

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: MKSS

TA No. and Name 3483-VIE: Capacity Building for Prevention of Food-borne Diseases			Amount Approved	
			\$500,000 (JSF)	
Executing Agency Ministry of Health			Revised Amount	
			\$500,000	
Approval 29 August 2000			TA Amount Undisbursed	TA Amount Utilized
			\$4,314	\$495,686
Date			Closing Date	
Signing	Field		Original	Actual
21 December 2000	4 June 2001		August 2002	March 2003
<p>TA Description</p> <p>The problem of food safety is an emerging challenge for Viet Nam both from health and economic perspectives. The Viet Nam Government has accorded high attention to the problem of food safety. The Public Health Law, of 30 June 1989, states, "citizens shall be entitled to ..healthy food." In 1999, the Government created the Food Administration Agency¹ within MOH, which is responsible for establishing quality standards for food that requires certification; testing foreign and domestic food products; and coordinating food safety regulations and issues with other organizations such as the Ministry of Trade and Commerce, and the Ministry of Science, Technology, and Environment. The Food Administration is a relative new entity, for which the Government sought ADB support. Its institutional capacity was limited at that time. It was going through a long and difficult gestational period, trying to identify its role and responsibilities in an environment in which trained human resources and technical capability were extremely limited. If provided with additional support to strengthen its capacity, it had the potential to fulfill the role expected of it by the Government and consumers. With such support the Food Administration would be better placed to advise the minister of health on the management of the quality, hygiene, and safety of food throughout the country.</p> <p>Establishing standards and regulations for quality of food and developing infrastructure to enforce the regulations was a policy priority in the country. Although some basic regulations for food safety existed, several areas needed urgent attention. The laws and regulations relating to food, in general, and food safety, in particular, were not comprehensive. There was no national food safety policy. There were significant gaps in statutory responsibilities. The absence of a policy dialogue among stakeholders and lack of coordination were other problems. Even though there was a network of testing centers, food testing was a low priority activity because of the weak linkages between state management agencies and those with the responsibility to conduct tests.</p> <p>TA Objectives and Scope</p> <p>The main objective of the TA was to strengthen the capacity of MOH to promote food safety and reduce the incidence of food-borne diseases in the country. Specifically, the TA sought to (i) help MOH rationalize policies, laws, and quality standards related to food quality, hygiene, and safety; (ii) strengthen the capacity for food-testing, implementation of guidelines, and enforcement of laws; (iii) develop a national food-borne disease surveillance systems; and (iv) build capacity for public information and education for food safety.</p> <p>The scope of the TA included (i) policy review, law reform and assistance for more effective law enforcement; (ii) support for food safety laboratory; (iii) implementation of a national food-borne diseases surveillance system; and (iv) support for food safety information and education.</p> <p>TA Inputs Evaluation</p> <p>The TA design was adequate and the TORs clear and comprehensive; no significant modifications were made during the implementation. The TA was implemented by the World Health Organization and comprised the services of 3 international consultants for 19 person-months and 5 domestic consultants for 24 person-months. The performance of the consultants was satisfactory. The Ministry of Health was the executing agency (EA) for the TA. The EA appointed counterpart staff to work on all four components of the TA. The performance of the EA is rated as <i>satisfactory</i>. Inputs from technical UN agencies and bilateral agencies interested in the issues were actively sought. The TA was adequately supervised through regular meetings and discussions with the consultants and review missions. The performance of ADB in supporting the TA is also rated as <i>satisfactory</i>.</p>				

¹ Decision No 14/1999/ QD-TTg of the Prime Minister dated 04 February 1999.

TA Outputs Evaluation

Policy Review. The TA team provided extensive inputs in developing the Food Hygiene and Safety Ordinance, which is now under consideration of the Government at the highest level. Once promulgated, the Ordinance will provide a platform on which the Food Administration will be able to commence the modernization of all food legislation documents under its direct control. A training manual on policy, food laws and regulations and standards for provincial and districts health authorities was also developed.

Food Safety Laboratories. The TA assisted in developing an inventory of available and needed equipment for food safety laboratories in the country. It also developed the relevant guidelines and training documents and provided necessary training for the analyst in national, provincial and municipal health authorities.

Surveillance. A system of sentinel site surveillance for food-borne diseases was established which would help the Food Administration to generate data on the extent of the diseases and identify control strategies.

Information, education and communication. The TA assisted in the establishment of a Food Safety Communication and Education Center. The team developed a mission statement, management plan, and strategy and plan of action for the Center. The TA team also provided training and support for development of communication materials.

The quality and timeliness of the outputs is considered *satisfactory*. The Government and EA were *fully satisfied* with the outputs.

TA Overall Assessment and Rating

The TA is rated as *successful*. The TA made significant contribution to the capacity of the Food Administration. The TA was very timely since it followed immediately after the establishment of the Food Administration and provided critical support for defining its role and building its capacity. This was a major collaborative work between ADB and WHO, in which ADB resources were augmented through additional contributions from WHO, both in cash and kind. The involvement of WHO has increased the sustainability of the TA. Another good feature of the TA was that it was implemented in conjunction with the Rural Health Project (VIE 1777). Several outputs of the TA such as development of list of equipment for food safety laboratories were useful for the implementation of the Rural Health Project.

Major Lessons Learned are as follows:

(i) Joint implementation of TAs with technical agencies such as WHO can help in improving the technical quality of TAs and ensuring sustainability. (ii) ADB advisory TAs can add more value if they are implemented in conjunction with investment projects since the policy advice can also be dovetailed with the critical investments required to implement the policies. (iii) ADTAs are particularly effective instruments in supporting new organizations and agencies and can provide meaningful assistance in defining their roles and business plans. (iv) Technology transfer and opportunities to learn from the experiences of countries that have already gone through the process are important in supporting capacity building in new institutions.

Follow-Up Action and Recommendations:

Further support is required to consolidate and mainstream the gains of the TA. There are several areas, which require further strengthening including human resources, food safety code, food inspection and monitoring and food analysis. This is proposed to be done through a future project for strengthening preventive health services.

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