VIETNAM COUNTRY REPORT

The 9th ASEAN & Japan High level officials meeting on Caring Societies:
"Human Resource Development in the sectors of Welfare and Health with a focus on capacity building of service provides and employability promotion of vulnerable people"

25 October – 28 October 2011, Tokyo Japan

I. Follow up of the 8th High Level Officials Meeting, "Poverty alleviation with a focus on vulnerable people"

In order to have more closed collaboration between the social welfare and health services, the Vietnam delegates attended The 8th High Level Officials Meeting, "Poverty alleviation with a focus on vulnerable people" dated from 30 August - 2 September 2010 in Tokyo, Japan. Based on recommendations of the meeting, the Vietnamese delegation contributed to the national poverty alleviation program 2011-2015:

- To advocate health issues in poverty alleviation program: the program No. 135 in duration 2011 to 2015 and orientation for 2020 for the poor, disadvantaged communes to access more concessional loans, for more favorable and effective use of investment.
- To provide better health services for vulnerable people who are mostly living in remote and disadvantaged areas in the country.

II. Basic information of the Country

1) General information:

Viet Nam is located in Southeast Asia with a total land area of 329,314 square kilometers and a coastline of approximately 3,200 kilometers. According to the 2009 national census, the population was about 85.85 million inhabitants, with women accounting for 50.60% of the total. During 10 years, the annual population growth rate was decreased from 1.7% in 1999 to 1.2% in 2009. The urban population is 29.6% of the total in 2009 with annual increased rate of 3.4%, mainly due to migration.

Viet Nam has 63 provinces including big cities as Hanoi, the capital in the north, with the population of approximately 6.45 million inhabitants and Ho Chi Minh City in the south, the largest urban area, with a population of 7.16 million ones. There are 54 different ethnic groups in the country.

Some general statistic figures:

A) GNI per capital: $3,100 (2010)
B) Poverty rate: 14,2 %
C) Adult literacy rate (by sex)

Year	15-24 years old, both sexes (%)	15-24 years old, men (%)	15-24 years old, women (%)
1999	93.9	94.2	93.6
2000	94.8	95.6	94.1
2009	96.9	97.3	95.3

D) Urban population (%):30% of total population with annual rate of 3% (2010)
E) The budget for social welfare is 1.5% of total national budget, (2009)
F) The budget for health sector is 8% of total national budget (2009)

2) Vital Statistics

A) Population growth rate: 1.077% (2011)

B) Crude death rate: 6.8 per/1000 people

C) Crude birth rate: 17.07 per/1,000 people (2011)

D) Infant mortality rate (per 1000 live births): 20.9 deaths/1,000 live births
Male: 21.27 deaths/1,000 live births
Female: 20.48 deaths/1,000 live births (2011)

E) Under – five Mortality Rate (UM5R): 32/1000 live birth

F) Life expectancy at birth Total: 71.35 Years old, by sex:
Male: 68.86
Female: 74.02

G) Total Ferity Rate: 2.07 children (2007); 2.08 children (2008)

H) Unemployment rate (total, by age): 2, 88%

3) Population:

A) Total: 90,549,390 (July 2011)

B) By age-group and by sex
0-14 years: 25.2% (male 11,945,354/female 10,868,610)
15-64 years: 69.3% (male 31,301,879/female 31,419,306)
65 years and over: 5.5% (male 1,921,652/female 3,092,589) (2011)

C) Labor force population by industry and by age

14-24	25-49	Over 50:	Total
9245.4	30939.2	10208.3	50392.9

Labor force at 15 years of age and above by age group (thousand persons):

III. Current situation on Human resource Development in health and Welfare sectors

1. Current situation on Human resource Development in health sectors

Considerable progress has been achieved in development of the health workforce. Number of health workers per 10000 populations increased from 29.2 in 2001 to 34.7 in 2008. Ratios of health workers per 10000 populations are 6.5 for doctors, 10.4 for nurses and midwives, and 1.2 for university- and higher-level pharmacists. In addition, Vietnam has 5.7 assistant doctors per 10 000 population, working mainly at the communal level. With regard to quality of health workforce, efforts have been made to improve quality in the health workforce, e.g. increased post-graduate training, expanded training system and improved training quality. Many policies have been issued to improve quality of the health workforce: students from mountainous, disadvantaged areas enter medical schools without entrance exams, continuing education program for health professionals, higher qualified health staff from upper-level to work in lower level facilities. However, the problem posed here is not only to expand the health workforce in general, but also to selectively expand

certain health workforce categories. In addition, needs-based training by specialty should also receive focused attention.

2. Current situation on Human resource Development in Welfare sectors

2.1. Social Security in Vietnam: Basic Guidelines and Solutions 2011- 2020

For many years, along with economic development, Vietnam Government has issued many policies to develop social security systems including social support, social security, poverty reduction, social services and labor market development to ensure the rights of all citizens, with special attention to the poor, ethnic minorities, rural residents, residential areas and remote areas. Investment of State for social security has been increased – from more than 20 trillion (in 2003) to nearly 54 trillion dong (2010), State management of social security has been gradually increased, participation of enterprises, citizens and social organizations have also increased more and more.

As a result, the rate of poverty has reduced rapidly - by the WB poverty line, from 28.9% (2002) down to about 13% (2010), participants and beneficiaries of social security policy are expanding – separately the groups receiving regular social assistance increased from 480 thousands (2006) to more than 1.4 million years (2009); people's capacity to preventing, respond to and minimize and overcome risks to stabilize their lives and community has been raised.

However, the main social security policies have not been systematic and lack of resources on implementation, so social security still remains a number of shortcomings such as low coverage, low subsidy levels and especially, when inflation is high, social security is not timely.

In 2010, Vietnamese Government has directed the strategy period for Social Security from 2011 to 2020 with the views, goals and basic solutions as follows:

2.1.1. Basic Points

- To base on the rights of accessing security of all and in accordance with economic - social conditions; to aim at sustainable development and social justice and for the people.

- Towards the covering for all; to develop the system of social security policies with diversity, multi-storey, layer; to ensure a minimum standard of living.

- To focus on vulnerable groups, including: the poor, people in remote regions, ethnic minorities, rural workers, workers in informal sector, migrants, unemployed workers, people with disabilities, children, the elderly, people affected by natural disasters and other risks.

- To improve capacity building of the people on social security through indirect policies to support economic development, sustainable poverty reduction, combining

with policies to increase direct assistance to groups who are unable to get security by themselves.

- State holds a key role in organizing the implementation of social security, while expanding the participation of organizations, businesses and individuals through incentives to attract the participation of organizations to the provision of social welfare services; Promoting role and responsibilities of individuals, households, workers, businesses and communities in implementing the objectives of social security; Gradually approaching the regional and international standard, strengthening international cooperation in the field of social security.

2.1.2. Key Objectives:

- To support people, especially vulnerable groups to access vocational training, increase employability and income.

- To expand the scope and participants in the social insurance system, ensure the social insurance fund for preservation and growth.

- To address universal health insurance, constantly improve the quality of health services

- To develop social support systems flexibly, timely response to the events and risks; to looking to secure vulnerable groups living below the minimum life standard to suit each stage of social -economic development of the country.

- To implement sustainable poverty reduction.

- To increase access of vulnerable groups to basic social services.

2.2. Policies and regulations related to promote employability promotion for vulnerable people.

2.2.1. The legal documents

Acknowledging the importance of solving jobs for workers, from 1990s of the 20th century, Vietnam has taken the content of employment on the constitution, Article 55 Constitution of the Socialist Republic of Vietnam (as amended and supplemented in 2002) confirmed "Working is the rights and obligations of all citizens. State and society plans to create more jobs for workers". On the basis of the Constitution, Congress issued the Labor Code (as amended and supplemented in 2007) of which consists of Chapter II: Employment and regulation for the common policies on employment for all. Moreover, the Labor Code also consists of Chapter XI: Specific

regulations for juvenile workers and some other workers, regulation on employment policies for specific subjects, including elderly workers (Section II) and persons with disabilities (Section III).

Vietnam has also issued the Law on Persons with Disabilities (2010), including provisions on the rights of working, work conditions and environment are protected, counseling, job placement/ introduction, loans with preferential interest rates to create jobs, and has defined the responsibilities of agencies, businesses employing persons with disabilities as well as public preferential policies facilities businesses that employ many workers with disabilities (from 30% up); issued the Law on the Elderly (2009) with the regulations of creating opportunity for the elderly to promote intellectual, qualities and experience in research, production if they wish to continue to work…

2.2.2. Policies to promote employability for vulnerable groups

On the basis of provisions of the law on employment for vulnerable groups, in addition to promote economic development to create jobs for workers in general, particularly vulnerable workers, Vietnam has issued and implemented many policies to increase employability for vulnerable groups of workers, especially for workers with disabilities and elderly workers such as:

Establishment of Employment fund for persons with disabilities: to help people with disabilities access vocational training, job creation and support vocational training institutions, business and production facilities for the people with disabilities, support the business enterprises of all economic sectors which get people with disabilities in vocational education and work. Currently, 11/63 provinces and cities have established employment fund for people with disabilities.

Policy to encourage agencies, organizations and enterprises employing people with disabilities to work: Manufactures have from 30% or more of workers with disabilities are supported to reform conditions and working environment which are suitable for persons with disabilities; are exempted from income tax; get loans with preferential interest rates under the project and business development program; are given priority to lease land or premises, water; get reduction of land rent, premises, water for production basing on the rate of persons with disabilities, the degree of disability of workers and size of business

People with disabilities are counseling on vocational learning, entitled to benefits and policies in the process of vocational learning; are facilitated to get work rehabilitation to improve ability to work and get jobs which are consistent with the health and characteristics of persons with disabilities.

To get Loans at preferential interest rates from the National Fund for employment: workers are people with disabilities, elderly workers can get loans from the National Fund for employment with preferential interest rates (by about 50 % of commercial loan rate)...

Besides general policies of the State, the local consider the policies which have been implemented effectively to contribute on promoting employment for specific groups, contribute to ensure equal opportunities on employment for all.

2.3. Employment rate for vulnerable, especially elders and disabilities

2.3.1. Employment rate for persons with disabilities

Currently, Vietnam has approximately 5.3 million people with disabilities (about 6.3% of the population), which are mainly from the 16-55 year old (60%). Overall, the quality of the workers with disabilities is still limited, approximately 35.8% of people with disabilities are illiterate, 12.6% of them can read and write, 20.5% have secondary school qualifications and 24.1% have secondary education level; most of people with disabilities have not accessed vocational training (97.6%). Thus, only about 50% of people with disabilities are employed and work mainly in agriculture (about 70%), about 20% of them work in cottage industries

To promote employment for people with disabilities, annually, through the National target program on employment, especially, loan projects for job creation from the National Employment Fund, has supported to create and created jobs for many workers with disabilities. Moreover, every year, job introduction centers attracts a large number of people with disabilities to participate in vocational training courses, an average of about 10,000 people per year, approximately 60-70% of workers have jobs with steady income after graduation.

2.3.2. Employment rate for the Elderly

According to result of the survey on 01 July 2010, workers at the age of 60 are about 3.1 millions (representing 6.3% of the total number of workers), in which, the major are workers in unpaid household and self-employment (70%) in agriculture and handicraft. In addition, there are a few number of elderly people working in the field of public service, research activities, artisan villages ... (about 10%), others work in the field of small business services. In general, elderly workers in Vietnam are taken care, created conditions for promoting intellectual work experience, are guaranteed in accordance with the conditions of health.

2.4. Situations around social vulnerable, especially elders and disabilities, i.e., industries, occupations, income, working time per week...

Overall, besides achievement, as well as coexist in employment for workers, employment for vulnerable workers consists of many difficulties of quality and efficiency of jobs. In addition, the employment for vulnerable workers, especially people with disabilities also consists of many limitations.

The provisions of law have been issued, but the implementation is difficult, lack of programs, projects and resources to bring the regulations into real life. Currently, Vietnam is trying to finalize guidelines to put Disability Law into practice, ensure legal rights for people with disabilities.

People with disabilities basically have to find jobs to survive, while others who have working capacity, are discriminatory (not preferred) in access to suitable jobs that they can do well. If people with disabilities and ordinary people can do a good job, the ability to obtain employment of persons with disabilities are always lower.

Local governments still do not have policies to encourage and support the business and manufactures to receive people with disabilities to work, not create or encourage them to organize their work in accordance with ability of people with disabilities.

IV. Case study: Good Practices on "Place qualified professional staff from higher level hospitals to work in lower level hospital to improve quality of medical services" - Decision 1816/QD-BYT by the Minister of Health, dated 26 May 2008.

1. Overview

This is considered as a temporary solution partially to solve the shortage of doctors in mountainous areas and to ensure the equity and efficiency of health services provision for the people in rural regions of the country, the Ministry of Health has operated Project number 1816.

The implementation of Project number 1816 has resulted in rotation of experts from higher-level hospitals to support lower- level hospitals to improve the quality of their performance by in-service training for specific skills and transfer of technology.

2. Problem Analysis

The number of high qualified staff is limited and irrational distribution. To date, only 2.1% of health workers have post-graduate qualifications (master, PhD degrees), and they are mainly concentrated at the central level. Most health managers qualified in medical professionals (especially in hospitals) and are involved in examination and treatment. Hence, their available administrative time and management experience is somewhat limited. The working capacity of health workers in preventive fields, and at

the grass-roots level, is poor. Although attitudes of health workers in many facilities have improved, patient satisfaction with health service in public facilities is low.

3. Institutions or organizations involved

- Ministry of Health (Department of Medical Service Administration)
- Central and provincial Hospitals
- Health workers in hospitals, Medical educational institutions standard II and above

4. Strategy Pursued

Health workers in hospitals, medical educational institutions standard II and above follow the policy on rotating professional staff with at least 3 months rotations per person to work in lower hospital/facilities. This project was closely monitored and managed. Every week, leader of the Ministry of Health holds regular meetings to acquire information about this and give prompt direction.

5. Impact on policy (May, 2011)

- 72 hospitals including 35 central hospitals, 35 provincial hospitals and two training center had sent 3.665 health workers for rotations in 389 hospitals and health facilities across 62 provinces.
- Technology transfer took place in 26 specializations
- 1.453 training courses were organized with 40.531 trainees
- 802.486 patient exams/treatments were directly performed by rotated staff
- 11.697 operations for severe cases were performed by rotated doctors
- The number of patients to be transferred to higher levels fell down by 30%.

The number of patient visits to public health care centers reached 2 visits per person per year. The poor accesses easier in health care services and there is no difference in accessing among different income groups. Many modern techniques be transferred to lower level such as kidney transplant, cornea transplant, stem cell transplants, liver transplant and endoscope surgery.

6. Potential for expending and replication

Project number 1816 has been considered as a humanitarianism project, contributing positively to solve the shortage of health personnel and improving capacity of health care delivery at the lower levels. Even this is a temporary solution, but in the view of the Ministry of Health, it can be applied for longer period.

Nevertheless, some challenges to the effective implementation of Project 1816 remains such as low coordination between facilities and some cases the higher-level staff are not appropriate placed for the needs of the lower level. In some localities, health workers from higher levels simply fill in for lower level staff in performing their duties. The ration staff from higher-level facilities also leads to shortages of staff in their own ones.