basic Health Service Package (BHSP). Therefore, HSPI collaborates HITAP, who provides technical support and supervisions to Vietnamese scholars to work full-time on producing the evidences. Prior to this visit, Vietnamese scholars has been working with close support and supervision of HITAP team in drafting the protocol and the conduct of the work, which take the approach of literature review. Currently the work has been finished and the report and policy brief have been drafted and is to be finalized. There is also a discussion that there is a request from Vietnam Ministry of Health to for HSPI to continue this work as the second phase. The detail on which medicines should be included in the second phase is to be discussed.

There are some other works that HSPI collaborates with HITAP. Firstly, the iDSI has a monitoring, evaluation and learning process overtaken by Itad, UK. Itad, in consultation with iDSI partners, has developed a set of tools for evaluating the progress of HTA and impact of iDSI at different levels. One of the tool is the self-assessment scale to gather general information on the progress at country level. The form is to be filled by the local country partner. HSPI agreed to fill the form during previous visit in September. However, since there are some constraints, HITAP prepare the first draft of the scoring and share for HSPI's comments and approvals. Secondly, HSPI, with support from HITAP, has agreed to host the 2017 annual conference for HTAsiaLink, which is the a HTA network of HTA network in Asia and Pacific. HSPI is preparing the logistic stuffs and also finalizing the conference agenda, including inviting speakers and policy makers from different countries to join in the event.

This visit is a follow-up visit from these previous works and collaborations. It is joined not only by HSPI and HITAP but also the representative from the Global Health and Development (GDH) group, Imperial College London, who participate to observe and get greater understanding on the status of the work done by HSPI. The list of participants can be found in Appendix 1 while the agenda of the visit can be found in Appendix 2.

## Summary of the visit

The iDSI partner, comprising representatives of HITAP team and representative of GHD group, Imperial College London, discussed progress of previous works and plan for future collaboration with HSPI. Outstanding points that were discussed are as follows.

### **MEETING BETWEEN HSPI, HITAP AND GHD**

#### **Update on HSPI's HTA work and benefits package in Vietnam**

There is a change in the definition of term BHSP. According to the latest definition, the BHSP will be changed to be the package of interventions that should be available at primary care level. The benefits package for health care facilities in other levels will be termed generally by 'Benefits Package' (BP). HSPI is currently working on the revision of both BHSP and BP under the new definition.

For the BHSP, HSPI identifies top disease problems and health need in primary care level based on VSS utilization data. They then review guidelines to find which interventions or medical services should be used to prevent or treat for those problems and health need. Finally, they consider whether any interventions and medical services recommended by guidelines is missing from the reimbursement list and recommend which the interventions and medical services should be added to the list. After the review, it was found that treatments listed in the BP are already comprehensive and no further treatments should be added to the BP but there should be more preventive interventions, i.e. consultation and vaccination added.

HITAP suggests that HSPI should also examine interventions that are currently provided at tertiary or secondary facilities only although primary care facilities are also capable of providing the intervention. These should be added to the BHSP. HSPI may also look up the World Health Organization's (WHO's) guidelines for services to be provided in primary care to make the result comprehensive and reduce the bias.

The work is currently in its final stage and HSPI is capable of completing it with no request for HITAP's support.

#### **Update on the review to support the revision of BHSP (or BP according to the new definition) in Vietnam**

##### *Finalization of the research report*

During the previous visit, the report had been drafted by HITAP and has been shared after the visit for HSPI's comments and inputs. However, given HSPI has not been able to make comments, the

report is discussed during this visit instead. HITAP team worked together with HSPI to finalize the content of the report and confirm the order of authorship for the report. A main change would be the change of the term from BHSP in the report to BP to reflect the recent change in Vietnamese context.

HSPI will be responsible for facilitating with the Minister or Vice Minister of Health to request the Vice Minister to write a preface for the report and to get formal approval from the Ministry of Health to publicize the study result and the report. Afterwards, HITAP will process the layout and formatting of the report and publication of the report.

It is agreed that, based on the report, HITAP will prepare the first draft of the manuscript to be submitted to an international journal and will confirm the list and order of the author from HSPI side with HSPI later.

#### Updates on policy brief

The content of the policy brief drafted by HITAP has been agreed and finalized during the meeting. HITAP will proceed with the design and publication of the policy brief. HSPI will send the order of the policy brief authors to HITAP.

HSPI plans to translate the policy brief from English into Vietnamese for local use. Moreover, they think it would be beneficial to have separate additional policy briefs for 3 key groups of intervention included in the review. These key groups are diagnostic techniques, cancer medicines and anti-biotics (a policy brief for each group – three in total).

#### **Discussion on future collaboration**

Originally, HITAP and HSPI agreed that there would be the second phase for the review to support the revision of the BP. In the second phase, more interventions will be included for review so the evidence can inform broader range of interventions. However, upon discussion during this meeting, HSPI mentioned that there are also the needs for HITAP support in various aspects. The list of priority areas for collaboration is as follows.

1. HTA guidelines for Vietnam
2. HTA on screening interventions
3. Cost-effectiveness threshold in Vietnam
4. Training on rapid review of HTA evidence for HSPI staff
5. Training on how to write a policy brief, including for HTA studies
6. Previously identified topics:
  1. MRI diffusion and usage
  2. Second phase for the review to support the revision of BP
  3. Economic evaluation of cervical cancer screening
  4. Other previous HTA pilot topics of which a study has not been conducted about

Among these, the training on how to write a policy brief is one of the priority work since they would like to produce policy briefs for interventions reviewed in the review to support the revision of BP. The training can be a one-off activity or a series of continuous training, depending on future discussion and agreement.

For the technical collaboration, HSPI will review the list and decide which area would be of highest priority that they would need support from HITAP.

## **Others**

### *Meeting with representative from Vietnam Social Security (VSS)*

Since the VSS was requesting for HITAP's experience sharing on pricing and procurement, on 11<sup>th</sup> September, representatives from HITAP, Imperial College London met with the representatives of the VSS to discuss potential collaboration on HTA between iDSI and VSS. HITAP representatives shared with VSS about Thai experience in implementing efficient UHC and using HTA to inform reimbursement decisions. VSS representative expressed interest in future collaboration. The potential areas of collaboration may include:

- 1) Improving the quality of healthcare services, especially in the remote areas.
- 2) Reducing out-of-pocket expenditure
- 3) Managing health care budget effectively and efficiently

Other possible activities may be to organize workshops to share experiences of various topics related to UHC from Thailand and study visits to Thailand in order to help VSS improve their management regarding the above issues. The contact point for further discussion from VSS side is the Pharmaceutical and Medical Supply Division.

### *Finalization of self-assessment scale*

HSPI and HITAP go through the self-assessment scale together. HITAP will work on finalizing on the formats and finishing touch before sending to Itad for further process.

### *Update on HTAsiaLink arrangement*

HSPI updated that after they have called for abstract in October, there have been 42 abstracts submitted. The Vice Minister of Health will be the Chair of the conference. The agenda of the conference and the speakers of each session were discussed during the meeting. During the 4 days of the conference on 17<sup>th</sup>-20<sup>th</sup> April 2017, the first day will be a pre-conference workshop while the second and third day is the main conference. The last day will be for in-house meeting among HTAsiaLink members and board members.

HSPI will prepare invitation letters for the pre-conference workshop instructors, conference session moderators, panelists and commentators and send to them accordingly.

*Next scholarship for postgraduate study at Mahidol University*

Last year, as a part of capacity building, HITAP offered a Vietnamese scholar a scholarship to study at HTA postgraduate program. HITAP plans to provide another scholarship for the coming academic year. For the past round of the selection of Vietnamese awardee, the application was open for all Vietnamese applicants who commit to work on HTA in Vietnam after their graduation. It is agreed that for this round, HSPI director will assist in selecting a candidate for the scholarship and share with HITAP both the name of the candidate and the details of the selection process accordingly.



## Next steps

HSPI will work to prioritize topics they would like HITAP's support at this moment and let HITAP know by January-February. However, HSPI decided that the training on how to write a policy brief would be one of the priority works that need HITAP support. HSPI will also nominate to HITAP the name of the candidate for scholarship soon, tentatively by May.

After HSPI has shared the priority work they would like HITAP's support, HITAP will work on developing the proposal before coming to Vietnam for the next visit so the details of the work can be discussed during the meeting. In the meantime, HITAP will work on the format of the policy brief and draft a manuscript on the review to support the revision of BP and share to HSPI for comments. For the report, HITAP will wait for HSPI to request for the approval from the Ministry of Health and also for the preface written by the Vice Minister of Health before proceeding with the format and layout for publishing. HSPI will also share list and order of author from HSPI side for both the report and the policy brief to HITAP.

The next visit would be on 27-29 March 2017 as a first workshop on policy brief. There will be some homework for HSPI staff who participate in the workshop. The visit will also cover the discussion on the detailed proposal of the new work decided by HSPI and the preparation of HTAsiaLink.

# Appendices

## Appendix 1: List of workshop participants

### Meeting with HSPI 9-11 January 2017

|    | Name                         | Organization            |
|----|------------------------------|-------------------------|
| 1  | Dr. Tran Thi Mai Oanh        | HSPI                    |
| 2  | Dr. Nguyen Khanh Phuong      | HSPI                    |
| 3  | Vuong Lan Mai                | HSPI                    |
| 4  | Dr. Phung Lam Toi            | HSPI                    |
| 5  | Mr. Pham Van Hien            | HSPI                    |
| 6  | Dr. Ryan Li                  | Imperial College London |
| 7  | Dr. Yot Teerawattananon      | HITAP                   |
| 8  | Ms. Netnapis Suchonwanich    | HITAP                   |
| 9  | Ms. Waranya RattanaVIPapong  | HITAP                   |
| 10 | Mr. Kittiphong Thiboonboon   | HITAP                   |
| 11 | Ms. Thanaporn Bussabawalai   | HITAP                   |
| 12 | Ms. Benjarin Santatiwongchai | HITAP                   |

### Meeting with VSS 10 January 2017

|   | Name                        | Organization            |
|---|-----------------------------|-------------------------|
| 1 | Mr. Nguyen Minh Thao        | VSS                     |
| 2 | Dr. Ryan Li                 | Imperial College London |
| 3 | Ms. Netnapis Suchonwanich   | HITAP                   |
| 4 | Ms. Waranya RattanaVIPapong | HITAP                   |

## Appendix 2: Agenda of the visit

| Date and Time   | Activities   |
|-----------------|--|
| 9 January 2016  |  |
| 9.00-12.00      | Updates from HSPI and discussion on <ul style="list-style-type: none"> <li>• Changes in the health benefits package (HBP) policy and direction in Vietnam and their implications on the finished and future works</li> </ul> Overall progress on HTA in Vietnam and policy implication of the HTA pilots |
| 13.00-16.00     | <ul style="list-style-type: none"> <li>• Updates and feedbacks on the BHSP technical report and policy brief drafted and shared by HITAP</li> <li>• Discussion, fine tuning and finalization of the content of the report</li> <li>• Discussion on policy brief and manuscript</li> </ul>                |
| 16.00-17.30     | Complete self-assessment scale for iDSI MEL  |
| 10 January 2016 |  |
| 9.00-15.00      | Follow-up on the progress of HTAsiaLink arrangement, discussion and trouble shooting   |
| 11 January 2016 |  |
| 9.00-12.00      | Discussion on the next collaboration   |
| 13.00-15.00     | Discussion on HePTA scholarship  |
| 15.00-17.00     | Any other business   |

## Appendix 3: Daily Summaries

### 9 January 2017

In the morning, there was a discussion on the report for the review to support the revision of BHSP in Vietnam. HITAP, HSPI and the representative from Imperial College London went through together on the draft report that HITAP prepared and shared to HSPI for comments. There were some updates, which mostly are about the change in Vietnamese context, that needed to be added or amended.

Firstly, the goal of 80% population coverage for Vietnam UHC, which was set for 2020 and was mentioned in the report, has been reached in 2016 and the new goal is not set to be 90%. Secondly, the term BHSP in the report need be changed to BP. This is because the definition of BHSP has changed to be only the package of benefit that should be provided at primary care level. However, the review word thus far has always focused on high expenditure and rather advance treatment and diagnostic techniques so the evidence generated would be more relevant to informing BP revision instead of BHSP. Thirdly, instead of the council for BHSP, the National Council on Health Insurance chaired by Vice Health Minister is currently responsible for making recommendation on the BP to the Health Minister for final approval.

There was also a discussion on the authorship and the order of the author for the report. It was agreed that the name of researchers and contributors from HITAP and HSPI can be listed separately under each organization headings. For the order of author from HSPI side, HSPI will finalize and share with HITAP again.

HITAP agreed to be responsible for formatting and publishing the report in the form of both soft and hard copies. However, an approval of the content and for the publishing and dissemination of the results must be obtained from the Ministry of Health before the production process can proceed. HSPI agreed to facilitate with the Vice Health Minister Professor Pham Le Tuan and possibly the Health Minister, for the approval. If the Minister and/or Vice Minister have agreed with the draft, HSPI will request them to write a preface for the report and send to HITAP. Once confirmed and received the preface, HITAP's communication team will commence the work.

A manuscript is planned to be drafted for submission to an international journal, tentatively aim for Plos ONE or the Health Systems and Reform. HITAP will prepare the first draft, of which the length will not exceed 3,000 words, and share to HSPI for comments. The list and order of authors from HSPI side will be confirmed when HSPI provide comments.

In the afternoon, HSPI updated the status of their HTA-related work outside the collaboration with HITAP and iDSI and go through the self-assessment scale for MEL together with HITAP and Imperial College London.

There is a change in the definition of term 'BHSP' which has been the topic of the study on the review to support the revision of BHSP. According to the latest definition, the BHSP will be changed to be the package of interventions that should be available at primary care level. The benefits package for health care facilities in other levels will be termed generally by 'Benefits Package' (BP). HSPI is currently working on the revision of both BHSP and BP.

For the BHSP, HSPI identifies 15 top disease problems and health need in primary care based on VSS utilization data. They then review guideline to find which interventions or medical services should be used to prevent or treat for those problems and health need. Finally, they consider whether any interventions and medical services recommended by guidelines is missing from the reimbursement list and recommend which the interventions and medical services should be added to the list. After the review, it was found that treatments listed in the BP are already comprehensive and no further treatments should be added to the BP but there should be more preventive interventions, i.e. consultation and vaccination added.

HITAP suggests that HSPI should also examine interventions that are currently provided at tertiary or secondary facilities only although primary care facilities are also capable of providing the intervention, which should be added to the BHSP. HSPI may also look up the World Health Organization's guidelines for services to be provided in primary care to make the result comprehensive and reduce the bias. Expert consultation meeting should be arranged to take into account the feasibility of the provision of the interventions in the context of Vietnam. Moreover, lifesaving and the most common services should also be focused.

The work is currently in its final stage and HSPI is positive that they can complete the work by themselves and HITAP support would not be essential in this case.

Afterwards, the self-assessment scale for the MEL activities was discussed. The self-assessment is a tool designed by Itad to collect information on the progress of evidence-informed policy making and iDSI contribution to the progress in a country. During a visit in September 2016, HSPI agreed to complete the scale and share to HITAP in 2016. However, due to some limitations, HSPI was unable to finalize the form so it is agreed that the scale will be discussed during this visit instead. Therefore, in this meeting, HSPI and HITAP went through the self-assessment scale together and has finalized the scale for each of the 7 items in the scale. HITAP will work on finalizing on the formats and finishing touch before sending to Itad for further process.

## **10 January 2017**

In the morning, there were two parallel meetings. Some HITAP staff and the representative from Imperial College London participated in a meeting with VSS representative while the others continue to work with HSPI.

### **Meeting with HSPI**

Vuong Lan Mai, the HSPI staff responsible for the arrangement of HTAsiaLink, updated that after they have called for abstract in October, there have been 42 abstracts submitted. The Vice Minister of Health will be the Chair of the conference. The agenda of the conference and the speakers of each session were discussed during the meeting. During the 4 days of the conference on 17<sup>th</sup>-20<sup>th</sup> April 2017, the first day will be a pre-conference workshop while the second and third day is the main conference. The last day will be for in-house meeting among HTAsiaLink members and board members.

HSPI will prepare invitation letters for the pre-conference workshop instructor, session moderators, panelists and commentators and send to them accordingly.

### **Meeting with VSS**

HITAP (Netnapis Suchonwanich and Waranya Rattanavipaong) and Imperial College (Dr. Ryan Li) visited Vietnam Social Security (VSS) and have a meeting with Mr. Nguyen Minh Thao, Deputy Director General, VSS to discuss the future collaboration. iDSI is now also engaging with VSS as a national purchasing agent to explore practical ways to strengthen evidence-informed decision making on healthcare purchaser side in Vietnam.

First, Netnapis Suchonwanich, Adviser, HITAP (former Deputy Secretary General of National Health Security Office) shares the Thai experience of implementing efficient UHC. Second, Waranya Rattanavipaong, Researcher, HITAP shares an experience of using HTA to inform decisions on the reimbursement of health technologies in Thailand.

Mr. Nguyen Minh Thao appreciates the information shared by HITAP and also a collaborative project of revising the benefit package in Vietnam between HITAP and the Health Strategy and Policy Institute (HSPI), a research unit under the Ministry of Health. He believes that experiences from Thailand are absolutely useful to Vietnam. In the context of Vietnam, Mr. Nguyen Minh Thao shares his idea that VSS is currently focus on three main issues.

- 1) Improving the quality of healthcare services, especially in the remote areas.
- 2) Reducing out-of-pocket expense
- 3) Managing the funds effectively and efficiently

To conclude, the Deputy Director General and respective authorities of VSS show interest in HTA-related work. The contact point for future collaboration on this is responsible by Pharmaceutical and Medical Supply Division, VSS. Possible activities could be organizing workshops to share experiences of various topics from Thailand and study visits to Thailand in order to help VSS improve their management regarding the above issues.



## 11 January 2017

On the last day, there were discussions on the scholarship for Health Technology Assessment (HTA) postgraduate program, the next collaboration, and policy briefs.

Last year, as a part of capacity building effort, HITAP offered a Vietnamese scholar a scholarship to study at Health Technology Assessment (HTA) postgraduate program. For the past round of the selection of Vietnamese awardee, the application was open for all Vietnamese applicants who commit to work on HTA in Vietnam after their graduation.

HITAP plan to provide another scholarship for the coming academic year and would like to consult HSPI how the selection process should be. Two options were discussed: either HITAP setting up a selection committee to select the candidate or HSPI being responsible for selecting the candidate and share to HITAP. However, in the latter case, HSPI has to also share what the selection process, including the selection criteria, the application timeframe, number of applicants, etc. The awardee must be identified by June or July since the semester will start in September.

It is agreed that this scholarship will be specific to HSPI staff and HSPI director will select a candidate for the scholarship and share with HITAP both the name and details of the selection process accordingly.

Afterwards, the next collaboration was discussed. Originally, HITAP and HSPI agreed that there would be the second phase for the review to support the revision of the BHSP. In the second phase, more interventions will be included for review so the evidence can inform broader range of interventions. However, upon discussion during this meeting, HSPI mentioned that there are also the needs for HITAP support in various aspects. HITAP then proposed the following potential collaboration.

| Options                                   | Duration      | Significance | Funding required | HSPI staff required |
|---|---------------|--------------|------------------|---------------------|
| HTA methodological guidelines development | 4 - 8 months  | ++           | +                | 2+external partners |
| Economic evaluation on Hepatitis C        | 6 - 12 months | ++?          | ++               | 2-3                 |
| Review for BHSP development phase 2       | 6 months      | +++?         | ++               | 4-6                 |

| Options   | Duration      | Significance | Funding required | HSPI staff required |
|---|---------------|--------------|------------------|---------------------|
| HTA of health screening   | 6 – 12 months | +++          | +++              | 4-6                 |
| Training on rapid review of HTA evidences   | 3 months      | ++           | +                | TBD                 |
| Development of recommendations and guidelines on copayment rate determination for VSS | 3 – 6 months  | +++          | ++               | 2-3                 |
| Development of threshold for Vietnam  | 6 – 8 months  | ++           |                  |                     |
| Ongoing work related to the BHSP review first phase                                   | TBD           | TBD          | TBD              | TBD                 |

HSPI also expressed interest in developing separate policy briefs for different groups of interventions reviewed in the review to support the revision of BP work. They categorized the interventions to be: diagnostic techniques, cancer medicines, and antibiotics. There should be a policy brief for a group of interventions. Therefore, HSPI would like to request HITAP to provide a training on how to write a policy brief.

Based on the proposed list and the discussion, the preliminary list of priority areas for collaboration is as follows.

1. HTA guidelines for Vietnam
2. HTA on screening interventions
3. Cost-effectiveness threshold in Vietnam
4. Training on rapid review of HTA evidence for HSPI staff
5. Training on how to write a policy brief, including for HTA studies
6. Previously identified topics:
  1. MRI diffusion and usage
  2. Second phase for the review to support the revision of BHSP
  3. Economic evaluation of cervical cancer screening
  4. Other previous HTA pilot topics of which a study has not been conducted about

Among these, the training on how to write a policy brief is would be one of the priority work The training can be a one-off activity or a series of continuous training, depending on future discussion and agreement.

For the technical collaboration, since it should be as policy-relevant as possible, HSPI will review and consult related bodies and decide which area would be of highest priority that they would need HITAP's support.

Afterwards, all the participants together reviewed the main policy brief for the review to support the BP that HITAP drafted. Some part of the content has been amended and the draft was finalized HITAP will proceed with the design and publication of the policy brief. HSPI will send the order of the policy brief authors to HITAP. After the publishing finished, HITAP will send 250 copies to HSPI for their use. HSPI also planned to translate the policy brief into Vietnamese for local use.

HITAP plans to visit again around the end of March. The visit in March will cover a training workshop on how to write a policy briefs, the discussion on the next collaboration and the preparation of the HTAsiaLink arrangements.