



Vietnam Nephrology

MedCOI

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Contents

Dis	claim	er	5
Glo	ssary	and Abbreviations	6
Int	roduc	tion	7
	Meth	nodology	7
		Terms of reference	7
		Collecting information	7
		Quality control	7
	Soui	ces	8
1.	Nep	hrology	9
	1.1.	Prevalence and incidence	9
	1.2.	Main causes of renal failure	10
	1.3.	Organisation of healthcare for nephrology	11
2.	Acce	ess to treatment	11
	2.1.	Facilities for haemodialysis	12
	2.2.	Insurance and national programmes	14
		2.2.1. Insurance	14
		2.2.2. National programmes	15
	2.3.	Non-governmental organisations (NGOs)	16
3.	Cost	of treatment	17
	3.1.	Health insurance and costs for medical examination and treatment	18
	3.2.	Consultation and treatment costs	20
4.	Cost	of medication	24
	4.1.	Pricing of medication	24
	4.2.	Medication costs	26
An	nex 1.	Bibliography	27
Δn	nex 2	Terms of Reference (ToR)	37





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		
ARF	Acute Renal Failure		
Ca	Calcium		
CKD	Chronic Kidney Disease		
eGFR	Estimated Glomerular Filtration Rate		
EUR	Euro		
GDP	Gross Domestic Product		
GFR	Glomerular Filtration Rate		
Heroic Mothers of Vietnam	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".		
K	Potassium		
Na	Sodium		
NGO	Non-governmental Organisation		
NHI	National Health Insurance		
SIV	Singapore International Volunteers		
UBPI	Ubiquitous Blood Purification International		
USD	United States Dollar		
VND	Vietnamese Dong		



 $^{^{\}rm 1}$ Bảo tàng Phụ nữ Việt Nam, Heroic Mothers of Vietnam, n.d, $\underline{\rm url}$



Introduction

Methodology

The purpose of the report is to provide information on access to nephrology treatment 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),² the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023),³ and the EUAA Writing Guide (2022).⁴ 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.

⁴ EUAA, The EUAA Writing Guide, April 2022, url



7

² EUAA, Country of Origin Information (COI) Report Methodology, February 2023, url

³ EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, 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 National Health Insurance (NHI) staff in a public hospital of Ho Chi Minh City, known by the contractor and selected for reliability. All oral sources are described in Annex 1. Bibliography. Key informant interviews were carried out in November 2023.





1. Nephrology

The following chapter contains information on the prevalence and incidence of kidney diseases and renal failure, followed by information on the main causes of renal failure in Vietnam and organisation of healthcare for nephrology treatment.

1.1. Prevalence and incidence

There are no official statistics on the prevalence and incidence of kidney diseases in Vietnam, but in 2020 it was estimated that approximately 5 million people had kidney failure and around 8 000 new cases were detected each year. In a conference held at Viet Duc University Hospital in 2020 it was stated that approximately 800 000 people had end-stage renal failure requiring dialysis and that the number of patients needing renal replacement was increasing. The Head of Nephrology and Dialysis Department at the National Children's Hospital have stated that the national rate of acute and chronic renal failure in children is not known.

According to a preliminary calculation, there are about 100 000 patients with end-stage chronic kidney disease (CKD) in need of replacement therapy. However, the rate of people receiving renal replacement is still low in Vietnam, with approximately 378.1 patients per million population. Another notable concern is the trend of kidney failure occurring at younger ages, particularly among office-working men. Over the past five years, the rate of young patients with end-stage renal failure requiring dialysis has increased between 5% and 10%, causing an increased burden on healthcare, family and society. The Head of the Department of Nephrology and Dialysis at Thong Nhat Hospital in Ho Chi Minh City states that the age at which patients present with chronic kidney failure is becoming lower. Recently, this hospital has received many young patients, including those under the age of 30 with stage four and stage five (end-stage) renal failure.

¹² Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Gia tăng người trẻ bị suy thận, bác sĩ chỉ cách phát hiện và phòng ngừa đơn giản, ai cũng nên làm [Increasing number of young people with kidney failure, doctors show simple ways to detect and prevent, everyone should do], 31 May 2023, <u>url</u>



⁵ Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Cảnh báo: Khoảng 5 triệu người Việt bị suy thận, đa số là người làm văn phòng [Warning: About 5 million Vietnamese people have kidney failure, most of whom are office workers], 29 March 2020, <u>url</u>

⁶ Bệnh Viện Bãi Cháy, Khoảng 800.000 Người Việt Nam Bị Suy Thận Giai Đoạn Cuối [About 800,000 Vietnamese People Suffer from End-Stage Renal Failure], 10 March 2023, <u>url</u>

⁷ National Children's Hospital, Cảnh báo nguyên nhân dẫn đến suy thận mãn ở trẻ [Warning about the causes of chronic kidney failure in children], 26 April 2021, url

⁸ Báo điện tử Dân trí [Dan Tri electronic newspaper], Gần 100.000 người Việt suy thận giai đoạn cuối, chạy thận quá tải [Nearly 100,000 Vietnamese people have end-stage kidney failure and are overloaded with dialysis], 10 March 2023 url

⁹ Thanh Niên, Nguyên nhân mới nổi gây suy thận [Emerging causes of kidney failure], 10 March 2022, <u>url</u>

¹⁰ Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Cảnh báo: Khoảng 5 triệu người Việt bị suy thận, đa số là người làm văn phòng [Warning: About 5 million Vietnamese people have kidney failure, most of whom are office workers], 29 March 2020, <u>url</u>

¹¹ TuoiTre Online, Người trẻ suy thận mạn vì thói quen sống sai lầm [Young people have chronic kidney failure because of wrong living habits], 18 August 2023, url



The Chairman of the Vietnam Dialysis Association has recommended that patients having kidney disease have a strategy of periodic examination, detection, and treatment to slow the progress of the disease. He stated that all dialysis centres in Vietnam are overloaded because the number of people in need of dialysis far exceeds the number of machines available. At the two largest hospitals of country, Bach Mai Hospital and Cho Ray Hospital, every month around 200 new cases undergo dialysis procedures, increasing the burden of treatment.¹³

1.2. Main causes of renal failure

In the first stages (which include stage one and stage two), renal failure normally progresses slowly, but is often unrecognised because of absent or vague symptoms. However, from stage two to stage three, the signs and symptoms show up. From stage three to stage four progression of renal failure advances rapidly, and at the end stage, called stage five, the patients need dialysis for life-saving purpose.¹⁴

In Vietnam, the main causes of chronic renal failure include kidney diseases, diabetes mellitus and hypertension. ¹⁵ About 10 years ago, the cause of chronic renal failure in Vietnam was mainly chronic glomerulonephritis, while in recent years, it has changed to metabolic diseases, such as obesity, hypertension, gout, and diabetes mellitus. ¹⁶ Vietnam has a high incidence of urinary stones as well. ¹⁷ Common causes of renal failure in children include urinary tract abnormalities, complications from glomerulonephritis, non-adherence to treatment and the use of traditional herbal medicine of unknown origin. ¹⁸

According to the Head of the Artificial Kidney Department in Bach Mai Hospital, in 2008, the rate of patients requiring dialysis due to diabetes in the hospital was 4 %, in 2012 it increased to 8 %, and in 2018 it reached 14 %. He points out that renal intoxication in Vietnam is often due to the practice of arbitrarily taking medicine and using traditional drugs mixed with medicine products. ¹⁹ In Vietnam, people can buy medicine in pharmacies without prescription, ²⁰ and a leading risk of renal injury is from overdose or use of medication not under the care of a doctor. ²¹

¹³ Báo điện tử Dân trí [Dan Tri electronic newspaper], Gần 100.000 người Việt suy thận giai đoạn cuối, chạy thận quá tải [Nearly 100,000 Vietnamese people have end-stage kidney failure and are overloaded with dialysis], 10 March 2023, <u>url</u>

¹⁴ Báo điện tử Dân trí [Dan Tri electronic newspaper], Gần 100.000 người Việt suy thận giai đoạn cuối, chạy thận quá tải [Nearly 100,000 Vietnamese people have end-stage kidney failure and are overloaded with dialysis], 10 March 2023. url

¹⁵ Vietnam, Government Electronic Newspaper, Cảnh báo tình trạng suy thận ở Việt Nam [Warning about kidney failure in Vietnam], 14 March 2019, url

¹⁶ Thanh Niên, Nguyên nhân mới nổi gây suy thận [Emerging causes of kidney failure], 10 March 2022, <u>url</u>

¹⁷ VOV Electronic Newspaper, Vi sao nhiều người Việt Nam bị mắc sỏi thận? [Why do many Vietnamese people get kidney stones?], 4 November 2021, <u>url</u>

¹⁸ National Children's Hospital, Cảnh báo nguyên nhân dẫn đến suy thận mãn ở trẻ [Warning about the causes of chronic kidney failure in children], 26 April 2021, url

¹⁹ Bach Mai Hospital, TS Nguyễn Hữu Dũng: Suy thận diễn biến âm thầm rất nguy hiểm, đây là 5 dấu hiệu của bệnh [Dr. Nguyen Huu Dung: Kidney failure progresses silently and is very dangerous. Here are 5 signs of the disease], 29 March 2018, url

²⁰ VnExpress International, Vietnam cracks down on drugstores selling without prescriptions, 31 March 2019, <u>url</u>
²¹ Thu Duc City Medical Center, Tự ý sử dụng thuốc gây nguy hiểm như thế nào đến thận? [How dangerous is the use of drugs to the kidneys?], 24 July 2023, <u>url</u>



1.3. Organisation of healthcare for nephrology

At present, there are several standard treatments for renal diseases depending on the causes and level of severity. They include internal medicine treatment, haemodialysis, peritoneal dialysis, and kidney transplant. An expert at the Department of Nephrology and Dialysis, Viet Duc Hospital, stated that the demand for kidney replacement in end-stage renal failure is increasing. Kidney replacement is either dialysis or kidney transplant. Dialysis is the preferred treatment for end-stage renal failure patients. The expert argued that kidney transplant is preferable to dialysis in end-stage renal failure group, and that policies should be implemented to increase kidney transplants from both living and brain-dead donors.²² However, according to information from 2021, kidney donors were scarce, especially from brain-dead donors.²³ At present, Vietnam has 24 hospitals licensed to perform kidney transplantation.²⁴

2. Access to treatment

With the exception of conditions that require surgical intervention, renal diseases are categorised as diseases of internal medicine and so are treated by doctors with an internal medicine background. Severe cases which require complex intervention, such as dialysis, must be referred to health facilities which have appropriate equipment and a nephrologist. Screening for renal abnormality can be done in health facilities or clinics that are authorised to confirm tests of ordinary overall body functions. Ordinary overall body functions, such as blood counts and tests for liver enzymes, renal function, glucose, and lipid levels, are assessed through blood tests which can be performed in clinics or health stations with laboratory facilities. Commune medical stations are gradually being equipped with ultrasound machines. One of the initiatives aimed at improving and developing the capabilities of grassroots healthcare for achieving universal healthcare coverage in Vietnam is the wide

²⁷ Vietnam, Lang Son Province Department of Health, Trung tâm Y tế huyện Đình Lập tiếp nhận máy siêu âm Dopler màu 3D/4D [Dinh Lap District Medical Center received a 3D/4D color Dopler ultrasound machine], 1 October 2021, url; Vietnam, Ho Chi Minh City Department of Health, Quận Gò Vấp chính thức ra mắt trạm y tế điểm thứ hai hoạt động theo nguyên lý Y học gia đình [Go Vap District officially launched the second medical station operating according to the principles of Family Medicine], 8 July 2020, url



²² Bệnh Viện Bãi Cháy, Khoảng 800.000 Người Việt Nam Bị Suy Thận Giai Đoạn Cuối [About 800,000 Vietnamese People Suffer from End-Stage Renal Failure], 10 March 2023, url

²³ National Children's Hospital, Cảnh báo nguyên nhân dẫn đến suy thận mãn ở trẻ [Warning about the causes of chronic kidney failure in children], 26 April 2021, <u>url</u>

²⁴ Vnhot.vn, Cả nước có 24 bệnh viện được cấp phép lấy, ghép tạng [The whole country has 24 hospitals licensed to remove and transplant organs], 12 March 2024, <u>url</u>

Vĩnh Phúc Online, Nâng cao chất lượng điều trị bệnh suy thận mạn tại cơ sở y tế tuyến huyện [Improve the quality of treatment for chronic kidney failure at district health facilities], 12 March 2024, url; Quỹ Ngày mai tươi sáng [Bright Tomorrow Foundation], TP.HCM: Người bệnh chạy thận nhân tạo ngay tại trạm y tế phường [Ho Chi Minh City: Patients receive hemodialysis right at the ward medical station], 14 September 2021, url; Nhân Dân, Đẩy mạnh chạy thận nhân tạo ở bệnh viện tuyến huyện tỉnh Thái Bình [Promote hemodialysis at district hospitals in Thai Binh province], 22 May 2024, url

²⁶ Vietnam, MOH, Số: 43/2013/TT-BYT Quy Định Chi Tiết Phân Tuyến Chuyên Môn Kỹ Thu [No.: 43/2013/TT-BYT Detailed Regulations on Technical Professional Classification for the System of Medical Examination and Treatment Facilities], 11 December 2013, <u>url</u>



provision of medical equipment and laboratory facilities.²⁸ Therefore, blood tests to assess simple general body functions could be available to people outside cities or provincial centres. However, a shortage of diagnostic imaging doctors has led to an underuse, or even neglect, of imaging machines and to a loss of trust of people living outside cities or provincial centres to seek treatment in these medical facilities.²⁹

People who live in remote areas, or in places where health facilities are not popular or have only simple equipment, need to travel to access care. Programmes with free health checks sometimes include an assessment of renal function. These programmes are sponsored by public or private health facilities and are run in remote areas or targeted at poor or high-risk groups. For instance, Xuyen A Hospital in 2017 held a free renal disease screening programme for high-risk people, including people with hypertension and diabetes mellitus, and people whose family members have CKDs. Dong Nai Children's Hospital conducted free disease screenings for more than 700 children during one day in 2023 in celebration of International Children's Day.

2.1. Facilities for haemodialysis

In October 2022, there were 350 health facilities nationwide deploying haemodialysis, with 5 500 machines and 3 500 doctors and health workers taking care for a total of 33 000 patients on routine dialysis. Usually, patients with severe renal failure need dialysis three times a week, which means that they must attend a health facility with a dialysis machine.³³

³² Dong Nai Center for Disease Control, Bệnh viện Nhi đồng Đồng Nai khám sàng lọc bệnh miễn phí cho hơn 700 trẻ [Dong Nai Children's Hospital provides free disease screening for more than 700 children], 28 May 2023, <u>url</u>
³³ Vietnam, Tạp chí điện tử Bảo hiểm xã [Social Insurance electronic magazine], TP.HCM: Hơn 4.254 bệnh nhân đang lọc thận nhân tạo [Ho Chi Minh City: More than 4,254 patients are undergoing artificial kidney dialysis], 2 April 2023, <u>url</u>



²⁸ Vietnam, MOH, Hội thảo về định hướng phát triển y tế cơ sở trong tình hình mới [Workshop on orientations for grassroots healthcare development in the new situation], 27 March 2023, <u>url</u>; Vietnam, Department of Food Safety, MOH, Phát triển y tế cơ sở, tạo nền tảng hướng tới bao phủ chăm sóc sức khỏe toàn dân [Develop grassroots healthcare, creating a foundation towards universal healthcare coverage], 27 February 2018, <u>url</u>

²⁹ Dong Nai Center for Disease Control, Nhiều trạm y tế khó thu hút bệnh nhân [Many medical stations have difficulty attracting patients], 26 October 2020, <u>url</u>

³⁰ Quang Ninh Obstetrics and Pediatrics Hospital, Nhân dân xã Thống Nhất phấn khởi đi khám sức khỏe trong ngày Đoàn khám lưu động Bệnh viện Sản Nhi Quảng Ninh tổ chức chương trình khám, tư vấn, cấp phát thuốc miễn phí tại địa bàn xã [People of Thong Nhat commune are excited to go for health check-ups during the day. The mobile examination team of Quang Ninh Obstetrics and Children's Hospital organises a programme of free examination, consultation, and medicine distribution in the commune], 19 August 2023, <u>url</u>; Tan Tao Medical University Hospital, Chương trình khám miễn phí [Free medical examination program], n.d., url

³¹ Xuyen A General Hospital, BVXA – Chương Trình Miễn Phí Tầm Soát Bệnh Thận Dành Cho Cộng Đồng [BVXA – Free Kidney Disease Screening Programme for the Community], n.d., <u>url</u>



There is a shortage of dialysis machines and in some regions only provincial hospitals offer dialysis.³⁴ Large cities also experience shortages: Ho Chi Minh City has 47 health facilities offering haemodialysis, which include 39 facilities under the Department of Health and 8 units under the Ministry of Health (MOH) and its branches. These hospitals organise multiple shifts,³⁵ but the burden on the facilities is high.³⁶ The Ho Chi Minh City Department of Health reports that the number of patients on routine dialysis has increased from 3 000 in 2018 to 4 254 in 2023.³⁷

As a result of more active screening and detection of the disease, the number of patients receiving dialysis is increasing. The cost of this procedure remains relatively high (see Table 3) but providers aim to keep services available and prices affordable. Patients access treatment earlier and have a longer life expectancy. There are challenges in constructing dialysis facilities due to a shortage of dialysis machines and due to the space requirements for dialysis. A dialysis machine costs approximately 400 million VND and a facility providing dialysis needs room for the instruments and processes involved.³⁸

The Department of Health have concluded that it should be a priority to provide resources for dialysis so that all district hospitals are able to treat patients.³⁹

According to the Vietnam Dialysis Association, in 2021, 93.6 % of dialysis facilities in Vietnam belonged to public healthcare. The private sector investment in dialysis was limited, with only 6.4 % of units located in private hospitals. Most dialysis units are located inside other departments, such as emergency resuscitation, anaesthesiology, internal medicine, and others. Only 17.4 % of dialysis facilities had dedicated departments.

⁴⁰ Thanh Niên, Nguyên nhân mới nổi gây suy thận [Emerging causes of kidney failure], 10 March 2022, <u>url</u>



³⁴ Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Hà Nam: Thiếu máy chạy thận, người bệnh và thầy thuốc chật vật xoay sở [Ha Nam: Lacking dialysis machines, patients and doctors are struggling to cope], 24 June 2023, <u>url</u>

³⁵ Nguoi Lao Dong Newspaper, Quá tải chạy thận [Dialysis overload], 4 April 2023, url

³⁶ Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Bệnh viện ở TP.HCM quá tải bệnh nhân chạy thận, chuyên gia kiến nghị đầu tư thêm các đơn vị chạy thận ở y tế cơ sở [Hospitals in Ho Chi Minh City are overloaded with dialysis patients, experts recommend investing in more dialysis units at grassroots healthcare], 10 April 2023, <u>url</u>; City Law Newspaper, Ho Chi Minh, Bệnh viện quá tải, bệnh nhân vất vả tìm nơi chạy thận [The hospital is overloaded, patients struggle to find places for dialysis], 31 May 2023, <u>url</u>

³⁷ Vietnam, Tạp chí điện tử Bảo hiểm xã [Social Insurance electronic magazine], TP.HCM: Hơn 4.254 bệnh nhân đang lọc thận nhân tạo [Ho Chi Minh City: More than 4,254 patients are undergoing artificial kidney dialysis], 2 April 2023, <u>url</u>

³⁸ Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Bệnh viện ở TP.HCM quá tải bệnh nhân chạy thận, chuyên gia kiến nghị đầu tư thêm các đơn vị chạy thận ở y tế cơ sở [Hospitals in Ho Chi Minh City are overloaded with dialysis patients, experts recommend investing in more dialysis units at grassroots healthcare], 10 April 2023, url

³⁹ Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Bệnh viện ở TP.HCM quá tải bệnh nhân chạy thận, chuyên gia kiến nghị đầu tư thêm các đơn vị chạy thận ở y tế cơ sở [Hospitals in Ho Chi Minh City are overloaded with dialysis patients, experts recommend investing in more dialysis units at grassroots healthcare], 10 April 2023, url



2.2. Insurance and national programmes

This topical report describes the coverage provided by National Health Insurance (NHI). The EUAA MedCOI report Provision of healthcare in Vietnam (2023) uses the more generic term 'social health insurance' when describing the development of health insurance in Vietnam.⁴¹

2.2.1. Insurance

The average monthly cost of haemodialysis ranges from 9 to 12 million VND [approximately 345 to 460 EUR], of which health insurance pays 80 % to 95 %, and the patient co-pays the remaining amount, including other additional fees. 42 Another source notes that each month, a patient undergoing regular haemodialysis (three times per week) pays approximately 12 million VND. If people have NHI, the cost for patients ranges from 2.5 to 4.5 million VND per month. 43

In case of outpatient haemodialysis at city or central health facilities (called Level I health facilities), the cost of dialysis will not be covered by the NHI, but for inpatients at these centres there is 40 % health insurance coverage. Particularly, according to the Circular No.13/2019/TT-BYT, one haemodialysis session costs 556 000 VND [approximately 21 EUR], including the filter and blood line used six times. 44 The NHI coverage for haemodialysis is still low, with Vietnam having one of the lowest coverages globally. 45

⁴⁵ Báo điện tử Sức khỏe và Đời sống, Khoảng 30.000 người bệnh suy thận tại Việt Nam cần lọc máu [About 30.000 people with kidney failure in Vietnam need dialysis], 24 October 2020, <u>url</u>



⁴¹ EUAA, Provision of healthcare in Vietnam, 2023, url

⁴² Hai Phong Newspaper, Giảm gánh nặng suy thận: Chủ động phòng ngừa, tránh bệnh tiến triển [Reduce the burden of kidney failure: Proactively prevent and avoid disease progression], 10 April 2023, <u>url</u>

⁴³ Vietnam, Tạp chí điện tử Bảo hiểm xã [Social Insurance electronic magazine], TP.HCM: Hơn 4.254 bệnh nhân đang lọc thận nhân tạo [Ho Chi Minh City: More than 4,254 patients are undergoing artificial kidney dialysis], 2 April 2023, url

⁴⁴ Vietnam General Confederation of Labour, Mức chi trả bảo hiểm y tế cho bệnh nhân chạy thận nhân tạo [Health insurance coverage for haemodialysis patients], 26 July 2023, url



2.2.2. National programmes

The MOH in 2015 promulgated the "national strategy for prevention and control of cancer, cardiovascular disease, diabetes, chronic obstruction pulmonary, bronchial asthma and non-communicable diseases", in which renal failure is included for the 2015 to 2025 period. This strategy requires coordination and cooperation of all levels of government. ⁴⁶ In September 2022 in Ha Noi, the Department of Medical Service Administration, the MOH and Astra Zeneca Vietnam cooperated to sign a programme to strengthen the healthcare system for a cardiovascular- renal- metabolic programme called "Love yourself- CAREME" for the 2022 to 2025 period. ⁴⁷

In terms of health education and communication for the community, some hospitals in Vietnam organised online and offline programmes to provide necessary information about renal diseases, especially for individuals with diabetes mellitus.⁴⁸

To detect early-stage renal diseases in the community in a timely way, free renal disease programmes, including consultation, are held in several hospitals. For instance, Viet Duc Hospital, one of the biggest hospitals in Northern Vietnam, organised a programme of consultation and examination without fees. ⁴⁹ Some supporting programmes and policies are held in several provinces or hospitals to assist renal diseases care in the poor. For instance, Thanh Vu Hospital in Bac Lieu city had free meals for chronic renal failure patients who are undergoing dialysis. ⁵⁰ Tuyen Quang Province issued Resolution No.25/2022/QD-HDND to support people with chronic kidney failure who require haemodialysis and thalassaemia patients in the province in terms of meals, travel, room rent and some other consumption expenses. ⁵¹

⁵¹ Tuyen Quang Provincial Party Committee, Chính sách hỗ trợ người mắc bệnh Suy thận mạn tính phải chạy thận nhân tạo chu kỳ, bệnh Tan máu bẩm sinh (Thalassaemia) trên địa bàn tỉnh Tuyên Quang [Policy to support people with chronic kidney failure requiring dialysis and thalassaemia in Tuyen Quang province], 13 January 2023, <u>url</u>



⁴⁶ Vietnam, Department of Preventive Medicine, MOH, Chiến lược quốc gia phòng, chống bệnh ung ung thư, tim mạch, đái tháo đường, bệnh phổi tắc nghẽn mạn tính, hen phế quản và các bệnh không lây nhiễm khác giai đoạn 2015-2025 [National strategy for prevention and control of cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, bronchial asthma and other non-communicable diseases for the period 2015-2025], 20 October 2016, url

⁴⁷ Vietnam Business Forum of VCCI, The Medical Services Administration - Ministry of Health and AstraZeneca Launch New Partnership to Enhance Quality of Care for Cardiovascular, Renal and Metabolic Diseases in Vietnam, 20 September 2022, <u>url</u>

⁴⁸ Bệnh Viện Nhân Dân 115 [People's Hospital 115], BS.CK2 Tạ Phương Dung tư vấn: Nâng niu quả thận của bạn như thế nào? [Doctor CK2 Ta Phuong Dung advises: How to care for your kidneys?], 4 September 2019, <u>url</u>; VnExpress, Chuyên gia tư vấn các thắc mắc về bệnh thận [Expert advice on kidney disease questions], 14 October 2021, <u>url</u>; Báo điện tử Sức khỏe và Đời sống [Health and Life Electronic Newspaper], Truyền hình trực tuyến: "Thận nhân tạo và dinh dưỡng cho người bệnh suy thận mạn giai đoạn cuối" [Online TV: "Artificial kidney and nutrition for patients with end-stage chronic kidney failure"], 13 March 2023, <u>url</u>

⁴⁹ Công An Nhân Dân, BV Việt Đức khám, tư vấn miễn phí các bệnh lý thận [Viet Duc Hospital provides free examination and consultation for kidney diseases], 12 February 2020, url

⁵⁰ Thanh Vu Medic General Hospital, Thanh Vũ Medic Tổ Chức Bữa Ăn Miễn Phí Cho Bệnh Nhân Suy Thận Mạn Chạy Thận Nhân Tạo [Thanh Vu Medic Organises Free Meals for Chronic Kidney Failure Patients Undergoing Hemodialysis], 8 March 2023, <u>url</u>



To partially solve the shortage of haemodialysis, some private organisations sponsor dialysis machines for public medical facilities. ⁵² Kidney transplants are expensive and beyond the reach of many people and charities have established funds to sponsor this treatment for the poor. ⁵³ Alongside sponsorship for kidney transplants, international cooperation activities also transfer technology. An example of this is provided by the programme ISN-TTS Sister Transplant Centre Trio Vietnam-Vietnam-Australia. ⁵⁴

2.3. Non-governmental organisations (NGOs)

Although fewer NGOs are active in the field of renal disease than in cardiovascular or other common diseases, there are still several programmes being implemented in Vietnam under cooperation between international medical organisations and hospitals. The International Society of Nephrology Sister Renal Centres Programmes is a programme in which Bach Mai Hospital received training and guidance from the National Centre for Global Health and Medicine in Japan during a six-year collaboration. This programme aims to improve not only diagnosis and treatment of chronic kidney diseases not receiving dialysis, but also to enhance the effectiveness of dialysis through dialysis water quality management. This project brought haemodialysis management system to Bach Mai, one of the biggest hospitals in Hanoi, and these systems are also shared to other health centres in the North of Vietnam.⁵⁵

A team of Singapore International Volunteers (SIV) comprising doctors and specialist nurses from Tan Tong Seng Hospital's Department of Renal Medicine works with Hanoi Medical University under the haemodialysis project which started in 2018. They also work with Bach Mai Hospital, Viet Duc Hospital, and other dialysis centres in Hanoi. SIV trained nearly 260 Vietnamese practitioners, of whom 12 were then picked to become to master trainers. Until now, these trainers have provided training to over 150 healthcare workers and enhanced the quality of care for more than 2 500 renal patients in the north of Vietnam.⁵⁶

⁵⁶ Vietnam Business Forum of VCCI, Singapore-Vietnam Haemodialysis Project Benefits more than 2,500 Renal Patients in Northern Vietnam, 14 March 2023, <u>url</u>



⁵² Tạp chí Thị trường Tài chính Tiền tệ [Money and Financial Markets Magazine], Vietcombank tài trợ 2 máy lọc thận trị giá 995 triệu đồng cho Bệnh viện Đa khoa Xanh Pôn - Hà Nội [Vietcombank sponsored 2 kidney dialysis machines worth 995 million VND to Saint Paul General Hospital - Hanoi], 5 September 2019, url; Sin Ho District Medical Center, Lễ trao tặng và khai trương hệ thống chạy Thận nhân tạo tại Trung tâm Y tế Sìn Hồ [Awarding ceremony and opening ceremony of the artificial kidney system at Sin Ho Medical Center], 1 August 2022, url Vietnam, Government Electronic Information Portal, Ho Chi Minh City, Trao 2 tỷ đồng hỗ trợ ghép tạng, điều trị ung thư cho các bệnh nhi [Donating 2 billion VND to support organ transplants and cancer treatment for pediatric patients], 27 September 2022, url; VietnamPlus, Quỹ Thiện Tâm tài trợ ghép thận thành công cho 2 bệnh nhân nghèo [Thien Tam Foundation successfully sponsored kidney transplants for 2 poor patients], 5 July 2017, url ⁵⁴ Nguoi Lao Dong Newspaper, Hợp tác quốc tế về ghép thận [International cooperation on kidney transplantation], 22 February 2022, url should be successfully sponsored kidney transplants for 2 poor patients], 5 July 2017, url ⁵⁴ Nguoi Lao Dong Newspaper, Hợp tác quốc tế về ghép thận [International cooperation on kidney transplantation], 22 February 2022, url ⁵⁴ Nguoi Lao Dong Newspaper, Hợp tác quốc tế về ghép thận [International cooperation on kidney transplantation],

⁵⁵ ISN, Improved Kidney Biopsy and CKD Treatment in Vietnam Through the ISN Sister Renal Centers Program, 2023. url



The World Paediatric Nephrology Association has accompanied the National Children's Hospital for more than 15 years in training, medical examination, treatment, and scientific research activities in the field of paediatric nephrology. In 2022, a training programme was run in collaboration with the National Children's Hospital. The topic of the online seminar was Urinary Kidney Diseases. It lasted four months and attracted doctors nationwide. 57

The Ubiquitous Blood Purification International (UBPI) is an international NGO established in 2006 in Japan by healthcare professionals involved in dialysis and renal transplant. In Vietnam, this NGO has donated dialysis machines with associated devices to improve water quality for dialysis and supported Vietnam physicians with training programmes and invitations to attend conferences in Japan.⁵⁸

The International Society of Nephrology matched with Cho Ray Hospital, one of the biggest hospitals in Vietnam, to provide guidance and educational support to teams of doctors. Westmead Hospital supported Cho Ray Hospital to become a renal centre of excellence. This centre deals with many difficult cases from different hospitals in the south of Vietnam and is considered as the most effective Organ Allocation Unit.⁵⁹

3. Cost of treatment

According to a study published in 2021, the average annual cost of treatment per patient from stage one to stage three of CKD was 2 826.3 to 3 320.3 USD [approximately 2 377 to 2 792 EUR], and for stage four to stage five 9 498.3 USD [approximately 7 989 EUR]. Many people are unable to afford treatment. The Vietnam GDP per capita in 2018 was 2 566.6 USD [approximately 2 206 EUR]. In this total cost, the expense for surgery and procedure accounts for the highest proportion, with 50 % followed by medication. This study also points out that CKD patients usually have comorbidities, particularly high blood pressure (81.4 %) and ischaemic heart disease (47.1 %), which contribute to increase the cost of treatment.⁶⁰

A study involving 100 elderly people with NHI receiving treatment for end-stage CKD shows that the total average cost for one treatment session is 13.2 million VND, in which the average patient co-payment is 2.65 million VND [approximately 101 EUR]. At this cost, 67 % of patients can afford the treatment, while 33 % of patients face a catastrophic financial burden.⁶¹

⁶¹ Quốc, P.H., Nghiên cứu chi phí điều trị bệnh thận mạn giai đoạn cuối ở người cao tuổi đang điều trị tại bệnh viện C Đà Nẵng [Research on the cost of treatment for end-stage chronic kidney disease in elderly people being treated at C Hospital in Da Nang], 2019, <u>url</u>



⁵⁷ National Children's Hospital, Hội thảo trực tuyến "Bệnh thận tiết niệu" - Chia sẻ và giảng dạy từ chuyên gia Hiệp hội Thận Nhi Thế giới [Online seminar "Urinary kidney diseases" - Sharing and teaching from experts of the World Pediatric Nephrology Association], 26 March 2022, url

⁵⁸ NGO UBPI, Activities carried out, 2018, url

⁵⁹ ISN, International Collaborations, Supporting Nephrology In Asia Pacific: APSN-ISN Programs, 2023, url

⁶⁰ Nguyen-Thi, H.-Y., et al., The Economic Burden of Chronic Kidney Disease in Vietnam, July 2021, url, p. 1



For patients needing haemodialysis three times per week, the cost of one year is estimated at 100 to 150 million VND [approximately 3 819 to 5 728 EUR]. 62 The Head of Department of Artificial Nephrology at Bach Mai Hospital, argues that there are significant obstacles to improving treatment quality, including the cost of nephrology technical services, which remain high due to insufficient production that fails to meet basic treatment needs. Moreover, haemodialysis patients also experience many other pressures, such as mental issues, social burdens such as career discontinuation, complications, and hospitalisation. 63 According to one study conducted in the provincial hospital of Cao Bang patients with NHI cover had to pay around 1 020.36 USD \pm 105.04 USD [approximately 840 EUR \pm 86 EUR]. Therefore, it is necessary to have policies to reduce treatment costs for patients with end-stage CKD so that people can easier afford their treatment. 64

Although kidney transplant seems to be more economic than haemodialysis in the long run, the cost to perform this operation currently is too high for most Vietnamese people, even if they have NHI. One case of kidney transplant requires about 200 to 250 million VND [approximately 7 930 to 9 913 EUR], and while NHI pays between 150 to 170 million VND [approximately 5 947 to 6 740 EUR], the rest is paid by the patient.⁶⁵

3.1. Health insurance and costs for medical examination and treatment

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:

- 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, and people aged 80 or older who are receiving monthly death benefits.
- 2. Revolutionary activists before 1945; Heroic Mothers of Vietnam; 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.

⁶⁵ Báo Đầu tư Online, Bước tiến mới của ngành ghép tạng tại Việt Nam [A new step forward in the organ transplant industry in Vietnam], 2 March 2023, <u>url</u>



⁶² Vietnam, Government Electronic Newspaper, Cảnh báo tình trạng suy thận ở Việt Nam [Warning about kidney failure in Vietnam], 14 March 2019, url

⁶³ Bệnh Viện Bãi Cháy, Khoảng 800.000 Người Việt Nam Bị Suy Thận Giai Đoạn Cuối [About 800,000 Vietnamese People Suffer from End-Stage Renal Failure], 10 March 2023, <u>url</u>

⁶⁴ Hoa, L. T. B. and Lan, N. T. P., Thực trạng chi phí điều trị người bệnh suy thận mạn tính giai đoạn cuối tại Bệnh viện Đa khoa tỉnh Cao Bằng, 2021 [Current status of treatment costs for patients with end-stage chronic kidney failure at Cao Bang Provincial General Hospital, 2021], 2022, <u>url</u>, p. 1



- 4. Cases where the cost of one medical examination and treatment is lower than 15 % of the base salary.
- 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.⁶⁶

The monthly base salary increased from 1 490 000 VND [58 EUR] to 1 890 000 VND [73 EUR] on 1 July 2023.⁶⁷ 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.⁶⁸

Table 1 shows how NHI and private insurance can each provide cover for public and private healthcare and the implications for the fees that the patient must pay. Some private health providers have agreements with NHI. This enables people who hold NHI to access care with these providers. ⁶⁹ 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. ⁷⁰

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.⁷¹ 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.⁷²

⁷² ACC Group, Bảo hiểm y tế tư nhân là gì? [Cập nhật 2023] [What is private health insurance? [Updated 2023]], 2023, <u>url</u>



⁶⁶ 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

⁶⁷ 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

 $^{^{68}}$ Dezan Shira & Associates, Salary and Wages in Vietnam, 2023, $\underline{\text{url}}$

⁶⁹ 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., <u>url</u>; LuatVietnam, 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, <u>url</u> ⁷⁰ 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, <u>url</u>; 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

⁷¹ Source A, NHI staff in a public hospital, Ho Chi Minh City, Interview, November 2023



Table 1. Health insurance and requirement to pay⁷³

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. While prices may vary from one hospital to another, they are strictly regulated according to the provisions of this circular. In particular, the range for the outpatient treatment price is from

20

⁷³ 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., <u>url</u>; LuatVietnam, 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, <u>url</u>; 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, <u>url</u>; ACC Group, Bảo hiểm y tế tư nhân là gì? [Cập nhật 2023] [What is private health insurance? [Updated 2023]], 2023, <u>url</u>



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.⁷⁴

Table 2 and Table 3 below provide prices for inpatient and outpatient treatments 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.⁷⁵

Table 2 lists the private consultation prices from Tam Anh hospital and FV hospital;⁷⁶ the public prices column adheres to the Circular No.22/2023.⁷⁷

In Table 3, the private column prices are cited from the University Medical Center price lists;⁷⁸ the public column prices are cited from Circular No.22/2023.⁷⁹

Table 2. Price for consultations

Specialist	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/ comments
Internist	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 (Tam Anh hospital) 1 200 000 – 1 800 000 (FV hospital)	5 000 000 – 15 000 000 (FV hospital)	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in

⁷⁹ 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, <u>url</u>



Vietnam, MOH, Số: 13/2023/TT-BYT, 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, [No: 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], 29 June 2023, 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 ⁷⁶ Studocu, Tam Anh hospital, Price List of Medical Examination and Treatment Services, 2024, <u>url</u>; IVIE – Bác sĩ ơi, Giá phòng bệnh tại bệnh viện FV [Room prices at FV hospital], 13 August 2022, <u>url</u>

⁷⁷ 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
⁷⁸ University of Medicine and Pharmacy Hospital, Ho Chi Minh City, Medical Examination and Treatment Price List, n.d., url



Specialist	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/ comments
Nephrologist	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 (Tam Anh hospital) 1 200 000 – 1 800 000 (FV hospital)	5 000 000 – 15 000 000 (FV hospital)	Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.

Table 3. Price for treatments and diagnostic tests

	Public treatment price in VND	Private treatment in VND	Reimbursement/ special programme/ free/comments
Laboratory resea	rch		
Bacterial cultures	307 000	300 000	NHI covers 100 % of the costs in public facilities only for the
Electrolytes; potassium, sodium, calcium and magnesium	29 500 (sodium, potassium, chloride) 16 400 (calcium) 32 800 (magnesium)	94 000 (sodium, potassium, chloride) 47 000 (calcium) 44 000 (magnesium)	five groups of people listed in Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
Kidney function overall index: Glomerular Filtration Rate (GFR)	21 800	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
PTH, calcium, phosphate	13 000 (calcium) 240 000 (PTH)	32 000 (calcium) 280 000 (PTH)	of the population are described in Table 1.



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	Public treatment price in VND	Private treatment in VND	Reimbursement/ special programme/ free/comments
Renal/ kidney function (creatinine, ureum, proteinuria, sodium, potassium levels)	21 800 (urea) 21 800 (creatinine) 29 500 (sodium, potassium and chloride levels in blood) 14 000 (proteinuria) 32 000 (protein in urine - 24h)	32 000 (urea) 32 000 (creatinine)	
Medical imaging			
Ultrasound of the kidney	49 300	165 000	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.
Treatment			
Clinical admittance in nephrology 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 Section 3.1. Insurance provisions for the remainder of the population are described in Table 1.
Chronic haemodialysis; cost of one session	567 000	1300 000	NHI covers 100 % of the costs in public facilities only for the five groups of people listed in
Acute haemodialysis	1 565 000	4 200 000	Section 3.1. Insurance provisions for the remainder





	Public treatment price in VND	Private treatment in VND	Reimbursement/ special programme/ free/comments
Peritoneal dialysis; costs of one session	574 000	900.000 – 1500 000	of the population are described in Table 1.
Surgical placement of an arterial shunt for haemodialysis	1830 000 – 1926 000	6 400 000	

4. Cost of medication

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. 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.⁸¹

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.



Nietnam, Socialist Republic of Vietnam, Luật Của Quốc Hội Số 21-LCT/HĐNN8 Ngày 30/06/1989 Về Bảo Vệ Sức Khoả Nhân Dân [Law of National Assembly No.: 21-LCT/HDNN8, 30/06/1989 of People's Health], 30 June 1989, url

⁸¹ 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 % - 20 % higher than inside health facilities where prices cannot exceed the prices approved by authorised state organisations. Because 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. Because of medication in hospitals.

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. 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. 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. Between the procurement of medication and supplies.

From November 2020, a portal to disclose service prices of the health sector was opened by the MOH (https://congkhaiyte.moh.gov.vn/).87 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.88

⁸⁸ 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, <u>url</u>



⁸² Báo điện tử Kinh tế & Đô thị [Economics & Urban Electronic Newspaper], [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, <u>url</u>; 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

⁸³ Báo điện tử Kinh tế & Đô thị [Economics & Urban Electronic Newspaper], [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 84 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 Đắk Lắk 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

⁸⁵ 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, <u>url</u>

⁸⁶ 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

⁸⁷ 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, <u>url</u>



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 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	
Hematopoietic gr	owth factor; for a	naemia due to rei	nal problem	ıs		
Epoetin alfa	Eprex [®]	2 000 UI/ 0.5 ml	syringe	6	1620 000	
Phosphate binder	rs					
Lanthanum carbonate	Fosrenol®	1 000 mg	pill	90	5 000 000	
Potassium binder	rs:					
Calcium polystyrene sulphonate	Kalimate	5 g	powder	30 sachets	500 000	
Medication to treat metabolic acidosis						
Sodium bicarbonate (= sodium hydrogen carbonate)	Sodium bicarbonate Renaudin 8.4 %	840 mg/10 ml	ampoule	100	2 430 000	





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Annex 2: Terms of Reference (ToR)

Nephrology (kidney diseases; renal failure)

General information

- Briefly describe prevalence and incidence of kidney diseases and renal failure/ types of these diseases (epidemiologic data).
- How is the health care organized for nephrological diseases?
- How are nephrological diseases treated at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat nephrological diseases [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 nephrological diseases? Are there sufficient resources available to treat all patients?
- Is there a particular type of nephrological diseases for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating nephrological diseases?
- Are there any national or international plans or (donor) programmes for certain diseases; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

Are there specific treatment programmes for nephrological diseases? 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 nephrological diseases? 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 nephrological diseases (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., dialysis, kidney transplantation, 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 nephrological diseases?

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 these diseases

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 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).

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 of nephrological diseases?
 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).



