

TRANSITIONING FROM DONOR TO DOMESTIC FUNDING:

A FOCUS ON HUMAN RESOURCE MANAGEMENT INITIATIVE
IN VIETNAM'S HIV/AIDS PROGRAM

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OUTLINE OF THE PRESENTATION



Epidemiology of HIV/AIDS and
Transiting Healthcare
Landscape in Vietnam



Introduction of the Project, and
process of development and
applying the human resources
management (HRM) tools in
HIV/AIDS



Moving forward



Epidemiology of HIV/AIDS in Vietnam

Year 2023



249,000 [220K-270K]

Estimated number of HIV infections



231,481

Number of people living with HIV (5% duplicated)



113,698

Cumulative number of HIV/AIDS – related deaths



10,219

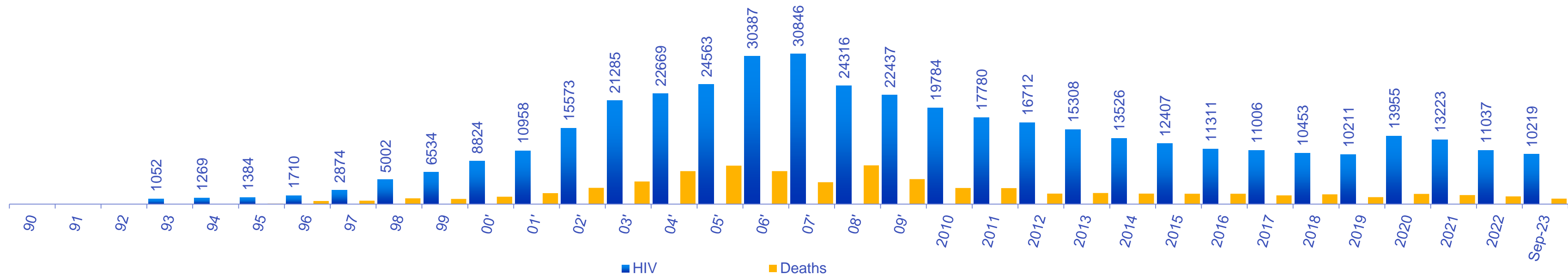
People newly infected with HIV in 2023 (9 months)



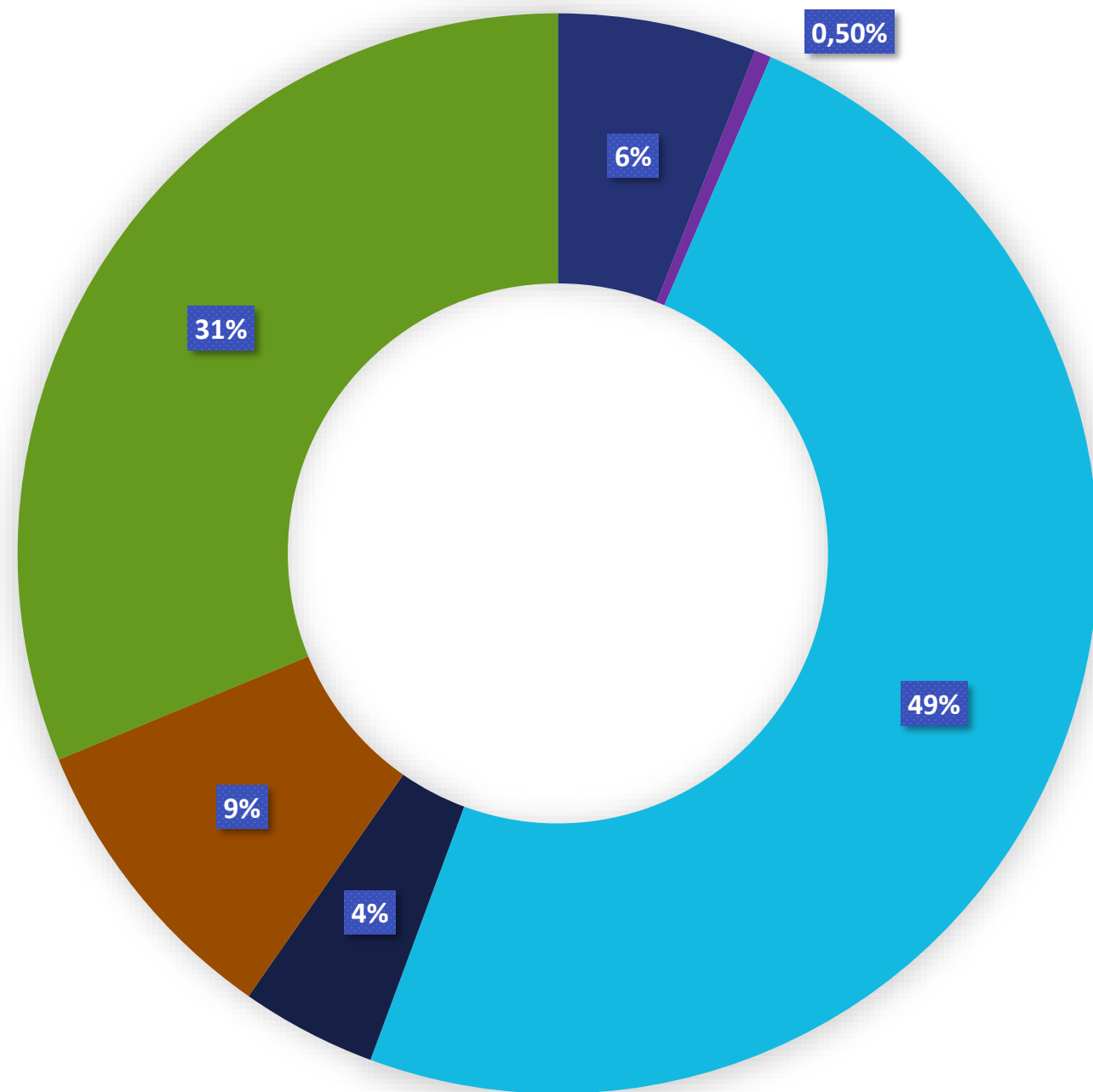
1,126

Number of deaths reported in 2023 (9 months)

Number of HIV, AIDS and deaths reported over the years



Distribution of newly HIV infections by key population 2023

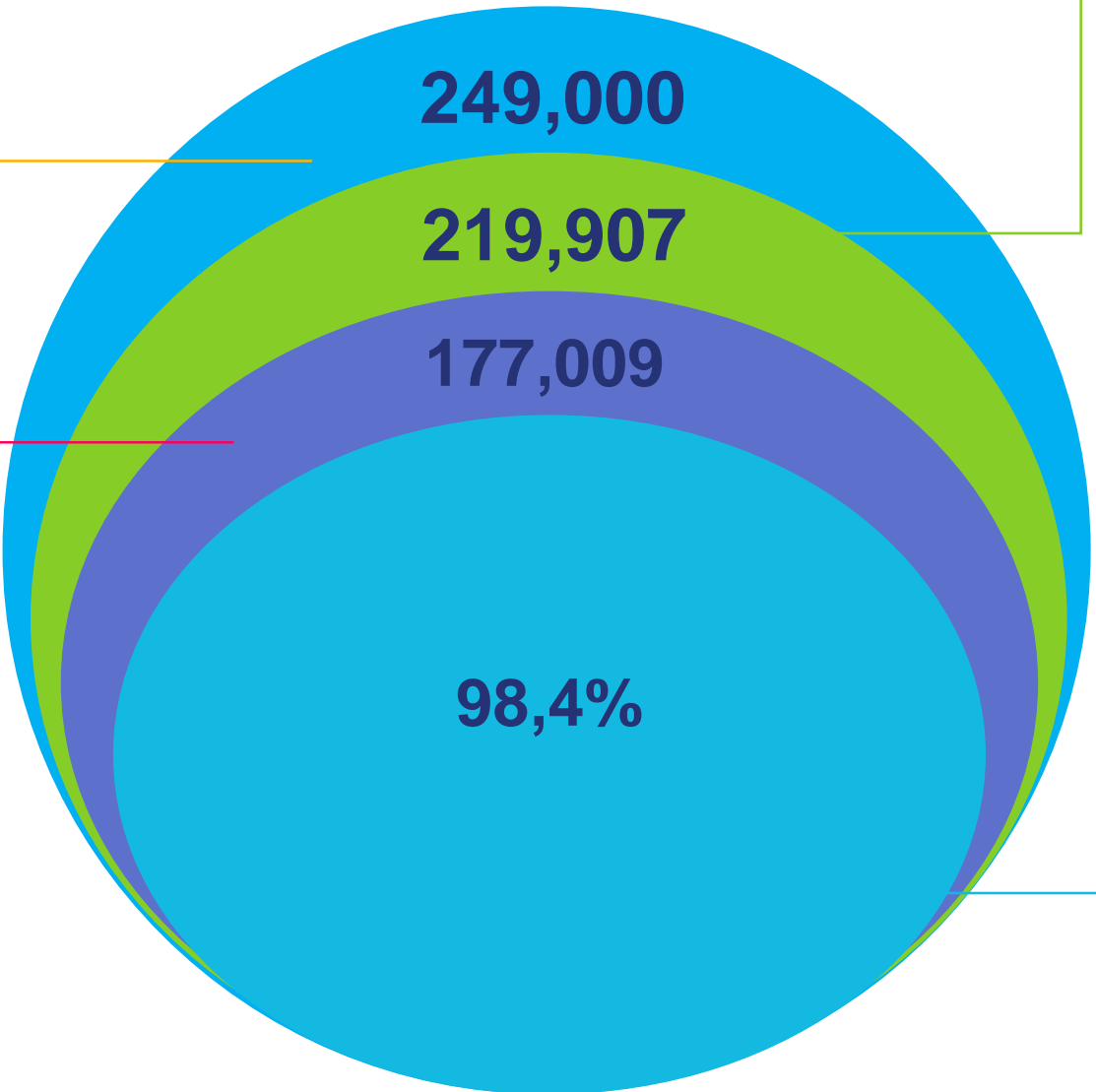


- People who inject drugs
- Sex worker
- Man who have sex with man
- Sexual partner
- Remaining population
- Other

Progress of achieving 95 – 95 – 95 target

ESTIMATED NUMBER OF PEOPLE LIVING WITH HIV

100%



PEOPLE LIVING WITH HIV WHO KNOW THEIR HIV STATUS

First target

88%

PEOPLE LIVING WITH HIV WHO KNOW THEIR STATUS AND WHO ON ART

Second target

80%



PEOPLE LIVING WITH HIV ON ART WITH SUPPRESSED VIRAL LOAD



Third target

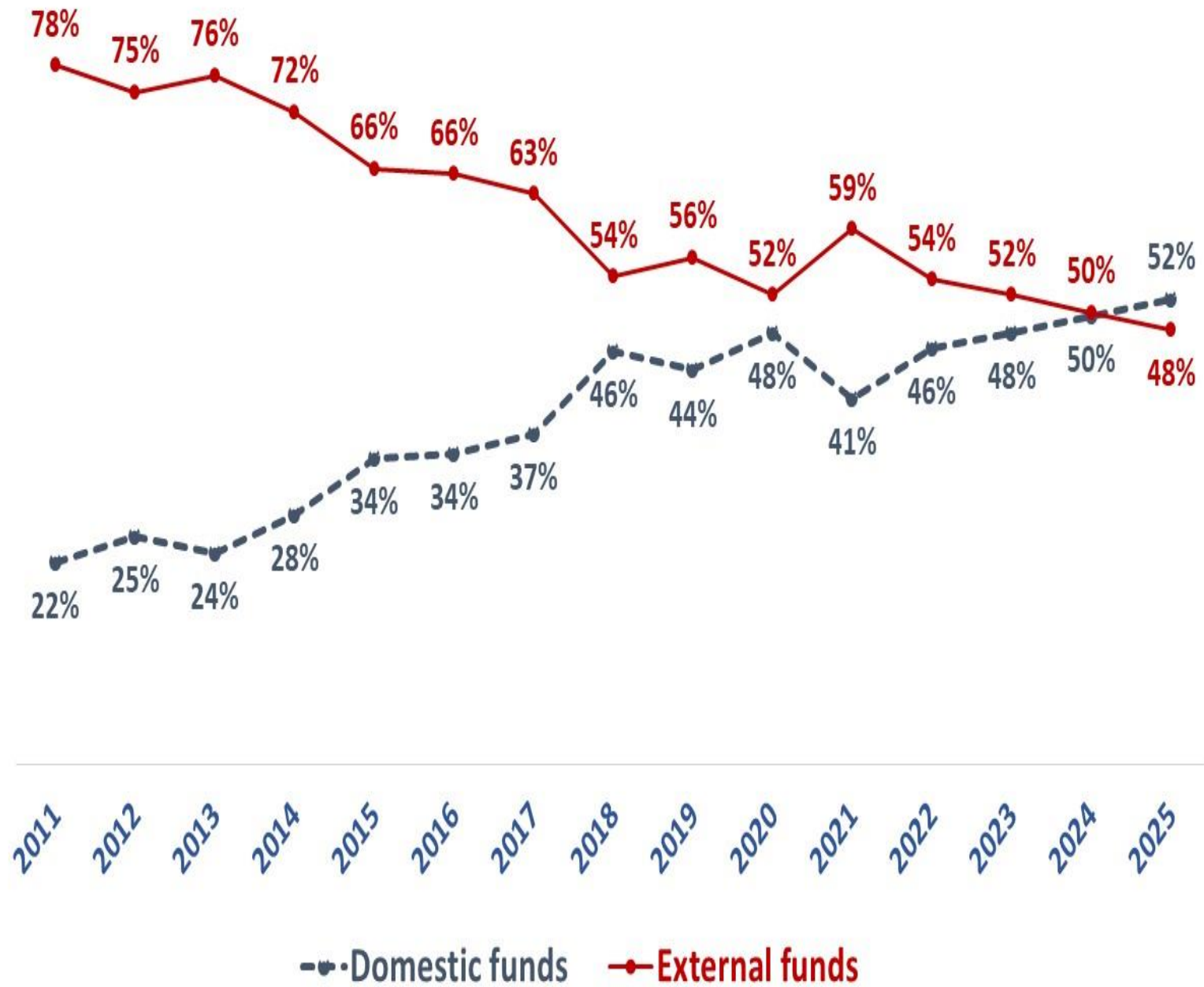
98,4%

(WHO Calculation methods)

Data: Final report 2022

Transition from Donor to Domestic Funding

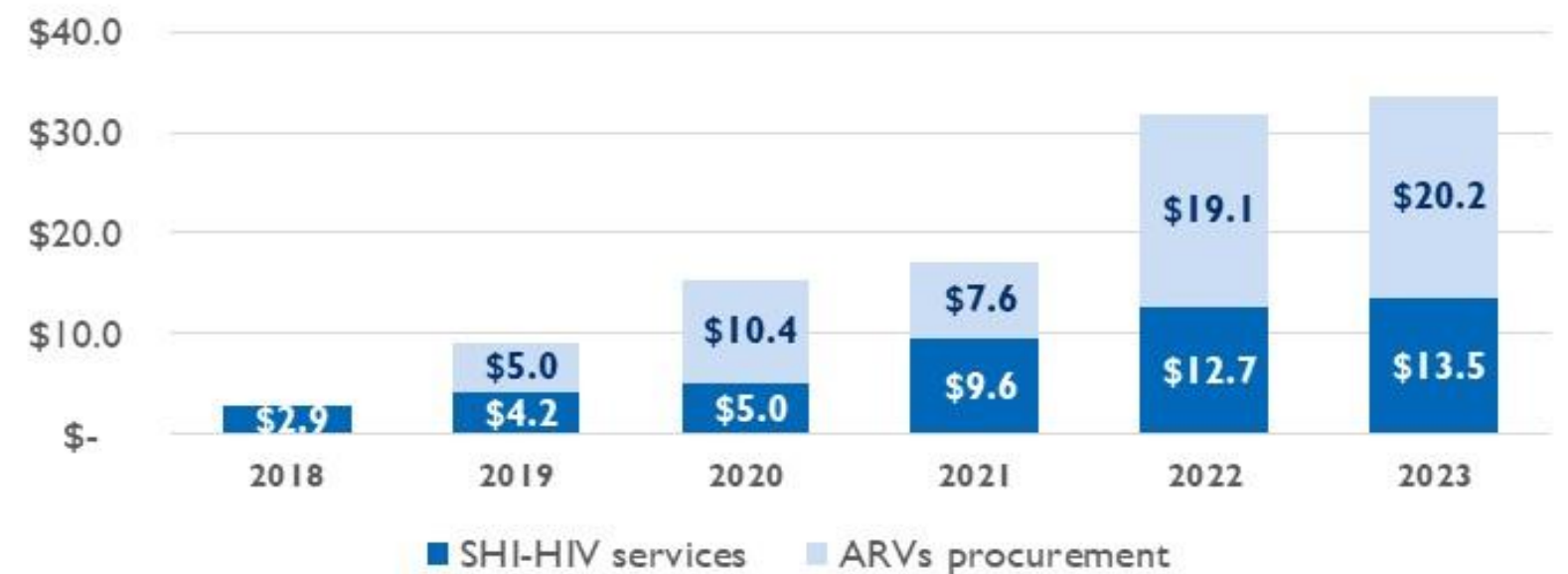
Fundings for HIV program in Vietnam



Estimated HIV funding by sources from 2018 – 2023 (Million USD)



Significant increased contribute from SHI fund from 2018 – 2023* (Mill. USD)

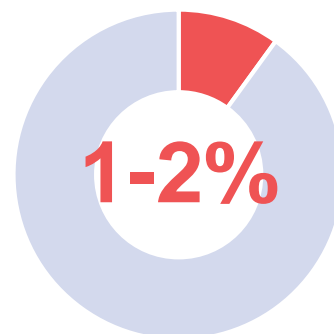


Source:VAAC and Approved Sustainable Financing Plans for HIV program in the period 2021 – 2030
 *Contribute for SHI-HIV services in 2022, 2023 is estimated by the increase level of SHI-HIV patients (VAAC)

Transition from Donor to Domestic Funding



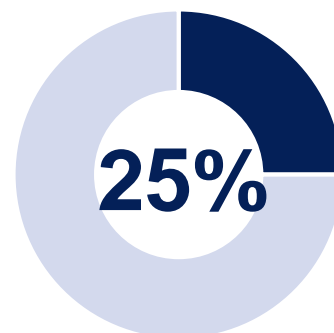
Central
Budget



- Population health program → recurring spending mandate



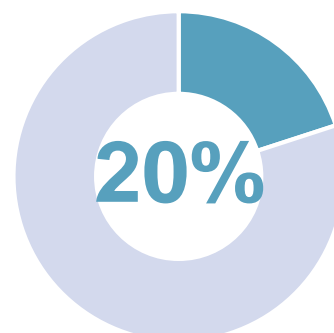
Local
budget



- Accounts for more than 25% of total expenditure for HIV/AIDS



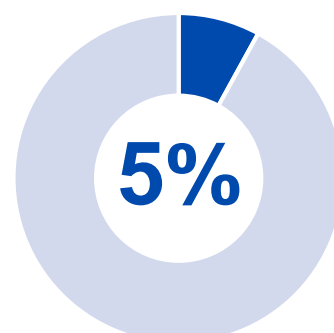
SHI



- 96% PLHIV have SHI cards (SHI coverage for pop: 93%)
- SHI fund covers up to 90% of ARV
- Accounts for more than 20% of total expenditure for HIV/AIDS



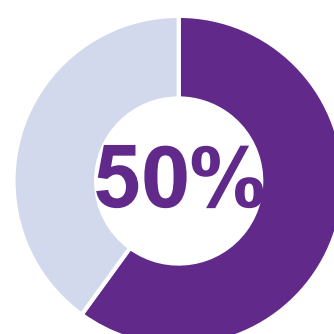
Private



- Private sector, service payment
- Accounts for nearly 5% of total expenditure for HIV/AIDS



Inter-
national
projects



- Accounts for nearly 50% of total expenditure for HIV/AIDS
- Accounts for more than 60% of total expenditure for prevention activities

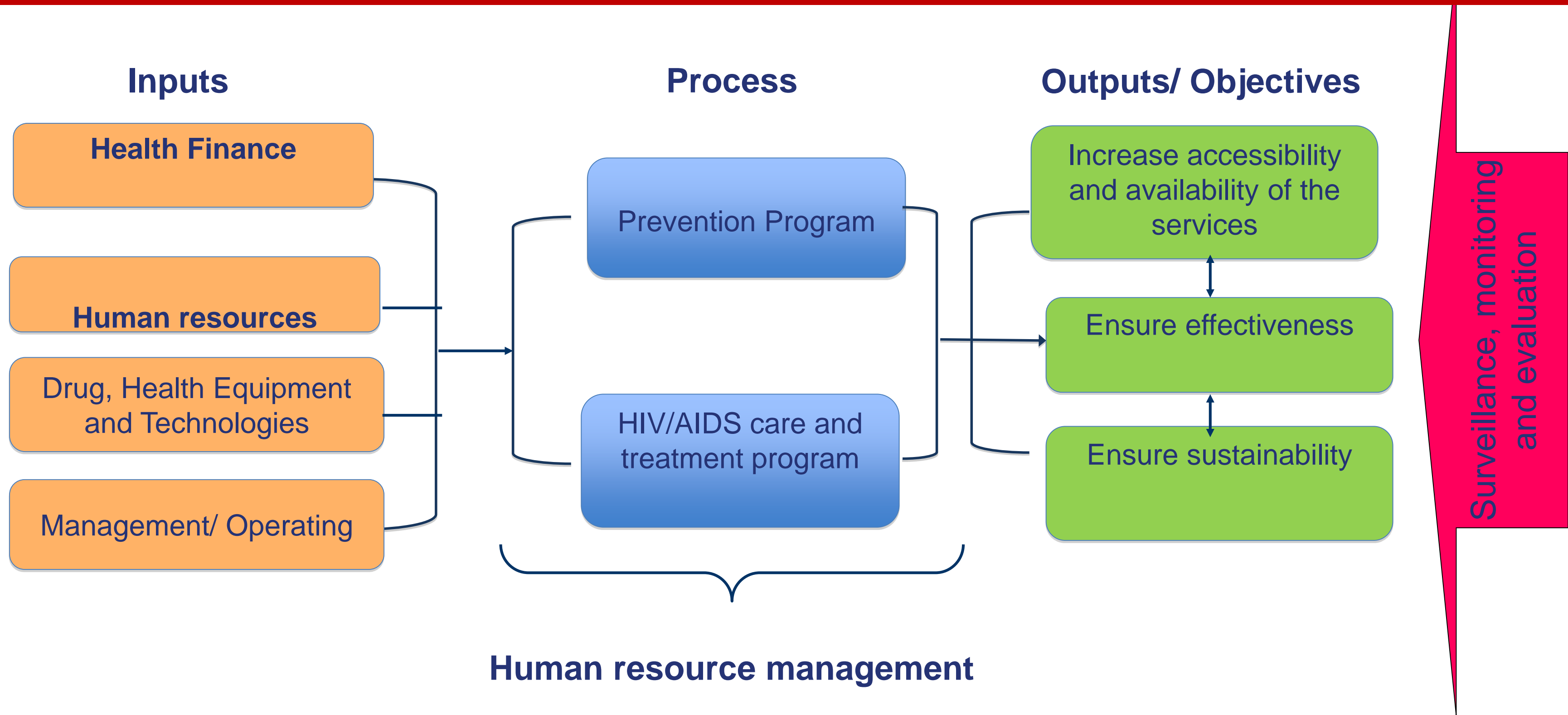
HEALTHCARE LANDSCAPE IN VIETNAM: HRM IN TRANSITION

No	Broad Health Sector Policy Reforms	Key benefits	Challenges to HIV/AIDS Services
1	<ul style="list-style-type: none"> - Health system restructure: the consolidation of preventative units and centers into the provincial Centers for Disease Control and Prevention (CDC) 	<ul style="list-style-type: none"> - Enhance coordination and collaboration - Streamline resource allocation - Improve the overall efficiency and effectiveness of health services 	<p>New structures: The Provincial HIV/AIDS Control Centers become the Department of HIV/AIDS Control under CDCs; staff turnover and reductions</p>
2	<ul style="list-style-type: none"> - Decentralization of Autonomy 	<ul style="list-style-type: none"> - Greater flexibility in decision-making and resource management. - Respond more effectively to the specific needs of the local communities 	<p>Subsidy and budget reduction => Cut down personnel Increased competition among healthcare facilities => disparities in resource allocation for HIV/AIDS control among different provinces</p>

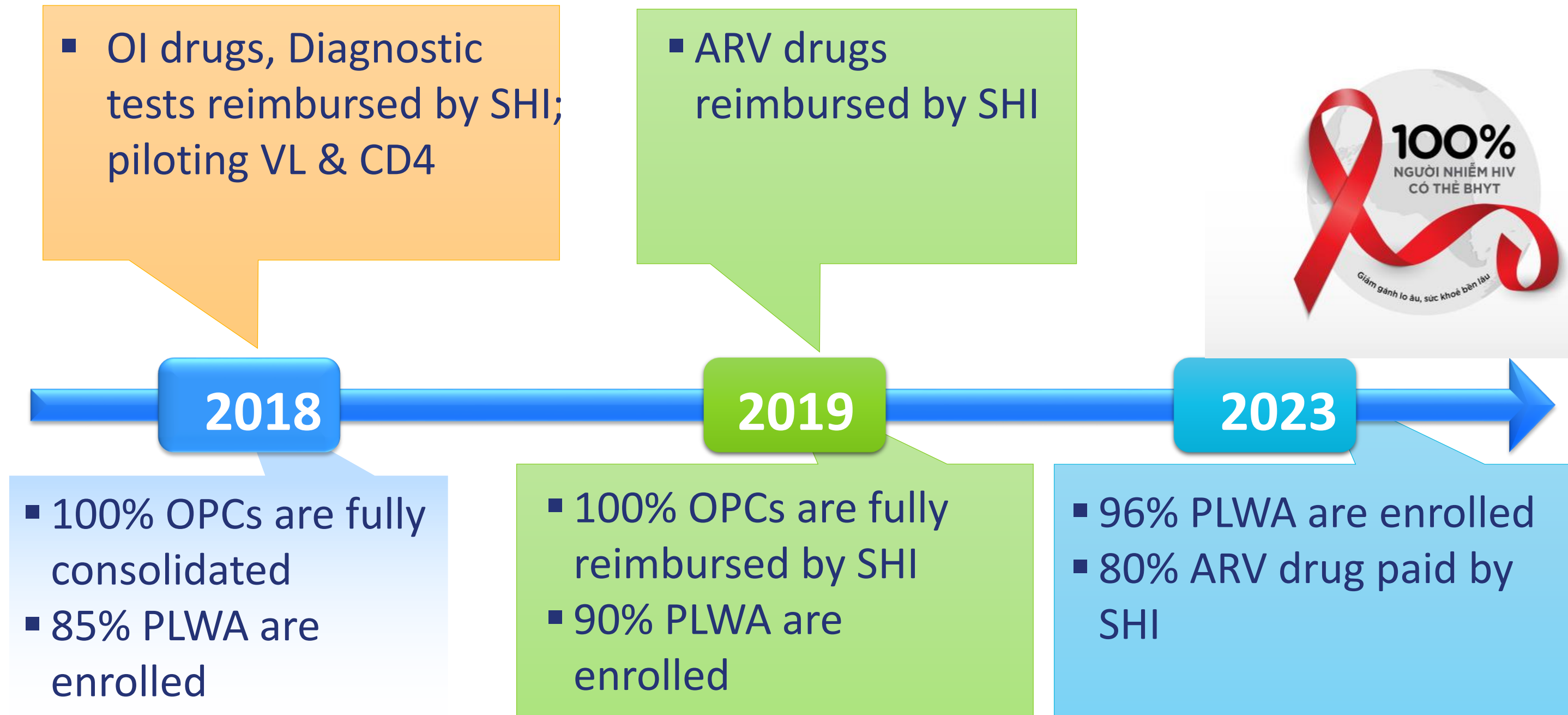
HEALTHCARE LANDSCAPE IN VIETNAM: HRM IN TRANSITION

No	Broad Health Sector Policy Reforms	Key benefits	Challenges to HIV/AIDS Services
1	<ul style="list-style-type: none"> - Implementing “Scheme of Job Position”: determining the job positions and the number of employees must be consistent with the functions, duties, powers 	<ul style="list-style-type: none"> - Standardize job roles, responsibilities, and qualifications 	<p>The Scheme is not specific to the health sector; no practical tools to to develop job descriptions and calculate the number of employees</p>
2	<ul style="list-style-type: none"> - Strengthen socialization in health care: Expansion of CBOs, SEs, CSOs 	<ul style="list-style-type: none"> - Increase access to services 	<p>New opportunities for CBOs, CSOs, but unclear procedures</p>

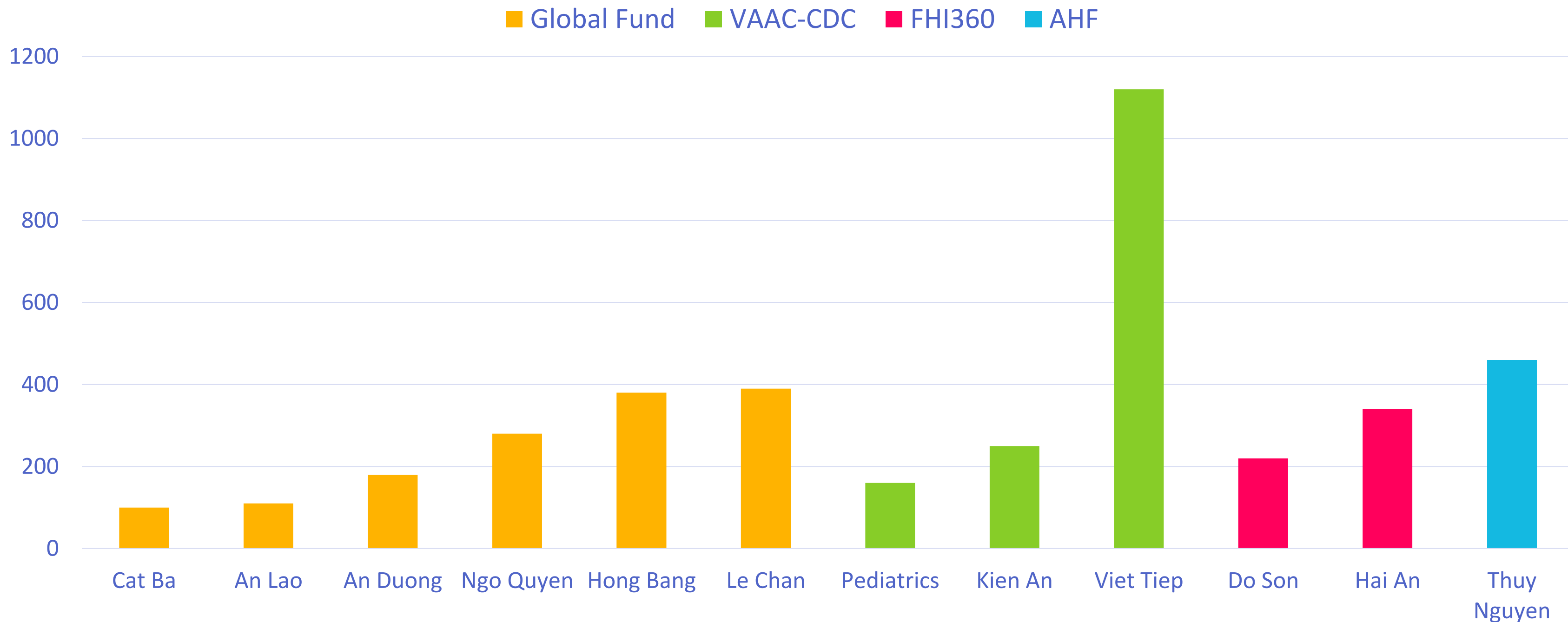
STRATEGY FOR HEALTH SYSTEM STRENGTHENING



Transition to Social Health Insurance (SHI)

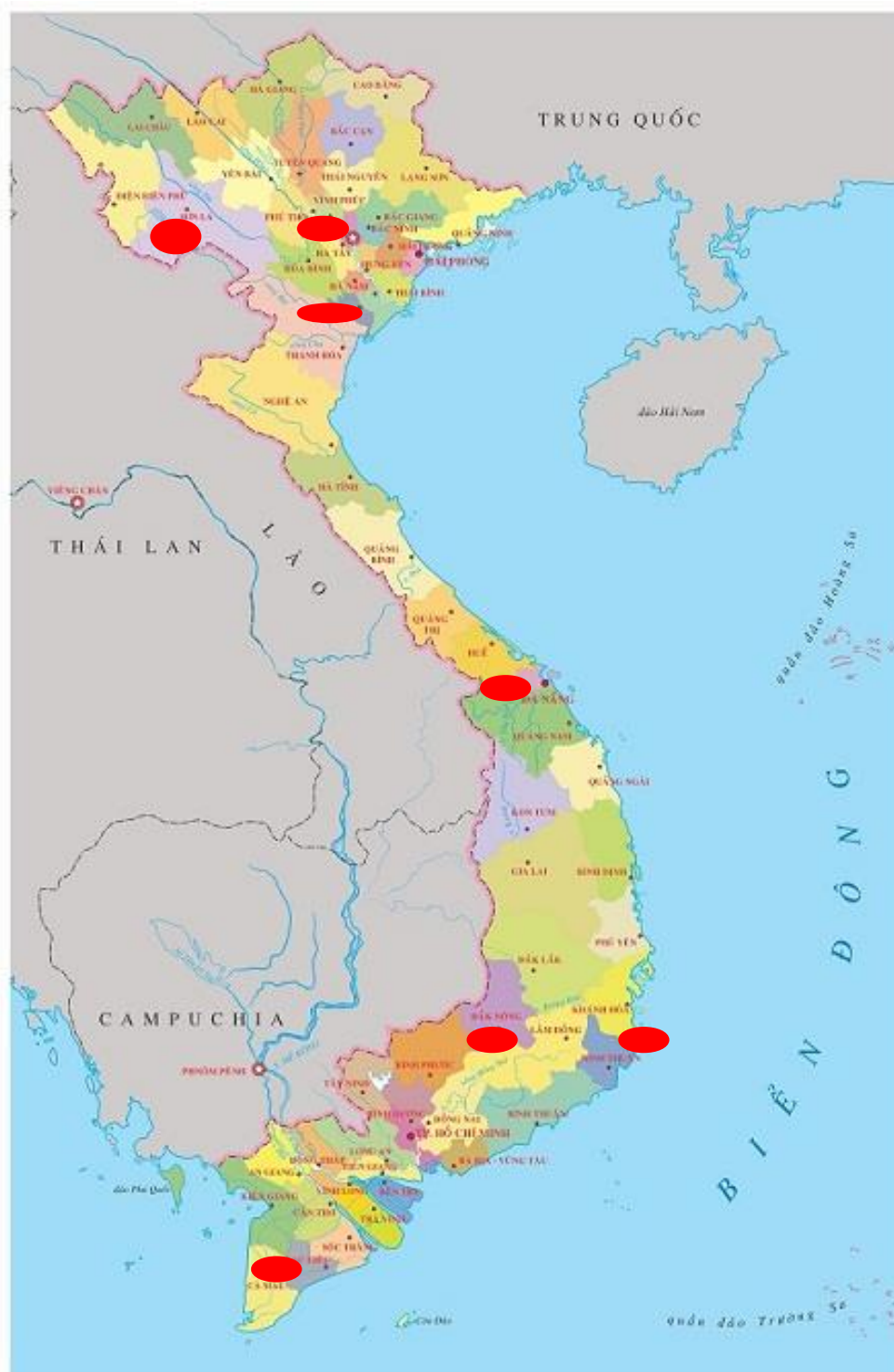


HR Transition to Public Health System



An example of HR of OPCs in Hai phong before transition to Public Health System

INTRODUCTION OF THE PROJECT, AND PROCESS OF DEVELOPMENT AND APPLYING THE HUMAN RESOURCES MANAGEMENT TOOLS IN HIV/AIDS



Project Title: Leveraging Human Resource Management for HIV/AIDS Prevention and Control to Achieve 90-90-90 target

Implementing Agency: Hanoi University of Public Health

Implementing Partner: VAAC

Implementation Period: Dec 2019 – July 2023 (44 months)

Project Provinces: 7 provinces: Hanoi, Thai Nguyen, Son La, Thua Thien Hue, Lam Dong, Khanh Hoa, Kien Giang

PROJECT OBJECTIVES



THE DEVELOPMENT OF A CUSTOMIZED PERFORMANCE-BASED HRM TOOL

The project developed the CPB method and piloted two new HRM tools at the provincial level:

Tools applied for health services-providing facilities (focusing on three types of facilities that provide HIV/AIDS services: Out Patient Clinics, Methadone Maintenance Therapy clinics and HIV Testing and Counseling centers)

Tools applied for Departments of HIV/AIDS Control of CDCs, performing administrative, management, and prevention functions.

HR TOOL FOR HEALTH SERVICES-PROVIDING FACILITIES: WISN (WORKLOAD INDICATORS OF STAFFING NEEDS) BY WHO

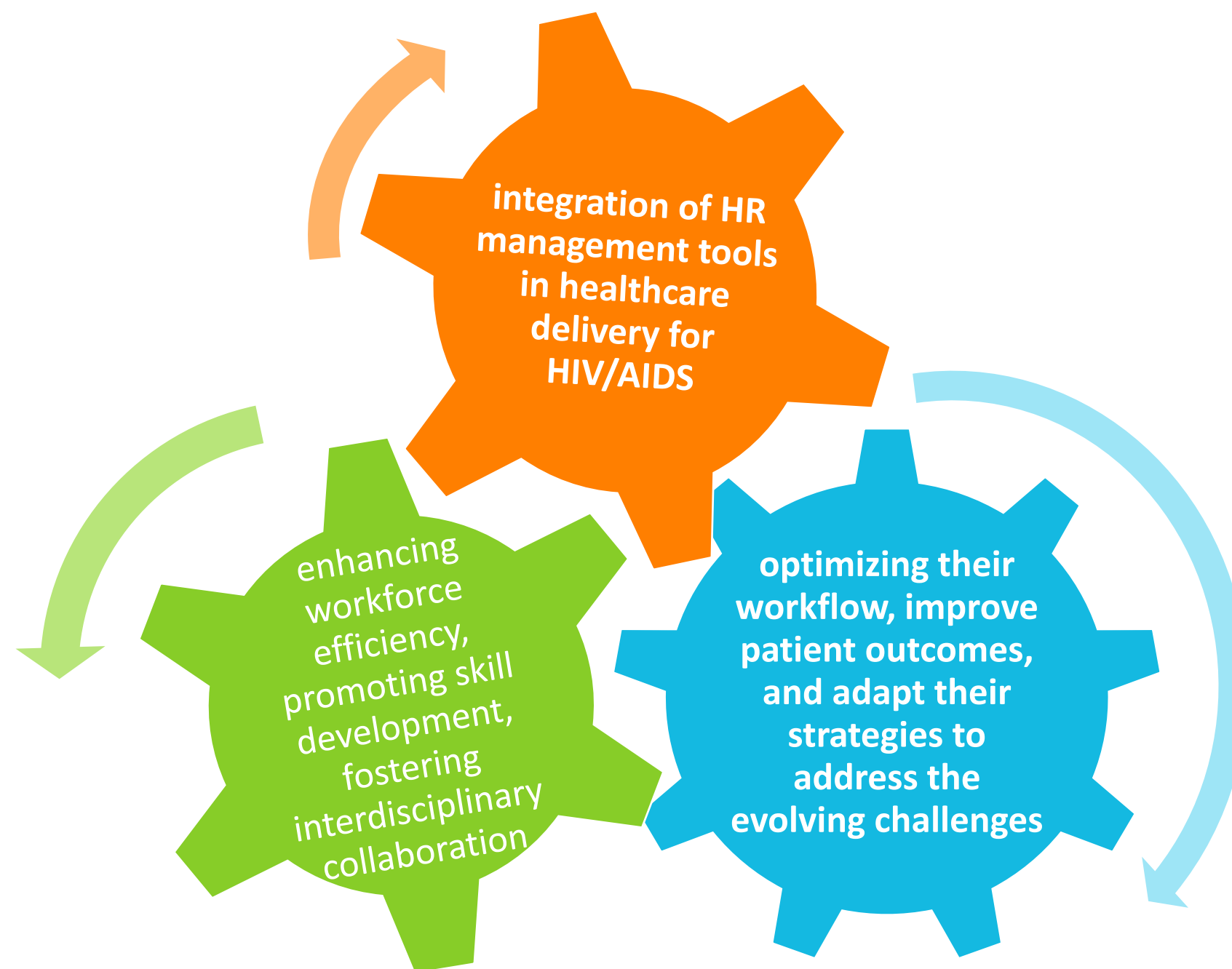
What can WISN Do?

No.	As an Analytical Planning Tool:	WISN provides evidence for decision making to:
1	Determine how many health workers are needed to handle workloads in a specific unit	Improve the division of work among employees (within current staffing)
2	Determine the number of people needed to provide services based on current HIV/AIDS prevalence rates and service demands	Reduce workload pressure Optimize staff deployment
3	Calculate the amount of work and time it takes to complete tasks in each HR category	HR planning for the future
4	Compare personnel between medical units and other areas of management (admin)	Review and arrange assignment of tasks among employees of HR categories
5	Evaluate employees' work pressure	Improve the quality of current medical services

HR TOOL FOR ADMINISTRATIVE/MANAGEMENT DEPARTMENT

No.	As an Analytical Planning Tool:	HR tool for administrative/management dept. provides evidence for decision making to:
1	Determine how many health workers are needed to handle the workload in an/a administrative/ preventative unit	Improve the division of work among employees (within current staffing)
2	Determine the necessary number of staff for each specialty (doctors, nurses, pharmacists, public health...)	Plan for requirement and capacity building
3	Compare personnel between administrative departments	Allocate and mobilize HR between departments Optimize staff deployment
4	Determine the percentage of working time spent on supplementary work	Develop/adjust the SOP, administrative procedures in facilities
5	Performance-based evaluations: - Evaluate employees' workload (quantity) and performance (quality)	Standardize job roles, responsibilities, and qualifications of each position Streamline payments and rewards

IMPACT OF HR MANAGEMENT TOOLS ON HEALTHCARE DELIVERY



MOVING FORWARD

Policy advocacy

Expand the CBP tools to 10 provinces (PAAR proposal under HIV grant for 2024-2026 cycle)

Scaling up the HR tools: CBOs/SEs; TB control, other fields in healthcare sector

Thank
you for
your
attention!

