



Viet Nam Administration of HIV/AIDS Control

SOCIAL HEALTH INSURANCE AND PEOPLE LIVING WITH HIV IN VIET NAM

**An assessment of enrollment in and use of social health
insurance for the care and treatment of people living with HIV**

September, 2015

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Executive Summary

In Viet Nam, approximately 85% of the funding for antiretroviral therapy (ART), and 70% of the total funding for the national AIDS response, is currently provided by foreign donors¹. However, these donors have already reduced contributions and will continue to do so.

In this context, the Vietnamese Government has identified the use of social health insurance as a key way of sustainably financing the maintenance and expansion of HIV care and treatment. However, a rapid countrywide survey conducted in 2014 by the Viet Nam Administration of HIV/AIDS Control (VAAC) showed that the health insurance coverage of people living with HIV is very low, at around 30%.

The VAAC, Ministry of Health and UNAIDS have therefore jointly conducted a study to provide additional evidence for the development of appropriate policies for the use of social health insurance for HIV treatment. The study's objectives were to describe:

- Enablers of and barriers to the enrollment in and use of social health insurance by people living with HIV for HIV care and treatment; and
- The current reality for people living with HIV regarding: their use of health services; health service quality; and sources of payment for health services.

The study findings include

1. Factors influencing the perception of health insurance enrollment among people living with HIV

Factors internal to people living with HIV

- The practical experience of people living with HIV makes them aware of the need for affordable HIV-related care and treatment, and therefore the need to be covered by social health insurance
- A lack of confidence in social health insurance, including negative perceptions about social health insurance and/or negative experiences of using social health insurance
- A lack of awareness of the importance of enrolling in social health insurance to prepare for future illness.

¹Programme data by end of Quarter 3, 2015. Viet Nam Administration for HIV/AIDS Control.



Factors related to the provision of information about social health insurance

- Limited communication about, and advocacy and marketing of, social health insurance
- Misleading and inaccurate information about social health insurance coverage for people living with HIV.

2. Factors negatively affecting decision-making about long-term enrollment in, and the regular use of, social health insurance

- Affordability and related issues, including:
 - Financially burdensome regulations requiring all household members to have social health insurance
 - Out-of-pocket expenses - although people living with HIV currently receive free ARV medications, CD4 counts and viral load tests, not all HIV treatment facilities are able to allocate funds to providing other periodic tests for free. Patients may therefore have to fully pay out-of-pocket for additional tests and treatment, or part of the expenses if they are on health insurance
 - Inability of many facilities to provide HIV-related treatment that is covered by social health insurance. Currently, people living with HIV receive treatment in HIV-treatment facilities that are located in either “preventive” or “curative” health facilities (according to administrative division within the Vietnamese health system, not in terms of the services provided). Since “preventive” facilities are not eligible to sign contracts with Viet Nam Social Security (VSS), they cannot provide health insurance-covered HIV treatment and all patients - even insured patients - have to pay for services there
 - Stigma and discrimination against people living HIV within families, communities, health facilities and workplaces; self-stigma; and fear of stigma and discrimination
 - ▶ Differential quality of care: There are reports that health care staff working in HIV-specific health care facilities are friendly, caring and supportive towards people living with HIV, while those in non-HIV-specific medical facilities stigmatize and discriminate
 - Inconsistent and insufficient guidance on coverage of care and treatment for people living with HIV by social health insurance

- Complicated registration procedures and lengthy review of applications for household-based health insurance enrollment
- Complicated administrative procedures and lengthy processing times for the use of social health insurance.

Recommendations

1. Increase social health insurance coverage for people living with HIV:

- Provide detailed information and counseling at HIV treatment facilities on: (1) HIV services covered by social health insurance, and (2) procedures at health facilities for using those services
- Sell social health insurance at HIV treatment facilities
- Postpone the implementation of regulations on household-based health insurance for people living with HIV
- Build a social health insurance database for use at HIV treatment facilities-that is integral to the common social health insurance information system-to track social health insurance coverage of, and use by, people living with HIV receiving treatment
- Provide financial support for people living with HIV in difficult situations to participate in social health insurance

2. Facilitate the use of social health insurance by people living with HIV for HIV treatment services:

- Promote measures to reduce stigma and discrimination against people living with HIV at health facilities and in the community
- Ensure treatment service quality and the absolute confidentiality of the identity and HIV status of people living with HIV using HIV treatment services covered by social health insurance

3. Ensure that shifting key financing for HIV treatment from foreign donors to social health insurance does not affect the quality of existing treatment services and the target of treatment for 90% of people diagnosed with HIV:

- Limit changes in service delivery procedures for people living with HIV receiving treatment



- As part of the integration of HIV treatment facilities in hospitals, ensure that there are sufficient human resources, and that staff have the knowledge and skills to provide HIV counselling, testing and treatment services in accordance with Ministry of Health regulations
- While making the required changes to enable “preventive” HIV treatment facilities to become eligible for signing contracts with VSS, ensure there is no disruption in treatment and care for people living with HIV who are already on treatment at those facilities

4. Ensure a favorable legal framework and its consistent application to HIV treatment covered by social health insurance:

- Review the stipulations on household health insurance enrollment in the amended Health Insurance Law
- Review and harmonize policy documents governing the organization of social health insurance-based medical service delivery for people living with HIV
- Ensure that guidance for the implementation of policies and laws is specific and unambiguous to avoid incorrect implementation and differences in interpretation and implementation in different communes/districts/provinces

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List of Abbreviations

ART	Antiretroviral therapy
ARV	Antiretroviral
VAAC	Viet Nam Administration of HIV/AIDS Control
VND	Viet Nam Dong
VSS	Viet Nam Social Security

The study team

This assessment study was conducted by a team with members from three organizations:

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I. INTRODUCTION

The global HIV epidemic and the financial burden of care and treatment

By the end of 2014, there were 36.9 million people living with HIV worldwide. Since 2000, around 38.1 million people have become HIV-positive, and 25.3 million people have died of AIDS-related illnesses. However, new HIV infections have fallen by 35% - from 3.1 million in 2000 to 2 million in 2014 - and new HIV infections among children have fallen by 58% in the same time period. Annual AIDS-related deaths have also decreased: from a high of 2 million in 2005 to 1.2 million in 2014 (a 42% decrease). These reductions are the result of decades of global and national prevention efforts alongside improvements in HIV care and treatment. By June 2015, 15.8 million people living with HIV worldwide were accessing antiretroviral therapy - 41% of all adults living with HIV and 32% of all children living with HIV.²

However, the demand for, and the financial burden of, care and treatment for people living with HIV remains significant, especially in low and middle-income countries.^{3,4} The use of national social health insurance programmes for HIV care and treatment is therefore attracting increasing attention across the world⁵. Studies have shown that people living with HIV are willing to pay for health insurance as long as the sums are small and they are guaranteed financial support for health care.⁶

HIV in Viet Nam

In Viet Nam, by December 31, 2014, there were reportedly 226,819 people living with HIV, and the country had seen a total of 71,332 AIDS-related deaths.⁷ It is estimated that there will be 258,600 people living with HIV in Viet Nam by the end of 2015.⁸ The epidemic is concentrated among people who inject drugs, female

² Joint United Nations Programme on HIV/AIDS (UNAIDS). Factsheet 2015. Accessed at: <http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet> on 08 December 2015.

³ Riyarto S et al. The financial burden of HIV care, including antiretroviral therapy, on patients in three sites in Indonesia. *Health Policy Plan.* (2010) 25 (4): 272-282. 2010.

⁴ Lopera M. M. et al. Out-of-pocket expenditures and coping strategies for people living with HIV: Bogotá, Colombia, 2009. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV.* Volume 23, Issue 12. 2011.

⁵ Riyarto S. et al. The financial burden of HIV care, including antiretroviral therapy, on patients in three sites in Indonesia. *Health Policy Plan.* (2010) 25 (4): 272-282. 2010.

⁶ Gupta I. et al. Willingness to pay for health insurance among HIV-positive patients in India. *Applied health economics and health policy.* 12.6: 601-610. 2014.

⁷ VAAC. 2014 Country Report on HIV/AIDS situation. 2015.

⁸ VAAC. Estimates and Projections of HIV/AIDS prevalence 2011 2015. 2014.



sex workers and men who have sex with men, and there has been a recent increase in new infections among women who are the sexual partners of men with risk behaviours. A National HIV/AIDS Prevention and Control Programme has been in place for 25 years, and has made significant achievements in both prevention and treatment. These include a general reduction in new infections (although this has now stabilized) and significant reductions in prevalence among people who inject drugs and female sex workers.⁹ In addition, the annual newly reported people living with HIV, AIDS cases and AIDS-related deaths have all continuously decreased since 2011.¹⁰

The HIV care and treatment system in Viet Nam

HIV-related care and treatment are provided through Viet Nam's health service, which is administratively divided into two sectors: one providing “preventive” services, and one providing “curative” (or “medical”) care. There are also private health care facilities providing HIV-related services. According to the relevant legislation, VSS signs contracts with individual “curative” health facilities to provide “curative” services medical treatment, such as at hospitals, for conditions and diseases that can (theoretically) be cured - that are covered by social health insurance.

However, HIV outpatient clinics are established within the “preventive” sector, which covers most public health interventions, including vaccinations and epidemic outbreak detection and control. Functionally, therefore, the HIV health care system currently operates in parallel with the “medical” public health system. In addition, historically, VSS has not paid for antiretroviral medicines and related tests because these have been provided free of charge, mostly thanks to donor funding.

People diagnosed with HIV are treated with antiretroviral therapy (ART) and generally follow a specific ART regimen for the rest of their life. Treatment continuity needs to be ensured, as disrupting treatment increases the risk of drug resistance, has health impacts on the patient and negates the preventive benefits of ART. Every six months, ART patients need to take follow-up tests to evaluate the effectiveness of their treatment, including a CD4 count, blood tests and other biochemical tests. Viral load tests are administered annually or every two years, depending on individual donor policy.

Viet Nam's national ART programme has expanded rapidly in recent years, helping an increasing number of people living with HIV to receive treatment. By the end of August 2015, there were nearly 98,000 people on ART in Viet Nam

⁹ Viet Nam Administration of HIV/AIDS Control (VAAC). *Viet Nam AIDS Response Progress Report*. 2014.

¹⁰ Viet Nam Administration of HIV/AIDS Control (VAAC). *National AIDS Programme data*. September 2015.



means the country was rapidly approaching the National Strategy target of 105,000 people living with HIV on ART in 2015. Viet Nam has also committed to implementing the new global “90-90-90” testing and treatment targets, aiming to ensure that around 200,000 Vietnamese people living with HIV will receive uninterrupted and long-term treatment by 2020.

Although ART and many related tests are currently provided free of charge, a 2013 study showed that Vietnamese people living with HIV bear the burden of out-of-pocket payments for any care and treatment services they need for opportunistic infections incurred due to their compromised immune status.¹² A 2010 study conducted by Abt Associates with the support of the Viet Nam Authority of HIV/AIDS Control (VAAC) showed that the out-of-pocket expenses paid by people living with HIV for treatment and health care services amounted to over 4 million VND per person per year - which is equivalent to around 25% of 2010 per capita income (16.7 million VND).¹³

Social health insurance for people living with HIV in Viet Nam

As international donors further decrease their funding in the next few years, people living with HIV may have to bear an even greater economic burden for their treatment. In this context, social health insurance has been identified by the Government as a key strategy for mobilizing domestic resources. Prime Ministerial Decision No 1899/QĐ-TTg (October 16, 2013) approved the *Sustainable Financing Options Project for HIV/AIDS prevention and control for the period 2013-2020*, which emphasizes the use of social health insurance. In January 2015, a new Law on amendments to some articles of the Law on Health Insurance officially came into force¹⁴, aiming to ensure that all citizens have social health insurance. Universal health insurance will enable all Vietnamese citizens to access health services, and people living with HIV specifically to access HIV care and treatment services. However, both the 2010 Abt Associates study¹⁵ and a 2014 VAAC survey¹⁶ showed that only a small proportion (around 30%) of people living with HIV who accessed health facilities had social health insurance.

¹¹ 90% of people living with HIV diagnosed; 90% of people living with HIV on treatment; 90% of people living with HIV virally suppressed.

¹² Tran Xuan Bach et al. Financial burden of health care for people living with HIV in Viet Nam. *Journal of Tropical Medicine and International Health*. Volume 18, Issue 2, pages 212-218. 2013.

¹³ Abt Associates Viet Nam. Utilizing health care and treatment services for people living with HIV. 2012

¹⁴ Law No. 46/2014/QH13. National Assembly of the Socialist Republic of Viet Nam. Law No. 46/2014/QH13: Amendments to the Law on Health Insurance. 2014.

¹⁵ Abt Associates Viet Nam. Utilizing health care and treatment services for people living with HIV. 2012

¹⁶ VAAC. Census on social health insurance among people living with HIV on treatment. Unpublished programme data. 2014

The Ministry of Health is largely responsible for developing the legal and policy framework on social health insurance, while Viet Nam Social Security (VSS) is primarily responsible for the implementation of social health insurance policies, and the management of social health insurance funds. The Ministry of Health and VSS work together to identify premiums, liability scales, benefit packages, the list of health services and medications for social health insurance payment, their prices and reimbursement mechanisms.

They are also currently cooperating, alongside other State agencies, to develop policies and guidance on the provision of health services covered by social health insurance for people living with HIV, in order to increase the role of social health insurance funds in paying for HIV-related health services. National policymakers and other experts have identified three preconditions required for the transition from the provision of HIV care and treatment services using donor funds to using social health insurance funds for these services:

- 1) All people living with HIV receiving HIV treatment must be enrolled in uninterrupted and long-term social health insurance;
- 2) All HIV treatment facilities must be eligible to provide health services covered by social health insurance; and
- 3) The barriers and challenges impeding people living with HIV from enrolling in and using social health insurance must be identified and overcome in order to facilitate the use of social health insurance for all HIV-related care and treatment services.¹⁷

II. STUDY OBJECTIVES

The Government and the Ministry of Health are working to ensure that the health system can meet the first two preconditions described above so that people living with HIV can access social health insurance. As part of these efforts, VAAC and the Ministry of Health have collaborated with UNAIDS to conduct an assessment study to provide input to the Government in enacting policies and regulations. The assessment's objectives were to describe:

- Enablers of and barriers to the enrollment in and use of social health insurance by people living with HIV for HIV care and treatment; and
- The current reality for people living with HIV regarding their use of health services; health service quality; and sources of payment for health services.

The results of the assessment will help to develop and adjust policies that aim to promote the use of social health insurance by people living with HIV. This will help to reduce the financial burden of treatment for people living with HIV, increase their access to and use of HIV services, and contribute to the achievement of the target of “90% of diagnosed people living with HIV on treatment”.

¹⁷ Consultation workshop on health insurance for people living with HIV. Ha Noi, June 2015.

III. METHODOLOGY

The study team used qualitative methods to gather data, including in-depth interviews and focus-group discussions with people living with HIV, medical staff working in HIV treatment and care and social health insurance staff involved in the sale, review and payments of social health insurance for people living with HIV. Data collection was conducted from July to August 2015 in the provinces of Ha Giang, Ha Nam, Dak Lak and Dong Thap, where HIV prevention, care and treatment are increasingly financed using domestic resources. In these provinces, the number of people living with HIV receiving ART is relatively large, while social health insurance coverage varies.

The in-depth interviews were used to explore perceptions and personal experiences related to access to and use of social health insurance and other financial resources for HIV-related care and treatment. The focus-group discussions were used to examine common viewpoints, perceptions and experiences and establish a collective perspective on relevant issues. These discussions made use of the interaction among participants to discuss, clarify and compare issues. The use of both in-depth interviews and focus-group discussions enabled the study team to build a more complete picture of the issues related to perception and experiences.

The study team also conducted field observation at health facilities¹⁸ to compare the challenges/problems that were raised during the in-depth interviews and focus-group discussions.

Finally, the study team conducted a review of relevant documents related to social health insurance in order to gain a better understanding of the current context of the national strategy, the legal framework, and guidelines for treatment, care and support for people living with HIV.

Recruitment of participants

People living with HIV aged 18 or older, who lived in the province and who attended HIV outpatient clinics, were selected to participate in the study. Clinic health workers, as well as peer educators living with HIV, provided support for the recruitment of participants through the clinics. In order to obtain meaningful and diverse data, the study team tried to ensure that the participants were representative of people living with HIV in terms of age, level of education, sex, and place of residence (urban or rural), and that the group included both people living with HIV with and without social health insurance.

The team also recruited health workers who provide HIV care and treatment, and

¹⁸ Including HIV outpatient clinics, district hospitals and provincial hospitals.

social health insurance officials who engage in the appraisal and payment of insurance claims for people living with HIV.

Across the 4 provinces, the study team conducted a total of 80 in-depth interviews and 4 focus-group discussions with people living with HIV; 4 in-depth interviews and 8 focus-group discussions with health workers who were indirectly and directly involved in HIV-related care and treatment; and 4 focus-group discussions with social health insurance officials.

Study participants in each province

1. People living with HIV receiving ART at out patient clinics:
 - a. In-depth interviews with 20 people living with HIV
 - b. One (1) focus-group discussion with 10 people living with HIV
2. Medical staff involved in care and treatment for people living with HIV:
 - a. One in-depth interview with a leader of an HIV care and treatment facility
 - b. One focus-group discussion with officials indirectly involved in care and treatment for people living with HIV, including:
 - One representative from the Medical Professionals Division responsible for HIV care and treatment facilities - Provincial Department Of Health
 - One representative from the Pharmaceutical Professionals Division responsible for HIV care and treatment facilities - Provincial Department of Health
 - One official in charge of the care and treatment programme for people living with HIV - Provincial AIDS Centre (PAC).
 - c. One focus-group discussion with officials directly involved in care and treatment for people living with HIV, including:
 - One nursing official from an HIV care and treatment facility
 - One provincial general hospital official engaging in care and treatment for people living with HIV
 - One health worker from the district hospital closest to the provincial capital engaging in care and treatment for people living with HIV
 - One health worker from the commune health centre closest to the provincial capital engaging in care and treatment for people living with HIV or an official responsible for HIV at the commune level.
3. Staff working in social health insurance:

One focus-group discussion with staff working in social health insurance, including:

 - One representative from the Provincial Department of Health responsible for social health insurance
 - One representative from the district/town health office closest to the provincial capital
 - One representative of the Commune People's Committee closest to the

member of staff of the Commune People's Committee in direct contact with people who sells social health insurance

- One staff member from the provincial social health insurance office or one medical professional responsible for social health insurance at the provincial hospital.

Data collection

The in-depth interviews and focus-group discussions were based on themes that had been decided in advance (see below) and were tape-recorded. During each focus-group discussion, one person from the study team acted as a facilitator while another observed and took notes. Each of the in-depth interviews and focus-group discussions lasted between an hour and an hour and a half, and was transcribed immediately after the session for textual analysis.

Data analysis

To ensure the accurate interpretation of the information gathered, and to make timely adjustments to the study method (including the information sought), synthesis and rapid data analysis took place in the field throughout the process. After each half-day session, the study team conducted a group meeting to summarize and discuss the main results obtained and make adjustments for the next half-day session.

The transcripts of the in-depth interviews and focus-group discussions were read through several times before being coded so that study team members could familiarize themselves with the data. The codes were grouped into themes and sub-themes; these were initially defined during the development of the research protocols and further defined during the rapid field analysis. Each theme was summarized in terms of points of consensus and conflicting opinions. The themes, summaries and codes were reviewed carefully and analysed for inclusion in the report.

Ethical safeguards

The study was conducted with the informed consent of each participant. Participants were informed beforehand about the use of a tape recorder during interviews and discussions, of their right to withdraw at any time during the research, and that the findings would be kept confidential. Participants provided formal consent. No personal identifiers were collected.

The study protocol was approved by the Institutional Review Board of the National Institute of Hygiene and Epidemiology.

Limitations of the study

The study's subjects were people living with HIV and receiving ART: they have experience of HIV-related care and treatment and medical staff in both HIV-related care and treatment facilities and other care and treatment facilities. Therefore, their awareness and knowledge of social health insurance and the quality of medical services may be different from those of people living with HIV who do not have access to HIV-related care and treatment. It is very difficult for a number of reasons to reach people living with HIV who have not accessed services. This may have biased the results.

Because the study team members all live in Hanoi, the selection of participants among people living with HIV relied on the support of local health officials. Most of those who were chosen to participate therefore have existing relationships with local medical staff and experience of the health services they provide. This may have affected responses to questions relating to the quality of medical/health services received at health facilities where those health staff who participated in the selection process work, as the people living with HIV may not have wanted to jeopardise their patient-staff relationships and future treatment.

No gendered analysis has been undertaken, in part because the health officials were asked to choose a balanced number of men and women, with and without social health insurance, and because not all of the data were disaggregated by sex. However, gendered aspects of access to and use of social health insurance, particularly among women living with HIV, is an area that merits further research. In addition, the study did not require respondents to reveal any risk behaviours (injecting drug use, sex work or same-sex sexual relationships), which means that no analysis of the influence of belonging to a key population on health-insurance-related experiences and decisionmaking was undertaken. This therefore also constitutes an area for further research.

The study was restricted to four provinces, and the results cannot therefore be automatically generalized to other provinces or areas of Viet Nam. However, the provinces were specifically selected to represent different regions of the country: the northern mountainous area, the northern delta, the Central Highlands and the southern area. The study team therefore believes that the study results and recommendations are to a certain extent relevant and applicable to other regions of the country.

Finally, this is a qualitative study. It will be necessary to conduct further quantitative research to further investigate and measure the scale of the issues identified.

IV. FINDINGS

Table 1: HIV in the four provinces as of June 30, 2015 (Provincial AIDS Centre data)

	Ha Giang	Ha Nam	Dak Lak	Dong Thap
People living with HIV	1,122	940	1,650	4,559
People diagnosed with AIDS	461	374	514	1,405
Deaths from AIDS-related illnesses (cumulative)	388	607	413	1,098

Characteristics of participants

A total of 120 people living with HIV, of whom 72 were men and 48 women, participated in the research study. The average age of the research participants was 37.4. They had different educational levels: illiterate, high school, vocational, and college/university; they were single, married, divorced, or widowed; some were unemployed, some had stable jobs and some had seasonal/unreliable jobs; some came from poor households, or near-poor households or households in difficult economic circumstances; some came from ethnic minorities and some from the majority Kinh ethnic group; some had social health insurance, some had interrupted their social health insurance coverage, and some had never had social health insurance.

Methods of obtaining/paying for social health insurance among participants living with HIV

The people living with HIV in the study who were enrolled in social health insurance can be categorized as follows:

- People living with HIV who live in poor or near-poor households or other households supported under the social protection system, whose social health insurance is fully or partially subsidized by the Government.
- People living with HIV who paid for their own social health insurance. These were self-employed people with a steady income, or people who received financial support from their families to pay for social health insurance.
- People living with HIV who worked in government agencies or were contracted employees, and contributions to social health insurance are paid by both employers and employees.

Factors influencing perceptions of social health insurance

Understanding the benefits of health insurance

People living with HIV typically have a high demand for medical services, including ART, associated monitoring tests and treatment for opportunistic infections. Some participants living with HIV expressed their awareness of the benefits of health insurance coverage for care and treatment, based on their own experience of having been ill, their expectations of becoming ill, and their understanding of how insurance works:

- "I have chronic ailments and illnesses, so I had to buy health insurance in case I have to go to hospital." Woman living with HIV - in-depth interview - Ha Giang
- "Health insurance is beneficial for patients and their families, it helps to prevent financial worries. It saves us money-we pay once, and we won't have to pay a lot more when we get sick." Woman living with HIV - in-depth interview - Dak Lak
- "If I don't have health insurance and one day I'm hospitalized, I'll have to pay a lot of money. And ordinary people like me, we don't have much income, so without health insurance it's very difficult for us to cover all our medication expenses. So we should buy health insurance." Woman living with HIV - in-depth interview - Dong Thap

People living with HIV who currently receive free HIV care and treatment are also aware that they will need to find a way to pay for these when they are no longer funded by international donors. Some know that enrolling in social health insurance provides a solution that can enable them to maintain treatment and ensure that it is both lifelong and uninterrupted:

- "Yes, I will definitely buy [health insurance]. No need to wait till I become very sick. It also means I'll be covered for my ARV medicines." Man living with HIV - focus-group discussion - Dak Lak
- "I think there's no other way at all. No health insurance means no drugs for treatment, you know, and antiretroviral drugs have to be taken regularly. So health insurance is a necessity for people living with HIV. People living with HIV on ART will have to buy health insurance if they haven't already got it or aren't entitled to receive it for free." Health worker - focus-group discussion Ha Nam

- "Up until now, ARV drugs have been supplied for free by a [donor-funded] programme. That's why nobody used to care about health insurance. But now that people have heard that the programme was going to end the supply [of drugs], they've been more interested in buying health insurance." Health worker - focus-group discussion - Dak Lak

However, others demonstrated a lack of knowledge of the benefits of health insurance or a misunderstanding of how it works, including its function of reducing the financial burden of long-term treatment:

- "I've never heard of health insurance. I don't care about it. I'm busy doing business all day, I don't care. Sometimes I think [about it]: if I fall sick, I'll just go to the clinic for some medicines, that's all." Woman living with HIV - in-depth interview - Dak Lak
- "I'm afraid that if I go to hospital, and I have health insurance, they'll hospitalize me, and I won't be able to work." Woman living with HIV - in-depth interview - Ha Giang

This lack of knowledge and understanding may be due to the fact that people living with HIV are often passively enrolled in health insurance: they are either granted health insurance because they are entitled to it, or are obliged to buy it through their place of employment. In addition, those interviewees who had infrequently used health care services do not understand the need for health insurance. They believe that if they are healthy, they do not need health care, so they do not need to buy health insurance:

- "People nowadays think that only when they really get ill, or when they have to use health insurance frequently, will they resort to buying it. When they can't afford care and treatment, they're willing to buy health insurance, calculating that they will only spend a certain amount of money on health insurance but the payout will be greater." Health insurance official - focus-group discussion - Ha Nam
- "The thing that currently impedes people's health insurance enrollment is their lack of awareness about the future. They will only buy health insurance when they are ill." Health worker - focus-group discussion - Dong Thap
- "Last year I got very sick so my parents bought me health insurance." Man living with HIV - in-depth interview - Ha Nam

Lack of confidence in the quality of social health insurance-covered services

The people living with HIV interviewed frequently expressed a lack of confidence in the quality of the care and treatment covered by social health insurance, which generates anxiety about the decision to buy and use it. This lack of confidence arises in part out of the perception that the quality of health care services paid for by social health insurance is not as good as that of health care services paid for by people themselves, and that medications paid for by social health insurance are less efficient.

- "Health insurance can of course help to reduce the expense of medications, but the medicines provided are of inferior quality. Health insurance users have told me so. Probably the hospital only provides the cheap drugs, not the expensive ones. So we can only get weaker drugs, we don't get given medicines that can actually help treat us." Woman living with HIV - in-depth interview - Dong Thap
- "Even when you are taken to the emergency room at the provincial hospital, they ask first whether or not you have health insurance. They seem to treat people with health insurance and those without health insurance differently." Woman living with HIV - focus group discussion - Dak Lak

It may also arise from negative experiences of using insurance:

- "The medications covered by health insurance weren't good enough. I had to buy medicines, antibiotics, at the pharmacy." Woman living with HIV - focus-group discussion - Dong Thap
- "Generally speaking, using health insurance always takes more time than paying out of pocket for healthcare" Woman living with HIV - focus-group discussion - Ha Nam
- "[Health insurance] procedures are cumbersome and take hours, so I'd rather pay directly for health services." Man living with HIV - focus group discussion - Dak Lak

Social health insurance officials confirmed the lack of confidence in social health insurance among people living with HIV:

- "Some people have bought health insurance with their own money but they believe they won't get the best drugs with health insurance." Health insurance official - focus-group discussion - Dong Thap

The following sections describe the systemic and contextual factors that affect the enrollment of people living with HIV in social health insurance.

Limited communication about, and advocacy and marketing of, social health insurance enrollment

Guidance on how to conduct information, communication and advocacy campaigns on social health insurance enrollment has been disseminated to provinces, and provincial and commune authorities are working together to conduct such campaigns. However, there are not enough funds or training available for staff. The lack of knowledge about the benefits of social health insurance among people living with HIV can therefore be partly attributed to inadequate and inaccurate communications from the authorities:

- "I've only heard vaguely about health insurance, I don't know what's what."
Woman living with HIV - in-depth interview - Dak Lak

In the absence of resources, social health insurance advocacy largely depends on the willingness, commitment and flexibility of individual social health insurance collaborators at the grassroots level.

- "We have used part of the ward budget to photocopy relevant documents."
Health insurance collaborator - focus-group discussion - Ha Giang
- "We conduct communication and advocacy about health insurance enrollment all by ourselves." Health insurance collaborator - focus-group discussion - Ha Giang
- "When I was working at the district level, health staff at the district hospital did conduct advocacy on health insurance enrollment. The doctors were sometimes too busy, but nurses in the in-patient department always explained health insurance benefits to patients and encouraged their participation." Health worker - focus group discussion - Dong Thap

In addition, communications about universal health insurance and social health insurance benefits are often superficial and passively conducted. Generally speaking, either information about social health insurance is posted on notice boards in health facilities, meaning that people have to be at the facility to see it and they have to digest it on their own; or the sale of social health insurance is announced by local social health insurance sales agents via the commune loudspeaker system (which is increasingly ignored).

- "I personally don't think that communication, advocacy and marketing campaigns are conducted properly. They are only disseminated in communes, where there are no trained communication workers. And in fact, no one actually markets health insurance, only other types of insurance. Insurance benefits are always exaggerated, too, so no one believes in them." Health worker - focus-group discussion - Ha Nam

Finally, the selection of commune social health insurance agents is not optimal. Some work within the commune health station or within commune Department of labour, Invalids and Social Affairs offices, but most agents work from commune post offices. While this provides a way to diversify the marketing of social health insurance, those social health insurance agents who are not officially authorized commune staff are limited in their ability to reach out to people, and to provide follow-up support with the application documents.

These limitations in communications, advocacy and marketing activities about social health insurance negatively affect the knowledge and perception of social health insurance among people in general and people living with HIV in particular.

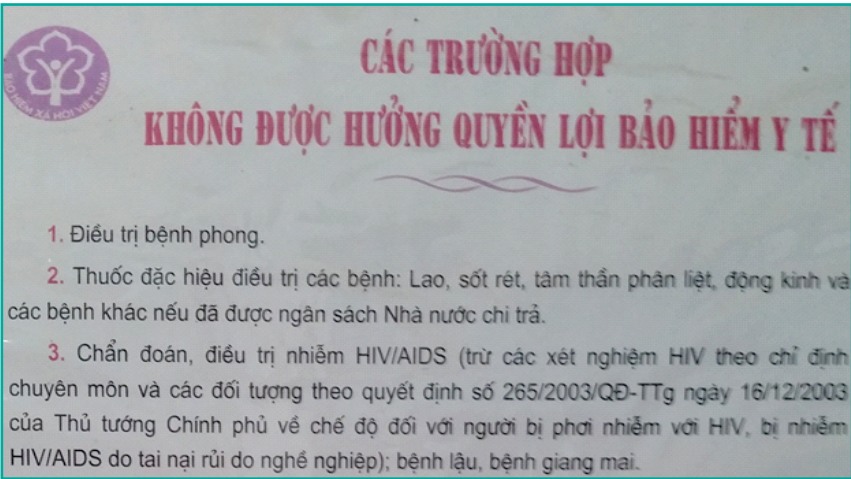
Misleading and inaccurate information about social health insurance coverage

At least one health facility has posted misleading guidelines on social health insurance coverage.

“Every time I went to the clinic for my ARVs or a health check, I saw that notice which said health insurance is not applicable to people living with HIV.” Woman living with HIV - focus-group discussion - Ha Nam

The study team visited the health facility (in Ha Nam province) and photographed the posted guidelines, which indicate that the diagnosis and treatment of HIV and AIDS-related illnesses are not covered by social health insurance. However, this has never been true: the information has been taken out of context-in the past, HIV-related diagnosis and treatment were only not covered by social health insurance when they were already covered by other sources; but they were covered if such sources were not available. In addition, this provision is in any case no longer valid as it has been superseded by more recent legislation. Unfortunately, it is still being displayed:

Figure 1: Inaccurate information about health insurance coverage



This has caused unnecessary confusion among people living with HIV. Having seen the guidelines, even people living with HIV who do have social health insurance decide not to use their social health insurance cards for HIV-related services. It has also caused confusion among health workers - at least those participating in this study - who interpreted the guideline to mean that people living with HIV, even those who have social health insurance, are not entitled to any benefits:

- “If I were a patient living with HIV and I had health insurance, and I saw this guideline, I would certainly tell myself that health insurance is no use to me at all-what's the point of having bought it!” Health worker - focus-group discussion - Ha Nam

Such inaccurate information has led to misperceptions about the benefits of social health insurance for people living with HIV, and affected their decision to enroll.

Factors influencing the decision to enroll in, remain enrolled in and use social health insurance

Affordability

Many people living with HIV face economic difficulties, particularly those who are unemployed (perhaps due to the disclosure of their HIV status), or have low-income and/or unstable jobs. People living with HIV who are suffering from AIDS-related illnesses may have been sick for a long time and been unable to hold down a job. They also have to pay the considerable costs of care and treatment, worsening existing economic difficulties and making it difficult to afford social health insurance. Such economic challenges are one of the main barriers preventing people living with HIV from buying social health insurance:

- “If people's families are well-off, it's not a big deal for them to spend several hundred thousands dong on health insurance. But many people living with HIV are in difficulties and poor health; it becomes very difficult for them to buy health insurance. They all want to buy it, but they can't because of their difficult economic situation.” Man living with HIV - focus-group discussion - Ha Giang
- “I am so poor I can't afford annual health insurance.” Woman living with HIV - in-depth interview - Dong Thap
- “Many people living with HIV don't have jobs, so they're not enrolled in employment-related health insurance. Many of them are destitute, really - sometimes they don't even have anything to eat. The other day, I talked

with some people who said they couldn't afford a meal, let alone health insurance." Woman living with HIV - in-depth interview - Dak Lak

Some prisoners living with HIV receive HIV care and treatment services in prison. After their release, it takes time for them to re-integrate into society. Most are unable to find a stable job immediately - or at all - and therefore have little or no money. This will make it difficult for them to afford continued treatment, if ART is to be provided through social health insurance:

- "There is concern about how to ensure that people living with HIV who are currently receiving treatment in prisons can continue their ART without interruption when they return to the community. There should be a policy to ensure they can continue receiving ART from the moment they are released, because at that time they will have no money and no jobs. They will need support during this difficult time." Health worker - in-depth interview - Ha Nam

Household health insurance and barriers to registering for and enrolling in health insurance

The regulations that require a member of an insured household to prove that the remaining household members also have social health insurance cause significant problems. They are particularly challenging for families with many members and in difficult economic circumstances, for families with members working away from home, and for families required to confirm that members are already insured. This is because ensuring that all household members are insured generally means increased costs: many individuals say that it is difficult enough to buy health insurance for themselves, let alone all their family. It is especially true in rural areas, where households tend to have a lot of members. These issues create barriers for anyone who wants to enroll in social health insurance, but may have an even greater impact on people living with HIV, who are likely to experience greater financial difficulties.

- "I think that when they passed this law MPs thought that families only have 4 members. But in fact, a family in the countryside often consists of 2 or 3 generations, ranging from grandparents to grandchildren and even great-grandchildren, who may add up to more than a dozen household members. How can such families afford health insurance for everyone?" Health insurance official - focus-group discussion - Dong Thap
- "How can I manage to buy health insurance for everyone in my family of 10 people, when two of them don't even need it? I'm sick, and I need health insurance, but I have to buy it for those two people as well while the family is

in difficulties. This won't do. It's so strange.” Man living with HIV - in-depth interview - Dong Thap

- “It's difficult to buy health insurance for a whole household in 2015. For example, some of my family members are working away from home. If I want to buy insurance for myself, I'll have to wait for them to come back home so I can prove they're also insured.” Man living with HIV - Ha Giang
- “It's compulsory to have a photocopy of the health insurance cards of other family members. My sister is working for a company overseas in Malaysia, and we haven't received a copy of her health insurance, so I can't buy insurance for myself.” Man living with HIV - Ha Giang

In addition, complicated administrative procedures for registration, particularly the long waits for social health insurance cards to be issued, mean that people are likely to have negative perceptions of social health insurance enrollment.

- “The administrative procedures are so complicated. If the ward authority will return health insurance cards to us then health insurance should be sold at the ward health station. We have to get our household books and identity cards verified by the ward authority, so why don't they just sell health insurance? Why do we have to go to the post office and see its staff? What for? The post office staff don't have anything to do with it.” Man living with HIV - in-depth interview - Ha Giang
- “I had to wait at least a couple of months from the day I registered for health insurance to get my health insurance card.” Man living with HIV - in-depth interview - Dong Thap

Stigma and discrimination, self-stigma and the fear of being stigmatized

Stories of stigma, self-stigma and the fear of being stigmatized and discriminated against were common in the interviews and discussions with the study participants. While the majority of participants agreed that, in general, HIV-related stigma and discrimination have decreased, in many places people living with HIV are still heavily stigmatized - by their families and community, and in health facilities and workplaces:

- “If people discover that a household in their village has a member living with HIV, the household will be shunned and no one will visit. That's what my patient told me. He said: 'Oh my God, I beg you, Madame, please don't send me to my village! If you send me back and the health staff there visit my home twice a month, I will run away from home.’” Health worker - focus-

group discussion - Dong Thap

- “I have found that in Dak Lak up to 90% of doctors stigmatized people living with HIV.” Man living with HIV - focus-group discussion - Dak Lak
- “I was put in a separate room, on my own, and the nurses hid behind the door, peeking in, and looking at me as if I were a monster.” Woman living with HIV - in-depth interview - Dong Thap
- “After my health check for a job, the interviewer asked me if I knew that I had the disease. I told her I did know, but that I could work normally, and she said that people like me would... that is, she didn't give a straight answer but said, softly, something like, 'Well, when we have a vacancy, we'll call you'. But they never will.” Woman living with HIV - focus-group discussion - Ha Nam

People living with HIV attributed this stigma and discrimination in part to the fact that some people have an incomplete understanding of HIV transmission routes, or believe the stereotype that HIV infection is associated with unhealthy behaviours and lifestyles:

- “They're frightened. When they sit beside me, like you're doing now, they don't even dare to kill a mosquito that's just bitten me. I don't know what they're thinking. If this disease were transmitted by mosquitoes, they would all be infected. They're so frightened of us.” Woman living with HIV - in-depth interview - Dong Thap
- “They think that people living with HIV have led a dissipated life or done something that resulted in infection. And because they think this, they stigmatize us and discriminate against us and look at us with despising eyes.” Woman living with HIV - in-depth interview - Dak Lak

Because stigma is still common, people living with HIV both stigmatize themselves and greatly fear being stigmatized by others. Many people living with HIV who are on ART are afraid that their HIV status will be disclosed. This prevents them from going to health facilities for examinations, tests and treatment. The study team observed that some people living with HIV wear face masks, not only as required for hygiene reasons during medical appointments, but for the whole time they are at HIV care and treatment facilities. This helps them to avoid engaging with other people, even other people living with HIV; they hide behind their masks and turn their faces away. Some interviewees refused to remove their masks, even when being interviewed in a separate room, for fear that other people might inadvertently see them.

- “Because I feel so inferior, I am afraid that other people will discriminate against and stigmatize me when they find out my status. So I don't go to the hospital. A while ago I fell sick, but I bought medicines on my own. And if I get really ill, I'll ask a doctor to come to my house.” Woman living with HIV - in-depth interview - Dak Lak

People living with HIV worry that enrolling in and using health insurance will lead to the disclosure of their HIV status - which indicates that they do not trust the confidentiality of health services:

- “The thing is, our personal information might be leaked when we apply to enroll in health insurance, and that will affect those around us – our aunts, our cousins, our relatives, you know. This is why we are reluctant to buy health insurance.” Man living with HIV - focus-group discussion - Dong Thap
- “Generally speaking, this is a disease people conceal. If they ask for a referral to a provincial hospital, their current health facility will find out their status. So most people don't bother: they go directly to the provincial hospital and pay their own enormous expenses.” Health worker - in-depth interview - Dong Thap

The fear of stigma and discrimination clearly adversely affects people living with HIV, not only with regard to their decisions about social health insurance enrolment and use, but also in terms of their access to and use of health services in general.

Inconsistent and insufficient guidance on social health insurance coverage of care and treatment for people living with HIV

The current guidance on social health insurance poses some challenges to the use of social health insurance for HIV-related care and treatment. Circular No. 37/2014/TT-BYT guides registration for primary medical care and treatment, as well as referrals to secondary and tertiary care support covered by social health insurance. According to this Circular, all insured people are entitled to register for primary medical treatment at either commune or district health facilities, regardless of administrative boundaries. This means that insured people living with HIV who are receiving their ART at district health centres or district hospitals can continue to receive care there and be covered by their social health insurance coverage. However, according to Circular 37, insured people living with HIV who receive their ART at provincial hospitals, but are registered for their primary care at commune - or district-level facilities - which constitutes the majority, because of their registered place of residence - will have to be officially referred by these lower-level facilities every year if their ART is to be covered by social health insurance.

This referral requirement which specifically mentions HIV as one of the chronic diseases the requirement is applicable to is not consistent with specific guidance on social health insurance for people living with HIV. Circular No. 15/2015/TT-BYT¹⁹ stipulates that people living with HIV can register for both HIV-related care and treatment and primary health care at either the district or provincial level of the health system, and be covered by social health insurance. This removes the need for referral, since insured people living with HIV can register for their primary health care at the provincial level. According to paragraph 2, Article 4, of Circular 15:

- “Where there is demand, insured people living with HIV are entitled to register for primary care and treatment, covered by social health insurance, at a health facility which provides HIV-related care and treatment, at district level or provincial level.”

Although Circular 15 has been in effect since August 2015, local health officials and social health insurance officials, when asked about this issue, maintained that it is very difficult for insured people living with HIV to register for primary care and treatment at hospitals higher than district level.

- “Regarding registration for primary medical care we should follow Circular 37. Therefore, registration for primary medical care at provincial level by all people living with HIV is still under consideration. According to Circular 37 only some not all people can register for primary medical care at provincial hospitals.” Health insurance official - focus-group discussion - Dong Thap

Local health workers and social health insurance officials also emphasized that further guidance on other aspects of the implementation of Circular 15 is needed, in particular regarding the decentralization of HIV-related medical services covered by social health insurance; the lists of drugs covered by social health insurance at the commune, district and provincial levels; and the conditions for the inclusion of HIV-related care and treatment services in contracts between VSS and general hospitals.

- “There should be specific written guidance from the Provincial Department of Health on how to apply Circular 15 - on what care and treatment facilities have to do and what each level is responsible for. Just circulating the Circular isn't enough. There must be clear guidance on what the HIV centre here can do, what each level is responsible for... We haven't been able to provide any guidance ourselves.” Health official - focus-group discussion - Ha Nam

¹⁹Ministry of Health. Circular No. 15/2015/TT-BYT on care and treatment covered by social health insurance for insured people living with HIV and those who use medical services related to HIV. 2015.

- “Circular 15 has been mentioned in a meeting... but we're still waiting for specific guidance from the Ministry of Health on the list of drugs that are covered by health insurance.” Health insurance official - focus-group discussion - Ha Giang
- “I think we need detailed guidance on all relevant aspects, we can't just implement [Circular 15]. For example, we don't know what will happen if a care and treatment facility signs a contract with VSS but it hasn't met all the human resources and technical requirements.” Health insurance official - focus-group discussion - Dak Lak

Ineligibility of many facilities providing HIV-related care and treatment to sign social health insurance contracts with Viet Nam Social Security (VSS)

In all four of the study provinces, some HIV care and treatment outpatient clinics (OPCs) are located in health facilities that come under the “preventive” element of Viet Nam's health system and are subject to different regulations and standards than facilities classified as “curative” (or “medical”). VAAC statistics show that this is true of up to 50% of HIV OPCs across the country. In order to sign contracts with VSS, and therefore be eligible to provide HIV-related care and treatment that is covered by social health insurance, these facilities need to meet the (higher) standards for health facilities classified as “curative”/“medical” as prescribed by the 2009 Law on Medical Examination and Treatment and related legislation. However, because these HIV OPCs currently conform to the different standards required for “preventive” health workers and health facilities, this will not be easy.

- “According to the Law on Medical Examination and Treatment, people who provide care and treatment services or who prescribe medicines must have a medical practice certificate. But you need to have been practicing for 18 months in a recognized care and treatment facility to be granted a certificate, and the head of a centre must have been practicing for 36 months ... and according to the guidance on granting these certificates in Circular 41²⁰, an HIV OPC is not a recognized care and treatment facility.” Health official - focus-group discussion - Dong Thap
- “According to the Law [on Medical Examination and Treatment], recognized care and treatment facilities must have an official [“curative”] name. So “preventive” centres now have to acquire “curative” names [by setting up specialized HIV clinics]. [But] it's difficult to set up a specialized clinic, it's difficult to get medical practice certificates for staff.” Health official - focus-group discussion - Ha Nam

²⁰Ministry of Health. Circular 41/2011/TT-BYT. Guiding the grant of practice certificates to medical examination and treatment practitioners and operation licenses to medical examination and treatment establishments. 2012.

- “The Provincial AIDS Centre wants to set up a specialized clinic for HIV-related care and treatment and opiate addiction treatment. But we've encountered problems - so we made a proposal to the Provincial Department of Home Affairs and the Provincial People's Committee to restructure the Provincial AIDS Centre and enable the establishment of a specialized clinic within the centre ... The process [the changes required to achieve eligibility for health insurance payments] is one the whole country has to undertake according to a set timeline, but in fact I think that timeline is impossible.” Health official - focus-group discussion - Ha Nam

Insured people living with HIV who are currently receiving treatment at “preventive” facilities will face interruptions to their care and treatment, because they will need to be referred to a “curative” health facility that is recognized under current legislation as providing HIV care and treatment services covered by social health insurance. The study participants were unanimously critical of this scenario.

Using social health insurance: complicated administrative procedures and lengthy processing times

The process of actually using social health insurance can be both inconvenient and time-consuming. A lot of procedures have to be completed at every visit before care and treatment are provided, and these take a long time, so many insured people do not even use their social health insurance cards:

- “I pay for my blood tests out of my own pocket, so that I can be finished quickly and go home. If I use my health insurance card, I have to sign in here and there, and it takes me so much time. I pay myself to save time: I have a long way to travel to get home.” Woman living with HIV - in-depth interview - Dong Thap
- “I know a couple who are teachers, and they never use their health insurance cards. They only go to private clinics here or in Ha Noi for their treatment. They say that they have to go through such complicated procedures in the public hospital here, and the diagnosis isn't even accurate. I also know lots of other people do the same.” Man living with HIV - focus-group discussion - Ha Giang

In addition, errors and loss of documentation occur which affect people's ability to use their social health insurance card:

- “During the process, mistakes do happen. For example, a patient received a properly signed and stamped referral card. Unfortunately, it wasn't recorded at the commune level so it couldn't be recorded at the district

level. As a result, the patient couldn't use their health insurance card.”
Health insurance official focus - group discussion - Ha Nam

The reality: health-service use, health-service quality and sources of payment for care and treatment for people living with HIV

Care and treatment of people living with HIV in the study provinces

People diagnosed with HIV are referred to an HIV care and treatment facility to register for outpatient care and treatment. Their clinical stage is then evaluated, including through a CD4 count, so that suitable treatment can be prescribed. If they are eligible for ART, ARV medications will be supplied at no cost and they will be monitored and given ARVs every month. If they are not yet eligible for ART, they will be put on a waiting list and have periodic appointments to monitor their CD4 count and clinical stage. In Ha Giang, all newly diagnosed people living with HIV are provided with ART, regardless of their CD4 count. People diagnosed with HIV who have not yet enrolled in HIV-related care and treatment can still receive primary health care and treatment. Those diagnosed with opportunistic infections are referred to HIV care and treatment facilities to be enrolled in ART.

Table 3 demonstrates that many people living with HIV - including all of those interviewed in Ha Nam - receive HIV-related care and treatment at “preventive” facilities. As we have already seen, these are not eligible to sign contracts with VSS, meaning that even when they are insured, their care and treatment is not covered.

Table 2: HIV-related care and treatment facilities and number of people treated

	Ha Giang	Ha Nam	Dak Lak	Dong Thap
Number of HIV-related care and treatment facilities				
“Preventive” facilities	1	1	1	1
“Curative” facilities	2	0	2	3
Number of people living with HIV receiving ART at these facilities				
“Preventive” facilities	143	527	166	90
“Curative” facilities	378	0	250	978
Total	521	527	416	1068

Only about 56% of people living with HIV in Ha Nam, 46% of those in Ha Giang,

25% of those in Dak Lak and 23% of those in Dong Thap are currently being monitored and receiving ART in HIV-related care and treatment facilities. This fact may be linked to reports relayed to the study team that some of the people living with HIV who were receiving care and treatment in the four study provinces were from neighbouring provinces. It may also be linked to the difficulties of determining the current address and whereabouts of people living with HIV who were not diagnosed recently and who are not receiving treatment, but feature in local lists of people diagnosed.

Health workers' attitudes and the quality of care and treatment services

The people living with HIV interviewed described very different attitudes among health workers. Medical staff at HIV care and treatment facilities catering exclusively to people living with HIV are reported to be very friendly, devoted and helpful to patients, while at non-HIV-specific care and treatment facilities they are said to be apathetic, and to stigmatize and discriminate against people living with HIV. This could prove a barrier to access to treatment when ART is only provided via social health insurance, and many HIV clinics merge into district and provincial hospitals, as people living with HIV may have concerns about encountering negative attitudes there.

- “In HIV care and treatment facilities, the medical staff are enthusiastic, helpful and thoughtful, while the attitude of medical staff at provincial and district hospitals is a problem. They don't care.” Man living with HIV - focus-group discussion - Ha Nam
- “In the district hospital, medical staff are not like those in the AIDS centre, I am telling you. They often get frustrated, they show their dislike of us people living with HIV.” Woman living with HIV - in-depth interview - Ha Giang

Meanwhile, private care and treatment centres are highly appreciated for their facilities and the attitude of staff. However, their quality is a matter of concern.

- “I've been to some private clinics for care and treatment. My impression is that they work fast and are very helpful in guiding you through all needed steps.” Woman living with HIV - in-depth interview - Dak Lak
- “Private clinics have adequate equipment and tools. But their ultrasounds don't give accurate readings.” Woman living with HIV - in-depth interview - Ha Giang

Sources of payment for HIV-related care and treatment

Currently, ARV medications, CD4 counts and viral load tests are provided free of charge. If an HIV-related care and treatment facility can find sources of funding and is capable of administering other necessary routine tests (biochemical and urine tests and X-rays), it will also provide these services free of charge. If not, people living with HIV are referred to another care and treatment facility for these routine tests. In this case, the fees for insured people living with HIV are covered; those who are not insured have to pay for the tests themselves.

- “All CD4 count, biochemical and microbiological tests and X-rays are provided free. The funding for this comes from the National Targeted Programme on HIV and the provincial budgets. Some tests are not provided by the AIDS Centre, so patients take them at other clinics and have to pay for the tests out of their own pocket.” Health worker - focus-group discussion - Ha Giang
- “Where patients are referred to other facilities, if they have health insurance, they may be covered. Otherwise they have to pay for services out of their own pocket.” Health worker - focus-group discussion - Dak Lak

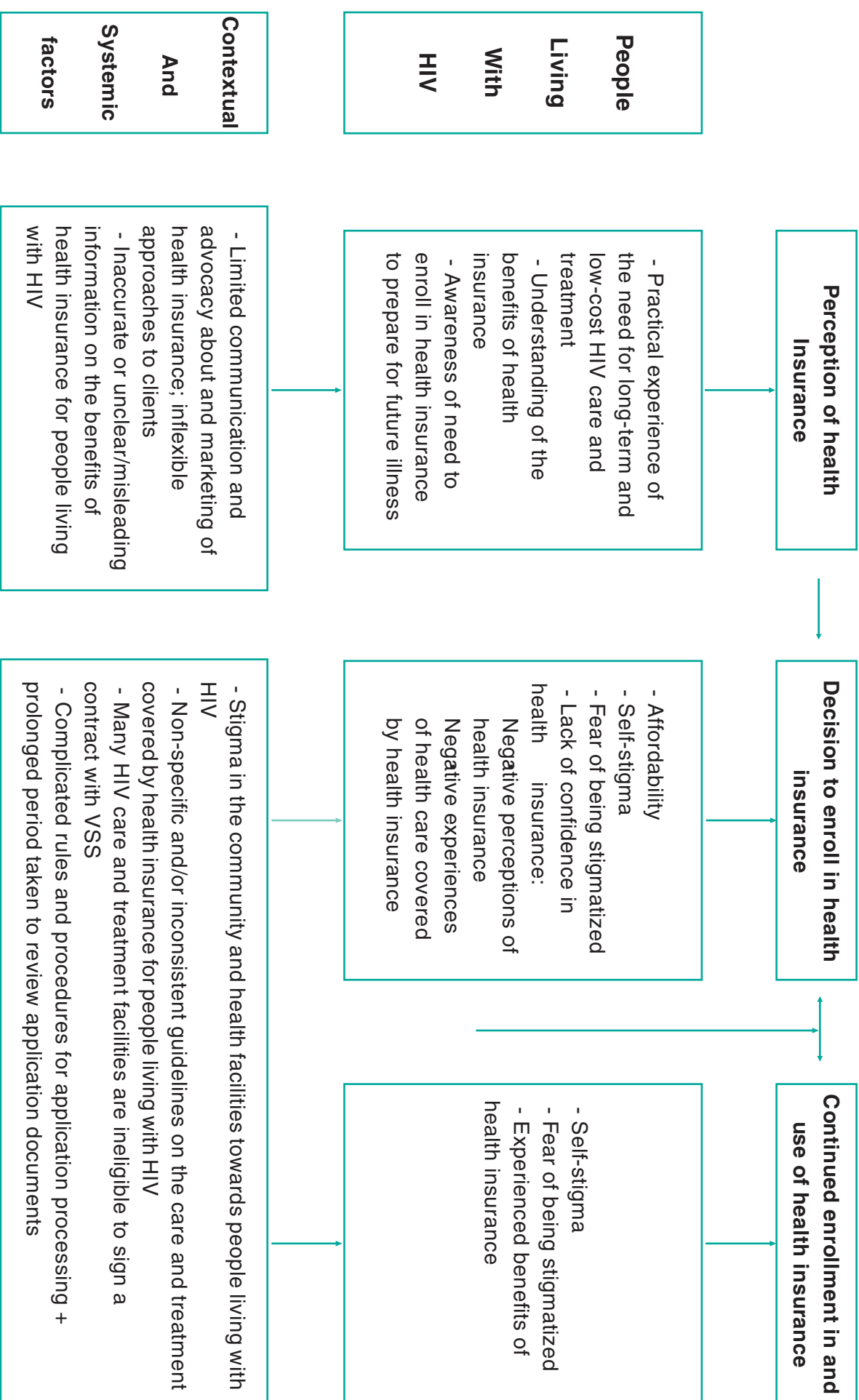
In Dong Thap, patients have had to pay for their own routine follow-up tests since January 2014, except for children who are receiving treatment at the pediatric outpatient clinic located in the Provincial Centre for AIDS Control.

- “Recently the Global Fund project cut the funding for diagnostic follow-up tests, except viral load tests. Therefore, patients now have to pay for their own treatment follow-up.” Health worker - focus-group discussion - Dong Thap
- “People living with HIV have to pay for most medicines for opportunistic infections out of their own pockets.” Health worker - focus-group discussion - Dong Thap

Thus, although ARV medicines, CD4 tests and viral load tests are provided free of charge, other HIV-related and necessary basic tests are not free. This creates a considerable financial burden for people living with HIV who are uninsured, or are enrolled for their HIV care and treatment in facilities that are not covered by health insurance.

Based on the above analysis, the study team constructed a diagram showing the factors that affect health insurance enrollment and use from the perspective of people living with HIV, as well as systemic or contextual factors. These factors influence the perception of health insurance, as well as the decision by people living with HIV to enroll in, remain enrolled in, and use health insurance.

Figure 2: Factors influencing enrollment in and use of health insurance by people living with HIV



V. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The study revealed a number of enablers of, and barriers to, the use of health insurance for HIV care and treatment in Viet Nam. These relate to: perceptions of health insurance; the process of applying for health insurance; the process and conditions of using health insurance; and specific aspects of the current system of HIV care and treatment.

Health-insurance specific factors

The practical experiences of people living with HIV, and their understanding of the benefits of health insurance

People living with HIV often have a high demand for health-care services. Their personal experiences of using these services makes many of them aware that health insurance provides a way to reduce the financial burden of HIV-related care and treatment, particularly given the need to maintain treatment for the rest of their lives, and in the context of declining donor funds that means this treatment will no longer be free. However, many others lack an understanding of the benefits of health insurance, resulting in negative perceptions of health insurance participation.

Lack of confidence in health insurance

People living with HIV often have negative perceptions about health insurance and/or negative experiences of health insurance, including of the services and medications covered. This belief leads to negative perceptions of health insurance and impacts on the decision to enroll in and use health insurance.

Attitudes towards health insurance as a concept

People who have health insurance have generally obtained it through work or from the State, and have therefore not actively enrolled. Many people also do not see the need to buy health insurance until they are already sick. This poses a formidable barrier to enrollment in health insurance.

Limited communication, advocacy and marketing activities related to health insurance

The dissemination of information, communication and advocacy about

participation in universal social health insurance and the benefits of social health insurance has been inadequate. This may be partly due to insufficient funding and training and a reliance on the initiative of local “collaborators”. This has negatively affected understanding and awareness of social health insurance benefits among Vietnamese people in general, and people living with HIV in particular.

Inaccurate and misleading information on health insurance coverage for people living with HIV

Outdated information is still being displayed at some health facilities, stating that HIV-related treatment is not covered by health insurance. This has naturally impacted on the enrollment of people living with HIV in health insurance.

Affordability

Financial constraints are a major barrier to enrollment in social health insurance for people in Viet Nam in general, but particularly for people living with HIV, whose health issues not only impact on their quality of life, but also may affect their ability to earn money. In some cases the additional cost of paying for social health insurance is too great a burden.

Household health insurance regulations and the enrollment process

The regulations requiring that all members of a household have social health insurance create considerable additional affordability issues for families with many members and/or facing financial constraints, including those with members who are living with HIV. The complicated registration procedures, and the lengthy wait for the issue of social health insurance cards, also create negative perceptions of social health insurance and impact on its use.

Stigma and discrimination, self-stigmatization and fear of stigma among people living with HIV

Stigma and discrimination against people living with HIV occur in families, communities, medical facilities and workplaces. Because of this, people living with HIV are very worried about their HIV status being disclosed when they register for and use social health insurance, or even when they visit medical facilities. Stigma and discrimination thus impact on both the decision to enroll in and use social health insurance, and on the extent to which people living with HIV seek treatment at all.

Inconsistent and insufficient guidance on testing and treatment covered by social health insurance for people living with HIV

The guidance on registration for insurance-covered HIV-related care and treatment and primary health care at the various levels of the health care system is inconsistent and confusing.

Ineligibility of many HIV-related treatment facilities to provide treatment covered by social health insurance

Many facilities currently providing HIV-related care and treatment are not eligible to sign contracts with Viet Nam Social Security (VSS) because they are established under the “preventive” medicine sector of the health system, and do not conform to certain legal requirements for “curative” facilities. This means that these facilities are not eligible to provide insurance-covered HIV-related services, and insured people living with HIV who receive treatment there cannot use social health insurance to pay for services.

Using social health insurance: complex and time-consuming administrative procedures

The administrative procedures for actually using social health insurance cards are extremely time-consuming and cause stress for people seeking medical help, leading some insured people to avoid them and pay their own medical costs. In addition, errors are made and documents are lost by officials, meaning that insured people cannot use their social health insurance cards.

Current use and quality of medical services and sources of payment for people living with HIV

In addition to the above health-insurance specific issues, some aspects of the current care and treatment system for people living with HIV complicate the use of social health insurance for HIV-related treatment and care.

As mentioned above, many people living with HIV receive treatment in HIV-treatment facilities that are classed as “preventive”. Since “preventive” facilities are not eligible to sign contracts with VSS, they cannot provide social health insurance-covered HIV treatment and all patients - even insured patients-have to pay for services.

There are also differences between the attitudes of health workers towards people living with HIV: those working in facilities exclusively for people living with HIV are reported to be friendly, caring and supportive, while those working in

ordinary care and treatment facilities are apathetic and stigmatize and discriminate against patients living with HIV. This fuels concerns among people living with HIV about what will happen if all HIV treatment takes place outside dedicated HIV facilities. Private health facilities are well-regarded for their facilities, but there are some doubts about the quality of services.

People living with HIV currently receive ARV medications, medications for some opportunistic infections, CD4 counts and viral load tests free-of-charge. Some HIV treatment facilities manage to allocate funds for providing free additional tests, including biochemical and urine tests and X-rays. Where facilities do not provide these tests, or when people living with HIV have other health care needs, they are referred to other medical facilities. If they are insured, tests and treatment at these alternative facilities may be covered; if not, or if patients are uninsured, patients pay themselves.

Recommendations

Social health insurance for people living with HIV is intended to reduce the financial burden on individuals involved in HIV treatment and ensure the right to health care for people living with HIV. This study's findings lead to a number of specific recommendations designed to strengthen the participation of people living with HIV in the social health insurance system.

1. Increase social health insurance coverage for people living with HIV:

- Provide detailed information and counseling at HIV treatment facilities on: (1) HIV services covered by social health insurance, and (2) procedures at health facilities for using those services
- Sell social health insurance at HIV treatment facilities
- Postpone the implementation of regulations on household-based health insurance for people living with HIV
- Build a social health insurance database for use at HIV treatment facilities -- that is integral to the common social health insurance information system -- to track social health insurance coverage of, and use by, people living with HIV receiving treatment
- Provide financial support for people living with HIV in difficult situations to participate in social health insurance

2. Facilitate the use of social health insurance by people living with HIV for HIV treatment services:

- Promote measures to reduce stigma and discrimination against people living with HIV at health facilities and in the community

- Ensure treatment service quality and the absolute confidentiality of the identity and HIV status of people living with HIV using HIV treatment services covered by social health insurance

3. Ensure that shifting key financing for HIV treatment from foreign donors to social health insurance does not affect the quality of existing treatment services and the target of treatment for 90% of people diagnosed with HIV:

- Limit changes in service delivery procedures for people living with HIV receiving treatment
- As part of the integration and consolidation of HIV treatment facilities to become eligible for signing contract with VSS, ensure that there are sufficient human resources, and that staff have the knowledge and skills to provide HIV counselling, testing and treatment services in accordance with Ministry of Health regulations
- While making the required changes to enable “preventive” HIV treatment facilities to become eligible for signing contracts with VSS, ensure there is no disruption in treatment and care for people living with HIV who are already on treatment at those facilities

4. Ensure a favorable legal framework and its consistent application to HIV treatment covered by social health insurance

- Review the stipulations on household health insurance enrollment in the amended Health Insurance Law
- Review and harmonize policy documents governing the organization of social health insurance-based medical service delivery for people living with HIV
- Ensure that guidance for the implementation of policies and laws is specific and unambiguous to avoid incorrect implementation, and differences in interpretation and implementation between different communes / districts / provinces.

