Using instrument developed by Health System Project

Health Strategy and Policy Institute
Health System Project

- Component of the Health System Assessment
- How to adapt the HSA instrument to Vietnam
- Impact of assessment on MoH and province
- Lesson learnt and next plan

Health Systems Project Framework for the HSA Approach

Health Systems functions:
- Governance
- Health Financing
- Human Resources
- Pharmaceutical Management
- Health Information System
- Service Delivery focus

Performance Criteria:
- Equity
- Access
- Quality
- Efficiency
- Sustainability

Identification of Health System Strengths/ Weaknesses

Recommend Priority Interventions

How to adapt the HSA instrument to Vietnam…

Public **Private**

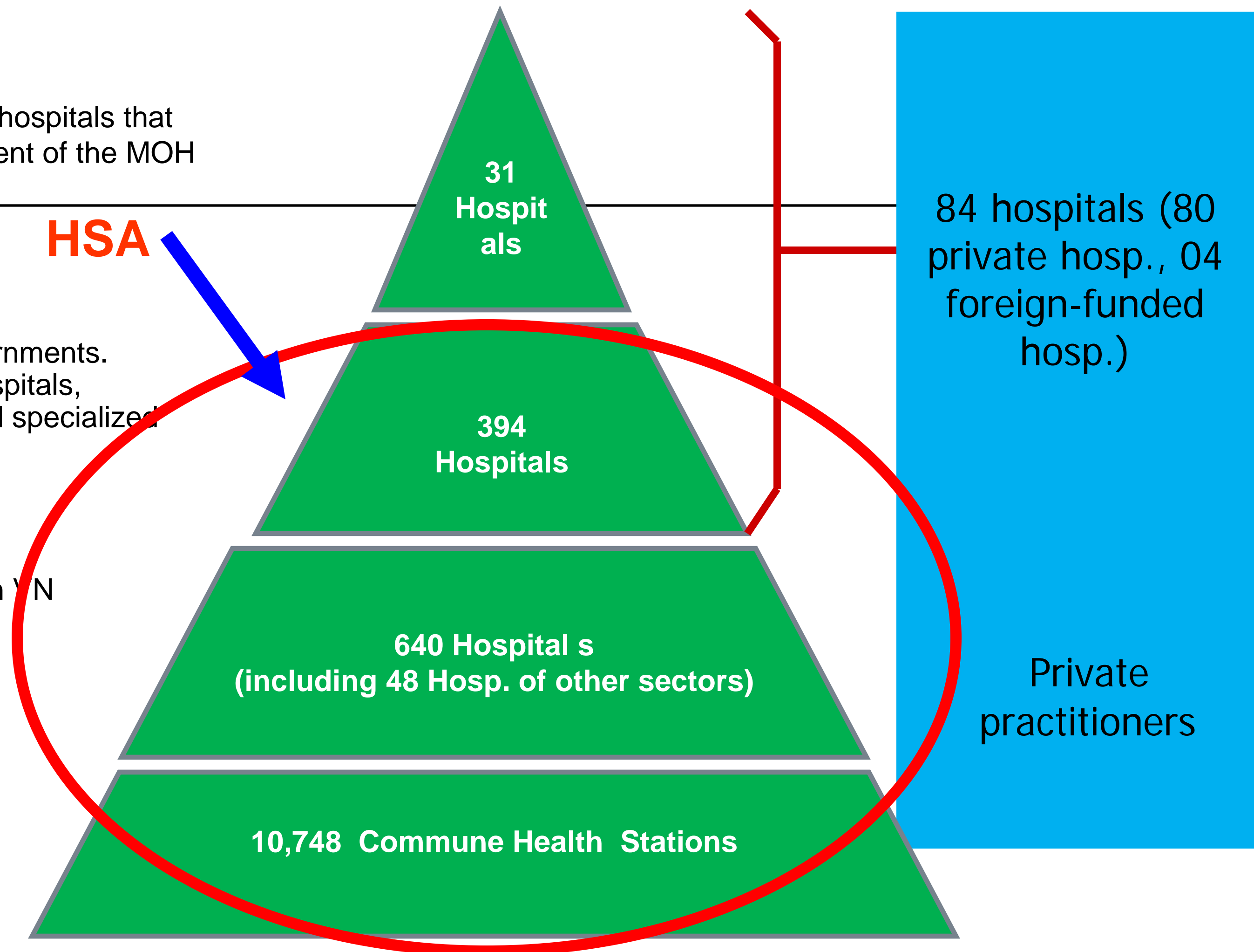
(**133,345 beds)** **(4,456 beds)**

4. Central level
Include general and specialized hospitals that are directly under the management of the MOH

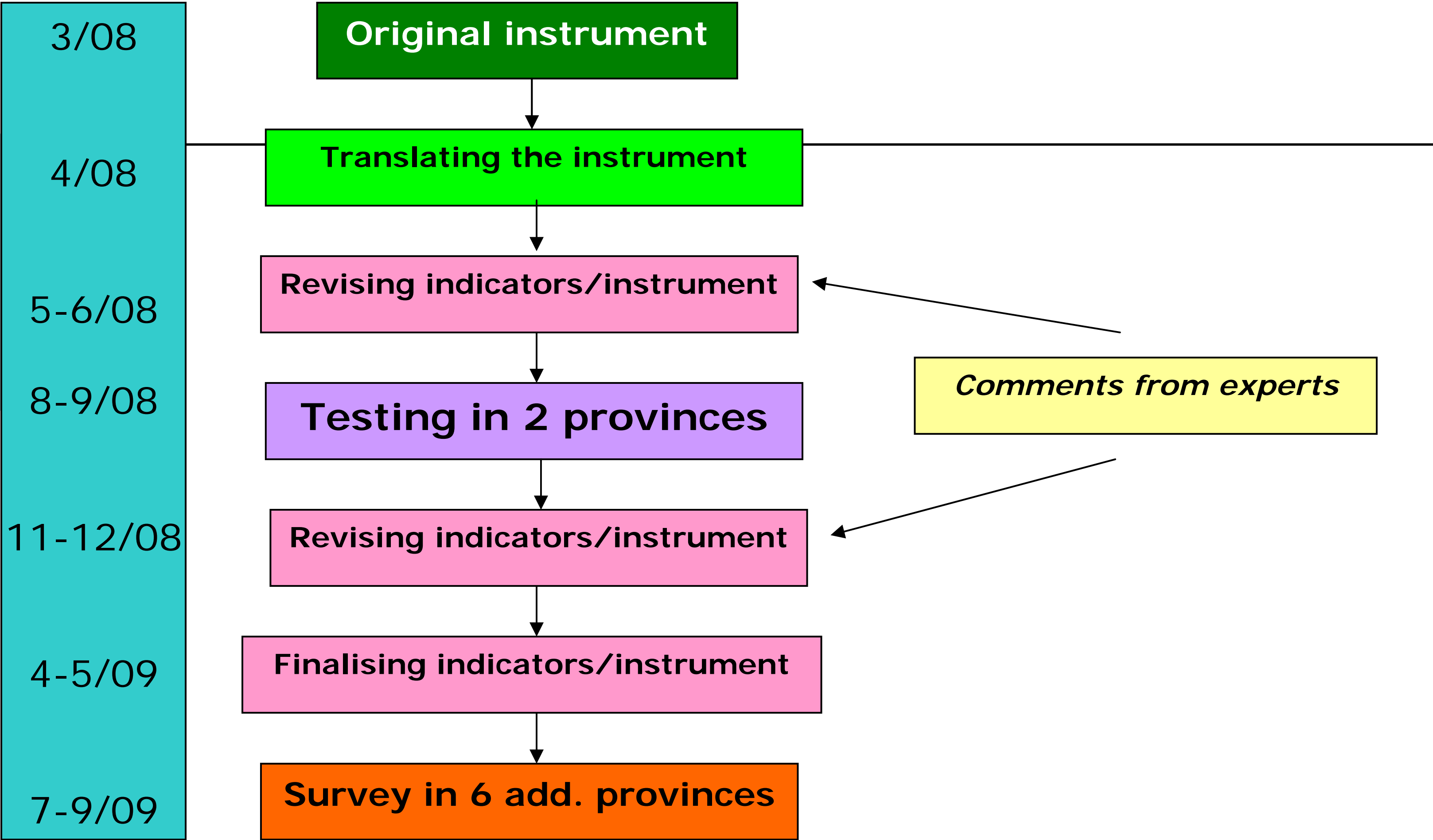
3. Provincial level
Managed by the provincial governments.
It includes provincial general hospitals, regional hospitals, and provincial specialized hospitals.

2. District level
Also belong to grass-root level in VN

1. Commune level
Provide PHC services.
The first contact to HCS



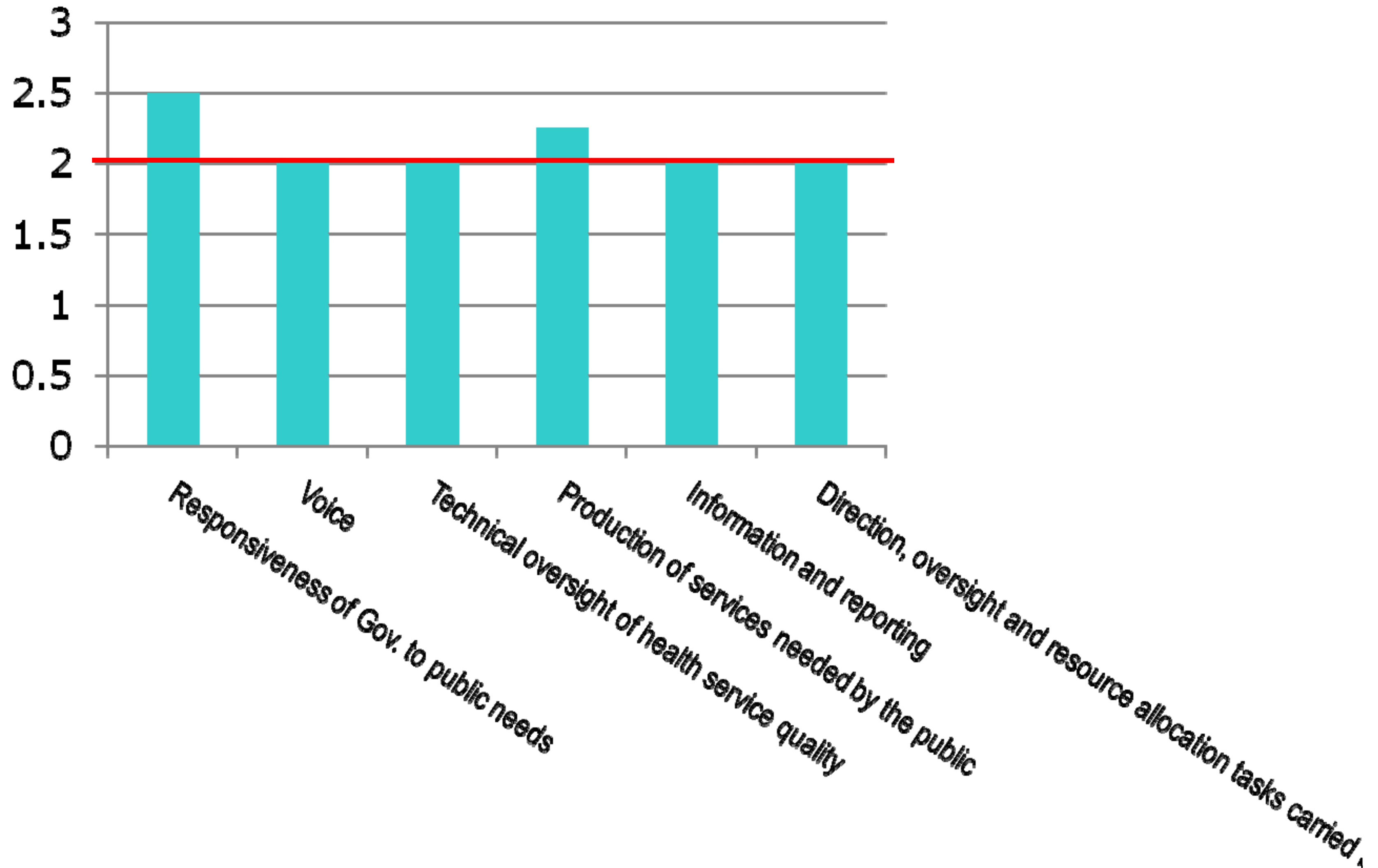
How to adapt the HSA instrument to Vietnam…



HEALTH SYSTEM ASSESSMENT FINDINGS

Module 1: Governance Module

Governance Average Score in 6 Provinces



Responsiveness of HS to public need

- There are institutions for policy implementation, but resources (finance, human) are limited;
- The public can access to documents on health policy, plans, but not always easily

Voice: Preference Aggregation

- Provincial governments and health departments frequently listen to citizens, community organization opinions on effect of health policy, via direct meetings, meeting with people committee and mass media; received their inputs/comments but the inputs are not frequent.

Technical Oversight of health service quality

- Role of social, social professional organizations, civil organizations in overseeing compliance of regulations, procedures, protocols, codes, hospital fee collection, etc. is not clear.

Service delivery to the public need

- The point is that fee for service payment method is dominant, while quality assurance system is not well developed.

Information and Reporting

- All hospitals run health management information system to adjust health care activities, but quality and efficiency of the HMIS remained limited.
- Health expenditure in public health sector is audited periodically, but audit reports are not informed widely.

Directives, oversight and resources allocation

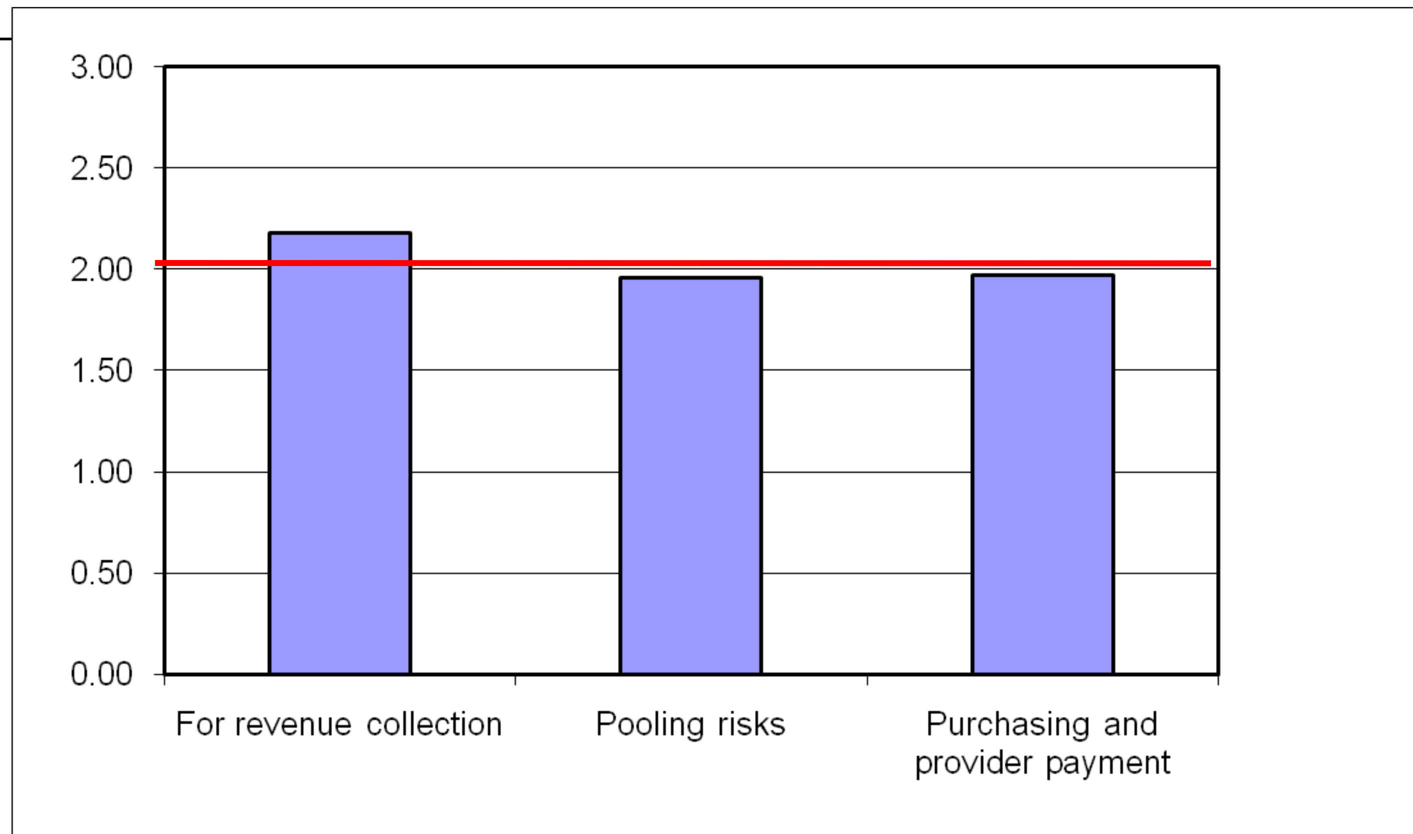
- Certification and licensing procedures exist for private sector only
- Oversight role of non-government organizations in health care provision is limited.

Conclusion and Recommendation

- Governance in the Vietnam health sector has many strong points (good mechanism to solicit inputs from relevant stake holders; health policy and strategy became more evidence based; good mechanism for information exchange between patients and providers; existence of procedures to fight discrimination, malpractice, misuse of resources etc);
- *It is necessary to extend oversight function to non-government organizations, to contribute to efficiency and sustainability of the health care system.*

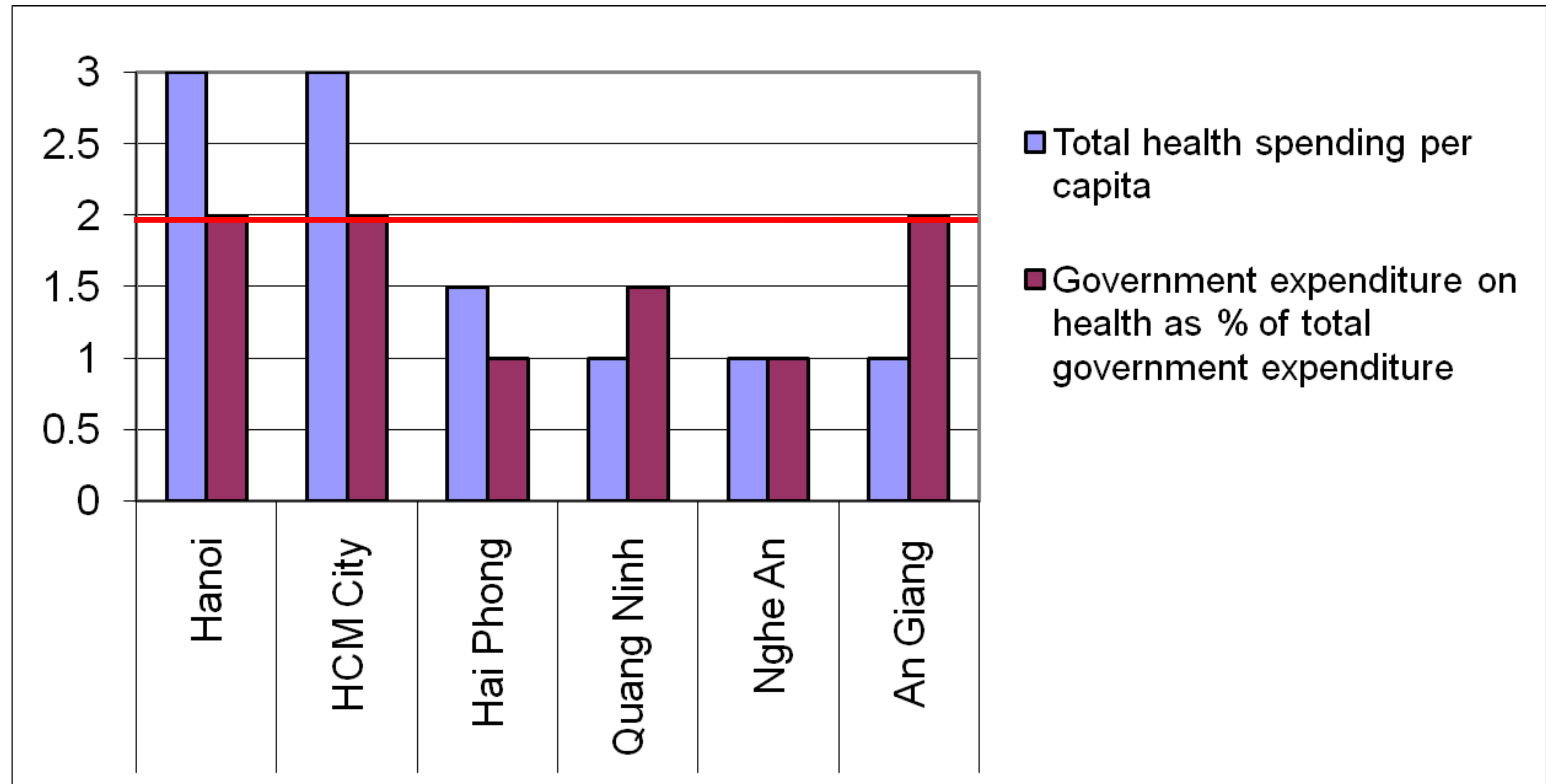
Module 2: HEALTH FINANCING MODULE

Assessment by components



- Revenue collection component assessed as adequate
- Pooling risks, purchasing and provider payment components are less than adequate

Assessment by each component: Revenue collection



Total health spending/capita (<30$/capita) is not adequate (HN&HCM)
➔low accessibility and low quality of HCS

- Low commitment from govern. to the health sector in some provinces (<20%)

Assessment by each component: Pooling and Allocation of resources

- Process of budget formulation :

  From bottom-up but not fully approved, depend on availability of budget.

- Budget allocation structure :

  Program-based (curative/preventive). It is not output-based financing.

Assessment by each component: Pooling and Allocation of resources

- % of government health budget allocation for the poor, children under six year of age and other vulnerable groups

  In all 6 provinces: 8-22%. All vulnerable people is provided health insurance cards

- % of government health budget spent on health workers salaries, medicines and other recurrent costs

  In all 6 provinces: 34-70% for salary. Remaining budget is not adequate to cover for medicine and other recurrent costs, have to use budget from user fee and health insurance resources

Assessment by each component: Purchasing and provider payment

- Payment method: fee-for-service
- Incentive and performance-based financing scheme

  Financing scheme is not performance-based ➔ no incentive to providers
- Informal user fees in the public sector: no data

  Key informant interviews: informal user fee is not a big problem in these 6 provinces that affect people's health service utilization.

  Co-payment mechanism according to new law on health insurance may cause barrier for the poor in accessing to health care services

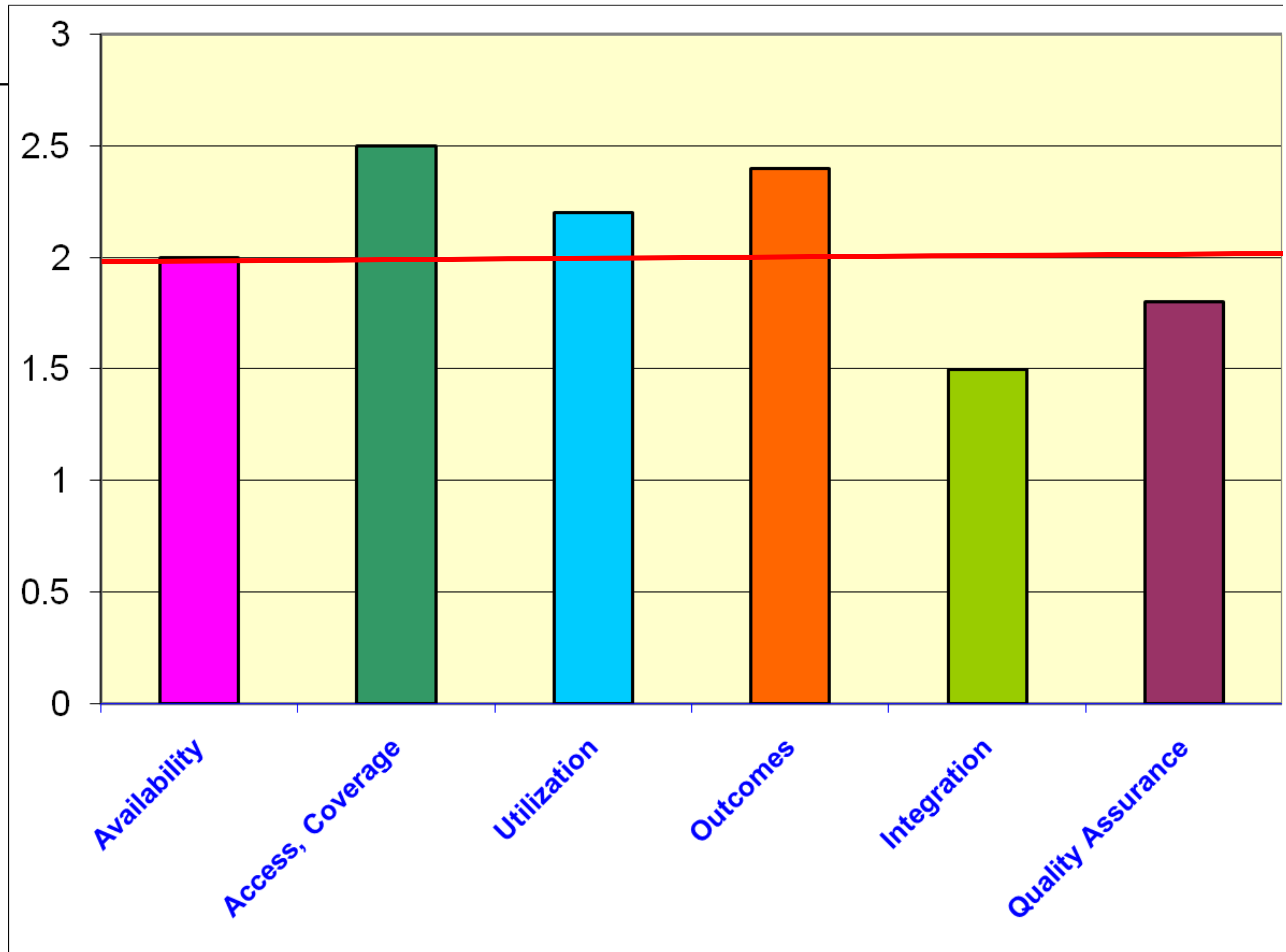
Conclusion

Performance of health financing system is assessed as moderate:

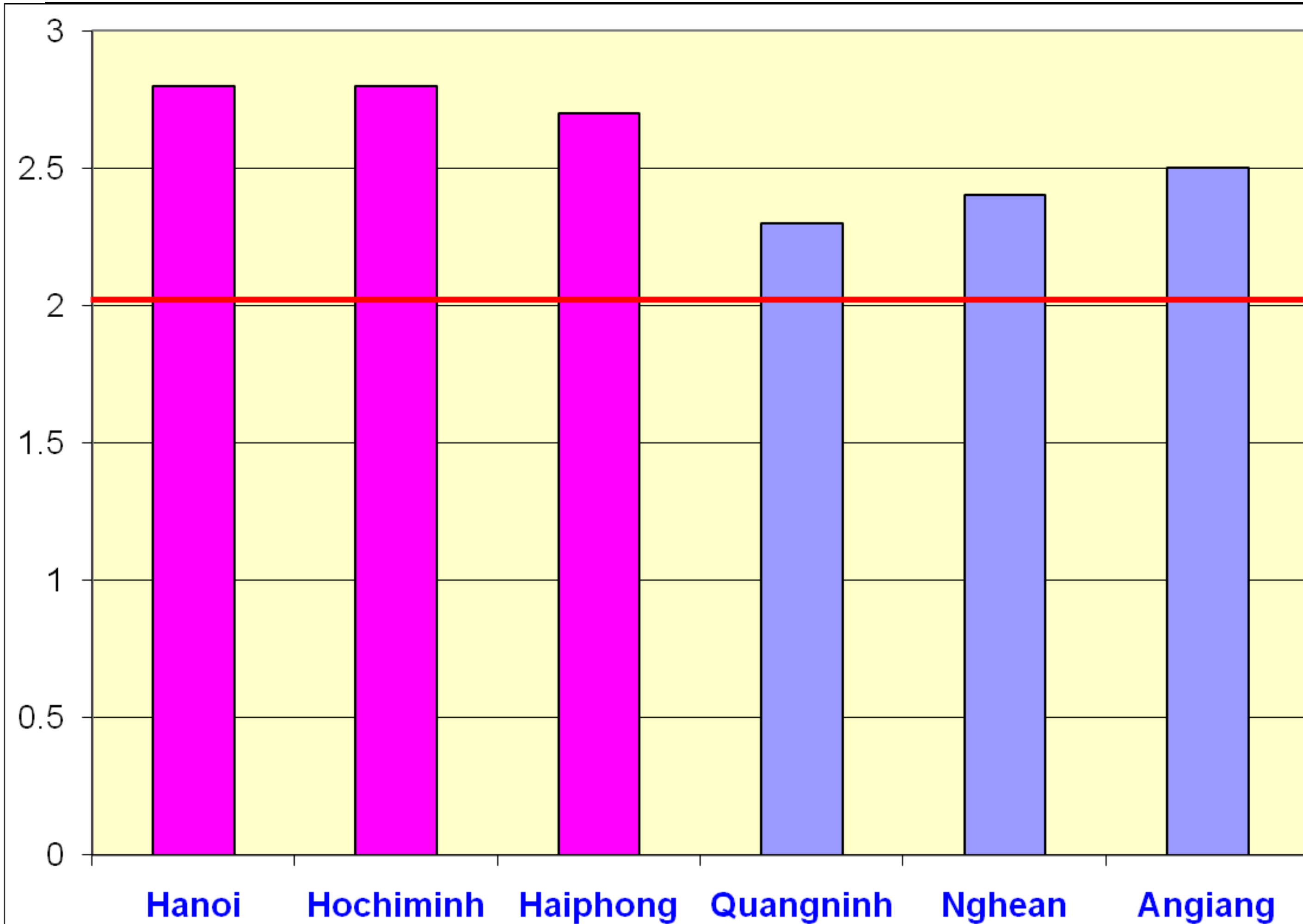
- Revenue collection is still limited (health sector have low commitment on budget from local government);
- Implementation of HCFP policy is good in studied provinces. Law on HI with co-payment policy can be a financial barrier to access HCS among the poor
- There is no appropriate incentive mechanism for providers since budget allocation is not performance-based.

Module 3: HEALTH SERVICE DELIVERY

Assessment by all components



Assessment of access component by provinces



Strengths - Access, coverage

Access, coverage is quite good

- Health care network covers to village level
- The percentage of primary care facilities that are adequately equipped in 6 provinces is ~ 70%.
- Private sector is growing rapidly, but mainly are clinics, private hospitals are only concentrated in wealthy areas and populous urban areas.
- Access to health services and coverage in Vietnam is quite "adequate", Most of people can access CHSs within 30 minutes and district hospitals within 1 hours in average.
- People lives in more disadvantaged provinces has lower access to HCS compared to the better off.
- Most of poor people, children under 6 and the elderly above 85 years has received free Health Insurance card.

Strengths - Utilization

Utilization of services in the six provinces in general were good.

- Reproductive health care (RHC) has significantly improved.
- The national expanded programme on immunization provides free vaccinations against seven diseases, fully vaccinated is about 95%.

Weakness - organization and integration

- Integration of health service delivery is the weakest component:

  - It is only good in terms of providing primary care services

  - But no integration in terms of administrative works between programs such as filling record books and writing report: each CHS has approximately 25 monitoring books for 30 health programs; 20-30% of working time spent for writing report and taking records.
- Referral mechanisms is not well implemented in all provinces.

  (This situation is illustrated by the hospital overloads in 3 cities (2, 3, even 4 patients per bed). Bed occupancy rates in many hospitals higher than 100%.)

Conclusion

- A big problem in terms of workload among staff who work at the commune levels where provide primary care services due to lack of integration in terms of administrative works between health programs

  ➔ *necessary to have integration between health programs right at central level in terms of developing an unique record books*

- People lives in more disadvantaged areas has lower access to HCS compared to the better off especially to high quality HCS at higher level.

  ➔ *The province need to bring HCS to be accessible to those areas (solution of mobile team…)*

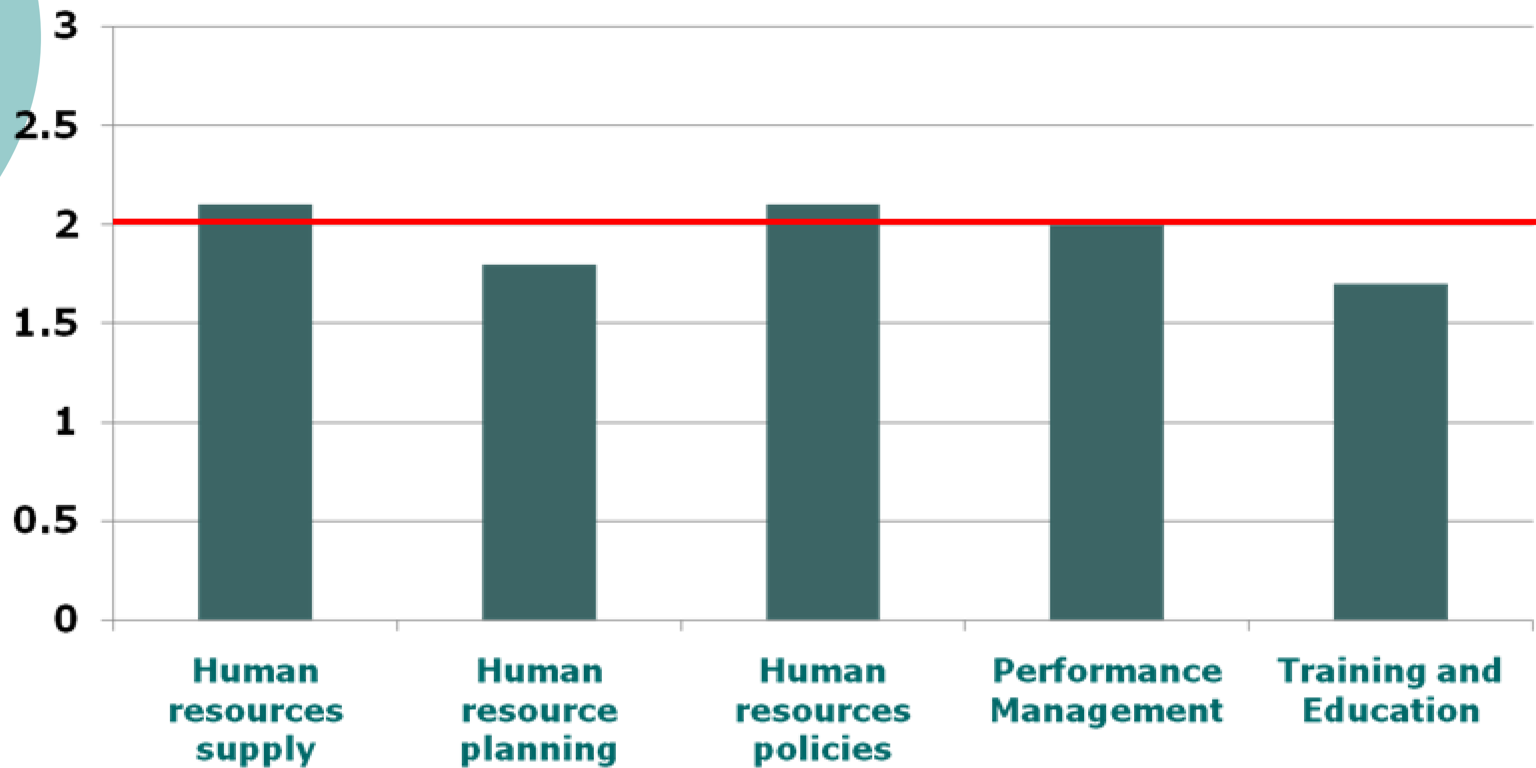
  ➔ *Both province and MoH need to make a plan to provide more investments to health facilities at disadvantaged areas (both local and MoH can do)*

- There is no mechanism to monitor referrals between facilities of different referral levels

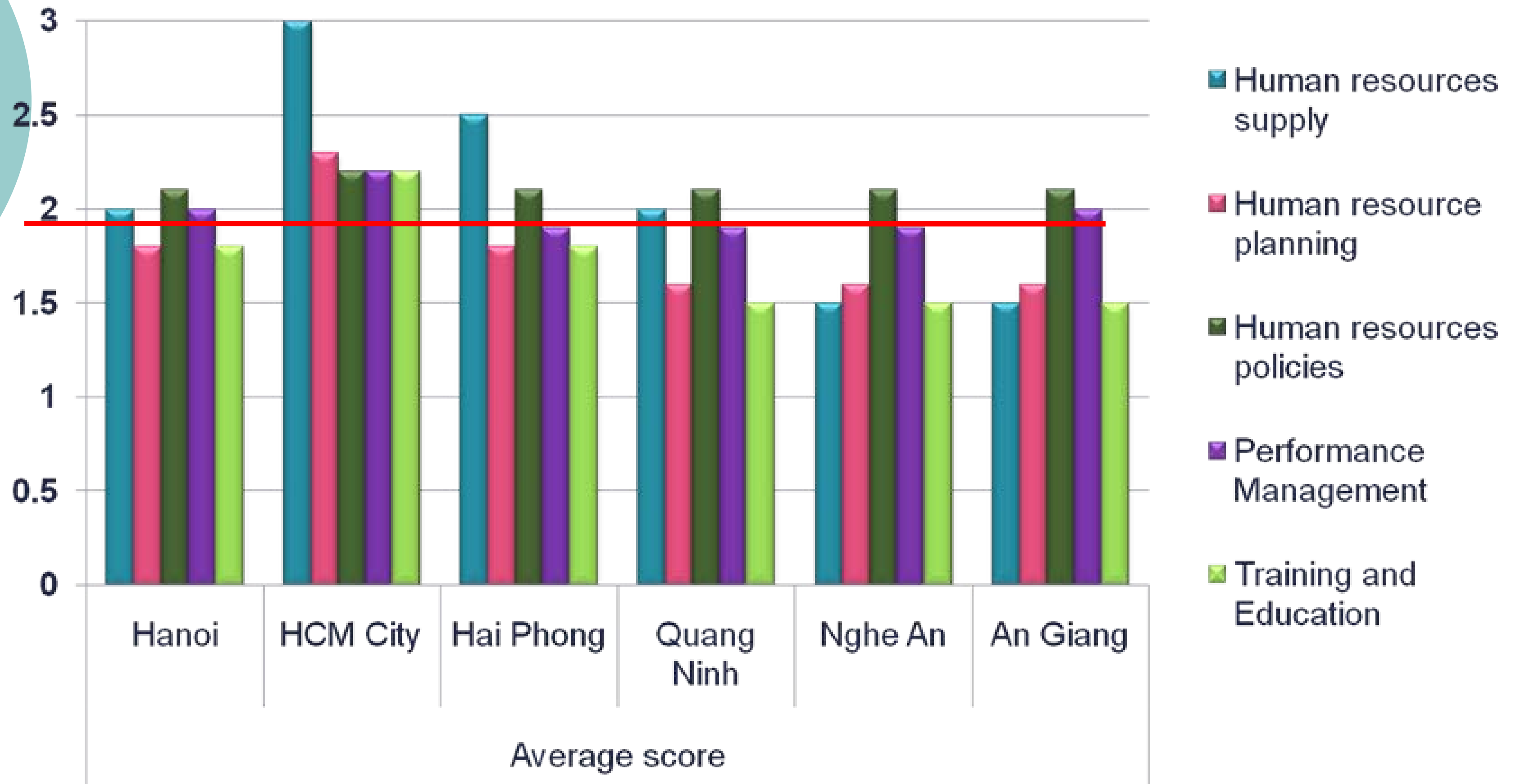
  ➔ Need to develop a policy regulation to control it (both from lower level to higher level and back)

HUMAN RESOURSE MANAGEMENT

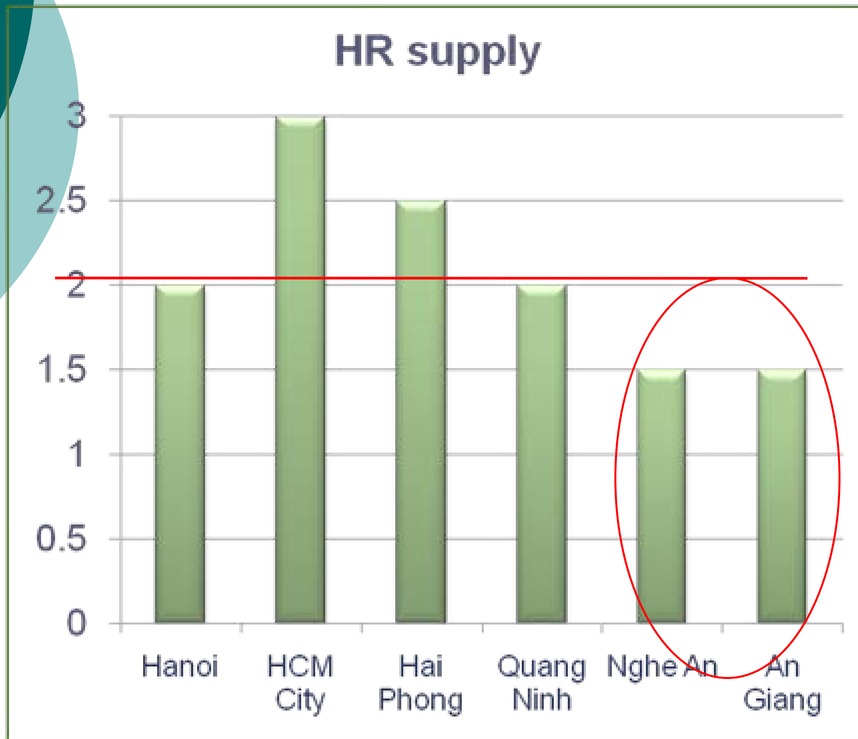
ASESSMENT OF HUMAN RESOURSE MANAGEMENT



OVERAL SCORES FOR BASIC COMPONENTS BY PROVINCES

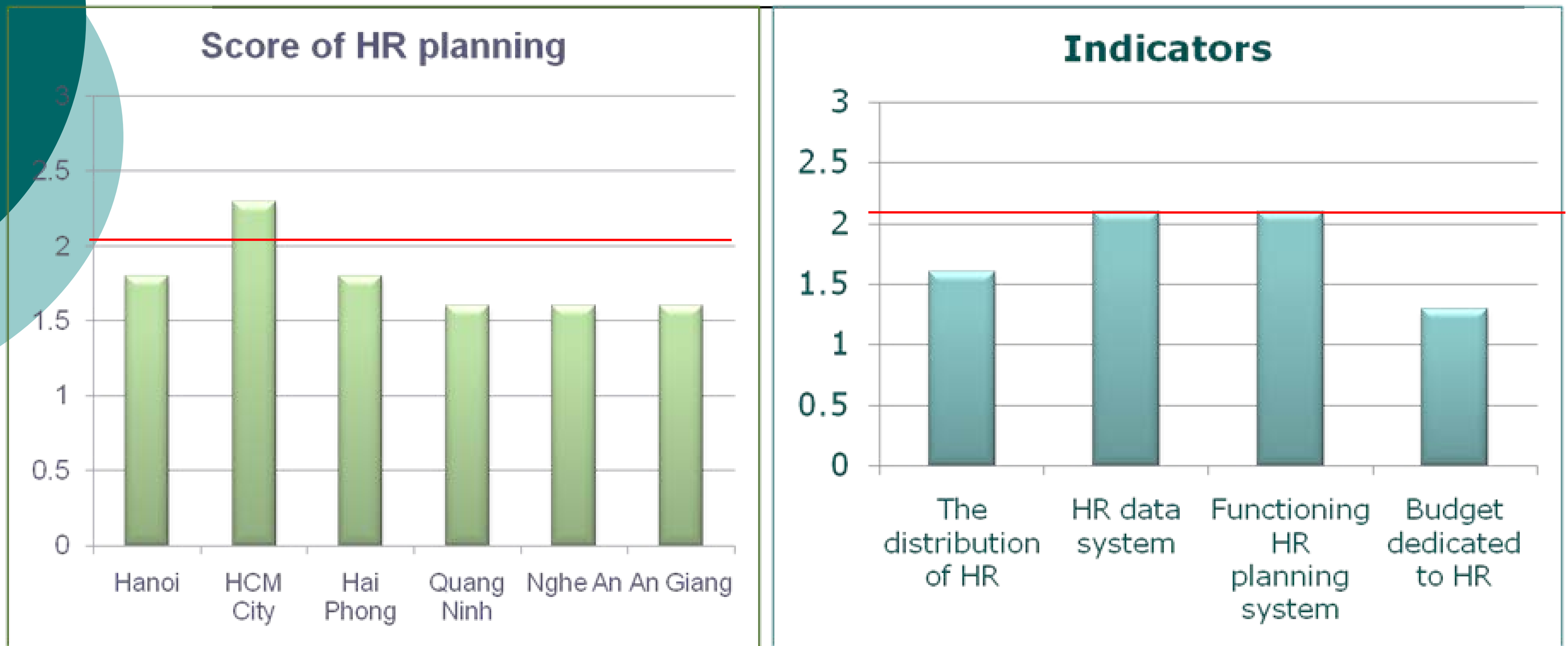


Assessment by indicator for each component



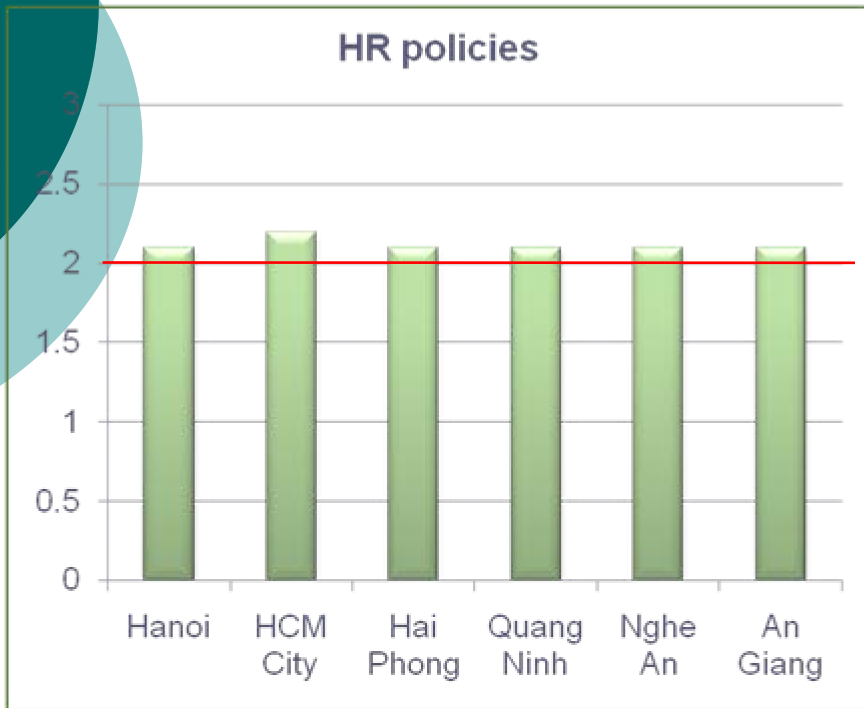
- Lack of HR in primary health care, preventive care and in rural/remote areas both in city and provinces in the rural area
- Problems of HR moving from area of preventive care to curative care, rural to urban and from public to private sector

Assessment by indicator for each component



- Imbalance of HR between rural and urban areas, primary and preventive cares.
- Weakness of HIS for HR management and planning
- Budget for HR development is not have specific and not allocated

Assessment by indicator for each component

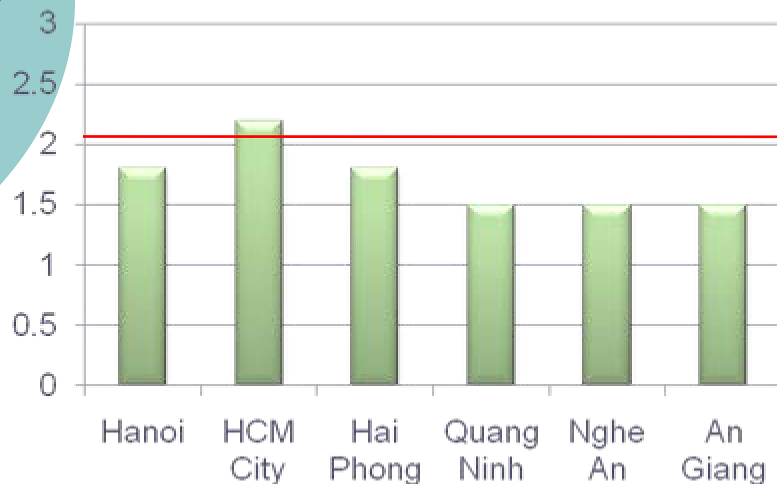


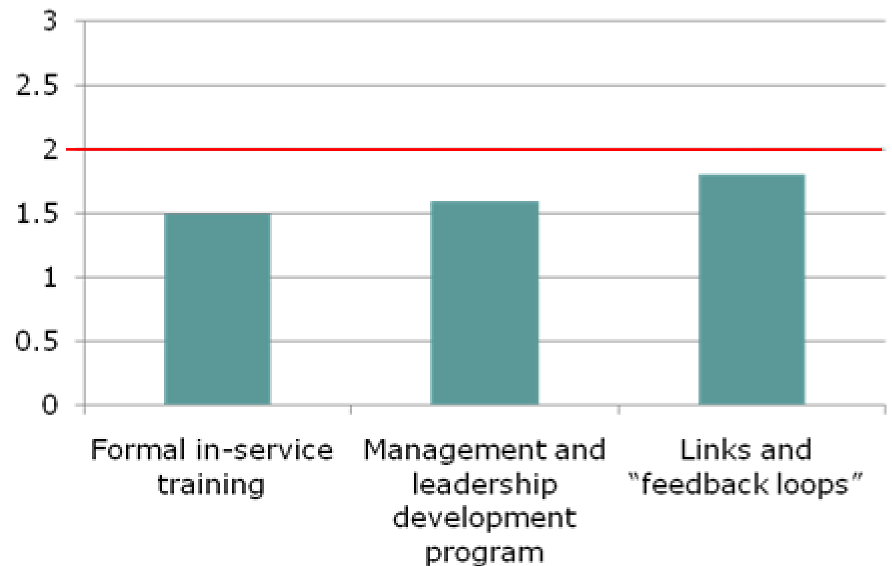
- HR policy have covered most of HR aspect and implemented consistency
- Weakness in licensing and accreditation system

Assessment by indicator for each component

- Weak Individual performance management system
- Lack of technical standard for health professional together with silencing system for all health professional both in public and in private.
- Incentive package is not relevance

Assessment by indicator for each component





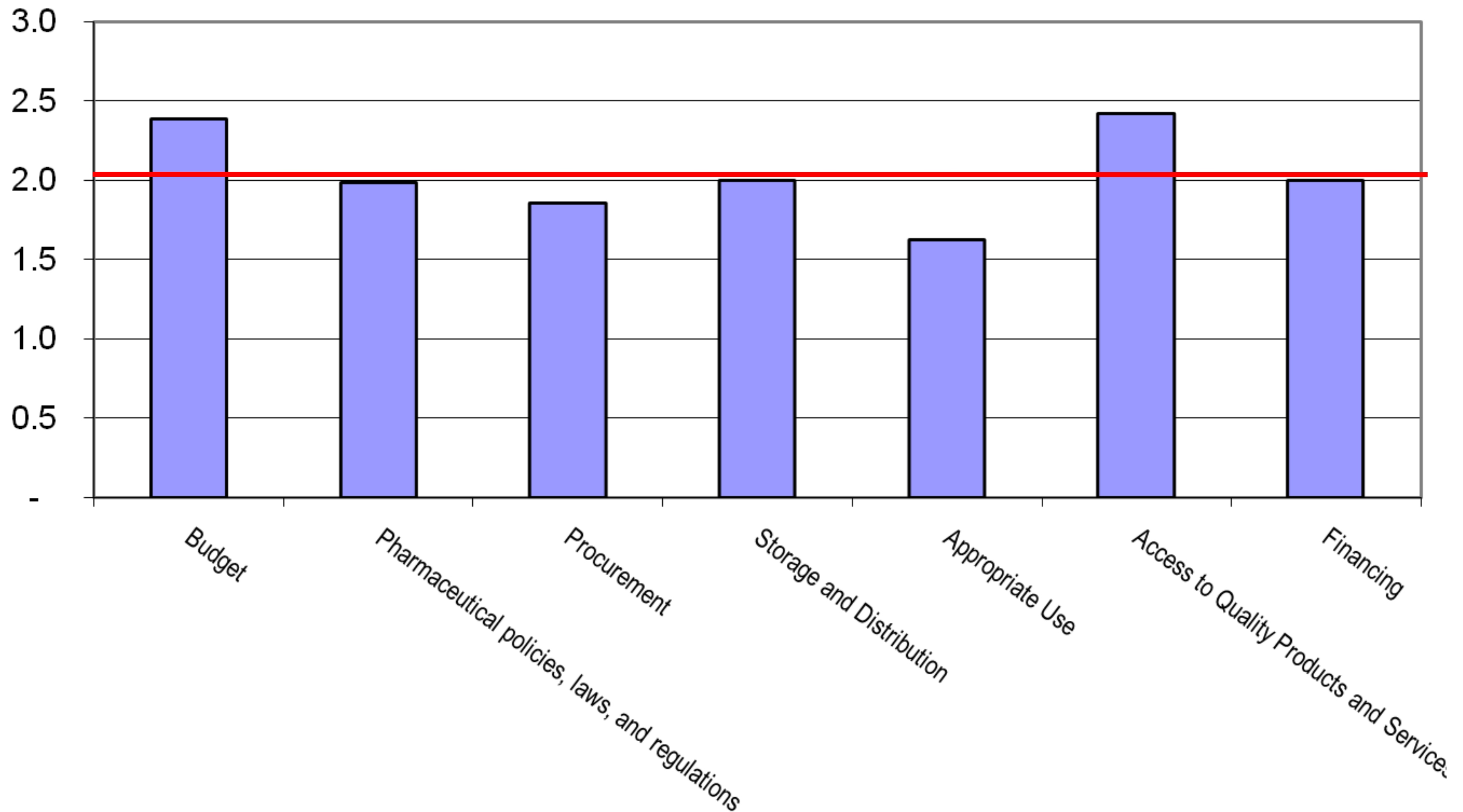
- Weak formal & quality in-service training program and training institution network
- Lack of formal links and "feedback loops" between the organization and pre-service training institutions
- Weak formal capacity building and develop management and formal leadership development program

Conclusion

- Imbalance of HR: policy and mechanism to attract and use health professionals to work in rural areas, primary and preventive cares.
- Weak HR planning: HIS for HR management and planning, irrelevance budged for HR development
- Weak performance management : Individual performance management system, Incentive package is not relevance
- Lack of the technical standard for health professional together with silencing system
- Weak in-service training program and training institution network
- Lack of good link between training institutions and health organizations, health facilities

PHARMACEUTICAL MANAGEMENT

Assessment of 7 components



Pharmaceutical Policy, Laws, and Regulations

- Most indicators relevant at national level only
- Almost no different among provinces and districts
  - Weak point: Lack of a system for the collection of data regarding the efficacy, quality, and/or safety of marketed pharmaceutical products
  - Reports and statistics on licensing, inspection and control the compliance to pharmaceutical regulation are not available
  - Less attention paid to National Essential Medicines List

Procurement

- There is guidelines on public procurement but it lacks of specific guidelines for drug procurement
- Both non-propriety names and propriety names are used in drug bidding
- No specific regulation on pre or post qualification process related to product safety, efficacy, and quality
- Lacks of standardization method in estimating quantity of drug purchased

Storage and distribution

- Significant gap between province and district level
- Standard operating procedures for drug distribution existed but not consistently applied at all levels
- Value of inventory loss always less than 5%: Effective management of inventory

Appropriate use of medicines

- The common measure to improve the use of medicines in hospital is through Therapeutic and Drug Committee
- There is also large disparity on performance of this committee among hospitals
- Lack of national treatment guidelines for common diseases

Access to Quality Products and Services

- Availability: stock out of essential drugs or specific programs rarely occurred
- Licensed pharmacies or drug sellers are available in all communities but distribution of drug dispense is uneven
- Licensed pharmacists are available in most health facilities
- Number of population per pharmacist still high in most of provinces

Financing

- Out of pocket expenses for healthcare in general and for medicines in particular vary considerably among income groups
- Price control measures exist but not consistently enforced
- The most common measure for price control of medicines is price posting for retailing drug

Conclusion

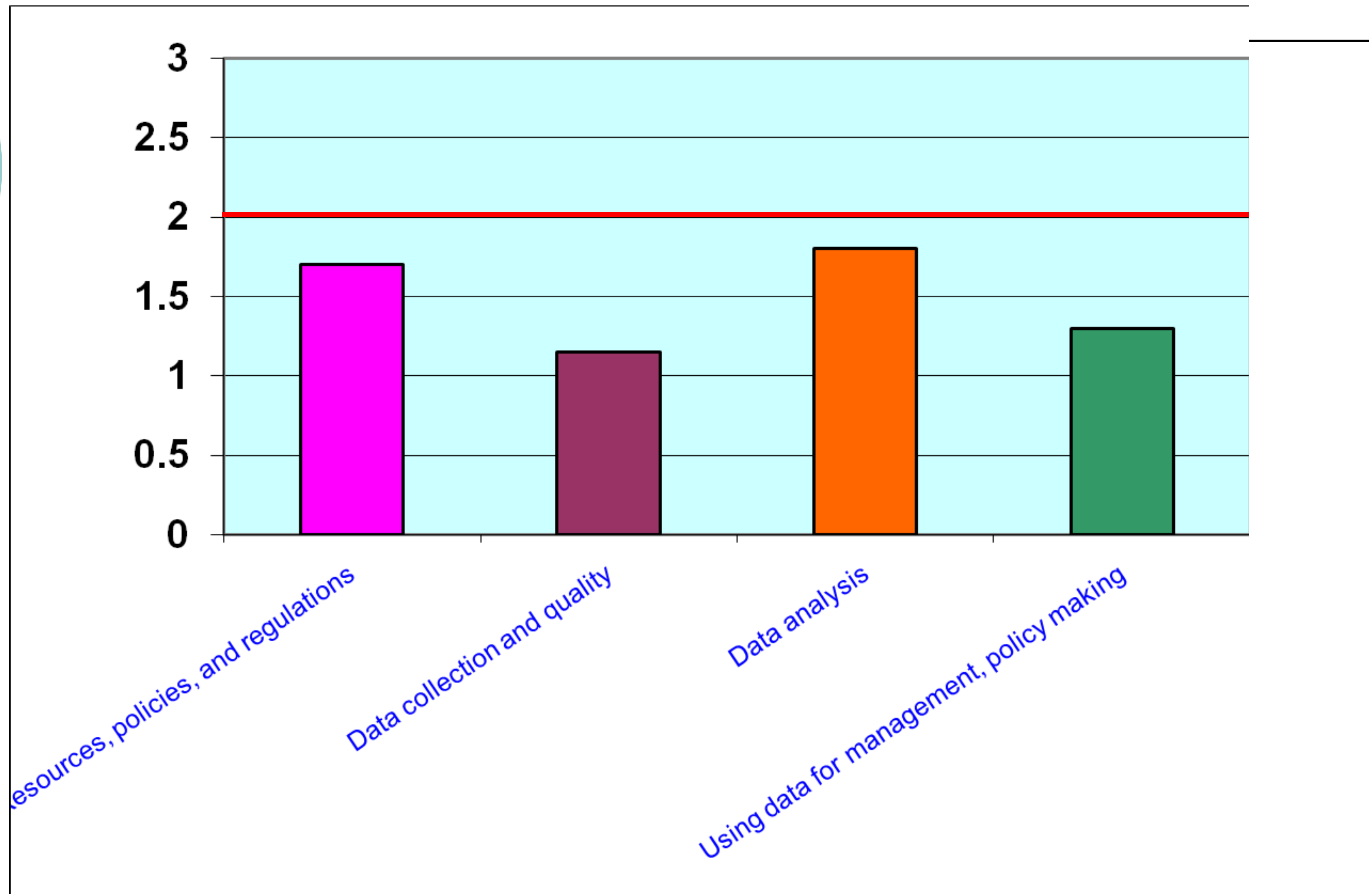
Critical issues are revealed:

- Lack of measures to ensuring quality of medicines within procurement and post marketed
- Cost containing is still limited
  - Both non-propriety names and propriety names are used in drug bidding
  - Less attention paid to National Essential Medicines List
- Appropriate use of medicines
  - Lack of national treatment guidelines for common diseases
- Lack of strong and strategic measures to control price of medicines

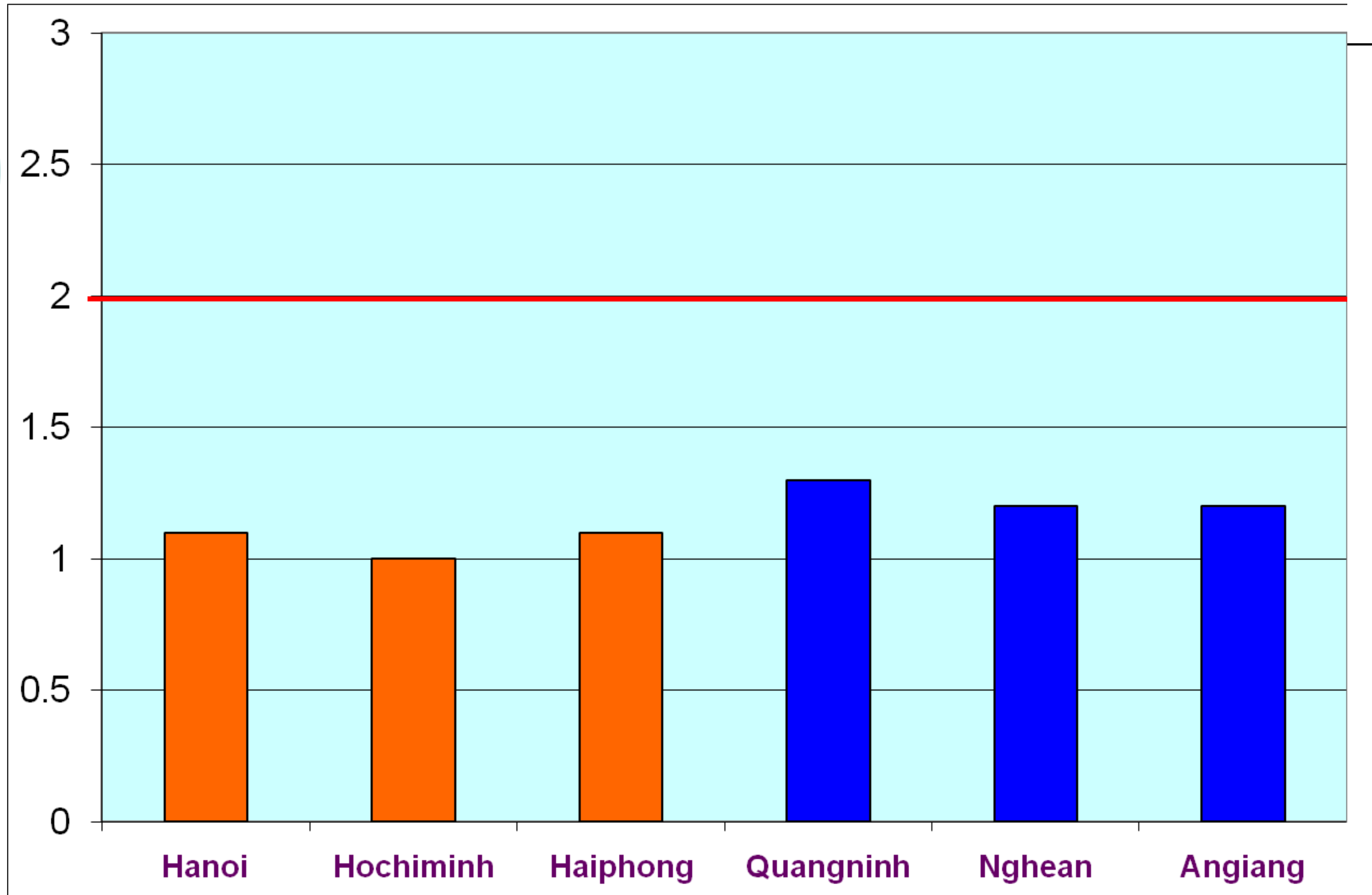
- National treatment guidelines need to be urgently promulgated and applied in hospital practice as well as in training and supervising quality of care.
- To consolidate the system of measures to ensure quality of medicines within procurement and post marketed
- Need to have strategic and comprehensive measures for cost control of medicines
- To have routine system for reporting core indicators of pharmaceutical management

Module 6: Health Information System

Assessment by all components



Assessment of data collection & quality by provinces



Weakness - Resources/Policy

Most of indicators of HIS are inadequate; scoring is low

- Resources allocated for HIS is ***insufficiency*** and no separate budget line for HIS.
- Policy, regulation frame for HIS in Vietnam was not well developed.

Data collection

- Lack of supervision mechanism and quality control system for collecting and analyzing data.

Weakness: Utilization of information

- Lack of clear mechanism for information feedback.
- In Vietnam, a normal situation is one-way information flow: information of health facilities submit to higher level but normally no feedback

Using data:

- Using HIS data for resource allocation and plan development is still limited.
- Weak data on private sector for management/ planning purpose.

Main findings

Using data (cont.):

- Availability of HIS data is low, in many cases were not meet or satisfy with demand of users.
- Lack of sharing information between health sector and other sectors, and within health sector as well.

Conclusion

- All components of this Module are weak and it is mainly due to lack of policy/regulation framework, including guidelines to collect data and checking data
- HIS is still not considered or recognized by managers as a good instrument for better management

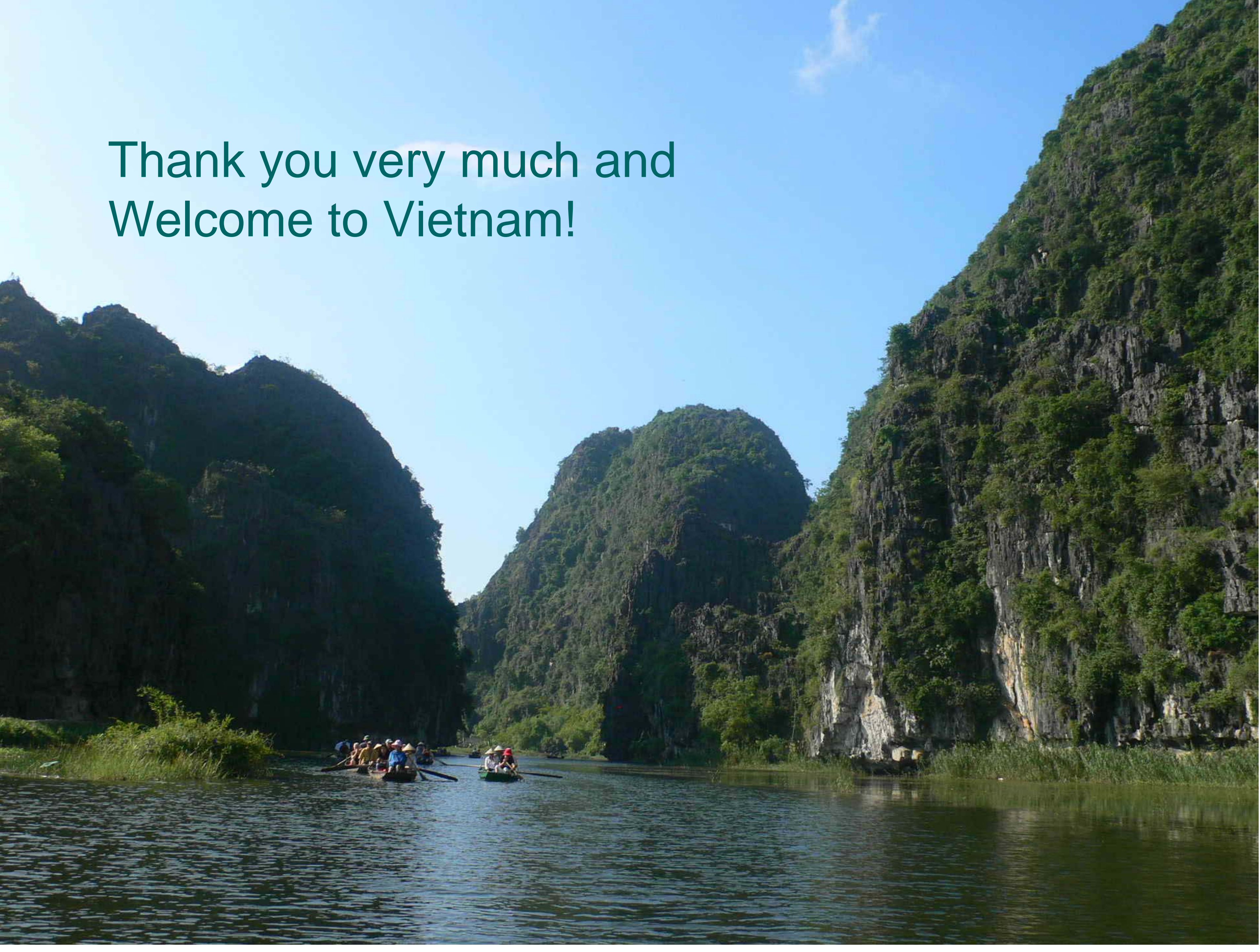
  ➔ MoH need to make plan to provide training on how to collect accurate data, analyze data and how to use data

Impact of assessment on province and MoH

- **In the first 2 provinces**
  - Aware of their own problems on health care system
  - Aware of the necessity in using acurate data for making plan
  - One province shows committement in having solutions to improve HIS component
- **MoH**
  - Recognized usefulness of the instrument, active involved in providing inputs to make the instrument to be applicable in VN and shows their interested in using instrument to monitor and evaluate HCS

Lesson learnt and next plan

- Is good instrument. All indicators can reflect basic requirements of a health system
- Health system is assessed based on input and performance indicators ➔ high practical approach because interventions/solutions can be identified to improve the system timely
- The assessment is measurable ➔ point out which parts of the health system are weak, at which level, its magnitude to have appropriate interventions/solutions
- The instrument needs revised to be appropriate with the country
- Adding country-specific indicators for monitoring and evaluation their own HCS if needed
- Local-based to conduct the survey is more effective
- Finalizing the indicators and instrument for monitoring and evaluating HCS in Vietnam


Thank you very much and
Welcome to Vietnam!