

SUMMARY GENDER AND ETHNIC MINORITY STRATEGY

Policy Reform Area and Outputs	Measures to Address Gender and Ethnic Minority Concerns	Responsibility
1. Better Planning and Management of Human Resources		
Policy Measures:	<ul style="list-style-type: none"> Socioeconomic analysis, including gender, EM and poverty impacts, of the LET, is completed and submitted to the Prime Minister. Ensure gender balance in the Joint Committee on health human resources (HHR Committee) secretariat at all levels. Develop measures to improve the gender balance at senior levels of MOH and in provincial health departments with a target increase of at least 10% by 2013. 	MOH/DST and HHR Committee
Project Activities:		
	Integrate gender and EM concerns in HHR Committee's terms of reference, HHR framework, work plan, monitoring system and budget.	PMU and HHR Committee secretariat
	HHR Committee report includes recommendations on (i) improving compensation, benefits and other incentives for district and commune health staff especially women in remote/EM areas; (ii) effectively integrating population/family planning workers at all levels for health promotion activities; (iii) improving the qualifications, status and compensation of village health workers and other health collaborators; (iv) extending health services to EM areas (e.g., through mobile teams); and (v) measures to improve the gender balance at senior levels of MOH and in provincial health departments.	PMU and Committee secretariat
	Provide gender and EM specialist support to the Joint Committee, including training on gender and EM issues.	PMU and Secretariat HHR Committee
	Assist MOH Departments Personnel and Planning/Finance (Health Statistics and Informatics Division) to improve collection of sex and ethnicity-disaggregated data on the health workforce at all levels (including staffing, in-service training, compensation and promotion).	Secretariat HHR Committee, MOH/DOP
	Include gender and EM concerns in socioeconomic impact studies of the draft LET and implementing decrees.	MOH
	Promote that the LET includes provisions for rights to be treated with respect regardless of sex, ethnicity, age, and sexual orientation, and to be treated by a medical practitioner of the sex of the patient's choice whenever possible.	
	Support women and EM targeted public awareness programs on the LET (patient rights) and consumer complaint system using appropriate language, communication methods and networks.	MOH
	LET monitoring system will include gender and ethnicity-related indicators and all data will be disaggregate by sex and ethnicity	MOH
2. Higher Quality Human Resources Training		
Policy Measures:	<ul style="list-style-type: none"> MOH to complete a policy impact review on increasing enrollment of EM students in health training, including the implementation of Decree 134 and Circular 13 with recommendations to address constraints. MOH to direct all provincial health departments to submit an in-service training plan and budget for women and EM district and commune health staff, and village health workers. 	MOH/DST training institutions; Provincial health departments
Project Activities:		
	Training needs analysis of teachers and managers to include separate section on specific needs of women and EM teachers.	MOH/DST
	Ensure 40% women's representation in training programs or at least proportionate to their representation in the relevant trainee.	PMU and training institutions
	Reserve 40% quota for women teachers in study-tours to Universities in ASEAN region and teacher exchanges.	MOH/DST
	Ensure 10% EM representation in training programs or at least proportionate to their representation in the region served by the relevant training program.	PMU and training institutions
	Establish a quota of at least 50% of scholarships funded by the program for pre-service or in-service training given to women.	MOH/PMU
	Ensure that any age limits for training supported by the program are the same for men and women.	PMU and MOH/DST
	Ensure that support for training of nurses and midwives is prioritized.	MOH/DST
	Ensure that updating of medical curricula conform to the new National Standards and Guidelines on Reproductive Health.	MOH/DST

Policy Reform Area and Outputs	Measures to Address Gender and Ethnic Minority Concerns	Responsibility
	Integrate training on preventing/addressing domestic violence in pre-service training for health professionals.	MOH/DST and training institutions
	Support new training program for population/family planning workers especially females and EMs at province, district and commune levels.	MOH/DST and MOH/ Population Bureau
	Design short modules in-service training courses for female health workers with family responsibilities and for health workers posted to remote areas, so that credit can be accumulated over time.	MOH/DST
	Establish a fund for female participants and participants from remote areas for in-service training to defray travel costs, childcare and other expenses.	PMU and MOH/DST
	Disaggregate all data on participation in training activities exchanges and study tours by sex and ethnicity and include in PMU progress reports.	PMU and training institutions
	Ensure 10% EM representation in teacher exchanges and study tours or at least proportionate to their representation in the region served by the relevant training institutions.	PMU and participating institutions
	Provide equitable opportunities for men and women to participate in international exchanges, and support English language training to facilitate these exchanges.	PMU, MOH/DST and participating institutions
	Improve financial and other support to EM candidates for pre-service and in-service training, including scholarships for EM students to participate in health worker training.	MOH/DST
	Ensure that at least 30% of scholarships and other financial support under the program are given to EM candidates.	PMU and training institutions
	Provide support for preparatory (bridging) courses for EM students in the Provincial Ethnic Minority Schools.	MOH/DST
	Implement scholarships for EM candidates for secondary or college level health worker training at provincial secondary medical schools or college.	MOH/DST
	Ensure accessibility for women and EMs to in-service training networks for primary health care to be established by the project.	MOH/DST
	Training needs assessment of rural health workers include separate sections on EM and gender considerations.	MOH/DST
	Develop an improved contract for students from rural and remote areas receiving subsidized training.	MOH/DST
	Develop plan to strengthen current weaknesses in the implementation of the “formation by address” and “special entry programs” for EMs, particularly to improve financial viability of the programs to students from remote areas and poor families.	MOH/DST
3. Improved Management Systems in Health Service Delivery		
Policy Measures:	<ul style="list-style-type: none"> At least 3 of the 20 care pathways piloted are for medical conditions that primarily affect women or are primary care focused (including for normal deliveries and Caesarian sections). 	MOH/CCA and CMRU
Project Activities:		
	Appoint gender and EM focal points in the CMRU to provide support to CMRU staff on gender and EM concerns related to care pathways.	PMU and CMRU
	Include all relevant levels of health staff (e.g., nurses and midwives) in development and costing of care pathways.	CMRU and hospitals
	Monitor and report on impacts of the care-pathway process and payments on patients related to gender, ethnicity or income level.	CMRU and hospitals
	Ensure that all training related to the pilot promotes awareness of and sensitivity to gender and ethnic differences among patients.	CMRU
	Ensure representation of women and EMs in training related is proportionate to their representation in the underlying trainee pool.	CMRU
	Prioritize costing of normal deliveries, Caesarean sections and major obstetric complications.	CMRU
	Study the financial viability of a case-based payment system in poor or remote areas, and related options to ensure that patients in these areas have access to quality health care.	CMRU
	Ensure that equity considerations in the pilot are incorporated in any up scaling of the pilot and related system-wide changes (included documentation and training materials for future use).	CMRU
	Ensure that all training related to up scaling of the pilot promotes awareness of and sensitivity to gender and ethnic differences among patients.	CMRU
	Ensure that the representation of women and EMs in this training is at least proportionate to their representation in the underlying trainee pool.	CMRU

CMRU = clinical management reform unit, DOP = Department of Personnel, DST = Department of Science and Training, EM = ethnic minority, LET = Law on Examination and Treatment, MOH = Ministry of Health, PMU = project management unit.