Viet Nam: Health Human Resources Sector Development Program (Second Tranche)
CURRENCY EQUIVALENTS
(as of 3 November 2013)
Currency Unit – dong (D)
D1.00 = $0.000047
$1.00 = D21,110

ABBREVIATIONS

ADB – Asian Development Bank
HHR-SDP – Health Human Resources Sector Development Program
LET – Law on Examination and Treatment
MOH – Ministry of Health
SDR – special drawing rights

NOTE

In this report, “$” refers to US dollars.

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<th>Vice President</th>
<th>S. Groff, Operations 2</th>
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<tr>
<td>Director General</td>
<td>J. Nugent, Southeast Asia Department (SERD)</td>
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<td>Director</td>
<td>L. Gutierrez, Human and Social Development, SERD</td>
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<tr>
<td>Team leader</td>
<td>V. de Wit, Lead Health Specialist, SERD</td>
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<td>Team members</td>
<td>M. Camara-Crespo, Project Analyst, SERD</td>
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<td>J. Mangahas, Social Sector Specialist, SERD</td>
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<td>C. Pak, Counsel, Office of the General Counsel</td>
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In preparing any country program or strategy, financing any project, or by making any designation of or reference to a particular territory or geographic area in this document, the Asian Development Bank does not intend to make any judgments as to the legal or other status of any territory or area.
I. INTRODUCTION

1. The Health Human Resources Sector Development Program (HHR-SDP) for Viet Nam was approved on 22 June 2010, became effective on 6 January 2011, and is expected to be completed by 31 December 2013. It contributes to improving the health status of Viet Nam’s people and progressing toward meeting the health Millennium Development Goals (and especially in the remote and poor provinces) by enhancing quality, efficiency, and equity in the health workforce and health service delivery. The three program outputs support the government’s ongoing reform agenda in relation to (i) better planning and management of human resources, (ii) higher quality human resources training, and (iii) improved management systems in health service delivery. The accompanying project loan supports investments directly linked to implementation of the policy actions in key institutions, including the Ministry of Health (MOH) and teaching institutions.

2. HHR-SDP is estimated to cost $46.3 million, including taxes and duties, contingencies, interest, and other charges. The Asian Development Bank (ADB) provided a program loan of SDR20.086 million ($30 million equivalent as of the approval date) from ADB Special Funds to be released in two tranches, each of SDR10.043 million ($15.0 million equivalent as of the approval date). The Government of Australia provided an untied grant of $11.0 million to be administered by ADB as joint financing. The counterpart contribution of the Government of Viet Nam is $5.3 million.

3. Upon satisfactory compliance with all policy actions under the first tranche as set out in the Report and Recommendation of the President (footnote 1), the first tranche of SDR10.043 million ($15.797 million) was released on 4 March 2011. The second tranche release was due on 31 December 2012. However, the government requested ADB to postpone the second tranche release to 30 September 2013 in order to achieve better progress on policy actions. To date, the government has submitted to ADB documentation detailing compliance progress for all second tranche policy actions, including a request for a partial waiver of the ninth policy action, as explained in paragraph 28. Staff has carefully reviewed the policy actions (Appendix) and recognizes that MOH has made remarkable progress in undertaking a set of complex reforms requiring broad stakeholder support. The project team also noted that the ninth policy action is difficult to achieve given the time frame within which compliance is required and that MOH has made a commitment to complete this policy action under the accompanying project. Accordingly, this paper summarizes MOH’s progress and requests support for the second tranche release.

II. BACKGROUND

4. Viet Nam’s economy has been growing rapidly. It is on track to achieve most Millennium Development Goals in 2015, with the possible exceptions of those for malnutrition and maternal mortality. The government has remained strongly committed to health sector development, and it boosted public spending on health from 1.5% of gross domestic product in 2005 to 2.7% for 2011. A wide network of health services has been developed that is well staffed. Nevertheless, the health system lacks physical and human capacity to deal with the increased demand for medical services resulting from an aging population, the burden of noncommunicable diseases, and higher incomes.

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1 ADB. 2010. Report and Recommendation of the President to the Board of Directors: Proposed Loans and Grant to the Socialist Republic of Viet Nam for the Health Human Resources Sector Development Program. Manila.

5. To continue improvements in health status and extend the benefits more broadly and equitably, MOH has been spearheading major health sector reforms. The *Master Plan for the Health System in Viet Nam to 2010 and Vision to 2020* calls for making access to and use of health services more equitable and effective in order to protect and promote people’s health.\(^3\) 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.

6. MOH has carried out critical policy reforms that will lead to significant advances in the management and training of health staff. The policy reforms include passage of the Law on Examination and Treatment (LET), a master plan to upgrade teaching institutions, and the adoption of new models for costing and managing service delivery in district hospitals.

7. From local doctors’ clinics through to large hospitals, Viet Nam has no system for licensing and registering health facilities. A licensing system should apply to public and private facilities, and it will be helpful in gradually improving standards within the public system while protecting the public from inferior private providers. Guidelines for licensing should relate to the physical qualities of a facility, the medical equipment it has available, and the qualifications and registration status of professionals working within the facility.

8. Viet Nam is also one of the few countries in Asia that does not have a functioning system for regulating and managing the registration of its health workforce. This constitutes a constraint on quality and management in a number of areas, including regulating professional qualifications and skill standards, monitoring the quality of individual performance, taking disciplinary action when problems arise, and enforcing ongoing skills development. Given Viet Nam’s commitments under the Association of Southeast Asian Nations in 2006,\(^4\) the government recognizes the urgent need to establish a registration system.

9. While Viet Nam has a large number of health workers, their skill levels, distribution, management, and financing are major constraints upon improving health services and outcomes. Medical specialists, nurses, college-trained pharmacists, public health workers, and specialist managers are poorly distributed. The variable and at times poor performance of health workers can be attributed to a lack of knowledge and skills, limited supplies and equipment, low motivation, and weak human resources management.

10. Health personnel are trained at universities, colleges, and secondary medical colleges. The numbers of health graduates urgently need to rise to meet the growing demands of an expanding population. It is estimated that the number of health graduates (doctors, nurses, pharmacists, technicians) must grow by 18% per year just to maintain current ratios of patients to health care professionals. The quality of these institutions also needs to improve, as they have been affected by a weak and incomplete policy framework, a fragmented array of organizational structures, and limited funding.

11. Hospital financing is currently supply-driven, based primarily on staff levels and number of beds. This encourages overutilization and inefficiency. Alternative payment methods, such as the use of per-case payments with the support of clinical care pathways, offers a promising alternative to current payment methods. Clinical care pathways are written protocols that

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describe integrated care strategies for selected conditions and serve as a basis for costing the per-case payments and monitoring the quality of care.

12. ADB has financed six health projects in Viet Nam. An important lesson has been the need to address human resource constraints more comprehensively while integrating support into existing systems rather than providing it in the form of project-based training. Although sector development programs are new to the health sector in Viet Nam, lessons from similar loans in other sectors highlight the need to target a small, timely, and influential set of policy actions with regular and meaningful dialogue. A subsector road map has been prepared for MOH and its main partners to support a coordinated and comprehensive program of reform and investment that addresses key constraints in the areas of quality improvement and human resources development.

III. STATUS OF SECOND TRANCHE RELEASE POLICY ACTIONS

13. The government has undertaken considerable work toward meeting the tranche release conditions. Release of the second tranche is conditioned upon 10 policy actions, 9 of which have been complied with fully. One action has been complied with in part, and compliance will be completed under the project by the end of 2015. The statuses of the 10 policy actions for the second tranche are described in paras. 14–29 and summarized in the Appendix.

14. **Policy action 1: The Joint Committee on Human Resources Planning and Management has submitted a report to MOH on reform, planning, and management of the health workforce (complied with).** At the time of program appraisal, Viet Nam had many projects and plans for the development of health human resources that were fragmented and not well coordinated. HHR-SDP supported the establishment and operations of the Joint Committee on Health Human Resources to help address this problem. The Joint Committee submitted a report on reform, planning, and management of the health workforce to the Minister of Health on 12 April 2013. MOH is preparing an implementation plan based on these recommendations. Key issues addressed in the Joint Committee’s report include health human resources planning, management, and monitoring; accreditation of health professionals; poor quality of training facilities; quality assurance; and poor distribution of staff as evidenced in, for example, shortages of staff in remote and disadvantaged areas and in specialized skills areas.

15. **Policy action 2: Standards for licensing of health facilities have been adopted, and institutional systems have been established and are operational (complied with).** At the time of program appraisal, there were a number of administrative procedures for setting standards for public health facilities. These standards were poorly defined and monitored, however, and there was no effective mechanism to set, monitor, and enforce standards of private facilities. LET addressed this issue, and the project supported the development of guidelines and regulations for implementation. Circular No. 41/2011 on guidance for the granting of certificates to medical practitioners and operating licenses to medical examination and treatment establishments was issued on 14 November 2011. MOH also issued a report on the registration and licensing system in Viet Nam showing the number of facility licenses issued as of 20 May 2013.

16. **Policy action 3.1: A decree on the detailed provisions and guidelines for implementation of the Law on Examination and Treatment that contains provisions for the certification of health professionals has been issued (complied with).** The government enacted LET in 2010 to enshrine in law minimum standards of health care. The project supported MOH in developing guidelines, regulations, and legal ordinances for registering and
licensing health professionals. On 27 September 2011, the government issued Decree No. 87/2011, broadly guiding the interpretation of articles within LET for implementation purposes. It includes a timetable for the registration of private and public practitioners and facilities. On 14 November 2011, MOH issued Circular No. 41/2011, which guides the process of granting certificates to medical practitioners and operating licenses to medical examination and treatment establishments. It includes assessment criteria, instructions for applicants and officials, and all administrative forms required in the applications.

17. **Policy action 3.2:** A decree and/or related circulars have been issued to specify how the ethical, technical, and administrative violations by health professionals regarding examination and treatment should be handled (complied with). LET enshrined minimum standards of professional, ethical, and administrative standards in law. The project supported MOH to develop guidelines, regulations, and legal ordinances for implementing these standards. MOH issued Decree 96/2011/ND-CP on 21 October 2011, defining the sanctions against violations in examination and treatment by health professionals and health facilities. In addition, MOH has prepared a circular on the withdrawal and suspension of practicing certificates and operating licenses.

18. **Policy action 3.3:** A circular has been issued to ensure that health professionals meet the requirement of continuing medical education and the compliance with such requirement will be monitored regularly (complied with). LET enshrined in law a requirement for health professionals to undergo continuing medical education in order to achieve and maintain core skills and competencies. The project supported MOH in revising Circular No. 07/2008/TT-BYT dated 28 May 2008. Circular No. 22/2013 regarding guidance on continuing education in the health sector was signed by the Minister of Health on 9 August 2013. Chapter 4, Article 21 assigns responsibility for inspection to the MOH Technology and Training Administration. Each practitioner in health facilities must attend a minimum of 48 hours of continuing education in 2 years as a condition of maintaining the license, while other staff members need to do 120 hours in 5 years. It also provides guidance on what counts as continuing education, principles of curriculum and materials development, accreditation of continuing medical education programs, and implementation process (including responsibilities).

19. **Policy action 3.4:** The national advisory council at MOH level has become operational (complied with). LET has a provision for the establishment of the national advisory council to advise the Minister of Health on registration and licensing matters. The project supported MOH to establish the council. On 28 December 2012, MOH issued decision 5248/2012 on establishing the national advisory council within MOH for health professional certification. The council has been convened, as evidenced in the minutes of a meeting of the council dated 11 March 2013. Chaired by a vice minister for health, it includes representatives from the teaching institutions, professional associations, ministry departments, consumers, and a legal adviser. The council provides advice to the Minister on matters pertaining to LET, such as putting forward recommendations for amending Circular No. 41 on the provision of licenses and certificates, and on training materials for continuing education.

20. **Policy action 3.5:** A national unit within MOH with responsibility for the health professional certification system has been established and is operational (complied with). In July 2012, MOH established an office with responsibility for health professional certification. It now has 4 staff and is operational. It is directly responsible for licensing MOH facilities, and so far it has licensed 5,500 out of 33,780 professionals in 63 facilities. The Vice Minister has been leading teams from the National Registration and Licensing Office to inspect
This consultant's report does not necessarily reflect the views of ADB or the government concerned. [For PPTAs: Also, all of the views expressed herein may not be incorporated into the proposed project's design.]

21. **Policy action 3.6:** A national health professional certification database has been developed and tested (complied with). MOH has issued an instruction (Letter 1356/BYT dated 15 March 2013) ordering use of the national database in all provinces and municipalities. It is an online national database with an office in each provincial health department. Under supervision of provincial advisory councils, provincial staff is responsible for registering and licensing all private and non-MOH retained public professionals and facilities working in the province. It also features a provider complaint mechanism. In addition, MOH’s report on the registration and licensing system in Viet Nam shows the number of health professional licenses issued as of 20 May 2013, as well as the organizational arrangements for national registration and licensing.

22. **Policy action 3.7:** A national training plan has been submitted to the Minister of Health for training provincial staff involved in health professional certification (complied with). MOH approved Plan 1439/KH BYT for National Training on Health Professionals Licensing and Relicensing for the period 2013 to 2015, dated 28 December 2012. National and provincial registration and licensing administrative staff are being trained in screening and processing applications for practicing certificates and licenses, including managing the database.

23. **Policy action 4:** MOH has issued a guideline for the accreditation of pre-service and postgraduate health professional training programs within recognized educational institutions (complied with). On 10 April 2013, MOH issued guidelines and instructions for using evaluation criteria at medical and nursing universities. This ensures that training facilities for health professionals comply with the law on higher education.

24. **Policy action 5:** MOH has issued a regulation (an upgrade of Circular No. 07/2008/TT-BYT dated 28 May 2008) on a system for accrediting continuing education courses, and a secretariat for implementing this system is established in MOH (complied with). Superseding Circular No. 07/2008/TT-BYT, MOH has issued Circular No. 22/2013/TT-BYT on guidance for continuing education in the health sector, signed by the Minister of Health on 9 August 2013. Chapter 3, Article 15 assigns responsibility for implementation to the Technology and Training Administration in MOH. On 22 October 2012, two units were established, one for undergraduate and one for postgraduate education.

25. **Policy action 6:** MOH has formally issued a set of minimum standards for equipment available in medical colleges, based on courses provided and students enrolled (complied with). Medical equipment in health professional training facilities is inadequate to meet basic science and medical training requirements. HHR-SDP is assisting these facilities to upgrade laboratories and teaching equipment. The upgrade requires formal definition of minimum standards for equipment to be used for training, which have not previously been available. MOH issued Decision 1239/QD-BYT dated 15 April 2013 to set standards for equipment required for medical universities and colleges.

26. **Policy action 7:** MOH has completed a policy review on the implementation of Circular No. 09/2008/TT-BYT dated 1 August 2009 and Decision 1816/QD-BYT dated 26 May 2008, reporting on policy outcomes for improved service quality and recommendations on constraints and impact (complied with). The government has a number of programs to remedy this situation, including a program to link services with provincial compliance with application of LET and its associated implementing ordinances. MOH will continue to fund this activity after project completion.
training facilities and a program to send specialists from provincial areas to districts and
communes in order to provide essential services and train local staff. The project has assisted
MOH to assess these programs. MOH has completed an assessment of the implementation of
Circular No. 09/2008/TT-BYT on cooperation between medical universities and hospitals and of
this circular’s impact on the health staff training institutions. Another MOH assessment
examines Decision 1816/QD-BYT, which concerns rotation of medical specialists to lower-level
hospitals in order to improve health services quality, and its impacts on reducing overload of
provincial hospitals.

27. **Policy action 8**: MOH has completed a policy impact review on increasing
enrolment of ethnic minority students in health training, including the implementation of
Decree 134/2008/ND-CP dated 14 November 2006 and Circular No. 13/2008/TTLT-BGDDT-
LDTHXH-BTC-BNV-UBDT dated 7 April 2008 with recommendations to address
constraints (complied with). The availability of health services and quality of care in rural and
remote areas are poor, and especially for ethnic minorities. MOH submitted a report dated
December 2012 (no specific date provided) regarding recruitment of ethnic minority students in
34 provinces within Viet Nam during 2007–2011 based on Decree 134/2008/ND-CP and
Decision 1544/QD-TTg of 14 November 2007. Decree 134/2008/ND-CP provided regulating
mechanisms for direct recruitment of ethnic minority students to universities and colleges.
Decision 1544/QD-TTg approved the training plan for the health workforce in disadvantaged
regions. The report notes that it is difficult to find suitable candidates among ethnic minorities
due to their overall low educational attainment. From 2013, of the 11,000 ethnic minority
students currently in medical and secondary medical universities and colleges, a total of 3,320
ethnic minority students are receiving scholarships. Circular No. 13/2008 is not included in the
title of the report, but it is referenced in the text.

28. **Policy action 9**: Twenty care pathways have been developed, benchmarked, and
costed in 6 hospitals, and at least 3 of such care pathways are for medical conditions
that primarily affect women or are primary care focused and delivered (partially complied
with). There exists wide variation in the quality and standards of health care and resources in
Viet Nam. There is also considerable evidence of under- and overuse of diagnostic and
treatment services and pharmaceutical prescription. This practice is not only inefficient but, in
many cases, also unsafe. HHR-SDP has assisted MOH to develop clinical care pathways to
standardize quality of care and the use of resources. As of 30 September 2013, the targeted 20
and an additional 6 clinical care pathways, benchmarking, and costing have been completed in
4 out of the 6 original pilot hospitals. Such care pathways include 5 that are for medical
conditions exclusively affecting women. The development and pilot testing of clinical care
pathways have taken much longer time than expected in the remaining 2 pilot hospitals due to
the range and complexity of hospital operations. These 2 hospitals wanted a larger sample of
pilot hospitals on which their care pathways, service standards, and costs can be compared with.
MOH expects the completion of the pilot-testing in these 2 hospitals in 2015.

29. In order to get a better approximation of the range of services and standards to be used
by different hospitals across the country as well as to strengthen the foundations for wider scale
adoption of clinical care pathways, MOH has expanded the number of pilot hospitals to 22 and
plans to add 8 more hospitals to further improve the sample. Benchmarking and costing in 22
hospitals are expected to be completed by mid-2015. MOH is highly committed to improve the
provider payment system of public health services in Viet Nam and has engaged international
consulting services to support this. MOH has requested a partial waiver for this policy action on
the basis that the policy action has been completed in 4 out of 6 hospitals, and has
demonstrated a strong commitment to scaling up beyond the scope of this policy action. Staff's
assessment is that, with support of HHR-SDP, this policy action will be fully complied with by 2015.

30. **Policy action 10:** Guidelines for management and financing reform associated with the introduction of case-based provider payment linked to care pathways have been submitted to MOH and the Minister of Finance of the Borrower (complied with). Viet Nam is developing a national health insurance scheme, but it lacks mechanisms to set prices for services paid for through this scheme. MOH is reviewing provider payment mechanisms to address this issue and is specifically assessing the potential of case-based payment mechanisms founded on diagnostic-related group prospective payment systems and clinical care pathways discussed above under policy action number 9. HHR-SDP has assisted MOH to develop guidelines for the use of case-based payments. The guidelines build on Resolution 5/2005/NQ-CP of 18 April 2005 regulating financial support for health care to service users, as well as on Decree 85/2012/ND-CP instructing operations and financing mechanisms for health care facilities in the public sector and prices of medical services. The guidelines are aligned with the World Health Organization’s International Classification of Diseases versions 9 and 10, and they address setting maximum prices for diagnoses and procedures required for the 26 clinical care pathways. MOH submitted guidelines for case-based payment to Viet Nam Social Security on 10 April 2013. Viet Nam Social Security is the appropriate recipient agency to be responsible for social security, and not the Ministry of Finance.

**IV. OVERALL PROGRESS OF SOCIAL DEVELOPMENT PROGRAM IMPLEMENTATION**

31. The original HHR-SDP loan-and-grant allocation of $71.0 million currently amounts to about $72.9 million. MOH has made considerable progress rolling out policy actions under the first tranche of $15 million released following loan effectiveness. There have been no policy reversals. Rather, in some cases, there has been significant further strengthening of the policy actions. For example, new education laws now require universities to adopt competency-based curricula, and there is strong government support for adherence to health professional licensing timetables.

32. HHR-SDP is a flagship program at MOH, and the ministry demonstrates strong commitment to implementing reforms and building capacity. The policy reforms involve a wide range of stakeholders, and working arrangements are in place with almost all MOH departments, 18 colleges and universities, 34 hospitals, and 64 provincial health bureaus to roll out policy actions and project activities. Each output is assigned to a vice minister to ensure leadership. Products often involve substantial design work, however, and need to go through a broad stakeholder consultation and approval process with the overall government.

33. The project loan supports a set of linked and coordinated actions that are closely aligned with the policy actions and are designed to support their implementation at national and subnational levels. As of 30 September 2013, physical progress for the project loan and grant was estimated at 38% compared to an elapsed period of 54%. As of 30 September 2013, project contract awards and disbursements, respectively, had reached $6.8 million (16%) and $5.5 million (13%). The relatively high level of physical progress compared to contract awards and disbursements is based on the considerable work that has been done to support policy actions, conduct training and stakeholder consultation, prepare procurement packages, and process consulting services. To further improve project implementation progress, changes were made in the project management unit team and in the procurement plan during the midterm review in August 2013.
34. The project assists MOH in strengthening pre-service training, post-graduate programs, and continuing education for health professionals. Teachers in targeted educational institutions are being trained to improve teaching effectiveness. Priority is given to female and ethnic minority trainees. A total of 113 master’s degree scholarships have been awarded, and 111 staff have been learning about modern teaching methods in Malaysia and Thailand. Revised syllabi have been drafted for 9 basic science and medical subjects. The project supports the procurement and maintenance of teaching equipment and training laboratories. MOH is developing an eLearning network with a virtual medical training resources library. MOH is also piloting an accreditation system for training institutions based on the requirements established in LET.

35. The project assists MOH in providing health worker training to ethnic minority and female students and encouraging them to work in health facilities in remote communities. A total of 3,320 ethnic minority students have received pre-service training scholarships. The Central Highlands University has revised primary health care modules for grassroot health workers and e-learning modules are being planned. MOH has recommended the expansion of outreach support to remote areas as well as the provision of further support and incentives to attract and maintain qualified health workers in remote and disadvantaged areas.

36. HHR-SDP is in compliance with all loan and grant covenants stated in the loan and grant agreements, respectively, except for late compliance with submission of audited project accounts.

V. CONCLUSIONS

37. HHR-SDP is a flagship program of MOH and the first program support for Viet Nam in the health sector. It spearheads major health human resource reforms which will have long-lasting impact nationwide in terms of quality, effectiveness, and efficiency of health services. Nine out of 10 policy actions for the second tranche release have been complied with fully. The remaining policy action (number 9) is complied with in part, and compliance will be completed under the project.

VI. THE PRESIDENT’S RECOMMENDATION

38. In view of the substantial progress made in the implementation of the Health Human Resources Sector Development Program, as evidenced by the full compliance for second tranche release with 9 out of 10 policy actions, and partial compliance with one policy action. I recommend that the Board approve, on a no-objection basis

(i) the waiver of full compliance with one policy action, which has been partially complied with; and

(ii) the release of the second tranche in the amount of SDR10,043,000 for the Health Human Resources Sector Development Program.
## APPENDIX: POLICY ACTIONS, DOCUMENTATION, AND STATUS

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<th>Policy Action No.</th>
<th>Policy Commitment</th>
<th>Supporting Documents</th>
<th>Status</th>
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</table>
| 1                 | The Joint Committee on Human Resources Planning and Management has submitted a report to MOH on reform, planning, and management of the health workforce. | Vietnamese and English translation of a report on health human resources reform, planning, and management to the Minister of Health from the Joint Committee on Human Resources Planning and Management dated May 2013  
Vietnamese and English translation of Submission Document No. 6/BDH dated 12 April 2013 from the Joint Committee to the Minister of Health | Completed.           |
| 2                 | Standards for licensing of health facilities have been adopted, and institutional systems have been established and are operational. | Vietnamese and English translation of Circular No. 41/2011 on guidance on the granting of certificates to medical practitioners and operating licenses to medical examination and treatment establishments issued on 14 November 2011, stamped and signed by Vice Minister Nguyen Thi Xuyen on behalf of the Minister of Health  
Report on a registration and licensing system in Viet Nam showing the number of facility licenses issued as of 20 May 2013 signed by Dr. Khue, the director assigned responsibility for this activity in Circular No. 41 | Completed.           |
| 3.1               | A decree on the detailed provisions and guidelines for implementation of the Law on Examination and Treatment that contains provisions for the certification of health professionals has been issued. | Vietnamese and English translation of Decree No. 87/2011 on detailing and guiding articles of the Law on Examination and Treatment issued on 27 September 2011, stamped and signed by the Prime Minister Nguyen Tan Dung  
Vietnamese and English translation of Circular No. 41/2011 on guidance on the granting of certificates to medical practitioners and operating licenses to medical examination and treatment establishments issued on 14 November 2011, stamped and signed by Vice Minister Nguyen Thi Xuyen on behalf of the Minister of Health | Completed.           |
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<tr>
<td>3.2</td>
<td>A decree and/or related circulars have been issued to specify how the ethical, technical, and administrative violations by health professionals regarding examination and treatment should be handled.</td>
<td>Vietnamese and English translation of Decree 96/2011/ND-CP on regulations on sanctions against violations in examination and treatment issued on 21 October 2011, signed and sealed by Prime Minister Nguyen Tan Dung</td>
<td>Completed.</td>
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<td>3.3</td>
<td>A circular has been issued to ensure that health professionals meet the requirement of continuing medical education and the compliance with such requirement will be monitored regularly.</td>
<td>Vietnamese and English translation of Circular No. 22/2013 on guidance on continuing education in the health sector issued on 9 August 2013, signed and sealed by the Minister of Health (Chapter 4, Article 21 assigns responsibility for inspection to MOH’s Technology and Training Administration)</td>
<td>Completed.</td>
</tr>
<tr>
<td>3.4</td>
<td>The national advisory council at MOH level has become operational.</td>
<td>Vietnamese and English translation of Decision 5248/2012 on establishing the national advisory council within MOH for health professional certification issued on 28 December 2012, signed and sealed by the Minister of Health Nguyen Thi Kim Tien Minutes of the Meeting of the national advisory council dated 11 March 2013, signed by the Chair, Vice Minister Nguyen Thi Xuyen</td>
<td>Completed.</td>
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<td>3.5</td>
<td>A national unit within MOH with responsibility for the health professional certification system has been established and is operational.</td>
<td>Vietnamese and English translation of report on the registration and licensing system in Viet Nam showing the number of health professional licenses issued as of 20 May 2013, signed by Dr Khue, the director assigned responsibility for this activity in Circular No. 41</td>
<td>Completed.</td>
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<td>3.6</td>
<td>A national health professional certification database has been developed and tested.</td>
<td>Vietnamese and English translation of Letter 1356/BYT ordering use of the national database in all provinces and municipalities, signed and sealed by Vice Minister Xuyen Vietnamese and English translation of report on the registration and licensing system in Viet Nam showing the number of health professional licenses issued as of 20 May 2013 signed by Dr. Khue, the Director assigned responsibility for this</td>
<td>Completed.</td>
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<td>3.7</td>
<td>A national training plan has been submitted to the Minister of Health for training provincial staff involved in health professional certification.</td>
<td>Vietnamese and English translation of Plan 1439/KH BYT for National Training on Health Professionals Licensing and Relicensing for the period 2013 to 2015 dated 28 December 2012, signed and sealed by Vice Minister Nguyen Thi Xuyen</td>
<td>Completed.</td>
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<td>4</td>
<td>MOH has issued a guideline for the accreditation of pre-service and postgraduate health professional training programs within recognized educational institutions.</td>
<td>Vietnamese and English translation of guidelines for using and supplementing quality evaluation criteria at medical and nursing universities, signed and sealed by Nguyen Cong Khan, Director of Science Technology and Training Administration</td>
<td>Completed.</td>
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<td>5</td>
<td>MOH has issued a regulation (an upgrade of Circular No. 07/2008/TT-BYT dated 28 May 2008) on a system for accrediting continuing education courses, and a secretariat for implementing this system is established in MOH.</td>
<td>Vietnamese and English translation of Circular No. 22/2013 on guidance on continuing education in the health sector issued on 9 August 2013, signed and sealed by the Minister of Health (Chapter 3, Article 15 assigns responsibility for accreditation to MOH Technology and Training Administration, which has been actively working on accreditation as evidenced by agendas and notes of accreditation workshops.</td>
<td>Completed.</td>
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<td>6</td>
<td>MOH has formally issued a set of minimum standards for equipment available in medical colleges based on courses provided and students enrolled.</td>
<td>Vietnamese and English translation of Decision 1239/QD-BYT on standards for equipment required for medical universities and colleges dated 15 April 2013, signed and sealed by the Minister of Health Nguyen Thi Kim Tien (including Vietnamese and English translation of equipment lists in Decision 1239)</td>
<td>Completed.</td>
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<td>7</td>
<td>MOH has completed a policy review on the implementation of Circular No. 09/2008/TT-BYT dated 1 August 2009 and Decision 1816/QD-BYT dated 26 May 2008, reporting on policy outcomes for improved service quality and recommendations on constraints</td>
<td>Vietnamese and English translation of a report assessing implementation of Circular No. 09/2008/TT-BYT and impacts of this circular on health staff training institutions</td>
<td>Completed.</td>
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<tr>
<td>Policy Action No.</td>
<td>Policy Commitment</td>
<td>Supporting Documents</td>
<td>Status</td>
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<td>and impact.</td>
<td>assessing outcomes of Decision 1816/QD-BYT on the rotation of medical specialists to lower-level hospitals in order to improve health services quality, as well as impacts of the project on reducing hospital overcrowding</td>
<td></td>
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<td>8</td>
<td>MOH has completed a policy impact review on increasing enrolment of ethnic minority students in health training, including the implementation of Decree 134/2008/ND-CP dated 14 November 2006 and Circular No. 13/2008/TTLT-BGDDT-LDTBXH-BTC-BNV-UBDT dated 7 April 2008, with recommendations to address constraints.</td>
<td>Vietnamese and English translation of a report concerning direct recruitment education in 34 provinces in Viet Nam during 2007–2011, implementing Decree 134, and Decision 1544 by the government (Circular No. 13/2008 is not included in the title of the report, but it is referenced in the text.)</td>
<td>Completed.</td>
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<td>9</td>
<td>Twenty care pathways have been developed, benchmarked, and costed in 6 hospitals, and at least 3 of such care pathways are for medical conditions that primarily affect women or are primary care focused and delivered.</td>
<td>Vietnamese and English translation of 26 clinical care pathways (including 6 for women) List of hospitals involved in the clinical care pathways study, including list of hospitals involved in pilot costing study (English only) Vietnamese and English translation of a report on a pilot study, with cost estimates of 26 care pathways and preliminary outcomes for 4 hospitals</td>
<td>Partly completed. MOH has drafted 26 clinical care pathways. Pathways were benchmarked and costed in 4 hospitals, to be expanded to 34. MOH requests partial waiver of this commitment on grounds that substantial progress has been achieved and that the policy will be completed as part of ongoing project activities during the remaining project period.</td>
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<td>10</td>
<td>Guidelines for management and financing reform associated with the introduction of case-based provider payment linked to care pathways have been submitted to MOH and the Minister of Finance of the Borrower.</td>
<td>Vietnamese and English translation of guidelines for case-based full-package payment Vietnamese and English translation of a standard submission document No. 31 dated 10 April 2013, signed by Pham Le Tuan, Director of the Department of Planning and Finance Vietnamese and English translation of a letter submitting the report to Viet Nam Social Security dated 11 April 2013, signed and sealed by Vice Minister Nguyen Thi Xuyen</td>
<td>Completed.</td>
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</table>

Sources: Asian Development Bank; Ministry of Health, Viet Nam.