



Viet Nam: Health Human Resources Sector Development Program

Project Name	Health Human Resources Sector Development Program		
Project Number	40354-013		
Country / Economy	Viet Nam		
Project Status	Closed		
Project Type / Modality of Assistance	Grant Loan		
Source of Funding / Amount	Grant 0209-VIE: Health Human Resources Sector Development Project		
	Government of Australia	US\$ 11.00 million	
	Loan 2642-VIE: Health Human Resources Sector Development Program		
	Asian Development Fund	US\$ 31.27 million	
	Loan 2643-VIE: Health Human Resources Sector Development Project		
	Asian Development Fund	US\$ 30.00 million	
Strategic Agendas	Inclusive economic growth		
Drivers of Change	Gender Equity and Mainstreaming Governance and capacity development Partnerships		
Sector / Subsector	Education / Tertiary Health / Health sector development and reform - Health system development		
Gender	Effective gender mainstreaming		
Description	The Health Human Resources Sector Development Program (HHRSDP) will address key human and financial resource management challenges and constraints in the health sector to improve access and quality of health services across different regions and segments of the population - women, the poor and ethnic minority communities, especially in remote rural provinces. The HHRSDP is comprised of 2 loans: a program loan that supports key policy reform actions in health workforce management and financing; and a project loan for investments directly linked to and supportive of the policy actions. The program supports the development and implementation of the new Law on Examination and Treatment (LET) governing health facilities and the registration and practice of health professionals, a new comprehensive plan to upgrade teaching institutions, and the adoption of new models for costing and managing service delivery in district hospitals.		
Project Rationale and Linkage to Country/Regional Strategy	Viet Nam has made notable progress in reducing poverty and improving the health status of its citizens. The country is on track to achieve most of its health-related Millennium Development Goals (MDGs) by 2015. Key challenges still confront Viet Nam's efforts to provide equitable access to high-quality health services and to improve health outcomes further across the different regions and segments of the population. Much of the improvement in national health indicators has been driven by gains in the heavily populated regions around Hanoi and Ho Chi Minh City. Remote and rural provinces lag significantly and, measured alone, they would not meet the MDGs. The demand for higher-quality health services has increased as a result of growing prosperity and the emerging middle class, particularly in urban areas. To continue improvements in health status and extend the benefits more broadly and equitably, the government has set out an ambitious plan to address an array of continuing problems in the health sector. The Master Plan for the Health System in Viet Nam to 2010 and Vision to 2020 calls for making access and use of health services more equitable and effective to protect and promote people's health. It aims to improve the quality of health care at all levels, with attention to the poor, women, minority groups, and those living in remote areas.		
Impact	Improved health status and progress toward meeting the health Millennium Development Goals (MDGs)/Viet Nam Development Goals (VDGs) in Viet Nam		
Project Outcome			
Description of Outcome		Improved quality, efficiency, and equity in the health workforce and health service delivery.	
Progress Toward Outcome		Project closed on 30 June 2017. Awaiting submission of the final withdrawal applications under Loan 2643 and Grant 0209.	
Implementation Progress			
Description of Project Outputs		1. Better planning and management of human resources 2. Higher quality of human resources training 3. Improved management systems in health service delivery	

Status of Implementation Progress (Outputs, Activities, and Issues)	<p>Achieved. Decision 816/QĐ-BYT dated 16 Mar 2012 on the Master Plan for Health HR Development 2012-2020.</p> <p>Achieved. The LET approved on 23 Nov 2009 and effective from Jan 2011 included articles relating to CME for health professionals.</p> <p>Circular No. 22/2013/TT-BYT (9 Aug 2013) details the requirements for health professionals to undergo continuing medical education in order to achieve and maintain core skills and competencies.</p> <p>Achieved. Decision 1239/QĐ-BYT dated 15 Apr 2013 concerning the standards for equipment required for medical universities and colleges.</p> <p>MOH completed a report concerning direct recruitment education in 34 provinces in Viet Nam during 2007-2011, implementing Decree 134, and Decision 1544 by the Government.</p> <p>17 medical teaching institutions with renovated laboratory facilities.</p> <p>10 medical teaching institutions received equipment to upgrade teaching laboratories and classrooms.</p> <p>109 teaching staff undertaking postgraduate training (Masters and PhD in basic science, nursing and management (female: 66%)</p> <p>3,773 teaching staff with improved basic-science & pre-clinical skills labs training capacity through in-service training (female: 63%)</p> <p>114 teaching staff with improved skills in competency-based learning through in-service training (female: 45%)</p> <p>4,193 teachers/ managers/clinicians with improved capacity to support practical clinical training of students (female: 58%)</p> <p>981 facility managers participated in short-term training to improve management skills (female: 58%)</p> <p>Output revised to (i) a survey to assess the current condition for accreditation within HPTF; (ii) a set of standards for accreditation for medical facilities developed and piloted; (iii) internal quality assurance for hptf strengthened.</p> <p>15/17 HPTFs conducted internal assessment on standards. MOET currently finalizing the findings.</p> <p>As above, this had been revised.</p> <p>Survey was conducted in 9 HPTFs to (i) assess each facility's compliance to the MOET standards, (ii) identify additional criteria specific to the accreditation of medical schools.</p> <p>Draft standards for accreditation of medical facilities developed and piloted in 4 universities.</p> <p>Draft standards 75% compliant with the AUN standards for higher education and WFME standards for medical programs.</p> <p>In-service training for 150 teaching staff on internal and external quality assurance (42% female) and 32 training accreditors on skills for accrediting higher education (17 female).</p> <p>56% increase in the number of EM students across 13 HPTF combined from 334 in 2011 to 520 in 2015 compared to 2011 (including a 76% increase in female EM students from 178 in 2011 to 213 in 2015)</p> <p>54% (105/194) female participants on international study tours to ASEAN region counties.</p> <p>64% (1,705/2,664) female participants on in-Viet Nam study tours and teacher exchanges on topics relating to teaching and practical learning for basic sciences, primary health care, e-learning and HPTF management.</p> <p>Achieved.</p> <p>HHR Committee established (Decision 1301/QĐ-BYT date 21/4/2010; Decision No 4463/QĐ-BYT dated 06/11/2013 on strengthening of the Joint Committee for execution of Health Human Resource Development)</p> <p>Achieved.</p> <p>The LET approved on 23/11/2009 and effective from 1/2011. The LET includes articles relating to the classification, accreditation, and licensing of health professionals and health care facilities. Revised LET revisions are currently ongoing.</p> <p>11,573 public hospitals/ facilities registered under the new system.</p> <p>National system on registration and licensing for health professionals and operating license for health facilities is established and operational centrally and in all 63 provinces.</p> <p>Women at senior levels in MOH: 19.8% in 2015</p> <p>26 CPs for high-volume conditions including 6 CPs medical conditions that primarily affect women have been developed</p> <p>34 hospitals have piloted CPs in the treatment of 6,880 patients (200 per hospital) falling into 21 of the 26 case types</p> <p>MOH has issued an operational policy with guidelines for the development and application of CPs in clinical settings</p> <p>20 hospitals involved in the preliminary cost analysis for 30 CPs (includes 4 CPs from the previous pilot project)</p> <p>A case-based payment system based on CPs was not implemented</p> <p>20 hospitals in Ninh Binh to commence piloting case-based payments from mid-2017 following the program detailed in MOH Decision 488 dated 09/02/2015</p> <p>Piloting of cost-based payments to be started mid-2017.</p> <p>Piloting of cost-based payments to be started mid-2017.</p> <p>Reduced ALOS for 18/25* case types for which CPs were applied.</p> <p>* adequate data only available for 25 case types</p> <p>Master Plan for Provider Payment Reform approved and directing the use of case-based payment mechanisms for inpatient services.</p> <p>Program for the development and piloting of case-based provide payment mechanism in 5 provinces approved by the Health Minister.</p> <p>Achieved. De An issued.</p> <p>Completed.</p>
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Geographical Location	Nation-wide
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Safeguard Categories		
Environment		C
Involuntary Resettlement		C
Indigenous Peoples		B

Summary of Environmental and Social Aspects	
Environmental Aspects	
Involuntary Resettlement	
Indigenous Peoples	<p>Poverty rates and health indicators lag substantially among marginalized ethnic groups. It is estimated that nearly half of poor women and over 70% of women in mountainous areas delivered at home, compared with about 5% of well-off women. Long distances to the nearest health facility; lack of qualified health staff; and lack of ethnic minority health workers or health workers in the local health facilities discourage poor, rural and ethnic minority groups, especially women, from seeking health care.</p> <p>The Program presents a number of opportunities to address inequities in health status and in the access and utilization of the health care system, particularly through improvements in the training of health workers and in the management and utilization of the health workforce. These opportunities will be outlined in a detailed gender and ethnic minority strategy for the Program. The strategy will build on the Government's law and policy commitments to poverty reduction, gender equality, ethnic inclusion and health equity. It will include specific measures to address poverty, gender and ethnic minority concerns in each of the three Program components, including (i) targets, financial assistance and other measures to increase the participation of women and ethnic minorities in health workforce training; (ii) integrating gender and ethnic minority concerns and patient-centered approaches in health workforce training; (iii) highlighting poverty, gender and ethnic minority concerns in the work of the proposed Health Human Resources Development Task Force and the proposed Medical Council; (iv) piloting patient-centered care pathways for normal and emergency obstetric care; and (v) assessing the feasibility of extending care pathways and case-based payment systems to district hospitals in poor and remote areas. The gender and ethnic minority strategy will also provide for gender and ethnic minority specialists to support the implementation of the strategy, including the collection of data disaggregated by sex and ethnicity, and regular reporting on progress in implementing the strategy.</p>

Stakeholder Communication, Participation, and Consultation
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During Project Design	Program preparation included intensive and extensive stakeholder consultation. The design team, along with counterparts from the Department of Science and Technology - Ministry of Health, visited training institutions and hospitals in and around Hanoi and Ho Chi Minh City and a consultation workshop, with the participation of representatives of teaching centers from around the country, was held in Hai Phong on 12 and 13 May. Members of the design team interviewed staff from MOH departments, teaching, research and policy institutions, donors, NGOs, and hospitals (including hospital clients) and reviewed an extensive array of relevant papers and documents. The design phase also included a field trip to teaching institutions, hospitals, and community clinics in out-lying provinces in northern Viet Nam and a survey of teaching centers throughout the country. Survey results assisted the program investment strategy in the final stages of program preparation. Multiple meetings with donor partners were held in Hanoi leading up to and during the program preparation phase.
During Project Implementation	The Program is designed to maximize stakeholder participation throughout implementation. The project supports the development of regional activities among teaching institutions, to enhance exchanges, and to share teaching resources. It supports the creation of a Human Resources Development Coordinating Committee that engages representatives from various MOH departments in planning and implementing HR strategies. The project also supports the creation of an Inter-Ministerial Task Force to facilitate greater coordination among various departments within the MOH and with other departments and ministries in piloting the introduction of care pathway methods and case-based payment systems. During implementation, extensive stakeholder participation and consultation mechanisms will be included in the design to ensure local communities, provincial and district governments, mass organization groups, the private sector and interested development partners and importantly, health consumers, are included in all aspects of implementation.

Business Opportunities	
Consulting Services	All consultants and nongovernment organizations (NGOs) will be recruited according to ADB's Guidelines on the Use of Consultants by Asian Development Bank and its borrowers (2007, as amended from time to time). Under output 1: strengthening the quality of training of human resources, the project will provide 33 international person months and 126 national person months (of which 16 through a local organization). Under output 2: improving planning and management of human resources, the project will provide 127 international person months and 103 national person months, and under the output 3: Improvement of management systems in health service delivery, the project will provide 124 international person months and 720 national person months. Consulting firms will be engaged using the quality- and cost-based selection (QCBS) method with a standard quality:cost ratio of 90:10.
Procurement	Procurement to be done under the Investment project. All procurement of goods and works will be undertaken in accordance with ADB's Procurement Guidelines (2007, as amended from time to time). International competitive bidding procedures will be used for goods estimated to cost above \$500,000. National competitive bidding procedures will be used for civil works contracts estimated to cost below \$1 million and above \$100,000; and supply contracts valued below \$500,000 and above \$100,000. Shopping will be used for contracts for procurement of works and goods worth less than \$100,000.

Responsible ADB Officer	Mangahas, Joel V.
Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Human and Social Development Division, SERD
Executing Agencies	Ministry of Health

Timetable	
Concept Clearance	01 Oct 2008
Fact Finding	22 Sep 2008 to 03 Oct 2008
MRM	18 Nov 2008
Approval	22 Jun 2010
Last Review Mission	-
PDS Creation Date	03 Oct 2008
Last PDS Update	29 Sep 2017

Grant 0209-VIE

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
22 Jun 2010	07 Sep 2010	06 Jan 2011	30 Jun 2016	30 Jun 2017	06 Nov 2017

Financing Plan		Grant Utilization			
	Total (Amount in US\$ million)	Date	ADB	Others	Net Percentage
Project Cost	16.30	Cumulative Contract Awards			
ADB	0.00	17 Jun 2022	0.00	10.15	92%
Counterpart	5.30	Cumulative Disbursements			
Cofinancing	11.00	17 Jun 2022	0.00	10.15	92%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	Satisfactory	-	Satisfactory

Loan 2642-VIE

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
22 Jun 2010	07 Sep 2010	06 Jan 2011	31 Dec 2012	31 Dec 2013	07 Apr 2014

Financing Plan			Loan Utilization			
	Total (Amount in US\$ million)		Date	ADB	Others	Net Percentage
Project Cost	31.27	Cumulative Contract Awards				
ADB	31.27	17 Jun 2022	31.27	0.00	100%	
Counterpart	0.00	Cumulative Disbursements				
Cofinancing	0.00	17 Jun 2022	31.27	0.00	100%	

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	Satisfactory	-	Satisfactory

Loan 2643-VIE

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
22 Jun 2010	07 Sep 2010	06 Jan 2011	30 Jun 2016	30 Jun 2017	06 Nov 2017

Financing Plan			Loan Utilization			
	Total (Amount in US\$ million)		Date	ADB	Others	Net Percentage
Project Cost	30.00	Cumulative Contract Awards				
ADB	30.00	17 Jun 2022	27.83	0.00	100%	
Counterpart	0.00	Cumulative Disbursements				
Cofinancing	0.00	17 Jun 2022	27.83	0.00	100%	

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	Satisfactory	-	Satisfactory

Project Page	https://www.adb.org/projects/40354-013/main
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