

Effects of Swedish Development Co-operation on the
Democracy & Human Rights situation in Viet Nam

HEALTH SECTOR REPORT

Written by:

Tran Tuan, MD, PhD

Research and Training Centre for Community Development (RTCCD)

No. 39, Lane 255, Vong street, Hai Ba Trung, Hanoi, Vietnam

Tel: +84 4 628 0350 / +84 4 628 1548

Fax: +84 4 628 0200

Email: trantuanrtccd@gmail.com

Website: www.rtccd.org.vn

With support from:

The Ministry of Health team

Sarah Bales

Luu Hoai Chuan

Tran Thi Kim Ngan

Do Quang Tuyen

Trinh Thuc Anh

The RTCCD team

Van Thi Mai Dzung

Nguyen Thi Thu Trang

Tran Thi Thuy

Dang Thanh Hoa

Hanoi, November 4, 2006

Contents

Contents	2
Executive Summary	4

1 Introduction	8
1.1 Health and human rights	8
1.2 Vietnam and the right to health for Vietnamese	9
1.3 Sida support and the rights for health in Vietnam	10
1.4 Assessment of contribution from Sida to the improvement of the right to health in Viet Nam	11

2 Findings	13
2.1 Linkages among the five indicators	13
2.2 Policy development and system improvement	14
2.2.1 Capacity Building: Establishing and running the Health Policy Unit in Ministry of Health	14
2.2.2 Developing policies aimed at improving equity and efficiency in health care	16
2.2.3 Improving access to safe and affordable drugs	20
2.2.3.1 <i>Country context</i>	20
2.2.3.2 <i>Developing policies, guidelines and advocacy for legislation approval</i>	20
2.2.3.3 <i>Capacity building: Institution development and training</i>	21
2.2.3.4 <i>Communication to the population</i>	22
2.2.3.5 <i>Impacts to safe and affordable drugs strategy</i>	22
2.3 Generating community-based evidence	26
2.3.1 Establishing a needs-based planning model	26
2.3.1.1 <i>Country context</i>	26
2.3.1.2 <i>VNSHC Community-based Health System Development in Disadvantaged Areas (CBHD)</i>	27
2.3.2 Improving access to health care services by the poor in the central highland region	29
2.3.2.1 <i>Context</i>	29
2.3.2.2 <i>HICH project</i>	31
2.3.2.3 <i>HICH project report for the first six months of implementation</i>	32
2.3.2.4 <i>Evaluation of HICH project from RTCCD team</i>	34
2.3.2.4.1 <i>HICH implementation and management</i>	34

2.3.2.4.2	Quantitative evidence from interviewing inpatients- a targeted group for decision 139 and HICH	36
2.3.2.4.3	Then what we could say about HICH now and what should be done to improve HICH?	38

3	Discussion	40
4	Conclusions and Recommendations	42

List of boxes

Box 1.	Essential elements for the fulfillment of the right to health	8
Box 2.	Key rights related to the implementation of the right to health	9
Box 3.	Health care context in Vietnam in the early 1990's under a critical view of the ruling Party	10
Box 4.	The specific components of the Viet Nam-Sweden Health Cooperation on Health Policy and System Developments (VSHC/HPSD) 1994-2006	11
Box 5.	Main indicators measuring the Swedish contribution to improving upholding the right to health in Viet Nam	12
Box 6.	Mission of Health Policy Unit (HPU)	14
Box 7.	Summary support from Sida to the HPU period 1993- present	15
Box 8.	Key health policies developed and released during the 1990s-2005 with support from VSHCP	17
Box 9.	Fundamental policy and strategy for the pharmaceutical sector development	20
Box 10.	Key Circulars for the monitoring of pharmaceutical activities	21
Box 11.	Key guidelines, regulations and books in the pharmaceutical sector developed	21
Box 12.	Institution development and improvement supported by Sida	22
Box 13.	HICH project	32

List of tables

Table 1.	VSHCP outputs 1994-2006 towards the right to health*	16
Table 2.	Benefits from Sida DMC	23
Table 3.	HICH scheme support to poor patients from Dec 2005 to May 2006 by type of support and province	33
Table 4.	Distribution of 40 health staff to be interviewed at the HICH evaluation, 6/06	34
Table 5.	Consequences of various schemes co-supported to the poor.	35

Table 6. Distribution of receiving food allowances from 262 inpatients by ethnic groups in Kon tum and Gia Lai hospitals, June 2006 37

Table 7. Distribution of 262 patients by status of expenses for access to hospitals for care and their receiving of supports from HICH , Kon Tum and Gia Lai provinces, June 2006 38

List of figures

Figure 1. Linkages between the indicators towards human rights assessment 13

Figure 2. Costs for inpatient care at public facilities and contribution from health insurance or 139 funds 31

Figure 3. Use of funds 32

List of annexes

Annex 1. Main characteristics of 262 inpatients in the survey of HICH project in Gia Lai and Kon Tum provinces, June 2006 44

Executive Summary

The country strategy for the Swedish-Vietnamese development co-operation 2004-2008 calls for a special assessment of the effects of Swedish development co-operation on the democracy and human rights situation in Vietnam. One of the areas identified for assessment is health.

Support from Sida (Sweden) to the health sector in Viet Nam has a long history dating back to the 1970s and has changed directions to adapt to the situation in Viet Nam, from hospital building (before 1994) to health policy development (from 1994 onwards). In particular, “*promotion of the right to health with a focus on improved access to health services for the poor in Viet Nam*” has been identified as the overall objective of the Swedish development co-operation strategy in Viet Nam for the health sector.

This report was written to address the question of *what is the evidence to show that Sida support has contributed to improvement of democracy and the rights to health in Viet Nam?* Through analyzing this evidence, it is hoped that lessons for improving democracy and human rights in Viet Nam can be drawn.

Evidence from this report mostly comes from secondary data sources including available reports and project documents related to five indicators: (1) *health policy change towards improving equity and efficiency in health care*, (2) *a needs-based planning model in developing health plan*, (3) *Health finance support to the poor to access hospital services*, (4) *availability and use of quality and affordable drugs*, and (5) *access to safe drinking water and sanitation*. Primary data collected is limited to the HICH component only, including a PRA on project management and a patient survey in the two provinces of Kontum and Gia Lai. In addition, in-depth interviews were organized with a sample of seven health policy makers to get their view on the general impact of Sida support to health related to the rights to health.

The evidence was organized and analyzed through two-stage process. In the first stage, five selected indicators of Sida support to the rights to health in Viet Nam were identified and evidence to clarify each indicator was presented in specific reports. There are four specific reports corresponding to the five indicators (one report for two indicators 2 and 5). In the

second stage, from the four component reports a synthesized report was developed by a consultant from the Research and Training Center for Community Development (RTCCD)- a local-non profit research organization in Viet Nam.

In this synthesized report, improvement in promoting and protecting the right to health attributed to Sida support will be seen in two broad fields: (1) for public health, and (2) for health system development. In each field, evidence is organized and analyzed in three categories: (1) developing and approving policies and legislation framework for assuring the rights to health, (2) building capacity of the relevant institutions for better implementing the rights to health, and (3) the improvement of the actual rights to health for vulnerable groups.

This report used a practical definition of the rights to health. The rights to health are secured when four essential elements are met in looking at the public health and health care system: (1) *Availability* of health care facilities and the underlying determinants for health; (2) *accessibility* to health services and health information by all sections of the population; (3) *acceptability* of population participation in every steps of building an environment for health care and protection; and (4) *Quality* of care is appropriate in terms of scientific and ethical practice of medicine. Therefore, to measure Sida's support to improvement in promoting and protecting the right to health in Viet Nam during the last 10 years, one could review the change in improvement of availability, accessibility, acceptability, and quality of care provided to people where the support was provided.

The report found that:

In general, evidence showed that support from Sida addressed a broad view of the rights to health in Viet Nam and did so consistently throughout the whole time span from 1994-2006. The support has contributed to improvement in availability, accessibility, acceptability, and quality of health care in Viet Nam over the last ten years.

Impact from Sida support to the rights to health was seen most obviously through the improvement of health policy in Viet Nam towards an equitable and efficient health care system, in the improvement of availability, accessibility and quality of drugs, and in improvement of building a healthy environment through tobacco control and prevention of accident and injury.

To some extent, the establishment of the Health Policy Unit and its integration into the MOH management line could be seen as a long-lasting effect of Sida support to the rights to health in Viet Nam. A systematic improvement gained in the field of health policy has its roots in the HPU.

At the time of evaluation, the Health Care in Central Highlands (HICH) had only been launched for 6 months, but it did improve accessibility to hospital care for vulnerable groups as well as increase quality of care. Evidence shows that some adjustment is needed in this project so that better accessibility and acceptability can be gained. In the long-term, Sida should focus on primary care rather than hospital care.

The Community-Based Health Development Model component potentially shows lessons to Viet Nam for implementing the rights to health for vulnerable groups. However, it is still too early to measure the impact of the support in the broader context outside the pilot communes.

In the implementation of any policy aiming at supporting the access of poor to health care services in a market-oriented health care environment, ensuring the poor understand their rights to benefit from the policy must be incorporated into the policy implementation plan as a priority.

This evaluation again provides evidence to support a conclusion from the evaluation of Vietnam-Sweden Health Cooperation on Health Policy and Systems Development 2001-2005 that Sweden ought to stay in the health sector in Vietnam. The health sector offers great opportunities for Sweden to promote pro-poor spending, democracy and human rights and gender equality; ideals that are common to both Vietnam and Sweden and where Sweden inherits comparative advantages.