

Medical abortion in Vietnam: A cost study

The Vietnam Ministry of Health (MOH) would like to give women greater access to a choice of safe abortion methods, including medical abortion (using the drugs mifepristone and misoprostol). PATH and the MOH conducted a cost study to inform the expansion of these services.

Background

In Vietnam, abortion is legal, widely available, and extensively utilized. Although declining, abortion rates remain among the highest in the world—with approximately 500,000 to 600,000 abortions reported in the public sector each year.

Most abortions are performed surgically—using manual vacuum aspiration (MVA) or, to a lesser extent, dilation and curettage (D&C). Relatively few medical abortions are provided. Current regulations allow for medical abortion provision only at tertiary and provincial hospitals, and many of these facilities do not provide the method, in part because information on the relative cost of medical abortion and other abortion services is lacking.

To encourage informed decision-making about the provision of medical abortion at different levels of the health system, PATH and the MOH collected data from health facilities representing different geographic regions and levels of the health system.

Objectives

Our main objective was to provide cost information to decision-makers. The specific objectives were to:

- Estimate the cost of providing medical abortion at tertiary, province, and district levels.
- Develop a pricing strategy for providing medical abortion at different levels of the health system.
- Provide cost data to inform the discussion about expanding the availability of medical abortion.

Methods

We collected data from October 2005 to July 2006 at eleven health facilities in five provinces: two urban tertiary hospitals, three provincial hospitals, three reproductive health care centers, and three district hospitals.

Data collection methods included key informant and group interviews with abortion providers; review of patient medical records; inventory of supplies and equipment; and review of budget information and expenditure records.

We analyzed the following fixed and recurrent direct costs: personnel, drugs, disposable supplies, medical instruments, and equipment. Patients' out-of-pocket medical expenditures were not estimated.



Vietnam can expand women's access to a choice of abortion services by developing rational user fees based on cost information, reducing the cost of providing medical abortion, and offering the method at district hospitals.

Findings

The major findings from the cost study are shown in Table 1.

The cost of providing abortion services varies by the level of the service and the procedure type.

The cost of providing any abortion service is higher at tertiary hospitals than at other levels of the health system, in part because of the higher cost of labor and supplies.

The cost of providing medical abortion is higher than the cost of providing either D&C or MVA at each level of the health system, mainly because of the cost of the drugs.

The cost of the medical abortion drugs would have to be reduced by 25 percent to equal the cost of MVA at tertiary hospital and by 75 percent to equal the cost of MVA at provincial hospitals and reproductive health centers.

Another factor influencing the cost of medical abortion is the high use of ultrasound, despite this not being required.

If medical abortion were provided at district hospitals, the procedure would be more expensive than MVA or D&C, but less expensive than providing the method at higher levels of the health system.

While there is little variation in the cost of providing medical abortion at different levels of the health system, there is a wide variation in user fees. No clear relationship exists between the cost of providing the service and the user fee.

Recommendations

The study resulted in four major recommendations:

- Efforts should be made to lower the price of the medical abortion drugs.
- Physicians should be encouraged to reduce the use of ultrasound imaging for abortion services.

- Better understanding is needed regarding how user fees are set. The data from this study should inform the setting of user fees.
- Providing medical abortion at the district level should be considered for inclusion in the revision of national standards and guidelines.

Next steps

The MOH is considering including medical abortion at the district level in the upcoming revision of the national standards and guidelines. The study has also raised awareness of the incongruence in the cost of services and user fees and the need to lower drug prices and change providers' ultrasound practices. The MOH will take steps to address these issues in the near future.

More information

For more information about this work, please contact vietnam@path.org or info@path.org.

Table 1. Average cost of abortion procedures in Vietnam in 2006*

Procedure	Cost, US\$			
	Tertiary hospital	Provincial hospital	Reproductive health center	District hospital**
Medical abortion				
Baseline	\$9.19	\$8.01	\$9.40	\$8.59
With drug regimen cost reduced by 25%	\$7.56	\$7.83	\$7.86	\$7.06
With drug regimen cost reduced by 50%	\$5.92	\$6.18	\$6.33	\$5.52
With drug regimen cost reduced by 75%	\$4.10	\$4.52	\$4.80	\$3.99
With only one ultrasound	\$8.75	\$8.14	\$8.42	\$8.20
With no ultrasound	\$8.28	\$7.70	\$7.66	\$7.80
Manual vacuum aspiration	\$7.18	\$4.43	\$4.48	\$4.04
Dilation and curettage	N/A***	\$5.97	\$4.59	\$4.56

*Where 1 United States dollar = 15,900 Vietnamese dong.

**The cost of medical abortion was estimated; the procedure is not yet available at district hospitals.

***Dilation and curettage is not provided at tertiary hospitals.

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