



Technical Assistance Report

Project Number: 40354
December 2007

Socialist Republic of Viet Nam: Preparing the Support for Health Systems Development Program (Cofinanced by the Japan Special Fund and the Government of Australia)

CURRENCY EQUIVALENTS

(as of 30 November 2007)

Currency Unit	–	dong (D)
D1.00	=	\$0.0000623
\$1.00	=	D16,051.00

ABBREVIATIONS

ADB	–	Asian Development Bank
MDG	–	Millennium Development Goal
MOH	–	Ministry of Health
ODA	–	official development assistance
TA	–	technical assistance

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention (Millennium Development Goals)
Sector	–	Health, nutrition, and social protection
Subsector	–	Health systems
Themes	–	Inclusive social development, governance, gender and development
Subthemes	–	Human development, public governance, gender equity in capabilities

NOTE

In this report, "\$" refers to US dollars.

Vice President	C. Lawrence Greenwood, Jr., Operations Group 2
Director General	A. Thapan, Southeast Asia Department (SERD)
Director	S. Lateef, Social Sectors Division, SERD
Team leader	L. Studdert, Health Specialist, SERD

I. INTRODUCTION

1. The Government of Viet Nam (the Government) has requested ongoing assistance from the Asian Development Bank (ADB) for the health sector as the Government continues to strengthen and develop the country's health systems. This is consistent with ADB's support for Viet Nam's 5-year Socioeconomic Development Plan,¹ which includes social development and environmental protection as one of the three pillars forming the basis of Viet Nam's overall development. Development of the health system will be integral to achieving national goals in relation to this pillar and to the overall plan. The proposed program is the second health sector activity² included in ADB's country strategy and project for 2007–2010,³ which includes a strong focus on inclusive social development with the goal of reducing morbidity and improving health, life expectancy, and quality of life.

2. The ADB project preparatory technical assistance (TA) Fact-Finding Mission was fielded from 6–20 July 2007 and reached an understanding with the Government on the scope and modality of the proposed program as well as the impact, outcome, outputs, implementation arrangements, cost, financing arrangements and indicative terms of reference for the TA.⁴ Appendix 1 presents the design and monitoring framework.

II. ISSUES

A. Sector Performance

3. The Government remains strongly committed to providing quality health care for all citizens. Through ongoing efforts to upgrade the network of services, which range from village health workers to national-level hospitals, and as a result of rapid economic growth, Viet Nam has achieved significant improvements in key health indicators and is on track to achieve most of the Millennium Development Goals (MDGs) by 2015 related to health.⁵

4. Yet despite investments in the health sector and the improvements in key health indicators, Viet Nam's efforts to provide equitable access to high-quality health services, to improve health outcomes, and to respond to the changing demands and needs of its rapidly urbanizing and increasingly prosperous population face major challenges. Gains in national health indicators are driven by the heavily populated areas of the Red River (Hanoi) and Mekong (Ho Chi Minh City) deltas, while remote and rural areas in the north, center, and south have not enjoyed such gains and lag significantly in relation to MDG achievements. For example, child malnutrition levels, as indicated by the prevalence of low weight for age among children under 5, fell from 37% in 1999 to 25% in 2005 nationally; however, in poor central provinces, such as Kon Tum, the prevalence of low weight for age remains high at 36%.

5. Rapid economic growth has led to increased expectations and rising demand from the emerging middle-class for higher-quality services, including modern medical technologies. Overcrowding in urban hospitals is an acute problem facing both the national and local governments as consumers express increased frustration with the situation. Moreover, as economic growth affects people's lifestyles, the disease profile in urban areas is changing from one dominated by infectious disease to one dominated by chronic diseases, in particular,

¹ Socialist Republic of Viet Nam. 2006. *The Five-Year Socioeconomic Development Plan 2006–2010*. Hanoi.

² The first project, Health Care for the South Central Coast, is under preparation and is scheduled for consideration by ADB's Board of Directors in early 2008.

³ ADB. 2006. *Viet Nam: Country Strategy and Program 2007–2010*. Manila.

⁴ The TA first appeared in *ADB Business Opportunities* on 7 September 2007.

⁵ Key indicators on which Viet Nam is not expected to reach MDG targets relate to HIV infection rates (MDG 6) and access to safe water supplies and sanitation (MDG 7).

cardiovascular conditions and tobacco-related respiratory diseases. Accident-related morbidity and mortality, related predominantly to traffic accidents, are also becoming a significant component of the disease burden and placing increasing the demand for health and social services. Low levels of expenditure underlie many of the remaining and persistent problems in the health sector, with annual health expenditure per capita estimated to be approximately \$26 in 2003, of which only \$8 came from public sources.

6. The Government recognizes that while ongoing investment in physical infrastructure is needed, the health system's ability to respond to the remaining, and to emerging, challenges will require renewed efforts to strengthen the key policies and institutional structures that underpin the sustainability and quality of service delivery. Politburo Resolution Number 46 (2005) notes that the health system has been stagnant in relation to reforms and urges "renewing and improving the health system along the lines of equity, efficiency and development to facilitate the protection, care and promotion of health for all with increasingly higher quality in conformity with the socio-economic development of the country."⁶ In response, the Ministry of Health's (MOH's) Master Plan (2006–2010)⁷ calls for making access to and use of health services more equitable and for making health services more effective. The plan also aims to improve the quality of health care at all levels, especially for the poor, women, children, the disabled, minority groups, and those living in remote and disadvantaged areas.

B. Sector Priorities

7. While the needs for policy development and investment are diverse, complex, and intricately interwoven, the Government has identified three areas that require particular attention in the short to medium term if it is to advance its overarching goals of equity, efficiency, and development. These areas—human resources, health financing, and health service provision—have already been the focus of some intensive policy analysis and donor-supported TA, but more analysis and donor support are needed. Moreover, the Government's legislative and policy reform agenda for the next 3–4 years provides important opportunities to introduce critical reforms and other measures that could significantly develop and strengthen the health system.

8. **Human Resources.** While Viet Nam has a relatively large number of health workers, the level of skills and the distribution of these workers are major constraints to achieving improvements in health services and outcomes. Medical specialists, nurses, college-trained pharmacists, rehabilitation workers, public health workers, managers (particularly for hospitals), and the like are in short supply. Among the trained workforce, the systems and incentives for ongoing skills development and maintenance are poor. Distribution issues include acute shortages in rural and remote areas, where health needs are the greatest, while public sector services in urban areas are facing growing losses of highly skilled health professionals to the emerging private sector. Policies and institutional structures to address these constraints have had limited success to date, and the Government is now giving high priority to these issues given the critical role the health workforce plays in every aspect of health system strengthening.

9. **Health Financing.** In addition to the low levels of public spending on health (1.5% of gross domestic product), social health insurance coverage remains low (approximately 30% of the population). The Government has a goal of universal health insurance coverage, although the original plan for achieving this by 2010 is under review. Moreover, while coverage has been slowly growing, in recent years, increases in premiums have quickly overtaken income growth,

⁶ Politburo. 2005. *Resolution No. 46-N QJW: On People's Health Protection, Care and Promotion in the New Context*. Hanoi.

⁷ Government of Viet Nam. 2006. *Master Plan for Health System Development in Viet Nam by 2010 and Vision to 2020*. Hanoi.

leading to concerns about the financial viability of the current system. A significant policy development in 2005 was the adoption of the health care funds for the poor policy, which provides free health services and approved drugs to approximately 14.3 million poor people.⁸

10. **Health Service Provision.** The quality of health services and low consumer satisfaction with service provision are persistent and growing problems for consumers and the Government alike. The systems and guidelines for internal quality control in hospitals and levels of service provision are weak, and the regulatory frameworks and institutions for external quality reviews and inputs are not well developed. These deficits are becoming increasingly acute with the rapidly expanding availability of and demand for private sector services. The growing flow of patients seeking services at higher than necessary levels of care even for relatively minor ailments and from the private sector even at great personal expense indicate the high level of consumer dissatisfaction.

C. Development Partners and Financing Modalities

11. International development partners, including ADB, have provided continued support to the health sector, although total official development assistance (ODA) financing for the health sector is low relative to overall expenditures (less than 10%). Since the mid-1990s, ADB has approved financing for six major health projects,⁹ with a seventh (see footnote 2) scheduled for consideration by ADB's Board of Directors in early 2008. For the most part, ADB and other ODA financing has been directed to provincial and district-level health service investments in civil works, equipment procurement, and workforce training as well as to targeted programs, such as those aimed at reproductive health, tuberculosis, and HIV/AIDS. With more recent concerns about Viet Nam's vulnerability to newly emerging infectious diseases, exemplified by the outbreaks of SARS and avian influenza in Viet Nam, ADB and other development partners have also provided financial support and TA to strengthen Viet Nam's preventive health services.

12. In recent years, the Government and international development partners have looked at reforming the mechanisms for providing ODA in particular sectors. The Paris Declaration (March 2005)¹⁰ and the Hanoi Core Statement (June 2005)¹¹ call for new funding modalities, in particular, reduced use of project management units, with their effect on lowering efficiency for the Government and partners alike. There is now some experience with the development and implementation of program based financing in several sectors and increased interest in the development of similar mechanisms for the health sector. The Government has expressed its support for ODA to be more closely coordinated within the health sector and for strengthening support to the Government's ongoing policy and investment agenda.

⁸ Government of Viet Nam. 2002. *Prime Minister's Decision 139: Health Insurance for All*. Hanoi.

⁹ ADB. 1995. *Technical Assistance to the Socialist Republic of Viet Nam for Population and Family Health Project*. Manila (TA 2348-VIE, for \$415,000, approved on 15 June); ADB. 1998. *Technical Assistance to the Socialist Republic of Viet Nam for Rural Health Project*. Manila (TA 3077-VIE, for \$600,000, approved on 25 September); ADB. 2003. *Technical Assistance to the Socialist Republic of Viet Nam for Health Care for the Poor in the Central Highland Project*. Manila (TA 4092-VIE, for \$150,000, approved on 25 March); ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Socialist Republic of Viet Nam for the Preventive Health System Support Project*. Manila (Loan 2180-VIE, for \$27,900,000, approved on 25 August); ADB. 2005. *Grant Assistance to the Socialist Republic of Viet Nam for GMS Regional Communicable Diseases Control Project*. Manila (Grant 0027, for \$15,000,000, approved on 21 November).

¹⁰ The Paris Declaration was issued at the conclusion of the High-Level Forum on Aid Effectiveness held in Paris in March 2005.

¹¹ The Hanoi Core Statement on Aid Effectiveness: Ownership, Harmonisation, Alignment, Results was agreed by delegations present at the Midterm Consultative Group Meeting for Viet Nam held in Can Tho City, 2–3 June 2005.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

13. The intended impact of the Program is to accelerate the attainment of improved health outcomes through strengthened health systems. The program will support key policy development and associated investments in one or more of the following areas: (i) human resources, with a focus on planning for and monitoring workforce needs, providing in-service training, and examining workforce distribution; (ii) health financing, particularly capacity for administering the health insurance system; and (iii) health service provision, with a focus on systems that improve the quality and financing of services and associated monitoring and evaluation processes.

14. The outcome of the TA will be a feasibility study and a design for a sector development program agreed to by ADB and the Government.¹² The feasibility study and program design will include a policy matrix that describes technically and economically feasible policy goals and monitorable actions along with an accompanying investment component that will support policy development and implementation in selected key areas. Appendix 2 presents an initial poverty and social analysis.

B. Methodology and Key Activities

15. The TA will (i) analyze key policy measures in the three priority areas and identify areas where further developments are planned and needed; (ii) conduct extensive consultations within the Government and among other stakeholders on the priorities for policy reform and capacity building; (iii) provide technical support to key stakeholders, particularly the MOH, in relation to ongoing policy development work; and (iv) prepare a policy matrix, investment proposal, and implementation plan for possible assistance from ADB and other international development agencies.

16. In the first month, the TA team will review the health sector's performance, national policies and plans, and previous sector reviews and analyses. The team will also consult with ministries and sector partners in Hanoi and Ho Chi Minh City, selected provincial officials and health sector staff, and consumers. The findings from these reviews and consultations will be used to identify the main issues and key opportunities for policy support through TA and linked investments. Technical specialists will work closely with Government counterparts to support policy developments already under way while coming to understand the opportunities for further reform and support consistent with existing processes and systems. Specialists will contribute independent analyses of and contributions to policy options drawing on international best practice and technical reviews of relevant local experience.

17. Each specialist subteam will identify technically sound and realistic proposals for inclusion in the policy matrix and will develop more detailed plans for a set of closely linked investments that will support program implementation. Initial proposals for inclusion in the policy matrix and investment program will be discussed at the midterm workshop (month 3) and further refined based on feedback from stakeholders and continued technical analysis. The team will consult closely and regularly with other development partners, including the World Health Organization, the World Bank, the European Commission, and the Government of Australia to ensure technical coordination and to develop and explore options for cofinancing and technical collaboration.

¹² The three proposed areas of focus are not currently covered at the national policy level by other ODA financing in the health sector and the proposed financing modality will be innovative for this sector.

C. Cost and Financing

18. The TA is estimated to cost the equivalent of \$830,000. The amount of \$500,000 will be financed on a grant basis by the Japan Special Fund, funded by the Government of Japan. The Government of Australia will provide a grant of \$180,000 to be administered by ADB. The Government will provide the equivalent of \$150,000 through in-kind contributions for counterpart staff, workshops, and facilities. The cost estimates and financing plan are in Appendix 3. The Government has been informed that approval of the TA does not commit ADB or the Government of Australia to finance any ensuing program.

D. Implementation Arrangements

19. The MOH will be the Executing Agency for the TA and will appoint a part-time TA director and a full-time TA deputy director. A steering committee chaired by a vice minister will be established in the MOH to review and guide TA work. The Department of Science and Training will be responsible for TA implementation. The vice minister responsible for human resources will provide overall leadership, and will arrange monthly meetings to guide and coordinate TA activities. The MOH will establish, manage, and administer an advance payment facility to facilitate disbursements in accordance with procedures agreed on with ADB.

20. ADB and the Government of Australia financing will support 28 person-months of international consulting services (person-months are in parenthesis), including a team leader and health system planning expert (6); a human resources development expert (6); a health workforce training, skills development and institutions expert (4) a health financing expert (4); a health services expert (6); and, a poverty, gender, and ethnic minority specialist (2). ADB and the Government of Australia financing will also support 36 person-months of national consulting services, including experts in health systems planning (6), human resources (6), workforce training (6), health insurance (6), hospital services (6), social development (4) and a financial management (2). ADB will engage the consultants in accordance with its *Guidelines on the Use of Consultants* (2007, as amended from time to time). Given the highly specialized knowledge that will be sought along with experience specific to Viet Nam, a firm is unlikely to be able to gather such specialized expertise in a single team, therefore consultants will be appointed as individuals. Indicative terms of reference for consultants are in Appendix 4. The MOH will procure equipment under the TA in accordance with ADB's *Procurement Guidelines* (2007, as amended from time to time). The MOH will retain the equipment on completion of the TA.

21. The project director and team leader will submit an inception report to the MOH and ADB within 1 month of TA implementation. A detailed sector analysis will be submitted at midterm, along with a draft policy matrix, investment project concept, and draft program framework. The draft final report will be submitted after 5 months and the final report after 6 months. Consultation workshops will be held with the MOH and other stakeholders at inception, at midterm, and at the time of preparing the draft final report. The TA will become effective around January 2008 and will be completed by December 2008.

IV. THE PRESIDENT'S DECISION

22. The President, acting under the authority delegated by the Board, has approved (i) ADB administering a portion of technical assistance not exceeding the equivalent of \$180,000 to be financed on a grant basis by the Government of Australia, and (ii) ADB providing the balance not exceeding the equivalent of \$500,000 on a grant basis, to the Government of Viet Nam for preparing the Support for Health Systems Development Program, and hereby reports this action to the Board.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions and Risks
<p>Impact Improved health care system as indicated by health outcomes and consumer satisfaction</p>	<p>On completion of the program, Viet Nam will have reached the 2015 health-related Millennium Development Goal targets for child and maternal mortality. Life expectancy will be equivalent to the average of middle-income countries and measures of consumer satisfaction will be significantly improved from the baseline.</p>	<p>Viet Nam living standards survey</p> <p>Health system consumer satisfaction measures^a</p>	<p>Risks</p> <ul style="list-style-type: none"> Weak political commitment to the sector Economic slowdown
<p>Outcome Agreed program design (incorporating a policy framework and linked investment components) with a focus on policy and services that reach the poor</p>	<p>Proposal accepted by the Government and ADB (up to completed program negotiation stage) by the end of 2008</p>	<p>TA final report and feedback from the MOH and Government agencies (the Ministry of Planning and Investment, the State Bank of Viet Nam)</p>	<p>Assumption</p> <ul style="list-style-type: none"> The proposal is in line with the Government's policy goals and expectations. <p>Risk</p> <ul style="list-style-type: none"> The Government's policy goals are not clear or are changing.
<p>Outputs</p> <p>1. Detailed sectoral analysis, including selected/prioritized policy options related to human resources, health financing, and health service provision</p> <p>2. Technical contributions to ongoing Government policy work in each of the three areas</p> <p>3. Program design incorporating a policy matrix and linked investment components and MOH prefeasibility and feasibility reports</p>	<p>Sectoral and policy analyses, including relevant national and international experience (first draft by month 3 for inclusion in the midterm report)</p> <p>Policy/data analysis papers and technical discussions (completed by the end of month 4)</p> <p>Draft final report (by month 5) that reflects stakeholder consensus on policy and investment priorities leading to a final report and program design (month 6)</p>	<p>Midterm report</p> <p>TA progress report</p> <p>Program proposal</p> <p>Government prefeasibility and feasibility report</p>	<p>Assumptions</p> <ul style="list-style-type: none"> MOH counterparts participate in the provision and analysis of relevant data. Different opinions and options on policy priorities and options can be analyzed and negotiated for satisfactory consensus. <p>Risk</p> <ul style="list-style-type: none"> Time, funds, and expertise will be insufficient to carry out the scope of work identified.
<p>Activities with Milestones</p>			<p>Inputs</p>
<p>1.1 The MOH establishes a project team for the TA and convenes a steering committee (month 1).</p>			<ul style="list-style-type: none"> ADB: \$500,000 Consultants: \$405,000

Activities with Milestones	Inputs
1.2. The team leader, the project director, and the human resource expert conduct initial national consultations and prepare a detailed inception report (month 1).	(20 international person-months, 28 national person months)
1.3. The consultants, along with MOH counterparts, conduct meetings, workshops, field visits, and other activities to fully understand sectoral issues and policy priorities for system strengthening, associated capacity building, and investment opportunities (months 1–3).	- Equipment: \$10,000 - Workshops, field visits, surveys: \$30,000 - Miscellaneous Administration and support costs, contingencies: \$55,000
1.4. The project team prepares an outline for policy reforms and linked investments focused on policy implementation (month 3 with the midterm report).	• Government of Australia: \$180,000
2.1. The consultants lead technical discussions and prepare technical input papers relevant to ongoing Government policy priorities, consultants' areas of expertise, and identified priorities for the ADB Program (month 4).	- Consultants: \$170,000 (8 international person months; 8 national persons month) - Workshops, field visits: \$10,000
3.1. The project team, in consultation with the steering committee, confirms the program scope, cost estimates, and financing and implementation arrangements and completes the draft final report (month 5).	• Government: \$150,000 (office accommodation, transport, counterpart staff)
4.1. The project director and team leader incorporate comments and finalize the program proposal and feasibility study (month 6).	

ADB = Asian Development Bank, MOH = Ministry of Health, TA = technical assistance.

^a An internationally recognized instrument for measuring consumer satisfaction in health system performance should be adapted for Viet Nam and implemented as part of baseline data gathering at project inception.

INITIAL POVERTY AND SOCIAL ANALYSIS

A. Links to the Country Poverty Analysis

Is the sector identified as a national priority in country poverty analysis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the sector identified as a national priority in country poverty partnership agreement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Contribution of the sector or subsector to reduce poverty in Viet Nam: Development of the health sector plays a major role in poverty reduction. The high burden of disease among the poor is both a result of poverty and a cause of poverty. Poor accessibility to, and utilization of, health services means that the poor are generally more severely ill more frequently, while illness and poor health impose high costs on individuals and households through lost productivity and the costs of treatment. This is particularly the case in Viet Nam, where consumers bear more than 70% of all medical expenses out-of-pocket.			

B. Poverty Analysis

Targeting Classification: Targeted intervention

What type of poverty analysis is needed? The program will focus on policy and system strengthening. A key objective of the Government is to ensure that development of the health system improves equity in access to, and utilization of, health services in order to improve health outcomes for the entire population. Thus all proposed policy measures will be measured against this standard and assessed for their potential impact—positive and negative—on the poor.

C. Participation Process

Is there a stakeholder analysis?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a participation strategy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No (not at this time)	

D. Gender Development

Strategy to maximize impacts on women: The technical assistance will develop a gender strategy and plan to incorporate consideration of the particular conditions and needs of women in relation to their engagement with the health sector as both employees and consumers.		
Has an output been prepared?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

E. Social Safeguards and Other Social Risks

Item	Significant/ Not Significant/ None	Strategy to Address Issues	Plan Required
Resettlement	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	The program will be policy focused and is not expected to involve any construction or other physical works.	<input type="checkbox"/> Full <input type="checkbox"/> Short <input checked="" type="checkbox"/> None
Affordability	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	One of the aims of the program is to make health services more affordable for the poor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Labor	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	The program will have a major focus on human resources and should therefore lead to positive outcomes in relation to work conditions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Item	Significant/ Not Significant/ None	Strategy to Address Issues	Plan Required
Indigenous Peoples	<input type="checkbox"/> Significant <input checked="" type="checkbox"/> Not significant <input type="checkbox"/> None	<p>While the program will not involve any physical measures that affect ethnic minorities, all policies and associated investment plans will be reviewed for appropriate and sensitive measures that will ensure a positive impact for minorities. These measures will be integrated through the policy matrix and other program design documents and will not be constituted in a separate plan.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Risks and/or Vulnerabilities	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	<p>The technical assistance will examine if any other major risk or vulnerability arises that might need to be addressed in the program design.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Total Cost
A. Asian Development Bank Financing and Government of Australia Financing^a	
1. Consultants	
a. Remuneration and Per Diem	
i. International Consultants	470.0
ii. National Consultants	65.0
b. International and Local Travel	30.0
c. Reports and Communications	10.0
2. Equipment ^b	10.0
3. Workshops and Field Visits	15.0
4. Surveys	25.0
5. Miscellaneous Administration and Support Costs	5.0
6. Contingencies	50.0
Subtotal (A)	680.0
B. Government Financing	
1. Office Accommodation and Transport	50.0
2. Remuneration and Per Diem of Counterpart Staff	50.0
3. Others	50.0
Subtotal (B)	150.0
Total	830.0

^a Of which, \$500,000 will be financed by the Japan Special Fund, funded by the Government of Japan; and \$180,000 cofinanced by the Government of Australia and administered by ADB. This amount also includes ADB's administration fee, audit cost, bank charges and provision for foreign exchange fluctuations (if any), to the extent that these items are not covered by the interest and investment income earned on this grant, or any additional grant by the Government of Australia.

^b Includes computers, a printer, a photocopying machine, and telecommunications equipment.

Sources: Ministry of Health and Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. International Consultants

1. Team Leader and Health System Planning Expert (6 person-months)

1. The team leader and health system planning expert will have at least 15 years of public health experience, including at least 5 years in Asia, in health sector reforms, and as a project team leader. Some experience in Viet Nam and in human resource planning as a cross-cutting issue for health systems would be highly beneficial. The expert will be responsible for overall coordination, implementation, and report preparation for the technical assistance (TA). In coordination with his or her Ministry of Health (MOH) counterpart and with the deputy team leader, the expert will:

- (i) report to the project director, the MOH, and the Asian Development Bank (ADB) and manage TA administration and implementation;
- (ii) lead consultations on policy analysis for health system strengthening and on analysis of the system and on the capacity for policy development and associated monitoring and evaluation;
- (iii) ensure that the TA is implemented according to the consultants' terms of reference be responsible for the collective work of the consultants;
- (iv) ensure regular liaison with the MOH, other ministries, development partners, and civil society and coordinate a participatory planning process;
- (v) prepare a detailed analysis and proposal examining alternative options for strengthening the health system and related policy and investment measures;
- (vi) take responsibility for preparing the feasibility study for submission to the MOH and ADB, including (a) an inception report (b) a midterm report (c) a program proposal; (d) supporting preparation of Government prefeasibility and feasibility studies; and
- (vii) ensure on time submission of formal written reports, including the inception report at 1 month, the sector analysis and program concept paper with a draft program framework at 3 months, a draft final report at 5 months, and a final report on completion of the TA at 6 months.

2. Human Resources Development Expert (6 person-months)

2. The human resources development expert will have at least 15 years of experience in analyzing and planning policy measures for strengthening human resources for health systems, including at least 10 years in Asia. The expert will be responsible for preparing a detailed situation analysis and based on this analysis, the expert will prepare an outline of policy options to address constraints and priority needs. The consultant will:

- (i) report to the team leader and work as a member of the team;
- (ii) establish a close working relationship with MOH counterparts;
- (iii) provide analytical inputs to the work of the MOH and through technical inputs, provide strategic advice on ongoing policy work;
- (iv) conduct participatory stakeholder consultations within the MOH and with other key ministries, nongovernment stakeholders and select sub-national discussions in order to determine critical issues facing the subsector;
- (v) prepare a detailed paper on policy options referring to identified constraints and drawing on policy analyses and investment needs for the successful adoption of proposed policy measures; and
- (vi) work with the team leader to outline policy priorities and the accompanying investment needs for successful policy formulation, adoption, and implementation.

3. Health Workforce Training, Skills Development and Institutions Expert (4 persons–months)

3. The health workforce training expert with at least 10 years of experience in analyzing and planning health-related training systems and institutions, encompassing medical schools and other training institutions for associated health professionals. The expert should have at least 5 years of experience working with systems development in Asia. The expert will have experience and expertise in modernizing training systems including skills teaching methods, skills laboratories, institutional structures and associated policy and financing mechanisms. The expert will prepare a detailed situation analysis, including relevant policy measures, and outlining mechanisms for improving the quality of the health workforce training systems. Furthermore, the expert should prepare a detailed proposal for systems upgrades and the associated investments that would be necessary including in areas of teaching methods and associated equipment needs. More specifically, the consultant will:

- (i) report to the team leader, and work as a member of the team;
- (ii) establish a close working relationship with MOH counterparts in related policy and program planning areas;
- (iii) provide analytical inputs to the work of the relevant MOH areas and through technical inputs, strategically advise on ongoing areas of policy work;
- (iv) conduct stakeholder consultations within MOH, other key ministries and nongovernment stakeholders as well as provincial visits in order to determine critical needs of the health workforce training system and institutions;
- (v) prepare a detailed paper on policy options referring to identified constraints and drawing on policy analyses (including international experience);
- (vi) prepare an investment plan for upgrading health workforce training methods, including the institutions and teaching methods, laboratory and other equipment; and
- (vii) work with the team leader and MOH counterparts to outline policy and investment priorities.

4. Health Financing Expert (4 person-months)

4. The health financing expert will have a health economics background with at least 10 years of experience in this field, including in Viet Nam. The expert will examine ways to improve the overall situation of health care financing including constraints to accessibility by the poor and high out-of-the-pocket expenses. The consultant will:

- (i) report to the team leader and work as a member of the team;
- (ii) establish a close working relationship with MOH counterparts in related policy and program planning areas;
- (iii) provide analytical inputs on national health accounts, and the associated monitoring and evaluation systems and capacity;
- (iv) conduct participatory stakeholder consultation to identify health care affordability issues for the poor and health financing sustainability issues;
- (v) prepare a detailed paper on policy options referring to identified constraints and policy analyses and investment needs for adopting proposed policy measures; and
- (vi) work with the team leader to outline policy priorities and the accompanying investment needs and options for successful policy formulation, adoption, and implementation.

5. Health Services Expert (6 person-months)

5. The health services expert will have a public health or a hospital/health services management background with at least 10 years of experience in this field, including some in

Asia and preferably some in Viet Nam. The expert will have some knowledge of and experience with the development of policy measures targeted at quality improvements in the health services subsector and associated monitoring and evaluation systems to support such measures. The expert will:

- (i) report to the team leader and work as a member of the team;
- (ii) establish a close working relationship with MOH counterparts in related policy and program planning areas;
- (iii) provide analytical inputs to relevant MOH work, and through technical inputs, advice on ongoing areas of policy work;
- (iv) conduct participatory, stakeholder consultations to identify constraints and system possibilities for improving the quality and health outcomes from health services delivery;
- (v) prepare a detailed paper on policy options and outline implementation considerations and investment needs for the successful adoption of proposed policy measures; and
- (vi) prepare a component examining alternative options for quality improvement.

6. Poverty, Gender, and Ethnic Minority Specialist (2 person-months)

6. The specialist will have at least 10 years of experience in Asia, including in Viet Nam. The specialist will be responsible for the social analysis of the program (poverty, gender, and ethnic minorities). The expert will:

- (i) report to the team leader and work as a member of the team;
- (ii) undertake consultations with ministries, health care providers, and other stakeholders on specific health issues and factors affecting improved access and utilization and quality of health services as they pertain to health outcomes for the poor, women, ethnic minorities, and other vulnerable groups;
- (iii) review traditional medicine systems and issues along with mechanisms and strategies for protecting such systems through investigations and consultations with members of ethnic minorities;
- (iv) recommend measures to enhance the benefits and minimize the adverse impacts of planned investments on ethnic minorities;
- (v) prepare a social analysis, a gender action plan, and an ethnic minority development plan based on ADB's *Guidelines for the Social Analysis of Projects*, and ADB's policies on indigenous peoples and gender and development;¹ and
- (vi) propose a practical, integrated approach to strengthening the poverty and social aspects of health care delivery for all social groups across each of the program components (policy and investment subcomponents).

B. National Consultants

1. Health System Planning Expert and Deputy Team Leader (6 person-months)

7. The deputy team leader and health system planning specialist will have relevant postgraduate qualifications and at least 10 years of health systems-related experience, including 5 years in project planning and/or hands on policy analysis. The expert will:

- (i) support the team leader in managing the consultants and making all necessary arrangements for smooth implementation of the team's work;
- (ii) support the establishment of close working relationships within the MOH and other ministries as well with nongovernment, and community groups, and arrange for visits to and consultations with officials of selected provinces;
- (iii) work with the team leader to prepare a detailed sector analysis with a focus on human resource needs and constraints across key subsectoral areas;

¹ ADB. 1998. *Policy on Indigenous Peoples*. Manila; and ADB. 2003. *Gender and Development*. Manila.

- (iv) work with the team leader to compile a detailed proposal, including the examination of policy and investment options, for health system strengthening; and
- (v) prepare the prefeasibility study and the feasibility study of the MOH.

2. Human Resources for Health Expert (6 person-months)

8. The human resources expert will have relevant postgraduate qualifications and at least 5 years of experience in health-related human resource policy planning. The expert will:

- (i) report to the team leader and work closely with the international human resources specialist in planning and undertaking the policy and program analysis;
- (ii) support the establishment of close working relationships with the MOH and other ministries, as well with nongovernment and community groups, and arrange for visits to and consultations with officials of selected provinces;
- (iii) work with the international expert to prepare a detailed human resources and health workforce analysis;
- (iv) work with the international expert on proposal, including the examination of alternative policy and investment options, for health system strengthening; and
- (v) prepare relevant parts of the prefeasibility study and the feasibility study of the MOH.

3. Health Workforce Training Expert (6 person-months)

9. The training expert will have relevant post-graduate qualifications and at least 5 years experience in health training policy planning and institutional strengthening. The expert will:

- (i) report to the team leader and work with the international health workforce training specialist in planning and undertaking policy and program analysis;
- (ii) support the establishment of close working relationships with the MOH and other ministries, as well with nongovernment and community groups, and arrange for visits to and consultations with officials of selected provinces;
- (iii) work with the international expert to prepare a health training systems/institutions analysis focused on institutional strengthening, skills upgrading and associated investment needs;
- (iv) work with the international expert on a proposal, including the examination of policy and investment options, for health workforce training systems; and
- (v) prepare relevant parts of the pre-feasibility study and the feasibility study of the MOH.

4. Health Insurance Expert (6 person-months)

10. The health insurance expert will have relevant postgraduate qualifications and at least 5 years of experience in health financing policy planning. The expert will:

- (i) report to the team leader and work closely with the international health financing specialist in planning and undertaking the policy and program analysis;
- (ii) support the establishment of close working relationships the MOH and other ministries, as well with nongovernment and community groups, and arrange for visits to and consultations with officials of selected provinces;
- (iii) work with the international expert to prepare an analysis of the health financing situation, including priorities for reform and strengthening of the current systems;
- (iv) work with the international expert to compile a proposal for strengthening the financing situation particularly for the poor;
- (v) ensure the proposal considers gender issues and addresses identified barriers to men's or women's access to and utilization of health insurance systems; and

- (vi) prepare the relevant parts of the prefeasibility study and the feasibility study of the MOH.

5. Hospital Services Expert (6 person-months)

11. The hospitals services expert will have relevant postgraduate qualifications and at least 5 years of experience in the analysis and planning of health services. The expert will:

- (i) report to the team leader and work closely with the international health financing specialist in planning and undertaking the policy and program analysis;
- (ii) support the establishment of close working relationships with the MOH and other ministries, as well with nongovernment and community groups;
- (iii) work with the international expert to prepare a detailed analysis of the health services situation;
- (iv) work with the international expert to compile a detailed proposal, for strengthening the quality of health services, including those issues related to improving health outcomes, particularly for the poor; and
- (v) prepare relevant parts of the pre-feasibility study and the feasibility study of the MOH.

6. Social Development Expert (4 person-months)

12. The social development expert will be a sociologist or similar expert with at least 5 years of experience in community development and working with development partners. The expert will:

- (i) report to the team leader and work as a member of the team;
- (ii) support the establishment of close working relationships with the MOH and other ministries, as well with nongovernment and community groups;
- (iii) undertake consultations on the specific health issues and factors affecting improved access and utilization and quality of health services for the poor, women, ethnic minorities, and other vulnerable groups;
- (iv) review traditional medicine systems and issues and mechanisms/strategies for protecting such systems and recommend measures to enhance the benefits and minimize the adverse impacts on ethnic minorities of planned investment;
- (v) work with the international expert on preparing a social analysis, a gender action plan, and an ethnic minority development plan based on ADB's guidelines and policies;² and
- (vi) prepare the relevant parts of the prefeasibility study and the feasibility study of the MOH.

7. Financial Management Expert (1 person-month)

13. The financial management expert will be an economist or accountant with at least 5 years of experience in project management, particularly with official development assistance activities. Experience in working with development partners, especially ADB, would be highly desirable. The expert will:

- (i) report to the team leader and work as a member of the team;
- (ii) assess the financial management capacity of the Executing Agency and associated Implementing Agency or agencies in relation to managing policy and project components; and
- (iii) report to the MOH, central Government ministries, and ADB on this assessment and prepare a detailed report on the capacity, and capacity building to ensure smooth project implementation and sound financial management.

² ADB. 1998. *Policy on Indigenous Peoples*. Manila; and ADB. 2003. *Gender and Development*. Manila.

