IMPLEMENTATION OF PROVINCIAL SUBSIDIES FOR ARV COPAYMENTS TO PROVIDE FINANCIAL PROTECTION FOR PEOPLE LIVING WITH HIV:
LESSONS LEARNED BY USAID SUSTAINABLE FINANCING FOR HIV IN SUPPORTED PROVINCES

WHY PROVINCIAL SUBSIDIES FOR ARV COPAYMENTS?
Social Health Insurance (SHI) is an important resource for people living with HIV (PLHIV) in Vietnam to meet their HIV treatment needs as the country transitions from a donor-funded to a domestic-funded program. However, some PLHIV are unable to make copayments for antiretroviral (ARV) treatment as required in the SHI system. Vietnam started ARV provision through SHI in March 2019. While some patients continue to receive free ARVs through donor-funded programs, others who receive SHI-covered ARVs have to pay the copayments. To ensure all HIV patients can continue to access care, it is important to support ARV copayments for those in need.

In 2016, Vietnam Administration for HIV/AIDS Control (VAAC) advocated for Government Decision 2188 to request provincial authorities to subsidize ARV copayments for patients in need. In 2017, Decision 2188 and Circular 28 directed provinces to create these subsidies by reallocating existing funds from the Fund for the Poor, the Fund to Support PLHIV, or from provincial health budgets. These key policies steer implementation of provincial subsidies for ARV copayments.
RECOGNIZING AND ADDRESSING KEY CHALLENGES

The copayment subsidy model is a change to the HIV/AIDS program, so even with policy guidance from the central level, provinces have faced implementation challenges when trying to put national policy guidance into practice. This is in part because national policy does not always take into account the highly varied provincial situations and contexts. Together with VAAC and other PEPFAR service delivery partners, especially those providing direct technical assistance at provincial and site levels, USAID Sustainable Financing for HIV provided technical support to help provinces overcome the challenges.

From March to September 2019, USAID Sustainable Financing for HIV used a multi-level, multi-pronged approach to provide technical support to the five focus provinces of Hanoi, Dong Nai, Tay Ninh, Tien Giang, and Ho Chi Minh City on implementation of ARV copayment subsidy models. By focusing on advocacy, promoting provincial inter-agency coordination and communications, and providing on-site technical assistance to health facilities, USAID Sustainable Financing for HIV took the following actions to address key challenges.

<table>
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<th>CHALLENGES</th>
<th>SOLUTIONS</th>
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<td>Lack of mechanisms for funding flows to disburse and reimburse funding for ARV copayment subsidies.</td>
<td>• Estimated local budgets needed to subsidize ARV copayment based on provincial data.</td>
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<td>• Customized funding flows to disburse and reimburse the ARV copayment subsidies.</td>
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<td>Health facilities were unfamiliar with ARV copayment reimbursement through SHI.</td>
<td>Educated health facilities on SHI ARV copayment reimbursement steps.</td>
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<td>HIV management software was unable to report ARV copayments.</td>
<td>Worked with provincial IT agencies and successfully upgraded their software for extracting and uploading ARV copayments to Provincial Social Security portals.</td>
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<td>Too many guidelines on copayment reimbursement by different agencies at the central level confused provincial agencies.</td>
<td>Explained policy implications and implementation to provincial agencies and facilities through technical workshops, visits, and meetings so that guidelines from VAAC and VSS were well understood.</td>
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<td>Lack of provincial awareness and understanding of policy implementation guidance.</td>
<td>Promoted peer learning and experience sharing between provinces.</td>
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USAID Sustainable Financing for HIV’s TA approach to address challenges in implementation of ARV copayment subsidy model
HIGHLIGHTS

Collaborative efforts by VAAC, PEPFAR direct service delivery TA partners, and USAID Sustainable Financing for HIV brought about key achievements. By April 2020, Vietnam has accomplished impressive results:

- **48/63** provinces have committed and/or allocated budget for ARV copayments, for a total of approximately US$1,122,000 for 2019 – 2020.
- **52/63** provinces have smoothly settled ARV copayment subsidies with Provincial Social Security agencies from either local budgets or donor funding.
- **56,287** HIV patients (cumulative) have received SHI-covered ARVs in the whole country.
- **63%** of SHI-covered ARV patients received subsidies for ARV copayment from either internal or external sources.

KEY LESSONS LEARNED

Through analyzing implementation of SHI premiums and ARVs copayment subsidies in the five project supported provinces, USAID Sustainable Financing for HIV learned that certain factors are key in ensuring success. These can be applied to scale up implementation of ARV copayment subsidies through SHI in all 63 provinces, thus contributing to national and provincial efforts towards the allocation of domestic resources for Vietnam’s HIV response.

- **Understanding the provincial context:** Having guidelines issued from the central level is already understood to be essential, but gaining insights into the local context through site visits or technical discussions is equally important. This will help identify specific issues provinces are facing, and allow the government to provide more tailored technical assistance to the provinces in a responsive, flexible and effective manner, given the complexity of the implementation process.

- **Improving coordination of provincial agencies:** Weak coordination and communication among key provincial stakeholders proved to be a major obstacle to the success of provincial efforts. Improving and promoting inter-agency coordination will remove gridlock in the implementation of activities; this can be achieved by ensuring key stakeholders reach consensus on implementation mechanisms. One agency, ideally the provincial Department of Health (DOH), can issue official guidelines which may help define the roles of all stakeholders involved.

- **Working across national, provincial and health facility levels and among key inter-agency stakeholders helps to improve efficiency:** It is helpful not only to ensure that all levels understand the guidelines from VAAC and VSS but also to enable transmission of concerns and serve as voice channels from the lower levels to the higher levels of authority.

- **Understanding the effects of additional donor funding:** When donor-funded ARVs are still available in many facilities, the facilities prefer to use such resources as this involves fewer procedures than those required by SHI-covered ARVs. Provinces also tend to use available donor funds in lieu of local budgets, which can then be used for other priorities. Understanding the dynamics and impacts of this additional funding will help VAAC to coordinate funding sources among provinces.

- **Improving institutional capacity:** Upgraded IT systems and capacity building for health staff greatly improve a facility’s ability to successfully implement the new administrative roles required to subsidize the ARV copayments. This is particularly necessary due to limitations in personnel at HIV facilities. A harmonized software, such as HIV Information System or OneARV, that integrates all functions for management,
monitoring, and reimbursement of SHI HIV examination and treatment, including ARVs, should be put in place for use by all health facilities. This issue needs further discussion between provinces and VAAC.

RECOMMENDATIONS FOR IMPLEMENTATION OF THE ARV COPAYMENT SUBSIDY MODEL

At health facility level:

- HIV software should be upgraded to adapt to the requirements of SHI reimbursement process. At health facilities where staff used SHI web-based software directly to upload data to SHI portal, the software will be used to manage, monitor and reimburse SHI-covered examination and treatment at hospitals, such as HIV Information System or OneARV software. The provinces and VAAC should discuss which software is best and who should lead the upgrade process.

- Capacity for staff in both IT and professional skills should be improved. This should be a major strategy due to personnel shortfalls at health facilities, and can be done both at the facility level and through support from the provincial or central levels.

At provincial level:

- DOH/Provincial Center for Diseases Control (CDC) should follow nine steps below to ensure smooth implementation and feasibility for ARV copayment subsidy implementation.

  1. **CDC/Provincial AIDS Center (PAC) estimates total amount** that province needs for ARVs copayment in the next years, and incorporates into provincial proposals for sustainable financing for HIV response.

  2. DOH, with CDC/PAC, advises Provincial People’s Committee (PPC) to **find suitable funding sources**.

  3. DOH submit proposal to PPC and seek **PPC’s approval**.

  4. DOH facilitates **consensus meetings** among key provincial stakeholders including DOH, PAC/CDC, PSS, and local funds’ representatives to reach agreement on the mechanism for funding flows to disburse and reimburse the copayment subsidies.

  5. DOH **issues official guidelines** on the mechanism for funding flows and implementation of ARV copayment subsidy to provincial key stakeholders, including health facilities.


  7. PAC/CDC **monitors subsidy implementation** to identify rising issues such as IT, data collection, reporting, etc., and keep all activities on track.

  8. **Quarterly report and feedback collection occurs** to help provinces document their achievements, identify issues, and generate solutions.

  9. **Annual reporting occurs** to help provinces draw lessons learned for smooth follow up in the future.

- DOH should take into account connection of IT systems from province to health facility level, including hospitals and district health centers.
At national level:

- VAAC should consider assessing the connection of IT systems from provincial to national levels to ensure there is updated and accurate data. This will help VAAC better monitor ARV copayment implementation.
- VAAC should collaborate with VSS in data sharing to better monitor ARV copayment achievements.
- VAAC and other implementing partners must understand provincial contexts and impact of donor funding to be able to provide relevant support to provinces.
- VAAC should take lead on promotion of peer learning and experience sharing across provinces through technical meetings, consultation workshops to ensure implementation of ARV copayment subsidies in compliance with guidelines.
- VAAC/VSS should continue to provide relevant explanations on policy implications and implementation to both provincial agencies and health facilities if required.

CONCLUSION

The ARV copayment subsidy model is a feasible and effective solution to financially secure HIV patients. It helped PLHIV access to treatment and retain care regardless of their financial status. This model should be maintained and committed in all provinces to ensure real success and sustainability of the HIV program.

The following comment, made by the former Director of Dong Nai PAC and now Head of HIV/AIDS Department under Dong Nai CDC – Dr. Nguyen Gioi, acknowledges the need for and commitment by provinces to implement an ARV copayment subsidy model:

“In Dong Nai, Fund for the Poor is available and sufficient to subsidize SHI premiums and ARV copayments for PLHIV. We are pleased that all PLHIV get support in their treatment. That is also the ultimate goal of our work.”