

# **Health education reform to improve healthcare services in Vietnam**

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# Vietnam in the World







**Peaceful and beautiful !**

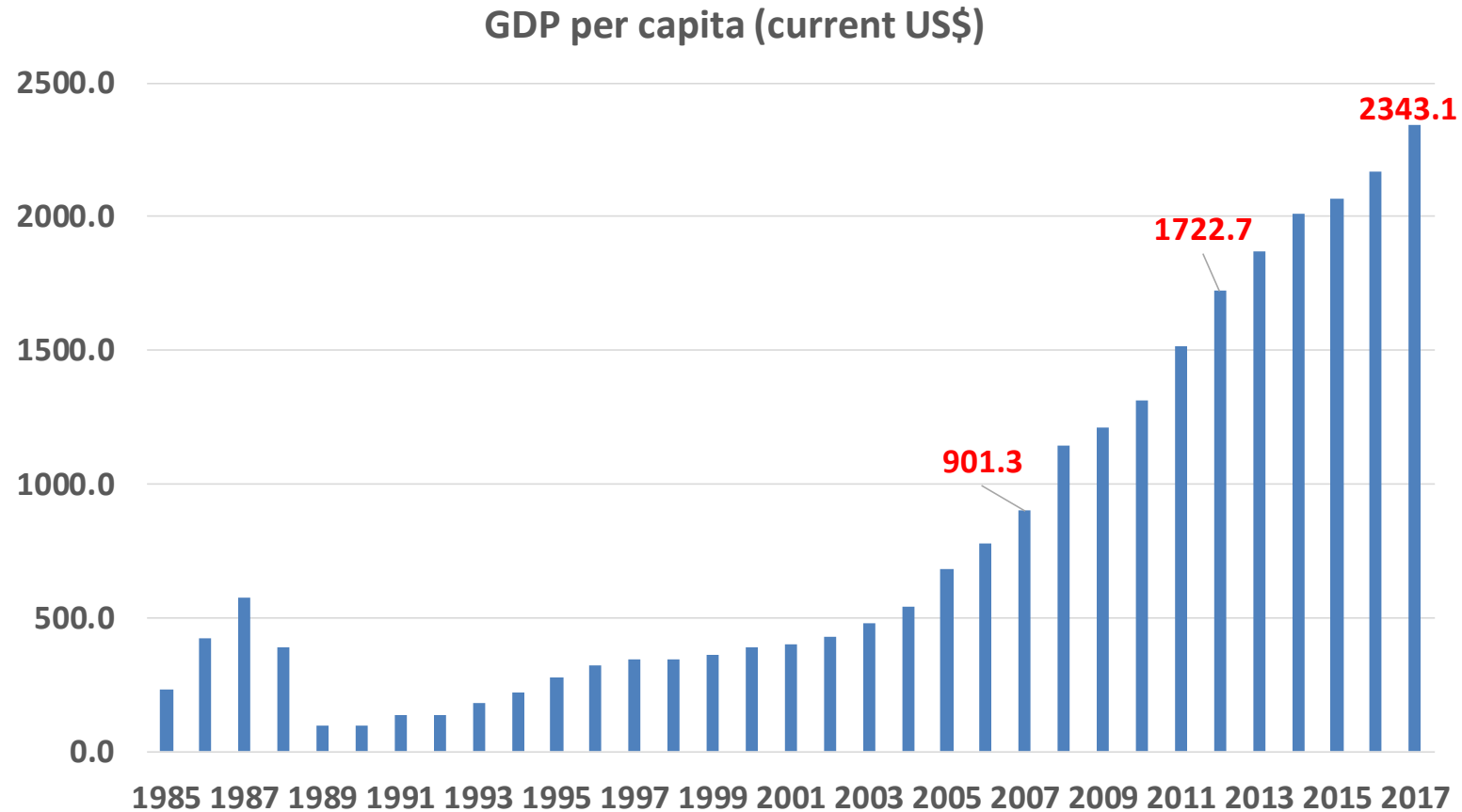


# Some information about Vietnam

- Area: 331,000km<sup>2</sup>
- Population: 92.4 million, 70.2% living in rural areas
- Life expectancy at birth: 74\*
- Physicians per 10 000 people (2015): 8/10.000\*\*
- Physicians/nurses: 1/1.4\*\*

Sources:: \* GSO 2016; \*\*Health Statistic Yearbook 2017, MOH

# Economic development



Source: World Development Indicators, Last updated date: 21/5/2018, World Bank

## Key health outcome indicators: Results vs. targets

	Result 2015	Target 2015	Target 2020
Life expectancy, years	73.3	74	74
Infant mortality rate (IMR), per 1,000 live births	14.7	14.8	14
Under five mortality rate (U5MR), per 1,000 live births	22.1	20.4	19.3
Maternal mortality ratio (MMR), per 100,000 live births	54	58.3	52
Malnutrition rate of children under age 5 (underweight) (%)	14.1	15	12

*Source: Join Annual Health Review 2016*



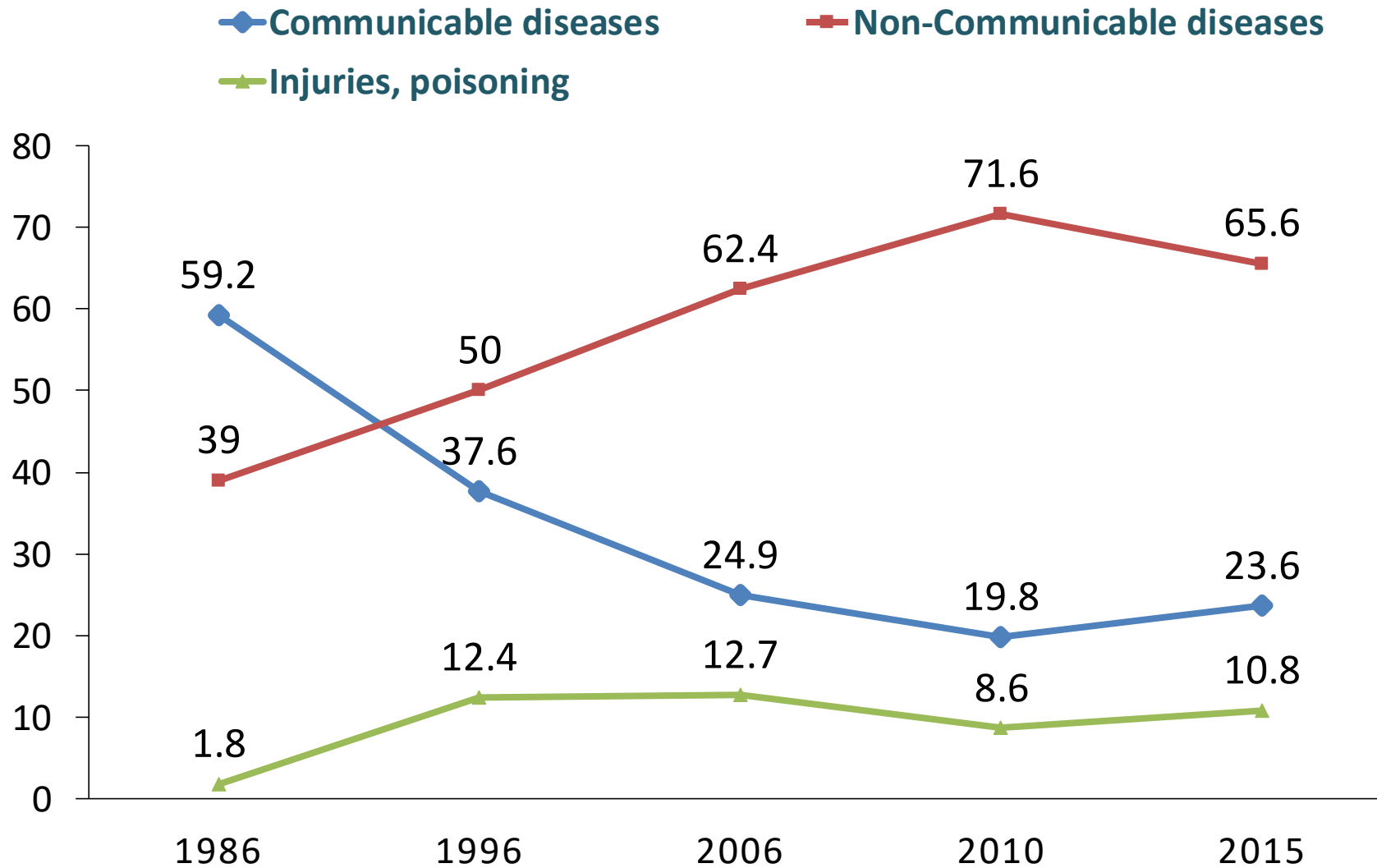
# Millennium Development Goals: Achieved four goals!



"Viet Nam has achieved MDG1, MDG2, MDG3 and MDG5 on poverty reduction, education, gender equality and maternal health. Significant progress has also been made toward achieving MDG4 on reducing child mortality."

*We are now moving toward SDG!*

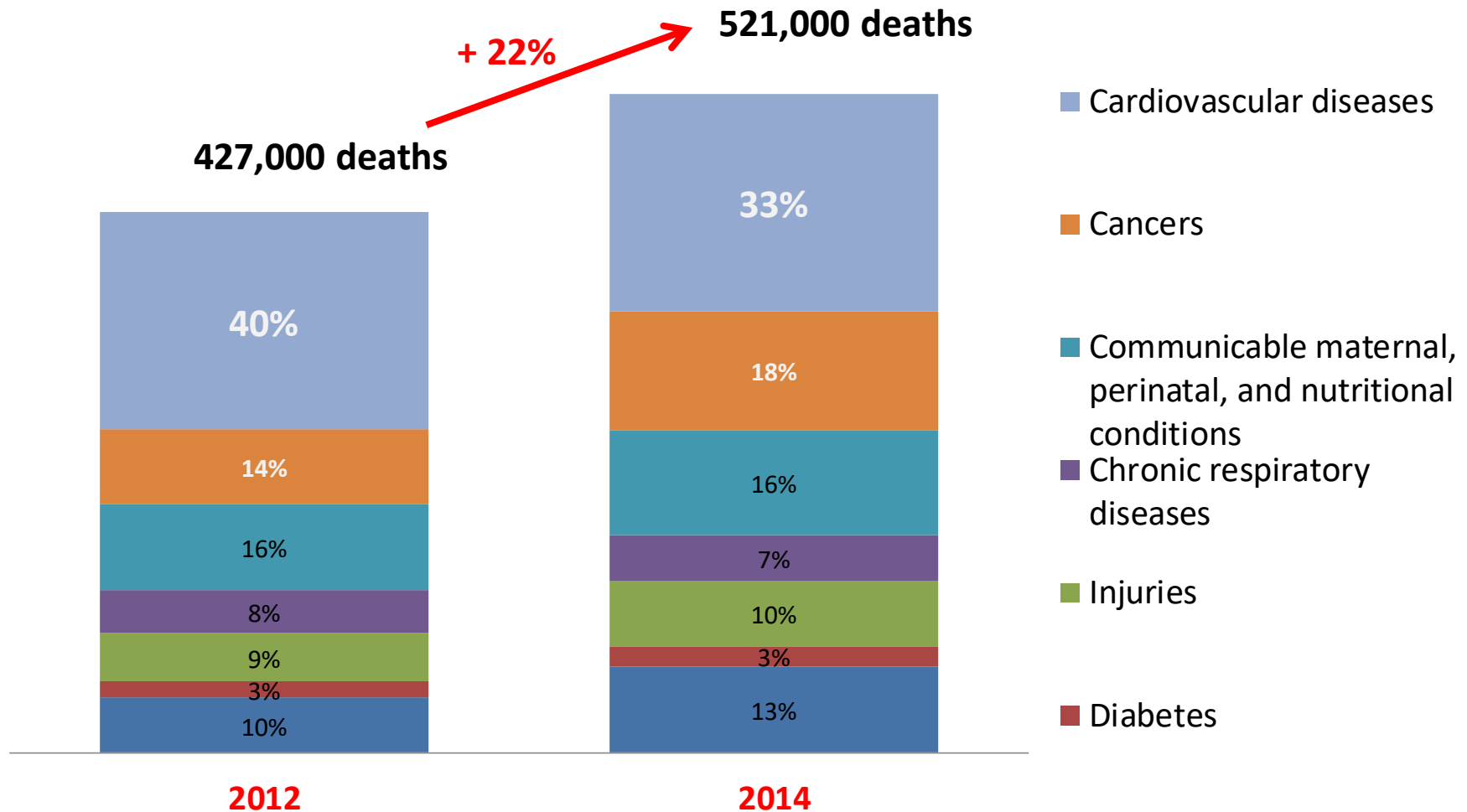
# Epidemiological transition: increasing NCDs



Source: MOH, Health Statistics Yearbook 2017



# NCD mortality

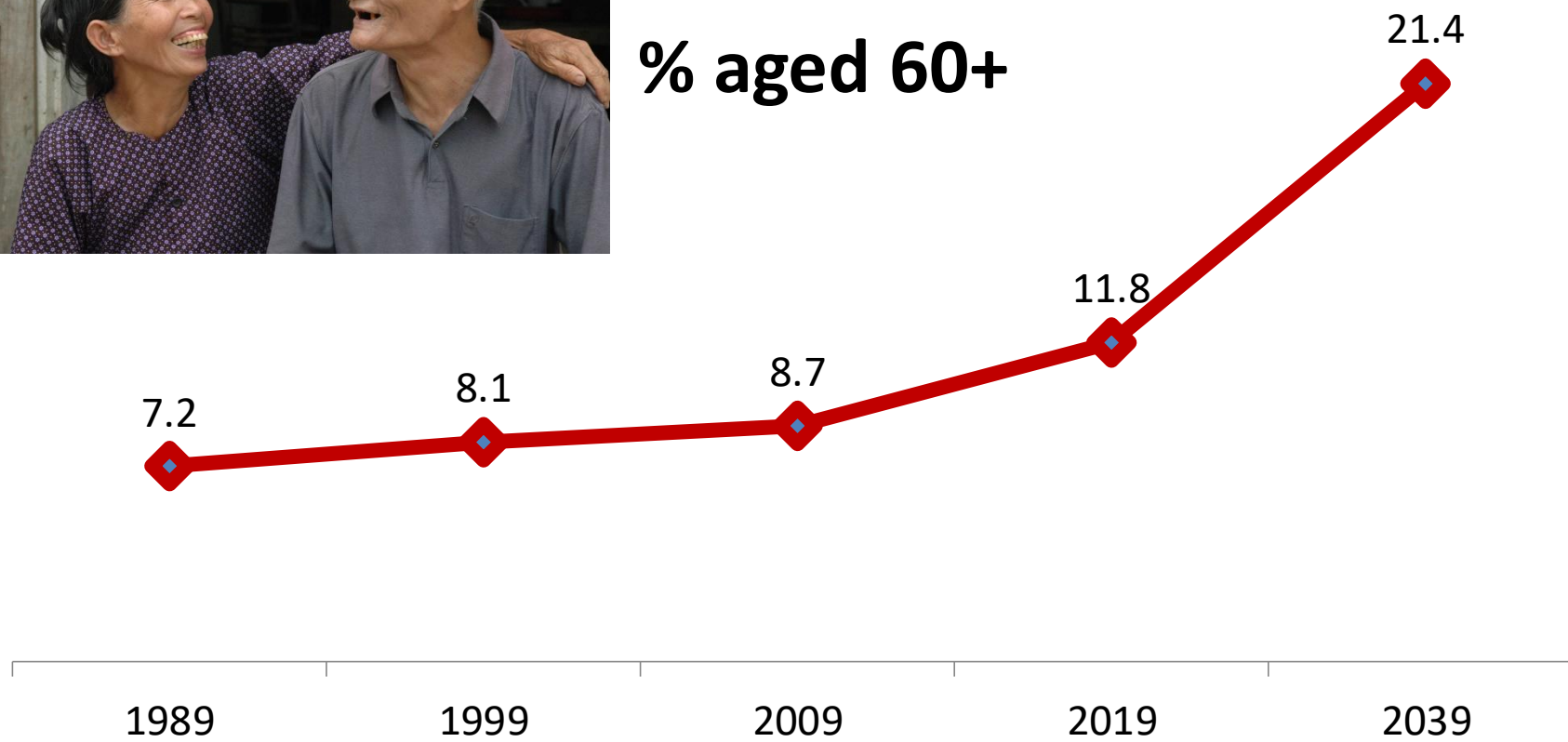


Source: MOH

# Ageing problems

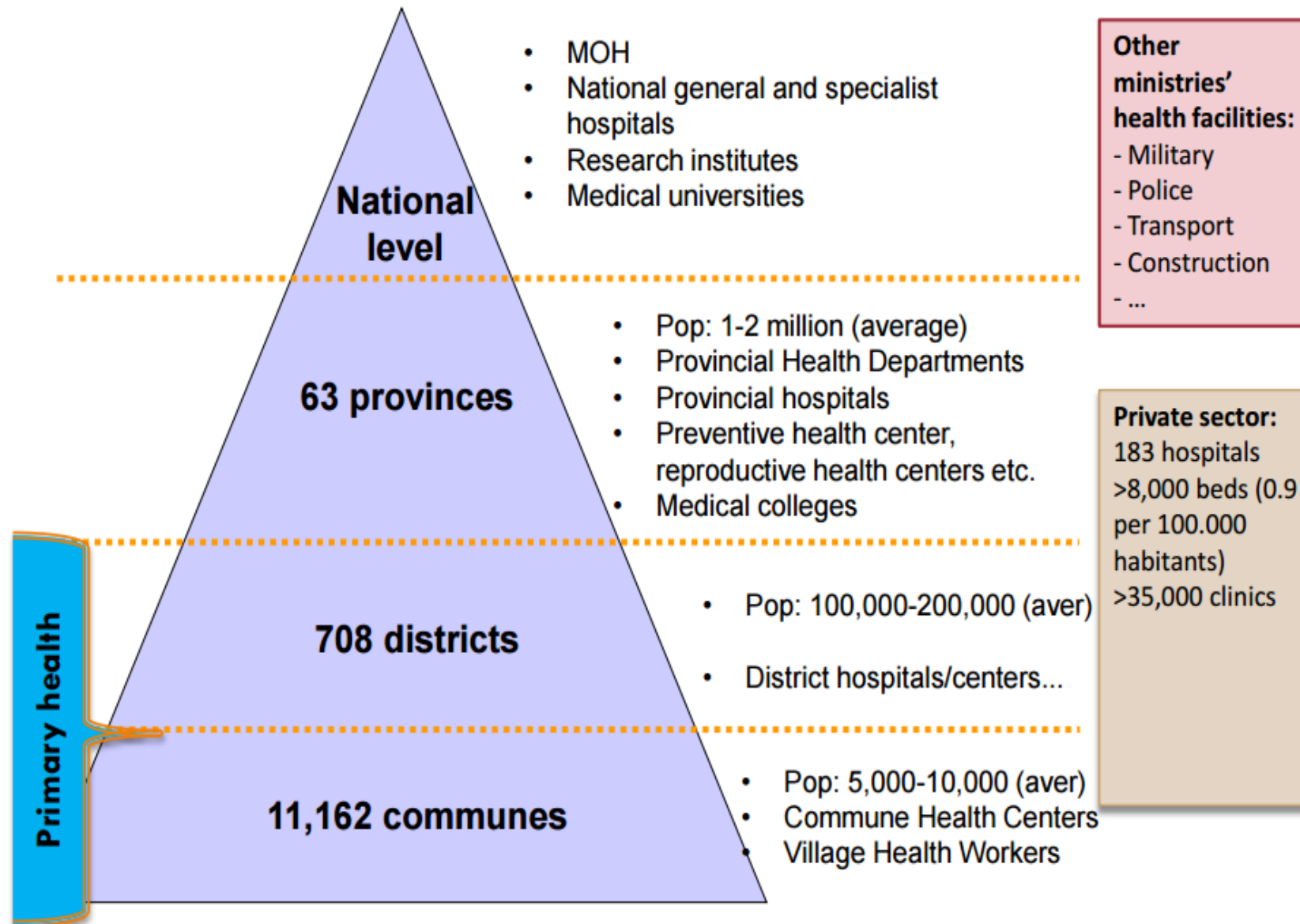


**% aged 60+**

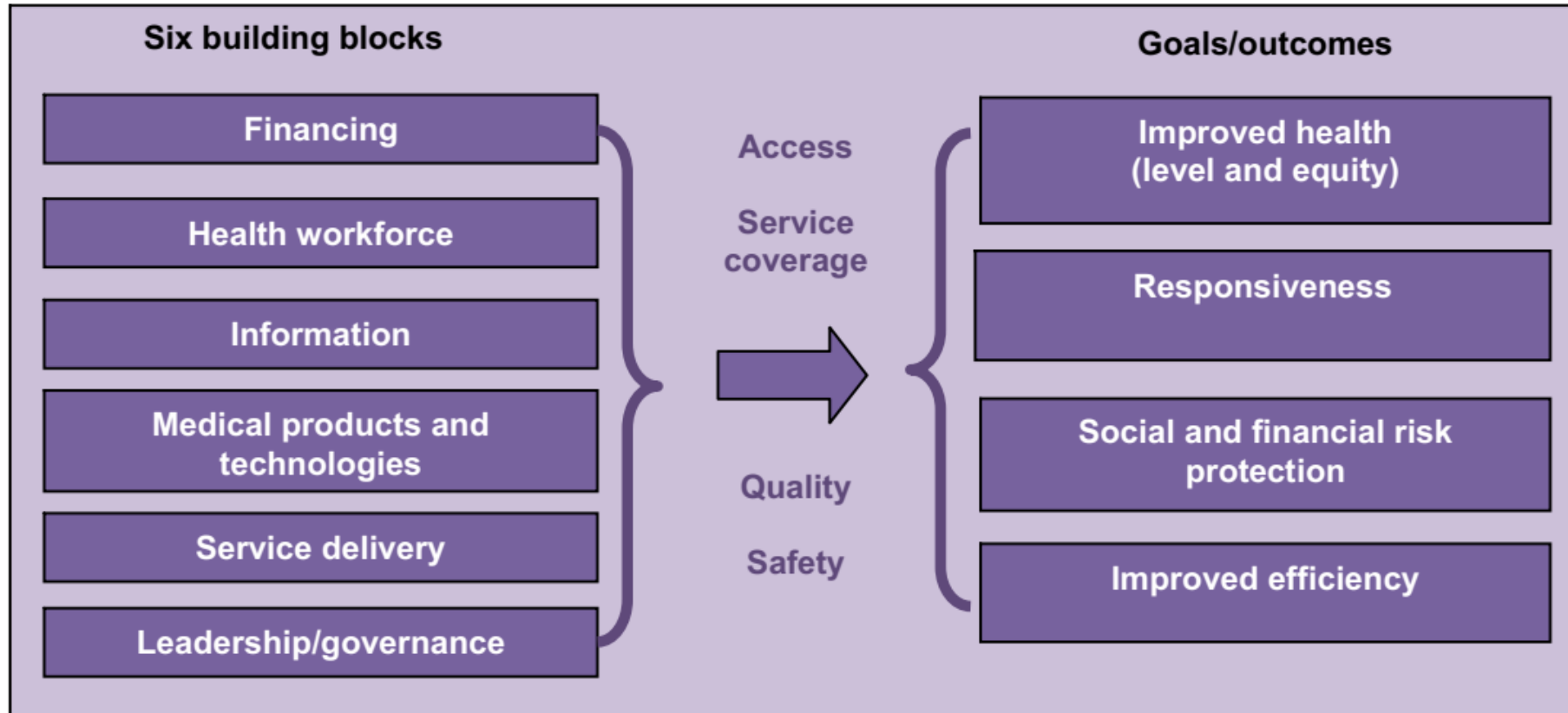


Source: General Statistics Office

# Vietnam Health Service Delivery network



# WHO health system framework



*Source: WHO (2008). Strategic Plan for Strengthening Health Systems in the WHO Western Pacific Region.*



# Health workforce in Vietnam

## *Current situation of the quantity of health workforce:*

- Health professionals are not equally distributed in both quantity and quality
- Shortage of workforce in grass-root levels: workforce tends to move to tertiary or higher-level health facilities (70% of services are provided at grass-root levels)

Sources:

\* GSO 2016; \*\*Health Statistics Yearbook 2017, MOH

# Current solutions

1. Increase in the number of students by increasing the number of medical schools and programs: difficult to keep high-quality of education
2. Workforce distribution
  - Expert rotation from central-level to local-level facilities to increase outreach service (Project 1816)
  - Satellite/ regional hospitals: One central-level hospital provide counseling services to a group of local-level facilities -> overload of work
  - Nominated training (local learners in disadvantage areas are nominated, exempted from entrance exam and subsidied to go to medical schools), request-based training (learners commits to work for the local facilities after graduation): Not effective due to low-educational level and graduates tend to move to higher-level facilities
  - Increase salary/ allowance for staffs in hard-to-reach areas: Not very effective as money is not the only motivator.

# Health workforce education

## *Current situation of the quality of health workforce (doctors, nurses):*

- Education focuses on knowledge (Knowledge-based training)
- Insufficient link between educational institutions and teaching hospitals:
  - No responsibilities and obligations for teaching hospitals -> Depending on relationships between hospital Directors & medical schools` Deans  
-> Overload of students for clinical practice in teaching hospitals;
  - Hospital autonomy policy while low tuition fees -> students have less chance to practice.
  - Medical educational institutions have just started to be accredited
  - Education programs have not been accredited, reviewed/ approved by teaching hospitals -> Students are taught by the medical schools' lecturers and have little chance to work with clinical practioners of hospital => students' competencies do not meet the requirements

# Public governance on health workforce education

- Governance on education is in charged by Ministry of Education & Training (MoET ) => lack of regulations (no accreditation of educational programs, no compentency control) => Worry about quality of medical education
- No licensing examination for healthcare providers: lifetime licensing based on undergraduated diplome of medical schools and other administrative documents.
- Fortunately! Public medical schools influenced by the model of French/American medical schools => quality is “fine”!
- In big medical schools, many lecturers are trained abroad, so there are some good specialists but the number is small.
- However, how about the quality of health workforce at grassroot level?



# Public governance on health workforce education (cont.)

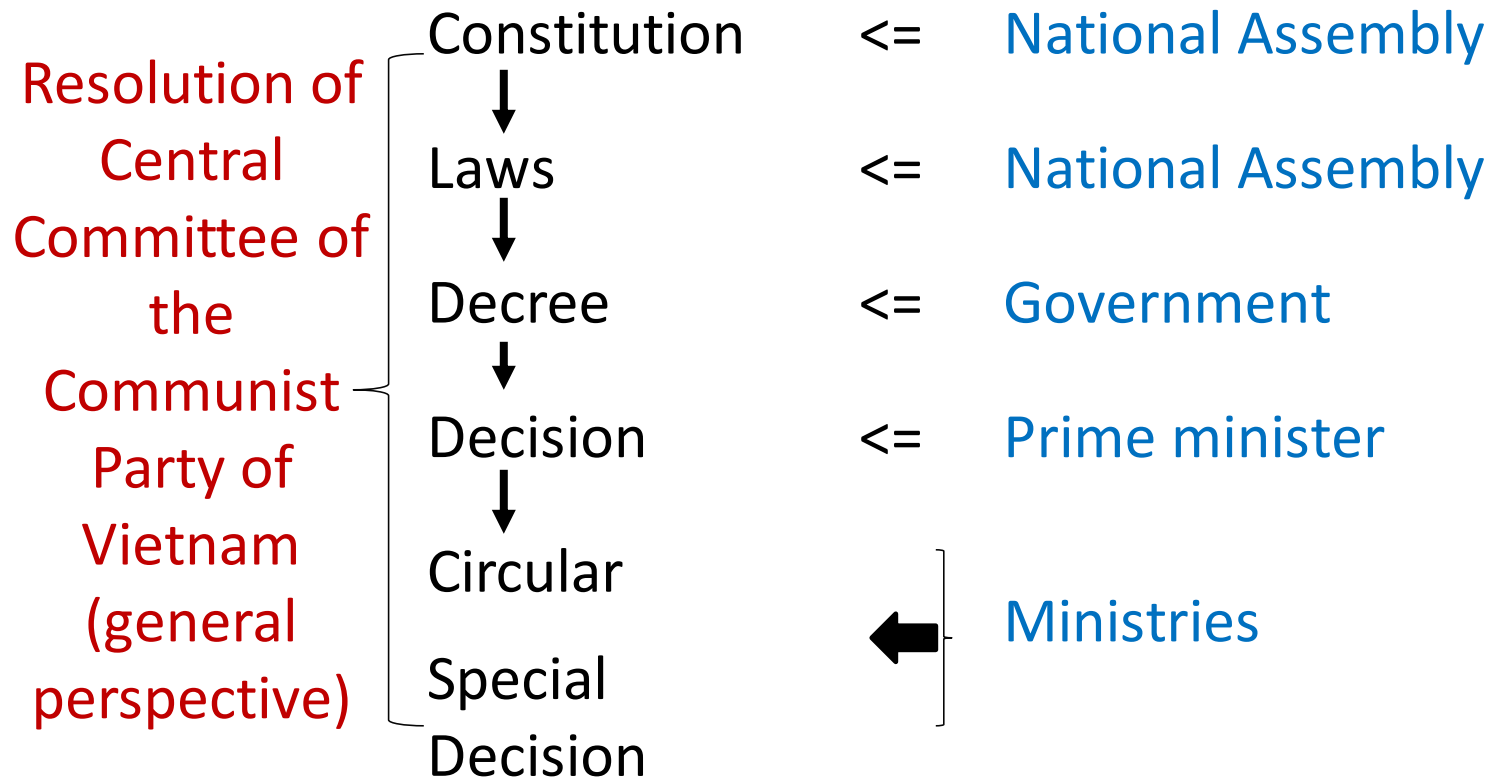
No clear distinction between academic and clinical granduated training programs, only academic degrees (Master, PhD.) are nationally recognized. This leads to:

- 2-year master programs are designed to provide both clinical and academic competencies (kill two birds with one stone) => students are not well equipped with any competencies
- 3 specialist training programs: Specialization degree I, II and residency (provided only to distinguished physicians)
- But all these 3 programs are not accredited and have no standard learning outcomes. Students are taught by medical schools and the clinical practice program is not well-designed (hospital's role is not clear) → competency is limited.

## Health professional education reform –Solutions

- Distinguish the two competencies: academic vs clinical
- National Standard competencies for health care providers.
- National examination for licensing

# Policy-making process in Vietnam



# Main policies

## **Policies have been approved:**

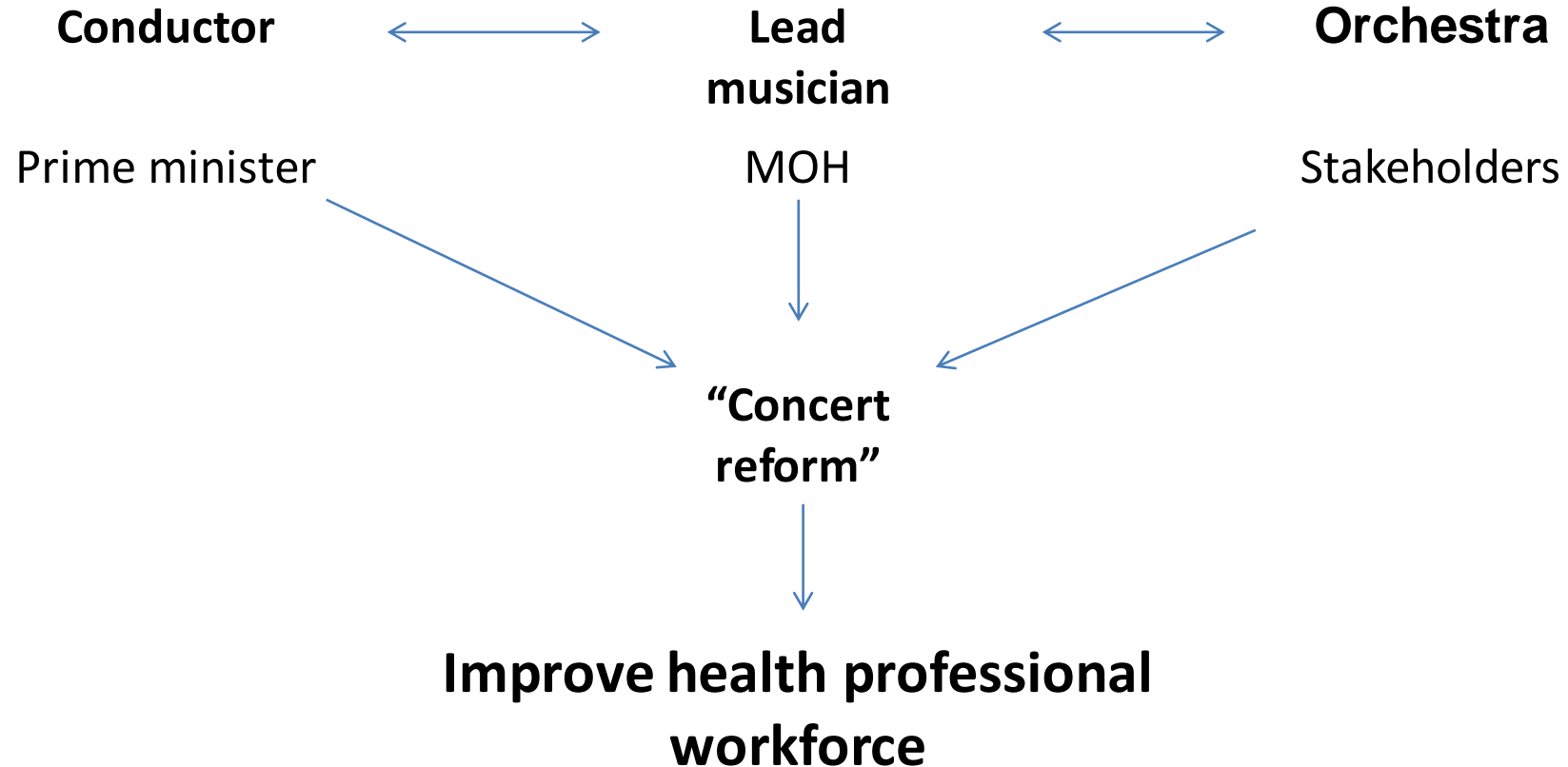
- The Prime Minister's decision on the national qualifications framework and the national education structure framework is the basis for equivalence qualification (medical doctors # master degree, resident # PhD)
- Decree no. 75 regulates the MoH's governance for specialization degree training
- Circular no. 24 and 25 of MOET on research-based master and doctoral degree: do not practice medicine
- Decree no. 111 regulates the responsibilities and rights of practical hospitals, standards for practical hospitals, collaboration mechanism between hospital-school
- Resolution 20 of CCCP on medical certificate => develop project to found National Medical Board (**similar to ECQME**) (questionnaire bank, infrastructure)

## **Policies are going to be approved:**

- Law on education (allow the government to promulgate particular regulation on health professional education) (submit for approval to National assembly in 2018)
- Developing regulations on specialization degree training and career code for specialization degree (on going)
- Law on Medical Examination and Treatment is being revised and updated in 2020 regarding national examination for medical certificate (on going)
- Developing National Medical Council to evaluate competencies (on going)



# ***“Concert reform” diagram***



*THANK YOU!*

