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A REVIEW OF THE VIETNAMESE HEALTH CARE SYSTEM

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ABSTRACT

The study reviews Vietnamese governments' mechanisms for delivering health care to their citizens. The document analysis methodology based on the various health care models by thematic and content analyses reveals that the countries' citizens go through various processes as they seek medical care, including the freedom to access, participation in health insurance, the portion of coverage. In addition, patients' rights in this system are also analyzed to evaluate Vietnam has faced challenges as they work towards the provision of adequate health care to their citizens, namely premiums, co-payments, policy reform, and social security. It also is a need for the health insurance providers to the citizens. The Vietnamese government has adopted new health insurance provision strategies, and ways of raising money for medical care, such as funds, reimbursement. The study recommends that Vietnam should have the modification and improvements in some regulations of health care.

Keywords: Co-payments, Health insurance, Health care, Social security, Patients' rights, Premium.

INTRODUCTION

It will be impossible to achieve national and international goals without greater and more effective investment in health systems (also known as the health care system). While more resources are needed, government ministers are looking for ways of doing more with existing resources. They are seeking innovative ways of harnessing and focusing the energies of communities, non-governmental organizations, and the private sector. Furthermore, they acknowledge that only limited success will result unless the efforts of other sectors are brought to bear on achieving better health outcomes. All these are health systems issues.[1]"Health, which is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector."[2]

A "system" can be understood as an arrangement of parts and their interconnections that come together for a purpose.[3] Generally, a health system consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services. It includes private providers, behavior change programs, vector-control campaigns; health insurance organizations, occupational health, and safety legislation. It includes inter-sectoral action by health staff a well-known determinant of better health.[4] As World Health Organization states, health is a complete social, physical, and mental well-being and not just infection absence and infirmity[5]. The term "system" can be understood as an arrangement of parts linked together for a reason[6]. It can be said that the high and sustainable development of the health system is considered as a measurement of the level of development of that country. The Government of the country seeks innovative ways of harnessing and focusing the energies of communities, non-governmental organizations, and the private sector.[7] Explaining for that trial is that the health system plays an important role and dominates other areas in every country. There are several ways to understand the meaning of health. According to WHO and UNICEF, heath is described as a complete physical, mental and social well-being and not merely the absence of disease and infirmity. It is a fundamental human right that is widely recognized.[8] A "system" can be understood as an arrangement of parts and their interconnections that come together for a purpose.[9] Generally, a health system consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. The system includes efforts to influence the determinants of health as well as more direct health-improving activities. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services. It includes private providers, behavior change programs, vector-control campaigns, health insurance organizations, occupational health, and safety legislation. It includes inter-sectoral action by health staff as well-known determinants of better health.[10] Vietnamese health care system has undergone different development stages. Before 1989, the Vietnamese health care system was public-

[1]Every Body's Business (2007). Strengthening *Heath Systems to Improve Health Outcomes: Who's Framework* for Action?" *World Health Organization*, 1. Available at: www.who.int/healthsystems/strategy/everybodys_business.pdf (accessed 5 May 2018)
[2]WHO & UNICEF (1978). Declaration of Alma Ata. Available at: https://www.who.int/publications/almaata_declaration_en.pdf (accessed 15 June 2020)
[3]What is Health System? 2007, The World Bank Strategy for HNP Results documents.worldbank.org
[4]Every Body's Business (2007). Strengthening Heath Systems to Improve Health Outcomes: Who's Framework for Action?" World Health Organization, 2. Available at: www.who.int/healthsystems/strategy/everybodys_business.pdf (accessed 5 May 2018)
[5]Tsegahun M (2017).Using the World Health Organization health system building blocks through survey of healthcare professionals to determine the performance of public healthcare facilities. Achieves of Public Health, 2.
[6]Rousseau T (2010). Vietnam: Social health Insurance. Project Collaborator COOPAMI, 9.
[7]Every Body's Business (2007). Strengthening Heath Systems to Improve Health Outcomes: Who's Framework for Action?" World Health Organization, 1. Available at: www.who.int/healthsystems/strategy/everybodys_business.pdf (accessed 5 May 2018)
[8]WHO & UNICEF (1978). Declaration of Alma Ata. Available at:https://www.who.int/publications/almaata_declaration_en.pdf (accessed 15 June 2020)
[9]What is Health System? (2007). *The World Bank Strategy for HNP Results*. Available at:documents.worldbank.org (accessed 15 August 2017)
[10]Every Body's Business (2007). S*trengthening Heath Systems to Improve Health Outcomes: Who's Framework for Action?"* World Health Organization. Available at: www.who.int/healthsystems/strategy/everybodys_business.pdf (accessed 5 May 2018)

funded. Citizens could access HC services free of charge. Notably, it has developed positively since Đổi Mới in 1986[11]. Currently, the health care system is made up of public and private services. Despite the Government putting a lot of effort to promote the quality and equity of health care services, there still exist some problems in the system. At the moment, with a constrained health budget, health care services cannot meet the overall health needs of people in terms of quality and quantity.[12] Vietnam has a mixed delivery system, with the public sector dominant in the provision of hospital care services and the private sector dominant among smaller ambulatory care providers and the sale of pharmaceuticals. The public sector delivery system consists of central, provincial, and district hospitals, commune health stations, and village health workers. On the other hand, private providers of primary care consist of drug vendors, general practitioners, private pharmacies, and nursing homes. The private hospital sector is relatively underdeveloped, with private hospital bed numbers accounting for 4% of the total beds.[13] Recently, Vietnam has socialized its health care system i.e. it has mobilized all available and possible resources in society toward health care. Subsequently, individuals directly finance a larger proportion of health care costs out of their own pockets when they use health services (mostly based on the fee-for-service basis) or by paying for health insurance premiums monthly or annually. Also, private actors finance a larger part of investment in HC when they open a clinic or private hospital, partner with a public hospital to open a “service-on-demand” ward (with pricier and higher quality health care services for patients who are willing and capable to pay), and/or purchase hi-tech diagnostic equipment to share the profits with public hospitals.[14] The health care administration in Vietnam is organized in a three-tier system. The tertiary level is the Ministry of Health (MoH)—the main national authority in the health sector—which formulates and executes health policy and programs in the country. At the provincial level, 63 provincial health bureaus follow MoH policies but are organic parts of the provincial local government under the Provincial Committees (PPCs). The primary level—or basic health network—includes district health centers, commune health stations, and village health workers.[15] The private sector appears to have grown in recent years, with drug vendors and general practitioner clinics being the largest groups of registered private providers. However, the private hospital sector has grown unequally. The private hospitals are principally located in major cities. There is an uneven distribution of human resources with shortages in some regions, facilities, and specializations. The most qualified health workers are concentrated in urban areas.[16] Analyzing the health care system in Vietnam aims to indicate the advantages and disadvantages. Based on the results, the study will present practical recommendations that may contribute to the improvement of Vietnam's health care system.

Health Care Systems And Funding

Vietnam has socialized its health care system. It has mobilized all available and possible resources in the society towards health care. Consequently, a large proportion of health care costs is by individuals out of their own pockets whenever they use health care or paying health insurance premiums monthly or annually. Private actors also finance a significant part of the investment in health care. By opening a clinic, private hospital and partnering with public hospitals to open a “demand-on-service” ward (providing pricier and higher quality health care for capable patients willing to pay) and share the profits with the partner public hospitals[17]. In Vietnam, the funding of health insurance comes from different sources. The sources include premiums paid by employees and employers at a rate of 4.5% of salary premiums paid from Social Insurance Fund, State budget, and premiums paid by the insured people themselves[18]. Like other developing countries (China and Cambodia)[19], Vietnam is now using public financial sources (state budget, social health insurance fund, and international aid) and private contributions to finance health care service provision. Vietnam has a hybrid delivery system, with the public sector being dominant in providing hospital care services. In contrast, the private sector is dominant among smaller ambulatory care providers and the sale of pharmaceuticals. The public sector delivery system consists of central, provincial, and district hospitals, commune health stations, and village health workers. On the other hand, private primary care providers consist of drug vendors, general practitioners, private pharmacies, and nursing homes. The private hospital sector is underdeveloped, with hospital bed numbers accounting for only 4% of the total beds . The explanation for this difference in rates is that the costs of the private hospital system are much higher than that of public hospitals.

Health Insurance

In Vietnam, alongside the health care system, health insurance also underwent different development stages and has been upgraded since Đổi Mới. In the year 2009, the Vietnamese government declared the implementation of universal health insurance by the year 2014[20]. Since 2010, the government has been working towards universal coverage with the Vietnam Social Security Agency, a government-affiliated agency responsible for implementing health insurance policy. Although the coverage rate has increased steadily, the government is currently struggling to reach the entire population due to the designed scheme's issues[21]. In June 2014, the National Assembly passed a new version of the Insurance Law, which was effected in January 2015, which was designed to make participation compulsory[22]. This amended health insurance law categorizes membership of health insurance into five groups based on contribution obligation. These are Group 1: Salaried employees, Group 2: People entitled to Social security benefits, Group 3: Commissioned and non-commissioned officers, Group 4: Members of

[11]Economic renovation

[12]Nguyen Xuan Thanh, Bach .X. Tran, Arianna Waye, and Christa Harstall (2014). “Socialization of Heath Care" in Vietnam: What is it and what are its Pros and Cons"?Value in Health Issues, 24.

[13]Aparnaa Somanathan, Ajay tendon, Huong Lan Dao, Kari L. Hurt, and Hernan L. Fuenzaliada-Puelma (2014). Moving toward Universal Coverage of Social Health Insurance in Vietnam. Health System Overview, 141.

[14] Nguyen Xuan Thanh, Bach X.Tran, Arianna Waye, and Christa Harstall (2014). “Socialization of Heath Care" in Vietnam: What is it and What Are Its Pros and Cons?. Value In Health Issues, . 24.

[15]Tran Van Tien, Hoang Thi Phuong, Inke Mathauer, and Nguyen Thi Kim Phuong (2011). A Health Financing Review of Vietnam With A Focus Social Health Insurance. World Health Organization , . 4.

[16]Rousseau T (2014). Vietnam: Social health Insurance. Project Collaborator COOPAMI, 6.

[17]WHO & UNICEF (1978). Declaration of Alma Ata. Available at: https://www.who.int/publications/almaata_declaration_en.pdf (accessed 15 June 2020)

[18]Every Body’s Business (2007). Strengthening Heath Systems to Improve Health Outcomes: Who’s Framework for Action?”. World Health Organization, 2.

[19] World Health Organization (2011). Health Fianancing Countrie Profies in the Western. Western Pacific Region, 15-22.

[20]The Parliament, The Law Amending and Supplementing a number of articles of the Law on Health Insurance, No: 46/2014/QH13

[21]Anh T (2020). Innovation and Creativity in Propaganda and Encouragement of People to Participate in Health Insurance. The People Journal. Available at: https://nhandan.com.vn/bhxh-va-cuoc-song/oi-moi-sang-tao-trong-tuyen-truyen-van-dong-nguoi-dan-tham-gia-bao-hiem-627219/ (accessed 31 August 2021)

[22]Thuy L (2021). Five Groups Are Required to Participate in Health Insurance 2021. Legal News. Available at: https://thuvienphapluat.vn/tintuc/vn/thoi-su-phap-luat-binh-luan-gop-y/31777/05-nhom-doi-tuong-bat-buoc-tham-gia-bao-hiem-y-te-2021 (accessed 20 June 2019)

households, and Group 5: Voluntary insured[23]. On its part, the Vietnamese HC system has undergone different development stages. Before the year 1989, the Vietnamese HC system was publicly funded; citizens could access HC services free. Notably, it has developed positively since Đổi Mới in 1986[24]. Also, Vietnam has made a policy change to health finance care primarily through Social Health Insurance Law that was passed in 2009, creating a national social health insurance program. This law also stipulates that all children under six years of age, the elderly, those in financial difficulty, and the low-income earners (with an income of less than 65$/month and cannot afford some essential social services[25]) would be compulsorily enrolled. Under the law, the government is responsible for fully subsidizing the HI premiums for children under six years old, the elderly, those in financial difficulty, ethnic minorities, and students for partially subsidizing premiums for the low-income earners[26]. Currently, the health care system of Vietnam comprises public and private service workers. Despite the government putting much effort into promoting health care services' quality and equity, some problems still exist in the system. Currently, health care services cannot meet the people's overall health needs regarding quality and quantity due to a constrained health budget.[27] According to confirmed information from the Ministry of Health, in June 2016, the national health insurance scheme currently covers an estimated 71% of the population[28]. Recently, more than 27 million Vietnamese have been uninsured and at high risk of falling into poverty when they encounter significant medical expenses. The 70 million people who are insured can, in principle, benefit from their health insurance[29]. The population in Vietnam has to follow the rules set out in the Law of Health Insurance. There are four levels of primary examination and treatment: The commune-level (family doctors, ward clinics, commune); The district level (public district general hospitals, private district general hospitals ranked III and IV[30]), district health centers, district general clinics, and specialized district hospitals); The provincial-level (city public general hospitals and provincial private general hospitals ranked I and II); The central level (central general hospitals, specialized hospitals, and central institutes). Insured members can only register for primary examination and treatment at the commune and district levels.[31] The information in Health Insurance Cards states the primary hospital where the insured member was registered.[32] According to the new Law, members can access health services in a different hospital. However, the hospital should be at the same level as the primary hospital.[33] When members use their funds while seeking health care in other common health centers or district hospitals, their funds are reimbursed later at their place of residence or offered free of charge for emergency care. If the insured members want to use the services at a level higher than that where they are primarily registered (not in emergency cases), they get a lower reimbursement. For example, Health Insurance covers 40% of the inpatient treatment fee at the national level and 60% at the city level[34]. Moreover, patients cannot choose the physician to examine and treat them in public hospitals unless they wish to pay for particular private-funded services themselves. All health system stakeholders are promoting universal health coverage in the country[35].

Application Of Patients' Rights Regulations In The International Background

Formalized in 1948, the Universal Declaration of Human Rights recognizes "the inherent dignity" and the "equal and inalienable rights of all members of the human family." It is by this concept of the person, the fundamental dignity, and equality of all human beings, that the notion of patient rights was developed. In other words, what is owed to the patient as a human being, by physicians, and by the state shaped a great part andacknowledged this understanding of the fundamental rights of the patients?[36] Moreover, another significant event supporting patients' rights is the Human Rights Act of 1998. The Human Rights Act of 1998 (also known as the Act or the HRA) came into force in the United Kingdom in October 2000.[37] The HRA was passed to give "further effect" to the European Convention for the Protection of Human Rights and Fundamental Freedoms ("the Convention") in domestic law. [38] The Act incorporates most of the Convention. The Act has already made a substantial impact on medical law and will have a continuing effect on health care practice.[39] In this Act, "the Convention on human rights" means the rights and fundamental freedoms set out in Articles 2 to 12 and 14 of the Convention.[40] The Articles of the Convention that have had a major impact on health care are Article 2 (Right to life), Article 3 (Prohibition on torture and inhuman, degrading treatment), Article 5 (Right to liberty and security), and Article 8 (Right to respect for private life and family life). None of these rights is absolute. However, Article 4 represents an absolute prohibition and cannot be interfered with by the State under any circumstance (s). Articles 2 and 5 are subject to limited exceptions. Article 8 is a qualified obligation that requires a balance to be struck between the interests of the individual and the wider interests of society. Any limitation or constraint imposed by a public body must be justified as being "proportionate to the legitimate aim pursued."[41] In most cases, these rights are qualified by a "margin of appreciation" which invites courts to engage in a proportionality test to determine whether there has been a breach of the provision in a particular case.[42] Vietnam is a State party to several human rights instruments including the International Covenant on Civil and Political Rights; the International Covenant on Economic,

[23]Article 1.6: Law on Amending and Supplementing Some Articles of Law on Health Insurance, No. 46/2014/QH13, Parliament of Vietnam.
[24]Economic renovation.
[25]Article 2. Standards to estimate to be called the poor, near-poor households, households with average living standards applicable for the period 2016-2020, Decision on issuing the standards multidimensional approached to be called the poor which applied in the period 2016 – 2020, No: 59/2015/QĐ-TTg
[26]Van H, Oh J and Tran Anh (2015). *Patterns of Health Expenditures and Financial Protections in Vietnam 1999-2012*. The Korean Academy of Medical Sciences, 134.
[27]Nguyen T Tran, Bach Waye A, and Harstall C (2014). *Socialization of Health Care in Vietnam: What is it and what are its Pros and Cons?* Value in Health Issues,24.
[28]Rousseau T (2010). *Vietnam: Social health Insurance*. Project Collaborator COOPAMI, 13.
[29]Thuy L. (2017). *How can 20 Million People avoid Poverty because of Medical Expenses?*,Lao Đong. Available at: https://laodong.vn/suc-khoe/lam-sao-de-20-trieu-nguoi-khong-bi-ngheo-hoa-vi-chi-phi-y-te-675145.bld (accessed 17 March 2016)
[30]The ranks of hospital levels based on the standard of the hospital such as number of beds, facility technology and human resource of the hospital under the Circular on Guiding Classification of Hospitals, No. 03/2004/TT-BY, Health Ministry of Vietnam.
[31]Article 8: Circular on Primary Medical Examination and Treatment Covered by Health Insurance and Transfer to Other Levels for Health Examination and Treatment covered by Health Insurance, No. 40/2015/TT-BYT, Health Ministry of Vietnam.
[32]Decision on Establishing the Codes Written on Health Insurance Card, No. 1071/QD-BHXH, Social Health Insurance of Vietnam.
[33]Article 24.4: Law on Amending and Supplementing Some Articles of Law on Health Insurance, No. 46/2014/QH13, Parliament of Vietnam.
[34]Clause 15: Article Law on Amending and Supplementing Some Articles of Law on Health Insurance, No. 46/2014/QH13, Parliament of Vietnam.
[35]Van H, Juhwan O, and Tran Anh (2015). *Patterns of Health Expenditures and Financial Protections in Vietnam 1992-2012*. Journal of Korean Medicine, 30 (2):1.
[36]Patients' Rights;
Avaiable at: http://www.who.int/
[37]*The Human Rights Act;*
Avaiable at: http://www.equalityhumanrights.com/
[38]*The Human Rights Act;*
Avaiable at: https://www.liberty-human-rights.org.uk/ (accessed 17 June 2020)
[39] Samanta, A (2005). *The Human Rights Act 1998 - Why it should Matter for Medical Malpractice?*. Journal of The Royal Society of Medicine, (98) 404.
[40]Human Rights Act 1998; Avaiable at: ttp://www.guernseylegalresources.gg/article/95287/Human-Rights-Bailiwick-of-Guernsey-Law-2000
[41]Samanta, A (2005). *The Human Rights Act 1998 - Why it should Matter for Medical Malpractice?*. Journal of The Royal Society of Medicine, (98) 404.
[42]Markesinis, B and Deakin, S (2013).*Tort Law*. Oxford University of Press, 7th , 350.

Social and Cultural Rights; the Convention on the Elimination of All Forms of Racial Discrimination; the Convention on the Elimination of all Forms of Discrimination against Women, the Convention on the Rights of the Child, and the Convention against Torture (CAT). Vietnam is a member of the UN Human Rights Council (2014-16). It has also undergone the UN's Universal Periodic Review (UPR) in 2009 and 2014 and has accepted over 270 recommendations from other countries, but the implementation is superficial which draws criticism.[43] Regarding patients' rights, Vietnam has not yet implemented any international patients' rights law. Vietnam applies domestic law (the LMET) to regulate several issues in the medical sector. In this Law, seven patients' rights are described in Articles 7 to 13. They are:

Article 7. Right to medical examination and treatment with quality suitable to actual conditions

- To be given counseling and explanations about their health status, treatment methods and medical examination, and treatment services suitable to their diseases;
- To receive treatment with safe, appropriate, and effective methods according to professional and technical regulations.

Article 8. Right to respect for privacy

- To have their health status and private information given in their case history dossiers kept confidentially;
- The information referred to in Clause 1 of this Article may be disclosed only when so agreed by patients or for an exchange of information and experience between practitioners directly treating the patients to improve the quality of diagnosis, care, and treatment of patients or in other cases provided by law.

Article 9. Right to respect for honour and protection of health in medical examination and treatment

- To be subject to no discrimination in medical examination and treatment or forced medical examination and treatment;
- To be respected regarding age, gender, ethnicity, and belief;
- To be subject to no discrimination based on their financial and social status.

Article 10. Right to free choice in medical examination and treatment

- To fully receive information, explanations, and counseling about their health status, results, and possible risks to choose diagnosis and treatment methods;
- To accept or refuse to participate in biopsy and medical research in medical examination and treatment;
- To nominate representatives to perform and protect their rights and obligations in medical examination and treatment.

Article 11. Right to obtain information on case history dossiers and medical examination and treatment expenses

- To receive brief information on their case history dossiers when so requested in writing unless otherwise provided by law.
- To be provided with information on charges for medical examination and treatment services and detailed explanations about expenses indicated in invoices for medical examination and treatment services.

Article 12. Right to the refusal of medical treatment and discharge from medical examination and treatment establishments

- To refuse to test, use of drugs, and application of treatment techniques or methods but to make a written commitment to personal responsibility for such refusal;
- To leave medical examination and treatment establishments when treatment is not completed but to make a written commitment to take personal responsibility for such leaving which is contrary to practitioners' advice.

Article 13. Rights of patients losing civil act capacity, or without civil act capacity or with restricted civil act capacity, or being juveniles aged between full six years and under full 18 years

- Lawful representatives of patients losing civil act capacity, or without civil act capacity or with restricted civil act capacity, or being juveniles aged between full six years and under full 18 years may decide on medical examination and treatment for the patients;
- In cases of emergency, to protect the life and health of a patient, the head of a medical examination and treatment establishment may decide on medical examination and treatment for the patient when his/her lawful representative is absent.

In comparison to the European Charter of Patients' Rights, some rights are not admittedto the LMET. For example, the missing articles are:

Article 1: Right to preventive measures

> Every individual has the right to proper service to prevent illness. The health services have to pursue this end by raising people's awareness, guaranteeing health procedures at regular intervals free of charge for various groups of the population at risk, and making the results of scientific research and technological innovation available to all.

Article 5. Right to free choice of treatment procedures and providers

> Each has the right to freely choose from among different treatment procedures and providers with adequate information. The patient has the right to decide which diagnostic exams and therapies to undergo, and which primary care doctor, specialist, or hospital to use. The health services have to guarantee this right, providing patients with information on the various centers and doctors able to provide a particular treatment, and on the results of their activity. They must remove any obstacle limiting the exercise of this right. A patient who does not have trust in his or her doctor has the right to designate another one.

Article 7. Right to respect for patients' time

- Each individual has the right to receive necessary treatment within a short and predetermined period.
- This right applies to each phase of the treatment. The health services must fix waiting times within which specific services must be provided based on specific standards and depending on the degree of urgency of the case. The health services must guarantee each access to services, ensuring immediate sign-up in the case of waiting lists.
- Every individual who so requests has the right to consult the waiting lists within the bounds of respect for established privacy norms. Whenever the health services are unable to

[43] *Human Rights in Vietnam*, 2016;
Availiable at: https://www.civilrightsdefenders.org/ (accessed 11 May 2019)

provide services within the predetermined maximum times, the possibility to seek alternative services of comparable quality must be guaranteed, and any costs borne by the patient must be reimbursed within a reasonable time. Doctors must devote adequate time to their patients, including the time dedicated to providing information.

Article 8. Right to the observance of quality standards

- Each individual has the right access to high-quality health services by the specification and observance of precise standards.
- The right to quality health services requires that health care institutions and professionals provide satisfactory levels of technical performance, comfort, and human relations. This implies the specification and the observance of precise quality standards, fixed using a public and consultative procedure and periodically reviewed and assessed.

Article 9. Right to safety

- Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards.
- To guarantee this right, hospitals and health services must continuously monitor risk factors and ensure that electronic medical devices are properly maintained, and operators are properly trained. All health professionals must be fully responsible for the safety of all phases and elements of medical treatment. Medical doctors must be able to prevent the risk of errors by monitoring precedents and receiving continuous training.
- Healthcare staff that reports existing risks to their superiors and/or peers must be protected from possible adverse consequences.

Article 10. Right to innovation

Each individual has the right of access to innovative procedures, including diagnostic procedures, according to international standards and independently of economic or financial considerations. The health services have the duty to promote and sustain research in the biomedical field, paying particular attention to rare diseases. Research results must be adequately disseminated.

Article 11. Right to avoid unnecessary suffering and pain

- Each individual has the right to avoid as much suffering and pain as possible in each phase of his or her illness.
- The health services must commit themselves to take all measures used to this end, such as providing palliative treatments and simplifying patients' access to them.

Article 12. Right to personalized treatment

- Each individual has the right to diagnostic or therapeutic programs tailored as much as possible to his or her personal needs.
- The health services must guarantee, to this end, flexible programs, oriented as much as possible to the individual, making sure that the criterion of economic sustainability does not prevail over the right to health care

Apparently, as mentioned above, several basic and essential rules of patients' rights are not paid attention to and implemented in Vietnam. Consequently, the lack of necessary and important regulations leads to patients' rights protection that is not fully implemented. Compared to Europe, the lack of these regulations in Vietnam is a significant drawback in improving as well as protecting the rights of patients. Supplementing the missed articles should be studied and taken seriously.

Way Forward For Vietnam

The desire for Vietnam to modernize the health care system should create more business opportunities in the future. First, Vietnam will have to improve the network in hospitals. This modernization can't be accomplished by traditional funding alone[44]. The current plan is to encourage the building of private hospitals and clinics. These will service the high-end segment, by servicing local patients who opt for operations and other treatments internationally that could be done within Vietnam[45]. Corruption has bedeviled the Health Care System in Vietnam[46]. It is clear that those in financial poverty and the exempted groups - the government is responsible for fully subsidizing the health insurance premiums for children under six years old, the elderly, those that are poor, and ethnic minorities, students, and partially subsidizing premiums for the low-income earners - still find it difficult to access services due to lack of informal fees, known as "envelope" payments, to doctors, nurses, midwives or other health staff[47]. Due to this endemic corruption, the Vietnamese in financial poverty still have limited access to healthcare services[48]. The government will have to formulate and implement policies geared towards eradicating corruption in the health care sector. While there are four different levels of health care services in Vietnam, it is noteworthy that medical equipment in high-level hospitals is mostly better than that in low-level hospitals. It has also been noted that, in the case of patients with severe conditions, especially the ones covered by public health insurance, they need permission from the primary hospital to be transferred to a higher-level hospital. Otherwise, they may not be refunded by the insurer, or they may get a nominal amount if they are refunded at all. Consequently, the situation has created a loophole, and patients often feel they need to bribe health care providers to recommend them to be transferred to a higher-level hospital. Vietnam has progressively introduced social health insurance for its taxpayers by increasing the benefits package and decreasing the insured's financial contribution[49]. The Vietnamese government has the intention to provide SHI to 100% of its population by 2030. However, it still has a long way to go[50]. Firstly, Vietnam's Social Security allowances do not entirely cover the social health insurance benefits; instead, they only pick a portion of the total costs of care, leaving providers to claim the rest from the patient's user fee. There is no cap on co-payment

[44]The VOV (2005). *Vietnam Strives to Develop and Reform the Health System in A Sustainable Way.*Committee Propaganda. Available at: http://www.tuyengiao.vn/van-hoa-xa-hoi/xa-hoi/viet-nam-no-luc-dot-pha-doi-moi-he-thong-y-te-mot-cach-ben-vung-76440

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[47]The Doctor Who Received the "Envelope" was Fined up to 30 Million VND (2018). Vietnam Law. Available at: https://luatvietnam.vn/tin-phap-luat/bac-si-nhan-phong-bi-bi-phat-den-30-trieu-dong-230-15268-article.html (acessed 10 May 2019)

[48]Marriot A (2011). Vietnam's Health Care System Suffers on Failure Policy. The Oxford Analytical Daily Brief. Available at:http://www.globalhealthcheck.org/?p=423 (acessed 18 July 2017)

[49]Anh T (2021). *Sustainable Development of Health Insurance Participants.*The People. Available at: https://nhandan.com.vn/bhxh-va-cuoc-song/phat-trien-ben-vung-doi-tuong-tham-gia-bao-hiem-y-te-636090/ (acessed 20 September 2017)

[50]Rousseau T (2010). *Vietnam: Social Health Insurance.* Project Collaborator COOPAMI, 9.

expenditures. Social health insurance includes caps on interest but no cap on co-payment-related charges. Secondly, care quality varies from level to level and region to region. As a result, patients go to get care directly in private facilities, which are not covered by social health insurance. Even if the government can provide social health insurance to 100% of the population, it should still make efforts to minimize health care costs that have not been covered by health insurance and increase the quality of healthcare services[51]. This effort would encourage people to enroll in the state health insurance scheme voluntarily In Vietnam, private health insurance has not developed much despite 60% [52] of the population spending out-of-pocket for health services-including people who social health covers.[53] The development of private health insurance is not active because it is a new subset of insurance products, which includes personal insurance, healthcare insurance, and medical expenses insurance, The Ministry of Finance must ratify insurance regulations, clauses, and premium scales of healthcare insurance products[54]. Before July 1st, 2011, health insurance was categorized in the package of non-life insurance. This regulation significantly restricted the population's interest in private health insurance. As its premium was slightly high and the procedure was complicated. A significant portion of the Vietnamese population not covered by social health insurance includes mostly the migrant workers who cannot financially afford to contribute to social health insurance. If these people cannot afford social health insurance because social health insurance's premium is high, the more they cannot afford private health insurance, whose premium is much higher than social health insurance's premium.

CONCLUSION AND RECOMMENDATIONS

Vietnam shows a strong political commitment to developing an HC system aimed at equity, quality, and efficiency[55]. The continuous increase in HC spending, combined with the necessary modernization of the Vietnamese HC system and ambitious national development plans, should continue to drive strong growth in the HC market over the coming years.[56] It has put efforts into achieving the targets. Despite having made efforts to develop social health insurance, the number of people who have remained uninsured is rather high (29% of the total population). While the rest of the population has been insured, they have not thoroughly enjoyed the benefits from social health insurance. Moreover, private health insurance has been stagnant and lacking the State's attention in many aspects, including weaknesses in the promulgation and effective enforcement of health insurance. Last but not least, the Vietnamese health care system has not yet given the patients the freedom to choose health professionals and public or private hospitals base on their health status

To solve the shortcomings of the Vietnamese health care system, the study finds some recommendation:

Reforming The Healthcare System

Advanced medical human resources

To train and have qualified health professionals, the State should design a uniform medical education system. In the whole country, there are very few universities that meet international standards in educating and training medical professionals while the demand is rather high.[57] It is also necessary to have exchange programs for human resources in this field with practitioners going abroad to learn and advance their knowledge and skills. Moreover, the State needs to monitor the training establishments strictly to make sure that the medical education programs they are offering the stipulated standards. On the other hand, the state needs to design a training program with more chances for health practitioners to practice and realize their professional skills. At the moment, Vietnam does not have any organization to evaluate the proficiency of health care practitioners to determine whether they are qualified to start their careers or not. Currently, medical professionals, only need to complete the practicing duration in medical examination and treatment establishments but they are not professionally evaluated by specialists.[58] Hence, establishing a Board of quality assessment for health care providers is necessary. Many medical education establishments do not have hospitals. This means that their staff and students have nowhere to practice and they end up focusing a lot on the theoretical aspect of their training. Consequently, as mentioned above, many universities/colleges focus on theory yet practical training is also very important for medical professionals. Having a well-equipped hospital should be a compulsory precondition to opening a medical education establishment (university/college).

Stabilize the quality of public and private hospitals

The differences in the quality of services between public hospitals and private hospitals have an enormous impact on the choice and use of services by patients. When faced with a health problem, the patient must consider where he or she might access qualified doctors and modern equipment to ensure that his/her case is handledcorrectly. As a result of the lack of quality as well as uniform standards of service in Vietnam, patients sometimes have to travel abroad in search of better health care services which is costlier compared to Vietnam. Moreover, in case of emergencies, this lack of reliable facilities can cause serious health complications and even fatalities of patients. Therefore, the State should come up with a uniform policy for constructing medical establishments that cut across the entire country. To achieve this, the State, of course, has to prioritize the financing of the health sector to provide enough health professionals and medical facilities.

Invest more in medical equipment and technicians

The Government and the hospitals should develop plans to invest in equipment that meet professional needs. Many hospitals in Vietnam, especially the hospitals in remote areas and level I and level II

[51]Nguyen K (2020). Increase Opportunities to Access Health Care and Health Care for the Poor and Near-poor. The People Journal. Available at: https://nhandan.com.vn/bhxh-va-cuoc-song/tang-co-hoi-tiep-can-dich-vu-y-te-cham-soc-suc-khoe-cho-nguoi-ngheo-nguoi-can-ngheo-619181/ (acessed 1 May 2017)

[52]Every Body's Business (2007). Strengthening Heath Systems to Improve Health Outcomes: Who's Framework for Action?" World Health Organization. Available at: www.who.int/healthsystems/strategy/everybodys_business.pdf(accessed17August201)

[53]Pham T (2015). Vietnam Health System & Health Infrastructure: Achievements, Challenges and Orientation, Ministry of Health.Available at: www.designandhealth.com/upl/files/122262/pam-le-tuan-2015.pdf (accessed 20 November 2017)

[54]Hogan Lowells (2013).Vietnam' Insurance Market.Available at : www.hoganlovells.com/.../Vietnam%20newsflash_Jurisdiction%20Updf (accessed 13 October 2018)

[55]Tran T, Hoang P, Mathauer I. and Nguyen, P (2011). A Health Financing Review of Vietnam with a Focus Social Health Insurance. World Health Organization, 38.

[56]Gaskill S and Nguyen H (2017). The Vietnamese Healthcare Industry: Moving to Next Level. PWC, 6.

[57] http://toplist.vn/top-list/truong-dao-tao-y-duoc-tot-nhat-o-viet-nam-16273.htm

[58]Article 24.3 – Law on Examination and Treatment – No. 40/2009/QH12
Persons who have diplomas related to medical profession, granted or recognized in Vietnam, must pass the practicing duration at the following medical examination and treatment establishments before being granted the practicing certificates:

a) 18 months practicing in hospitals or research institutes (hereinafter referred collectively to as hospitals) for doctors;
b) 12 months of practice in the hospital for the doctor;

hospitals (explained in Chapter 1) lack medical equipment. The available medical equipment is of low quality or outdated and does not meet the requirements for the treatment of patients. Most level I and II hospitals meet 20% of medical equipment requirements. Around 30% -50% of equipment of level III and IV hospitals meet the standards. The deficiency focuses on surgical lights, ultrasound machines, hematology instruments, and respirators among others.[59] For instance, every day, the Radiology Department of K Hospital must conduct radiation therapy for more than 1,000 patients, and due to insufficient machinery, the treatment must be divided into three shifts: morning, afternoon, and night. Each shift must work continuously from eight to ten hours to treat more than 300 people, which is six times higher than the standard of operation specified by the manufacturer.[60] Moreover, training technicians to explore all functions of new and modern equipment is also essential. Failure to do so would be harsh to avoid a situation whereby costly equipment is available, andit is not being used effectively. In recent years, with financing sourced from various sources, including State capital preferential loans from the World Bank, ADB, ODA, and aid from international organizations such as WHO, UNICEF, etc. Medical equipment at health facilities has been raised both regarding quantity and quality. The raise has made an essential contribution to improving the quality of medical examination and treatment and contributed to the reduction of overcrowding in higher-level hospitals.[61]

Reduce work pressure and raise income for health providers

In Vietnam, overcrowding in provincial and central hospitals has been severe. A doctor must examine about 70-80 patients a day. On average, every three minutes, a doctor must finish the examination, treatment, and prescribe for a patient. Instead of working for eight hours at a time, their work hours can stretch up to 10-16 hours per day.[62] Also, it is somewhattypical for a doctor to have more than fifteen operations a day. According to the doctors, they have to work five times more than the recommended limit of exertion.[63] As a result, the doctors end up exhausted, and they have no time to upgrade their professional knowledge. Moreover, overexertion and related fatigue strain their relationship with patients and in some instances leads to medical incidents/accidents. Hence, it is time for the state to restructure working hours to reduce the workload of doctors and at the same time increase their income. Consequently, the doctors are left with sufficient time to improve and upgrade their professional knowledge and skills. The State should consult other countries such as Belgium, France, and England where the total number of hours worked by a healthcare practitioner is capped at a maximum of 48-hours per week.[64] The Law should also regulate appropriate workload. For example, some examinations, treatments, and surgeries per day for a physician should be determined.

The defined goal must be a reduction in working hours and workload for all doctors at all levels in the hospital services to a level sustainable for a healthy work-life balance for staff and safe care for patients. Tired, inexperienced, and poorly supervised junior doctors make more mistakes than those who are more rested and adequately supervised.[65] Therefore, reconstructing the health care system is essential. Some of the factors that should be paid more attention to in reforming the health sector are that the State should ensure the availability of enough health care providers, health establishments, and medical equipment. These things, of course, are not easy to avail/achieve, but they cannot be wished away in the quest to improve quality in the healthcare system of Vietnam. Despite all this strain, doctors' incomes are rather low compared to what they give regarding professional person-hours. On average, a graduate doctor working in a public hospital earns less than two hundred euros per month.[66] Extra income may be gotten through other means such as working overtime and performing more operations. To make more money, they have to look for extra opportunities such as working in private clinics or opening private practices. Increasing the minimum basic salary and giving special financial support should form part of the government's plan for comprehensive improvement of the health sector. Belgium, France, and England are typical examples of countries that pay their physicians well.[67] Although better pay for physicians in these countries may be attributed to the vibrancy of their economies, they deserve to be well-paid because they exam, treat, and promote health for people. They also conduct research, improve or develop concepts, theories, and operational methods to advance evidence-based healthcare.[68] Therefore, Vietnam has no reason to be indifferent to the role of healthcare professionals in failing to make them have a stable and commensurate income. Once physicians are more specialized in their work, they spend more time researching and developing their skills hence contributing to the reduction of the crisis of MM claims.

Strengthen social health insurance

It was confirmed that in 2016, the current national health insurance scheme covers an estimated 71% of the population.[69] It means that 29% of the population (more than 27 million people) in Vietnam has not been insured. The uninsured people can be divided into two groups. The first group of uninsured people is the poor who cannot afford insurance premiums. This situation has put the uninsured people at financial risk in the event of the health services' fees increasing threefold compared to the status quo.[70] Therefore, to solve this problem, the Government needs to react quickly so that the uninsured segment of the population can have health insurance soon. The author contends that it is possible to classify uninsured groups depending on their incomes. It would be prudent to allow them insurance at a lower cost than the general base and also let them make payments in installments. Besides, people who have no stable/predictable income (including children, the elderly, and the unemployed) should get free SHI or pay a nominal amount.

[59]District Hospitals Lack of Medical Equipment (2015). Available at: https://tuoitre.vn/benh-vien-tuyen-huyen-con-thieu-thiet-bi-y-te-997303.htm (accessed 19 July 2020)

[60]Cancer Patients must be treated at Night in Hospital K deal to Lack of Facilities (2017). Available at: http://vtv.vn/trong-nuoc/benh-vien-k-thieu-trang-thiet-bi-y-te-benh-nhan-ung-thu-phai-dieu-tri-vao-ban-dem-2017121718420047.htm (accessed 18 June 2018)

[61]Thanh Hang (2015). Inadequate Skilled Technicians, Modern Medical Equipment Lost Value. CNND. Available at: http://cand.com.vn/y-te/Khong-du-trinh-do-su-dung-thiet-bi-y-te-hien-dai-cung-mat-gia-tri-371556/ (accessed 9 May 2020)

[62]Nguyen C (2015). Pressures on Doctors. VNExpress. Available at: http://suckhoe.vnexpress.net/tin-tuc/suc-khoe/tu-su-cua-bac-si-cap-cuu-ve-ap-luc-voi-thay-thuoc-vn-3176759.html (accessed 2 March 2021)

[63]Doctors of Central General Hospital Exhausted because of Overwork (2005). Dan Tri. Available at: http://dantri.com.vn/xa-hoi/bac-si-benh-vien-trung-uong-kiet-suc-vi-qua-tai-1119524061.htm (accessed 15 July 2018)

[64]Temple J (2014). Resident Duty Hours around the Global: Where Are We Now? BMC Medical Education, 14 (1):1.

[65]Temple J (2014). Resident Duty Hours around the Global: Where Are We Now? BMC Medical Education, 14 (1):5.

[66]Lam Phong (2016). How much Doctor Paid? Available at: http://news.zing.vn/luong-cua-bac-si-la-bao-nhieu-post660758.html (accessed 20 May 2019)

[67]Sabin S (2016). The 10 Highest Paid Countries in the World for Doctors. Available at : https://medicfootprints.org/10-highest-paid-countries-world-doctors/ (accessed 10 March 2021)

[68]Transforming and Scaling Up Health Professionals' Education and Training: World Health Organization Guidelines (2013). Available at : https://www.ncbi.nlm.nih.gov/books/NBK298950/ (accessed 10 January 2021)

[69]Rousseau T (2013). Vietnam: Social health Insurance. Project Collaborator COOPAMI, 13.

[70]Circular No. 02/2017 / TT-BYT, from 1 June 2017, public health facilities will officially apply new hospital fees to more than 1,900 health services for the target group.

Secondly, among those who do not have SHI, some are not aware of the role of SHI. So, the Government should disseminate information on the benefits of SHI and SHI's policies and laws. Dissemination of information (civic education) should pay particular attention to the lowly educated, poor people, and or those who live in remote and isolated areas. Based on the fact that these people do not understand the benefits of having SIH and cannot easily access it, the Government should find out and use the best means to help these people access SHI. For example, means such as information exchange between SHI professionals and the mass media, use of flyers, posters, banners, and brochures, etc. In addition, for the whole country, the Government should have a universal solution to maintain the number of insured and attract the uninsured. The Government should raise the quality of medical examination and treatment to ensure the benefits for the insured by further consolidating and perfecting the system of medical examination and treatment establishments from four levels (commune level, district level, provincial level, and central level). Health care providers need to enhance their qualifications regularly. Concurrently, there is a need to ensure that the medical establishments have the necessary facilities for primary medical examination and treatment. These should be the top priority conditions for the medical establishment to be licensed. Along with that the health care practitioners and providers should continue to review the mode and attitude of serving patients. In Vietnam, especially in the public hospital system, the mechanism of "asking for or giving away" is still quite common. The situation makes patients feel insecure and anxious when they go to public hospitals. That is why they avoid using health care services paid for by the SHI, even when they have SHI. Hence, they have to pay for private medical care to feel secure and comfortable. Also, the Government should pay more attention to reforming the administrative procedures, enhancing the application of information technology in medical examination and treatment, etc. This proposal is because patients using SHI have to wait quite long when there is a need for medical examination and treatment, due to a large number of patients but the service teams are not enough. Besides, some hospitals have not applied information technology in the management of patients' information but still rely a lot on paperwork.

Widen services from private hospitals to be reimbursed by the social health insurance

At present, the insured does not have many choices of services in the private hospital system. If the insured would like to be reimbursed equally to public hospitals whenever they use services in private hospitals, the said private hospitals must be in contract with the SHI and meet the requirements just like the other four levels of hospitals[71]. Additionally, to have a valid contract with SHI, private hospitals have to follow the stipulated procedures although they seem rather complicated.[72] Otherwise, the insured will have to pay out of their pocket for the services, or the SHI accepts to refund a small amount when using private health services' expenses.[73] Another point is that the State categorizes the four levels based on their rules, such as the number of doctors deployed/ available and availability of facilities. Normally, private hospitals attract highly skilled doctors by paying higher salaries and investing in modern equipment and facilities to provide good services to patients. However, the State does not recognize this advantage but it places private hospitals at the same levels as public hospitals. That act by the Government will discourage private hospitals from developing their strong points to share the pressure faced by public hospitals. Yet, many public hospitals face numerous challenges. For example, lack of sufficient/necessary equipment, out-of-date and not well-maintained equipment, etc. Many provincial hospitals only meet 20% of facilities required from the Government.[74] To solve the mentioned problem, it is recommended that the State should encourage the establishment of more private hospitals to avail more choices to patients. This will also ease pressure on public hospitals. Firstly, the Government should simplify the procedure for private hospitals to partner with SHI. Secondly, the four levels should be removed in both public and private systems to award patients the right of free access to health services. Thirdly, SHI should encourage patients to use health services in private hospitals by equitably reimbursing them as done in public hospitals. Hence, this would ease the pressure public hospitals experience due to a lack of skilled physicians and good facilities in all four levels. From that point, they can gradually focus on the level/levels in which do not meet the set standards.

Supplementing more regulations on patients' rights

The Vietnamese government has paid little attention to patients' rights while many important patients' rights have been largely ignored Vietnam should adopt and apply the patients' rights which are recognized in the world but missing under Vietnam's law such as:

1. Right to preventive measures
2. Right to the free choice to treatment procedures and providers
3. Right to respect for patients' time
4. Right to the observance of quality standards
5. Right to safety
6. Right to innovation
7. Right to avoid unnecessary suffering and pain
8. Right to personalized treatment Besides that, the State should add more patients' rights:
9. Right not to be declined service due to inability to pay.

Article 16 of Vietnam's LMET states that; patients have to pay the required fee for health examination and treatment as an obligation. If the patient cannot afford the fee, he/she will be refused treatment because paying the fee is his/her obligation. , When a doctor fails to carry out his duty to the person who cannot afford the fee, s/he does not violate the law. Inability to pay for medical health services usually falls in the groups of the poor, the uninsured, and those who are dejected after long treatment. The appearance of this rule seems unethical for the noblest duty of health professionals is to save lives. Hence, this article should be removed. The author would like to state that, the Government should create a fund or any special financial support mechanism for the cases of patients who actually cannot afford health expenses. Or/and, the Government can settle on some method for deferred payment. In fact, for these rights to be applied, Vietnam should work comprehensively to improve other fields as discussed above. For example, to apply the right to free choice to treatment procedures, the health care law should also widen the choice of the insured to use equally both public and private services as the patients wish. And, to enjoy the right to the observance of quality standards. The MM law has to construct the standard of care, etc. Optimistically, the status of patients' rights protection will be

[71]Article 81. 2 – Law on Examination and Treatment – No. 40/2009/QH12.
The system of medical examination and treatment establishments of the State consists of 4 lines as follows:
1. Central level;
2. At the provincial / municipal level;
3. At the district, town, provincial city level;
4. Commune, ward and township levels.

[72]Article 7.3 - Circular No. 41/2014 / TTLT-BYT-BTC.

[73]Article 14 - Circular 41/2014 / TTLT-BYT-BTC.

[74]L. Anh (2015). Distric Hospitals Lack Medical Equiment.The Youth Magazine Available at: http://tuoitre.vn/tin/song-khoe/benh-vien-tuyen-huyen-con-thieu-thiet-bi-y-te/997303.]\html (accessed 20 May 2021)

nationally improved upon legislation and adoption of the extra rights as recommended. Moreover, proposing national research about patients' rights protection is also a way for Vietnam to supplement the necessary rights which are missed in the categories of Vietnamese patients' rights. Besides, Vietnam should participate in more international human rights (including patients' rights) and patients' rights organizations to be updated on how patients should/may be protected.

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