

THE PRIME MINISTER

No. 538/QĐ-TTg

SOCIALIST REPUBLIC OF VIETNAM

Independence - Freedom - Happiness

Hanoi, March 29, 2013

DECISION

**APPROVING THE SCHEME FOR IMPLEMENTATION OF THE ROADMAP TOWARDS
ALL-PEOPLE HEALTH INSURANCE FOR THE PERIOD 2012-2015 AND BY 2020**

THE PRIME MINISTER

Pursuant to the December 25, 2001 Law on Organization of the Government;

Pursuant to the November 14, 2008 Law on Health Insurance;

At the proposal of the Minister of Health,

DECIDES:

Article 1. Approve the Scheme for implementation of the roadmap toward all -people health insurance for the period 2012-2015 and by 2020, with the following principal contents:

I. THE SCHEME'S OBJECTIVES

1. General objectives

Expanding the health insurance coverage in terms of the percentage of the population participating in health insurance, the scope of health services the insured can benefit from and reduction of the ratio of out-of-pocket payments for health services; guaranteeing the benefits of the insured; proceeding to all-people health insurance, contributing to creating stable financial sources for the people's health care toward fairness, efficiency, quality and sustainable development.

2. Specific objectives

a/ Raising the percentage of the population participating in health insurance: continuing to maintain 100% of the current insured groups and expanding health insurance to other groups so as to achieve the target that over 70% of the population will be covered by health insurance by 2015 and over 80% by 2020.

b/ Improving the quality of health insurance- covered medical care, ensuring the benefits of the insured in accordance with law and satisfying their needs for medical care.

c/ Gradually renewing the financial mechanism towards direct investment for health service beneficiaries through supporting their participation in health insurance and ensuring the revenue-expenditure balance of the health insurance fund, striving to reduce households' out-of-pocket health expenditures to below 40% by 2020.

3. Coverage targets of localities

Based on the Scheme's objectives, the provinces and centrally-affiliated cities will identify their annual specific targets and organize the implementation so as to achieve the rate of over 70% of the local population covered by health insurance by 2015 and over 80% by 2020. For the

provinces or cities which have attained these targets since 2012 should continue to maintain them and expand the health insurance coverage, depending on their local practical conditions.

II. MAJOR SOLUTIONS

The Scheme's solutions are applied for the period 2012-2015. After 2015, its objectives and solutions will be adjusted on the basis of reviewing its implementation during 2012 - 2015 and the implementation of new provisions of the Law Amending and Supplementing a Number of Articles of the Law on Health Insurance.

1. Formulation and completion of health insurance policies

- Studying and revising the Health Insurance Law for submission to the National Assembly in 2014.

- Studying and revising legal documents on health insurance and other relevant legal documents, ensuring synchronous implementation of health insurance policies, including legal documents on health examination and treatment, pharmacy, medical equipment, preventive medicine and hospital charges, financial autonomy and personnel in public non-business health units, socialization of health care; simultaneously stepping up the formulation and implementation of health programs and the scheme to reduce hospital overload, the scheme on improvement of the quality of medical care and the scheme on family doctors, etc.

2. Strong political commitment and participation of the political system

The implementation of the all-people health insurance roadmap under the "social security" policy is a strategic mission in national socio-economic development. Participating in health insurance is the interest and responsibility of every citizen and concurrently the responsibility of the State and the entire society. Party committees and administrations at all levels, agencies, organizations and mass organizations will clearly define their tasks and resolutely direct the implementation of the law on health insurance.

The Party's advisory organs will formulate and submit to the Political Bureau for promulgation of resolutions and directives of the Political Bureau on health insurance associated with the health insurance with the target of all-people health insurance; at the same time coordinating with the Ministry of Health and Vietnam Social Security in intensifying the inspection, evaluation and urge of Party committees in the implementation of the Party's resolutions and directives on health insurance.

The National Assembly's advisory organs will coordinate with the Ministry of Health and Vietnam Social Security in overseeing the implementation of the State's policies and law on health insurance, assessing the results and effectiveness of implementation of health insurance policies and law and the implementation of the all-people health insurance roadmap.

The Government will promulgate documents directing local administrations at all levels, ministries and sectors to inspect and urge the implementation of health insurance policies, regarding this as a key task in the implementation of social security policies and law.

Annually, People's Councils at all levels will formulate Resolutions on the implementation of health insurance policies at their localities, including health insurance targets into compulsory socio-economic targets of their localities.

People's Committees of provinces and centrally-affiliated cities will include the all-people health insurance objectives and implementation plans in their socio-economic development programs, strictly observe the health insurance development criteria in the new-countryside development programs; direct provincial- level departments, committees and sectors and district- and commune-level People's Committees to strictly and fully implement the Law on Health Insurance within the scope of their tasks and powers.

Mass organizations and social organizations will, depending on their functions and tasks, advocate and mobilize their members to participate in health insurance while intensifying the mobilization of resources of the society and every individual to support the community's participation in health insurance.

3. Expansion of health insurance coverage

For groups of people with coverage rates of over 90%, to continue maintaining these coverage rates and apply solutions to raise the quality of medical care, to increase the access to health services while continuing to apply measures to disseminate health insurance policies and law.

For groups of people with low coverage rates, in addition to applying general solutions such as disseminating health insurance policies and law, to mobilize their participation, increase the attractiveness of health insurance and organize health insurance agents to provide health insurance information for people with health insurance needs and facilitate participation in health insurance with the following specific solutions suitable to each group of people:

a/ Group of laborers in enterprises

- Inspecting and examining the implementation of health insurance policies and law at state and private enterprises and severely handling violating enterprises;
- Developing mechanisms for health insurance premium collection and payment with payment schedules (cycle) and forms of collection suitable to enterprises' operations and submitting them to the competent authorities for approval.
- Studying and proposing a mechanism for use of health insurance-covered medical care funds, consolidating health units within agencies and enterprises to meet the laborers' health care needs at their workplaces.

b/ Members of near-poor households

- Prescribing that the members must participate in family-based health insurance.
- Proposing the Government to support 100% of premium for members of near-poor households living in disadvantaged and specially disadvantaged areas in the northern mountainous and Central Highlands provinces according to regulations of the Prime Minister; the people in near-poor households in the 62 poorest districts throughout the country as stipulated in the Government's Resolution No. 30a, and in specially disadvantaged communes specified by the Prime Minister's Decision No. 135/1998/QĐ-TTg of July 31, 1998; and members of families that have escaped from poverty in the first five years.

c/ Pupils and students

- Defining the schools' responsibility to join in the implementation of the law on health insurance, the benefits in medical care and health care, sanctions against administrative violations related to health insurance and school healthcare.

- Studying the increase of the state budget support to at least 50% of health insurance premium for pupils and students.

- Developing and improving the quality of school healthcare: Formulating and supplement school healthcare standards and contents as well as policies on the use of health insurance-covered medical care funds and submit them to competent state agencies for decision. Ensuring that each school clinic is staffed with at least one health worker who possesses an intermediate or higher degree in medicine, and using their medical care funds at schools in accordance with regulations, not for paying salaries to health workers.

- Working out a program on training school health workers, and supply adequate human resources for schools to recruit full-time health workers.

- Further investing in physical facilities to ensure that schools have their own health clinics which operate with efficiency and quality, meeting the requirements of primary health care for pupils and students.

- Drawing up plans for development of health insurance for pupils and students, and regarding the health insurance coverage rate as a criterion for assessment of provincial-level Services of Education and Training and schools.

d/ Agricultural, forestry, fishery and salt- making households with average living standards

- Disseminating health insurance policies and law so that people can understand their right and responsibility to participate in health insurance, insurance premium levels and payment responsibility, the State's support policies for their participation in health insurance, and responsibilities of the People's Committees at all levels and related agencies in organizing, guiding and campaigning for participation in health insurance.

- Formulating and submitting to the Government for annual promulgation the criteria of agricultural, forestry, fishery of salt-making households with average living standards.

- Participating in household-based health insurance applicable to all household members, and reducing the premium level under the Law on Health Insurance. Developing the coordination mechanism, specific plans and annual targets on mobilization of households to participate in health insurance.

dd/ Group of voluntary health insurance participants

- Disseminating health insurance policies and law, the right and responsibility to participate in health insurance, premium levels and payment responsibility, health care benefits, sanctions against administrative violations related to health insurance; mobilizing the participation in health insurance and guiding the registration for health insurance participation.

- Guiding the procedures for registering health insurance participation and the mechanism of coordination among agencies and organizations concerned in organizing the implementation.

- Studying and proposing health insurance premium support levels for laborers in informal sectors and mechanisms for household-based participation.

e/ Group of under-six children

- Disseminating health insurance policies and law, the right to be issued with health insurance cards and benefits of under-six children in medical care, guiding parents or guardians in the registration of primary health care places for their under-six children.
- Revising and supplementing documents guiding the making of lists and handover of lists of under-six children between communal- level People's Committees and Labor, War Invalids and Social Affairs and Social Insurance agencies.

4. Raising of the quality and satisfaction of the demand for health insurance-covered medical care (under separate schemes prepared by the Ministry of Health for each field)

a/ Raising the quality of health insurance- covered medical care

The health insurance policies must be implemented step by step and in synchronism with the consolidation and improvement of the quality of health insurance-insured medical care, the reform of administrative procedures, the raising of professional sense, attitude and ethics to ensure service quality and the satisfaction of health insurance card holders at both state and private health facilities:

- Directing the organization of medical care and inspecting, examining and monitoring the full assurance of the interests of health insurance card holders as prescribed by law.
- Enhancing the management of hospital quality, formulating a set of hospital quality standards for use as a basis for examination and assessment of the quality of health services. Intensifying comprehensive care for patients. Raising the treatment quality and reasonably reducing the number of treatment days.
- Reforming administrative procedures in medical care and in the payment of medical care expenses, facilitating medical care for patients. Expanding forms of outpatient treatment and deploying a number of new service models in medical care (satellite hospitals and family doctors). Applying information technology to the management of hospitals and management of health insurance-covered medical care.
- Studying and formulating a primary health care service package with the scope of benefits and health insurance levels suitable to socio-economic conditions, the stability of the health insurance fund, the service-providing system and health care demand.
- Formulating and supplementing policies on supply of medicines for health insurance card holders toward satisfying their health care demand and ensuring reasonable and safe use of medicines and the payment capability of the health insurance fund; formulating mechanisms for control of prices of health insurance-covered medicines.
- Working out policies to support satellite hospitals and technical transfer to lower-level hospitals. Building and applying the model of family doctor. Establishing legal grounds for telemedicine.

b/ Investment in equipment and infrastructure construction, improvement and expansion

- Health care networks

+ Reviewing, amending and supplementing the master plan for development of national and local health care networks; master plans for development of specialized departments for completing the hospital networks, ensuring the appropriate structure and hospital-bed ratio between technical levels and specialized departments by 2020.

+ Developing the preventive medicine network with the participation of different ministries and sectors in order to address the urgent community health issues, the increase of such non-contagious diseases as cancer, cardio-vascular diseases, diabetes, and of such health risks as shortage of clean water and environmental pollution with a view to lessening the burden of diseases and reducing health care costs.

- Central hospitals and hospitals in major cities

+ Continue investing in the expansion of health care networks, meeting the requirements on health care and quality of medical care, especially grassroots health facilities, through the implementation of the scheme on reduction of hospital overload; intensifying the socialization of health care activities, diversifying forms of medical care so as to meet people's increasing demand for and the quality of health insurance-covered medical care.

+ Upgrading, expanding and building new facilities so as to quickly increase the number of hospital beds for seriously overloaded central hospitals and hospitals of Hanoi and Ho Chi Minh City.

- Satellite hospitals

+ Forming a network of satellite hospitals of a number of central hospitals and highest-level hospitals of Hanoi and Ho Chi Minh City specializing in oncology, cardiovascularity, plastic surgery, obstetrics and pediatrics at provincial-level general and specialized hospitals. Investing, upgrading and increasing hospital beds for these satellite hospitals.

+ Forming a network of satellite hospitals of provincial-level hospitals at district-level hospitals. Raising the medical care capability of satellite hospitals, incrementally reducing the number of patients transferred to hospitals of higher levels.

- Building capacity for health care establishments of different levels

Increasing medical equipment and facilities for commune health stations under the program on building of the new countryside. Further implementing the Prime Minister's Decision No. 47/2008/QĐ-TTg of April 2, 2008, and Decision No. 930/QĐ-TTg of June 30, 2009 on investment in the construction and upgrading of provincial- and district-level hospitals with capital raised through government bonds.

c/ Raising health service-providing capability at lower levels

- Formulating and promulgate regulations on division of professional and technical levels and transfer among these levels suitable to professional capabilities of health facilities, ensuring convenient payment of health insurance-covered medical care expenses; intensifying the training and retraining and equipment investment to facilitate technical development at lower levels so as to raise the quality of medical care at the grassroots level.

- Increasing the direction, training and technical transfer, implementing package technical transfer from higher levels to lower levels through appointing health workers from higher levels to train those of lower levels or sending health workers from lower levels to study at higher levels or studying indirectly through the information technology system in order to build capacity for lower levels, restricting the transfer of patients to higher levels.

- Building and developing a network of family doctors: Formulating a scheme on development of the family doctor model, integrating it in the existing network of health facilities to manage

and provide comprehensive health care services for individuals and families. In the immediate future, to experiment the family doctor system in Hanoi, Ho Chi Minh City and other centrally-affiliated cities.

- Building capacity for communal health stations

+ Establishing professionally technical standards and build physical facilities and procure equipment to satisfy the primary health care needs of the insured, ensuring that 100% of commune health stations provide health insurance-covered medical care by 2015;

+ Increasing the percentage of communal health stations staffed with physicians, ensuring that by 2015 all communal health stations will be staffed with physicians;

+ Stepping up primary health care activities, adding the functions and tasks of managing and treating a number of non-contagious diseases to communal health stations; working out a mechanism to encourage the insured to register their primary health care at communal health stations.

- Working out appropriate mechanisms to enable eligible private health facilities, including private clinics, participating in health insurance-covered medical care.

d/ Ensuring human resources

- Formulating policies to attract health workers for grassroots-level health facilities, giving priority to satellite hospitals and district-level hospitals and communal health stations;

- Formulating policies on defining the responsibility of health practitioners to perform their social obligation.

5. Promotion of preventive medicine and primary health care

- Preventing and controlling contagious diseases: Properly implementing national target programs, vaccination programs and community solutions and personal measures to prevent contagious diseases, drawing up specific plans for implementation of the movement “Patriotic sanitation to improve people’s health”.

- Preventing and combating non-contagious diseases: Effectively implementing the national target program on prevention and combat of a number of non-contagious diseases, focusing on communication and education on practice of healthful habits and lifestyle and increased physical exercise in addition to taking professional health measures so as to properly manage non-contagious diseases at health facilities and in the community.

- Preventing and combating malnutrition: Fully performing the tasks in the national target program on malnutrition prevention and combat and prevention of overweight and obesity among children.

- Further consolidating the reproductive health care, mother and child health care networks; increasing budget investments for mountainous, deep-lying and remote provinces for improving mothers’ and children’s health and achieving the millennium goal on reduction of maternal and infant mortality rate.

6. Intensified dissemination of the health insurance law

- Vietnam Social Security acts as the key organ primarily responsible for organizing health insurance policy dissemination activities, including the formulation of a separate scheme on communications and dissemination.

- Forms and contents of dissemination

+ Renewing the contents and intensify the communication, dissemination, mobilization and education activities in various forms so as to raise the awareness of Party committees and administrations at all levels, agencies, organizations, mass organizations and every citizen about the significance and importance of health insurance and citizens' obligation to participate in health insurance and implement health insurance policies. Enhancing the responsibility of Party committees and administrations at all levels for leading, directing and organizing the implementation of health insurance policies and the Law on Health Insurance.

+ Stepping up communication, dissemination and mobilization among the people on health insurance policies, raising their understanding about health insurance policies and law in different aspects: the role of health insurance in socio-economic development and social security assurance; benefits of health insurance for every citizen and the entire society; methods of health insurance participation via health insurance agents, representative individuals or organizations, or at social insurance offices; proper use of health insurance cards and access to health facilities according to professionally technical levels.

- Carrying out communication and dissemination activities for all groups of people, including also administrations at all levels, mass organizations, schools, Party cells, Party members..., in a regular and continuous manner in different appropriate forms, ensuring their full access to information on health insurance policies and methods of participation.

- Vietnam Social Security will estimate annual communication funds from the management fund and transfer them to localities for communication activities. In addition to the annual funds estimated by Vietnam Social Security, localities will take the initiative in providing support and additional funds for health insurance policy dissemination activities in their localities, at the same time encourage the mobilization of social resources in line with the socialization policy for health insurance communication activities.

7. Innovation of the financial mechanism and methods of payment of health insurance- covered medical care expenses (under a separate scheme prepared by the Ministry of Health)

- Restructuring the health budget in the direction that the State ensures the basic and minimum budget such as funds for scientific research, preventive medicine, part of capital construction funds; expenses for the provision of services by hospitals will be covered with health insurance-covered medical care revenues.

- Continuing with the process of changing the state budget allocation mechanism in line with the health service price adjustment roadmap, shifting from the allocation of state budget to service-providing establishments to the allocation to beneficiaries via health insurance in conformity with the socio-economic conditions of each period.

- Ensuring the state budget sources for the purchase of health insurance for the poor, ethnic minority people in disadvantaged areas, under-six children and other social policy beneficiaries and the provision of premium support for a number of groups such as near-poor people, pupils, students, etc. Studying and proposing the increase of the percentage of annual fund allocations for localities that have mobilized a large numbers of people to participate in health insurance.

- Adjusting and supplementing medical care service prices toward correct and full coverage of components of service costs.
- Innovating methods of payment of medical care expenses: Gradually replacing the method of service charge-based payment with the method of ration-based payment or case-based payment. Speeding up the development of the method of payment based on cases, diagnosis groups and ration and encouraging health facilities to apply it.
- Applying financial incentives or health insurance benefit levels (such as reduction of levels of joint payment for persons who do not use health insurance cards in health examinations and treatment for many consecutive years) so that health insurance card holders can enhance the sense of physical training, health preservation and disease prevention and reasonably use their health insurance cards.
- Studying the introduction of a package of health insurance benefits matching the contributed health insurance premiums, meeting the people's demand for health care and improvement and concurrently ensuring the balance of the health insurance fund and the sustainability of health insurance policies.

8. Increased inspection and examination

- The Ministry of Health will perform the function of specialized health insurance inspection; inspect, examine and handle violations and settle complaints and denunciations related to health insurance nationwide.
- Provincial-level People's Committees will inspect, examine and handle violations and settle complaints and denunciations related to health insurance at their localities.
- Ministries and People's Committees at different levels will strictly apply sanctioning measures under the Government's Decree No. 92/ 2011/ND-CP of October 17, 2011, on sanctioning of administrative violations related to health insurance.

9. Building of capacity of state management and the system of health insurance organizations

a/ Health insurance-related state management

- Studying and building a model of effective, efficient and quality management and organization of the implementation of health insurance in conformity with Vietnam's political, economic and social conditions.
- Enhancing the health insurance-related state management capacity, establishing health insurance Divisions in Services of Health; consolidating and enhancing the capacity of the health insurance machine from central to local levels; increasing the training to raise the professional qualifications, quality and skills for health insurance officers.

b/ Organization of implementation of health insurance policies

- Studying and innovating the organizational model and operational mechanism of the Management Council of Vietnam Social Security in order to raise the efficiency and quality suitable to practical conditions.
- Studying and proposing the establishment of a health insurance assessment agency to ensure objectiveness, fairness and efficiency (regarding the control of expenses, medical care quality, and benefits of related parties).

- Recommending full-time and communal-level social insurance and health insurance officers and organizing health insurance agents, aiming to develop health insurance participants: Continuing to sign the premium collection agency contracts with school principals for collection of pupils and students' health insurance premiums; coordinating with communal-level People's Committees in mobilizing voluntary participation in health insurance and collection of premiums.

- Further supporting the issuance of health insurance cards directly to the beneficiaries who have their health insurance premiums fully paid from the state budget. Enhancing the responsibility of social insurance agencies for the protection of the benefits of the insured. Proposing the solutions to increase people's access to health insurance policy.

10. Balancing and preserving the health insurance funds

- Step by step increasing the health insurance premium levels suitable to the payment capability of the people and the state budget in pursuance to the Law on Health Insurance in order to ensure the balance of the health insurance funds.

- Amending the regulations on management and use of the health insurance fund so that the health insurance fund can develop in a stable and sustainable manner toward regulating the balance of the health insurance funds at a reasonable ratio, ensuring higher quality of medical care and higher responsibility of localities for the efficient management and use of the health insurance funds.

- Intensifying health insurance assessment activities in quantity and quality; innovating the methods of assessment toward concentrated assessment and expanded assessment of records on ratio-based payment of health insurance-covered medical care expenses; intensifying the application of information technology to health insurance assessment.

11. Application of information technology to management

Building a synchronous and appropriate health information system. Enhancing the application of information technology to management and administration work; upgrading the information software system for unified management of health insurance revenue and expenditure, assessment, statistics and report on health insurance-covered medical care nationwide, contributing to improving management quality and reducing administrative procedures. Specific solutions include:

- From 2013, studying the use of smart cards for health insurance or cards with photos for a number of stable card holders (civil servants, pensioners, ethnic minority people, etc.) (Vietnam Social Security will formulate a separate scheme). Codifying technical services and medicines for unified management and creation of a database for policymaking.

- Establishing open-source software for joint application by social insurance agencies and health facilities; building a database for common use and information sharing between the social insurance and health sectors.

12. Scientific research and international cooperation

- Studying and assessin the impacts of health insurance on health finance, health insurance understanding and voluntary participation, satisfaction of insured patients, analyzing health service expense-efficiency, serving the policymaking and improving the way of health insurance implementation.

- Stepping up scientific research, enhancing the international cooperation and summarizing the practical experiences in way of payment, family-based health insurance, and other forms of health insurance, organizational model of health insurance management and implementation system.

III. ORGANIZATION OF IMPLEMENTATION

The Scheme on implementation of the roadmap toward all-people health insurance for the period 2012-2015 and by 2020 affects the healthcare for all people, the sustainable health finance mechanism and social security maintenance and requires the participation of the entire political system in orientation, direction and organization of implementation and the support and response of the entire society.

1. Setting up the Central Steering Committee with the Minister of Health as its chairperson, a Deputy Minister of Health as its permanent vice chairperson and the General Director of Vietnam Social Insurance as a vice chairperson.

Its members include leaders of such ministries or sectors as Vietnam Social Security, the Ministry of Finance, the Ministry of Labor, Invalids and Social Affairs, the Ministry of Planning and Investment, the Ministry of Education and Training, the Ministry of Home Affairs, the Ministry of Information and

Communications; other members from mass organizations (Vietnam Fatherland Front, Vietnam General Confederation of Labor, Vietnam Chamber of Commerce and Industry, Vietnam Women's Union, Vietnam Farmers' Association, Ho Chi Minh Communist Youth Union Central Committee, Vietnam Young Health Workers Society), and other members as proposed by the Committee chairperson to the Prime Minister for decision when necessary.

2. Establishing local steering committees

Based on the functions and tasks of the People's Committees at different levels, on the current legal provisions and the contents of this Scheme, localities will each establish a steering committee with the chairperson of the provincial-level People's Committee as its head, the director of the provincial-level Department of Health and the director of the provincial-level Social Insurance Agency as its deputy heads, and representatives of provincial-level Departments, committees, sectors, organizations and mass organizations in the locality as its members. The local steering committees are tasked to draw up plans for implementation of the Scheme in conformity with the local socio-economic conditions.

IV. ASSIGNMENT OF RESPONSIBILITIES

The Ministry of Health and Vietnam Social Security will coordinate with related ministries, committees and sectors in advising on the establishment of the Central Steering Committee for implementation of the roadmap toward all-people health insurance during 2012- 2015 and guide and direct the establishment of provincial-level steering committees; formulate plans, contents and programs of activities for the Central Steering Committee and guide the organization and operation of provincial-level steering committees.

The ministries, sectors and organizations concerned will coordinate with the Ministry of Health and Vietnam Social Security in organizing the implementation of the Scheme.

1. Responsibilities of ministries and sectors

The ministries, sectors and organizations concerned will coordinate with the Ministry of Health and Vietnam Social Security in organizing the implementation of the Scheme.

a/ The Ministry of Health will

- Formulate programs and specific plans for application of solutions of the Scheme in each period; direct, guide, urge, inspect, examine and evaluate the implementation of the Scheme.
- Coordinate with the Ministry of Planning and Investment in including the all-people health insurance targets into the system of national targets and plans for submission to the Prime Minister for approval; guide provincial-level People's Committees to submit to the People's Councils of the same level for approval local all-people health insurance targets in their local annual and five-year socio-economic development targets.
- Assume the prime responsibility for, and coordinate with Vietnam Social Security and ministries and sectors concerned in studying, formulating, amending and supplementing legal documents on health insurance (law, decrees, circulars, etc.); issue lists of medicines, medical supplies and technical services in health insurance-covered medical care; study and propose the establishment of an independent health insurance assessment agency to ensure objectiveness, transparency and efficiency in health insurance assessment activities.
- Organize the application of solutions to raise the quality of medical care meeting the demand for health insurance-covered health examination and treatment, and solutions to preventive medicine and health improvement.
- Deploy and guide the implementation of the Government's Decree No. 85/2012/ND-CP of October 15, 2012, on the operational mechanism and financial mechanism for public non-business health units and health service charges of public health facilities; adjust and supplement partially collected hospital charges toward correct and full coverage of expenses; renew and apply appropriate payment methods.
- Continue with the change of the state budget allocation mechanism in association with the health service charge adjustment roadmap in order to shift from the allocation of state budgets to service providers to the allocation to beneficiaries via health insurance in conformity with the practical conditions of each development period.
- Formulate policies on health insurance premium support levels for a number of groups of people. To study and propose the increase of annual health funds, including the support for further expansion of health insurance to other groups of people for localities which have mobilized large numbers of people to participate in health insurance.
- Organize the inspection and examination of the implementation of health insurance policies.
- Formulate schemes on reduction of hospital overload, improvement of medical care quality, satellite hospitals, family doctors, etc.
- Coordinate with Vietnam Social Security in planning and carrying out health insurance policy and law dissemination to all groups of people nationwide.

b/ Vietnam Social Security will

- Assume the prime responsibility for, and coordinate with the Ministry of Health in, planning the implementation of the Scheme, guide localities in planning and organizing the achievement of the specific targets of health insurance development for each group of people. Monitor and

boost the achievement of health insurance coverage targets of each locality. Immediately in 2013, concentrate on the attainment of the target of increasing the rate of the insured in localities having such rate of under 50% of the local population.

- Assume the prime responsibility for, and coordinate with related ministries and sectors in disseminating health insurance policies and law to all groups of people nationwide.
- Speed up the administrative reform: Organize professional agents for premium collection and health insurance card distribution convenient for the insured and suitable to local conditions; apply technical advances to card distribution, premium collection, medical care registration, health insurance-covered medical care expense payment and health insurance management, ensuring convenience and reducing troubles for the insured.
- Assume the prime responsibility for, and coordinate with ministries and sectors in, applying solutions related to health insurance for various groups of people, especially groups of near-poor people, pupils and students, and laborers in enterprises.
- Draw up plans for consolidation of the organization apparatus and raising of professional qualifications and development of human resources to meet the service requirements.
- Formulate schemes on health insurance policy and law dissemination and on application of information technology to health insurance management.

c/ The Ministry of Finance will

- Coordinate with the Ministry of Health in studying and proposing amendments to legal documents related to current health insurance policies.
- Arrange funds to ensure adequate and timely payment and support of health insurance premiums for different groups of people.
- Assume the prime responsibility for, and coordinate with the Ministry of Health and related ministries and sectors in, applying solutions related to health insurance premium collection and payment mechanism; premium support levels; fund for distribution of health insurance cards to different groups of people.
- Assume the prime responsibility for, and coordinate with Vietnam Social Security and related ministries and sectors in, inspecting and examining the management and use of the health insurance fund.

d/ The Ministry of Labor, Invalids and Social Affairs will

- Formulate and submit to the Government for annual promulgation the criteria on agricultural, forestry, fishery and salt-making households with average living standards.
- Propose specific policy and mechanism solutions, methods of identifying eligible people, list and manage these people (poor and near-poor people, agricultural, forestry, fishery and salt-making households with average living standards, under-six children, etc.), health insurance premium collection and payment mechanism, issuance of health insurance cards to members of various groups.

e/ The Ministry of Education and Training will

- Assume the prime responsibility for, and coordinate with the Ministry of Health, Vietnam Social Security and other ministries and sectors in applying solutions to develop and increase the

quality of school health insurance and set targets for development of health insurance at every education and training institution, organize the application of solutions related to the expansion of health insurance to pupils and students as prescribed.

- Direct provincial-level Departments of Education and Training, institutes, universities, colleges and professional secondary schools throughout the country to strictly and fully implement the Law on Health Insurance; make the target of 100% participation in health insurance a standard for recognition as a national-standard school for primary, lower secondary and higher secondary education levels and as an emulation criterion of provincial-level Departments of Education and Training and schools.

f) The Ministry of Information and Communications will

- Direct press agencies and radio and television stations to formulate annual plans on health insurance policy and law dissemination, ensuring that the dissemination is carried out regularly with good quality and high effectiveness.

- Coordinate with Vietnam Social Security, the Ministry of Health and related ministries and sectors in, performing the communication and dissemination tasks in various forms and with contents suitable to different groups of people as prescribed.

- Formulate a mechanism for health insurance policy dissemination free of charge.

g/ The Ministry of Home Affairs will assume the prime responsibility for, and coordinate with related ministries and sectors in, building a proper system of health insurance organizations which are professional, highly specialized and suitable to the extent of health insurance expansion.

h/ The Ministry of National Defense will assume the prime responsibility for, and coordinate with the Ministry of Health and related ministries and sectors in, implementing the Scheme; formulate policies and direct the implementation of health insurance policies toward people managed by the People's Army according to a proper roadmap with steps suitable to the peculiar activities of the armed forces.

i/ The Ministry of Public Security will assume the prime responsibility for, and coordinate with the Ministry of Health and related ministries and sectors in, implementing the Scheme; formulate policies and direct the implementation of health insurance policies toward people managed by the People's Public Security according to a proper roadmap with steps suitable to its peculiar activities.

j/ The Ministry of Planning and Investment will

- Coordinate with the Ministry of Health, Vietnam Social Security and related ministries and sectors in, implementing the Scheme; formulate investment projects in the field of health insurance under this Scheme, appraise projects according to regulations.

- Reach an agreement with the Ministry of Health on the inclusion of the all-people health insurance criterion into the system of national criteria and plans.

k/ The Government Inspectorate will, based on its functions and assigned tasks, organize the inspection of the implementation of health insurance policies and law and inspect other matters assigned by the Prime Minister.

1/ The Audit Office will perform the audit tasks as prescribed in Article 10 of the Law on Health Insurance.

2. Responsibilities of localities

a/ Provincial-level People's Councils will annually formulate resolutions on the implementation of health insurance policies in the localities, considering this a local socio-economic target; intensify the supervision of the implementation of health insurance policies and the implementation of all-people health insurance by authorities of all levels and sectors in localities.

b/ Provincial-level People's Committees will

- Take responsibility before the Government and the Prime Minister for the achievement of annual health insurance targets in their localities; formulate plans, direct and organize the implementation of the Scheme in their localities for achievement of the set objectives; annually report on the results of implementation of the Scheme to the Ministry of Health for reporting to the Prime Minister.
- Direct provincial-level functional agencies to perform the tasks of health insurance policy and law dissemination.
- Make the health insurance coverage objective, plan and rate a target in local long-term and short-term socio-economic development programs and plans, realizing the all-people health insurance objective in the program on building a new countryside.
- Assume the prime responsibility for application of solutions to the development of the insured, focusing on the tasks of examining and approving the lists of the insured entitled to full or partial premium supports from the state budget; make the lists of members of agricultural, forestry, fishery and salt-making households with average living standards and formulate coordination mechanisms, annual plans and targets in mobilizing this group of people to participate in health insurance.
- Ensure support funds for social beneficiaries to participate in health insurance as prescribed; and at the same time direct the management and efficient use of local health insurance funds.
- Direct the inspection, examination and handling of violations in the implementation of the health insurance law in localities and enterprises under their management.

3. Responsibilities of other organizations and mass organizations

a/ Vietnam Fatherland Front will

- Coordinate in the dissemination of health insurance policies and law and the mobilization of people and their members to participate in health insurance.
- Mobilize resources to support people's participation in health insurance.
- Coordinate in supervising and evaluating the implementation of health insurance policies and law and the implementation of the Scheme.

b/ The Vietnam General Confederation of Labor will

- Coordinate in the dissemination of health insurance policies and law to employees and employers.
- Mobilize employers and employees to observe regulations on health insurance.

- Participate in supervising, inspecting and examining the health insurance participation at enterprises and propose health insurance mechanisms and policies toward laborers.

c/ Vietnam Women's Union will

- Coordinate in the dissemination of health insurance policies, mobilize members of Women's Unions at all levels and their families to actively participate in health insurance.

- Advise on, propose and participate in the formulation of policies related to health insurance for women in the implementation of health insurance policies and law and health care, linking them to the objectives of gender equality and women advancement.

- Coordinate in supervising and evaluating the implementation of health insurance policies and law and the implementation of the Scheme.

d/ Vietnam Farmers' Association will

- Disseminate and educate about health insurance policies among cadres and members of the Association's organizations at all levels, mobilize farmers and their families to participate in health insurance, attaching special importance to near-poor households and farmer households with the average living standards having enjoyed the health insurance premium support from the state budget.

- Mobilize various resources to support farmers' participation in health insurance.

- Coordinate in supervising and evaluating the implementation of health insurance policies and law.

e/ The Ho Chi Minh Communist Youth Union Central Committee will

- Disseminate and educate about health insurance policies among union members, youths, pupils and students.

- Mobilize union members and youths to participate in health insurance.

f/ Vietnam Medical Association will

- Participate in studying and formulating health insurance policies and law, and raise the quality of medical care.

- Propagate and mobilize its members to strictly observe health insurance policies and law, mobilize its members and their families to participate in health insurance.

g/ Other organizations will, based on their respective functions and tasks, participate in dissemination, mobilization and support of families and individuals in the community to participate in health insurance.

V. FUND FOR IMPLEMENTATION OF THE SCHEME

1. Funds from the state budget allocation and partial premium support for groups of people

- For the period 2012- 2015, the state budget health insurance premium support is expected to account for about 40.6-45.5% of the total revenue of the health insurance fund. The state budget allocation is estimated to increase as follows: About VND 4,817 billion in 2013; about VND 6,448 billion in 2014; around VND 8,034 billion in 2015 as health insurance premium support, provided that the health insurance premium level will not rise.

- During 2016-2020, the state budget health insurance premium support will comply with new provisions of the Law Amending and Supplementing a Number of Articles of the Law on Health Insurance.

2. Fund for implementation of the Scheme

The funds for implementation of the Scheme comes from the source of state budget regular expenditures and other lawful sources for the following major activities: dissemination, management, listing and issuance of health insurance cards; examination and supervision; research and evaluation; seminars, conferences; training and capacity building.

Article 2. This Decision takes effect on its signing date.

Article 3. Ministers, heads of ministerial- level agencies, heads of government- attached agencies, chairpersons of provincial-level People’s Committees, and heads of related agencies and units are liable to execute this Decision.-

PRIME MINISTER

Nguyen Tan Dung

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