

Study on the current situation of organization of registering for health insurance-covered primary health care, preconditions and the balance between the capacity of health facilities and the number, the subject of the insured registering for health insurance-covered primary health care

2016

For: The Central North Region Health Support Project, Ministry of Health

Funded by: World Bank

BACKGROUND:

Over many years, Vietnam has made substantial efforts to ensure access to healthcare services, of gradually increasing quality, for the entire population through programs of upgrading the health system, expanding health insurance coverage and increasing state budget spending on health. Up to 2013, the coverage rate of health insurance was more than 70 percent of the total population, of which almost 100 percent of the vulnerable and poor groups of people were covered. In addition, greater availability of the health facilities at all levels and provided by both public and private sectors have increased accessibility of citizens to health insurance-paid health care services. Thanks to social health insurance, out of pocket (OOP) payments of the patients and their families – though still high - have reduced over the past decades, from more than 80 percent in the early 1990s to less than 40 percent in the early 2010s.



The first important milestone for such achievements was the approved Law on Social Health Insurance in 2008 (No.25/2008/QH12), and then the second milestone was the Law on Emendation and Complementation of Social Health Insurance in 2014(No.46/2014/QH13). These Laws provide a number of regulations to expand coverage of both participation and services with ultimate aims of providing adequate SHI-paid benefit packages, improving service delivery at all levels, upgrading quality of provided services, and reducing financial and physical costs of access to health care services.

Along with these Laws, in order to protect rights of the insured in access to primary health care, Circular 10/2009/TT-BYT dated 14 August 2009 was approved by Minister of Health, in which the Ministry of Health requests the Provincial Departments of Health and Provincial Social Security Agencies to implement various works, including (i) determination of the eligible health facilities in providing SHI-paid primary care and (ii) determination of the number of the insured at localities, the number of the insured to be registered for each health facility so as to ensure primary health care quality.

Up to date, however, the Ministry of Health has not issued the regulations on the specialty scale in primary health care, specific guidelines on the infrastructure, equipment, human recourse, specialty scale for a health facilities (public and private) which are allowed to implement SHI-paid primary care as well as principles or criteria in determination of the quantity, structure of the insured registering for primary health care in each health facility. As such, many health facilities have encountered certain difficulties in providing SHI-paid primary health care, which in turn affect rights of patients and operational activities of health facilities. In term of the insured, it is necessary to evaluate the current status of selection of health facility for primary health care, accessibility to the health facilities, difficulties in using health care services and equity in implementation the right of the insured. Understanding these issues will be the basis for information and orientation of the right to choose the health facility satisfying the accessibility of quality health services when needed.

OBJECTIVES

Overall objective

The study is to give necessary recommendations for the development of the Circular guiding Provincial Health Department and Social Security at the localities on the implementation of registering for health insurance-covered primary health care, ensuring the right of the insured, quality of health care services and strengthening the effectiveness of the health care facilities.

Specific objectives

- i. To assess the current status of infrastructure, equipment, human resources and specialty scale of health facilities at the district, commune level and policlinics (public and private) which are performing health insurance-covered primary health care;
- ii. To study on the way to balance the quantity, characteristics of the insured registering for primary health care in each health facility of Provincial Health Department and Social Security of province and cities; the current situation of the balance between the resources of primary health care facility and the number and characteristics of structure of the group having health insurance card;
- iii. Current situation of the information and guidance for the insured registering for health insurance-covered primary health care in the localities; Accessibility and use of health care services by the insured in the health insurance-covered primary health care facilities;
- iv. To study on the experience of the countries in the word and recommendation of relevant international organization on the preconditions for a primary health care provider, specialty scale and scale of population to be provided health care services;
- v. To give recommendation to the MOH on the specialty scale, condition and the implementation arrangement of health insurance-covered primary health care appropriate with the current health system organization and socio-economic condition of Vietnam.

TIME AND LOCATION:

Duration: January - June 2016

Location: 8 provinces including Quang Ninh, Hoa Binh; Vinh Phuc; Thua-Thien-Hue, Khanh Hoa, Lam Dong, Tien Giang, and Dong Nai.