



# Vietnam

## Cardiovascular Diseases

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## **Cardiovascular Diseases**

**MedCOI**

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# Acknowledgements

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The report has been reviewed by International SOS and EUAA.





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## Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person, or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

Neither the EUAA, nor any person acting on its behalf, may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised on 31 May 2024. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.





## Glossary and Abbreviations

Term	Definition
<b>CVD</b>	Cardiovascular Disease
<b>CK-MB</b>	Creatine Kinase MB isoenzyme
<b>CABG</b>	Coronary Artery Bypass Grafting
<b>ECG</b>	Electrocardiogram
<b>GP</b>	General Practitioner
<b>Heroic Mothers of Vietnam</b>	An honorary title which was granted to women “who had lost more than two children, their only child, their husband and two children or their own life and the ones of two children” in the battle for the reunification of the country. <sup>1</sup>
<b>ICD</b>	Implantable Cardioverter Defibrillator
<b>INR</b>	International Normalised Ratio
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organisation
<b>NHI</b>	National Health Insurance
<b>PCI</b>	Percutaneous Coronary Intervention
<b>PTCA</b>	Percutaneous Transluminal Coronary Angioplasty
<b>TTE</b>	Transeophageal Echocardiogram
<b>UHC</b>	Universal Health Coverage
<b>VND</b>	Vietnamese Dong
<b>WHO</b>	World Health Organization

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<sup>1</sup> Bảo tàng Phụ nữ Việt Nam, Heroic Mothers of Vietnam, n.d, [url](#)





# Introduction

## Methodology

The purpose of the report is to provide information on access to treatment for cardiovascular diseases (CVDs) in Vietnam. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

## Terms of reference

The terms of reference for this Medical Country of Origin Information Report were developed by EUAA.

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period finished on 10 October 2023, peer review occurred between 11 – 26 October 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 31 May 2024. The report was internally reviewed subsequently.

## Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Vietnam.

## Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),<sup>2</sup> the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)<sup>3</sup> and the EUAA Writing Guide (2022).<sup>4</sup> Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

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<sup>2</sup> EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

<sup>3</sup> EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

<sup>4</sup> EUAA, The EUAA Writing Guide, April 2022, [url](#)







## Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental and academic publications, reports by non-governmental and international organisations, as well as Vietnamese media. All sources that are used in this report are outlined in Annex 1. Bibliography.

In addition to publicly available sources of information, one oral source was contacted for this report. The oral source is a NHI staff in a public hospital of Ho Chi Minh City, known by the contractor and selected for reliability. The oral source is described in Annex 1. Bibliography. Key informant interviews were carried out in November 2023.





# 1. Prevalence and incidence

According to Nguyen et al., CVD is the most common cause of death in the country. Within CVD, the leading cause of death and disability is stroke and ischaemic heart disease.<sup>5</sup> Data from Bach Mai Hospital, the largest public hospital in Hanoi, shows that 15 % to 17 % of the patients admitted due to CVD are under 40.<sup>6</sup>

According to the Global Burden of Disease, hypertension is the risk factor leading to the most deaths and disabilities in Vietnam, with the prevalence increased by 21.3 % from 2009 to 2019.<sup>7</sup> However, only 13.6 % of hypertensive patients were managed at a health facility.<sup>8</sup> A 2019 study shows that “the pooled prevalence of measured hypertension in Vietnam was 21.1 %” in adults, but the pool prevalence of hypertension awareness was only 9.3 %, and the treatment prevalence was poorer with 4.7 %.<sup>9</sup> This result is compatible with Hung et al. who report that only about one in three hypertension patients adhere to treatment.<sup>10</sup>

There are many measures to detect early hypertension, but data shows that around 50 % of people are not aware of their hypertension. As noted above, adherence to treatment is low. Some people forget to take medicine, quit taking it and continue to lead an unhealthy lifestyle (salty eating habits, lack of exercise, overweight, drinking, smoking, etc.) and this also contributes to ineffectiveness in treating hypertension in Vietnam.<sup>11</sup>

The Vietnam Cardiology Association estimates that 1 in 3 adults are at risk of CVD and that more than 100 000 deaths are caused by coronary disease.<sup>12</sup> A representative of the Cardiology Hospital in Ha Noi estimates that there are around 1.6 million cases of heart failure in Vietnam.<sup>13</sup>

<sup>5</sup> Nguyen, T.T. and Trevisan, M., Vietnam a country in transition: health challenges, 2020, [url](#), pp. 60-61

<sup>6</sup> VN Express International, More young patients hospitalised with cardiovascular diseases, 24 April 2023, [url](#)

<sup>7</sup> Nguyen, R. T., et al., Social Determinants of Health, Cardiovascular Risk Factors, and Atherosclerotic Cardiovascular Disease in Individuals of Vietnamese Origin, February 2023, [url](#), p. 14

<sup>8</sup> WHO, Cardiovascular diseases (CVD), Cardiovascular diseases (CVD) in Viet Nam, 2023, [url](#)

<sup>9</sup> Meiqari, L., et al., Prevalence of Hypertension in Vietnam: A Systematic Review and Meta-Analysis, January 2019, [url](#), p. 101

<sup>10</sup> Hung, P. M., et., Adherence to hypertension and dyslipidemia treatment and its implication on control of cardiovascular disease in Vietnam: A semi-systematic review, December 2022, [url](#), p. 4

<sup>11</sup> Ho Chi Minh City Party, Khoảng 50% người bệnh không biết mình bị tăng huyết áp [About 50% of patients do not know they have high blood pressure], 16 May 2023, [url](#)

<sup>12</sup> Tam Anh General Hospital, Những tiến Bộ Chẩn Đoán, Điều Trị Bệnh Mạch Vành Và Các Bệnh Tim Mạch [Advances in Diagnosis and Treatment of Coronary Artery Disease and Cardiovascular Diseases], 25 March 2021, [url](#)

<sup>13</sup> VnExpress, Khoảng 1,6 triệu người Việt bị suy tim [About 1.6 million Vietnamese people have heart failure], 15 September 2022, [url](#)



## 2. Access to treatment

This chapter provides information on patient pathways for patients with cardiovascular diseases as well as information on available economic coverage and support for patients.

The Vietnam Health Programme (2018 to 2030) seeks to improve the well-being of the population. One of the goals is to foster the early detection and management of several non-communicable diseases and community-based healthcare provisions.<sup>14</sup>

Although there are some initiatives, such as “The 1<sup>st</sup> Day Project” on hypertension and diabetes treatment with the MOH and “Communities for Healthy Heart Programme,” by the Ho Chi Minh City Health Department and some international global health organisation programmes to improve the awareness of these diseases, the burden of such diseases is still high. One of the reasons suggested is the lack of coordination and awareness amongst the user groups.<sup>15</sup>

### 2.1. Patient pathways to treatment

#### 2.1.1. Hypertension

Some people have at-home blood pressure monitors, which indicate if and when a visit to the health facility is required.<sup>16</sup> Diagnoses may also be made through general health checks,<sup>17</sup> or screening programmes, which might be sponsored by a health organisation or subsidised by the government.<sup>18</sup> After high blood pressure is detected, people visit a commune health station to get their hypertension treated by a general practitioner (GP) or the health facility where they are registered for medical insurance.<sup>19</sup>

Since people can see a specialist without referral from a GP, it is increasingly common to directly attend the specialist at a hospital or major clinic.<sup>20</sup> This applies more to high- and middle-income group than to low-income groups. In Vietnam, there is great disparity in the equipment as well as skills and knowledge of doctors between urban and rural areas, leading

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<sup>14</sup> Vietnam, MOH, National health programme to improve Vietnamese well-being and stature, 7 September 2018, [url](#)

<sup>15</sup> Hung, P. M., et., Adherence to hypertension and dyslipidemia treatment and its implication on control of cardiovascular disease in Vietnam: A semi-systematic review, December 2022, [url](#), p. 5

<sup>16</sup> Nguoi Lao Dong Newspaper, Cách tự đo huyết áp tại nhà chuẩn hơn cả ở phòng khám [Self-measurement of blood pressure at home is more accurate than at the clinic], 10 May 2023, [url](#); Báo Pháp luật Việt Nam [Vietnam Law Newspaper], Sử dụng thiết bị y tế tại nhà - đừng quá lạm dụng [Using medical equipment at home - don't overdo it], 20 November 2017, [url](#)

<sup>17</sup> Tuoitre Online, Chương trình tư vấn: Lối sống hiện tại và tình trạng trẻ hóa bệnh lý tăng huyết áp [Consulting programme: Current lifestyle and rejuvenation of hypertension], 8 August 2022, [url](#)

<sup>18</sup> Vietnam, Government Portal, Hà Nội Capital, Hướng ứng Ngày thế giới phòng chống tăng huyết áp [Responding to World Hypertension Day], 26 May 2023, [url](#)

<sup>19</sup> Vietnam, MOH, Số: 2919/QĐ-BYT, Về Việc Ban Hành "Tài Liệu Chuyên Môn Hướng Dẫn Khám, Chữa Bệnh Tại Trạm Y Tế Xã, Phường [No.: 2919/QĐ-BYT, Regarding the Promulgation of "Professional Documents Guidance on Medical Examination and Treatment at Commune and Ward Health Stations], 6 August 2014, [url](#)

<sup>20</sup> Hoa, N.T., et al., Primary care quality in Vietnam: Perceptions and opinions of primary care physicians in commune health centers – a mixed-methods study, October 2020, [url](#), p. 3



to a loss of trust in the healthcare in rural or remote areas. This is the reason why overload usually occurs in major hospitals in contrast with desertion in rural or remote health facilities.<sup>21</sup> The Vietnamese MOH is proposing and implementing many solutions to gradually solve this shortcoming.<sup>22</sup>

In poor urban areas, in rural areas and in remote areas where people lack information, the Vietnam healthcare system implements the National Hypertension Programme through commune health stations and village health workers. The programme focuses on population-wide screening for the early detection of hypertension in individuals aged 40 years and older and aims to link them to GPs or specialists, and to increase awareness about hypertension.<sup>23</sup>

According to Decision No.3756/ QĐ- BYT, the category of non-communicable diseases, which includes hypertension, is prevented and treated in the grassroots health line.<sup>24</sup> The grassroots health line includes: commune health facilities (ward and township health station, medical stations of agencies, units and organisations) and health facilities and hospital at district level, town and city levels under provinces and cities (clinics of family doctor, general and specialised clinics). Hospitals Grade I and Grade II do not belong in this line.<sup>25</sup>

## 2.1.2. Myocardial infarction

Myocardial infarction presents with intensive symptoms, with chest pain and dyspnoea along with other symptoms.<sup>26</sup> According to the Decision No.3756/QĐ-BYT, 2018, and the Circular No.43/2013/TT-BYT from the MOH, myocardial infarction is not on the list of treatment approved in the grassroots health line.<sup>27</sup> Therefore, people suspected of myocardial infarction

<sup>21</sup> Quân đội nhân dân [People's Army Newspaper], Tháo gỡ khó khăn cho tuyến y tế cơ sở - Bài 1: Tuyến trên quá tải, tuyến dưới "bỏ không" [Resolving difficulties for the grassroots health care level - Lesson 1: The upper level is overloaded, the lower level is "idle"], 22 August 2023, [url](#)

<sup>22</sup> Báo Đầu tư Online [Investment Electronic Newspaper], 2 nhóm giải pháp giảm quá tải bệnh viện [2 groups of solutions to reduce hospital overcrowding], 15 March 2016, [url](#); Vietnam, MOH, the Department of Preventive Medicine, Hội thảo đối thoại chính sách về dự phòng, điều trị và quản lý các bệnh tim mạch tại tuyến y tế cơ sở [Policy dialogue workshop on prevention, treatment and management of cardiovascular diseases at the grassroots health level], 23 November 2018, [url](#)

<sup>23</sup> Meiqari, L., et al., Access to hypertension care and services in primary health-care settings in Vietnam: a systematic narrative review of existing literature, May 2019, [url](#), p. 1

<sup>24</sup> Vietnam, MOH, Số: 3756/QĐ-BYT, Về Việc Ban Hành Hướng Dẫn Hoạt Động Dự Phòng, Phát Hiện Sớm, Chẩn Đoán, Điều Trị Và Quản Lý Một Số Bệnh Không Lây Nhiễm Phổ Biến Cho Tuyến Y Tế Cơ Sở [No.: 3756/QĐ-BYT, On Promulgating Guidelines for Prevention, Early Detection, Diagnosis, Treatment and Management of Some Common Non-Infectious Diseases for Grassroots Healthcare], 21 June 2018, [url](#); Vietnam, MOH, Số : 39/2017/TT-BYT, Quy Định Gói Dịch Vụ Y Tế Cơ Bản Cho Tuyến Y Tế Cơ Sở [No.: 39/2017/TT-BYT, Regulations on Basic Health Service Packages for Grassroots Healthcare] 18 October 2017, [url](#)

<sup>25</sup> Vietnam, MOH, Số : 3756/QĐ-BYT, Về Việc Ban Hành Hướng Dẫn Hoạt Động Dự Phòng, Phát Hiện Sớm, Chẩn Đoán, Điều Trị Và Quản Lý Một Số Bệnh Không Lây Nhiễm Phổ Biến Cho Tuyến Y Tế Cơ Sở [No.: 3756/QĐ-BYT, On Promulgating Guidelines for Prevention, Early Detection, Diagnosis, Treatment and Management of Some Common Non-Infectious Diseases for Grassroots Healthcare], 21 June 2018, [url](#)

<sup>26</sup> Phòng khám Bệnh viện Đại Học Y Dược 1 [University of Medicine and Pharmacy Hospital Clinic 1], Nhồi máu cơ tim cấp: Nguyên nhân, dấu hiệu, cách điều trị [Acute Myocardial Infarction: Causes, Signs, Treatment], 6 May 2023, [url](#)

<sup>27</sup> Vietnam, MOH, Số: 39/2018/TT-BYT, Quy định thống nhất giá dịch vụ khám bệnh, chữa bệnh bảo hiểm y tế giữa các bệnh viện cùng hạng trên toàn quốc và hướng dẫn áp dụng giá, thanh toán chi phí khám bệnh, chữa bệnh trong một số trường hợp [Circular No: 39/2018/TT-BYT, Regulates uniform prices of medical examination and treatment services covered by health insurance among hospitals of the same class nationwide and guides the application of prices and payment of medical examination and treatment costs in some cases], 30 November 2018,





who attend grassroots health facilities receive initial emergency treatment and are then transferred to a higher-level hospital with sufficient facilities and approval to treat myocardial infarction.<sup>28</sup>

According to International SOS, people with suspected coronary disease who need to be diagnosed by coronary angiogram, must be referred to health facilities authorised to perform this procedure for diagnosis and treatment. Currently, some district hospitals, which are categorised as grassroots health line facilities, possess the necessary equipment, thereby helping to reduce the overload in big hospitals as well as providing timely diagnosis and treatment for patients.<sup>29</sup>

### 2.1.3. Heart failure and heart rhythm disorder

The majority of heart failure or heart rhythm disorder patients have special signs and symptoms. Lower-level health facilities are not approved to treat these diseases so when a new case is diagnosed, or suspected, a patient is referred to a higher-level hospital where treatment is available.<sup>30</sup>

## 2.2. Insurance and national programmes

Vietnam has not yet implemented universal health coverage (UHC), but this continues to be the goal. In the opinion of one health specialist, access to healthcare in Vietnam has several shortcomings. In particular, the lack of health professionals who can provide basic primary healthcare services at commune health stations leads to the overloading of the central and provincial hospitals. This is because patients bypass local clinics and go directly to the higher-level hospitals, and because many medical schools are still focusing on teaching students specialised care over primary care. There are some positive trends, however. “Young Volunteer Physician” initiative aims at bringing at least 300 well-trained physicians to health facilities in the 62 poorest districts, so that the quality and quantity of primary healthcare workforce can be enhanced. The “Health Professionals Education and Training for Health System Reforms” project managed by the MOH, supported by the World Bank and the European Union, as well as “family medicine training programmes” for healthcare teams at the

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url; Vietnam, MOH, Số: 3756/QĐ-BYT, Về Việc Ban Hành Hướng Dẫn Hoạt Động Dự Phòng, Phát Hiện Sớm, Chẩn Đoán, Điều Trị Và Quản Lý Một Số Bệnh Không Lây Nhiễm Phổ Biến Cho Tuyến Y Tế Cơ Sở [No.: 3756/QĐ-BYT, On Promulgating Guidelines for Prevention, Early Detection, Diagnosis, Treatment and Management of Some Common Non-Infectious Diseases for Grassroots Healthcare], 21 June 2018, [url](#)

<sup>28</sup> Vietnam, MOH, Số: 39/2018/TT-BYT, Quy định thống nhất giá dịch vụ khám bệnh, chữa bệnh bảo hiểm y tế giữa các bệnh viện cùng hạng trên toàn quốc và hướng dẫn áp dụng giá, thanh toán chi phí khám bệnh, chữa bệnh trong một số trường hợp [Circular No: 39/2018/TT-BYT, Regulates uniform prices of medical examination and treatment services covered by health insurance among hospitals of the same class nationwide and guides the application of prices and payment of medical examination and treatment costs in some cases], 30 November 2018, [url](#)

<sup>29</sup> Vietnam, City Department of Health, Ho Chi Minh, Đơn vị Can thiệp tim mạch của một bệnh viện tuyến huyện bắt đầu hành trình mới [The Cardiovascular Intervention Unit of a district hospital begins a new journey], 28 August 2022, [url](#)

<sup>30</sup> Trạm Y tế Xã Tân Thới Nhì [Tan Thoi Nhi Commune Medical Station], Chức năng, nhiệm vụ của Trạm y tế xã. [Functions and tasks of Commune Health Station], 8 August 2018, [url](#)





local level also promise high efficiency and uniformity for local health facilities for the screening, treating, and managing, as well as detecting and timely referring of CVD patients.<sup>31</sup>

Finance is a considerable factor for CVD patients. The Vietnamese National Health Insurance (NHI) fund pays for the treatment costs for all CVDs, according to the price framework set by the MOH and the Ministry of Finance in the No.22/2023.<sup>32</sup> Therefore, low-income people who have government health insurance can access medication and medical services with appropriate care. Regulations on participation in compulsory health insurance ensure that people have access to healthcare and health benefits and avoid financial hardships. In Vietnam, government medical insurance is a part of social insurance. Vietnamese law requires employers to pay social insurance premiums for employees. However, around 68.5 % of Vietnamese workers are involved in informal employment,<sup>33</sup> and are required to enrol in voluntary health insurance. According to the Vietnam Social Security, in the first six months of 2022, over 86.8 million people participated in health insurance, reaching the coverage rate of 88.99 % of the population.<sup>34</sup>

There are also many community activities aimed at raising awareness about CVD. For instance, the first and second Walk for Healthy Heart programmes in 2020 and 2023 attracted a large number of people.<sup>35</sup>

## 2.3. Non-governmental organisations (NGOs)

The Programme for Appropriate Technology in Health (PATH) organisation in collaboration with the Ho Chi Minh City provincial health department implemented the “Communities for Healthy Hearts Programme” in Ho Chi Minh City, which showed encouraging results. This programme is a promising model “to strengthen Ho Chi Minh City’s health system and extend coverage of community-based approach to improve prevention and control of hypertension”.<sup>36</sup>

PATH and Novartis Foundation, in collaboration with the General Department of Preventive Medicine, under the MOH, in 2018 held a multisector policy dialogue to review the

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<sup>31</sup> World Bank (The), Blogs, East Asia & Pacific on the Rise, What hinders Vietnam’s path to universal healthcare? The lack of human capital, 24 July 2017, [url](#)

<sup>32</sup> Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế Giữa Các Bệnh Viện Cùng Hạng Trên Toàn Quốc Và Hướng Dẫn Áp Dụng Giá, Thanh Toán Chi Phí Khám Bệnh, Chữa Bệnh Trong Một Số Trường Hợp [No.: 22/2023/TT-BYT, Regulations on Uniform Prices for Health Insurance Medical Examination and Treatment Services Among Hospitals of the Same Class Nationwide and Guidance on Applying Prices and Payment of Medical Examination and Treatment Costs in Some Cases, 17 November 2023, [url](#)

<sup>33</sup> Economica, Informal Employment In Vietnam, December 2022, [url](#), p. 7

<sup>34</sup> Vietnam, Government Electronic Newspaper, Tỷ lệ người dân tham gia bảo hiểm y tế tăng trưởng vượt bậc [The proportion of people participating in health insurance has grown dramatically], 8 July 2022, [url](#)

<sup>35</sup> Thanh Nien Newspaper, Chương trình đi bộ vì trái tim khỏe: 'Hãy nhớ huyết áp như nhớ tuổi của bạn' [Walking programme for a healthy heart: 'Remember your blood pressure like remembering your age'], 14 May 2023, [url](#)

<sup>36</sup> Tran, T. A., et al. Strengthening local health systems for hypertension prevention and control: the Communities for Healthy Hearts programme in Ho Chi Minh City, Vietnam, 2020, [url](#), p. 1





Vietnamese progress in addressing CVD, and made recommendations to enhance control and management of hypertension and CVD in Vietnam.<sup>37</sup>

The FHI 360 organisation, through the “Abundant Health Project”, supports the Ho Chi Minh City health system to develop a model and find solutions to enhance the quality of examination, treatment and management of hypertension and diabetes patients at commune health stations.<sup>38</sup>

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<sup>37</sup> Novartis, Media Center, Strategic progress and policy recommendations to enhance control and management of hypertension and cardiovascular disease in Vietnam, 12 October 2018, [url](#)

<sup>38</sup> FHI 360, Abundant Health, 2023, [url](#)





## 3. Cost of treatment

### 3.1. Health insurance and costs for medical examination and treatment

This topical report describes the coverage provided by National Health Insurance (NHI). The EUAA MedCOI report Provision of Healthcare in Vietnam uses the more generic term 'social health insurance' when describing the development of health insurance in Vietnam.<sup>39</sup>

People with public insurance (NHI) who access public hospitals have costs for all services, including examination, diagnosis and treatment for CVD, paid by the insurance according to the price framework set by the MOH and the Ministry of Finance in the Circular No.22/2023.<sup>40</sup>

The MOH states that, under Article 14 of Decree No.146/2018, five groups have costs for medical examination and treatment covered in full by health insurance:

1. People with meritorious services to the revolution, veterans, people receiving monthly social insurance benefits, people from poor households, ethnic minorities residing in difficult or extremely difficult areas, people aged 80 or older who are receiving monthly death benefits.
2. Revolutionary activists before 1945; Heroic Mothers of Vietnam; War Invalids, people receiving policies, such as War Invalids, Class B War Invalids, sick soldiers when treating recurring wounds or illnesses; resistance activists infected with toxic chemicals having a working capacity loss rate of 81 % or more; children under six years old. [This group receives 100 % of their medical examination and treatment costs and limits do not apply to payments for drugs, chemicals, medical supplies and technical services according to regulations of the MOH.]
3. People who receive medical examination and treatment at the commune level.
4. Cases where the cost of one medical examination and treatment is lower than 15 % of the base salary.

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<sup>39</sup> EUAA, Provision of healthcare in Vietnam, 2023, [url](#)

<sup>40</sup> Vietnam, MOH, Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế Giữa Các Bệnh Viện Cùng Hạng Trên Toàn Quốc Và Hướng Dẫn Áp Dụng Giá, Thanh Toán Chi Phí Khám Bệnh, Chữa Bệnh Trong Một Số Trường Hợp [No.: 22/2023/TT-BYT, Regulations on Uniform Prices for Health Insurance Medical Examination and Treatment Services Among Hospitals of the Same Class Nationwide and Guidance on Applying Prices and Payment of Medical Examination and Treatment Costs in Some Cases, 17 November 2023, [url](#)]





5. Individuals who have maintained continuous health insurance coverage for five consecutive years or more, and who have the amount of money to pay for medical examination and treatment costs in the year exceeding six months of base salary.<sup>41</sup>

The monthly base salary increased from 1 490 000 [58 EUR] to 1 890 000 VND [73 EUR] on 1 July 2023.<sup>42</sup> This is the common minimum wage which is used to calculate salaries for employees in state-owned organisations and enterprises, as well as to calculate the social contribution for all enterprises.<sup>43</sup>

Table 1 shows how NHI and private insurance can each provide cover for public and private healthcare and the implications for any fees that the patient must pay. Some private health providers have agreements with the NHI. This enables people who hold the NHI to access care with these providers.<sup>44</sup> People with NHI who attend a private facility which has not agreed a contract with NHI are required to pay the medical cost in advance, and they are only able to submit a claim to the NHI fund for nominal support i.e. the insurer pays a set sum to the claimant which may not cover the full price for the care, as charged by the provider, as no prior agreement exists, as specified in Circular No.22/2023/TT-BYT.<sup>45</sup>

However, this process is neither clear nor transparent and one respondent for this report has provided conflicting opinions on whether it is possible to submit a claim.<sup>46</sup> People who hold private insurance are required to pay in advance for care at public or other health facilities that are not included in the contracted list of that particular insurance company. The patient submits the proof of payment provided by the health facility to their insurance company and is reimbursed. People with private insurance are guaranteed their hospital fees when they seek care in those private or public health facilities that have agreed a contract with their insurance provider. The details of the inpatient or outpatient guarantee depends on the insurance package.<sup>47</sup>

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<sup>41</sup> Vietnam, MOH, 5 nhóm đối tượng nào được quỹ BHYT chi trả 100 % chi phí khám chữa bệnh? [Which 5 groups of people have 100 % of medical examination and treatment costs covered by the health insurance fund?], 7 July 2023, [url](#)

<sup>42</sup> Bệnh Viện Bãi Cháy, 5 Nhóm Đối Tượng Được Bhyt Chi Trả 100% Từ Ngày 1/7/2023 - Khi Lương Cơ Sở Tăng [5 Groups of Subjects Covered 100% by Health Insurance From July 1, 2023 - When Base Salary Increases], 26 April 2023, [url](#)

<sup>43</sup> Dezan Shira & Associates, Salary and Wages in Vietnam, 2023, [url](#)

<sup>44</sup> Bac Ha International General Hospital, Khám Bảo hiểm y tế bệnh viện tư hưởng quyền lợi như thế nào? [What are the benefits of private hospital health insurance?], n.d., [url](#); LuậtVietnam, Đi khám ở bệnh viện tư nhân có được hưởng BHYT? [Are you covered by health insurance if you go to a private hospital?], 5 January 2021, [url](#)

<sup>45</sup> VnExpress, Bảo hiểm y tế có chi trả khi tôi điều trị tại bệnh viện tư nhân? [Does health insurance cover my treatment at a private hospital?], 18 January 2021, [url](#); Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế Giữa Các Bệnh Viện Cùng Hạng Trên Toàn Quốc Và Hướng Dẫn Áp Dụng Giá, Thanh Toán Chi Phí Khám Bệnh, Chữa Bệnh Trong Một Số Trường Hợp [No.: 22/2023/TT-BYT, Regulations on Uniform Prices for Health Insurance Medical Examination and Treatment Services Among Hospitals of the Same Class Nationwide and Guidance on Applying Prices and Payment of Medical Examination and Treatment Costs in Some Cases, 17 November 2023, [url](#)

<sup>46</sup> Source A, NHI staff in a public hospital, Ho Chi Minh City, Interview, November 2023

<sup>47</sup> ACC Group, Legal knowledge, Other Laws, Bảo hiểm y tế tư nhân là gì? [Cập nhật 2023] [What is private health insurance? [Updated 2023]], 2023, [url](#)

**Table 1. Health insurance and requirement to pay<sup>48</sup>**

Facility	Contract in place	National Health Insurance	Private insurance
Public	Yes	Care is free at point of use for the 5 groups of people mentioned above, with fees guaranteed. Costs for the rest of the population depend on their insurance plan.	Care is free at point of use. Fees guaranteed.
Public	No	Care is free at point of use for the 5 groups of people mentioned above, with fees guaranteed. Costs for the rest of the population depend on their insurance plan.	Patient pays fee in advance. Patient submits a claim.
Private	Yes	Care is free at point of use. Fees guaranteed.	Care is free at point of use. Fees guaranteed.
Private	No	Patient pays fee in advance. Patient only able to submit a claim for nominal support.	Patient pays fee in advance. Patient submits a claim.

*Note:* ‘Fees guaranteed’: the price for care is fully reimbursed to the claimant as the price has been set by prior agreement between insurer and provider. ‘Nominal sum’: insurer pays a set sum to the claimant. This may not cover the full price of care as charged by the provider as no prior agreement exists.

## 3.2. Consultation and treatment costs

In Vietnam, public health facilities currently have financial autonomy. The cost for examination and treatment is determined by each health facility, but must adhere to the regulations outlined in Circular No.13/2023/TT-BYT. This circular applies only to “on-demand” examinations and treatments for individuals covered by NHI in public health facilities. In particular, the range for the outpatient treatment price is from 100 000 VND to 500 000 VND for the Special or Grade I Health Facility, and from 30 500 VND to 300 000 VND for other health facilities.<sup>49</sup>

<sup>48</sup> Bac Ha International General Hospital, Khám Bảo hiểm y tế bệnh viện tư hưởng quyền lợi như thế nào? [What are the benefits of private hospital health insurance?], n.d., [url](#); LuậtVietnam - Member of INCOM Communications, Đi khám ở bệnh viện tư nhân có được hưởng BHYT? [Are you covered by health insurance if you go to a private hospital?], 5 January 2021, [url](#); VnExpress, Does health insurance cover my treatment at a private hospital?, 18 January 2021, [url](#); ACC Group, What is private health insurance?, 2023, [url](#)

<sup>49</sup> Vietnam, MOH, Quy Định Khung Giá Và Phương Pháp Định Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Theo Yêu Cầu Do Cơ Sở Khám Bệnh, Chữa Bệnh Của Nhà Nước Cung Cấp, Số: 13/2023/TT-BYT [Regulations on Price Frameworks and Price Methods for On-Demand Medical Examination and Treatment Services Provided by State Medical Examination and Treatment Facilities, No: 13/2023/TT-BYT], 29 June 2023, [url](#)





Table 2 and Table 3 below provide prices for inpatient and outpatient treatment in public and private facilities. Public prices columns in these tables follows Circular No.22/2023, and not Circular No.13/2023, due to standardised costs across public health facilities.<sup>50</sup>

Table 2 lists the private consultation prices from Tam Anh hospital and FV hospital;<sup>51</sup> the public prices column adheres to Circular No.22/2023.<sup>52</sup>

In Table 3, the private column prices are cited from the University Medical Center price lists;<sup>53</sup> the public column prices are cited from Circular No.22/2023.<sup>54</sup>

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<sup>50</sup> Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế Giữa Các Bệnh Viện Cùng Hạng Trên Toàn Quốc Và Hướng Dẫn Áp Dụng Giá, Thanh Toán Chi Phí Khám Bệnh, Chữa Bệnh Trong Một Số Trường Hợp [No.: 22/2023/TT-BYT, Regulations on Uniform Prices for Health Insurance Medical Examination and Treatment Services Among Hospitals of the Same Class Nationwide and Guidance on Applying Prices and Payment of Medical Examination and Treatment Costs in Some Cases, 17 November 2023, [url](#)

<sup>51</sup> Studocu, Tam Anh hospital, Price List of Medical Examination and Treatment Services, 2024, [url](#); IVIE – Bác sĩ ơi, Giá phòng bệnh tại bệnh viện FV [Room prices at FV hospital], 13 August 2022, [url](#)

<sup>52</sup> Vietnam, MOH, Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế Giữa Các Bệnh Viện Cùng Hạng Trên Toàn Quốc Và Hướng Dẫn Áp Dụng Giá, Thanh Toán Chi Phí Khám Bệnh, Chữa Bệnh Trong Một Số Trường Hợp [No.: 22/2023/TT-BYT, Regulations on Uniform Prices for Health Insurance Medical Examination and Treatment Services Among Hospitals of the Same Class Nationwide and Guidance on Applying Prices and Payment of Medical Examination and Treatment Costs in Some Cases, 17 November 2023, [url](#)

<sup>53</sup> University of Medicine and Pharmacy Hospital, Ho Chi Minh City, Medical Examination and Treatment Price List, n.d., [url](#)

<sup>54</sup> Vietnam, MOH, Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế Giữa Các Bệnh Viện Cùng Hạng Trên Toàn Quốc Và Hướng Dẫn Áp Dụng Giá, Thanh Toán Chi Phí Khám Bệnh, Chữa Bệnh Trong Một Số Trường Hợp [No.: 22/2023/TT-BYT, Regulations on Uniform Prices for Health Insurance Medical Examination and Treatment Services Among Hospitals of the Same Class Nationwide and Guidance on Applying Prices and Payment of Medical Examination and Treatment Costs in Some Cases, 17 November 2023, [url](#)



**Table 2. Price for consultations**

	Public outpatient treatment price in VND	Public inpatient treatment price in VND	Private outpatient treatment price in VND	Private inpatient treatment price in VND	Reimbursement/ special programme/ free/comment
<b>Cardiologist</b>	30 100 – 42 100 depending on the level of the health facility	176 900 – 867 500 depending on the level of the health facility	160 000 – morning 120 000 – afternoon (Tam Anh hospital. This price is not on weekend or holidays) 1 200 000 – 1 800 000 (FV hospital)	5 500 000 – 15 000 000	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in Section 3.1. Insurance provisions for the remainder of the population are described in Table 1. Health insurance and requirement to pay.
<b>Cardiac surgeon</b>	30 100 – 42 100 depending on the level of the health facility	287 500 – 867 500 depending on the level of the health facility	160 000 – morning 120 000 – afternoon (Tam Anh hospital. This price is not on weekend or holidays) 1 200 000 – 1 800 000 (FV Hospital)	5 500 000 – 15 000 000	

**Table 3. Price for treatments and diagnostic tests**

	Public treatment price in VND	Private treatment price in VND	Reimbursement/ special programme/ free/ comment
<b>Laboratory test</b>			
<b>Laboratory test for blood; INR e.g. in case of acenocoumarol anticlotting</b>	41 500	200 000	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
<b>Laboratory research for cardiac biomarker; creatinine kinase MB (CK-MB)</b>	38 200	88 000	
<b>Laboratory research for cardiac biomarker; troponin</b>	76 500	171 000 (Troponin I)	



	Public treatment price in VND	Private treatment price in VND	Reimbursement/ special programme/ free/ comment
Laboratory test: Lipid profile	27 300	158 000	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
<b>Diagnostic imaging</b>			
Angiography (arteriography)	6 026 000	7 500 000 – 15 000 000	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
Cardiac stress test	598 000	900 000	
ECG	35 400	60 000	
Holter monitor/ ambulatory ECG device	204 000	600 000	
Echocardiography= TTE	268 000 – 298 000	400 000	
Transesophageal echocardiogram (TTE)	816 000	900 000 – 1 200 000	
<b>Treatment</b>			
Clinical admittance in cardiology department (daily rates)	176 900 – 273 100 depending on the level of the health facility	600 000 – 1 800 000	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in



	Public treatment price in VND	Private treatment price in VND	Reimbursement/ special programme/ free/ comment
<b>Clinical admittance in cardiac surgery department (daily rates)</b>	176 900 – 273 100 depending on the level of the health facility	600 000 – 1 800 000	Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
<b>Intervention possibilities in case of (high risk of) myocardial infarction</b>			
<b>Cardiac surgery: Coronary artery bypass grafting (CABG), Bypass</b>	18 693 000 Specialised equipment used in the procedure not included	Information not found	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
<b>Cardiac surgery: PTCA/PCI: Coronary angiography</b>	6 026 000 – 6 926 000 Specialised equipment used in the procedure not included	15 000 000 Specialised equipment used in the procedure not included	
<b>Intervention possibilities in case of severe heart rhythm disorders</b>			
<b>Cardiology: Placement of pacemaker</b>	1 718 000	Information not found	The cost of the pacemaker is not included in the public treatment price. The price for this equipment depends upon the company which provides it.
<b>Cardiology: Placement of implantable cardioverter defibrillator (ICD)</b>	1 718 000	Information not found	



## 4. Cost of medication

Despite the principle that all health facilities must ensure the quantity and quality of CVD drugs, especially essential medicines, according to the level of classification of health facilities, Vietnam faced a severe drugs shortage, especially in public health facilities in 2022 and early 2023. The identified reasons are the adverse post-pandemic impact of COVID-19, the scarcity of raw materials for production, fluctuating prices and some issues related to tender.<sup>55</sup> This has forced some people to buy medicine outside the hospitals at uncontrolled prices.<sup>56</sup> Therefore, as the cost of medication in this period presents disparities among different groups of patients, it could not be determined accurately for this report. Currently, the Vietnamese government is urgently looking for solutions and attempts to ensure the supply of essential drugs to medical facilities, as well as stabilising drug prices in the market.<sup>57</sup>

### 4.1. Pricing of medication

The 1989 Public Health Protection Law made medicines available through private medical and pharmaceutical companies, marking the end of the public sector as the exclusive supplier of medication.<sup>58</sup> The MOH takes a passive stance towards pricing, relying on market forces to regulate the cost of medication. Prices are set within commercial medical supply contracts which are agreed between individual hospitals and pharmaceutical providers. This has reduced transparency on medication pricing, which poses a challenge for patients and for the clinicians who provide care, leading to confusion and, in some cases, to non-standard pricing practices. This has also led to the unintended consequence of price anomalies, whereby private sector medicines can be cheaper than medicines obtained from the public sector and generic medication can be more expensive than trademarked or proprietary medication.<sup>59</sup>

There are also wide differences between those medicines available in the market and those approved by the MOH and the authors of this report note that this makes it challenging to identify the prices of any given medication in Vietnam. In addition to being available in the market, i.e. in private pharmacies, medicines can be found in the black market or from people who bring them into the country, a practice which is known as ‘hand-carry’. According to the MedCOI guidelines, however, only legally available medications are considered to be available.

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<sup>55</sup> Law Library Company, Bộ Y tế trả lời kiến nghị về tình trạng thiếu thuốc, vật tư y tế trong thời gian qua và đưa ra giải pháp nào để giải quyết? [How does the Ministry of Health respond to petitions about the shortage of drugs and medical supplies in recent times and what solutions do they offer?], 17 March 2023, [url](#)

<sup>56</sup> VnExpress, Bệnh viện thiếu thuốc, người bệnh mua ngoài có được BHYT thanh toán? [The hospital lacks medicine, can patients who buy it from outside get paid by health insurance?], 8 July 2022, [url](#)

<sup>57</sup> Báo Đầu tư Online [Investment Electronic Newspaper], Đấu thầu thuốc vẫn chậm [Bidding for drugs is still slow], 8 April 2023, [url](#); Law Library Company, Bộ Y tế trả lời kiến nghị về tình trạng thiếu thuốc, vật tư y tế trong thời gian qua và đưa ra giải pháp nào để giải quyết? [How does the Ministry of Health respond to petitions about the shortage of drugs and medical supplies in recent times and what solutions do they offer?], 17 March 2023, [url](#)

<sup>58</sup> Vietnam, Socialist Republic of Vietnam, Luật Của Quốc Hội Số 21-LCT/HĐNN8 Ngày 30/06/1989 Về Bảo Vệ Sức Khỏe Nhân Dân [Law of National Assembly No.: 21-LCT/HĐNN8, 30/06/1989 of People’s Health], 30 June 1989, [url](#)

<sup>59</sup> Nguyen, T. A., et al., Inflated medicine prices in Vietnam: a qualitative study, 2017, [url](#), p. 648



This leads to a confusing state of affairs. In some cases, medication is more expensive in non-hospital pharmacies: sources quote medication prices as being 10 % to 20 % higher than inside health facilities where prices cannot exceed the prices approved by authorised state organisations.<sup>60</sup> However, there are also examples where medication is cheaper in non-hospital pharmacies. This is explained with reference to the bidding process that controls the price of medication in hospitals.<sup>61</sup>

Medication prices in public hospitals can vary widely. Newspaper articles attribute this to violations and to an absence of transparency in the procurement process between hospitals and pharmaceutical companies for the management of medication. Between 2022 and 2023, there have been investigations and prosecutions of those responsible for pharmaceuticals and medical equipment.<sup>62</sup> The director of a hospital in Ho Chi Minh City explained that hospitals are hesitating to enter into the procurement for medication, equipment and other supplies due to a fear of making mistakes in the procurement process. This leads to shortages of medication and equipment in public health facilities.<sup>63</sup> The hospital leaders and National Assembly delegates have proposed amendments to the ways in which suppliers are appointed and submitted proposals for centralising the procurement of medication and supplies.<sup>64</sup>

From November 2020, a portal to disclose service prices of the health sector was opened by the MOH (<https://conghaiyte.moh.gov.vn/>).<sup>65</sup> However, enterprises argued that declaring and publishing drug retail prices is not feasible. They state that manufacturing and importing establishments only have wholesale cost information, making it impractical to disclose retail prices which apply to smaller quantities.<sup>66</sup>

## 4.2. Medication costs

Concerning the prices provided in Table 4 below, in order to provide a more consistent pricing guideline for users of this document, and in view of the confidential nature of commercial medical supply contracts at individual hospital levels, the authors of this report have used

<sup>60</sup> Báo điện tử Kinh tế & Đô thị, [Loạn giá thuốc, lỗi tại ai?] Bài 2: Ai quản giá thuốc? [[Drug price chaos, whose fault is it?] Lesson 2: Who controls drug prices?], 26 October 2022, [url](#); Webbaohiem, Giá thuốc bệnh viện: Vì sao cao hơn giá trên thị trường? [Hospital drug prices: Why are they higher than market prices?], n.d., [url](#)

<sup>61</sup> Báo điện tử Kinh tế & Đô thị, [Loạn giá thuốc, lỗi tại ai?] Bài 2: Ai quản giá thuốc? [[Drug price chaos, whose fault is it?] Lesson 2: Who controls drug prices?], 26 October 2022, [url](#)

<sup>62</sup> VnEconomy, Tám đơn vị thuộc Bộ Y tế sai phạm nghiêm trọng trong mua sắm thiết bị, vật tư y tế [Eight units under the Ministry of Health committed serious violations in the procurement of medical equipment and supplies], 18 October 2022, [url](#); Thanh Niên, Sai phạm trong đấu thầu thuốc, 16 bị cáo trong ngành y tế Đắc Lắc hầu tòa [Violations in drug bidding, 16 defendants in the Dak Lak health sector appeared in court], 15 February 2023, [url](#); Saigon Liberation Newspaper, Hàng loạt các sai phạm tại gói thầu trang thiết bị y tế, thuốc chữa bệnh [A series of violations in medical equipment and medicine bidding packages], 30 January 2022, [url](#)

<sup>63</sup> Quân đội nhân dân [People's Army Newspaper], Bài 2: Bất cập trong đấu thầu và tâm lý sợ sai [Lesson 2: Inadequacies in bidding and fear of making mistakes], 1 September 2022, [url](#)

<sup>64</sup> Electronic Information Portal of the Vietnam National Assembly, Đề Xuất Các Giải Pháp Tháo Gỡ Bất Cập Trong Đấu Thầu Thuốc, Trang Thiết Bị Y Tế [Proposing Solutions to Resolve problems In Processing Medicines and Medical Equipment], 17 April 2023, [url](#)

<sup>65</sup> Lao Dong Newspaper, Công khai giá thuốc, nhưng vẫn mỗi nơi một giá! [Publicise drug prices, but still each place has the same price!], 23 November 2020, [url](#)

<sup>66</sup> VnEconomy, Doanh nghiệp gặp khó với quy định kê khai, công bố giá bán lẻ thuốc [Businesses encounter difficulties with regulations on declaring and announcing retail prices of drugs], 9 September 2022, [url](#)





pricing from private sector national pharmaceutical chains as a guideline to medication cost in Vietnam. Care must therefore be exercised in using stated medication price to determine treatment cost at an individual level.

Furthermore, the drafter International SOS explains that concerning the coverage and reimbursement of the medication prices in the table below, unless information could not be found, the following principle applies: reimbursement is paid to the patient according to the terms of the insurance cover. The medicines are available in those pharmacies and hospitals that secured the contract with the provider to supply it.

**Table 4. Cost of medications**

Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in VND
<b>Anti-hypertension</b>					
<b>Amlodipine+ valsartan+ hydrochlorothiazide</b>	ExforgeHCT <sup>®</sup>	10 mg/ 160 mg/ 25 mg	tablet	28	543 000
<b>Bisoprolol</b>	Concor <sup>®</sup>	2.5 mg or 5 mg	tablet	30	129 000 (2.5 mg) 95 000 (5 mg)
<b>Furosemide</b>	Furosemidum Polpharma	20 mg/ 2 ml	injection	50	300 000
<b>Indapamide</b>	Natrilix SR <sup>®</sup>	1.5 mg	tablet	30	108 000
<b>Irbesartan</b>	Tensira <sup>®</sup>	150 mg	tablet	30	168 000
<b>Lisinopril</b>	Liprilex	5 mg	tablet	60	1 817 820
<b>Lisinopril + hydrochlorothiazide (combination)</b>	Zestoretic-20	20 mg + 12.5 mg	tablet	28	190 232
<b>Losartan</b>	Cozaar <sup>®</sup>	50 mg	tablet	30	251 000
<b>Metoprolol</b>	Betaloc <sup>®</sup>	25 mg or 50 mg	tablet	60	270 000 (25 mg) 300 000 (50 mg)
<b>Nifedipine</b>	Cordaflex <sup>®</sup>	20 mg	tablet	60	75 600
<b>Perinopril</b>	Coversyl <sup>®</sup>	5 mg	tablet	30	169 500
<b>Termisartan</b>	Micardis <sup>®</sup>	80 mg	tablet	30	477 000



Generic name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in VND
<b>Valsartan</b>	Diovan®	80 mg or 160 mg	tablet	28	263 000 (80 mg) 416 000 (160 mg)
<b>Against platelet aggregation/ blood clotting</b>					
<b>Dipyridamole</b>	Persantine®	10 mg/ 2 ml	ampoule	1	24 196
<b>Enoxaparin</b>	Lovenox®	40 mg/ 0.4 ml	injection	2	180 000
<b>Heparin</b>	Vaxcel Heparin Sodium Injection	25 000 IU/ 5 ml	injection	10	1 210 000
<b>Ticagrelor</b>	Brilinta®	90 mg	tablet	60	953 000
<b>Nitrates</b>					
<b>Nitroglycerin</b>	Niglyvid	10 mg/10 ml	ampoule	10	803 000



# Annex 1. Bibliography

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## Annex 2: Terms of Reference (ToR)

Cardiovascular diseases; hypertension, myocardial infarction, heart failure and heart rhythm disorders

### General information

- Briefly describe prevalence and incidence of CVDs (hypertension, myocardial infarction, heart failure and heart rhythm disorders)/ types of this disease (epidemiologic data).
- How is the health care organised for cardiovascular diseases?
- How are CVDs treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat CVDs [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organized in general to treat patients with CVDs? Are there sufficient resources available to treat all patients?
- Is there a particular type of CVDs for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating these diseases?
- Are there any national or international plans or (donor) programmes for certain CVDs; if yes, could you elaborate on such programme(s) and what it entails?

### Access to treatment

- Are there specific treatment programmes for CVDs? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for this disease? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?





- What is the ‘typical route’ for a patient with this disease (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments (e.g., surgery, investigations, etc)?
- What must the patient pay and when?
- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with CVDs?

## Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g., Global Fund, UNAIDS, UNICEF, Clinton foundation etc.
- Include any insurance information that is specific for patients with CVDs.

## Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. Instead, state that they could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatment in public and private facility and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).





**Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report. Any treatment without a found price was removed at the editorial stage.**

## Cost of medication

Guidance / methodology on how to complete the tables related to medications:

- Do not delete any medicines from the tables. Instead, state that they/the prices could not be found if that is the case.
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of it being registered?
- Indicate in the tables: generic name, brand name, dosage, form, pills per package, official prices, source, insurance coverage.
- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.? If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children).

**Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report. Any medication without a found price was removed at the editorial stage.**

## NGOs

- Are any NGOs or international organisations active for patients with CVDs? What are the conditions to obtain help from these organisations? What help or support can they offer?
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children).





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