

PROTECTING RIGHTS TO HEALTH OF VULNERABLE POPULATIONS IN VIETNAM THROUGH INCREASE ACCESS TO SOCIAL HEALTH INSURANCE

Center for Supporting Community Development Initiatives

Introduction

Social Health Insurance in Vietnam

Social Health Insurance in Vietnam was created in 1992 soon after the economy of Vietnam shifted from subsidized, centralized to market-based, as a tool for socialization of health care. Starting with formal employers and employees, over the years, SHI has evolved to cover the poor and vulnerable people targeted by social welfare programs, as well as to attract voluntary participants. In 2014, the Amended Social Health Insurance Law set the vision to make health insurance mandatory. In 2017, Resolution No. 20 approved by the 6th Meeting of the Community Party's XIIth Central Committee mandating Social Health Insurance as the financing mechanism to achieve Universal Health Coverage. Resolution 20 set the target of 95% health insurance coverage by 2025 and above 95% by 2030. This is an important and progressive policy, putting Vietnam in the right course to achieve SDG No.3, in particularly 3.8.1 on access to essential health services and 3.8.2 on protecting from financial hardship due to health care costs.

Populations vulnerable and marginalized relative to SHI

In Vietnam, as in any other country, there are populations more vulnerable to certain health problems, thus financial burden of health care costs. These include people living with HIV who need life-long treatment to prevent AIDS-induced opportunistic infections and deaths, people who use drugs and sex workers who are more likely to have tuberculosis and HIV, indigenous and mobile populations in border and forest areas who are more likely to get malaria, etc. As Vietnam became middle-income country in 2010, donor-funded programs, which since early 2000s, have been the main sources of services for HIV, TB and Malaria, are being phased out. SHI – as the main financial mechanism for health care in Vietnam – can potentially fill in some of the gaps left by donors, but only if SHI policy allows it, and these populations are enrolled in SHI.

At the same time, there are populations whose situations make it difficult for them to be enrolled in or to benefit from the current SHI policy. People who don't have a personal identification paper find it very challenging, and in some cases,

impossible to buy health insurance card, let alone using it. The migrants and mobile populations whose residential registrations are usually different from their actual living and dwelling find it difficult or impossible to buy health insurance card and more expensive to use services even if they have a card due to higher level of co-payment.

People who are affected by HIV, TB and malaria and don't have identification paper and/or being mobile/migrant are particularly vulnerable to morbidity and mortality due to these diseases.

Center for Supporting Community Development Initiatives (SCDI) is a non-governmental organization registered under Vietnam Union of Sciences and Technology Associations. SCDI work towards a society, which is inclusive, friendly, tolerant, non-judgmental, in which every individual has opportunities to utilize their potential, to participate in and contribute to all aspects of life. Our mission is to improve well-being and social inclusion of marginalized and vulnerable populations. Our current strategic plan (2016-2020) aims to contribute to realization of Sustainable Development Goals, through engaging with and addressing the needs of the most marginalized and vulnerable populations in Vietnam by creating enabling environment and appropriate service delivery models. We are currently working with people living with HIV, people who use drugs, sex workers, vulnerable children, gay men and other men who have sex with men, transgender people, indigenous and mobile populations in malaria endemic areas.



Annual meeting of Vietnam Platform for Supporting Vulnerable Community (VCSPA) hosted by SCDI - brings together representatives of around 400 community groups of vulnerable and marginalized communities from all over Vietnam

Universal Health Coverage (UHC) is one of the strategic priorities for SCDI, even before SDGs recognized as the global agenda. As SHI is the cornerstone for UHC in Vietnam, SCDI has been working on SHI since many years. Our work is made possible with financial and technical support from Australian government funding to CAI project with AFAO and APCASO, from Dutch Ministry of Foreign Affairs funding to Aids Fonds and International HIV/AIDS Alliance, and with very close

partnership and collaboration with various government agencies and community organizations and networks.

Partnership to “Leave-no-one-behind”

Ensuring access to HIV treatment as donors are phasing out

Since 2012, at the time the government prepared the proposal for the amendment of Social Health Insurance Law, the Center for Supporting Community Development Initiatives (SCDI) has been mobilizing vulnerable and marginalized communities to advocate for a more inclusive law and policy. The urgent needs for SHI to cover HIV services, which had previously been ruled out by the 2008 version of SHI Law, were clearly voiced by the community as well as HIV program implementers. SCDI organized and facilitated the participation of community in a series of dialogues with Proposal Writing Team and National Assembly Reviewing Committee to share their perspectives and raise their concerns. Community’s voice was listened. The 2014 Amended SHI Law opens doors for SHI to reimburse HIV diagnosis and treatment services.



Executive Director of SCDI (central) co-facilitated a workshop to discuss SHI policy relating to populations most affected by HIV, TB and Malaria

However, due various barriers, including financial hardship, stigma and discrimination, administrative challenges, SHI enrollment rate among people living with HIV is much lower than in the general population. For example, in 2013, a report from Ministry of Labor, Invalids and Social Affairs found that only 32.7% people living with HIV in Hung Yen province have a health insurance card¹ while in the general population of the same province in the same year, SHI coverage was 60.7%². This situation requires special measures to ensure that all PLHIV have access to SHI so that they have stable access to HIV treatment.

¹ <http://www.molisa.gov.vn/vi/Pages/chitiettin.aspx?IDNews=18955>. Dated 25 July 2013. Accessed 9 July 2018.

² People’s Committee of Hung Yen. Directive No. 64/CT-UBND. 23 June 2014.

Vietnam Administration of AIDS Control, Department of Health Insurance at Ministry of Health, Department of Health Insurance Policy Implementation at Vietnam Social Security, international partners such as UNAIDS, USAID-funded project Health Financing and Governance (HFG), Global Fund-supported VUSTA Project, and SCDI worked alongside communities most affected by HIV to come up with policy and implementation measures. Since 2014, right after the amendment of SHI Law, SCDI produced booklet³ and organized training to raise awareness and provide information to the community about the importance of SHI and ways to be enrolled. So far, more than 20,000 copies of booklets with timely updated version have been disseminated, electronic version and infographic summary of the policy have been made available through website and social media, community-based training packages hundreds of trainings have been organized by community trainers trained by SCDI. Many other trainings and workshops organized by VUSTA Global Fund and HFG projects.



Flashcards and manuals produced by SCDI used for community training on SHI.

Prime Minister's Decision 2188 in November 2016 is a breakthrough in removing financial burden of paying for health insurance card for PLHIV. The Decision, which orders local government to use various locally available resources to pay for SHI premium of PLHIV so that 100% of PLHIV have a card, is a strong boost to increase SHI coverage among this special population. According to Vietnam Social Security, 69% of PLHIV who were on anti-retroviral treatment by the end of 2017 had a SHI card. This number continued to increase to 83.3% by June 2018. Nevertheless, only 5 out of 63 provinces have met the target of having 100% PLHIV covered by SHI, and the coverage among PLHIV is still lower than the 87.6% by June 2018 among general population.

Removing barrier to access health services for people on the move

SCDI and communities have been persistently advocating for access to health services using SHI for people who access services, live, study and work in a place

³ SCDI. Q&A Booklet on SHI. 2014. Available at <http://scdi.org.vn/suc-khoe/so-tay-hoi-dap-ve-bao-hiem-y-te.html>.

different from the address in their permanent residential registration. A study by World Bank and National Academy of Social Sciences published in 2017 found that in 5 studied provinces and cities, there were about 5.6 million people who don't have permanent residential registration at where they live⁴.

Until 2015, people can only buy SHI card and use it at the place where they have permanent resident registration. This prevents access to SHI of PLHIV and other people such as lesbian, gay and transgender people who access HIV services in a facility far from where they live, or migrate to avoid stigma, or others who leave their permanent address to study or to work; as well as people whose nature of work require them being mobile such as forest-goers and farm workers.

The SHI Law 2014 allows cardholders to use services at a facility of the same level of care in their province of residence from beginning of 2016, and more flexibilities afterward, and even more for indigenous populations living in disadvantaged areas.

For PLHIV, Circular 15/2015 of Ministry of Health allows cardholders to maintain in the facility where they currently receive treatment or register at any facility that provide HIV treatment in their province of residence.

Accessing SHI for people who don't have personal identification paper

Not having a personal identification paper is possibly the most profound factor to push a person to the margin of the society in Vietnam where an ID paper is usually the first requirement to access education, social service, employment or any other formal economic activity. ID paper is also a requirement for people to enroll, and especially to use SHI card for services.

There is no official statistic about number of people who have no ID paper in Vietnam but UNICEF in 2014 reported that 5% of children in Vietnam had no birth certificate, which is the ID paper for children and the requirement to make an ID card for adult. Ho Chi Minh city



Training for homeless young people on SHI in Ho Chi Minh city

⁴ World Bank and Vietnam Academy of Social Sciences. Vietnam's Household Registration System. 2017. Available at <https://openknowledge.worldbank.org/handle/10986/24594>

AIDS Center reported in 2017 that 4% of the HIV patients registered with them don't have any ID paper. Transgender people who have changed their appearance but as their ID paper has not been changed due to lack of legislation on recognition of new gender also face challenge in using their SHI card.

It is naturally logical that people who are already living in the margin of the society – people who use drugs, sex workers, transgender people, forest-goers and other mobile populations, street children and homeless people, some of them are living with HIV... are more likely to lack of ID paper.

SCDI, together with communities of these populations, are working with relevant government agencies such as Health Insurance Department, Vietnam Social Security, and relevant departments of Ministry of Public Security to find relevant solutions so that they can benefit from the government SHI policy, not left behind in access to health services, and not become even more vulnerable because of financial burden due to health care.

In Summary

Partnership between the policy makers, the government agencies, international partners, civil society organizations and communities in Vietnam has brought about impressive results towards Universal Health Coverage with SHI as the financing mechanism. Over 83% SHI coverage among PLHIV by mid-2018 is desirable to many lower middle-income countries, where donors are withdrawing.

Many policy and programmatic solutions have been found and implemented while some challenges are remained to be tackled. However, it is hopeful that in spirit and with power of partnership, more solutions will be found in the near future, so that the target of 100% SHI coverage for PLHIV, the 95% coverage of SHI for population of Vietnam by 2025 will be fulfilled, rights of health of all individuals will be protected and promoted, and nobody is left behind in Universal Health Coverage and Sustainable Development Goals.