



Role of ODA for Improving the Quality of Public Health Services: Patterns and Recommendations, the Case Study of Ha Tinh Province

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Abstract

Based on the analysis of the current situation of the financial role in health care, health care for people, capacity building for health workers, management reform and strengthening of facilities, the paper proposes measures to strengthen the financial role of improving the quality of health services in Ha Tinh province. These recommendations concern the formulation and implementation of financial plans; Mobilizing financial resources for public health; Organizing and coordinating the management of health financing in Ha Tinh province.

Keywords: ODA, quality of health services, Ha Tinh



The government of Vietnam has asserted that: “Human is the most valuable of society, deciding the development of Vietnam, and health is the most precious asset of each person and whole society”. From the reality, we can easy to realize that the good health can have positive effect on all aspect of society. For example about economic field, the improvement of quality health will impact directly to the working capacity of people, which play an integral part in economic growth. World Health Organization (WHO) made a report show that: “When the life expectancy of people increases by 10%, then the economy will also grow from 0.3% to 0.4% per year”. Therefore, along with the development of society, medical plays an important role increasingly.

Although Ha Tinh is a province which suffers many difficulties about Socio-economic situation, in recent years, Ha Tinh has paid attention to financial investment in the health sector to improve the quality of health care of the people. Thanks for increased financial investment, especially from ODA, the medical system of Ha Tinh has been gradually improved and contributed to the improving of satisfaction level of people about the quality of health services. Based on the survey of people's satisfaction on the quality of public health services and investment data of ODA in the period 2011-2016, we analyze the impact of ODA on quality of health service in Ha Tinh province.

1. ODA and the development of medical system in Ha Tinh province

1.1. The development of the medical system

Table 1: Implementation of basic health target in 2014 – 2017

Number order	Index	Unit	2014	2015		2016		2017
			H a Tinh	Vietnam	H a Tinh	Vietnam	H a Tinh	H a Tinh
1	Number of doctors per 10000 people	People	6,75	8	7,4	8,2	7,7	8,0
2	Number of university pharmacists per 10,000 people	People	0,39	2	0,5	2,2	0,66	0,7
3	The percentage of villages and population groups has nurse or doctor	%	100	95	100	>90	100	100
4	The percentage of medical station has doctors	%	69,8	80	80	82	78,6	80
5	The percentage of hospital beds per 10,000 population (excluding hospital beds in medical station)	%	18,6	23,5	18,8	25	19,3	19,8
6	The percentage of children under 5 fully immunized	%	97,6	> 90	97	> 90	98	> 95
7	The percentage of	%	48,1	60	>65	65	88,9	> 90



	communes meeting national health criteria							
8	The percentage of population participating in health insurance	%	68	70	80	81,7	82	> 84
9	The percentage of medical solid waste to be treated	%	75	-	80	-	> 82	> 85
10	Life expectancy	Year	>72	74	73	73,4	> 72	> 72
11	Population size	Million people	1,268	-	1,390	92,700	1,289	1,301
12	Population growth rate	%	1,016	0,93	0,98	0,891	0,922	0,86

(Source: Ha Tinh Department of Health, 2016)

In general, the implementation of basic health indicators in Ha Tinh province has seen positive changes. Most of the indicators in the following year were better than last year and some indicators have surpassed the national average, such as health insurance coverage, population targets, family planning and child health care. The percentage of nurse and doctor working in the villages is higher than that of the whole country, but the proportion of high-level doctors is lower.

1.2. The situation about investing ODA in Ha Tinh

To evaluate the actual situation of ODA utilization in the health sector in Ha Tinh province, we analyze and evaluates through the Health Assistance Project in the North Central provinces, Ha Tinh province. The project is part of a project funded by the World Bank (WB) for 6 provinces in northern Central Vietnam. The implementation period from 2010 to 2016 with the total capital supported for Ha Tinh health system is 7,432,400 USD, among this WB loan is 6,902,600 USD and reciprocal capital is 529,800 USD.

The overall objective of the project is to improve the quality of medical examination and treatment and preventive medicine mainly at the district level while at the same time to enhance accessibility and usability of health services by people with economic difficulties, contribute to improving the health of people in the region. Particularly:

- The project support raising the quality of preventive health care and the treatment in medical district level by providing necessary equipment, training and developing the medical human resource, investing infrastructure and increasing management.
- Support for the development and implementation of health insurance policies for the poverty threshold, helping them to improve access to quality health services, contributing to equity in people health care.

Table 2. Disbursement activity

Unit: Million VND

Number	Year	Reciprocal resource	WB resource (by composition)					Total
			A	B	C	D	Sum	
1	2011	1.000	7.451		795	1.222	9.468	10.468
2	2012	2.300	14.445	12.965	3.854	1.034	32.298	34.598
3	2013	1.000	3.348	2.275	3.330	898	9.852	10.852
4	2014	1.240	4.763	1.478	3.451	642	10.323	11.563



5	2015	700	3.946		4.324	698	8.968	9.668
6	2016	700	460	1.050	2.329	309	6.196	6.896
	Total	6.940	34.402	17.768	18.087	4.803	77.106	84.046

Source: Ha Tinh Department of Health, 2016

(Part A mean Health insurance for the poverty threshold, Part B mean Strengthening district health services, Part C mean Training and development of medical human resources, Part D mean Project Management)

The implementation and management of the project were initially highly appreciated by staff and doctors about the efficiency of the implementation and the achievement after the investment. The authors set up a set of indicators to evaluate and conduct the survey of patients being treated at district-level medical establishments in the province.

Table 3: Average score of aggregate factors from the survey results

Observed variables	Average score of factors		Factors
	Project area	None project area	
1.Reduce travel costs	3,4	3,09	Accessibility
2.Reduce other costs	3,87	3,54	
3.Access to preventive medicine services	4,06	3,58	
4.Access to information on health care and health insurance support	4,02	3,81	
5.Satisfy about the no overload situation	3,77	3,33	Administrative procedures
6.Time to completion of administrative procedures and testing	3,97	2,8	
7.Satisfied with infrastructure	3,07	2,48	Facilities
8.Satisfied with medical equipment	3,43	3.00	
9.Satisfied with qualifications of medical staff	3,31	3,16	Medical staff
10.Attitude of medical staff	3,83	3,76	
11.Reduce health care costs	3,89	3,06	Results of health services
12.Medical examination results	3,56	3,43	

Source: Research Team, 2018

(According to the mean of each average value with the Interval Scale: (Maximum - Minimum) / n = (5 - 1) / 5 = 0.8, in which: from 1.00 - 1.80: Very dissatisfied; 1.81 - 2.60: Not satisfied; 2.61 - 3.40: No comments / Accepted; 3.41 - 4.20: Satisfied; 4.21 - 5.00: Very satisfied.)

Of the 12 indicators that reflect the quality of health services in Ha Tinh province, as shown in Table 3, all indicators in the project area were higher than those in the project. Especially, there are many big differences between two areas in some indicators such as medical expenses, medical equipment, infrastructure, time for completion of administrative procedures and testing. However, some indicators have not reached high level in both the project and none project area. In general, it can be said that the project has had positive impacts on the medical aspects in the province.



2. Impact of ODA on improving the quality of public health services in Ha Tinh province

2.1. The positive impact of ODA on improving the quality of public health services in Ha Tinh province

2.1.1. The impact of ODA on health care and treatment

In recent years, hospitals have concentrated on developing new and specialized techniques; equipped with a number of high-tech equipment, apply better quality medicines to serve patients. At the same time, the demand for intensive health care of people is increasing, the number of people comes to health facilities suddenly increase after the implementation of new regulations on health insurance, therefore increasing the financing of medical care. Although the total cost of health care increased due to the application of new technology and modern machinery, the average number of days of patient care reduced, and the average cost of patients was reduced, especially in 2016. For example, in 2014 each patient would have to pay an average cost of 83,690 VND/visit but in 2015 this cost was 95,075 VN/visit. However, people just paid 82,032 VND/visit in 2016. (Ha Tinh Department of Health, 2016). Besides, being treated locally without referral as before has contributed to reducing the cost of living during medical examination and treatment. These results displayed that health insurance contributes to reduce the financial burden on patients, to avoid poverty due to health care needs, especially to reduce the financial burden on health care for “vulnerable people” in society. Ensuring "equity" in health contributes to improving the quality of social security. In that, the Project Management Unit for Health Support in the North Central of Ha Tinh Province has coordinated with social insurance of Ha Tinh province to advise the provincial People's Committee to issue Document 1699/UBND-VX1 deduct provincial budget to support 20% of health insurance cards for poverty threshold people in 2014 and Document 345/UBND-VX1 dated 22 / 2015, deduct the provincial budget to support 20% of the health insurance premium for the near poor in 2015. The health insurance coverage for poverty threshold people has increased from 9% in 2010 to 100% in 2014 and 2015.

Table 4. Results of support to purchase health insurance cards for the near poor (2011 - 2015)

<i>Number order</i>	<i>Index</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
1	Population at the end of last year (people)	1 277 673	1 255 451	1.263.837	1.241.07	1.241.071
2	Number of near-poor people reviewed at the end of last year	183 232	232.891	218.826	179.067	146.279
3	Percentage of population	14	13,5	17,31	16,81	11,79
4	Poverty threshold people have demand for health insurance	183 232	169 222	175.061	179.067	146.279
5	Percentage of population	14	13,5	13,85	14,43	11.79
6	The number of near-poor people in need has been covered by health insurance	81 094	118.778	160.195	179.067	113.968
7	Percentage of people in near-poor need	44	70	91,5	100,00	78
8	Near-poor people buy by household	67 999	89 683	144.873	95,00	100,00



	(%)					
9	Percentage of people who are poverty threshold have bought health insurance	84	82	90,44	99,12	100,00
10	Number of health insurance card of n still use			102.961	100	146.279
11	Percentage of health insurance of poverty threshold people in use			58,81	100	100,00
12	Funds disbursed (1000 VND)	11.242.663	9.681.439	2.081.054	4.468.000	2.919.931

Source: Ha Tinh Department of Health, 2016

In addition, Ha Tinh is a province with forests, seas and deltas and harsh climates, potentially leading to high disease outbreaks. Over the past few years, preventive medicine has done a good job of delineating, quarantining and educating people about preventive medicine. Disease prevention, immunization work achieved high results, especially the vaccination of hepatitis B for newborns. In particular, in 2016, the Ha Tinh preventive medicine system has successfully addressed the environment and disease prevention after the incident at the Formosa industrial park in Vung Ang port.

2.1.2. The impact of ODA on strengthening the capacity of health workers

Recognizing the importance of medical worker in health care, the provincial health sector has prioritized policies to attract, recruit doctors, pharmacists, and nurses, regular medical technology university. In addition, the training, fostering, improving the quality of human resources locally has also been properly concerned. Most important indicators on training health workers have reached and exceeded the plan. The staffs sent to study after returning to work have contributed to improving the quality of medical examination and treatment in the province.

Table 5: Results of health human resource training for the period of 2011-2016

Number order	Index	Plans	Training results						Total student
			2011	2012	2013	2014	2015	2016	
1	After university	43	13	12	22	5			52
2	University	96	99	21					120
3	Short course	264	4	67	73	57	21		222
4	District preventive medicine	36		36					36
5	Traditional chemistry of communes	150				42			42
6	Ultrasound of the commune	61					61		61
7	Number of	75	4	6		40	24	7	83



technical transfer									
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Source: Ha Tinh Department of Health, 2016

2.1.4. Impact of ODA on strengthening facilities

Infrastructure depletion, medical equipment shortages occur in most healthcare facilities in the province, along with frequent overloads that require proper investment and upgrading. In general, the level of satisfaction with basic facilities in basic health care is low. The improvement of infrastructure quality and the quality of medical equipment necessitates.

In the district hospital, before the project, there are many techniques that doctors can do but there is no equipment so patients have to be transferred to higher levels, or some hospitals must borrow temporary medical equipment from preventive medicine centers, this makes it difficult and overlapping in the process of medical examination and treatment. In addition, the problem of machinery is provided inadequate number lead to unavailable response to patients causing overload and affect the process of treatment.

The ODA supports the equipment is divided into two main parts: increasing the number of units available at the hospital and providing new technical equipment. Equipped with this equipment has brought high efficiency. This was shown the increase in the number of patients staying at the district level, besides a significant reduction in overcrowding. In addition to providing additional equipment, the project also assists doctors and technicians in short courses on the operation and use of new techniques in health care. Some of the techniques previously required to be transferred to upper levels are now available at the District General Hospital. During our survey, the group recognized the greatest change in the Department of Traditional Medicine, the Department of Foreign Affairs increased the rate of patients. Because these departments require a lot of support from the equipment during the treatment. For example, in the traditional medicine department, the majority of patients are the elderly and the disease requires regular visits to the doctor's schedule, the district level can meet the needs. In addition, in preventive medicine centers, all staff agreed that after the investment from ODA capital, the equipment was able to meet 100% of the demand of the Center, which makes it easier and more effective to develop epidemic clinics.

In addition, the infrastructure was brought to use and given high efficiency. The better working environment has helped health workers gain higher productivity. In the districts that received infrastructure investment projects, most were Preventive Medicine Centers with poor infrastructure or they depended on local district hospitals for their own workspace. It helps to operate the machine more flexible and active. During the execution of the project, ODA is always disbursed on schedule, not to delay the construction process.

2.2. The main limit of financial roles in improving the quality of public health services in Ha Tinh province

In addition to the positive aspects of the project with the recognition from the authorities and people, this project also encountered some limitations or inappropriate points to be overcome in the near future and other investment projects. Particularly:

2.2.1. Limitations in health care

Health care and treatment activities are inadequate in two cases occurring in health care by health insurance. Firstly, thanks to ODA support policy, in the years 2014 and 2015, the coverage of



health insurance for poverty threshold is 100%, but only 17.4% of that used it.. (compared to the target of 25%) (Ministry of Health, 2015). It is also possible that good health is not required for health care services, but a better view is that trust in quality health care by health insurance is not high. Secondly, the policy of health insurance is causing difficulties in patient management, fund management, and health insurance fund. In fact, many health insurance facilities in the province exceed the fund. In addition, the sustainability of results achieved on health insurance coverage when the project is terminated is also a problem need to be solved.

In preventive medicine, the expense of preventive medicine is very small (about 2.48% of total health expenditure) (Ha Tinh Department of Health, 2016). This causes many difficulties in implementing the tasks of preventive medicine; some non-affected diseases, infectious diseases, environmental health-related risk factors have not been effectively and effectively controlled.

2.2.2. Limitations on capacity of doctor and nurse

The quality of staff is not homological. There is a lack of highly qualified staff to develop the technology required to improve the quality of health services to meet the increasing demand for healthcare and the diversity of people.

Although there are many policies to improve professional qualifications, generally doctors and nurses working in departments of district hospitals are still not answering Ha Tinh People's need, especially the number of doctors and nursing postgraduate students. Because the team of doctors working in the district hospitals is very few, so when sent them to training short-term specialties, there are some classes that lack students, therefore, somehow affect the progress and effectiveness of the project. Training time for specialists over 3 months is too short to upgrade their skill. The cost of providing food for short-term trainees is 70,000 VND/person/day, which is not enough for the trainee's life.

It can be seen that the quality of staff and doctors are uneven, together with the shortage of high-quality human resources is an urgent need for more financial investment, of which ODA play a very important role.

2.2.3. Limitations on facilities and medical equipment

From 2007 to 2009, the Ministry of Health has guided the design of the project, the input numbers were collected 7 to 8 years ago, especially the list of equipment with configuration and technology of some types of equipment at the time when the survey of investment needs for healthcare facilities has changed, some type of technology and equipment after being procured and distributed to preventive medicine centers and district hospitals became unsuitable. Besides, the plan to use for the medical equipment wasn't long enough so when they were deployed, the usage time hasn't been as long as the expectation of the staff and doctors. In the interviews, four managers at the hospitals said that after deploying the equipment the usage time was 3 to 5 year shorter compared to the original plan and they had to plan a new project. The frequency of equipment got used in preventive medicine centers is not high.

Most of the material facilities of the project are on medical facilities, resulting in limited financial resources leading to the construction of infrastructure were too small and long make the patients and doctors don't have a suitable space for health care. Throughout the districts, there are still many commune health stations that don't meet the standards.

About the infrastructure of preventive medicine centers, due to the problems of land clearance when constructing the facilities the speed of construction projects was often slow. Consultancy on the preparation of bidding documents and supervision of capital construction is



still weak, so the management of capital construction investment is facing many difficulties and inadequacies; the efficiency of the project did not meet the initial goal of the project.

3. The cause of limitations and some recommendations to improve the role of ODA resources and improve the quality of public health services in Ha Tinh province

There are many reasons that limiting the role of ODA resources to improve public health services in Ha Tinh province. These causes are related to the work to mobilize and use ODA for medical services; to organize, coordinate the management and implementation of ODA projects in Ha Tinh province. We need to address these issues in order to strengthen the role of ODA resources for public health improvement in Ha Tinh. The detail is:

3.1. Strengthen the mobilization and effective use of ODA to improve the quality of public health services in Ha Tinh province

Firstly the Government and Ha Tinh Provincial Committee should continue to increase state budget for health care. The rate of increase in health spending should be higher than the average increase in budget expenditure; Regular costs for health care need to reach 10% of total annual state budget expenditure (Ha Tinh Department of Health, 2015). While the state budget is still in difficult, the demand for healthcare remains high, so the province needs to step up the diversification of health care. The province should have a strong collection policy toward ODA funds. It is necessary to create minimum spending cost for some basic sectors in the healthcare. Setting up monitoring and supervision mechanisms to effectively use investment capital to make a breakthrough in investing and raising the quality of life support services at all levels, especially the district and commune levels, which are still very limited in terms of equipment, facilities, and technical worker.

In addition, the province should have priority policies in the investment process, avoid the project being too long and ineffective, in which, they need arrange reciprocal capital for ODA projects to make the budget support for capital construction investment and debt payment; To continue investing in upgrading some district general hospitals (technicians and some degraded ones) such as Nghi Xuan, Duc Tho, Huong Khe, Cam Xuyen, Huong Son, Thach Ha, Can Loc, the international border gate of Cau Treo,...; to provide financial support for the implementation of the "Project on building and developing the health network in the new situation" according to the decision No. 2348/QD-TTg dated 05/12/2016 of the Prime Minister.

In the coming time, the province should propose to the Government to consider and approve the list of investment projects to upgrade equipment for the General Hospital of Ha Tinh province, borrow the ODA loans from Austrian Government and 35 billion VND to purchase additional equipment, to build a number of specially-difficult commune health stations funded by ODA from the EU budget for the health care.

3.2. Improving the organization, coordination, and implementation of ODA projects in health care in Ha Tinh province

Over the past few years, the investment from ODA for capital construction and equipment investment for health facilities at all levels is also huge with over 520 million USD in the whole country and only in Ha Tinh province is 65 million USD (2010 - 2016) has brought about a major step forward for the development of local support. But this investment does not have a comprehensive and concrete pre-feasibility assessment on the effectiveness of investment as well as lack of integration, uniformity, and direction, planning from the local to the local level. Therefore, the first priority is to have a coordinated and consistent coordination among



stakeholders in the process of formulating and implementing the investment project.

In short future, it is necessary to increase the mobilization of resources for investment in medical equipment development. To focus on increasing investment in medical equipment to meet about 75-80% of the requirements of technical development and the list of regulations of the Ministry of Health; It is important to equip high-tech equipment for testing, imaging and emergency treatment, especially for specialties of Oncology, Cardiology, Interventional Surgery, Orthopedic Trauma, Maternity Department of Emergency Medicine; 190 medical stations need to be upgraded to equipment according to the prescribed list; To invest in upgrading the skill level of technicians of district hospitals so as to raise the efficiency of equipment use. At the same time, to focus on financial investment for infrastructure construction in order to overcome the overload of hospitals at the provincial level and the degradation of district hospitals. For infrastructure of preventive medicine centers, there should be financial plan for site preparation when constructing preventive medicine centers in some districts, consultancy on preparation of bidding documents and supervision of construction of infrastructure; pay attention to the investment in improving the level of medical staff using medical centers in preventive medicine centers.

To concentrate on investing in developing high-quality human resources, focusing on long-term courses in order to create professional breakthroughs. In addition, it is necessary to rebuild short courses in order to maximize the effectiveness. Moreover, there should be specific policies when medical staff, especially doctors, have a long training period (university is 6 years) and often have to learn professional training but starting salary points and their pay increases are the same as other sectors. It is also necessary to raise the level of subsidy when sending staff to study in order to motivate health workers to improve their professional skills.

Finally, it is necessary to improve the management capacity, the management of some key staff in the units. Strengthening the inspection and examination when deploying projects. Along with that, the apply technology to bring high efficiency in administration to ensure the guidance of the provincial hospital and the Health Service for the district hospital to become more frequent and effective.

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