



Extension of Social Health Protection in South East Asia
(LUX) (RAS/17/09/LUX)

TERMS OF REFERENCE

Mapping and review of satisfaction assessment tools on health insurance services
International consultant

1. BACKGROUND

Social Health Insurance in Viet Nam

The Government of Viet Nam has gradually built and strengthened its social health protection mechanisms over the three past decades. Starting from publicly financed health systems inherited from the centrally planned economy and allowing free access to health care, Vietnam gradually implemented reforms in line with the Doi Moi policies and made a transition from a tax-based system to a system with multiple sources of financing. Today, the major sources of financing are general government revenues, contribution to the SHI scheme, and OOP payments from households.

Viet Nam started to develop health insurance mechanisms in 1989 with pilot health insurance schemes in selected provinces and on a voluntary basis. The implementation of health insurance remained governed by decrees from 1992 to 2009, when the first Health Insurance Law No 25/2008/QH12, enacted in 2008 came into force. This Law was then the first one on Health Insurance, making an essential foundation for the operation of social health protection in order to protect, care and improve the people's health through health insurance mechanism. In 2014, the National Assembly enacted the Addendum of the Health Insurance Law as a mean to address a number of provisions deemed irrelevant to the operation of the health insurance scheme. The implementation of the current Law on Health Insurance again has proved that many constraints towards Universal Health Coverage remain within the Law and prevent the effective management of the HI system. Therefore, the Ministry of Health has been recently assigned to review and propose a fundamental amendment of the HI law for the National Assembly to consider and adopt.

Since the pilot phase, the Social Health Insurance system of Viet Nam has experienced 28 years of evolution with remarkable expansion of coverage. Viet Nam made great strides in increasing population coverage which now stands at 90% of the population, relying on a mix contributory and non-contributory system. The benefit package has been progressively expanded, and subsidies provided to ensure financial protection.

In an effort to not only further expand the coverage to additional groups of population but also to retain the existing membership in the system, the Government has identified service quality of both health insurance and health care services toward citizens' satisfaction as crucial to ensure its effectiveness and sustainability. As part of the Government's commitment to provide quality public services, the Ministry

of Health would like to strengthen the monitoring and measurement of the population satisfaction with the Health Insurance system.

Resolution 21-NQ/TW in 2012 pointed the view of the Party that “Social and Health insurance should be developed to better meet the needs of people and to enable every person to participate in social security system. The Minister of Health also stated that to achieve UHC in Vietnam enhancing the quality of Health Insurance services as well as quality of health care services should be priorities of both the health and insurance sectors¹.

There exist many initiatives in the country to assess the satisfaction of citizens on both social security services and health care services. From MOH’s side, the Patient Satisfaction Index (PSI) tool, introduced in 2017, provides a comprehensive tool to measure the patients’ satisfaction of health care services of health facilities. The tool assesses satisfaction in six elements: accessibility, transparency, facilities and equipment, behaviours and attitudes of health workers, medical costs, and health care service results. However, PSI results cannot be disaggregated by the source of fund, whether social health insurance, private health insurance or out-of-pocket payments.

On the other hand, satisfaction surveys on social and health insurance services are also occasionally conducted by VSS. Currently a VSS online survey is being carried out in the following areas: access to public administration services in HI and SI; administrative procedures; conducts of government employees; results of administrative processes; and collection of feedbacks of individual members and employers.

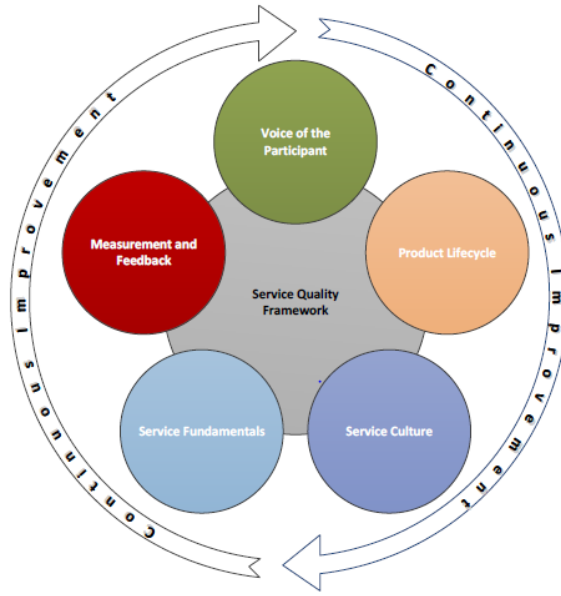
At the provincial level, various social security organizations have also taken their own initiatives to keep record of members’ satisfaction such as Ha Noi, Da Nang, Binh Duong, Bac Kan, etc. The experiences and lessons of these provinces are to be explored to develop a comprehensive but practical tool for national application.

Service Quality Framework

A service quality framework is meant to facilitate the achievement of the important goals of social security system, such as extending coverage to all eligible participants; ensuring sustainability of the system given financial framework; ensuring fair and impartial treatment of everyone; enhancing the general awareness to social security as an essential element of proactive and preventive responses; and fostering a high-performance culture in the institution.

As key to a citizen-centred approach, those goals need to be assessed through the perspectives of the key stakeholders and health insurance members, to make sure their voices are listened to and taken into consideration. The level of satisfactions of members is key to the cycle of continuous implementation of the service quality framework as outlined below.

¹ In the interview with webbaohiem.net



Source: ISSA Service Quality guideline 2019

A number of tools to measure clients' satisfaction have been designed. A recent review of literature has shown that one frequently used tool to measure customer/client satisfaction is SERVQUAL/RATER instrument developed by Parasuraman, Zeithaml and Berry (1985)². This tool includes five dimensions: Reliability (ability to perform the promised service dependably and accurately); Assurance (knowledge and courtesy of employees and ability to convey trust and confidence); Tangibles (appearance of physical facilities, equipment, staff and communication materials); Empathy (caring and individual service to customers); and Responsiveness (helping customers and providing prompt services). As an example, Gruat (2011) has proposed, based on SERVQUAL, four parameters to measure clients' satisfaction, including accessibility, equal treatment, professional approach, learning process in the social security system in China. These are among the relevant tools that this assignment will thoroughly review to provide sufficient knowledge for the objectives of this assignment.

2. OBJECTIVE

The general objective is to assist the Ministry of Health to gain an overall understanding of the existing initiatives to measure the satisfaction of members of the social health insurance system in Viet Nam, identify gaps and make recommendations to enhance the satisfaction assessment in an effort to improve the quality of services towards a strengthened client-centred SHI system.

3. REQUIRED TASKS

The consultant is required to perform the following tasks:

- (i) Collect information and conduct interviews and discussions with the relevant stakeholders: MOH, VSS, social organizations, selected provinces and others as needed.

² Satisfaction with social insurance services: A literature review and proposal for Viet Nam

- (ii) Map out the existing tools, regulations and practices of, but not limited to, MOH, VSS, health facilities, social organizations, or provincial offices on assessing the satisfaction of members of the social health insurance regime, including satisfaction on SHI policies and implementation, on social security services and health care services.
- (iii) Document and describe existing tools mapped in task (ii) to measure members satisfaction, and particularly data collected and processes (lead institution, data collection methodology, target population, sample size, frequency, data analysis, use of results etc.),
- (iv) On the basis of tasks (ii) and (iii), provide an analysis of the existing tools to answer the following questions at minimum:
 - What are the existing rules and tools in engaging and consulting with members of SHI?
 - What is the current scope of the SHI members' satisfaction measurement?
 - What are the mechanisms, procedures, or processes used to capture their satisfaction?
 - How the results of satisfaction assessment are used in policy making and service delivery of SHI?
 - How do needs and expectations of more vulnerable groups are listened and reflected in the policy making and service delivery of SHI?
 - Is there particular contents, technical and institutional gaps and limitations to measure SHI members satisfaction in a coordinated and responsive manner?
 - What are the good practices of some selected countries and provinces?
 - Can synergies with Social Insurance satisfaction tools be created?
- (v) Review the strengths and limitation of existing tools and mechanisms to measure member satisfaction. The analytical framework could probably refer to the following elements as indicated in ISSA Guidelines Service Quality 2019: client centricity; operational efficiency; culture of service management excellence; ease of access; timeliness of delivery; positive outcome; professional delivery; continuous feedback. However, another analytical framework could be proposed by the consultant for discussion with ILO.
- (vi) Make recommendations on the possible actions to improve mechanisms and the design of a comprehensive satisfaction index mechanism that can be deployed regularly to measure members' satisfaction on a regular basis and use the results for informing policy-making and improving service delivery.
- (vii) Make a presentation of preliminary recommendation to MOH, VSS and other stakeholders, facilitate discussions and finalize the report based on technical inputs provided in the meeting.

The report "Satisfaction with social insurance services: A literature review and proposal for Viet Nam" developed by ILO will be taken into consideration to see how it is relevant and could be adapted to health insurance services.

The work will be carried out by a team of two, one international and one national consultant. International consultant will take the lead, while the national consultant will have a support role. The national consultant – contracted separately - will ensure that the country context is accurately reflected

in the report, and will specifically assist in interview/discussions with local stakeholders, translation of existing tools in the country, and make recommendations relevant and specific to Vietnam.

For information, the international consultant will be supported by the national consultant, which will be assigned the specific tasks below:

- (i) Ensure the country context is accurately reflected in the report
- (ii) Assist the international consultant to collect information and conduct interviews and consultations with the relevant stakeholders: MOH, VSS, social organizations, selected provinces and others as needed.
- (iii) Make recommendations relevant and specific to Vietnam.

4. TIMELINE

Tasks	Lead	Deadlines
Production of a list of the current tools, regulations and initiatives related to satisfaction measurement in health sector	National	10 May 2020
Development of comprehensive Interviews plan	National	10 May 2020
Draft of a short inception report detailing technical proposal to define scope of work, proposed analytical framework and methodology	International	15 Ma July 2020
Validation of inception report	ILO	20 May 2020
Analysis of documents, interviews with stakeholders, documentation of meetings	National and International	20 – 4 June 2020
Writing of draft 1	International	15 June 2020
Provision of inputs to the draft 1	National	20 June 2020
Draft 1 submitted to ILO	International	25 June 2020
Comments, feedback to international consultant	ILO	30 June 2020
Writing of Draft 2	International consultant	10 July 2020
ILO shares with MOH/VSS - Comment from MOH/VSS	ILO	25 July 2020
Presentation to Partners	International consultant and ILO	30 July 2020
Final report upon feedbacks of ILO, MOH and VSS	International consultant	10 August 2020

5. DELIVERABLES

The international consultant is expected to complete the work in 12 days, with the support from the national consultant, from May to August 2020 with the following deliverables and timeline.

#	Deliverable of the international consultant	Deadline
1.	Draft of a short inception report detailing technical proposal to define scope of work, proposed analytical framework and methodology	15 May 2020
2.	Report draft 1, covering tasks (i) to (vii)	15 June 2020
3.	Report draft 2 upon feedbacks of ILO	10 July 2020

4.	PPT presentation of report's findings in a technical workshop	30 July 2020
5.	Final report upon feedbacks of ILO, MOH and VSS	10 August 2020

For reference, the national consultant will be responsible for the following deliverables.

- A list of the current tools, regulations and initiatives related to satisfaction measurement in health sector and a Comprehensive Interviews Plan
- Minutes of interviews
- Inputs provided to Draft 1
- Summary report capturing key points of discussion, conclusion and necessary follow up actions
- Inputs provided to the final report

The team is expected to work closely together to make sure all the deliverables can be delivered as required.

6. REQUIRED PROFILE

The international consultant should meet the following criteria:

- At least 10 years of working experience in health insurance, health care administration, public health or public service quality management;
- Understanding of health systems and social health insurance administration and delivery system in Viet Nam;
- Familiarity with international social security standards is a plus;
- Strong analytical skills, with proven research and reporting records;
- Excellent English writing skills;
- Good team work and communication skills;
- Preference will be given to candidate currently based in Viet Nam.

7. ATTESTATION FOR HAVING ADEQUATE MEDICAL AND ACCIDENT INSURANCE

The consultant (hereinafter referred as "External Collaborator") must be aware that the ILO accepts no liability in the event of death, injury, or illness of the External Collaborator.

The External Collaborator must attest that he/she is adequately covered by insurance for these risks. In no circumstances shall the External Collaborator be covered by any ILO insurance. It is the External Collaborator's own responsibility to take out, at their own expense, any personal insurance policies that are considered necessary, including a civil liability insurance policy.

8. APPLICATION REQUIREMENT

Interested candidates are requested to provide CV as well as daily consultancy fees.

Interested candidates are requested to send their applications no later than the 15th April 2020 to email dungd@ilo.org copy to goursat@ilo.org.