

Vietnam HIV/AIDS



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**MedCOI** 

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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
AHF	AIDS Healthcare Foundation
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
СВО	Community-Based Organisation
CD4	Clusters of Differentiation 4
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
EpiC	Epidemic Control
EUR	Euro
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. <sup>1</sup>
FV	Franco-Vietnamese
HCDC	Ho Chi Minh City Center for Disease Control
HIV	Human Immunodeficiency Virus

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





Term	Definition
IRIS	Immune Reconstitution Inflammatory Syndrome
MSM	Men who have Sex with Men
МОН	Ministry of Health
National Committee	National Committee for AIDS, Drugs and Prostitution Prevention and Control
NGO	Non-Governmental Organisation
NHI	National Health Insurance
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor
NRTI	Nucleoside/Nucleotide Reverse Transcriptase Inhibitor
ovc	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
РМТСТ	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
Ringtone	The website of the National Committee for Prevention and Control of AIDS, Drugs, and Prostitution
ТВ	Tuberculosis
TGW	Transgender Women





Term	Definition
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
US	United States
USAID	United States Agency for International Development
USD	United States Dollar
VAAC	Vietnam Administration for HIV/AIDS Control
VND	Vietnamese Dong
WHO	World Health Organization





## Introduction

## Methodology

The purpose of the report is to provide information on access to HIV 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 3: 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.



<sup>&</sup>lt;sup>2</sup> EUAA, Country of Origin Information (COI) Report Methodology, February 2023, url

<sup>&</sup>lt;sup>3</sup> EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, url

<sup>&</sup>lt;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 2. 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 the Annex 2. Bibliography. Key informant interviews were carried out in November 2023.





## 1. HIV/AIDS

The following chapter contains information on the prevalence and incidence of HIV/AIDS, followed by information on the organisation of healthcare within the field of HIV/AIDS in Vietnam.

Vietnam was one of the first countries to commit to the United Nation's 95-95-95 goals,<sup>5</sup> aiming to achieve:

- 95 % of all people living with human immunodeficiency viruses (HIV) knowing their HIV status:
- 95 % of all people diagnosed with HIV infection receiving sustained antiretroviral therapy (ART); and
- 95 % of people receiving ART gaining viral suppression by 2025.6

The number of new infections and deaths from HIV/AIDS has decreased by two thirds since 2013 and, in 2023, Vietnam had reached the ratio of 84-79-96.<sup>7</sup>

#### 1.1. Prevalence and incidence of HIV/AIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that, in Vietnam, HIV prevalence in adults (aged 15 to 49) was 0.3 % in 2022. In 2022, there were approximately 250 000 adults aged 15 and over living with HIV, 73 000 women and 170 000 men aged 15 and over living with HIV and 3 800 children (aged 0 to 14). Out of this group of approximately 250 000 adults who live with HIV:

- around 89 % know their HIV status (220 000 people);
- around 73 % are on ART (180 000 people).8

<sup>&</sup>lt;sup>7</sup> Vietnam, Ring tone, National Committee, Dự án Quỹ Toàn cầu đồng hành cùng Chiến lược quốc gia để sớm chấm dứt bệnh AIDS [The Global Fund project accompanies the National Strategy to soon end AIDS], 17 March 2023, <u>url</u> <sup>8</sup> UNAIDS, Country fact sheet Viet Nam 2022, 2023, url



<sup>&</sup>lt;sup>5</sup> Vietnam, Thai Nguyen Province People's Committee, Dự án Quỹ Toàn cầu đồng hành cùng Chiến lược quốc gia để sớm chấm dứt bệnh AIDS [The Global Fund project accompanies the National Strategy to soon end AIDS], 19 March 2023, <u>url</u>

<sup>&</sup>lt;sup>6</sup> Frescura, L., et al., Achieving the 95 95 95 targets for all: A pathway to ending AIDS, 2022, <u>url</u>, p. 1; Vietnam, Ring tone, National Committee, Niềm tin chấm dứt dịch AIDS ở Việt Nam vào năm 2030 [Faith in ending the AIDS epidemic in Vietnam by 2030], 30 January 2023, <u>url</u>



Since 2020, Vietnam has implemented the antiretroviral (ARV) regime recommended by the WHO and in December 2022, the Ministry of Health (MOH) stated that nearly 80 % of patients are following it. This has led to the number of children infected with HIV from their mother decreasing sharply, from 1 500 children in 2012 to just over 600 in recent years.<sup>9</sup>

In 2022, there were about 6 200 new cases detected in all ages, with an incidence rate of 0.06 per 1 000 population. Among them, people aged 15 and over account for approximately 6 000 cases and the number of new cases in children (aged 0 to 14) is below 500 cases. New infections declined by about 56 % between 2010 and 2022. Further information about the incidence and prevalence of HIV/AIDS is provided in Annex 1.

The expansion of high-quality antiretroviral therapy (ART) helps Vietnam reduce the number of acquired immune deficiency syndrome (AIDS) related deaths and new case of infections and keeps the incidence rate of HIV-infection in the community below 0.3 %.<sup>11</sup>

## 1.2. Organisation of healthcare for HIV/AIDS

The Vietnam Administration for HIV/AIDS Control (VAAC) is a department within the MOH that assists the Minister of Health in government management and implementation of legal policies to supervise the planning, directing and management of the implementation of HIV programmes across the country. Information about VAAC is provided in Circular No.2485/IQD-BYT.<sup>12</sup>

#### 1.2.1. Prevention and control

HIV treatment, known as ART, requires adhering to medication as directed by a healthcare professional.<sup>13</sup> HIV is treated with antiretroviral medicines (ARV).<sup>14</sup> ARV treatment was started in Vietnam in 2000 in Ho Chi Minh City. By the end of 2022, there were 499 ARV treatment facilities nationwide, treating nearly 170 000 infected people, including 3 450 children.<sup>15</sup>

<sup>&</sup>lt;sup>15</sup> Vietnam, Ring tone, National Committee, Việt Nam là một quốc gia điển hình trong điều trị HIV hiệu quả và bền vững [Vietnam is a typical country in effective and sustainable HIV treatment], 12 July 2023, <u>url</u>



<sup>&</sup>lt;sup>9</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Công tác điều trị HIV/AIDS tại Việt Nam tăng cả về lượng và chất trong 20 năm qua [HIV/AIDS treatment in Vietnam has increased both quantitatively and qualitatively over the past 20 years], 25 December 2022, url

<sup>&</sup>lt;sup>10</sup> UNAIDS, Country fact sheet Viet Nam 2022, 2023, url

<sup>&</sup>lt;sup>11</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Công tác điều trị HIV/AIDS tại Việt Nam tăng cả về lượng và chất trong 20 năm qua [HIV/AIDS treatment in Vietnam has increased in both quantity and quality over the past 20 years], 25 December 2022, url

Vietnam, MOH, the Department of HIV/AIDS Prevention and Control, Quyết định 2485/QĐ-BYT ngày 13/6/2023 Quy định chức năng nhiệm vụ, quyền hạn và cơ cấu tổ chức của Cục Phòng, chống HIV/AIDS thuộc Bộ Y tế [Decision 2485/QD-BYT dated June 13, 2023 Regulating the functions, tasks, powers and organisational structure of the Department of HIV/AIDS Prevention and Control under the Ministry of Health], 13 June 2023, url

<sup>&</sup>lt;sup>13</sup> CDC, HIV treatment, 12 October 2023, url

<sup>&</sup>lt;sup>14</sup> NHS, Treatment HIV and AIDS, 22 April 2021, url



From 2000 to the present day, it is estimated that Vietnam has prevented approximately 500 000 people from being infected with HIV and 200 000 people dying from AIDS. 16 Vietnam has countrywide activities to prevent and control HIV/AIDS, and a national strategy to end the AIDS epidemic by 2030. 17 Budgetary responsibility over some specific activities for HIV/AIDS prevention and control has been decentralised to local levels, but according to the National Committee for AIDS, Drug and Prostitution Prevention and Control Authority (National Committee), some localities lack the capacity to make estimates and approvals. The impact of COVID-19 and competition from other health and social security programmes have also had a negative impact on the allocation of funds within the local budgets. 18

Between 2003 and 2023, 256 million USD has been allocated for HIV/AIDS prevention and control activities, with the support from international organisations, especially the Global Fund, and with commitment from the Vietnamese Government.<sup>19</sup> Domestic financial resources in the period 2021 to 2030 are expected to meet 60 % to 70 % of demand. Financial resources for HIV prevention and control continue to rely on up to 50 % of international aid. Activities for HIV prevention are not financed by the National Health Insurance (NHI).<sup>20</sup>

<sup>16</sup> Vietnam, Thai Nguyen Province People's Committee, Dự án Quỹ Toàn cầu đồng hành cùng Chiến lược quốc gia để sớm chấm dứt bệnh AIDS [The Global Fund project accompanies the National Strategy to soon end AIDS], 19 March 2023, url

<sup>&</sup>lt;sup>20</sup> Vietnam, Ring tone, National Committee, Những giải pháp ưu tiên cho chương trình phòng, chống HIV/AIDS 2023-2030 [Priority solutions for the HIV/AIDS prevention and control programme 2023-2030], 2 May 2023, <u>url</u>



<sup>&</sup>lt;sup>17</sup> Vietnam, The Prime Minister, Phê Duyệt Chiến Lược Bảo Vệ Môi Trường Quốc Gia Đến Năm 2020 Và Định Hướng Đến Năm 2030, Số: 1216/QĐ-TTg, [Approving the Strategy for Protecting the National Environment by 2020, and the Orientation Towards 2030, No.: Số: 1216/QĐ-TTg], 5 September 2012, url

<sup>&</sup>lt;sup>18</sup> Vietnam, Ringtone, National Committee, Những giải pháp ưu tiên cho chương trình phòng, chống HIV/AIDS 2023-2030 [Priority solutions for the HIV/AIDS prevention and control programme 2023-2030], 2 May 2023, url

<sup>&</sup>lt;sup>19</sup> Vietnam, Thai Nguyen Province People's Committee, Dự án Quỹ Toàn cầu đồng hành cùng Chiến lược quốc gia để sớm chấm dứt bệnh AIDS [The Global Fund project accompanies the National Strategy to soon end AIDS], 19 March 2023, <u>url</u>



#### 1.2.2. Counselling and testing

The MOH has expanded and diversified HIV services. In 2022, there were more than 13 000 health facilities providing counselling and testing. These are established under, and work according to, the regulations of MOH Circular No.06/2012, and Decision No.2674 which is about the National Guidelines for HIV testing. VAAC does not only provide testing in health facilities. Other HIV testing counselling models include HIV testing in community organisations, and among sex partners, sex workers, drug addicts and others participating in providing HIV testing and counselling services, as well as supporting ART. VAAC organises the provision of HIV self-testing products in 35 provinces and cities so that people aged 15 and over can self-test. They are then connected to a health facility. This service is accessible through a website.

#### **1.2.3.** HIV screening

HIV screening in community settings and 33 provinces is funded from the state budget and with support from the Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR). The health sector has a system of 203 laboratories authorised to confirm HIV positivity in 63/63 provinces and cities, 86 key HIV/AIDS districts, mountainous and remote areas. The Centers for Disease Control and Prevention (CDC) supported 26 Vietnamese laboratories to gain international accreditation for HIV and other critical infectious diseases.<sup>26</sup>

#### 1.2.4. Antiretroviral treatment

In 2022, the percentage of people receiving ART who achieved a viral load below the suppression threshold reached 96 %. In 2023, Vietnam was one of only four countries in the world to have achieved this level of treatment. <sup>27</sup>

<sup>&</sup>lt;sup>27</sup> Vietnam, MOH, Việt Nam là 1 trong 4 quốc gia có chất lượng điều trị HIV/AIDS tốt nhất thế giới [Vietnam is one of four countries with the best quality of HIV/AIDS treatment in the world], 17 November 2023, <u>url</u>



<sup>&</sup>lt;sup>21</sup> Vietnam, Ring tone, National Committee, Hơn 13 nghìn cơ sở y tế cung cấp dịch vụ tư vấn xét nghiệm HIV [More than 13 thousand medical facilities provide HIV testing and consulting services], 28 August 2022, <u>url</u>

<sup>&</sup>lt;sup>22</sup> Vietnam, MOH, Quy Định Về Điều Kiện Thành Lập Và Nội Dung Hoạt Động Đối Với Tổ Chức Tư Vấn Về Phòng, Chống HIV/AIDS [Regulations on Establishment Conditions and Operational Content for Consulting Organizations on HIV/AIDS Prevention and Control], 20 April 2012, <u>url</u>

<sup>&</sup>lt;sup>23</sup> VNRAS (Vietnam Regulatory Affairs Society), Công văn 2674/QĐ-BYT ban hành hướng dẫn quốc gia về xét nghiệm HIV [Official Dispatch 2674/QD-BYT promulgating national guidelines on HIV testing],, 12 May 2018, <u>url</u>
<sup>24</sup> Vietnam, MOH, the Department of HIV/AIDS Prevention and Control, Quyết định 2485/QĐ-BYT ngày 13/6/2023 Quy định chức năng nhiệm vụ, quyền hạn và cơ cấu tổ chức của Cục Phòng, chống HIV/AIDS thuộc Bộ Y tế [Decision 2485/QD-BYT dated June 13, 2023 Regulating the functions, tasks, powers and organisational structure of the Department of HIV/AIDS Prevention and Control under the Ministry of Health], 13 June 2023, <u>url</u>

<sup>&</sup>lt;sup>25</sup> HIV Self-Test Vietnam, WHO, PEPFAR, Tự xét nghiệm là gì? Tự xét nghiệm như thế nào? Tự xét nghiệm như thế nào? [What is a self-test? How to test yourself? Sign up to get a self-test kit] n.d., <u>url</u>

<sup>&</sup>lt;sup>26</sup> Vietnam, Bell, National Committee, Hơn 13 nghìn cơ sở y tế cung cấp dịch vụ tư vấn xét nghiệm HIV More than 13 thousand medical facilities provide HIV testing and consulting services], 28 August 2022, <u>url</u>



The ART regime is constantly updated so that drugs that are found to cause adverse effects are removed and replaced with more effective medications.<sup>28</sup> The MOH states that, since 2005, it has sought continuously to improve access to ARV treatment for HIV-infected adults. This includes expanding treatment facilities to district and commune levels to facilitate patient access and compliance with treatment, implementing Treatment 2.0, whereby treatment is started on the same day as diagnosis, and including the ARV regime on the NHI.<sup>29</sup>

# 1.3. Guidelines for treatment, management and monitoring of HIV cases

Treatment guidelines are set out in Decision No.5968,<sup>30</sup> and the requirements for the management and monitoring of cases are set out in Circular No.28/2018.<sup>31</sup> Guidelines are updated regularly to take account of the WHO guidance. The MOH continuously enhances the standard for starting ART for HIV adults. Since 2017, people living with HIV receive ART at the time of diagnosis, regardless of their immunosuppression and clinical stage. This is an important factor in expanding the coverage of patients receiving ART.<sup>32</sup> A variety of models of care have also been implemented, such as:

- Model Treatment 2.0 that brings treatment to the commune level;
- Same-day pattern of treatment by which the infected person is treated on the same day as the date of diagnosis;
- An extension of the period of ARV dispensing in lieu of requiring the patients to attend a clinic to receive medication;
- Integrating ARV counselling and testing services; and
- Integrating diagnosis and treatment services for HIV and tuberculosis (TB), HIV and viral hepatitis, and sexually transmitted diseases.<sup>33</sup>

<sup>&</sup>lt;sup>33</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Công tác điều trị HIV/AIDS tại Việt Nam tăng cả về lượng và chất trong 20 năm qua [HIV/AIDS treatment in Vietnam has increased in both quantity and quality over the past 20 years], 25 December 2022, <u>url</u>



<sup>&</sup>lt;sup>28</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Công tác điều trị HIV/AIDS tại Việt Nam tăng cả về lượng và chất trong 20 năm qua [HIV/AIDS treatment in Vietnam has increased both quantitatively and qualitatively over the past 20 years], 25 December 2022, url

<sup>&</sup>lt;sup>29</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Công tác điều trị HIV/AIDS tại Việt Nam tăng cả về lượng và chất trong 20 năm qua [HIV/AIDS treatment in Vietnam has increased both quantitatively and qualitatively over the past 20 years], 25 December 2022, url

³º Vietnam, MOH, Về Việc Ban Hành Hướng Dẫn Điều Trị Và Chăm Sóc HIV/AIDS, Số: 5968/QĐ-BYT [Regarding the Promulgation of Guidelines for HIV/AIDS Treatment and Care, No.: 5968/QD-BYT], 31 December 2021, url
³¹ Vietnam, MOH, Quy Định Về Quản Lý Điều Trị Người Nhiễm Hiv, Người Phơi Nhiễm Với HIV Tại Các Cơ Sở Y Tế, Số: 28/2018/TT-BYT [Regulations on Management and Treatment of HIV-Infected People and HIV-Exposed People at Medical Facilities, No.: 28/2018/TT-BYT], 26 January 2018, url

<sup>&</sup>lt;sup>32</sup> Vietnam, MOH, Về Việc Ban Hành Hướng Dẫn Điều Trị Và Chăm Sóc HIV/AIDS, Số: 5968/QĐ-BYT [On Issuance of Guidelines for HIV/AIDS Treatment and Care, No.: 5968/QD-BYT], 31 December 2021, <u>url</u>



#### 1.3.1. Co-infection

People living with HIV are immunocompromised and therefore, are more likely than others to become sick with TB.<sup>34</sup> The National Committee states that risk factors for TB relapse and reinfection in HIV/TB-coinfected patients include:

- Poor adherence to treatment;
- HIV/AIDS patients in late stage;
- The patient is not receiving combination HIV treatment;
- Immune reconstitution inflammatory syndrome (IRIS);
- Drug-resistant TB bacteria;
- Level of exposure after treatment;
- Medical care conditions;
- Epidemiological factors;
- Adapted TB strain in immunocompromised patients.<sup>35</sup>

In 2017, the MOH published instructions for integrating HIV and TB provision and management at the district and commune levels, setting out conditions by which the health facilities which have TB treatment are also licensed to treat HIV. The number of HIV treatment facilities is gradually increasing as TB treatment facilities are deployed in all districts in Vietnam.<sup>36</sup>

#### 1.3.2. Pre-exposure prophylaxis (PrEP)

PrEP is the use of an antiretroviral medication by HIV-negative people to reduce the risk of HIV acquisition.<sup>37</sup> Ringtone, which is the website of the National Committee for Prevention and Control of AIDS, Drugs, and Prostitution, explains that models of provision for PrEP include:

- Direct provision at public and private health facilities (including community-owned private clinics);
- PrEP and comprehensive healthcare for customers;
- Mobile PrEP; PrEP at commune health stations integrated into primary healthcare;

<sup>&</sup>lt;sup>37</sup> CDC, HIV, Pre-Exposure Prophylaxis (PrEP), 5 July 2022, <u>url</u>



17

<sup>&</sup>lt;sup>34</sup> CDC, Tuberculosis: The Connection between TB and HIV, 21 June 2016, url

<sup>&</sup>lt;sup>35</sup> Vietnam, Ring tone, National Committee, Ngăn chặn tỉ lệ tái nhiễm lao ở bệnh nhân đồng nhiễm lao/HIV [Prevent tuberculosis reinfection rate in patients co-infected with tuberculosis/HIV], 18 May 2023, <u>url</u>

<sup>&</sup>lt;sup>36</sup> Vietnam, MOH, Về Việc Ban Hành "Hướng Dẫn Lồng Ghép Quản Lý, Cung Cấp Dịch Vụ HIV Và Lao Tại Tuyến Huyện, Xã", Số: 5015/QĐ-BYT [Regarding the Promulgation of "Guidelines for Integrating Management and Provision of HIV and Tuberculosis Services at District and Commune Levels", No.: 5015/QD-BYT], 6 November 2017. url



PrEP in the community. 38

Ringtone states that these different models aim to create convenience in accessing and using services, suitable for young customer groups, and aim to reduce stigma and discrimination.<sup>39</sup>

Vietnam is applying for approval to use long-lasting injectable PrEP after establishing that 63 % to 79 % of at-risk groups would like to use more injectable PrEP if available in Vietnam.<sup>40</sup>

## 2. Access to treatment

The following chapter contains information on patient pathways after diagnosis and information on available economic coverage for HIV patients.

## 2.1. Diagnosis and follow-up

When someone tests HIV positive through self-testing, they need to attend an authorised HIV health facility to re-test and confirm the result. The same applies to someone who tests HIV positive in a health facility which has not been authorised for confirming HIV. The process includes subjecting a single sample to three different tests and a positive status for HIV is confirmed when all three results are positive. The list of health facilities authorised to confirm HIV is updated daily and each authorised HIV health facility must have a certificated HIV counsellor.<sup>41</sup>

After receiving a positive test result, the person is counselled and required to choose the nearest HIV treatment facility. At the end of 2022, there were 499 of these health facilities: 8 at the central level; 77 at provincial and city establishments; and 37 in prisons. The rest are district level facilities, the Centre No.06, religious establishments, and licensed private clinics. People have the right to choose which HIV treatment facility to attend and do not have to go to the one to which they are referred to.<sup>42</sup>

Patient information is confidential and the process for diagnosing and disclosing an HIV-positive result must follow the MOH Circular No.04/2023.<sup>43</sup> HIV-infected people have a right

<sup>&</sup>lt;sup>43</sup> Vietnam, MOH, Quy Định Hình Thức, Quy Trình Thông Báo Kết Quả Xét Nghiệm HIV Dương Tính Và Tiếp Cận Thông Tin Người Nhiễm HIV, Số: 04/2023/TT-BYT [Regulations on Form and Process of Notification of Positive HIV Test Results and Access to Information of HIV Infected Persons, No.: 04/2023/TT-BYT], 28 February 2023, <u>url</u>



<sup>&</sup>lt;sup>38</sup> Vietnam, Ring tone, National Committee, Định hướng thu phí dịch vụ điều trị dự phòng nhiễm HIV bằng PrEP [Orientation for collecting fees for HIV prevention treatment services using PrEP], 8 June 2023, url

<sup>&</sup>lt;sup>39</sup> Vietnam, Ring tone, National Committee, Định hướng thu phí dịch vụ điều trị dự phòng nhiễm HIV bằng PrEP [Orientation for collecting fees for HIV prevention treatment services using PrEP], 8 June 2023, <u>url</u>

<sup>&</sup>lt;sup>40</sup> Vietnam, Ring tone, National Committee, Đa dạng hóa các loại hình cung cấp dịch vụ trong lồng ghép PrEP [Diversify types of service provision in integrating PrEP], 31 July 2023, <u>url</u>

<sup>&</sup>lt;sup>41</sup> Source A, Officer at HCDC, Telephone Interview, 15 August 2023

<sup>&</sup>lt;sup>42</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Công tác điều trị HIV/AIDS tại Việt Nam tăng cả về lượng và chất trong 20 năm qua [HIV/AIDS treatment in Vietnam has increased both quantitatively and qualitatively over the past 20 years], 25 December 2022, <u>url</u>



to confidentiality but as of July 2021, amendments to the Law on prevention and control of viral infections causing acquired immunodeficiency syndrome in humans require people living with HIV to inform their husband, wife, or sexual partner of their status in a timely manner. This law also stipulates who is allowed to be notified of HIV-positive results regarding people with HIV.<sup>44</sup>

## 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.<sup>45</sup>

#### 2.2.1. National Health Insurance (NHI)

#### (a) Antiretroviral therapy (ART)

Before 1 January 2019, ART was free at the point of use due to the sponsorship of international funding organisations. <sup>46</sup> From the beginning of 2019, ARVs were brought under the NHI with the co-payment level determined by the type of health insurance of the patient. Regardless of the type of coverage under the NHI, the patient only has to pay a maximum of 20 % of the cost of ARVs. Regarding private insurance, ARV payment depends on the agreements in the insurance contract. People without insurance, or who do not want to use insurance due to personal reasons must pay for the ARVs in a market where the price fluctuates. <sup>47</sup>

An HIV-positive person who has NHI receives 80 % coverage for medical examination and treatment costs. These services include ARV medications, laboratory tests such as CD4 cell count test and viral load, procedures for termination of pregnancy in HIV-positive pregnant women, and prophylaxis of opportunistic infections (treatment with cotrimoxazole and isoniazid). According to Circular No.28/2018, the following groups of people receive free anti-HIV drugs:

- People exposed to HIV, people infected with HIV due to occupational accidents, people infected with HIV due to risks of medical complications;
- Pregnant women infected with HIV, pregnant women who have indication for prophylaxis treatment to prevent mother-to-child transmission;

<sup>&</sup>lt;sup>48</sup> HCDC, Quyền lợi hưởng bảo hiểm y tế (BHYT) của người nhiễm HIV [Rights to health insurance (health insurance) of people infected with HIV], 2019, <u>url</u>



<sup>&</sup>lt;sup>44</sup> Tuổi Trẻ Online, Có kết quả nhiễm HIV buộc phải thông báo cho ai? [Tuoi Tre Online, Who should I notify if I have an HIV infection result?] 16 November 2020, url

<sup>&</sup>lt;sup>45</sup> EUAA, Provision of healthcare in Vietnam, 2023, url

<sup>&</sup>lt;sup>46</sup> Vietnam, Vietnam Social Security, TP. Hồ Chí Minh: Sẵn sàng công tác điều trị cho người nhiễm HIV thông qua BHYT [Ho Chi Minh City: Ready to treat HIV infected people through health insurance], 26 December 2018, <u>url</u>
<sup>47</sup> Glink, "Tám" chuyện ARV – Kì I: Hiện tượng chênh lệch giá thuốc ["Eight" stories about ARV – Part I: The phenomenon of drug price differences], 17 May 2018, url



 Children under six years of age infected with HIV, children who have indication for prophylaxis treatment to prevent mother-to-child transmission.<sup>49</sup>

Other groups of people receiving 100 % coverage of all medical treatment through NHI are listed in Section 3.1.

The rate of people living with HIV and using their health insurance card for HIV treatment rose from 50 % in 2016 to 95 % in 2022. This enabled improvements in the duration and quality of care available to HIV/AIDS patients. From 2019 to 2022, the NHI paid an average of 400 billion VND each year. Approximately half went to medical examination and treatment services, and half to ART. This increase in the proportion of NHI fund in the total expenditure for HIV/AIDS, from 4 % to 9 %, accounts for 20 % of domestic resources for HIV.

#### (b) PrEP

The PrEP programme was first piloted in Ha Noi and Ho Chi Minh City in 2017. With support from PEPFAR and the Global Fund, the programme has expanded across 29 provinces and cities with 206 PrEP service providers. <sup>51</sup> In 2023, there were over 60 000 people taking PrEP nationwide with a maintenance rate of 72 %. <sup>52</sup> Many PrEP treatment programmes are based on the community-based organisation (CBO), with core members being peers who are men that have sex with men (MSM). The CBO group has the advantage of empathy, and sharing thoughts and feelings; therefore, CBO is considered to be important in linking the health authority to the service users, facilitating access to counselling, testing, PrEP and ARV treatment. <sup>53</sup>

PrEP is a preventive measure and so it is not covered by the NHI.<sup>54</sup> PEPFAR sponsored free PrEP for Vietnam between 2017 and 2020. This programme closed in 2020 and there is currently a fee for PrEP. The price for American PrEP is 700 000 VND per month per person. Vietnam also manufactures PrEP, and its price is about 300 000 VND per month per person. <sup>55</sup>

<sup>&</sup>lt;sup>55</sup> TuoiTre Online, Miễn phí thuốc dự phòng trước phơi nhiễm HIV - PrEP nhưng ít người biết [Free HIV pre-exposure prophylaxis – PrEP but few people know], n.d., url



<sup>&</sup>lt;sup>49</sup> Vietnam, MOH, Quy Định Về Quản Lý Điều Trị Người Nhiễm Hiv, Người Phơi Nhiễm Với HIV Tại Các Cơ Sở Y Tế, Số: 28/2018/TT-BYT [Regulations on Management and Treatment of HIV-Infected People and HIV-Exposed People at Medical Facilities, No.: 28/2018/TT-BYT], 26 January 2018, <u>url</u>, Clause 5, Article 4

<sup>&</sup>lt;sup>50</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, Tăng lượng bệnh nhân điều trị ARV bằng nguồn BHYT trong năm 2022 [Increase the number of patients receiving ARV treatment using health insurance in 2022], 1 January 2023, url

<sup>&</sup>lt;sup>51</sup> Vietnam, Ring tone, National Committee, Định hướng thu phí dịch vụ điều trị dự phòng nhiễm HIV bằng PrEP [Orientation for collecting fees for HIV prevention treatment services using PrEP], 8 June 2023, <u>url</u>

<sup>&</sup>lt;sup>52</sup> Vietnam, Ring tone, National Committee, Đa dạng chương trình điều trị dự phòng để ngăn ngừa lây lan HIV trong giới trẻ [Diverse preventive treatment programs to prevent the spread of HIV among young people], 8 November 2022, url

<sup>&</sup>lt;sup>53</sup> Vietnam, Ring tone, National Committee, Đa dạng chương trình điều trị dự phòng để ngăn ngừa lây lan HIV trong giới trẻ [Diverse preventive treatment programs to prevent the spread of HIV among young people], 8 November 2022, url

<sup>&</sup>lt;sup>54</sup> Vietnam, Ring tone, National Committee, Định hướng thu phí dịch vụ điều trị dự phòng nhiễm HIV bằng PrEP [Orientation for collecting fees for HIV prevention treatment services using PrEP], 8 June 2023, <u>url</u>



#### 2.2.2. National strategy to end the AIDS epidemic by 2030

On 14 August 2020, the Prime Minister issued Decision No.1246/QĐ-TTg approving the National Strategy to end the AIDS epidemic by 2030. <sup>56</sup> This is described as the cornerstone for all programmes and activities towards ending the AIDS epidemic by 2030. <sup>57</sup> It includes initiatives to address changes in HIV infection in high-risk behaviour groups, such as MSM, and to merge the network of local HIV/AIDS prevention and control organisations and integrate them into the preventive health system. <sup>58</sup> The National Strategy continues with activities started prior to 2020; for example, the programme to prevent mother-to-child transmission of HIV. Since 2016 it has integrated interventions to prevent mother-to-child HIV transmission into the reproductive healthcare system. <sup>59</sup>

# 2.3. Non-governmental organisations (NGOs) and support by international donor programmes

There are many NGOs participating and supporting activities related to HIV prevention, control, and treatment in Vietnam. This report lists some of those with long-term operations to illustrate their activities.

#### 2.3.1. AIDS Healthcare Foundation (AHF)

AHF provides HIV/AIDS prevention, treatment, and advocacy services. It has been implementing "Project AHF" to support the goal of ending the AIDS epidemic in Vietnam by 2030. This aims to enhance awareness about HIV/AIDS testing, prevention, care and treatment, especially for groups at high risk of HIV infection.<sup>60</sup>

AHF implemented the first project named "Prevention, Care and Treatment of HIV/AIDS" in 2007 in Thuy Nguyen district, Hai Phong City. After that, the project expanded to provinces and cities with high prevalence. In Ha Noi, AHF has delivered this project in Nam Tu Liem and Ba Vi district since the end of October 2021. This provided HIV testing and counselling services for at-risk population at Ba Vi General Hospital and Nam Tu Liem District Health Centre. AHF also supports the implementation of HIV screening testing for all new prisoners entering Suoi Hai Prison, and periodic testing once a year for inmates who have high-risk

<sup>&</sup>lt;sup>60</sup> Vietnam, MOH, the Department of HIV/AIDS Prevention and Control, Dự án AHF: Hỗ trợ mục tiêu chấm dứt dịch bệnh AIDS vào năm 2030 [AHF Project: Supports the goal of ending the AIDS epidemic by 2030], 26 October 2022, <u>url</u>



21

<sup>&</sup>lt;sup>56</sup> Vietnam, The Prime Minister, Phê Duyệt Chiến Lược Quốc Gia Chấm Dứt Dịch Bệnh Aids Vào Năm 2030, Số: 1246/QĐ-TTg [Approval of the National Strategy to end the Aids Epidemic By 2030, No.: 1246/QD-TTg], 14 August 2020, url

<sup>&</sup>lt;sup>57</sup> Vietnam, The Prime Minister, Phê Duyệt Chiến Lược Quốc Gia Chấm Dứt Dịch Bệnh Aids Vào Năm 2030, Số: 1246/QĐ-TTg [Approval of the National Strategy to end the Aids Epidemic By 2030, No.: 1246/QD-TTg], 14 August 2020, url

<sup>&</sup>lt;sup>58</sup> Vietnam, The Prime Minister, Phê Duyệt Chiến Lược Quốc Gia Chấm Dứt Dịch Bệnh Aids Vào Năm 2030, Số: 1246/QĐ-TTg [Approval of the National Strategy to end the Aids Epidemic By 2030, No.: 1246/QD-TTg], 14 August 2020, url

<sup>&</sup>lt;sup>59</sup> Vietnam, Ring tone, National Committee, Việt Nam tiến gần hơn mục tiêu loại trừ trẻ nhiễm HIV từ mẹ [Vietnam is closer to the goal of eliminating children infected with HIV from their mothers], 15 June 2023, <u>url</u>



behaviour. Besides providing the test, AHF provides free essential drugs for treating opportunity infections and medical equipment for HIV patient in these health facilities.<sup>61</sup>

AHF plans to support the testing and treating programme for HIV/AIDS in Ca Mau. 62

#### 2.3.2. FHI 360

FHI 360 has been assigned as the implementer to perform the "Meeting Targets and Maintaining Epidemic Control" (EpiC) project in Vietnam. EpiC is a five-year, global project funded by PEPFAR and the United States Agency for International Development (USAID). The project supports Vietnam's efforts to meet the epidemic control target 95-95-95 for HIV. It has a budget of 4.2 million USD for 2022 to 2023.<sup>63</sup>

#### 2.3.3. The US President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR has been the largest donor to Vietnam's HIV/AIDS prevention and control programme since 2004. PEPFAR supports 11 provinces, which account for 45.2 % of all people living with HIV. The organisation assists the Vietnamese Government in establishing a comprehensive information management system, developing and maintaining a technical support network for HIV/AIDS prevention and control at national, regional and provincial levels. PEPFAR and the Global Fund contribute almost 90 % of the total spending on ARV drug.<sup>64</sup>

## 2.3.4. Ho Chi Minh City Association for HIV/AIDS Prevention and Control

In 2014, the Ho Chi Minh City Association for HIV/AIDS Prevention and Control established a Committee to raise funds for people with HIV/AIDS and orphans and vulnerable children (OVC).<sup>65</sup>

### 3. Cost of treatment

Treatment costs change depending on the stage of HIV. HIV patients who are in the stage where they are prone to opportunistic infections or patients who have other comorbidities, such as non-communicable diseases, typically find their healthcare costs increasing, whether

<sup>&</sup>lt;sup>65</sup> Vietnam, Ring tone, National Committee, Thành lập Quỹ hỗ trợ người nhiễm HIV và trẻ OVC [Establishment of a Fund to support people with HIV and OVC children], 31 March 2014, url



<sup>&</sup>lt;sup>61</sup> Vietnam, Ring tone, National Committee, Dự án AHF: Hỗ trợ mục tiêu chấm dứt dịch bệnh AIDS vào năm 2030 [AHF Project: Supports the goal of ending the AIDS epidemic by 2030], 11 November 2022, <u>url</u>

<sup>&</sup>lt;sup>62</sup> Vietnam, Ring tone, National Committee, AHF hỗ trợ chương trình xét nghiệm và điều trị HIV/AIDS tại Cà Mau [AHF supports the HIV/AIDS testing and treatment programme in Ca Mau], 17 May 2023, <u>url</u>

<sup>63</sup> USAID, Meeting Targets and Maintaining Epidemic Control (EpiC), n.d., url

<sup>&</sup>lt;sup>64</sup> Vietnam, MOH, Department of HIV/AIDS Prevention and Control, 20 năm thành lập PEPFAR - Một trong những nhà tài trợ lớn nhất cho chương trình phòng, chống HIV/AIDS tại Việt Nam [20 years of establishment of PEPFAR - One of the largest sponsors for HIV/AIDS prevention and control programs in Vietnam], 9 May 2023, <u>url</u>



they hold an NHI policy or not, as they face charges for diagnosing and treating HIV-caused opportunistic infections and/or non-HIV illnesses.<sup>66</sup>

A study across six healthcare facilities in Ho Chi Minh City in 2020 estimated the out-of-pocket costs of HIV/AIDS patients on ART who use the NHI. The average out-of-pocket amount for outpatient visits was 185 000 VND per year and for inpatient treatment care was 37 000 VND per year.<sup>67</sup> Poor patients are exempt from costs under Circular No.28/2018.<sup>68</sup>

Vu, L. T. H., et al., conducted a cross-sectional study in nine provinces in Vietnam on the amounts that ART clients paid out-of-pocket for preventive and treatment services during the period when ART services were transitioning from donor funding to NHI. They found that catastrophic payments - amounting to 25 % of total expenditure - were experienced by 0.1 % of ART clients. The authors acknowledge that as a cross-sectional study this provides a view of one point in time, and they recommend continued efforts to improve access to ART. <sup>69</sup>

Vietnam strictly regulates the confidentiality of information related to HIV testing,<sup>70</sup> however, concerns about stigma and discrimination lead some people living with HIV to conceal their condition. The MOH cites a patient who mentioned spending 900 000 VND per month to buy ARV drugs due to apprehensions about disclosing his status when visiting a health facility.<sup>71</sup> The price of ART in the market has a wide range and there are thus variations in costs and in people's ability to pay.<sup>72</sup>

## 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:

1. People with meritorious services to the revolution, veterans, people receiving monthly social insurance benefits, people from poor households, ethnic minorities residing in

<sup>&</sup>lt;sup>72</sup> Pride & Prevention Center, Giá thuốc ARV mới nhất năm 2021 [HIV knowledge, Latest ARV drug prices in 2021], n.d., <u>url</u>



<sup>&</sup>lt;sup>66</sup> VietnamPlus, Vietnam News Agency, HIV/AIDS treatment costs to spike, 28 June 2016, url

<sup>&</sup>lt;sup>67</sup> Vu, H. A. and Nguyen, V. H., Hoàng Anh, V. and Văn Hà, N., Chi Phí Tự Chi Trả Của Người Bệnh HIV/AIDS Điều Trị ARV Thanh Toán Bảo Hiểm Y Tế Tại 6 Cơ Sở Y Tế Tp, Hồ Chí Minh Năm 2020 [Out-of-Pay Costs of HIV/AIDS patients on ART treatment health insurance payment at 6 HCMC medical facilities. Ho Chi Minh City 2020], 2022, url, p. 211

<sup>&</sup>lt;sup>68</sup> Vietnam, MOH, Quy Định Về Quản Lý Điều Trị Người Nhiễm HIV, Người Phơi Nhiễm Với HIV Tại Các Cơ Sở Y Tế, Số: 28/2018/TT-BYT [Regulations on Management and Treatment of HIV-Infected People and HIV-Exposed People at Medical Facilities, No.: 28/2018/TT-BYT], 26 January 2018, url

<sup>&</sup>lt;sup>69</sup> Vu, L. T. H., et al., Moving to Social Health Insurance Financing and Payment for HIV/AIDS Treatment in Vietnam, 2021, url, p. 1

 $<sup>^{70}</sup>$  Vietnam, MOH, Kết quả xét nghiệm HIV được bảo mật hoàn toàn [HIV test results are completely confidential], 24 October 2022, url

<sup>&</sup>lt;sup>71</sup> Dong Nai Provincial Party Committee, Người nhiễm HIV ngại tham gia bảo hiểm y tế [People infected with HIV are reluctant to participate in health insurance], 10 December 2022, <u>url</u>



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 or 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 is entitled to full coverage of their medical examination and treatment costs, with no limitations on 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.
- 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>73</sup>

The monthly base salary increased from 1 490 000 VND [58 EUR] to 1 890 000 VND [73 EUR] on 1 July 2023.<sup>74</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>75</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. 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. 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. People who hold private insurance are

<sup>&</sup>lt;sup>76</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; 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, url
<sup>77</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>78</sup> Source B, NHI staff in a public hospital, Ho Chi Minh City, Interview, November 2023



<sup>&</sup>lt;sup>73</sup> Vietnam, MOH, 5 nhóm đối tượng nào được quỹ BHYT chi trả 100 % chi phí khám chữa bệnh? [Which five groups of people have 100 % of medical examination and treatment costs covered by the health insurance fund?], 7 July 2023, url

<sup>&</sup>lt;sup>74</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>&</sup>lt;sup>75</sup> Dezan Shira & Associates, Salary and Wages in Vietnam, 2023, url



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>79</sup>

Table 1. Health insurance and requirement to pay<sup>80</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.	Patients pay 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	Patients pay fee in advance and can only submit a claim for nominal support.	Patients pay 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': the 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.

<sup>80</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; 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, url; 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; ACC Group, Bảo hiểm y tế tư nhân là gì? [Cập nhật 2023] [What is private health insurance? [Updated 2023]], 2023, url



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<sup>&</sup>lt;sup>79</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



#### 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. 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 30 500 VND to 300 000 VND for other health facilities. This price excludes screening, scanning, diagnostics, tests, and procedures.<sup>81</sup>

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.<sup>82</sup>

Table 2 lists the private price of consultation from FV hospital;<sup>83</sup> the public prices column adheres to Circular No.22/2023.<sup>84</sup>

In Table 3, the private column prices are cited from Medic Medical Center, Ho Chi Minh City, unless otherwise stated;<sup>85</sup> public column prices are cited from Circular No.22/2023/TT-BYT.<sup>86</sup>

82 Vietnam, MOH, Số: 22/2023/TT-BYT, Quy Định Thống Nhất Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Bảo Hiểm Y Tế

Wietnam, MOH, So: 22/2023/11-BY1, Quy Định Thông Nhật Gia Dịch Vụ Khâm Bệnh, Chưa Bệnh Bao Hiệm Y Tê 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>&</sup>lt;sup>81</sup> Vietnam, MOH, Quy Định Về Khung Giá Và Phương Pháp Giá Dịch Vụ Khám Bệnh, Chữa Bệnh Theo Yêu Cầu Của Cơ Sở Khám Bệnh, Chữa Bệnh 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], 29 June 2023, <u>url</u>

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**Table 2. Price for consultations** 

Specialist	Public outpatient treatment in VND	Public inpatient treatment in VND	Private outpatient treatment in VND	Private inpatient treatment in VND	Reimbursement/ special programme/ free/ comments	
Internist	30 00 – 42 100 depending on the level of the health facility	176 900 – 867 500 depending on the level of the health facility	1 200 000 – 1 800 000	5 000 000 – 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	
Infectiologist	30 100 – 42 100 depending on the level of the health facility	176 900 – 867 500 depending on the level of the health facility	1200 000 – 1800 000	5 000 000 – 15 000 000		
HIV specialist	30 100 – 42 00 depending on the level of the health facility	Information not found	1 200 000 – 1 800 000	5 000 000 – 15 000 000	described in Table 1.	

Table 3. Price for treatments and diagnostic tests

	Public treatment price in VND	Private treatment price in VND	Reimbursement/ special programme/ free/ comments	
Laboratory measu	rements			
Viral load count	956 000	1 000 000 – 1 120 000	NHI covers 100 % of the	
CD 4 count	404 000	450 000	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.	





	Public treatment price in VND	Private treatment price in VND	Reimbursement/ special programme/ free/ comments
Treatment			
Clinical admittance on internal/ infectious disease department (daily rate)	176 900 – 273 100 depending on the level of the health facility	5 500 000 – 15 000 000 per day (FV hospital) <sup>87</sup>	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.

## 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.<sup>89</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.



<sup>&</sup>lt;sup>87</sup> IVIE – Bác sĩ ơi, Giá phòng bệnh tại bệnh viện FV [Room prices at FV hospital], 13 August 2022, <u>url</u>

<sup>&</sup>lt;sup>88</sup> Vietnam, 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, <u>url</u>

<sup>89</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. 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. However, there are also examples where medication is cheaper in non-hospital pharmacies.

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. Procurement for 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.

From November 2020, a portal to disclose service prices of the health sector was opened by the MOH (<a href="https://congkhaiyte.moh.gov.vn/">https://congkhaiyte.moh.gov.vn/</a>). 95 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. 96

<sup>&</sup>lt;sup>96</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, <u>url</u>



<sup>&</sup>lt;sup>90</sup> 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

<sup>&</sup>lt;sup>91</sup> 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, 26 October 2022, <u>url</u>

<sup>&</sup>lt;sup>92</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, <u>url</u>; 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, <u>url</u>; 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, <u>url</u>

<sup>&</sup>lt;sup>93</sup> 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>&</sup>lt;sup>94</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, <u>url</u>

<sup>&</sup>lt;sup>95</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, <u>url</u>



#### 4.2. Medication costs

Currently, there are approximately 12 types of ARVs in the market with prices ranging from 1 million VND to 4 million VND for a box of 30 or 120 pills, respectively. 97 Due to the funding mechanisms and stricter control on HIV medication, greater transparency exists for the cost of HIV medication than for other medications. Table 4 shows how the range of prices continues to be wide.

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
Single antiretroviral	s/ARVs				
Abacavir	abacavir	300 mg	pill	60	900 000
Darunavir	Prezista <sup>®</sup>	800 mg	tablet	30	1480 000
Dolutegravir	Myltega™	50 mg	pill	30	1500 000
Efavirenz	efavirenz	600 mg	pill	30	675 000
Lamivudine (both for hepatitis B and HIV)	Lamivudin Stada®	100 mg	pill	30	300 000
Nevirapine	Nevirapine, USP	200 mg	pill	60	870 000
Raltegravir	Isentress®	400 mg	pill	60	4 950 000
Rilpivirine	Edurant <sup>®</sup>	25 mg	pill	30	3 500 000

<sup>&</sup>lt;sup>97</sup> Hello Doctor, Giá thuốc ARV mới nhất 2023, mua thuốc ARV chất lượng tốt ở đâu? [Latest ARV drug prices 2023, where to buy good quality ARV drugs?], n.d., <u>url</u>



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Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in VND
Stavudine	Stavudine Stada®	30 mg	pill	60	200 000
Tenofovir alafenamide (both for hepatitis b and HIV)	Hepbest <sup>®</sup>	25 mg	pill	30	900 000
Tenofovir disoproxil (both for hepatitis b and HIV)	Tenofovir Disoproxil Fumarate	300 mg	pill	30	550 000
Combination with 2	3 or 4 ARVs				
Atripla® (combination of efavirenz/emtricita bine /tenofovir disoproxil)	Trustiva	600 mg/ 200 mg/ 300 mg	pill	30	899 000
Atazanavir + ritonavir	Anzavir-R°	300 mg/ 100 mg	pill	30	1500 000
Emtricitabine + rilpivirine + tenofovir disoproxil (such as Eviplera®)	Eviplera	200 mg/ 25 mg/ 245 mg	pill	30	5 000 000
Medication for oppo	rtunistic infections (	e.g. antibiotics	s, antivirals a	and antifungals	)
Aciclovir	Acyclovir Stella	800 mg	tablet	35	154 000
Amphotericin B	Ampholip™	50 mg/ 10 ml	injection	1	1800 000
Ceftriaxone	Rocephin®	1 g/ vial	injection	1	151 801
Fluconazole	fluconazole	150 mg	tablet	1	30 000





# Annex 1. Further information about the incidence and prevalence of HIV/AIDS

### Men who have sex with men (MSM)

In 2020, 47 % of newly detected cases were among MSM. The HIV prevalence in young MSM (15-24 years) increased from 3 % in 2011 to 13 % in 2020. The prevalence of HIV infections in all ages of MSM in 2022 was 12.5 % with a relatively low level of condom use (68.6 %).

#### Maternal and child health

The Director of the Department of HIV/AIDS Prevention and Control of the Ministry of Health (MOH) states that infection due to maternal transmission is attributable to late detection of HIV in the mother or to the mother undertaking only a short treatment of antiretroviral (ARV) drugs. <sup>99</sup> In 2022, 77 % of pregnant women with HIV received ARV treatment for the prevention of mother-to-child transmission (PMTCT). The United Nations (UN) calculates that this prevented 30 000 children from becoming infected with HIV. <sup>100</sup> The rate of HIV transmission from mother to child decreased from 10 % in 2011 to 1.9 % in 2022; however, this percentage does not include data from rural areas and so it is not a complete picture. The statistics in remote and isolated areas are not reported sufficiently due to a gap in implementing the prevention programme for mother-to-child transmission. <sup>101</sup> Even though the exact rate of this transmission is not known, the current reported data still shows improvement when compared with the global ratio given by the World Health Organization (WHO) from 15 % to 45 %. <sup>102</sup>

#### Sex workers

In 2022, the prevalence of HIV in sex workers was 2.5 % in an estimated population of 86 000. Although testing and awareness in this group was only 72.5 %, the percentage of condom use was  $89.9 \, \%.103$ 



 $<sup>^{98}</sup>$  UN, Equal and equitable access to HIV services across Viet Nam, 29 November 2022,  $\underline{\text{url}}$ 

<sup>&</sup>lt;sup>99</sup> Vietnam, Ring tone, National Committee, Việt Nam tiến gần hơn mục tiêu loại trừ trẻ nhiễm HIV từ mẹ [Vietnam is closer to the goal of eliminating children infected with HIV from their mothers], 15 June 2023, <u>url</u>
<sup>100</sup> UNAIDS, Country fact sheet Viet Nam 2022, 2023, <u>url</u>

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<sup>102</sup> WHO, Global HIV Programme, Mother-to-child transmission of HIV, 2023, url

<sup>103</sup> UNAIDS, Country fact sheet Viet Nam 2022, 2023, url



## People who inject drugs (PWID)

In 2022, HIV prevalence for PWID was 12.1 %.<sup>104</sup> An Associate Professor states that while injecting heroin used to be the main route of transmission for HIV, Vietnam has reduced the incidence rate among PWID to 0.4 in 100 people per year.<sup>105</sup> The main route of transmission in recent years is unsafe sex, which accounts for 81.5 % of newly detected infection in 2022. The rate of HIV infection for the sexual partner of PWID living with HIV was 5.4 % in 2021 and increased to 11.2 % in 2022.<sup>106</sup> Two community-based surveys in 2016 and 2017 found a 'very high' prevalence of TB among PWID, ranging from 1.6 % to 5.7 %. The authors note that this suggests PWID are 30 to 100 times more at risk of active TB than the general population.<sup>107</sup>

## Transgender women (TGW)

Emerging data indicates HIV transmission in new populations, such as TGW. In Ho Chi Minh City, the HIV infection rate of TGW group was  $6.8\,\%$  in 2002. This increased to  $18\,\%$  in 2016 and fell to  $16.5\,\%$  in 2020. In Ha Noi, in 2022, the HIV infection rate of the TGW group was  $5.8\,\%$ .

<sup>&</sup>lt;sup>108</sup> Vietnam, Bell, National Committee, Những giải pháp ưu tiên cho chương trình phòng, chống HIV/AIDS 2023-2030 [Priority solutions for HIV/AIDS prevention and control programme 2023-2030],, 2 May 2023, <u>url</u>



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<sup>104</sup> UNAIDS, Country fact sheet Viet Nam 2022, 2023, url

<sup>&</sup>lt;sup>105</sup> Vietnam, Ring tone, National Committee, Tăng cường đẩy lùi dịch bệnh HIV trong nhóm người tiêm chích ma túy [Strengthen the prevention of HIV epidemic among injecting drug users], 8 May 2023, <u>url</u>

<sup>&</sup>lt;sup>106</sup> Vietnam, Bell, National Committee, Những giải pháp ưu tiên cho chương trình phòng, chống HIV/AIDS 2023-2030 [Priority solutions for HIV/AIDS prevention and control programme 2023-2030],, 2 May 2023, <u>url</u>

<sup>&</sup>lt;sup>107</sup> Nagot, N., et al., Alarming tuberculosis rate among people who inject Drug (PWID) in Vietnam, 2023, <u>url</u>, p. 4



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## **Annex 3: Terms of Reference (ToR)**

#### **HIV/AIDS**

#### General information

- Briefly describe prevalence and incidence of HIV/ types of this disease (epidemiologic data).
- How is the health care organized for HIV?
- How is HIV treated at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat HIV [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 HIV? Are there sufficient resources available to treat all patients?
- Is there a particular type of HIV for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating HIV?
- 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 HIV? 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 HIV? 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?
- 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 this disease?

### 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 this disease.

#### 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).

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 HIV? 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 for instance).



