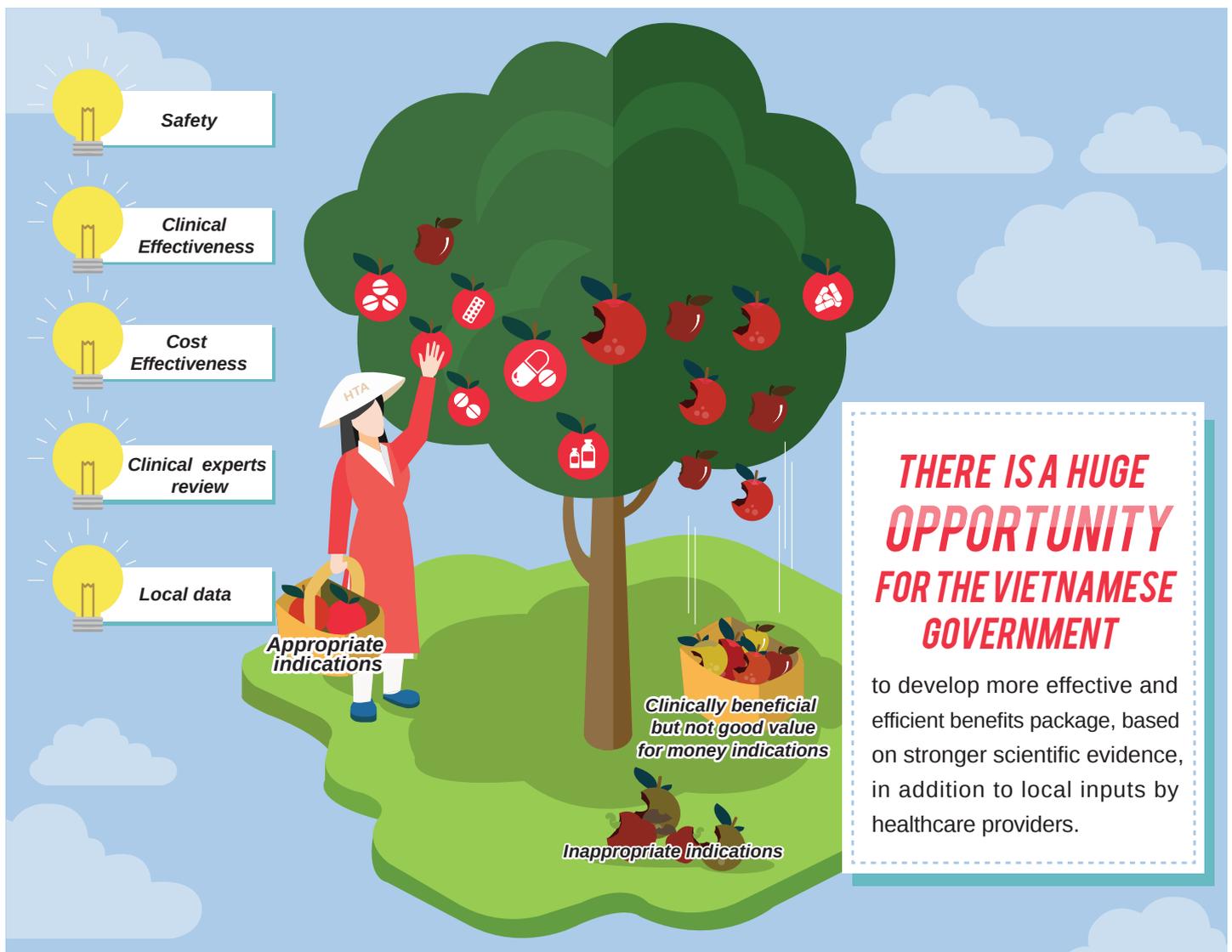


POLICY BRIEF

Reaching the low-hanging fruits of Vietnam's Health Benefit Package reform

Previously, the health benefits package in Vietnam listed medicines without specifying what indications they should be reimbursed for, leaving room for their overutilization, including potentially ineffective or harmful uses. This may also hamper the establishment of a financially sustainable universal health coverage programme. This study, led by a local policy research institution with support from International Decision Support Initiative (iDSI), aimed to inform the revision of the benefits package, and found that potential savings arising from rationalizing and specifying indications would be substantial, given the irrational use of medicines in Vietnam. This study generated evidence to inform decision-making for many interventions at once, and the method of reviewing existing systematic reviews and utilization data, and together with local experts' inputs can be employed in other contexts where time and resources are limited. This study led to the recent reform of the Benefits Package issued by the government in which medical specifications on some medicines and diagnostic techniques were made.



The need to revise Vietnam health benefits package

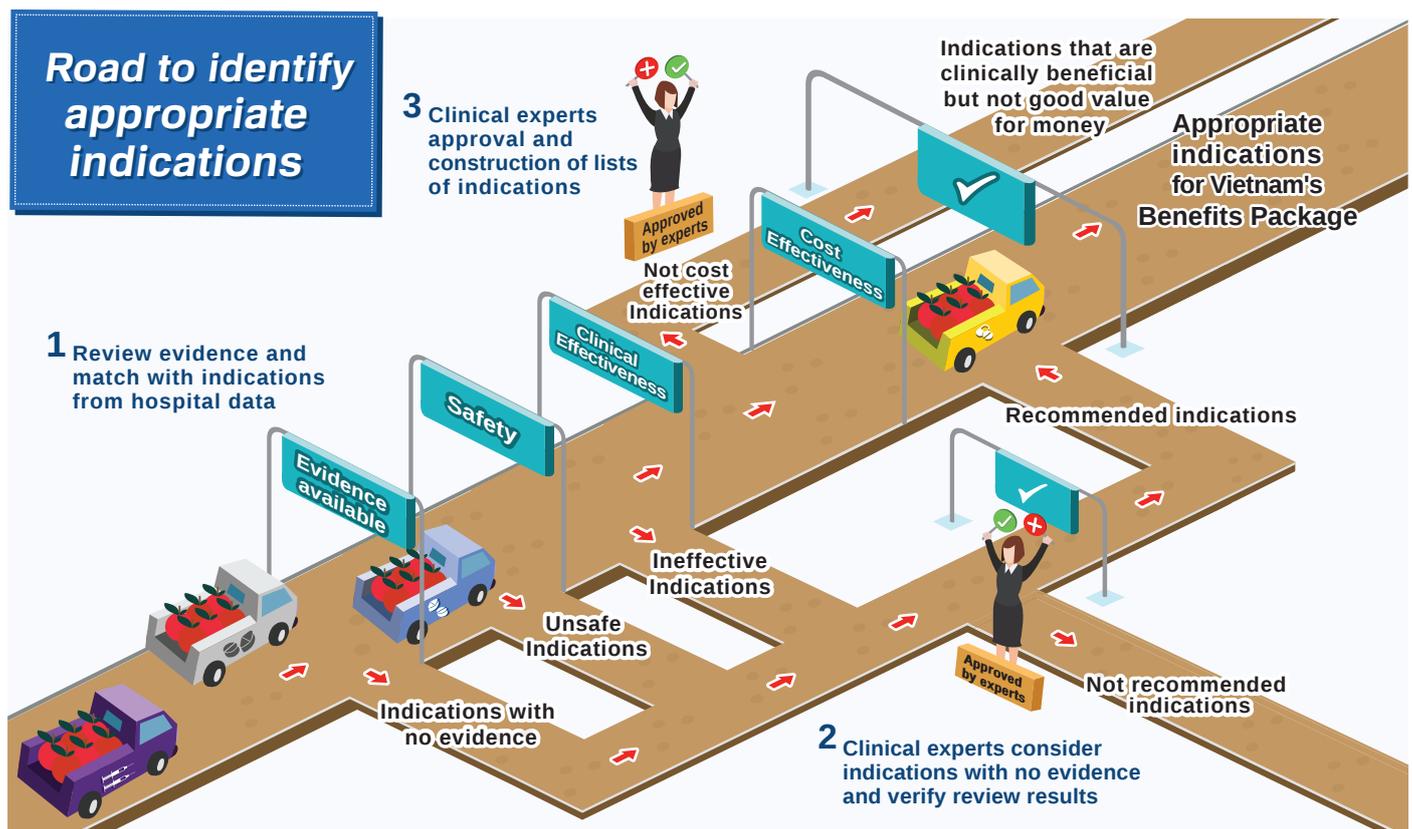
Having committed to universal health coverage, Vietnam passed a Health Insurance Law in 2008 which led to the implementation of the National Social Health Insurance (SHI) programme managed by the Vietnam Social Security (VSS). The benefits package under the SHI is generous with more than 17,000 medical services and 1,000 medicinal active ingredients listed with high flexibility on indications for which the interventions are reimbursed. When the 2014 revision of the Health Insurance Law was passed and enrolment to SHI became compulsory, there was a call for the Benefits Package to be revised. Evidence was needed to support the systematic development of the Benefits Package, either through excluding or limiting the use of some interventions.

This study was conducted to inform such revision, through comparing scientific evidence and clinical guidelines with real clinical practice as well as the input of experts, and to quantify potential savings, without compromising healthcare quality. Thirteen medicines which incurred the highest annual expenditure to VSS accounting for 26% of annual spending on medicines in 2015 were investigated. These were albumin, amino acids cilastain/imipenem, ciprofloxacin, erlotinib, esomeprazole, imatinib, meropenem, oxaliplatin, paclitaxel, rituximab, sorafenib, and zoledronic acid. The recommendations from this study have already started to shape the Benefits Package revision.

Triangulate international evidence with local inputs

Due to the need for information on many interventions at once, assessment of individual clinical and economic studies was not feasible. The review of systematic reviews on the safety of medicines, clinical efficacy/effectiveness, and cost-effectiveness (value for money) was therefore conducted: domestic and international clinical guidelines and published systematic reviews relating to each medicine were reviewed to identify indications with and without supporting evidence. Given that most of the evidence was conducted in other settings, Vietnamese clinical experts were consulted for additional indications for which the use of medicines could be recommended.

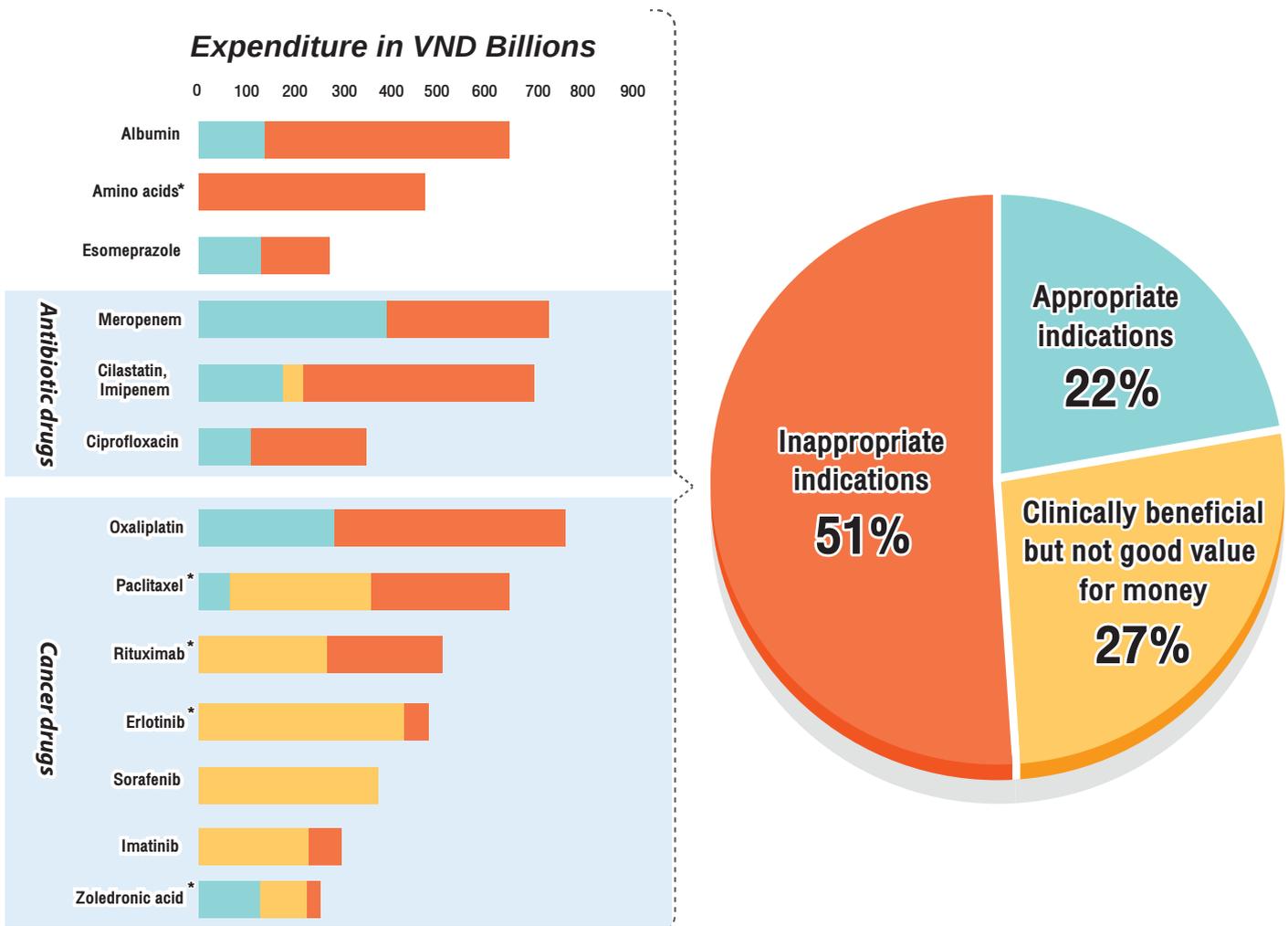
The result of the consultation was triangulated with the list of reviewed indications to derive the final set of indications for the most expensive medicines that was then recommended for revising the Benefits Package. The final set of indications derived was then compared with patient data taken from 14 hospitals in 6 provinces in Vietnam to approximate the proportion of patients with appropriate and inappropriate use of medicines, and the annual budget impact on VSS resulting from the use of medicines for appropriate and inappropriate indications.



Less than half of medicines reimbursed through health insurance in Vietnam is considered rational use

While 22% of expenditure on selected medicines reimbursed through VSS is considered to be for appropriate indications, more than half of the spending (51%) goes to medicines considered inappropriate for specified indications (see illustration below). Over a quarter (27%) of the expenditure had clinical benefits but provided poor value for money. Together the results suggest that a generous reimbursement policy is causing a significant drain on the VSS budget. By removing inappropriate indications, VSS would save 3,335 billion VND (147 million US\$) each year, and they would save an additional 1,738 billion VND (76 million US\$) if those with unproven value for money are eliminated. The study also found:

- The use of amino acids was inappropriate for all indications included in the study.
- Albumin, imipenem and ciprofloxacin were among medicines with high proportions of inappropriate use.
- Six in seven of cancer drugs i.e. erlotinib, imatinib, paclitaxel, rituximab, sorafenib and zoledronic acid were poor value money for most of the currently applied indications in the Vietnam context.



*Include indications that were found to be inappropriate or could not be verified as being appropriate.

Huge opportunity for Vietnam to achieve UHC

The review outlines the trend of medicine overutilization in Vietnam. This reveals that unnecessary amount of healthcare expenditure is spent each year on medicines, sometimes without adequate evidence on medicines' safety, effectiveness as well as value for money. There is a huge opportunity for the Vietnamese government to develop a more effective and efficient benefits package, based on stronger scientific evidence, in addition to local inputs by healthcare providers. This study emphasises the benefit of evidence generation which should be done routinely and reflects the need for essential mechanism for evidence generation as a part of the healthcare system in Vietnam.

Policy Recommendations

This study illustrates the importance of developing medicine reimbursement lists with specified clinical indications, and mechanisms to monitor and evaluate rational use of those medicines. It also provides many recommendations which require several actions from stakeholders in Vietnam. The most urgent one is to urge the MoH to issue a policy to specify appropriate medical indications as indicated by the review with support from VSS. The MoH should also ensure continuation of the evidence generation process and the update of the current package targeting interventions with large spending or potential harmful effects.

Acknowledgement

This Policy Brief is a part of the collaboration between the Health Strategy and Policy Institute of the Vietnamese Ministry of Health and the Health Intervention and Technology Assessment Program (HITAP). HITAP is funded by the Thailand Research Fund (TRF) under a grant for Senior Research Scholar (RTA5980011). HITAP's International Unit is supported by the International Decision Support Initiative (iDSI) to provide technical assistance on health intervention and technology assessment to governments in low- and middle-income countries. iDSI is funded by the Bill & Melinda Gates Foundation, the UK's Department for International Development, and the Rockefeller Foundation. The findings, interpretations, and conclusions expressed in this article do not necessarily reflect the views of the funding agencies.

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For more information on this study, please go to www.globalhitap.net/projects/idsi-vietnam/

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