DEVELOPMENT OF COSTING AND FINANCING MODELS FOR BLOOD TRANSFUSION SERVICES IN VIETNAM

“Towards improving financial sustainability of blood transfusion services”

Report “Data analysis” phase
September 2007

Ministry of Health (MOH)
Ministry of Finance (MoF)
National Institute for Haematology & Blood Transfusion (NIHBT)
World Health Organization (WHO)
Health Research for Action (HERA)
INTERNATIONALLY RECOGNISED CONDITIONS FOR ENSURING EFFECTIVE MANAGEMENT OF NATIONAL BLOOD PROGRAMMES, AS SET OUT IN WHO’S “AIDE MEMOIRE”, ISSUED IN 2002:

<table>
<thead>
<tr>
<th>General principles for national Blood Transfusion Systems (BTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure government commitment and support for the national blood programme</td>
</tr>
<tr>
<td>Establish a blood transfusion service as a separate unit with responsibility and authority, an adequate budget, a management team and trained staff</td>
</tr>
<tr>
<td>Educate, motivate, recruit and retain voluntary non-remunerated blood donors from low/risk populations</td>
</tr>
<tr>
<td>Ensure good laboratory practice in screening for transfusion/transmissible infections, blood grouping, compatibility testing, blood component production and the storage and transportation of blood products</td>
</tr>
<tr>
<td>Reduce unnecessary transfusion through the effective clinical use of blood, including alternatives to transfusion</td>
</tr>
<tr>
<td>Establish a quality system for the BTS</td>
</tr>
<tr>
<td>Train all BTS and clinical staff to ensure the provision of safe blood and its effective clinical use.</td>
</tr>
</tbody>
</table>
### LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCCE</td>
<td>Blood Cold Chain Equipment</td>
</tr>
<tr>
<td>GOL</td>
<td>Government of Luxembourg</td>
</tr>
<tr>
<td>GOV</td>
<td>Government of Vietnam</td>
</tr>
<tr>
<td>HCMC HHBT</td>
<td>Ho Chi Minh City Hospital for Haematology and Blood Transfusion</td>
</tr>
<tr>
<td>HRD</td>
<td>Human Resources Development</td>
</tr>
<tr>
<td>MOF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MPI</td>
<td>Ministry of Planning and Investment</td>
</tr>
<tr>
<td>NBS</td>
<td>National Blood Service</td>
</tr>
<tr>
<td>(N)BSP</td>
<td>(National) Blood Safety Programme</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
</tr>
<tr>
<td>NIHBT</td>
<td>National Institute for Haematology and Blood Transfusion</td>
</tr>
<tr>
<td>PC</td>
<td>People’s Committee</td>
</tr>
<tr>
<td>PHBB</td>
<td>Provincial Hospital Blood Banks</td>
</tr>
<tr>
<td>PMU</td>
<td>Project Management Unit</td>
</tr>
<tr>
<td>RBC</td>
<td>Red Blood Cell</td>
</tr>
<tr>
<td>RBTC</td>
<td>Regional Blood Transfusion Centre</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>VND</td>
<td>Vietnamese Dong</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Development of costing and financing models for blood transfusion services in Vietnam

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1. Introduction

Concerned about the future financial sustainability of the national blood transfusion services (i.e. how to fully cover the operating costs of the regional blood centres? and how to widen the explicit payment by patients for blood transfused to them?), the MOH, MOF and NIHBT have embarked on a costing and funding study. The study, which was conducted with the assistance from WHO under its partnership programme with the NIHBT, is expected to provide data for decision making on alternative costing models and financing mechanism within the blood transfusion sector.

In preparation for the study, a literature review was conducted (see annex 1), on which basis a research methodology was developed and data collectors were trained in May 2007. Progress made during Phase I is described in the report on the “Development of costing and financing models for blood transfusion services in Vietnam”, issued in June 2007.

According to plan (for time table of the study see annex 2), data collection at the 12 participating blood centres and blood banks was carried out in July.

During Phase II, which took place in September, all data (presented in more detail in annex 3) was analysed and an in depth analysis of all existing funding arrangements, systems and procedures of blood services was conducted.

During a workshop held on 27 September 2007 (see annex 4) preliminary findings were reviewed and discussed with senior staff of the MOH, MOF and NIHBT, and representatives from the World Bank and WHO.

This document contains:

- A brief description of the current context of the national blood services (Chapter 2);
- A summary of the main aims, objectives and approach of the costing and funding study (Chapter 3);
- An overview of all data collected (Chapter 4);
- A summary of the main findings from the study (Chapter 5);
- A series of recommendations aimed at ensuring the financial sustainability of the blood transfusion sector in the immediate future (Chapter 6);

The report is compiled in such a way that it will serve responsible decision makers and (MOH, MOF and NIHBT) managers in their efforts to build up a nationally coordinated blood programme, executed by a National Blood Service.

Charles Gerhardt
Facilitator of Costing and Funding Study
2. Current context of National Blood Safety Programme (NBSP)

2.1 Multiple managerial issues need addressing

To address the multiple problems the national blood transfusion system is being confronted with at the moment (such as promoting voluntary blood donation, improving clinical use of blood and quality management), the Blood Safety Programme (BSP) 2001-2010 (recently recommended to be renamed the National Blood Safety Programme (NBSP) was launched under Prime Minister’s Decision 198/2001/QD-TGG of 18 December 2001.

Among the various components of the NBSP, a restructuring of the national blood transfusion system is also envisioned. In this regard, the following activities are planned in the immediate term:

- the formation of a National Blood Advisory Committee that initially will provide technical advice to the Vice Minister of Health (Therapy) and hopefully later on evolve towards a coordination platform between all (public and private) stakeholders involved in the blood transfusion sector;
- the establishment of four new Regional Blood Transfusion Centres (RBTCs) in Hanoi, Hue, Ho Chi Minh City and Can Tho, responsible for blood collection, processing and testing of blood and blood products; This is part of WB RBTC project.
- building up a network between these four new centres and Provincial Hospital Blood Banks (PHBBs) which will both supply donations and in return receive processed and tested whole blood and components and ensure the distribution to storage blood banks at district level.

The National Blood Advisory Committee, one of the essential steps for future policy development and coordination is likely to be become operational later this year.

Meanwhile, the construction of the three new Regional Blood Transfusion Centres (RBTCs) in Hanoi, Hue and Can Tho is underway. Construction at Cho Ray RBTC was cancelled due to multiple design changes and planning approval delays. Provided these centres will be timely completed and equipped, it is anticipated that the total processing capacity will substantially increase as of 2009 (i.e. the total output of the four centres will be about 300,000 units per year). This would be a major step forward towards addressing one of the key problems at the moment, namely the lack of sufficient safe blood and blood products throughout the health sector.

2.2 Restructuring process continues to be one of the main challenges

Above mentioned restructuring process has proven to be much more complex and time consuming than initially anticipated.
Development of costing and financing models for blood transfusion services in Vietnam

A comprehensive and clear vision as to how the national blood transfusion services will be structured and managed in the future to avoid fragmentation and duplication, needs developing.

Within this context, the following questions need addressing:

a. Should the NIHBT continue to be a (partly) funded government institution, in charge of haematogoly and transfusion medicine; or should these two very distinct functions be separated, as is the case in many other countries?

b. Should the future National Blood Centre (i.e. the NIHBT, excluding haematology services) remain under direct MOH auspices; or evolve towards one an organisation with a more autonomous management status working under a performance agreement with the MoH and/or Ministry of Finance?

c. Should the future National Blood Centre (i.e. the NIHBT, excluding haematology services) be a national " organisation" consisting of regional branches; or should all (provincial) blood transfusion services become part and parcel of a looser national network organisation (or alliance)?

d. What type of services (donor recruitment, blood collection, processing, storage and distribution) should each of the key players at each level (NIHBT, RBTC’s, provincial and district hospitals) provide: in the short term and in the long run?

e. To what extent should the NIHBT and the RBTCs be administrative delinked, from the MOH and the regional hospitals, they are respectively accountable to?

f. And what type of financial arrangements should apply between those collecting, processing and testing blood and blood products (i.e. the RBTCs) and those using blood and blood products it (i.e. the recipient hospitals)?

To better determine the costing and funding principles of the national blood transfusion services, it will thus be required to further clarify the mandate, role and functions of each of the key players. This should preferably be done prior to the start of the new Regional Blood Centres in the latter half of 2009.

2.3 Blood transfusion sector determined by ongoing health sector developments:

Recent policy documents suggest that Government intends to substantially improve the performance of the sector in terms of better health, fair finance and responsiveness. There is also a trend towards building up a new national health system, whereby the MOH will increasingly play the role of the legislative, coordinating and regulatory body,
while separating health care financing from provision of services, as illustrated in the following figure:

![New separation of functions](image)

The future of the blood transfusion sector will have to be considered in the light of the above.

Equally important to bear in mind is that the administrative (and financial) arrangements between the four new RBTCs (mainly being responsible for blood processing, testing and distribution) and the hospital sector are likely to change in the immediate future, now that (central, regional and district) hospitals may opt for more management responsibility in terms of Decree 10 of 2002, superseded by Decree 43 of 25 April 2006. As a result, hospital facilities will become much more accountable for resource management. Those that take this option - partly or fully- will have more interest in pricing and reimbursement issues (from the MOH, MOF and/or the Social Health Insurance) than before.

### 2.4 Blood transfusion services funded through multiple sources:

From 1975 until the late 1990’s, health care was funded by the Government, and services were provided free of charge to patients in public health facilities. However, budgetary constraints increasingly limited the care that government could fund. To address this situation, in 2002 a partial user fee policy was introduced under Decree 10.

At this point in time, public health services (including blood transfusion services) are being funded through three distinct sources, i.e. (a) the state budget (i.e. MOH and/or MOF), including non-refundable aid, (b) the Vietnam Health Insurance and (c) from hospital fees (i.e. official patient fees and direct payments from patients).

The flow of funds is illustrated in the following table:
Development of costing and financing models for blood transfusion services in Vietnam

State budget /
ngơn s.ch nhụy n-ic

Government
(MOF, Treasury) /
Chính phủ
(Bộ Tư Chính,

MOH /
Bộ Y Tố

Provincial
People's
Committee /
UBND Tỉnh /

- Patient fees /
Phụ cña bólnh
nồng
- Health

Central
hospitals /
Bệnh viện

NIHBT /
Viện HHTM TW

- Patient fees /
Phụ cña bólnh
nồng
- Health

Provincial
hospitals /
Bệnh viện
Tỉnh

RBTC /
Trung tâm
HHTM Khu vực

- Patient fees /
Phụ cña bólnh
nồng
- Health

District
Hospitals /
Bệnh viện
Huyện

External
Sources : WB,
LU, WHO etc /
Cơ ngụơn ven

Final draft report October 2007
**State budget**

The state budget allocation for health (recurrent cost) represents a very modest proportion of overall health expenditures (about 5 USD per capita in 2001 and 1, 56% of GDP in 2003). Government health expenditures have grown in absolute terms from VND 8,286,00 in 2002 to VND 18,976,30 in 2005. Total government spending is increasing even if the percentage spend on health has not. Plans are underway to increase government’s contribution for health further, particularly through widening of the eligibility to the Social Health Insurance.

Public hospitals are partially subsidised by government. Central (tertiary) hospitals and a number of specialised health institutions, including the NIHBT, receive direct (co) funding from the MOH; whereas provincial and district hospitals receive their contribution from the MOF through the Provincial People's Committee. Allocation criteria differ, but are quite often based on number of beds.

Hospital fees play an important role in helping hospitals to cover their operational costs given limited funding from the State budget. According to MOH statistics, revenue from hospital charges and health insurance has met more than 50% of total hospital expenditures. The introduction of user's fees has also increased the health sector's income. As only part of hospital fees is charged, they are insufficient to cover all direct costs incurred let alone re-investments.

**Health insurance**

The Decree 63/2005/ND-CP of 16 May 2005 on Health Insurance is part of the roadmap towards universal health insurance coverage by 2010. So far health insurance has been an important financing source representing one third of total government budget spending on health and approximately half of the same on curative care. At present the following health insurance schemes are available in Vietnam: compulsory health insurance (accounting for 17% of the insured), voluntary health insurance (covering 8.2% of the population) and special health insurance for the poor and beneficiaries of social welfare policies. Recently, the private health sector has also joined in providing health insurance. The benefit package under health insurance schemes have been expanded since 2005.

Currently, approximately 40% of the population (31,000,000 people) is covered under the social health insurance. Members include: government employees, a group of meritorious Vietnamese, retired people, people working in the formal private sector, school children and people formally classified as poor (estimated at 15,000,000 people).

Though a basic benefit package is defined, the availability thereof varies from one facility to the other.
In principle, the Social Health Insurance makes provisions for reimbursing the costs of blood and blood products, varying between 7.000.000 VD and 20.000.000 VND.

**Household expenditures:**

Of total household expenditures for health, estimated at 3, 65 % of GDP in 2003, the largest proportion is spent in private facilities, mainly pharmacies, private clinics, or informal drug sellers. The introduction of user fees has triggered a surge in out of pocket household expenditure on health care, but with most going to the unregulated private sector by the majority of the population. Relatively high charges for treatment and poor quality of service, often driven by irrational prescription of both drugs and diagnostic tests, contributes to health facilities being poorly utilised. To a certain degree, this also applies to blood transfusion services.

**International development assistance:**

There is a large number of developing partners (banking institution, UN agencies and bilateral donors) providing financial, technical and/or logistical support to the health sector. Central and Provincial Hospitals can and do get external funding from these sources. In accordance with the Hanoi Declaration on Aid Effectiveness, efforts are being made to further streamline government and development partner’s cooperation in health care financing.

The current, mostly hospital based blood transfusion services operate in a complex administrative environment. They are integral part of respective hospitals and receive an (unearmarked) allocation from multiple funding sources (MOH, MOF through People’s Committee, contractual agreements for supply of blood and blood components, the Social Health Insurance and from direct payments by patients). There are no specific resource mobilisation, management and allocation criteria and systems for the blood transfusion sector as such. The services are also hampered by different accountability reporting lines.

This complexity of funding has a negative effect on efficiency and management of financial information.

Plans are underway to develop a national plan and the idea to build a nationally coordinated service. Some good progress has been made to date, but there are many unanswered questions and structural reform is a limiting factor for development of a national blood service.

The creation of a separate, vertically funded and structured service would substantially contribute to standardisation and efficiency improvement, and such option should be favourably considered from a health financing, costing, technical and quality perspective.
3. Main objectives and approach of costing and funding study

3.1 Main objectives of study:

The main objective of the study was to (a) obtain more insight information on the full costs of blood transfusion services (including donor recruitment, collection, testing, processing, storage and distribution) at 12 central and provincial transfusion centres and blood banks, (b) compare related cost against revenues and subsequently (c) advice senior management of the MOH, the MOF and the NIHBT on alternative costing and funding arrangements within the blood transfusion sector.

The study is expected to provide additional information on:

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>The total costs to run the National Blood Transfusion Services;</td>
</tr>
<tr>
<td>2.</td>
<td>The main costs components for donor recruitment blood collection, processing, storage and distribution of blood and blood products;</td>
</tr>
<tr>
<td>3.</td>
<td>The cost effectiveness of the different RBTCs and blood banks at city, provincial and district level;</td>
</tr>
<tr>
<td>4.</td>
<td>The development of a monitoring tool to cost the national blood services on an annual basis</td>
</tr>
</tbody>
</table>

Its ultimate goal is to contribute to the development of:

# A costing model, including:

- Cost model structure;
- Summary of actual costs and incomes collected from blood centres;
- Recommended cost norms;
- Recommended unit cost for blood collected and blood and blood components supplied;

# A funding model, including:

- Option appraisal and recommendations;
- Mechanisms for mobilization and control of funds;
3.2 Relevance of the study:

Considering increasing pressure on the health budget and the fact that public hospitals will be held increasingly accountable for resource mobilisation, management and allocation, the importance of conducting costing studies has gained substantially more weight over the past few years.

More and more initiatives aimed at estimating the “full costs” of services are being undertaken, which is among others illustrated by the study on “Treatment costs for selected disease groups at provincial general hospitals” the MOH, carried out in 2005.

The need for economic studies also applies for the blood transfusion sector, where costs have so far only been roughly estimated. Relevant funding agencies (including the MOH, MOF and health insurance organization), health care providers (i.e. central, provincial and district hospitals) and centres responsible for processing blood, all require detailed information on the cost of safe blood transfusion, which include:

- physical and human assets acquired, developed and deployed exclusively for the processing of safe blood and blood products;
- recurrent expenses for consumables utilised to collect, test, process, store and transfuse blood;
- effort and time borne by voluntary blood donors;
- effort and time of clinicians to use blood transfusion in treatment of patients.

3.3 Strategy adopted:

The costing and funding study was launched in the first quarter of 2007 and implemented as a concerted effort between the NIHBT, the MOH and the MOF. In the process, technical and limited financial assistance was provided through WHO under its programme of cooperation with the NIHBT.

Implementation of the study effectively took off in May 2007, when the research methodology was developed, data collectors were trained and a plan of work was agreed upon (see annex 2 for time table of implementation).

Data collection in the 12 selected health facilities was conducted from May to June. In August, all questionnaires were duly completed and returned to the NIHBT for data entry and cross matching.

Data analysis was carried out in September. From the analysis, a number of conclusions were drawn about the cost efficiency of provision of blood and blood components. In addition, an in depth analysis of all existing funding arrangements, systems and procedures of blood services was conducted.

The preliminary findings were subsequently reviewed and discussed with senior staff of the MOH, MOF and the NIHBT and involved development partners (WB and WHO).

An overview of the activities carried out within the framework of the assignment is presented in the following table:
## Development of costing and financing models for blood transfusion services in Vietnam

<table>
<thead>
<tr>
<th>Timing</th>
<th>Main activity</th>
<th>Expected outputs</th>
</tr>
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<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td></td>
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</tr>
<tr>
<td>February - March</td>
<td>Design study proposal; Selection of health facilities</td>
<td>Preparation of general information sheet on type of operations and work load of each centre;</td>
</tr>
<tr>
<td>May</td>
<td>Development of methodology, questionnaires and tools for data collection and entry; Training of data collectors; Data collection; Compilation of aggregated data</td>
<td>Preparation of financial data collection sheets Report on the “Development of costing and financing models for blood transfusion services in Vietnam”, issued in June 2007</td>
</tr>
<tr>
<td>June, July, August</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 2</strong></td>
<td>Data analysis</td>
<td>Completion of summary data sheets;</td>
</tr>
<tr>
<td></td>
<td>Estimation of costs</td>
<td>Completion of income and expenditure statements for all participating hospital blood banks;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Estimation of total costs for donor recruitment, collection, testing, processing, storage and distribution of blood and blood components and the provision of clinical services for blood transfusion at each of the selected sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Estimation of average costs for donor recruitment, the collection, testing, processing, storage and distribution of blood and blood components and the provision of clinical services for blood transfusion at each of the selected sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Estimation of total costs to run national blood transfusion services;</td>
</tr>
</tbody>
</table>
### Development of costing and financing models for blood transfusion services in Vietnam

<table>
<thead>
<tr>
<th>Task</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of applicable legislation, financial rules and regulations;</td>
<td>Completion intermediate study report</td>
</tr>
<tr>
<td>Review of existing allocation systems and procedures;</td>
<td></td>
</tr>
<tr>
<td>Review of alternative financing options national blood services</td>
<td>Completion intermediate study report</td>
</tr>
<tr>
<td>(i.e. collection of reference information for financing of blood</td>
<td></td>
</tr>
<tr>
<td>services from countries within the SE Asia region and elsewhere in</td>
<td></td>
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<tr>
<td>the world</td>
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<tr>
<td>Development of detailed work plan with sub-objectives for</td>
<td>Completion intermediate study report</td>
</tr>
<tr>
<td>remainder of the study</td>
<td></td>
</tr>
</tbody>
</table>
4. General overview of data collected:

4.1 Sample seize and selection of health facilities:

Twelve blood transfusion centres were selected to participate in the costing and funding study, four of which are to become the new Regional Blood Transfusion Centers (RBTCs) in the immediate future. The following health facilities were selected for the sample:

<table>
<thead>
<tr>
<th>Name of the facility / hospital</th>
<th>Type of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIHBT</td>
<td>Central</td>
</tr>
<tr>
<td>Viet Duc</td>
<td>Central</td>
</tr>
<tr>
<td>Ha Tay</td>
<td>Central</td>
</tr>
<tr>
<td>Son Tay</td>
<td>Provincial</td>
</tr>
<tr>
<td>Viet Tiep</td>
<td>Central</td>
</tr>
<tr>
<td>Bac Giang</td>
<td>Provincial</td>
</tr>
<tr>
<td>Ha Giang</td>
<td>Provincial</td>
</tr>
<tr>
<td>Hue</td>
<td>Central</td>
</tr>
<tr>
<td>Da Nang</td>
<td>Provincial</td>
</tr>
<tr>
<td>Cho Ray HCM</td>
<td>Central</td>
</tr>
<tr>
<td>HHBT</td>
<td>Provincial</td>
</tr>
<tr>
<td>Can Tho</td>
<td>Central</td>
</tr>
</tbody>
</table>

4.2 Data collected:

At each of the above mentioned facilities detailed information was collected on:

- Type and nature of blood transfusion services provided: collection, testing, processing, distribution and storage (See annex 3, table I and II);
- Operational expenses incurred in 2006, which were derived from the accounting system (See annex 3, table III);
- Total costs, excluding and including depreciation for land, building, medical, office and transport equipment (See annex 3, table IV);
- Total costs, compared to type of operations (See annex 3, table V);
- The various sources of income (See annex 3, table VI);
- Income and expenditures (See annex 3, table VII);
- Exiting staffing levels (See annex 3, table VIII).
4.3 Validity of data:

Experience gained during the study has shown that the “full” and “real costs” and clear identification of the various revenue streams in relation to blood transfusion services, are difficult to estimate objectively, due to (a variety of) the following reasons:

- Public hospitals generate income from government allocation grants (either from the MOH or the Provincial People’s Committee), the National Health Insurance and user fees. Funds for blood transfusion services are not separately earmarked;

- Hospital budgets are not “activity” or “department” based. At facility level there is no separate “cost centre” for blood transfusion services. This makes it difficult to extract specific information on direct and indirect cost and determine total and average cost for collection, processing, testing, storage and distribution of blood and blood products;

- Health facilities usually do not make budgetary provisions for depreciation. There is a MoF Regulation which defines depreciation rates in the health sector for capital assets such as buildings, land, equipment and vehicles etc. However, these calculations are all made and applied at central level. For MoH run hospitals the MoH owns all equipment and buildings and controls capital assets. At Provincial level, different procedures apply. This is probably the reason that most health facilities have determined the depreciation value for land, building, medical and office equipment as a “best guess”.

- From a health management (and accounting) point of view, most blood transfusion services in Vietnam are integrated in the haematology department. There is no objective formula to separate out the cost related to both functions;

- The absence of uniform building, equipment and staffing norms hampers cost comparison among facilities;

- With a sample size of 12 health facilities, only limited conclusions can be drawn for the entire blood transfusion sector.

Despite these limiting factors as regards data collection, a realistic estimate of the full costs of the 12 selected blood centres (some of which envisioned to become “the producers” and others “the consumer”), could be made, thanks to:

- A relatively comprehensive and reliable accounting system at hospital level (note that this was also confirmed by similar costing studies);

- The commitment of hospital staff in the process;

- The participatory approach that was adopted (i.e. all questionnaires and research tools were both available in English and Vietnamese).

It is however reasonable to use a 10 to 15% margin when interpreting the data. Given the type and nature of the study, this is deemed acceptable.
4.2. The cost of providing blood transfusion services

Differences in type and volume of work

As illustrated in Annex 3 (i.e. table 1, 2 and 3), there are major differences in the service package provided by each of the 12 centres. Some (mainly provincial) centres are involved in a broad spectrum of activities (ranging from donor recruitment, collection, and testing, processing, distribution to storage), while others restrict their operations to merely collection, distribution and storage.

At HHBT, Cho Ray and the NIHBT donor collection is significantly higher as compared to the other centres, the reason being that these facilities are to become a specialised “processing” unit in the immediate future.

With the exception of the NIHBT, Hue and Da Nang, where 528, 79 and 51 promotional activities were conducted in 2006 respectively, most centres only conduct a limited number of advocacy events aimed at promoting (unpaid) voluntary blood donation. One would expect this number to be higher considering the increasing demand for blood and blood products. It should however be noted that donor recruitment often takes place with the help of civil society (e.g. the Viet Nam Red Cross, Students and Youth Unions, Fatherland Front), so it could well be that these events are not recorded by the centres or blood banks. It does however illustrate that advocacy is often not controlled by the centres which is inefficient and in itself another example of fragmentation in service provision.
Particularly in and around Hanoi and Ho Chi Minh City, blood is collected and processed by multiple blood centres (i.e. Viet Duc and Da Nang Hospitals). Logistically and economically, it would make more sense to restrict multiple processing to one site only. Better harmonization and alignment between hospital blood banks is therefore essential.

Only NIHBT, Cho Ray and HHBT, collect blood units of 350 and 450 ml. The question could be raised to what extent this current practise is justifiable from a donor safety, processing and cost efficiency point of view.

There are major differences in blood processing capacity among facilities. The number of whole blood units processed to blood components is the highest at the NIHBT, followed by the HHBT. Looking at the limited number of blood components processed by other facilities (ranging from over a 1000 units in Son Tay to 9300 in Viet Duc Hospital), the question can be raised whether this processing capacity should be sustained.

There is insufficient evidence whether the existing storage capacity at facility level is sufficient to meet the (increasing) demand. Recent studies, however, do suggest this is the case (reference is made to the Cold Chain Survey, conducted in September).

The number of facilities an RBTC is covering varies considerably (see the following table). There is no evidence a rational and (cost) effective distribution has been set up to date. Undoubtedly, efficiency gains could be made by the creation of such a network thereby avoiding fragmentation and duplication throughout the blood transfusion sector.

### Number of outlets per centre

- NIHBT (C)
- Viet Duc Hospital (C)
- Ha Tay Hospital (P)
- Son Tay (Ha Tay) Hospital (P)
- Viet Tiep - Hai Phong Hospital (C)
- Bac Giang (P)
- Ha Giang (P)
- Hue Hospital (C)
- Da Nang Hospital (P)
- Cho Ray - HCM Hospital (C)
- HHBT (P)
- Can Tho Hospital (C)
**Operational cost per facility:**

As illustrated in table 3 and 5, total operational costs (including depreciation) are highest at the NIHBT, and Cho Ray HCM followed by Hue and Can Tho, where the full package of (collection, testing, processing, storage and distribution) services is being provided.

At Bag Giang and Ha Giang, where blood transfusion services are restricted to donor recruitment and storage only, the total operational cost (depreciation included) is lowest.

**Cost breakdown for each of the centres**

![Breakdown of total cost including depreciation per facility](image)

**Breakdown of operational cost:**

Examining the operational cost in more detail (Annex 3, table 3 and 4), it becomes apparent that the cost of consumables or professional costs (119) and personnel (100,101 and 102) predominantly account for the total cost level (note that a similar observation was made in the “Study on Treatment Costs for Selected Disease Groups at Provincial General Hospitals” of June 2005).
Development of costing and financing models for blood transfusion services in Vietnam

Breakdown of cost in percentage

**Consumable cost** is proportionally highest at HHBT and NIHBT.

**Personnel costs** vary considerably among facilities and are highest at the NIHBT, Cho Ray and HHBT, where 99, 71 and 45 staff members are deployed respectively (Annex 3, table 8).

Staff cost as a proportion of total cost
There are major differences (see table 8) in staffing level and categories of staff among the 12 centres participating in the study. Due to the absence of a time registration system at facility level, it is impossible to realistically estimate staff time allocated to haematology and blood transfusion services. Staffing norms have not yet been developed. It should also be considered that blood transfusion specialists are generally underpaid compared to their training and responsibilities. If they were paid appropriately, the labour costs would actually be higher. Government has already committed to increasing staff salaries, so this will happen shortly. Clearly, this will have implications on the future the cost of blood transfusion services.

**Depreciation costs are integral part of “real” costs.**

Total operational cost at facility level is significantly higher when incorporating the depreciation value of building, land and (medical and office) equipment. The original value of all asset proved difficult to be determined. Nonetheless, a serious attempt to estimate depreciation was made.

The fact that the depreciation value at NIHBT, Can Tho and Hue is proportionally higher as opposed to the other centres is due to recent investments from a WB loan.

**Type, nature and cost of services:**

Comparing “inputs” (i.e. total operational cost, including depreciation) to “output” (type, nature and volume of blood transfusion products and services provided), there are substantial differences to be observed between the 12 selected sites (Annex 3, table 5).
This variation is mainly due to:

- the range of “products” being delivered;
- the number of units being collected and processed;
- But - more importantly- to discrepancies in the use of consumables, depreciation value and staffing levels.

The fact that consumables dominate as a share of all costs, suggests that there is need for better control of purchasing and use of consumables in processing.

**Unit costs:**

One would be tempted to estimate the unit (i.e average) cost of service provision, for example for collection, processing or distribution of blood and blood products. In such case, average unit cost would fluctuate between 50 and 200 US$.

However, there is insufficient baseline information to objectively determine unit costs. Failing to define a basic “blood transfusion package” for each level of services on the basis of uniform building, equipment and staffing norms, it would be unrealistic to come up with valid conclusions for a typical processing and blood collection/ storage centre. This issue will be further elaborated upon in the next chapters.
4.3 Sources of income

The NIHBT and the central, provincial and district hospitals (under which the other blood transfusion centres resort administratively) generate income form multiple funding sources (i.e. state budget, patient fees, health insurance premium and/or from blood distribution to other health facilities). This is illustrated in more detail in table 6 (in Annex 3) and the figure below:
Available data indicate that the NIHBT, HHBT and Can Tho (and to a certain extent Viet Duc and Cho Ray) receive most of their income from distribution of blood and blood products. Cho Ray seems to be benefiting from a substantial government contribution.

The four new RBTCs also benefit from considerable external financial support, as illustrated in the following table:
## Funding of Blood Transfusion Services in Vietnam

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Financial contribution</th>
<th>Funding objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB</td>
<td>38.2 million US $ soft loan</td>
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<tr>
<td>Civil work:</td>
<td>7.40 Million</td>
<td>Construction of 3 RBTCs (Hanoi, Hue, Can Tho) and equipment of 4 RBTCs including HCM center</td>
</tr>
<tr>
<td>Goods:</td>
<td>122.00 Million</td>
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<tr>
<td>Consulting services</td>
<td>1.50 Million</td>
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<tr>
<td>Training</td>
<td>3.70 Million</td>
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<tr>
<td>Operating cost</td>
<td>9.80 Million</td>
<td></td>
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<tr>
<td>Contingency</td>
<td>2.70 Million</td>
<td></td>
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<tr>
<td>(Counterpart contribution is estimated at 9.3 Million USD).</td>
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</tbody>
</table>

| Government of Luxemburg        | 2.97 million USD.      | strengthening of the cold chain                                                   |

| Government of Luxemburg through WHO | 3.9 million USD | technical assistance |
5. **Summary of main findings**

**Alarming funding gap:**

When comparing income (i.e. revenue collected) to expenditures (i.e. "full costs" of the actual services provided) for each of the 12 centres - 6 central and 6 provincial - (see also annex, table 7) it is concluded that the economic position of all centres is extremely fragile and at great risk.

![Analysis of income and expenditures](image)

In 2006, the accumulated operational deficit (depreciation included) for all 12 centres amounted to over US $2,600,000. Considering the total number of blood banks across the country (approximately 80), this represents a heavy burden for the public health sector.

**Need for further scaling up, restructuring and cost containment:**

The reason most blood transfusion centres work at a loss, is due to their scale of operations compared to the fixed cost. As a matter of fact, there are (too) many multi functional and "stand alone" centres unable to cover all cost associated with collection, testing, processing, storage and distribution of blood and blood products.

The already adopted national strategy of concentrating blood processing around a more limited number of centres is therefore the only feasible and affordable option at the moment.
To address the problem of inefficiency within the blood transfusion sector, it will equally be required:

- To scale down the operations of those centres that are not supposed to be involved in processing in the future?
- To build up a rational supply and distribution system of blood and blood components between the four new RBTCs and satellite centres;
- To define uniform standards and norms for building, equipment and staffing levels.

**Unit costs can not yet be determined at this stage:**

Due to major differences in functions, lack of standards and norms and existing integration of the blood transfusion services within the haematology department, the unit costs for blood transfusion services can not be determined realistically at this point in time.

The absence of a (financial) management information system, specifically designed for blood transfusion services, furthermore hampers costing at product and activity level.

**Who pays for what?**

There is no comprehensive financing structure for the blood transfusion sector at the moment. The sector is funded through multiple (public and private) sources at central and provincial level. Responsibility and accountability between “producers” (the RBTC’s) and “consumers” (i.e. the recipient hospitals) are not yet clearly defined.

Considering the new policy direction to separate health care financing from provision of services, there is need to better define what each of the key player (i.e. government, “producer”, “consumer”, patient) should financially contribute to the functioning of the blood transfusion sector.

**Additional data for decision making required**

The study has generated a wealth of information on 12 selected facilities. Additional information on the physical and human assets and recurrent expenses for the production of safe blood is badly needed. Moreover, the impact of previous investments will have to be assessed more systematically. This requires further work on costing and building up more capacity at the MOH, the NIHBT, the RBTC’s and within the hospital sector to conduct economic studies and analysis.

**Need for compiling a medium-term development and funding plan**

Requesting the MOH/ MOF for additional financial resources to compensate for the operational deficit and/or a price increase for whole blood and components from the Social Insurance Fund or patients, is not the most appropriate option as long as the administrative and management structure of the national blood transfusion system has not yet been defined and costed.
6. Options to ensure future sustainability of the blood transfusion sector

The study concludes that a number of managerial and organisational issues need first addressing to ensure financial sustainability of the blood transfusion services in the long run. These issues are summarised in the following table:

<table>
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<tr>
<th>Areas of concern</th>
<th>Weaknesses</th>
<th>Challenges</th>
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</thead>
<tbody>
<tr>
<td>Health financing issues</td>
<td>• The present system is unnecessary costly due to large variety of players involved in collection, processing, testing, distribution and storage of blood and blood products</td>
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<td></td>
<td>• The impact of the investments allocated to the blood transfusion sector is difficult to assess</td>
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<td></td>
<td>• Accelerated restructuring of the blood transfusion sector</td>
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<td>Institutional and coordination issues across the blood transfusion sector</td>
<td>• There is no National Blood Transfusion Authority to oversee performance</td>
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<td>• The mandate of the national and regional blood transfusion services as the sole provider of blood products, is officially not confirmed</td>
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<td></td>
<td>• There is duplication and multiplication of functions between the NIHBT, the RBTCs and provincial hospitals banks</td>
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<td></td>
<td>• Swift establishment of National Blood Authority</td>
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<td></td>
<td>• To define future business model for the NIHBT and 3 RBTCs (options: department within MOH or semi-autonomous body under management arrangement with Government).</td>
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<td></td>
<td>Note: This discussion will be initiated at a national workshop later in the year.</td>
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<td></td>
<td>There is need to confirm the role and functions of respective health institutions and map all</td>
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</tbody>
</table>
### Organisational & management issues within the NIHBT and among NIHBT and RHBTs

- Key role and functions of the NIHBT and RBTCs not yet sufficiently defined
- Operational strategy and medium-term (human resource) development plan does not yet exist
- Management arrangements between NIHBT, RBTCs and hospital blood banks are clearly defined
- Building, equipment and staffing norms vary considerably among facilities

### Organisational and management issues at the level of the provincial and district storage blood bank

- Blood transfusion services are integrated within Haematology Department
- Building, equipment and staffing norms vary considerably among facilities

### blood transfusion services.

- Update organisational structure for blood processing centres
- Develop development plan and medium-term funding plan for NIHBT and each RBTCs
- Develop service level agreement between “producer” (NIHBT and RBTC) and “consumer” (i.e. hospitals)
- Development of national standards and norms for buildings, equipment and staff based on anticipated production volume in 2009, which will constitute the basis for costing
- Establishment of “stand alone” management organisational structure for hospital storage blood banks separate from haematology
- Development of national standards and norms for buildings, equipment and staff based for storing blood and blood components
7. Recommendations and proposed steps for future action

For the MOH (in its capacity as the steward of the health sector), the MOF and the Social Health Insurance (the main responsible bodies for purchasing health services in the future) to make a well balanced judgement on pricing and funding arrangements, it will be crucial:

a. to further clarify the administrative framework of the national blood transfusion sector, taking into consideration the envisioned separation of functions between health care financing and health care provision;
b. to define the (legal) mandate, role, functions and (financial management) structure of the NI(H)BT and the RBTCs in accordance with the options provided for under Decree 43 (see Annex 5);
c. to determine the (financial and management) relations between “producer” (i.e. NI(H)BT), “consumer” (i.e. beneficiary hospitals) and “purchaser” (i.e. the social health insurance organisation, MOH and MOF).

I. Clarifying the administrative framework of the national blood transfusion sector:

The key players in the blood transfusion sector currently include: the MOH, the MOF, the NIHBT and the blood transfusion centres at hospital level (which are administratively integrated in the hospital structure). With the recent establishment of the National Blood Advisory Committee it is anticipated that the restructuring process could be accelerated and coordination between all key players intensified. However, the need remains to further clarify the role and functions of the various players involved in the national blood transfusion sector, as illustrated in the figure below:
The following steps are being proposed:

- to operationalise the functioning of the National Blood Authority;
- to (re)confirm the role of the Ni(H) BT and the RBTCs as a specialised national agency, responsible for blood collection, testing and processing and define the role of other stakeholders in the blood transfusion service network;
- to proceed to administrative separation of blood transfusion from haematology services?
- to revise enabling legislation and regulation accordingly;

### II. Defining the management and organisational structure of the NI(H)BT and the RBTCs as the national agency for collection, processing and testing of blood and blood products

The NIHBT currently provides both haematology and blood transfusion services. The Institute is not yet performing its designated role of “National Blood Centre”. Its key functions are not yet clearly defined and the relationships between all RBTC’s need further strengthening.

The following steps are being proposed:

- To define the most appropriate legal framework for the National Blood Service, in accordance with the provisions made under Decree- 43;
- to draft a performance agreement between GOL and this agency;
- To define whether or not the RBTC’s should be integrated within the overall management structure of the NIHBT or become (semi) autonomous branches of a network organisation;
- To develop uniform building, equipment and staffing norms for a typical blood processing centre;
- To conduct a “0-budgeting” exercise for a typical blood processing centre, based on above mentioned norms agreed upon;
- To develop an organisational and staffing structure for the National Blood Service, following earlier agreement on building, equipment and staffing norms;
- To develop a service level agreement between the National Blood Service and the beneficiary hospitals;
- To develop a medium-term business and financing plan for the National Blood Service;
- To define financial arrangements between the specialised National Blood Service and the MOF, MOH, National Health Insurance Organisation;
- To recruit additional management staff to run the operations of the national Blood Service more effectively;
- To introduce a separate financial management and stock control system;
- To recruit additional management staff to run the operations of the national Blood Service more effectively;
- To introduce a separate financial management and stock control system;
III. Determining (financial and management) arrangements between key players within the blood transfusion sector

Provided there is consensus the Ni(H)BT and the four RBTC's should become the country's specialised national (blood collection, testing and processing) centre, the administrative, financial and logistical relations with the hospital sector need revisiting accordingly. In such case, hospitals will increasingly become responsible for purchasing blood and blood products from the "processing centres", the costs of which will have to be charged to the funding agencies (i.e. MOH, MOF, Social Health Insurance and/or patients).

The following steps are being proposed:

- To develop uniform building, equipment and staffing norms for a typical storage hospital blood bank;
- To develop a "0-budgeting" exercise for a typical hospital storage blood bank, based on above mentioned norms agreed upon;
- To determine a new pricing and fee structure for the provision of blood and blood within the hospital sector;

Concluding remarks:

As the costing and funding study was launched earlier this year, it was anticipated among others that a costing and funding model and specific costing norms for blood transfusion services could be developed. Though valuable information has been collected, lessons learnt during the process have made clear that such is difficult to attain at this point in time.

As argued in this report and equally discussed at a technical meeting with representatives from the MOH, MOF, NIHBT, WHO and the WB on 27 September 2007 (see annex 4), it is deemed necessary that a number of institutional and managerial issues be addressed before finally agreeing on financial arrangements, tariffs and fees within the blood transfusion sector.

When discussing the future of the national blood transfusion system, full involvement of all key stakeholders (i.e. MOH, MOF, NIHBT, but also hospital managers, health insurance organisation and interest groupes) is absolutely essential. In doing so, ongoing health sector developments will have to be taking into account.

The establishment of 4 RBTC's towards the end of 2008 would create a unique momentum to further develop the organisational structure of the future "blood processing" centres and define the boundaries between "producer" and "consumer". A process of defining uniform (building, equipment and staffing) norms and standards will have to be embarked upon soonest.
Once having defined the roles, responsibilities and accountabilities within the blood transfusion sector, it would become much easier to use the findings of this study for financial planning purposes.

Lessons learnt from other countries show that the introduction of new working arrangements and methods usually require strong leadership and can only be successful when evidence based. Strong leadership and commitment of all those involved at policy and senior management level is an important prerequisite for the proposed process of change.

To establishment of a permanent working group comprising representatives from the MOF, MOH, the NI(H)BT, the RBTCs, the Health Insurance Organisation, the hospital sector, and civic society organisations could be instrumental for taking this study further. Strengthening the planning and health economics capacity of the NIHBT and the appointment of an international management consultant to systematically promote and monitor the anticipated restructuring process should be favourably considered.

The tasks to be performed in the short-term are summarised in the next table:
AGREE COSTING & FUNDING SYSTEMS

AGREE PRICES

AGREE ON ADMINISTRATIVE SEPARATION OF BT + H

DEVELOP FINANCIAL MANAGEMENT SYSTEMS

AGREE ORGANISING PRINCIPAL OF PROCESSING TESTING CENTRES AND STORAGE BLOOD BANKS

DEVELOP 3-5 YR BUSINESS PLANS FOR EACH OF THE 5 RBTCS

ESTABLISH ROLE OF ALL STAKEHOLDERS IN A NATIONAL BTS INCLUDING NIHBT & RBTCS (INCLUDING FUNDING)

ESTABLISH NORM DEFINITIONS FOR BUILDING, EQUIPMENT AND STAFF FOR P + T CENTRES & STORAGE BB

0-BUDGETTING EXERCISE FOR P + T CENTRES AND BB

AGREE COSTING & FUNDING SYSTEMS

AGREE PRICES

TASK SEQUENCE : FINANCE MODEL

ESTABLISH TASK GROUP

CHAIR :
MEMBERS: NIHBT, MOH, MOF, some RBTCS, PHBB
Annex 1: Documents consulted:


5. Health Statistics yearbook 2005, MOH


7. Short description of some of the basic features of BTS cost models in other countries, WHO, Paul Rogers, 2007

8. Study on treatment costs for selected disease groups at provincial general hospitals, MOH Vietnam Sweden Cooperation, Health Policy Component, June 2005;

9. Cold Chain Survey by Mr. DA Mvere. (Blood Cold Chain Project, Viet Nam. WHO-STC Report ion the Assessment of Needs for BCCE, September 2007
Annex 2: Time table of implementation:
<table>
<thead>
<tr>
<th>Activity description</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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<td>Data collection in pilot sites: NIHBT and Ha Tay</td>
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<td>Data collection in other selected sites: RBTC Hue, Hue Hospital, Da Nang Hospital,</td>
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<td>Viet Duc Hospital, Ha Tay Hospital, Hue Hospital, Da Nang Hospital, Chi Ray Hospital,</td>
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<td>HCM Hospital, Cam Tho Hospital, Viet Tien, Hai Phong Hospital, Bac Giang, Lao Cai,</td>
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<td>Yen Bai, Ha Giang, HHBT</td>
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<td>Deadline submission of questionnaires to NIHBT</td>
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<td>Data entry by NIHBT</td>
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<td>Analysis of data by working group and facilitator costing study</td>
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<td>Analysis of existing funding arrangements and mechanism (working group and external</td>
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<td>Preparation of interim report costing study (working group and external facilitator)</td>
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<td>Review and discussion of draft interim report with working group and management of</td>
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<td>participating hospitals</td>
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<td>Submission of interim report to MOF, MOH and NIHBT</td>
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<td>Review of interim report by MOH, MOF and NIHBT</td>
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<td>National workshop to discuss interim report and identify future financing options</td>
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<td>Operationalising recommendations of national workshop (including development of draft</td>
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<td>costing and funding model, reimbursement and price levels, contractual arrangements</td>
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<td>and associated procedures</td>
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<td>Consensus workshop on proposed financing options, administrative and financial</td>
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<td>Submission of proposal for updating financial and administrative procedures to MOF and</td>
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<tr>
<td>Approval by MOH and MOF and issuing of circular</td>
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<td>Development of training materials on new procedures</td>
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<td>Print training materials</td>
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</tr>
<tr>
<td>Deliver training to Northern Provinces</td>
<td></td>
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<td>x</td>
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<tr>
<td>Deliver training to Mid Country Provinces</td>
<td></td>
<td></td>
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<tr>
<td>Deliver training to Southern Provinces</td>
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<td>x</td>
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</tbody>
</table>
### Annex 3: Data collected

**Table 1 - general information (data of 2006)**

<table>
<thead>
<tr>
<th>No. / Số</th>
<th>Name of the facility (Tên bệnh viện)</th>
<th>Name of Blood Transfusion Centre or Blood Banks (Ten Trung tâm Truyền máu hoặc CCR)</th>
<th>Address / Địa chỉ</th>
<th>Tel. / Fax / Email / Website</th>
<th>Date of establishment / Ngày thành lập</th>
<th>Name of responsible Chief of Accountant or Manager / Ten trưởng phòng TCKT hoặc Phó Quản trắc tài chính</th>
<th>Total number of hospital staff in 2006 / Số cơ sở y tế được chứng nhận năm 2006</th>
<th>Number of facilities are covered by in 2006 / Số cơ sở y tế được chứng nhận năm 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NHBT (C)</td>
<td>Viện HHTM TW</td>
<td>Số 78, Đường Giải Phóng - Đình Es, Hà Nội</td>
<td>04.89.38.582</td>
<td>08/03/2004</td>
<td>Nguyễn Anh Trí</td>
<td>Phạm Quy Dương</td>
<td>8,210,000</td>
</tr>
<tr>
<td>2</td>
<td>Viet Duc Hospital (C)</td>
<td>Khoa HHTM</td>
<td>Số 40, Trang Thi - Hoàng Kiệm, Hà Nội</td>
<td>04.89.28.966</td>
<td>03/06/2000</td>
<td>Nguyễn Thị Quyết</td>
<td>Nguyễn Thị Thanh Nhã</td>
<td>63,337,000</td>
</tr>
<tr>
<td>3</td>
<td>Hà Tay Hospital (P)</td>
<td>Khoa HHTM</td>
<td>Số 2, Bạch Đằng - Hà Nội</td>
<td>03.4.82.216</td>
<td>04/05/2010</td>
<td>Nguyễn Öl Truc</td>
<td>Ương Xuan Thống</td>
<td>17,885,820</td>
</tr>
<tr>
<td>4</td>
<td>Sơn Tây (Hà Tây) Hospital (P)</td>
<td>Khoa HHTM</td>
<td>Số 394, Lô Lơi - Lô Lơi Thị xã Sơn Tây - Sơn Tây</td>
<td>03.4.82.206</td>
<td>08/02/2005</td>
<td>Nguyễn Thị Thanh Nhã</td>
<td>Phong Hồ Khanh</td>
<td>17,885,820</td>
</tr>
<tr>
<td>5</td>
<td>Viet Tiei - Hà Phong Hospital (C)</td>
<td>Khoa HHTM</td>
<td>Số 1, Đường Nha Throught - Lê Chân - Hà Nội</td>
<td>03.4.70.436</td>
<td>03/11/2004</td>
<td>Nguyễn Thị Dung</td>
<td>Ương Xuan Thống</td>
<td>17,340,056</td>
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<td>6</td>
<td>Bạc Giang (P)</td>
<td>Khoa HHTM</td>
<td>Lê Lợi - Hoàng Văn Thái - Bạc Giang</td>
<td>02.4.80.250</td>
<td>07/09/2007</td>
<td>Nguyễn Văn Hùng</td>
<td>Nguyễn Quoc Khanh</td>
<td>17,722,911</td>
</tr>
<tr>
<td>7</td>
<td>Hải Giang (P)</td>
<td>Khoa HHTM</td>
<td>Bệnh viện Lý Vây - Tịnh Hà Giang</td>
<td>02.4.82.200</td>
<td>02/07/2005</td>
<td>Bùi Văn Tấn</td>
<td>Vũ Thị Thanh Hạnh</td>
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<td>8</td>
<td>Huế Hospital (C)</td>
<td>Khoa HHTM</td>
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<td>02.4.82.325</td>
<td>05/9/2005</td>
<td>Bùi Đức Trọng</td>
<td>Phạm Hùng Chân</td>
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</tr>
<tr>
<td>9</td>
<td>Đà Nẵng Hospital (P)</td>
<td>Khoa HHTM</td>
<td>Bệnh viện Trảng mâu - Bệnh viện Hủa</td>
<td>02.4.82.118</td>
<td>07/10/2005</td>
<td>Bùi Đức Trọng</td>
<td>Phạm Hùng Chân</td>
<td>55,128,000</td>
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<td>10</td>
<td>Chợ Rẫy - HCM Hospital (C)</td>
<td>Khoa HHTM</td>
<td>Bệnh viện Trảng mâu - Bệnh viện Hủa</td>
<td>02.4.82.118</td>
<td>07/10/2005</td>
<td>Bùi Đức Trọng</td>
<td>Phạm Hùng Chân</td>
<td>55,128,000</td>
</tr>
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<td>Khoa HHTM</td>
<td>Bệnh viện Tráng mâu - Bệnh viện Hủa</td>
<td>02.4.82.118</td>
<td>07/10/2005</td>
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<td>Phạm Hùng Chân</td>
<td>55,128,000</td>
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<tr>
<td>12</td>
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<td>Khoa HHTM</td>
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<td>Phạm Hùng Chân</td>
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### Table 2 - Type and number of blood transfusion services

<table>
<thead>
<tr>
<th>Blood Component</th>
<th>Type</th>
<th>Number</th>
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<tr>
<td>Red cell concentrates</td>
<td>ABO+</td>
<td>1,000</td>
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<tr>
<td>Red cell concentrates</td>
<td>O positive</td>
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<tr>
<td>Platelets</td>
<td>ABO+</td>
<td>200</td>
</tr>
<tr>
<td>Platelets</td>
<td>O positive</td>
<td>100</td>
</tr>
<tr>
<td>Fresh frozen plasma</td>
<td>ABO+</td>
<td>150</td>
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<tr>
<td>Fresh frozen plasma</td>
<td>O positive</td>
<td>75</td>
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</table>

#### Additional Notes
- Development of costing and financing models for blood transfusion services in Vietnam
- Final draft report October 2007
## Development of costing and financing models for blood transfusion services in Vietnam

<table>
<thead>
<tr>
<th>Number of whole blood units processed to blood components (units) / Số đơn vị máu toàn phân lượng được điều chế thành chất phân máu</th>
<th>Number of blood components processing (units) / Số đơn vị chế phẩm máu được điều chế (don vi)</th>
<th>Total available storage capacity (litres) / Tổng khả năng lưu trữ máu và chế phẩm (lit)</th>
<th>Number of units in storage at this time / Số đơn vị đang bảo quản trong kho thời gian</th>
<th>Number of discarded blood units / Số đơn vị máu lùy mới năm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>250 ml</strong></td>
<td><strong>350 ml</strong></td>
<td><strong>400 ml</strong> / <strong>450 ml</strong></td>
<td><strong>RBC / Hằng cCü</strong></td>
<td><strong>WBC / Bạch cCü</strong></td>
</tr>
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<td>24,973</td>
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<td>4,120</td>
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<tr>
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<td></td>
<td></td>
<td>7,720</td>
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</table>
## Development of costing and financing models for blood transfusion services in Vietnam

<table>
<thead>
<tr>
<th>Number of units of blood and blood components distributed to other external health facilities (units) / Số đơn vị mua và chia phân mòn phân phối cho các cơ sở y tế khác (đơn vị)</th>
<th>Number of blood deliveries to external facilities in one year / Số lượng phân phối mòn và chia phân mòn cho các cơ sở y tế trong một năm</th>
<th>Number of whole blood units currently used in facility (units) / Số đơn vị mòn toàn phần được sử dụng tại bệnh viện</th>
<th>Quantity of blood components used in facility (units) / Số đơn vị chia phân mòn đã sử dụng tại bệnh viện</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RBC / Hàng cỏ</strong></td>
<td><strong>WB / Bích cỏ</strong></td>
<td><strong>P / Kheiro tước cỏ</strong></td>
<td><strong>AP / Kheiro tước cỏ</strong></td>
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<tr>
<td>62,237</td>
<td>214</td>
<td>18,064</td>
<td>972</td>
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</tr>
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<td>0</td>
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<td>0</td>
</tr>
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<td>43,209</td>
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<td>2,019</td>
<td>2,933</td>
</tr>
<tr>
<td>24,031</td>
<td>0</td>
<td>104</td>
<td>12,894</td>
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<td>4,213</td>
<td>0</td>
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</table>

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Table 3 - total operating cost for all operations per facility

<table>
<thead>
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<th>No.</th>
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<tr>
<td>1</td>
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<td>3</td>
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<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the facility / Cac den quyen</th>
<th>Group I: Personnel costs / Nhom I: Chi ca nhan</th>
<th>Group II: Professional Costs / Nhom II: Chi fung vong xuyen</th>
<th>Group III: Procurement equipment Costs / Nhom III: Chi mua san TSCP</th>
<th>Group IV: Miscellaneous / Nhom IV: Chi phi khác</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHIHT</td>
<td>$553,148</td>
<td>$434,815</td>
<td>$1,009,162</td>
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<td>Viet Duc Hospital</td>
<td>$378,600</td>
<td>$20,000</td>
<td>$80,000</td>
<td>$16,644,998</td>
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<tr>
<td>Ha Tay Hospital</td>
<td>$178,392</td>
<td>$13,787</td>
<td>$53,273</td>
<td>$1,359,326</td>
</tr>
<tr>
<td>Sen Tay (Ha Tay) Hospital</td>
<td>$113,400</td>
<td>$11,340</td>
<td>$21,218</td>
<td>$747,040</td>
</tr>
<tr>
<td>Hai Phong Hospital</td>
<td>$327,204</td>
<td>$106,859</td>
<td>$16,621</td>
<td>$2,406,650</td>
</tr>
<tr>
<td>Bse Giang</td>
<td>$39,448</td>
<td>$7,888</td>
<td>$7,305</td>
<td>$537,738</td>
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<tr>
<td>Ha Giang</td>
<td>$44,172</td>
<td>$7,446</td>
<td>$9,332</td>
<td>$562,555</td>
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<tr>
<td>Hue Hospital</td>
<td>$415,055</td>
<td>$158,148</td>
<td>$78,680</td>
<td>$5,467,314</td>
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<tr>
<td>Da Nang Hospital</td>
<td>$389,978</td>
<td>$99,888</td>
<td>$167,322</td>
<td>$4,845,740</td>
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<tr>
<td>Can Tho hospital</td>
<td>$1,114,528</td>
<td>$235,514</td>
<td>$450,053</td>
<td>$34,686,617</td>
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</tbody>
</table>

| Total / Tong cong                 | $591,800                                        | $59,888                                         | $167,322                                        | $1,344,661                                |

Final draft report October 2007
Table 4 - total costs (including depreciation)

<table>
<thead>
<tr>
<th>No / Số</th>
<th>Name of the facility / Các đơn vị</th>
<th>Estimate value of / Giá trị ước tính của</th>
<th>Estimate depreciation cost of / Chi phí khấu hao ước tính của</th>
<th>Total estimate depreciation cost / Tổng chi phí khấu hao ước tính</th>
<th>Total operational expenditure / Tổng chi phí thường xuyên</th>
<th>Total costs / Tổng công chi phí</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Building / Nhà cửa</td>
<td>Medical equipment / TTB Y tế</td>
<td>Office equipment / TTB Văn phòng</td>
<td>Vehicles / Xe cộ</td>
<td>Building / Nhà cửa</td>
</tr>
<tr>
<td>a</td>
<td>b</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 = 1 x 5%</td>
</tr>
<tr>
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<td>6,441,729</td>
<td>753,539</td>
<td>14,970,296</td>
<td>9,000,000</td>
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<tr>
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<td>Viet Duc Hospital</td>
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<td>6,025,500</td>
<td>356,272</td>
<td>0</td>
<td>1,650,000</td>
</tr>
<tr>
<td>3</td>
<td>Ha Tay Hospital</td>
<td>662,229</td>
<td>300,800</td>
<td>63,881</td>
<td>0</td>
<td>33,111</td>
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<tr>
<td>4</td>
<td>Son Tay (Ha Tay) Hospital</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Viet Thap - Hai Phong Hospital</td>
<td>1,400,000</td>
<td>2,000,000</td>
<td>60,000</td>
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<td>70,000</td>
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<td>6</td>
<td>Bac Giang</td>
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<td>403,087</td>
<td>14,220</td>
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<td>185,237</td>
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<tr>
<td>7</td>
<td>Ha Giang</td>
<td>300,000</td>
<td>50,000</td>
<td>20,000</td>
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<td>15,000</td>
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<td>Hue Hospital</td>
<td>48,140,732</td>
<td>7,138,189</td>
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<tr>
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<td>Da Nang Hospital</td>
<td>1,565,500</td>
<td>870,910</td>
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<td>79,275</td>
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<tr>
<td>10</td>
<td>Cho Ray - HCM Hospital</td>
<td>36,120,000</td>
<td>13,129,040</td>
<td>212,000</td>
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<td>1,826,000</td>
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<tr>
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<td>338,969</td>
<td>868,317</td>
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<td>Can Tho Hospital</td>
<td>54,920,000</td>
<td>2,503,089</td>
<td>132,838</td>
<td>11,575,388</td>
<td>2,748,000</td>
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</tbody>
</table>

Transportation by hospital vehicle

Final draft report October 2007  46
Table 5 - type of operations compared to total costs (depreciation included)

<table>
<thead>
<tr>
<th>No</th>
<th>Name of the facility/Các đơn vị</th>
<th>Donor recruitment</th>
<th>Collection</th>
<th>Processing</th>
<th>Storage</th>
<th>Distribution</th>
<th>Total costs (including depreciation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of donations/ Çalış đơn vị</td>
<td>Numbers of advocacy events/ Số lần tổ chức sự kiện từ VĐM</td>
<td>250 ml</td>
<td>350 ml</td>
<td>400 ml / 550 ml</td>
<td>250 ml</td>
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<td>Ha Tay Hospital</td>
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<td>3</td>
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<tr>
<td>8</td>
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<td>79</td>
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<td>4,120</td>
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<tr>
<td>9</td>
<td>Da Nang Hospital</td>
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<tr>
<td>10</td>
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<td>1,964</td>
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<td>2</td>
<td>55,493</td>
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<td>5,000</td>
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<tr>
<td>12</td>
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<td>13</td>
<td>14,356</td>
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<td>0</td>
<td>7,726</td>
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### Table 6 - Source of income

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the facility / Cục đơn vị</th>
<th>MOH regular budget / Ngân sách</th>
<th>Income from blood distribution service to public hospital / Công lập</th>
<th>Income from blood distribution service to private hospital / Ngoại công lập</th>
<th>Income from blood distribution to patients / Bệnh nhân</th>
<th>Donation / Đỗ / Vien tro / Tặng</th>
<th>Others / Nguyên khác</th>
<th>Total Unit / DVT: 1,000 VND</th>
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<tbody>
<tr>
<td>1</td>
<td>NIHBT</td>
<td>603,006</td>
<td>21,000,000</td>
<td>100,000</td>
<td>12,900,000</td>
<td>5,728,766</td>
<td>4,017,833</td>
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<td>Viet Duc Hospital</td>
<td>147,875</td>
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<td>0</td>
<td>4,274,335</td>
</tr>
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<td>3</td>
<td>Ha Tay Hospital</td>
<td>489,625</td>
<td>120,261</td>
<td>0</td>
<td>426,346</td>
<td>108,321</td>
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<td>1,124,343</td>
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<tr>
<td>4</td>
<td>Son Tay (Ha Tay) Hospital</td>
<td>36,424</td>
<td>265,200</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>304,624</td>
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<td>5</td>
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<td>1,714,943</td>
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<td>0</td>
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<td>Ha Giang</td>
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<td>13,520</td>
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<td>Hue Hospital</td>
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### Table 7 - Income & Expenditures

<table>
<thead>
<tr>
<th>No / Số TT</th>
<th>Name of the facility / Các đơn vị</th>
<th>Estimated income / Nguồn KPI trực tính</th>
<th>Estimated expenditures / Chi phí trực tính</th>
<th>Operational deficit / Số thiệt hại</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>VND</td>
<td>USD</td>
<td>VND</td>
</tr>
<tr>
<td>a</td>
<td>b</td>
<td>1</td>
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</tr>
<tr>
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<td>2,737,635</td>
<td>59,014,665</td>
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<tr>
<td>2</td>
<td>Viet Duc Hospital</td>
<td>4,274,335</td>
<td>263,649</td>
<td>4,067,788</td>
</tr>
<tr>
<td>3</td>
<td>Ha Tay Hospital</td>
<td>1,124,348</td>
<td>80,404</td>
<td>1,439,264</td>
</tr>
<tr>
<td>4</td>
<td>Son Tay (Ha Tay) Hospital</td>
<td>304,624</td>
<td>18,604</td>
<td>747,040</td>
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<tr>
<td>5</td>
<td>Viet Tlep - Hai Phong Hospital</td>
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<td>227,333</td>
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<td>2,644</td>
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**Table 8 - Total Staff**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of the facility / Cac don vung</th>
<th>Staff / Cân bộ công nhân viên</th>
<th>Total / Tổng công</th>
<th>Notes / Ghi chú</th>
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<tr>
<td></td>
<td></td>
<td>Number of Medical doctor / Bác sỹ</td>
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<td></td>
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</tr>
<tr>
<td>3</td>
<td>Ha Tay Hospital</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Son Tay (Ha Tay) Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Viet Triep - Hai Phong Hospital</td>
<td>6</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>6</td>
<td>Bac Giang</td>
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<td>11</td>
<td>6</td>
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<td>Ha Giang</td>
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<td>0</td>
</tr>
<tr>
<td>8</td>
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</tr>
<tr>
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<td>4</td>
</tr>
<tr>
<td>10</td>
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<td>Can Tho Hospital</td>
<td>6</td>
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Annex 4: Programme, list of participants and summary of meeting on Study of Costing and Funding of Blood Transfusion Services, 27 September 2007

1. Main objectives of the meeting:
   - To report back to participating blood transfusion centres the result of the costing data collection exercise
   - To present and discuss with participating blood transfusion centres, MoH, MoF and the World Bank, the main findings and conclusions of the study;
   - To agree on forward actions

2. Participants:
   - Senior management of the MOH;
   - Members of working group NIHBT, MOH and MoF;

3. Programme of the workshop:

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 - 8.40</td>
<td>Opening and welcoming remarks</td>
<td>Mr. Lien, Vice Director Department of Planning and Finance, MOH</td>
</tr>
<tr>
<td>8.40-8.50</td>
<td>Relevance of costing study for the NIHBT</td>
<td>Prof. Tri, Director NIHBT</td>
</tr>
<tr>
<td>8.0 - 9.00</td>
<td>Short introduction on why the study was conducted</td>
<td>Paul Rogers, Chief Technical Advisor (Blood Safety), WHO</td>
</tr>
<tr>
<td>9.00 - 9.30</td>
<td>Presentation of how the study was conducted and the data collected</td>
<td>Mr. Pham Quy Duong, Manager, Finance Department, NIHBT</td>
</tr>
<tr>
<td>9.30-9.45</td>
<td>Coffee and Tea</td>
<td></td>
</tr>
<tr>
<td>9.45-1045</td>
<td>Presentation of main conclusions from the study and recommendations for the future</td>
<td>Mr Charles Gerhardt, Facilitator costing study</td>
</tr>
<tr>
<td>10.45- 12.00</td>
<td>Discussion</td>
<td>Co-Chaired by Prof. Tri, and Mr Charles Gerhardt</td>
</tr>
<tr>
<td>12.00- 12.30</td>
<td>Summary of the discussion and agreed next steps</td>
<td>Prof. Tri, Director NIHBT</td>
</tr>
<tr>
<td>12.30</td>
<td>Official closing of the workshop</td>
<td>Mr. Lien Vice Director Department of Planning and Finance MOH</td>
</tr>
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### List of participants

<table>
<thead>
<tr>
<th>№</th>
<th>Facilities</th>
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<td>MOH</td>
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<tr>
<td>1</td>
<td>Department of Planning and Finance</td>
<td>Hoang Bich Ngoc</td>
</tr>
<tr>
<td>2</td>
<td>Department of Treatment</td>
<td>Nguyen Khac Tien</td>
</tr>
<tr>
<td>3</td>
<td>Department of Legislation</td>
<td>Nguyen Gia Hau</td>
</tr>
<tr>
<td>4</td>
<td>Department of Human Resource</td>
<td>Nguyen Thi Thuy Nga</td>
</tr>
<tr>
<td></td>
<td>MOF</td>
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<tr>
<td>5</td>
<td>Department of Legislation</td>
<td>Nguyen Hoang Yen</td>
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<td>6</td>
<td>Department of Tax Policy</td>
<td>Chu Thi Lan Phuong</td>
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<td></td>
<td>NIHBT</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Director</td>
<td>Nguyen Anh Tri</td>
</tr>
<tr>
<td>8</td>
<td>Vice Director</td>
<td>Pham Tuan Duong</td>
</tr>
<tr>
<td>9</td>
<td>Chief Accountant</td>
<td>Pham Quy Duong</td>
</tr>
<tr>
<td>10</td>
<td>Chief Accountant (PMU)</td>
<td>Nguyen Thi Quynh Chi</td>
</tr>
<tr>
<td>11</td>
<td>Accountant</td>
<td>Nguyen Manh Hien</td>
</tr>
<tr>
<td>12</td>
<td>Accountant (PMU)</td>
<td>Le Thi Minh Hang</td>
</tr>
<tr>
<td></td>
<td>WHO</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>CTA</td>
<td>Paul Rogers</td>
</tr>
<tr>
<td>14</td>
<td>HPMA</td>
<td>Charles Gerhardt</td>
</tr>
<tr>
<td>15</td>
<td>Interpreter</td>
<td>Pham Huy Tien</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Phuong</td>
</tr>
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<td></td>
<td>WB</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Senior Operation Officer</td>
<td>Nguyen Thi Mai</td>
</tr>
</tbody>
</table>
Some findings after the meeting on 27 Sep.

From MOH/MOF:

- There is deficit in blood production
- Costing is necessary, particularly with the trend for autonomy/accountability
- To consider the cost taking in mind the current fixed assets, staff in public facilities which are Gov assets.
- A financial model should be based on RENOVATION of the health system
- Overall management capacity to be strengthened
- Standards should be made at all steps of the BTS
- Costing, a long process needing much time. Implementation still longer
- Standardization: ONE standard for facilities at all levels? OR higher standards at high level? lower at lower level? What about price?
- ODA is “Gov fund”
- Standard for staff is most important as this accounts for an important part of the production

From Pro. THI and NHBT:

- Costing exercise useful, not expected to come to conclusion overnight.
- Deficit really alarming
- NHBT to review the data to be analyzed (NOT the new building…)
- More details in splitting Blood/haematology
- Costing exercise to be continued.
- Agree with all conclusions/recommendations.
Annex 5: Decree

DECREE

No 43/2006/ND-CP, dated 25 April 2006, about autonomy and accountability in tasks accomplishing, organizational structure, personnel and finance, of public good and service provision entities.

- Based on Government Organizational Law, dated 25 December 2001;
- Based on Government Budget Law No 01/2002/ QH dated 16 December 2002;
- Considering the requests of Minister of Finance and Minister of Home Affairs,

DECREE

CHAPTER I

GENERAL RULES

Article 1. Area and people under influence

1. This decree states the rights to autonomy and accountability of public good and service provision entities (or service entities in short), which were established by authoritative government, in accomplishing tasks, organizational structuring, personnel and finance.

The entity which has the rights to autonomy and accountability must be an independent and self financing unit, must has an official stamp and its own bank account, and must have its accounting system following Accounting Law.

2. This decree also applies to the Vietnam Voice, Vietnam News Agency, the special public entities and their branches, such as the Ministry of Defence, the Ministry of Security, political organizations and political-social organizations.

3. This decree also applies to scientific and technological public organizations, which are under the application of Decree 115/2005/ ND-CP 5 Sep 2005 – stating about autonomy and accountability of these organizations.
Article 2. The objective of implementing the rights of autonomy and accountability

1. To give the rights of autonomy and accountability to public entities in their organization of work, rearrangement of structure, usage of labour and financial resources to accomplish their tasks; improve the capacity of the entity to provide high quality services to the society; increase entity’s income in order to step by step pay employees.

2. To implement socialization in providing services to the society, mobilizing contribution of the social community to develop the activities of entities, step by step reducing subsidy from the government.

3. To ensure that public entities implement the rights of autonomy and accountability, the government still take good care of and invest in public entities to help them further develop; ensure that the socially targeted beneficiaries, the ethnic minority as well as the needy in remote regions are provided with better services, according to government regulation.

4. To separate government managerial function towards public service entities, from government managerial function towards government administrative entities.

Article 3. Principles in implementing the rights of autonomy and accountability.

1. Accomplish the assigned tasks. Manufacturing goods and providing services activities must be suitable with the functions and tasks assigned, as well as the professional and financial ability of the entity.

2. Ensure transparency and democracy as regulated by law.

3. Implement the rights of autonomy must go along with accountability directly to the direct management committee and to the law, about the decisions made; and at the same time being supervised by the authoritative government.

4. Ensure the benefits of the government, the rights and responsibilities of organizations, individuals according to law.

Article 4. Change of the form of operation

The government encourages public service entities to be converted to the form of enterprise, or non- public model, in order to develop all functions and capacity of the entity in doing its activities according to law.

Those public entities which change to the form of enterprise are entitled to privileged policies on tax, land, and government’s invested assets and properties, according to law.
CHAPTER II
REGULATIONS ABOUT RIGHTS OF AUTONOMY IN AND ACCOUNTABILITY FOR ACCOMPLISHING TASKS, ORGANIZING THE MECHANISM ENTITIES STRUCTURE AND PERSONNEL

1. Rights of autonomy in and accountability for accomplishing tasks.

Article 5. Rights of autonomy in and accountability for accomplishing tasks.

Public service entities implement the rights of autonomy in and accountability for identifying tasks, making plans and organizing activities, which consists of the following:

1. As for the tasks and activities assigned or ordered by the Government, the entity is allowed to decide the methods of accomplishing the tasks to ensure quality and pace.

2. As for other activities, the entity is autonomous in and accountable for the following activities:
   a. Organize good and service provision activities that are suitable with the entity’s profession, ability and in accordance to law.
   b. Affiliate, cooperate with other organizations and individuals so that the entity’s operations are able to cater for the society’s needs according to law.

3. Public service entities who cover all or part of their operating expenses (according to article 9 of this decree), depending on each one’s own area and ability, are allowed to:
   a. Make decisions on buying properties and investments in infrastructure from the entity’s service development fund, or other resources funded or mobilized and approved by authoritative government agencies. b) Participate in biddings for goods and service provisions, which are suitable with the entity’s profession.
   b. Use properties to join with or combine capital with other organizations, individuals inside or outside the country to invest in building, buying equipment for goods and service provision which are suitable with the entity’s functions and tasks according to the current regulation of the government.

4. The sectoral Ministry, along which the Ministry of Internal Affairs, the Ministry of Finance, give instructions on the implementation of the rights of autonomy in and accountability for accomplishing tasks, to public service entities which are under the management of the government.
2. Rights of autonomy in and accountability for organizing the entity’s structure staff contracts and personnel issues.

**Article 6. About organizing the entity’s structure**

1. About organizing new structure: public service entities are allowed to establish their subordinate agencies so that the goods and service provision activities are compatible with their functions and tasks assigned; compatible with their rights of autonomy in and accountability for accomplishing tasks, organizing the structure, personnel and covering operational fees themselves (except for cases where law grants these rights to the government, Prime Minister, Sectoral Minister or the Chairman of Provincial People’s Committee).

2. About merging or dismantling: public service entities are allowed to merge or dismantle their subordinate agencies (except for cases where law grants these rights to the government, the Prime Minister, the Minister of Sectors, and the Chairman of Provincial People’s Committee).

3. The functions, specific tasks and operating regulations of subordinate agencies are decided on by the director of the entity (except for cases where law grants these rights to the government, the Prime Minister, the Minister of Sectors, and the Chairman of Provincial People’s Committee).

**Article 7. About the labour contracts and personnel**

1. The service entities that cover all operating expenses themselves are allowed to decide on the permanent government personnel. For the entities that cover only part of their operating expenses and those whose all operating expenses are covered by the government, depending on their functions and tasks assigned, real work’s demand, staff norm and regulation and their financial ability, the director of the entity makes the annual permanent-government-employee plan and sends it to the direct supervisory agency for approval within their power.

2. The director of the service entity is allowed to sign contracts of hiring and delegating tasks to employees who are not needed regularly; sign contracts and other types of cooperation with experts and scientists inside and outside the country to meet the professional demand of the entity.

**Article 8. About the management and usage of employees**

1. Decide the recruitment of employees based on examination and/ or interviews

2. Decide the recruitment of employees of staff category (ranking below official experts), sign contracts with the ones recruited based on the fulfillment of the staff
category needed and in accordance with the professional staff category and structure according to law.

3. Arrange, allocate and use the employees so that the tasks assigned are suitable with staff category and government’s regulations about the responsibilities of accomplishing tasks and services.

4. Decide the cancellation of contracts, mobilization, retirement, dismissal, appraisal, and discipline of employees who are under supervision according to law.

5. Decide the increase in salary based on schedule, receive and change between different staff categories, for those equivalent to or below the main expert category based on the conditions and requirements defined by law.

6. The service entities that belong to the Ministry, ministry level agency, Government agency, People’s committees under direct management of central government are allowed to invite foreign experts to offer expertise, decide the sending of employees to go abroad on service or to study to improve professional knowledge. They will be supported with immigration and custom procedures by the authorities according to law.

7. Sectoral ministries coordinating with the Ministry of Internal Affairs, gives instructions about the implementation of the rights of autonomy in and accountability for the organization of entity structure, staff contracts and personnel in fields of service provision, to entities which are under the management of the ministries.

CHAPTER III
RIGHTS OF AUTONOMY IN AND ACCOUNTABILITY FOR FINANCIAL MATTERS

1. General regulations

Article 9. Classification of service entities

1. Based on the entity’s income, service entities are classified to implement the rights of autonomy in and accountability for financial matters as follows:
   a. Service entities that self-cover all recurrent expenses
   b. Service entities that self-cover part of recurrent expenses, the remainder are covered by the government.
   c. Service entities with low income, so all recurrent expenses are covered by the government.

2. As for those specific service entities that belong to the Vietnam Voice, Vietnam News Agency and those service entities with specific operating processes as stated in sub article 2 of article 1 of this Decree, rights of autonomy in and accountability for financial matters are determined according to the classification of their superior entities.

3. The above classification is stabilized within 3 years. After 3 years, it will be reclassified to be suitable.
Article 10. Responsibilities in paying tax to government

Service entities that have goods and services provision activities have to register, declare and pay all taxes and other payments (if applicable) and are exempted from or reduced taxes according to law.

Article 11. Mobilizing capital and applying for loans

Service entities are allowed to apply for loans from credit organizations, mobilize capital of employees in the entity to invest in expanding and enhancing the quality of its activities, in organizing goods and service provision activities so that they are suitable with its functions, tasks and are accountable for paying its debts according to law.

Article 12. Management and usage of assets

The service entity invests, purchases and uses the government’s assets according to the law about management of government’s properties. Those fixed assets that are used for goods and service provision activities must be depreciated and accounted for cost recovery, according to law applied for state owned enterprises.

The money recovered from the depreciation of fixed assets and from selling old assets belonging to the government, is kept and put into the service entity Development Fund. The money from the depreciation of fixed assets and from selling old assets, which had been bought by using loans, is used to pay back the debts. In the case that all debts are paid, the entity is allowed to use remaining money for the service entity Development Fund.

Article 13. Transactional accounts

Service entities opens an account at government treasury to show all expenses made from the government’s budget according to the Government Budget law, are allowed to open an account at a bank or at government treasury to show the revenues and expenses made from the entity’s goods and service provision activities.

2. Rights of autonomy in and accountability for financial matters of service entities that cover all and part of recurrent expenses.

Article 14. Financial sources

1. Financial source from the government consists of:
   a. Money to cover recurrent expenses for service entities that cover part of their operating expenses (after considering their revenue collected from service provision); the money is given directly by the superior management committee, within the budget framework approved by the authorities.
   b. Money to do scientific and technological activities (for service entities that are not scientific and technological entities).
   c. Money to carry out training programs for employees.
   d. Money to carry out national targeted programs.
e. Money to do tasks ordered by the authoritative (investigate, develop master plan, examine, etc.)

f. Money to do sudden tasks assigned by the authoritative.

g. Money to implement the refining and reducing personnel as regulated by the government (if applicable)

h. Capital to invest in the infrastructures, money to purchase equipments, to overhaul fixed assets to do goods and service provision activities according to plans approved by the authorities in the annual budget framework.

i. Matching fund to implement the projects having foreign capital and approved by the authorities.

j. Other funding (if applicable).

2. Revenues of the service entity consists of:
   a. Remaining revenues, collected from user fees, and after the entity’s contribution to government budget, according to law and regulations.
   b. Revenue from other goods and service provision activities;
   c. Revenue from other activities (if applicable);
   d. Shared profits from join investment activities, bank’s interests.

3. Source from ODA funding, grants, gifts, according to law.

4. Other sources, consist of:
   a. Loans from credit organizations, capital contributed by employees in the entity.
   b. Capital from join-ventures of various organizations and individuals in and outside the country according to law.

Article 15. Expenditure items

1. Regular expenses consist of:
   a. Expense on activities according to functions and tasks assigned by the authorities.
   b. Expense on implementation of work, on fee collection;
   c. Expense on service activities (including fulfilling responsibilities towards the government, depreciation expense of fixed assets, payment of loans and interest according to law).

2. Irregular expenses consist of:
   a. Expense on doing technological and scientific tasks.
   b. Expense on training programs of employees.
   c. Expense on national targeted programs.
   d. Expense on doing tasks ordered by the government (investigate, develop master plan, examine, etc.) with the price or price framework approved by the government.
   e. Expense on matching fund for doing projects with foreign capital (if applicable) as regulated.
   f. Expense on sudden tasks assigned by the authorities.
   g. Expense on the reduction of permanent government employees as regulated by the government (if applicable);
   h. Expense on building the basic infrastructures, purchase of equipment, and maintenance of fixed assets, doing projects permitted by the authorities.
   i. Expense on doing projects with capital mobilized from abroad;
j. Expense on cooperation activities;
k. Other expenses (if applicable).

**Article 16. Rights of autonomy in types and level of revenues**

1. Service entities that are assigned to collect revenues by the authorities have to collect revenues correctly and fully according to the revenue amount and from targeted population as regulated by the government.

   If the government regulates the revenue frame, the service entity, depending on its expenditure needs for its activities, its ability to collect from the society, to decide the user fee level to be collected for each specific service provided, so that the fee collected is suitable with each service, and with the targeted population, but not exceeds the framed amount regulated by the authorities.

   The service entity implements the exemption or reduction of fees for the socially targeted beneficiaries as regulated by the government.

2. Fees levied from provision of goods and services ordered by the government is based on fee schedule regulated by the authorities; if the fees of a particular item is not yet regulated by the government, it is decided based on forecasted costs accepted by the same level financial agency.

3. Revenue types and amounts collected from goods and service provided based on contract with other organizations and individuals in or outside the country, or from joint-venture activities, are decided by the service entity so that the revenue collected is enough to cover all costs and create savings.

**Article 17. Rights of autonomy in using financial resources**

1. Based on the assigned tasks and financial ability, for the recurrent expenditures stated in Sub article 1 of article 15 of this Decree, the director of the entity is allowed to decide some management expenses, and expenses on professional activities. They can be higher or lower than the amount regulated by the authorities.

2. Depending on the particular work’s characteristic, the director of the entity is allowed to decide the level of expenditures and revenues to be collected by each subordinate departments and units.

3. Decide on investment in building, new purchases and overhaul of assets according to law and as regulated in this Decree.

**Article 18. Salary, wage, and income**

1. Salary and wage:
   a. For activities to implement functions and tasks assigned by the government, salary and wage expenses are calculated according to salary schedules and categories of employees as regulated by the government.
   b. For activities to provide products ordered by the government, where salary and wage are included in the product’s price accepted by the authorities, the entity takes the salary expense as regulated. If the authorities have not issued yet the
salary/ wage expense, the entity calculates it according to salary schedule and categories of employees as regulated by the government.

c. For activities that have their own accounting for expenses, salary and wage expenses are calculated in the same way for state own enterprises. If the activities do not have their own accounting of expenses, the entity calculates the salary and wage expenses according to salary schedule and categories as regulated by the government.

2. The government encourages the service entity to increase revenues and reduce expenses, rationalize staff needs and recruitments, increase the payment to employees based on the performance of assigned tasks, after having fulfilled all responsibilities towards the government taxation and budget; depending on the result of financial activities during the year, the entity is allowed to calculate the total payment to staffs, as followings:

   a. Service entities that self cover all recurrent expenses are allowed to decide the total salary or wage of employees after having deducted money to contribute to the entity's Development Fund as stated in part a sub article 1 of article 19 of this Decree;
   b. Service entities that self cover part of recurrent expenses are allowed to decide the total salary or wage of employees, with the amount not exceeding 3 times of the salary fund of levels and categories during the year as regulated by the government, after having deducted money to contribute to the entity's Development Fund as stated in part b sub article 1 of article 19 of this Decree.

The payment of employees in the entity is done according to this rule: whoever is highly productive, contribute more to the increase in revenue and cut down of expense is paid more. The director of the entity pays salary or wage according to the internal expenditure regulation of the entity.

3. When the government adjusts regulations about salary and wage, increase the minimum level, an increase in the salary and wage of staff levels and categories as regulated by the government has to be ensured by the service entity considering the entity's revenues and other income as regulated by the government. If those above incomes are still not enough to pay increased/ additional salary as regulated by the government, the shortfall will be considered and compensated by the government to ensure the common minimum salary as regulated by the government.

Article19. Usage of results of financial transactions during the year

1. Every year, after the service entity has paid all the fees, taxes and other types of payment as regulated by the government, the remaining profit (if applicable) can be used in the following order:

   a. For entities who self cover all of their operating expenses:
   b. Take at least 25% to put into the entity’s Development Fund.
   c. Pay employees additional income.
d. Take money to build Staff Reward Fund, Welfare Fund, and Reserve for Income Stabilization Fund. Contribution to Staff Reward Fund and Welfare Fund must not exceed 3 times the salary, wage and the average additional income during the year.

e. The director of the service entity decides the amount of additional income, amount contributed to various funds according to the entity’s internal regulations.

f. For entities who self cover part of their operating expenses:

g. Take at least 25% to put into the entity’s Development Fund.

h. Pay additional income to employees as stated in sub article b article 2 of this Decree;

i. Take money to build Staff Reward Fund, Welfare Fund and Reserve for Income Stabilization Fund. Contribution to Staff Reward Fund and Welfare Fund must not exceed 3 times the salary, wage and the average additional income during the year.

j. If the profit is less than or equal to the entity’s staff salary fund in the year, the entity is allowed to use the profit to pay the additional income to the employees and to build 4 funds: reserve fund, award fund, welfare fund, and entity’s Development Fund. Contribution to Award Fund and Welfare Fund must not exceed 3 times the salary, wage and the average additional income during the year. The director of the entity decides the amount of additional income, amount contributed to various funds according to the entity’s internal regulations.

2. The entity is not allowed to pay the additional income and contribute to the various Funds by taking money from sources as regulated in part c, d, e, g, h, i, k in sub article 1 article 14 of this Decree and money for tasks must be accumulated, i.e. the remaining of this year is kept for next year.

Article 20. Usage of the Funds

b. The service entity funds are used to invest and develop the service entity’s activities, contribute to the capital for building infrastructure, purchase equipment, working tools, buy technological advances, train to improve the capacity of skilled employees; are used to contribute to the joint-venture fund of the entity and other organizations and individuals in and outside the country so that its goods and service provision activities are compatible with its functions, tasks assigned and the ability of the entity according to law. The director of the entity decides the usage of the Funds according to its own internal regulations.

c. Reserve for income stabilisation Fund is used to ensure income for employees.

3. Award Fund is used to give periodical and ad hoc bonus to the groups or individuals in or outside the country based on the work productivity and accomplishment contributed to the entity. The amount of the bonus is decided by the director of the entity according to its internal regulations.

4. Welfare fund is used to build, repair welfare buildings and pay for collective welfare activities of the employees of the entity; support employees in sudden need, including the case of retirement and retirement due to health issue; pay more to permanent government employees who are affected by the staff reduction scheme. The director of the entity decides the usage of funds according to the entity’s own internal regulations.
4. **Rights of autonomy and accountability of service entities whose all-operating expenses are covered by the government.**

**Article 21. Financial sources**

1. Money funded by the government consists of:
   a. Money to cover recurrent operating expenses to serve the entity’s functions and tasks assigned directly by the superior management committee, within the budget framework approved by the authorities.
   b. Money to accomplish scientific and technological tasks (for entities that are not of scientific and technological types)
   c. Money to carry out the training program for employees
   d. Money to carry out programs with national targeted programmes
   e. Money to do ad hoc tasks ordered by the authority
   f. Money to implement the policy of staff reduction as regulated by the government (if applicable)
   g. Capital to build the basic infrastructures, purchase of equipment, overhaul of fixed assets to do activities as assigned and planned by the authorities within the budget framework approved and given annually
   h. Matching fund to carry out projects using external capital that are permitted by the authority
   i. Other types (if applicable)

2. Revenues from good and service provision activities (for entities that have a low income) consists of:
   d. Part of user fees collected is kept and used by the entity as regulated by the government;
   e. Fees collected from service provision activities
   f. Other types of revenues (if applicable)

3. Funds, grants and gifts (if applicable) according to law

4. Other sources according to law (if applicable)

**Article 22. Items for expenditures**

1. Recurrent expenses consist of:
   a. Expense on activities according to functions and tasks assigned by the authorities.
   b. Expense on implementation of work, on collecting fees;
   c. Expense on good and service provision activities (including fulfilling responsibilities towards the government, depreciation expense of fixed assets, payment of loans and interest according to law).

2. Irregular expenses consist of:
   a. Expense on doing technological and scientific tasks.
   b. Expense on training programs of employees.
   c. Expense on programs of national objectives.
d. Expense on matching capital on doing projects with foreign capital;
e. Expense on ad hoc tasks assigned by the authorities
f. Expense on the implementation of staff reduction programme as regulated by the government (if applicable);
g. Expense on building the basic infrastructures, purchase of equipment, and overhaul of fixed assets, doing projects permitted by the authorities.
h. Expense on doing projects that have capital funded from abroad
i. Other expenses (if applicable).

Article 23. Rights of autonomy in types and levels of revenues (for entities with low income)

1. Service entities that are assigned to collect revenues by the authorities have to collect revenues correctly and fully according to the fees schedule and from targeted population, as regulated by the government.

   If the government regulates the fee schedule, the service entity, depending on its expenditure needs for its activities, its ability to collect contribution from the society, to decide the revenue amount to be collected so that the amount is suitable with the activity, the targeted population, but not exceeds the framed amount regulated by the authorities.

   The service entity implements the exemption or reduction of fees for socially targeted beneficiaries as regulated by the government.

2. The revenue types and amounts from goods and service provision activities on contract with other organizations and individuals in or outside the country, from joint venture activities, are decided by the service entity so that there is enough revenue collected to compensate for expenses of and create savings for the entity.

Article 24. Autonomy in using financial resources

Based on the entity’s assigned tasks and financial ability, for the regular types of expenses stated in sub article 1 article 22 of this Decree, the director of the service entity is allowed to decide some of the types of management expenses, expense on professional activities, but the amount mustn’t exceed that regulated by the authoritative government.

Based on the characteristics of the work, the director of the service entity is allowed to decide the amount of expenditures and revenues to be collected, to various departments and subordinate agencies.

Decide the investment of building, new purchases, and overhaul of assets according to law and as regulated by this Decree.

Article 25. Salary, wage and income

1. The service entity has to ensure the payment of salary to the employees according to staff costs regulated by the government.
2. The government encourages the service entity to increase revenue, decrease expenditures, and reduce personnel to increase the income of employees based on its accomplishment of tasks assigned, after it has fulfilled the responsibilities towards the government budget.

Based on financial results and the saving; the entity can determine the total salary expenses during the year, the amount must not exceed twice that of staff costs as regulated by the government.

The payment to employees is implemented based on the following: whoever is more productive, contributes more to the increase in revenue, decrease in expenditures is paid more. The director of the entity pays additional income according to the entity’s internal regulations.

3. When the government adjusts the regulations about the salary, increase in the minimum salary; category salary as regulated by the government is ensured through sources as regulated by the government to keep a common minimum salary level as regulated by the government.

**Article 26. Usage of retained earnings**

1. Annually, after paying all the fees, taxes and other payments in regulation, the retained earnings from good and service provision activities are used in the following order:
   a. Payment of additional income to employees, the maximum total amount paid during the year must comply with the regulation in sub article 2 article 25 of this decree.
   b. Bonus for teams and individuals in and outside the country based on their productivity and contribution to the work of the entity. The specific amount of bonus is decided by the director of the entity according to the entity’s internal regulations;
   c. Payment on welfare matters, on ad hoc support to the needy, including the case of normal retirement and retirement because of sickness; additional income to permanent government employees to undergo staff reduction programme. The specific amount is decided by the director of the entity according to the entity’s internal regulations.
   d. Payment to enhance the entity’s infrastructures.
   e. Entities that have an unstable saving ability can build the reserve fund to stabilize income for employees.

2. Service entities are not allowed to pay additional income to staffs from sources as stated in part c, d, e, f, g, h, i of sub article 1 article 21 of this Decree, and funds for their tasks have to be carried over for work in the following year.

**4. Regulations about making and compliance with the budget plan of revenues and expenses**
The developing of and compliance with the government budget plan of revenues and expenses are implemented by the service entity as regulated by the Government Budget Law and as regulated in this Decree.

**Article 27. Developing the budget plan of service entities:**

1. Developing the budget plan for the 1st year, at the beginning of the stabilized classification period of service entities:

   Based on the functions and tasks assigned by the authority, tasks of the financial year, the current method of using financial resources; based on the results of the entity’s activities, the previous year’s situation of revenues and expenses, the entity develops its budget in the financial year; identify and classify service entities according to article 9 of this Decree, the money needed from the government budget to cover recurrent operating expenses (applicable to service entities that cover only part of their operating expenses and service entities whose all operating activities are covered by the government); develop the budget of non-recurrent expenditures according to the current regulation.

2. Develop the budget for the next 2 years in the stable period of classification of service entities:

   Based on the amount funded from the government budget, used to cover the regular operating expenses to implement the entity’s functions and tasks assigned by the authority in previous year, and the tasks increased or decreased during the financial year, the entity makes the budgeting of revenues and expenses on regular operating activities of the financial year. For the expense on non-regular activities, the entity builds the budgeting according to the current regulation.

3. Budget the expenditures on the service entity’s activities and send them to the superior management committee according to the current regulation

**Article 28. Building the budget of the superior management agency.**

1. Based on the budgeting of revenues and expenses at the beginning of the stable period that the entity creates, the superior management agency makes plan to classify subordinate service entities according to article 9 of this Decree and compile the budgeting of revenues and expenses on regular and irregular (if applicable) activities so the entity will send it to the same level financial agency and related agencies according to the current regulation.

   After having the permission on paper of the same level financial agency, the direct supervisory ministry (for service entities that belong to the central government), the direct supervisory provincial agency (for provincial service entities) decide or submit it to the People’s Committee to obtain permission to classify service entities so that the classification will stay stable in 3 years and accept the budgeting of the government’s funds that ensures enough money to cover regular operating activities in the first year of the stable period (for service entities that cover part of their operating expenses and service entities whose all operating expenses are covered by the government).
2. Annually, in the stable period of classification of service entities, the direct supervisory agency, based on the budgeted revenues and expenses that the entity creates, considers and compiles the budgeting of the government’s funds and send it to the same level financial agency.

Article 29. Assign the budget and implement the budget

1. Assign the budget plan of revenues and expenses:
   a. The direct supervisory agency (for service entities that belong to the central government); the direct supervisory provincial agency (for provincial subordinate service entities) decide to approve and assign the budget plan of revenues and expenses in the first year of the stable period of classification of service entities, within the limit of the budget plan of revenues and expenses assigned by the authority, after having the written consensus of the same level financial agency.
   b. Annually, during the stable period of classification of service entities, the direct supervisory agency decided to transfer the budget of revenues and expenses to the service entity. The money, which is of the same amount as that of last year, to cover regular operating activities and additional money (including money to do additional tasks) or subtracted money as regulated by the authority (for service entities that cover only part of regular operating expenses and service entities whose all operating expenses are covered by the government) within the limit of the budget plan for revenues and expenses are given by the authority after having written consensus of the same level financial agency.

2. Implementation of the budget plan of revenues and expenses:
   a. For expenditure on regular operating activities: during the period of implementation, the entity is allowed to adjust the expenses types in the plan of expenses given by the authority so that they are compatible with the real situation of the entity, at the same time send it to the superior management committee and local government treasury, where the entity opens an account to supervise, manage, pay and clear expenses. At the end of the financial year, the entity carry on the money unspent on regular operating activities and its other revenues which haven’t been used up, for use in the next year’s activities.
   b. For the money to spend on irregular activities: when considering types of expenses and tasks, the money remained unspent at the end of the year is used according to the Government Budget Law and the current regulating documents.

Article 30. Accounting clearance

Quarterly and annually, the service entity writes financial reports and accounting report, reconciliation of revenues, expenditures using government budget, and sends the reports to the superior management committee for approval according to current regulations.
CHAPTER IV
RESPONSIBILITY OF DIRECTORS OF SERVICE ENTITIES, MINISTERS AND CHAIRMAN OF PEOPLE’S COMMITTEE IN PROVINCES, CITIES THAT BELONG TO THE CENTRAL GOVERNMENT

Article 31. Responsibility of the director of the service entity:

1. The director of the service entity is responsible to the superior management committee and to law about its decisions made in the implementation of its rights of autonomy in tasks, organizing the mechanism, personnel and finance of the entity.

2. Implement the government’s regulation about the reservation of the environment, about safety of the society, confidentiality of the nation in the entity’s activities. Fulfil the responsibilities towards the government, privileged policies towards socially targeted beneficiaries.

3. Build methods to implement the democracy, the autonomy as stated in this Decree and report them to the superior agencies.

4. Build and organize the implementation of regulations according to the instructive documents of the Ministry of Finance.

5. Organize the implementation of management, usage of employees according to law; ensure salary and wage benefits, social insurance, health insurance, training and re-training of employees of the entity according to law.

6. Organize the implementation of budgeting and accounting, inventory, and management of properties, according to law, declare in full and in time all the types of revenues and expenses of the entity in accounting and book keeping system. Implement the regulations of information, reporting of the entity’s activities according to current regulations.

7. Implement the regulation of local democracy and transparent finance according to current regulations.

8. Comply with the regulation of Party and the government about activities of party and mass organizations. Fulfil the task of coordinating and prepare good conditions for those organizations to participate in the supervision and management of all aspects of the entity.

Article 32. Responsibilities of Ministers, ministry level agencies, agencies belong to the government, People’s Committee of provinces and cities belonging to the central government.

1. Regulate the functions and tasks of subordinate service entities
2. Decide on the transfer of rights of autonomy and accountability to subordinate service entities

3. Approve the plan of personnel of service entities that cover part of their operating expenses and service entities whose all operating expenses are covered by the government, ensure the compatibility between their plan of personnel and their functions, tasks and financial abilities.

4. Regulate the classification of levels of rights of autonomy and accountability for tasks, the entity’s organization and structure, personnel and finance, to set as the base for the operation of service entities.

5. Build and issue standards, limits of expenses, limits of economy-technology, and price list of products ordered by the government as regulated.

6. Build specific evaluation criteria to evaluate the level of accomplishment of tasks assigned to service entities based on the following criteria:
   a. The amount of work that has to be implemented
   b. The quality of implemented work that is accepted;
   c. The deadline of the work
   d. The compliance to regulations of finance

   Besides those above basic evaluation criteria, based on specific features of the work, sectoral Ministries build and issue complimentary and specific indicators for evaluation, (from the population who enjoy the service provided by the service entity) to meet the demand of management of the sectoral Ministries and of the entity.

7. Instruct about organizing, examining and supervising the implementation of rights of autonomy and accountability of the service entity as stated in this Decree and according to other related regulations.

8. Consolidate and evaluate annually the implementation of the autonomy and accountability of service entities and send the report to the Ministry of Finance and the Ministry of Home Affairs.
CHAPTER V

IMPLEMENTATION AND COMPLIANCE OF THIS DECREE

Article 33. The effect of this Decree’s implementation

1. This Decree begins to have effect after 15 days from the day of the publication of government journal: “official announcement”, and the replacement of Decree 10/2002/ND-CP of 16 Jan 2002 of the government about “financial management regulations applied to service entities with revenue raising activities”.

2. Eliminate some regulations in the following documents:
   a. Eliminate regulation in Article 1 of Decree 33 of 23 May 1995 of the government about the adjustment of sub article 1 article 6 of decree 95/CP of 27 August 1994 of the government about charging part of hospital fees: “30% is used to give bonus to employees who have high responsibilities towards patients and accomplish their professional tasks well, the entity deducted 2% - 5% to submit to the direct supervisory agency (the Ministry of Health, Provincial health service, Sectoral Ministries) to build a fund to award service entities that have outstanding achievements in curing patients and hospitals that are not in the position to collect hospital fees.
   b. Eliminate the regulation in sub article 3 article 4 of Decree 70/1998/QD-TTg of 31 March 1998 of the Prime Minister about the charging and usage of tuition fees in public educational and training agencies that belong to the national civic education: “the percentage of tuition fees used for enhancing the infrastructure for teaching and learning (sub article 21) must not exceed 35% as for educational department, and not exceed 45% as for training department and the percentage of tuition fees used for supporting the provincial general management (if applicable) must not exceed 20%”;
   c. Eliminate the regulation in sub article 7 article 10 of Decree 60/2003/ND-CP of 6 June 2003 of the government about specific instructions of the implementation of the Government Budget Law: “after obtaining the comments from the superior government management committee”;
   d. For service entities that are given the rights of autonomy, the regulations in Decree 10/2002/ND-CP of 16 Jan 2002 of the government about financial regulations applied to service entities with revenue generating, is replaced by those in this Decree.

Article 34. Responsibility of giving instructions

The Ministry of Finance, the Ministry of Home Affairs, related organizations give instructions about the implementation if this Decree.

Annually, the Ministry of Finance, the Ministry of Home Affairs consolidate the evaluation of the implementation of autonomy as regulated in this Decree and report it to the Prime Minister.
Article 35. Ministers, Directors of Ministry level Agencies, Directors of Government Agencies, Chairman of People’s committee of provinces and cities that belong to the central government, are responsible for the implementation of this Decree.

ON BEHALF OF THE GOVERNMENT

PRIME MINISTER

PHAN VAN KHAI

(Signed)
Annex 6: Overview of relevant data on financing blood transfusion services from other countries

SUMMARY OF INFORMATION/DATA COLLECTED TO DATE ON FINANCIAL MODELS FOR FUNDING BLOOD TRANSFUSION SERVICES IN COUNTRIES OUTSIDE VIETNAM

Australia
- All blood donated freely
- Government grant/support
  - All funding from Government, no patient fees
    - Funding to the blood service (ARCBS) is via a National Blood Authority (NBA)
    - The NBA contracts ARCBS to supply blood products and services to the Australian health system
    - Total funding is in accordance with a product supply plan for each state which is agreed with the Australian Red Cross Blood
    - National government funds 63% of budget
    - State government funds 37% of budget
  - Funding covers the following:
    - Supply of blood and blood components
    - Supply of plasma for fractionation
    - Distribution of blood products
    - It does not cover cost of plasma fractionation or purchase of recombinant blood products
- Cost recovery from patients
  - None
- Costing system
  - Funding from NBA to ARCBS set by a formula based on
    - Payment per unit of product planned (PUP)
      - This cost covers all variable, fixed and overhead costs
      - Changes to unit costs must be agreed
      - Capital funding is provided by adding 10% to operating unit costs
    - Funding is agreed 7 months ahead of implementing year and can be adjusted during the year if required (this is exceptional though)
  - Approximate proportions of funding are as follows;
    - 70% for operating costs (wages, consumables, overheads related to collection, testing, processing and distribution)
    - 20% for corporate overhead operating expenditure (e.g. finance and human services, transfusion medicine etc.)
    - 10% for capital
  - Unit costs (PUP) calculated for each product in 2006-07 in USD as follows;
    - Leucodepleted Red Cells 259
    - Buffy Coat Poor Red Cells 184
    - Leucodepleted Pooled Platelets 328
Development of costing and financing models for blood transfusion services in Vietnam

- Leucodepleted Apheresis Platelets 476
- Buffy Coat poor FFP 38
- Plasma for fractionation 173

- Pricing
  - No prices as products are free at source

**China**
- All blood donated freely
  - Paid donations are banned by law in China
- Most funding is from payment by patients as central Government can not afford to fund **BUT** government wants to make sure the charge for blood transfusion is reasonable and consistent across the country
- Government grant/support
  - for major investment
  - small part of routine budget
- Cost recovery from patient fees
  - Part of major investment
  - Most of routine budget
- Costing system
  - No information
- Pricing
  - Decided by Government based on cost recovery model
  - Cost recovery model includes routine cost plus some development costs

**Singapore**
- All blood donated freely
  - Singapore citizens pay only 50% of full patient fee
  - Non-residents pay full processing fee
- Cost recovery from patient fees
  - Covers ~60% of total expenditure for the national blood program
  - Charge fixed and reviewed regularly
  - Standard fee for public and private hospitals
  - Patient Fee based on Blood Processing Fee
- Government grant/support
  - Covers all other expenditure with a minimum (maximum?)
  - cost recovery ratio cap
- Costing system (Blood Processing Fee)
  - All fees or proposals to increase fees are approved by BTS Board and MOH
  - All new test must be approved by MOH
  - Annual budgets must be approved by BTS Board and MOH
  - BTS has KPIs (e.g. blood collection targets, components processed, tests performed, % blood outdating, ability to meet hospitals demand) monitored by BTS Board and MOH
- Pricing (Patient Fee, 2006)
  - USD charges to residents and non-residents
    - Random platelets 61 96
    - Red cells 55 100
    - Whole blood 108 150
    - FFP 55 104
The Phillipines

- All blood donated freely
  - No information on paid and volunteer blood
- Government funding insufficient to cover cost of blood programme
- Cost recovery from patient fees
  - Standard fee for public and private hospitals
- Government grant/support
  - Blood Services Act of 1994 states that other funds can be provided by
    - Budgetary allocation from Department (MOH?)
    - The Phillipine Charity Sweepstakes Office
    - The Phillipine Amusement and Gaming Corporation
    - The Trust Liability Account of the Duty Free Shop
    - Civic and charitable organisations
- Costing system (Blood Processing Fee)
  - No information
- Pricing
  - USD charges, 2006?
    - Whole blood 30
    - Packed red cells 22
    - Others* 14
    * (Platelet concentrate, FFP, Cryoprecipitate, Cryosupernatant)

Thailand

- All blood donated freely
  - No information
- Government grant/support
  - No information
- Cost recovery from patient fees
  - Different charge to Public and Private hospitals
- Costing system
  - No information
- Pricing
  - USD Charges, Public and Private Hospitals, 2006?
    - Whole Blood 16.7 18.2
    - Packed Red Cells 13.4 14
    - Leucocyte Poor Packed Red Cell 15.3 16.7
    - Random Platelet Concentrate 9.5 10
    - Fresh Frozen Plasma 9.5 10
    - Cryoprecipitate 7.8 8.3
    - Cryo-removed Plasma 7.8 8.3
    - Leucocyte Poor Pooled Concentrate 111.7 111.7
    - Single Donor Platelet
      - Non – filtered 167 167
      - Filtered 209.5 209.5
    - Single Donor Red Cell
      - Non – filter 41.9 41.9
      - Filter 61.4 61.4
    - Leucodepleted Whole Blood 43.3 44.4
    - Leucodepleted Packed Red Cells 39.8 40.4
Development of costing and financing models for blood transfusion services in Vietnam

- Leucodepleted FFP
  - Taiwan
  - All blood donated freely
    - No paid donors in Taiwan allowed
  - Cost recovery from patient fees
    - No information
  - Government grant/support
    - 97% from Bureau of National Health Insurance (in 2005 this was 68M USD)
    - Use of funds is monitored and reviewed at twice annual TBSF Board meeting
    - TBSF has to submit estimated budgets and accounts every year
  - Costing system
    - Regular expenditure in 2005 was 66.9M USD
      - Operations 46.7%
      - Salaries 39%
      - Management 9.2%
      - Research and Development 2.2%
      - Retirement Fund 1.8%
      - Others 1.0%
  - Pricing (Patient Fee, 2006 in USD)
    - Whole Blood: 15.4
    - Packed RBCs: 12.4
    - Washed RBCs: 18.5
    - Leucoreduced RBCs: 26.3
    - Platelet Conc.: 9.3
    - Apheresis Platelet: 130
    - Leucoreduced Apheresis Platelet: 222
    - FFP: 9.26
    - Cryo: 4.63

-Egypt
  - All blood donated freely
  - Cost recovery from patient fees
    - Differences in charges for Private (Pay full cost plus a small profit margin), NBTS (pay subsidized cost) and governmental Blood Banks (pay subsidized cost)
    - Exemption policy for poor patients
  - Government grant/support
    - Overall level of government support less than costs used to run the service
    - NBTS funded for salaries, supplies and maintenance
    - General Directorate of Blood Affairs funded for salaries for staff in peripheral blood banks, supplies and donor incentives, investments
    - General Directorate for Public Hospitals for salaries, medical supplies, donor incentives
  - Costing system (Blood Processing Fee)
    - Blood banks do not have separate budgets, they are part of hospital system which is funded form several different government budgets
Some staff receive incentives related to number of donations collected
Some Blood banks sell surplus blood to generate income

- Pricing
  - No information

New Zealand
- All blood donated freely
  - No paid donors in New Zealand
- Government grant/support
  - 99% of the New Zealand Blood Service (NZBS) is funded by charging a fee to the 21 District Health Boards which are the users of blood products and services.
  - The NZBS operates as a not-for-profit service so only recovers its annual operating costs through the fees charged to the District Health Boards.
  - An annual budget is prepared to show the increase in revenue required to fund operations for the following year and then the NZBS enters a pricing review with the District Health Boards to set the new pricing.
- Cost recovery from patient fees
  - No patient fees, all products and services are provided free of charge to the patient
- Costing system
  - No information
- Pricing (2006, USD)
  - Cryoprecipitate Apheresis (High Fibrinogen)  238
  - Fresh Frozen Plasma  127
  - Platelet Apheresis  492
  - Pooled Platelets  492
  - Re-suspended Red Cells  168

Note: All products are leucocyte depleted to reduce the risk of vCJD transmission

Please note that is tentative data based on email response and is for guidance only.

Paul Rogers, CTA, Blood Safety TA Project

15th May 2007