

Health care Policies for Older People in Vietnam

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Health Care System and longterm care for Older People in Vietnam

MOH

Central Level

National Specialized Hospitals: MCH, TB, Heart, Cancer, Dermatology, Hematology, Geriatrics...

MoLISA

Central Level (Ministry level Centers for Care and support: Orphaned, Older people (lonely), mental illness people): limited beds, long queuing

Private/NGOs

Big cities: mostly hospitals;
Some private nursing homes: expensive, rich older people only, limited seats, long queue!

DOH

Provincial Level

(Provincial General Hospital and limited Provincial Specialized Hospitals: MCH, Pediatrics, TB, Mental)

DoLISA

Provincial Level (Centers for Elderly Care and support, Mental Illness, orphaned children)
Less than 30% of provinces is having this type of centers

District Level (General Hospital)

Commune Level (Commune Health Center)

Policy structure in Vietnam

Law/Ordinance

National Assembly

Decree

Government (PM)

Circular

Minister

Decision

Lower Directors

Current Policies for Older people (OP)

- Health Care Law –passed by National Assembly in 2009, 23 November
- Elderly Law – Luật người cao tuổi: passed by National Assembly in 2009, 4 December
- Vietnam National Action Program for Elderly for the period 2012-2020 (Decision 1781/QĐ-TTg dated 22 November 2012)
- Guideline to implement Health Care for Older People – MOH, Circular 35/2011/TT-BYT, Dated 15/10/2011

Health Insurance for Older people in Vietnam: what are in practice?

- OPs who are on retirement plan: having retirement health insurance
- OPs who are poor and not on any HI: free HI card for the poor offered by MOLISA
- OPs who are near poor will receive partial support from government to buy HI
- OPs who are not poor can purchase voluntary health insurance plan together with other members in the family and/or buy private HI.

How the HI card (HIC) works in Vietnam

HIC holders in Vietnam must select health facilities that are primary care health facilities to be assigned initial visit; Commonly Commune Health Center, Polyclinic or District Hospital

HIC holders must visit their primary health center before transfer to higher level of care if the case is over the primary care ability. If drop primary care, HIC holder can only receive 30% benefit from HI, 70% are paid from their pocket.

Fact: Most of high tech is more expensive than the HI can reimburse, The cap for HI payment for high-tech is any below \$2000/procedure; above that CAP is OPP.

Care for Older People in Vietnam: Current Infrastructure

MOLISA

- + 30% of Provinces are having centers for long term care for older people (63 provinces); one center/province; each center 100-250 people;
- + Quality of care in the centers is often understandard.

MOH

- + 01 National Hospital for Gerontology (based in Hanoi)
- + No Provincial specialized geriatric hospital (one is being built in QN)
- + Less than 24 provinces are having department of geriatrics in the Provincial Hospital
- + No geriatrician at the district and lower levels
- + Few researches on gerontology

Private/NGO/CBO

- + No private hospital specialized on Gerontology;
- + Mostly longterm care (nursing home): expensive, for rich people, in big cities only

Conclusion

- Health Care policies and health care services for older people in Vietnam are in the process of development
- Gerontology researches are few and not showing a strong link to policy development
- Human resources including geriatricians, researchers and gerontology research and training centers should be further developed and established