



ROADMAP

**To develop and implement the basic health
service package paid by health insurance in
Vietnam**

(Enclosed the dispatch/BYT-KHTC dated/2015)

Hanoi, April 2015

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Acronyms

BHSP	Basic Health Service Package
HC	Health Care
HCT	Health Care and Treatment
HI	Health Insurance
HS	Health Service
Lux Dev	Luxembourg Development Agency
MoF	Ministry of Finance
MoH	Ministry of Health
PHC	Primary Health Care
SS	Social Security
USAID/HFG	Health Finance and Governance
VSS	Vietnam Social Security
WB	World Bank
WHO	World Health Organization

I. Introduction

Reforming health systems towards Universal Health Coverage (UHC) for the entire population has become a general trend in many developed and developing countries so as to meet people's health care needs in the context of rapid socio-economic changes and limited resources for health.

Currently, achieving health insurance (HI) target for the entire population is one of the top priorities in the health agenda of the Government of Vietnam. One of the important factors to promote the implementation of universal health care goals is to develop a basic health services package (BHSP) in order to control health care cost, ensure service quality and respond to health policy priorities.

In 2009, the Government of Vietnam has adopted the Law on Health Insurance to develop national health insurance program. To achieve the goal of universal health coverage, the Ministry of Health (MOH) and Vietnam Social Security (VSS) have been actively addressing several issues such as stable and sustainable fund, reducing out-of-pocket payments and extending government subsidies to the poor and near poor. Currently, enrolment rate in health insurance scheme has reached 71% (in 2014), but that number is still low in compulsory groups (such as formal workers). The current out-of-pocket payment rate is at about 47%; meanwhile health care cost is increasingly higher and higher.

The Resolution No. 68/2013 / QH13, posted in the National Gazette / Number 1013 + 1014 / on 31-12-2013 of the National Assembly¹ on accelerating the implementation of health insurance policies and legislation towards universal health coverage reviewed that currently over 30% of the population have not been enrolled in health insurance program; quality of insurance healthcare at grassroots level has not met requirements; slowness in solving the problem of overload in upper level hospitals; not speeding up reform in the management

¹ Resolution No: 68/2013/QH13, in the National Gazette/No 1013 + 1014/dated 31-12-2013 of the National Assembly

and processing of health insurance and health care; there has no effective solution to overcome the problems of HI card overlapping, fund abuse and disparity in drug price between provinces; no transparency in the benefits of the insured; parts of the health staff and employees violated medical ethics and law; limitation in provincial involvement in the expansion and management of health insurance scheme and funds, some provinces have deficit in HI fund; State management, communication, monitoring, inspection and handling violations related to health insurance are not timely and strictly.

Paragraph 3, Article 2 of the Resolution No 68/2013/QH13 of the National Assembly has clearly stated that: *“As before 2018, the definition of basic health services package paid by health insurance should be completed in accordance with various premiums and socio-economic conditions; appropriate measures should be implemented to ensure the drug quality with good prices, to overcome unreasonable disparity in drug prices between provinces, to expand the model of family doctor participating in insurance healthcare as well as to improve regulations on referral in lines with health conditions”*. The Resolution has been passed by the 13th National Assembly of the Socialist Republic of Vietnam, Session 6 in November 29, 2013².

In 2014, the Law No. 46/2014 / QH13 dated 13.06.2014 of the National Assembly on the amendment and supplement of several Articles of the Law on Health Insurance that came into effect since 01/1/2015 has regulated that the basic health service package paid by health insurance including essential health services which are suitable to the liability of the health insurance fund. The Ministry of Health and stakeholders are to develop and issue a circular on the basic health service package covered by the health insurance fund in early 2018³.

The development of BHSP paid by HI is a long process that needs certain

² Resolution No: 68/2013/QH13, in the National Gazette/No 1013 + 1014/dated 31-12-2013 of the National Assembly

³ Law No 46/2014/QH13 of the National Assembly dated 13/6/2014 on the amendment and supplementation of several Articles of the Law on Health Insurance.

duration of time and a roadmap to implement. This process comprises several steps and involvement of stakeholders. Therefore, it is necessary to firstly develop a roadmap to guide the designing process of this service package, identify stakeholders' participation and coordinating, cooperating mechanism for specific activities.

II. Objectives

2.1. General Objective:

- To develop a Basic Health Service Package paid by health insurance as regulated by the amended Law on health Insurance aiming at Universal Health Coverage to ensure equity and efficiency in health care

2.2. Specific objectives:

- a. To develop a Prioritized List of Health Service to be included in the BHSP paid by Social Health Insurance Fund which is appropriate to the conditions of Vietnam in terms of health care needs, services delivery capacity as well as liability of HI fund;
- b. Develop and propose options for delivering the list of prioritized health services and services in the basic health services package paid by health insurance, including proper payment mechanisms.
- c. To forecast on stable and sustainable financial resources needed to deploy the BHSP reimbursed by health insurance at national level aiming at universal health coverage.

III. Definitions

The World Health Organization defines Essential health services package as: "...a collection of health services considered to be essential and should be guaranteed for everyone" (Essential Health Services Packages, WHO, Tarimo, 1996).

The full list of Health Services is here intended to be all health services permitted by the Ministry of Health to be delivered at all levels of care. The full list of services includes treatment, specialist treatment, and medication, preventive and primary health care, irrespective of who provides them and of their source of financing.

The Prioritized Health Services are here intended to be a subset of the full list of Health Services, to be offered by providers contracted by the Social Health Insurance of Vietnam, but paid through different financial sources, including patients' copayments. Currently, the list of Prioritized Health Services is estimated to include 17,000 different types of procedures (following the Circular No 43 / TT-BYT-BTC)⁴. However, this list has no limit on the maximum and minimum cost or coverage levels and co-payments.

Health service package is defined as “totality of services, activities, and goods covered by publicly funded statutory/mandatory insurance schemes (social health insurance, SHI) or by National Health Services (NHS)” (EU Basket Project, Schreyögg, 2005).

The Basic Health Service Package is currently implementing in a number of countries, mainly in developing countries which have rudimentary health system and people's limited access to health services such as Afghanistan, Liberia, Iraq, Rwanda ... the BHSP is defined as: *“a minimum set of basic health services to serve all the needs of the people and ensure that all people have access to essential health services, especially the most disadvantaged groups such as children, women and older people living in areas of coverage of the primary health care facility”*(Ministry of Health of Iraq, *A basic health service package for Iraq, 2009*)

⁴ Circular No 43/2013/TT-BYT of the Ministry of Health dated 11/12/2013 detailed regulations on division of medical care by level for health care facilities.

According to the amended Health Insurance Law in Vietnam, the BHSP paid by health insurance fund as regulated by the amended Health Insurance Law in 2014 includes essential health services to care for people's health which are suitable to the liability of the health insurance fund⁵.

The Basic Health Service Package (BHSP)⁶ is a subset of the Prioritized Health Services and it is intended to be the list of healthcare services to be delivered to any and all Vietnamese enrolled in Social Health Insurance, free of charge to the patient (no copayment).

The World Health Organization defines Universal health coverage (UHC) as “ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship” (World Health Organization, Health Financing for Universal Coverage, 2013). In the context when Vietnam is implementing health insurance coverage with limited resources, the development and implementation of BHSP paid by health insurance is a key factor to achieve the goal of health coverage for the whole population.

⁵ Law No 46/2014/QH13 of the National Assembly dated 13/6/2014 on the amendment and supplementation of several Articles of the Law on Health Insurance.

⁶ The World Health Organization defines basic health service package (BHSP) as a minimum collection of essential health services that all the population need to have a guaranteed access for the purpose of ensuring comprehensive accessibility, equity and efficiency of each individual to essential services, especially the most disadvantaged groups such as children, women and elderly people living in the coverage areas of primary health care facility. Conversely, the absence of these basic health services will result in negative impact on the health status of the entire population.

IV. Scope of the roadmap

4.1. Content of the roadmap.

The roadmap is a legal document guiding the development process of BHSP paid by health insurance, identifying the involvement, coordination and cooperation mechanisms of stakeholders. The main content of the roadmap is to: Define goals, including general and specific objectives for each phase; analyze the situation and the challenges in developing the package, principles and solutions to achieve the identified goals, phases of the roadmap (timelines and objectives to be achieved), organization and roles of stakeholders.

4.2. Timelines of the roadmap

The BHSP reimbursed by health insurance fund will be developed and completed before 2018. Therefore, the implementation time frame of the roadmap is four years from 2014 to December 2017.

4.3. The Ministry of Health is the focal point to lead the implementation of the roadmap.

The Ministry of Health is the focal point to coordinate with stakeholders to specifically assign each party's roles and responsibilities in the process of developing and implementing the BHSP reimbursed by health insurance⁷.

4.4. The roadmap specifies stakeholders' roles and responsibilities.

Ministry of Health and other stakeholders will specify clear roles and responsibilities of each party's in the development and implementation of the roadmap basing on their own functions and tasks (Annex 2).

While performing the tasks and activities as elaborated in this roadmap, stakeholders will develop detailed work plans, decisions, terms of reference and

⁷ Law No 46/2014/QH13 of the National Assembly dated 13/6/2014 on the amendment and supplementation of several Articles of the Law on Health Insurance.

issue official document and regulations for implementation. The Ministry of Health's and stakeholders' responsibilities are to ensure that all document and regulations concerning the BHSP be appropriately, timely and fully promulgated and implemented as specified in this roadmap.

For stakeholders' roles and responsibilities clarification, it is necessary to form a standing Council for the deployment of BHSP reimbursed by health insurance. The Council will operate under the drafted terms of reference (Annex 3). The Council will lead activities in cooperation with stakeholders, government agencies, civil society organizations, international organizations and development partners to develop and update the BHSP reimbursed by health insurance. Consolidated activities and tasks will be included in the roadmap once formally adopted.

4.5. The BHSP reimbursed by Health insurance will need periodical updating and modification.

Once defined, the BHSP reimbursed by HI should be implemented and periodically updated. The Council will lead the periodical modification and updating of the BHSP at appropriate times.

V. Key principles

5.1. Key principles to develop a service package.

- a. Service package is adjusted periodically and systematically.
- b. Transparency and explicitly
- c. With the participation and consent of the concerned parties
- d. There is a clear institutional framework for implementing service package
- e. Analysis of the impact on the budget and health insurance fund
- f. Guarantee 3 goals: equity in the use health services, be protected against the financial health risk and quality of service

5.2. Principles to develop the BHSP reimbursed by health insurance in Vietnam.

The development of BHSP reimbursed by health insurance in Vietnam, besides the key principles as mentioned above, the following principles should also be guaranteed:

- a. The BHSP reimbursed by health insurance should be applied at all four levels of care (including commune, district, provincial and central levels).
- b. The package should be developed aiming at comprehensive health care to ensure the affordability of the health insurance fund.
- c. The package should be developed on the basis of reviewing health services that are currently reimbursed by health insurance fund or by state budget, optional health services that are relevant to the conditions of Vietnam in terms of health care needs, capacity to deliver health services as well as the liability of health insurance fund and cost-effective analysis in use of resources.
- d. During the process of BHSP development, inclusive and exclusive criteria for the selection of services in the package will be discussed and agreed by the Council with participation of stakeholders.

VI. Stages of the roadmap

The execution of the roadmap from November 2014 to December 2017 involves three stages, which are detailed below.

6.1. Stage 1

6.1.1. Objectives

1. Establishment of the National Steering Committee, the Steering Committee drafting local, permanent council building GDVYTCB, technical team and to clarify the role, the link between the Steering Committee, the Drafting Committee and the Council
2. Define TOR for the Council leading the BHSP reimbursed by health insurance
3. Situational analysis of the available health services that are currently

reimbursed by health insurance fund and state budget including statistics of the total services package, costing and utilization based on an actuarial analysis.

6.1.2. Timelines:

Stage 1 includes tasks to be conducted from November 2014 to April 2015:

6.1.3. Tasks:

1. Establishment of the National and Provincial Steering Committees, BHSP designing Board, Technical Team (activity a);
2. Defining TOR for the Council leading the BHSP reimbursed by health insurance (activity b).
3. Finalizing the BHSP roadmap (activity c)
4. Investigating all available health services (activity c)
5. Analyzing health services costs and utilization based on actuarial analysis

6.1.4. Specific activities

- a. Establishment of National and Provincial Steering Committees,** BHSP designing Board, Technical Team
- b. Defining the terms of reference (TOR) for the council leading the SHI basic health services package update.** The terms of reference for the council will note the scope, rationale, roles, responsibilities, communications plans, decision-making structure, and key milestones that the council will be responsible for leading. This shall be included as an annex of this roadmap document. The MOH has decided that HSPI will lead the development of the TOR by conducting research on how other countries have developed the roles and responsibilities of similar councils. This council should be comprised of leading technical expertise in different areas.
- c. Finalize the Roadmap leading to update the basic health service package paid by health insurance.** The design of the roadmap for the basic health services package paid by health insurance will include the background, rationale, key principles, scope, and stakeholder analysis, description of activities, timeline, scope and objectives of pilot testing

the BHSP reimbursed by health insurance. MoH in cooperation with stakeholders and support of HFG/USAID's international consultants shall be drafting the initial versions of the roadmap. After that, the national Council for BHSP development will review, supplement, finalize and submit to MoH's leaders for the official promulgation of the roadmap.

- d. **Complete the study protocol focused on identifying the total services available.** The study's purpose is to collect data related to the structure of provincial hospitals, specialized hospital departments at provincial level, district hospitals, community health stations and preventive health. The study will identify the departments and sub-departments available at each facility. The study will also collect data on the availability and frequency of services primarily categorized into about 28 major groupings based on the Circular No 43/2014 that further specify the types of services. This study will capture both preventive and curative services. This study shall be useful for identifying the most commonly utilized services and as basis to develop the health services package.
- e. **Prepare a data availability assessment protocol from the VSS database to inform the actuarial analysis of service cost and utilization.** The proper actuarial analyses shall be conducted as part of stage two, to estimate the financial liability of insurance programs based on historic patterns and assumptions on how those patterns are anticipated to change. However, to prepare for the actuarial analysis, this step will investigate (1) what data is needed; (2) what data is available for actuarial analysis; and (3) what primary data needs to be collected. HFG shall conduct this task in partnership with the council, the VSS, and any local research firms that may have experience in working with the comprehensive VSS claims data. Detailed actuarial analysis plan will be developed once the roadmap has been approved.

6.1.5. Key deliverables

- a. Decision on the formation of the BHSP Council

- b. TOR for the BHSP Council; Definitions of criteria used by the Council to weight and decide on options to be included in the BHSP paid by health insurance fund
- c. The approved Roadmap
- d. Health service availability study report
- e. Draft actuarial analysis on the available data for prioritized services and costs assessment

6.1.6. Timeline of stage one (November 2014 to April 2015)

		STAGE I					
		2014		2015			
No.	Task	Nov	Dec	Jan	Feb	Mar	Apr
1	Formation of the National Steering Committee of BHSP paid by HI.	■	■				
2	Defining the terms of reference (TOR) for the council leading the development of BHSP reimbursed by HI.		■	■			
3	Finalize the roadmap of BHSP reimbursed by HI		■	■	■	■	■
4	Design and conduct a study the total Health service availability.			■	■	■	■
5	Draft actuarial analysis on the available data for prioritized services and costs assessment						■

6.2. Stage II

6.2.1. Objectives

- a. Agreement on criteria to include health services in BHSPs
- b. Conduct actuarial analysis
- c. Propose for BHSP options
- d. Design the pilot model of BHSP paid by health insurance

6.2.2. Timelines

The second stage is comprised of the following tasks to be conducted from April 2015 to December 2016

6.2.3. Activities:

- a. Identifying goals and scope of the BHSP paid by health insurance, defined principles and criteria for selecting services to include in the package based on consensus of stakeholders.
- b. Establishing the BHSP Council
- c. Designing and implementing communication strategy.
- d. Conducting baseline surveys of health service delivery capacity and factors concerning the implementation of the service package in 6 provinces representing 6 socio-economic regions.
- e. Collecting and analyzing data and information in accordance with the identified criteria including health care needs, services delivery capacity, access to services, economic and political factors and cost effectiveness of drugs / technical services to be put in / remove from the list.
- f. Analyzing data from the Households Health Survey about health status and utilization to identify people's health care needs.
- g. Systematic reviewing of the safety, cost - effectiveness of services, drugs that are being considered to remove / add to the benefits of health insurance.
- h. Conducting assessment study on health technologies to provide cost effective evidence for medical interventions/drugs newly added to the BHSP paid by health insurance.
- i. Designing options paper of BHSP paid by health insurance.
- j. Organising consultation workshop on the proposed service package.
- k. Designing pilot model of BHSP paid by health insurance including specific

activities and support systems during the implementation

6.2.4. Specific activities:

- a. **Identify policy goals.** For explicit clarification of specific activities in stage II and III, policy goals and deliverables should be identified in details in the roadmap. Identification of policy goals will be done at the beginning of stage II.
- b. **Establish the BHSP Council.** Based on the approved terms of reference and specific criteria, members will be invited to participate in the BHSP Council at this stage. Members of BHSP Council will perform their roles and duties specified in the Council Terms of Reference.
- c. **Implement communications strategy for stage two.** This step shall focus on ensuring that transparency is prioritized throughout the roadmap. Externally to the Council, the communication strategy should set reasonable expectations for the public and other stakeholders for how the council shall proceed with the development of the BHSP. Ministry of Health will coordinate with development partners whose potential resources could assist with the execution of this communication strategy. Internally, the Ministry of Health should be clear on stakeholders' responsibilities for various tasks, the timeline of those tasks, and expectations on the quality and detail of every deliverable produced.
- d. **Conduct an actuarial analysis of SHI data based on VSS database.** Cost analysis shall be conducted to estimate the financial liability of SHI scheme based on historic data on disease patterns assumptions of change overtimes. MoH, in partnership with VSS, stakeholders and support from experienced international consultants shall be responsible to conduct this task of SHI claims data.
- e. **Identify options for prioritized services.** The Council will be responsible to review, evaluate all reports and identification of prioritized basic health services and advise MoH to decide on the final options of BHSP reimbursed by health insurance. Therefore, this may involve conducting a literature of existing political, economic factors and health needs that may influence the development of the BHSP paid by health insurance.

Furthermore, this task might require new research in order to supplement or remove certain health services in the package. Stakeholders and development partners may contribute resources and technical expertise during this series of analyses.

- f. **Produce BHSP design options paper and financing.** The research identified and produced during the evaluation and review period shall be consolidated in the form of a BHSP options paper. The options paper will consider several options for the composition and delivery system of the basic health service package paid by health insurance. The options will consider the political, economic factors and health needs that may provide opportunities or challenges for implementing each option in the future. The options paper shall also estimate the financial resources required to finance each option.
- g. **Draft pilot study protocol, implementation manual, as well as monitoring and evaluation (M&E) plan.** The pilot study protocol shall define the intervention that is to be piloted. It should address the questions: (1) what are the anticipated operational changes in the BHSP? (2) What are the key components that the pilot test shall focus on? (3) What is feasible to pilot? The pilot study implementation manual shall define all the operational changes that stakeholders are required to make in order to implement the redesigned BHSP. The M&E plan shall outline the indicators that shall be used for monitoring the pilot project and the objectives and scope of any in-depth evaluations associated with the pilot test. This pilot study protocol will serve as the basis for the impact assessment in phase three.
- h. **Select option to pilot test from options paper.** After considering the political, medical, and economic factors during the prioritization period and producing an options paper, the Council will be responsible for making a recommendation and obtaining a decision on the one option for the insurance basic health services package to implement in the form of a pilot test for feasibility and impact assessment.
- i. **Implement the pilot testing of BHSP in 12 months.** The pilot testing of BHSP will be implemented in 12 months' period in selected provinces in accordance with the pilot study protocol and implementation manual.

- j. **Revisit the possibility of covering prevention services within the HI basic service package.** At the mid-line of the pilot period, the council shall be responsible for considering the possibility of including prevention services as part of the services to be covered by the health insurance program. The consideration of prevention services was explicitly noted as a priority in the November 2014 MOH-HFG roadmap workshop and included in the minute of the workshop on strengthening grassroots health towards UHC organized in March 2015 in Hue. The BHSP reimbursed by health insurance including both curative and preventive services is considered as one of priorities in the implementation of basic health care services at district and commune levels. Further 6 months will be carried out in Stage 3, building up from findings after the six-month review.

6.2.5. Key deliverables:

- a. Agreed and consistent policy and goals
- b. Decision to form the BHSP Council
- c. Detailed communication strategy for implementation
- d. All analysis agreed by the Council
- e. BHSP options paper paid by health insurance
- f. Pilot study protocol
- g. Implementation manual
- h. Pilot implementation plan.
- i. M&E plan of the pilot
- j. Report on the results of pilot implementation

6.2.6. Timeline of stage two (April 2015 to December 2016)

		STAGE II																							
		2015												2016											
No	Task	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC				
7	Identify policy goals at the beginning of stage II	█	█																						
8	Establish the BHSP Council.	█	█																						
9	Implement communications strategy for stage two	█	█																						
10	Conduct an actuarial analysis based on VSS database	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█			
11	The council review, evaluate all analytical reports to identify prioritized services.	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█			
12	Produce BHSP design options paper and financing				█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█			

		STAGE II																							
		2015												2016											
No	Task	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC				
13	Draft pilot study protocol, implementation manual, as well as monitoring and evaluation (M&E) plan.																								
14	Select option to pilot test from options paper.																								
15	Implement the pilot test of BHSP in 12 months.																								
16	Revisit the possibility of covering prevention services within the HI basic service package																								

6.3. Stage III

6.3.1. Objectives:

- a. Impact Assessment of the implementation of the BHSP on the Health Insurance fund.
- b. Proposed for solutions to deploy the BHSP paid by health insurance.
- c. Develop a draft Circular on the implementation of BHSP paid by health insurance.

6.3.2. Timelines

Specifically, the third stage is comprised of the following tasks to be conducted from January 2017 to December 2017

6.3.3. Activities

- a. Continue to implement communication activities of BHSP paid by health insurance.
- b. Evaluate the implementation results of the pilot test after 12 months.
- c. Conduct an impact assessment of the option package on the health insurance fund on the basis of cost analysis and forecasting financial needs performing package.
- d. Develop financial plans including the sources and methods of payment for the basic health services.
- e. Propose for options to implement the package including conditions of implementation.
- f. Organize consultation workshop on implementation options including financial plans and payment methods.
- g. Develop a draft circular on GDVYTCB paid by health insurance

6.3.4. Specific activities

- a. **Implement communication strategy for stage three.** This step shall focus on ensuring that transparency is prioritized throughout the roadmap. Externally, the Council shall be responsible for maintaining an open line of communication from health service benefits all the way to the payment of healthcare providers. The general population shall also be updated regularly through mass media channels. The Council should also have a direct line of

communication and advocacy to policy-makers. Communicating the results of the pilot implementation shall feature largely in the communication strategy to be executed by the council. Lastly, the Council should maintain their internal lines of communications as specified in the TOR of the Council

- b. Conduct impact assessment from the results of the pilot project.** The impact assessment should focus on gathering the lessons learned from the pilot period. The methodological approach for the impact assessment should have been defined with the pilot study protocol.
- c. Develop an implementation manual for updated HI basic service package.** Based on the pilot implementation manual, the implementation manual shall define all the operational changes that stakeholders are required to make in order to implement the fully redesigned HI basic service package. This implementation manual shall incorporate lessons learned from the pilot testing in order to update the pilot study implementation manual.
- d. Draft circular for the HI basic service package.** The MOH shall draft the circular for the health insurance basic service package in coordination with the VSS and other stakeholders. The circular shall be drafted based on lessons learned from the impact assessment conducted after the pilot and achieve consensus of all stakeholders on the final draft Circular.
- e. Develop implementation strategy for scale up of benefits package beyond pilot provinces.** The implementation strategy for nationwide implementation shall incorporate the lessons learned from the pilot testing period to present an operational plan for implementing the updated HI basic service package beyond the pilot provinces.
- f. Release circular on updated HI basic service package.** The MOH shall officially issue the circular on the BHSP reimbursed by health insurance

6.3.5. Key deliverables:

- a. Execution plans and results of communications strategy.
- b. Impact assessment of pilot.
- c. Updated implementation manual incorporating lessons from the pilot.
- d. Draft circular; nationwide implementation strategy for the HI basic service package.
- e. Release of the Circular on HI basic service package.

6.3.6. Timeline for stage three (January 2017 to December 2017)

		STAGE III											
		2017											
No.	Task	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
17	Implement communication strategy for stage three.	■											
18	Conduct impact assessment from the results of the pilot project.	■	■	■	■								
19	Develop an implementation manual for the updated HI basic service package.				■	■	■	■	■				
20	Draft circular for the HI basic service package.							■	■	■	■	■	■
21	Develop implementation strategy for scale up of HI basic service package beyond pilot provinces.											■	■
22	Release circular on updated HI basic service package.												■

VII. Institutionalization

The Roadmap will be implemented through specific activities under the direction and supervision of the National Steering Committee and the operation, coordination of provincial Executive Boards. These Committee and Boards will be established at central and provincial levels. Specifically, as follows:

7.1 The National Steering Committee

The National Steering Committee (referred to as The Steering Committee) is established under decision of the Minister of Health with leading and coordinating functions on the development, studying and implementation of activities in an effort to issue a Circular on the feasible application of the BHSP to health care system in Vietnam.

Composition of the Steering Committee:

- 01 Vice Health Minister will be Head
- 01 Leader of VSS will be Deputy Head
- Members of the Steering Committee include representatives from DPF (MoH), DHI (MoH), MSA (MoH), Department of Health Insurance Policy Implementation (VSS), Department of Administration and Career Finance (MoF).

The Provider Payment Management Division, Department of Planning and Finance, MOH will be the focal point and the Steering Committee will be assisted by a Board for Roadmap drafting and implementation including representatives from research institutions and international consultants.

7.2 The Board for roadmap designing and implementation:

The Board of Roadmap drafting and implementation is established by decision of the Minister of Health to assist the Steering Committee for the development and implementation of planned activities of the Roadmap.

Composition of the Board:

- Representatives of the Department of Planning and Finance, MOH;
- Representatives of the Department of Health Insurance Policy Implementation (Vietnam Social Security);
- Representatives of the Department of Health Insurance, MoH;
- Representatives of the Medical Services Administration
- Representatives of Health Strategy and Policy Institute

The Provider Payment Management Division, Department of Planning and Finance, MOH will be the focal point to implement the roadmap.

Composition of the technical expertise group:

- Officers from MoH's functional departments
- HSPI staff
- Staff from Institutes and Universities (basing on specific tasks)
- Local and international consultants

7.3 Provincial Executive Board (or Executive Board)

The Executive Board will be established by decision of the Chairman of the provincial / city people's Committee with functions of operating and coordinating the implementation of the roadmap to ensure its progress and quality in the province.

Composition of the Executive Board includes:

- 01 leader of provincial health department will be head
- 01 leader of provincial social security will be vice head
- Members include representatives from provincial health department, finance department, social securities.

7.4 District and provincial supervision teams

The provincial and district Supervision Teams will be established by decision of the pilot provincial Executive Board with functions of monitoring, supervising

and reporting on the results of the roadmap so as to ensure progress and quality of the roadmap implementation in the province.

Composition of the supervision team:

Provincial level:

- 01 Representative from provincial DoH will be head
- 01 Representative from provincial social Security will be vice head
- Members will be from DoH, PSS and provincial stakeholders

District level:

- 01 representative of district hospital will be head
- 01 representative of district social security will be vice head
- Members are from district hospital, district social security and district health center

VIII. Budget to implement the roadmap

The Roadmap is implemented under the direction of the Ministry of Health's leaders, the Central Steering Committee and the BHSP Council.

Budget for the operation of the roadmap is funded from various sources; state budget and other legal funding.

Income and expenditure mechanism will comply with the current financial regulations and guideline.

ANNEXES

Annex 1. List of organizations and stakeholders participating in the BHSP roadmap workshop on 20 November 2014 in Hanoi

No	Organization
1.	The National Assembly's Committee for Social Affairs
2.	The Government Office
3.	Ministry of Health (DPF, DHI, MSA)
4.	Department of Administrative and Career Finance, MoF
5.	Department of Health Insurance Policy Implementation, VSS
6.	Health Strategy and Policy Institute
7.	Provincial Health Department and Social Security of Hanoi and Ha Nam
8.	Institute of Medical and Social Studies
9.	Vietnam Health Economics Association
10.	Research and Training Centre for Community Development
11.	United States Agency for International Development (USAID/HFG)
12.	Luxembourg Development (Lux Dev)
13.	The World Bank (WB)
14.	The World Health Organization (WHO)

Annex 2. Stakeholders' roles and responsibilities

The Ministry of Health and other stakeholders will decide on the establishment of the Steering Committee for BHSP development, and then the formation of BHSP Council with members being the Ministry of Health and other stakeholders. The Council will include representatives from relevant stakeholders as identified in the "Consulting workshop on the development of BHSP roadmap paid by health insurance" in November 2014. The Council will review and assign specific roles and responsibilities to each of the stakeholder, the involvement of development partners in the implementation processes as identified by the roadmap.

The Ministry of Health, other relevant agencies and development partners will participate in the detailed process of all activities of the BHSP that is divided into 3 stages. Expected roles and responsibilities of the Ministry of Health, other relevant agencies and development partners are briefly described in Table 2 below.

Table 2: Stakeholders analysis

Name of stakeholder	Potential roles in designing the BHSP	Specific areas of expertise	Available resources
Department of Planning and Finance and other department (Dept. of Health Insurance, Dept. of Health Services Management, other specific department...), MOH	Guiding the process of SHI, political analysis	Economic analysis, project management,	Staff, research
Ministry of Finance (MOF)	Assessing the budgetary feasibility of coverage options	Government budget, political process	Financial analysis, budget analysis, political influence
Vietnam Social Security (VSS)	Contributing data, feedback on parameters for piloting, input into administrative feasibility of SHI basic health services package	Health insurance administration, claims data structure, provider payment	Data, staff input
Health Strategy and Policy Institute (HSPI)	Conducting economic analysis, conducting political analysis, health outcome analysis, research	Health system, health economics	Staff, research, data, journal
Information, education, and communication center, MOH	Communications, publications, mass media	Communication, promotion, awareness-raising	Staff, communication resources

Table 3: Developmental organizations analysis

Name of stakeholder	Potential roles in designing the BHSP	Specific areas of expertise	Available resources
United States Agency for International Development (USAID)	Technical advice, funding consultants and other technical deliverables	Health system financing, donor assistance, HIV and AIDS financing	Funding, international technical expertise
Health Finance and Governance Project (HFG)	Technical advice, funding consultants and other technical deliverables	Health system financing, donor assistance, HIV and AIDS financing	Staff, funding, international technical expertise
Luxembourg Development Cooperation (Lux-Dev)	Funding consultants and other technical deliverables	Health system financing, donor assistance	Funding, international technical expertise
World Bank	Technical advice, funding consultants and other technical deliverables	Health system financing, donor assistance	Funding, international technical expertise
Vietnam Health Economics Association	Conducting economic analysis, conducting health outcome analysis, research	Health system, health economics	Staff, research, data
Institute of Medical and Social Studies, National University of Economy (ISMS)	Conducting economic analysis, conducting health outcome analysis, research	Health system, health economics, demographic research	Staff, research, data
World Health Organization	Technical advice, funding consultants and other technical deliverables	Health system financing, donor assistance	Funding, international technical expertise

Research and Training Center for Community Development (RTCCD)	Communications, community outreach, community-level research	Training, community development, communications	Staff, communication resources
Besides, other developmental organizations (including ADB, EU, and AP...)	are also invited to participate into the roadmap process	Health system financing, donor assistance	Funding, international technical expertise

Annex 3. Draft Terms of Reference for the Council to lead the development of basic health service package and technical sub-committees

1. Rationale for establishing BSHP council and technical sub-committees

Achieving universal health coverage for the entire population is a global target for nations to work for. This is being seen as the next millennium goals of the United Nations scheduled for completion by 2015. Vietnam is also striving to achieve this goal, especially with the implementation of the Universal health insurance policy.

In recent years, Vietnam has made significant achievements in people's health care and protection. However, besides these important achievements, the Vietnam health system still faces many difficulties and challenges in achieving targets of health care coverage for the entire population, including the challenge of sustainable health financing. Health spending is increasing. Capita health spending in Vietnam increased by 4.6 times in 10 years from 1998 to 2008. Along with the socio-economic development, people's health care needs are increasing at the same time with new medical technology development. Disease patterns have changed with the double disease burden of fast population aging

resulting in a faster increase in health care costs. Therefore, to achieve universal insurance health care coverage to control health care costs at a reasonable and affordable level for the majority of people is an urgent need. In the context of escalating health care costs and limited budgets, setting priorities for better allocation of resources plays an important role to optimize the use of available resources for health care. The Resolution No. 15-NQ-TW dated 01/6/2012 of the Central Communist Party has affirmed one of the social policies to be implemented by 2020 is to guarantee minimum health care, with referring to the target of 80 % of the population to be covered by health insurance by 2020.

The Resolution No. 68/2013 / QH13 dated 11/29/2013 of the National Assembly also specified requirements by before 2018 to complete the prescribed basic health services package paid by health insurance which is appropriate to premiums contribution and socio - economic conditions, implement measures to ensure the quality of medicines at suitable prices, overcome unreasonable disparity in drug prices between localities, expand family doctors model participating in insurance health care, improve regulations of referral in accordance with health status.

Recently, under the amended and supplemented health insurance law by the National Assembly on 07.01.2014 that comes into effect from 01 January 01 2015, the Ministry of Health is the agency responsible for the development and by 2018 promulgation of the basic health services package (BHSP) paid by health insurance. The BHSP paid by health insurance funds includes essential services to care for people's health and appropriate to reliability of HI fund. Therefore, the nature of the development process of the basic health services package is to decide on priorities so as to answer three basic questions: Which services will be included in the package? Who is covered? How much will be covered? Decisions should be based on evidence with principle of transparency (specific and clear criteria) and participation of stakeholders. Thus, one of the

key elements to develop BHSP is to establish a Council with clear and detailed terms of reference to ensure the achievement of objectives of developing the BHSP.

2. Roles and responsibilities of the Council for BHSP development in Vietnam

- Develop specific plans to develop the BHSP as agreed in the roadmap
- Direct and coordinate technical teams/sub-committees to implement planned activities of BSHP following the roadmap
- Issue guidelines on steps and processes to develop the BSHP (including specific criteria for selection of services and priorities: which services? Who is covered? How much will be covered?)
- Monitor and supervise the development process of BHSP
- Appraise services with medical technology assessment to assist the decision making process to include services into the package
- Establish working groups / technical sub-committees with the specific tasks for each group/sub-committees in the development of the package
- Develop communication and advocacy strategies

3. Composition and responsibilities of stakeholders to participate in to the development of BHSP

3.1 Council to develop SHI basic package in Vietnam will include:

- A chairman: A leader of MoH
- A deputy chairman: a leader of VSS
- Members of the Council
 - (i) Health policy makers
 - (ii) Health Professional
 - (iii) Civil Society Organisations

- (iv) Representative of service users
- (v) Representative of research institutes

Specific responsibilities of each member:

Member	Roles/responsibilities
1. Chairman of the council - MoH Leader	<ul style="list-style-type: none"> - Identify needs for consideration - Decide on the council's working agenda - Direct the council's planning process - Chair council meetings
2. Deputy chairman	<ul style="list-style-type: none"> - responsible for taking the place of the council chairman whenever possible and for external communication
3. A secretary/ coordinator	<ul style="list-style-type: none"> - Responsible to coordinate technical activities as required by the council in lines with timelines and resources - Cooperate with coordinating stakeholders to organize and manage the implementation of specific activities - Draft agenda for regular council meetings - Responsible for the content of information exchange within the council and between stakeholders - Record council's working materials - Monitor, take notes and report on the council's activities
4. Members of the Council	
4.1. Health policy makers	

<i>Ministry of Health</i>	
<ul style="list-style-type: none"> - Department of Planning and Finance 	<ul style="list-style-type: none"> - Guide on steps and procedures for BHSP development - Analyze legal documents concerning financial mechanisms and policies; health service prices... - Evaluate coverage options from State management perspective - Consult on activity and budget planning
<ul style="list-style-type: none"> - Department of Health Insurance 	<ul style="list-style-type: none"> - Guide on steps, procedures and policy analysis of health insurance - Consult on the development, modification and supplement the list of medicines, medical supplies catalog, list of technical medical services covered by health insurance
<ul style="list-style-type: none"> - Medical Services Administration 	<ul style="list-style-type: none"> - Develop treatment guidelines, policy analysis concerning health care and treatment - Consult on national standards, regulations on technical level division, professional protocols, and national technical standards on related issues under the authority of the department and submit to the jurisdictional agency to announce or release. - Develop the list of essential drugs used in health care and treatment facilities - Select experts and facilities throughout the

	country to involve into the development of the list of specific health services
- Department of Preventive Medicine	<ul style="list-style-type: none"> - Policy analysis on preventive health - Develop technical guidelines - Select experts and facilities throughout the country to involve into the development of preventive health service package
- Drug Administration of Vietnam	<ul style="list-style-type: none"> - Policy analysis on pharmacy - Consult the council on information related to pharmaceutical management - Consult on the development of the lists of medicines - Select experts and facilities throughout the country to involve into the development of drug lists
<i>Vietnam Social Security</i>	
- Division for Health policy implementation	<ul style="list-style-type: none"> - Consult the chairman of the council as well as provide with necessary data inputs to decide on the inclusion of services in the package - Analyze and project income and expenditure balancing, assess budgetary impact ...
<i>Ministry of Finance</i>	
- Department of Finance and Administration	<ul style="list-style-type: none"> - Consult on information of estimated budget, feasibility - Evaluate budget feasibility of BHSP coverage options

4.2. Health Professional	
<ul style="list-style-type: none"> - Representatives of health facilities at different levels - Representatives of professional associations (Medical, pharmaceutical associations) 	<ul style="list-style-type: none"> - Consult on information of disease burden, health priorities - Provide information on service utilization, clinical effectiveness of medical interventions
4.3. Civil Society organizations (represent service users)	<ul style="list-style-type: none"> - Propose for health priorities - Provide information on service users' health care needs
4.5. Representatives from research institutes	<ul style="list-style-type: none"> - Provide information/evidence on cost effectiveness, impact assessment of interventions. Evaluate quality of performance, scientific evidence of economic analysis, cost-effectiveness analysis and impact assessment to provide to the Council for reviewing.

3.2. Technical Assistance Team and sub-committees

3.2.1. Technical Assistance Team:

The technical assistance team will be responsible for supporting the BHSP Council with specific tasks as follows:

- Regular updating information for all members of the council via group email

- Organizing council meetings
- Preparing agenda and materials for council meetings. Recording working document of council
- Monitoring, taking notes and reporting on the council activities

The technical assistance team will comprise officers from:

- Provider payment mechanism Division, DPF
- Health Strategy and Policy Institute
- Vietnam Health Economic Association

3.2.2. Technical sub-committees

- Local and international consultants/experts will be responsible to develop specific service packages (drugs/technical services/MCH service package/ HIV/AIDS...)

Composition of each specific sub-committee includes:

- Health managers: concerning departments/administrations
- Health professionals
- Research institutes*
- International organizations

* Research institutes: To perform health technology assessment (HTA)

Including: HTA group in Vietnam

- Health Strategy and Policy Institute
- Hanoi Medical University
- Hanoi School of Public Health
- Vietnam Health Economic Association

3.2.3. Coordinating Unit (focal point):

Provider payment mechanism Division, Department of Planning and Finance, Ministry of Health

- The council and members of working groups, technical sub-committees will meet regularly every three months. The Chairman may also request for ad-hoc meetings whenever necessary.

Decision making mechanism: Voting

5. Information exchange mechanism

- a. Internal communication between members of the council
 - Regular meeting (quarterly)
 - Ad-hoc meeting (on request)
 - Create a group mailing list to update information for all member (secretary)

- b. External communication (between the council and stakeholders, partners)
 - Identification of stakeholders to exchange information
 - Policy making institutions (The central committee for propaganda and education, Central economic committee, Office of Government, NA Committee for Social Affairs, NA Budgetary Committee ...)
 - Ministry of Health
 - Vietnam Social Security
 - Mass media communication
 - Professional Associations
 - One member will be responsible for coordinating external communication activities (deputy chairman)
 - The content of external communication should be reviewed by members of the council prior to release (through council meetings or email)

6. Deliverables

- Detailed plan to implement the BHSP roadmap.
- Expected products following the BHSP roadmap

- Criteria to set up priorities
- Communication strategy
- List of services to be included in the package