

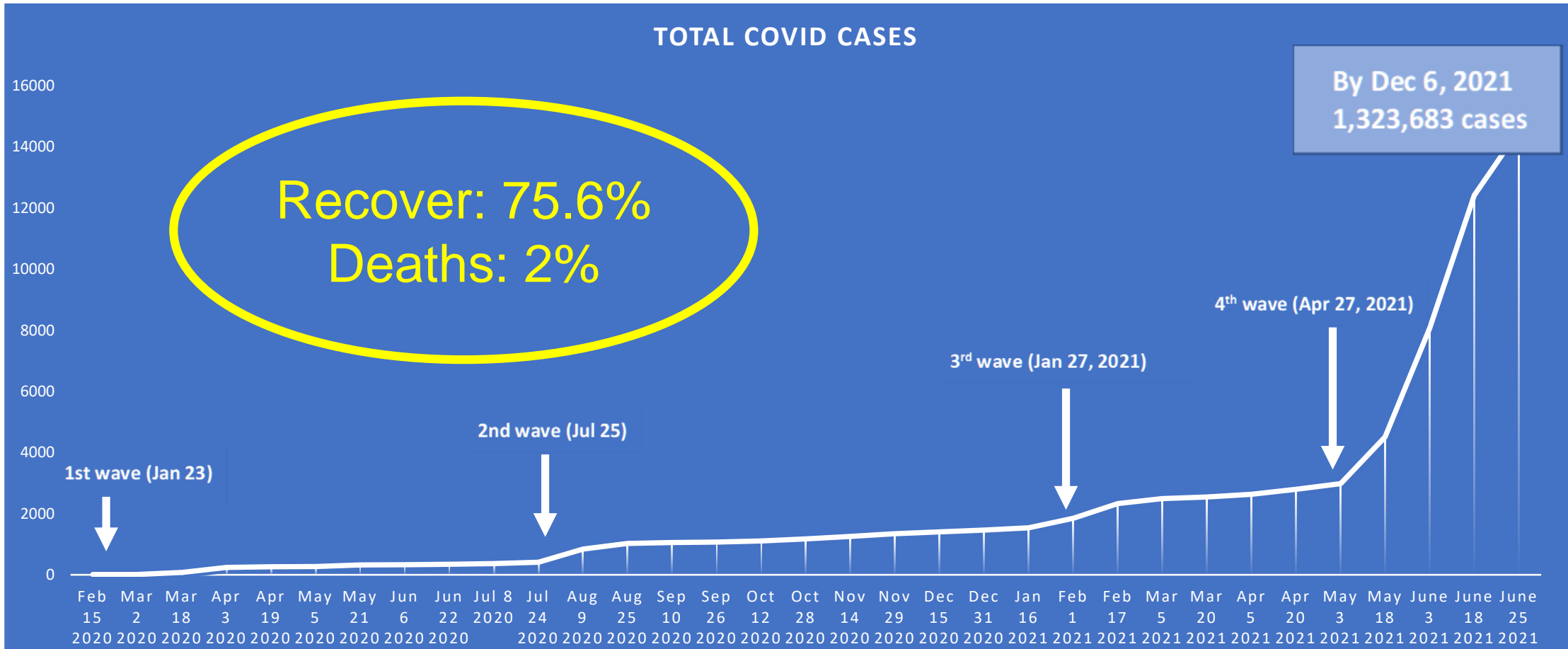
Vietnam's Health Service Delivery system from Experience of COVID-19

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Covid situation in Vietnam



Health Service Delivery System in Vietnam

Public
(179,060 beds)

Private
(13,700 beds)

4. Central level

Include general and specialized hospitals that are directly under the management of the MOH

34
Hos
pital

3. Provincial level

Managed by the provincial governments. It includes provincial general hospitals, regional hospitals, and provincial specialized hospitals.

376
Prov. Hospitals

2. District level

Also belong to grass-root level in VN

624 District Hospital s
(including 48 Hosp. of other sectors)

1. Commune level

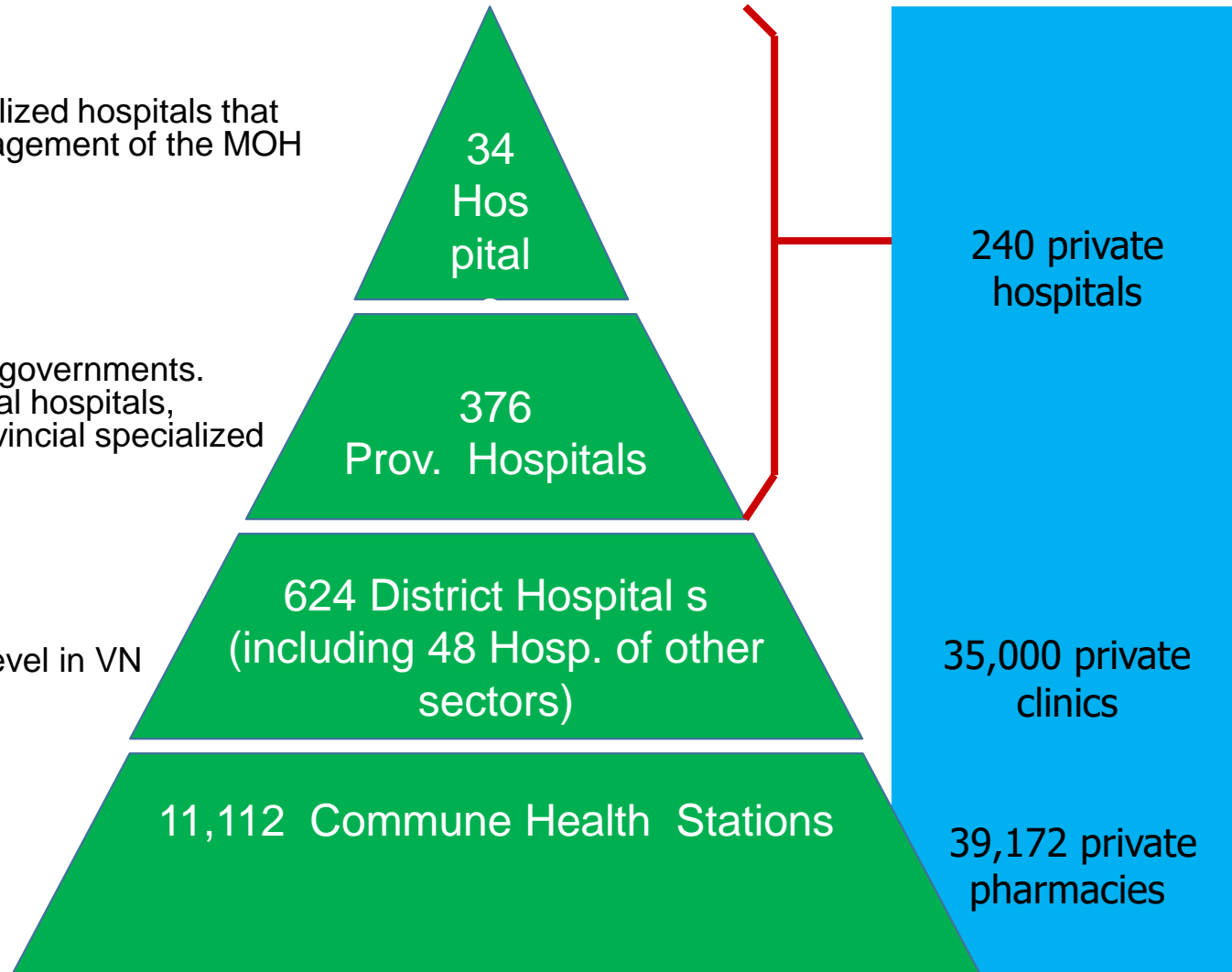
Provide PHC services. The first contact to HCS

11,112 Commune Health Stations

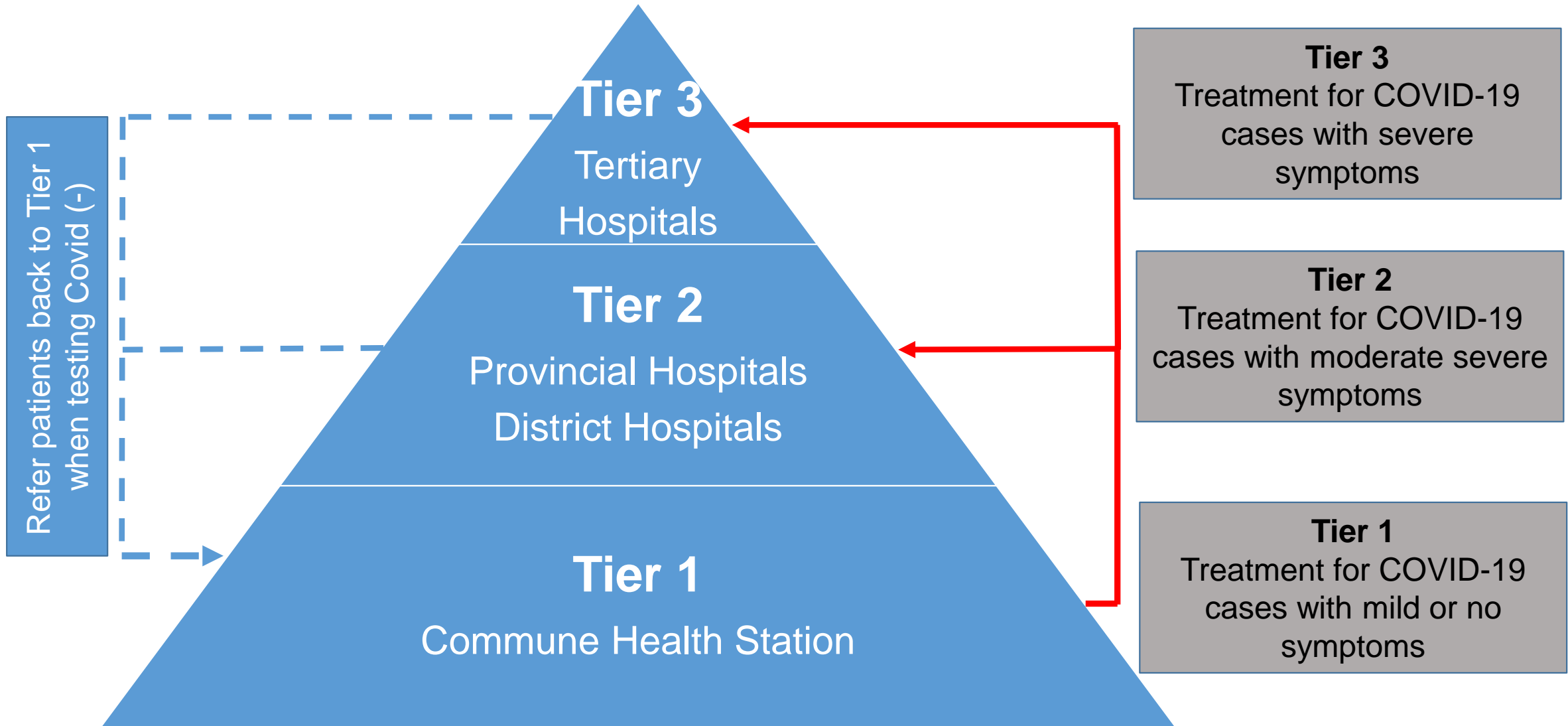
240 private hospitals

35,000 private clinics

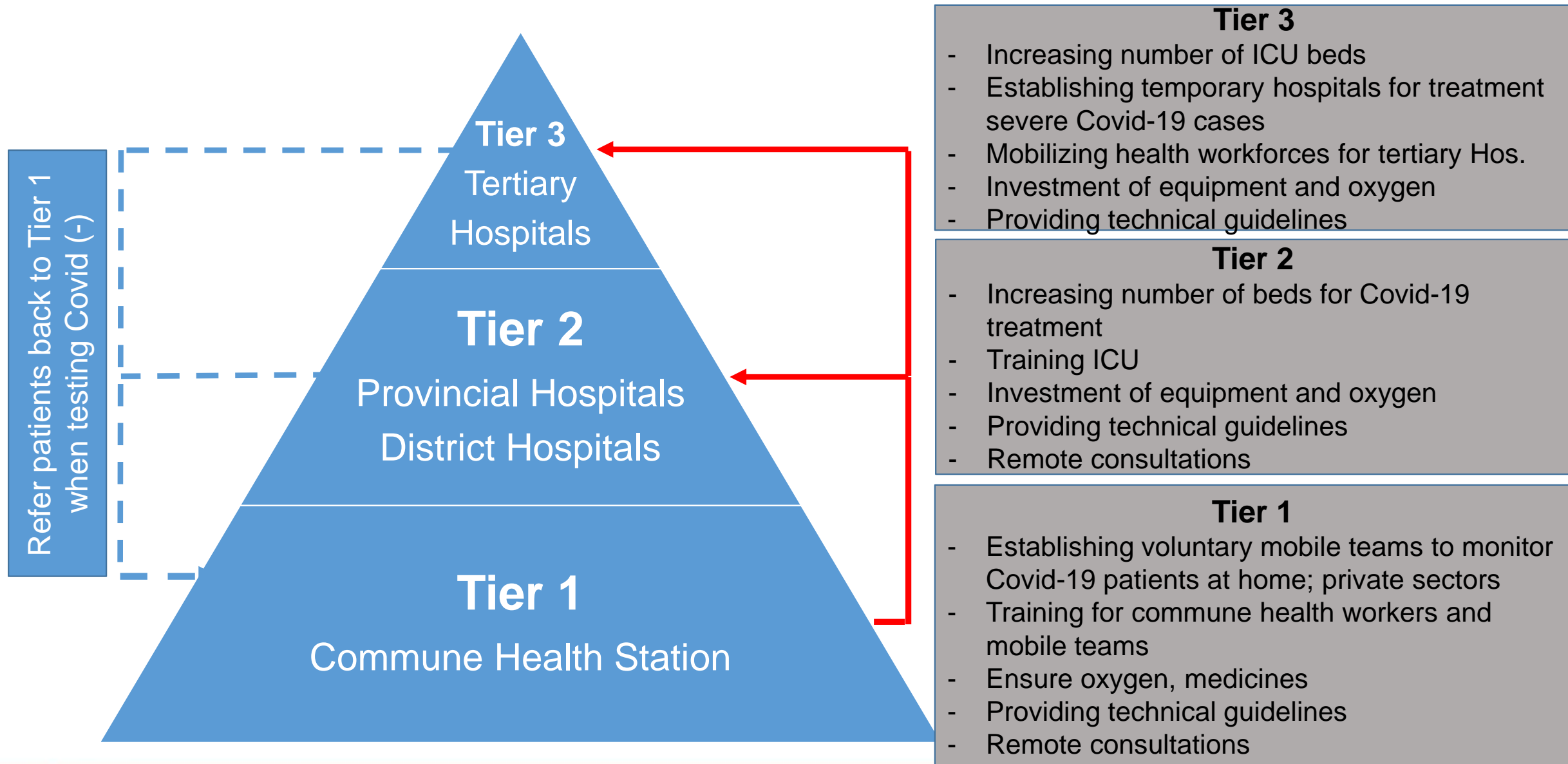
39,172 private pharmacies



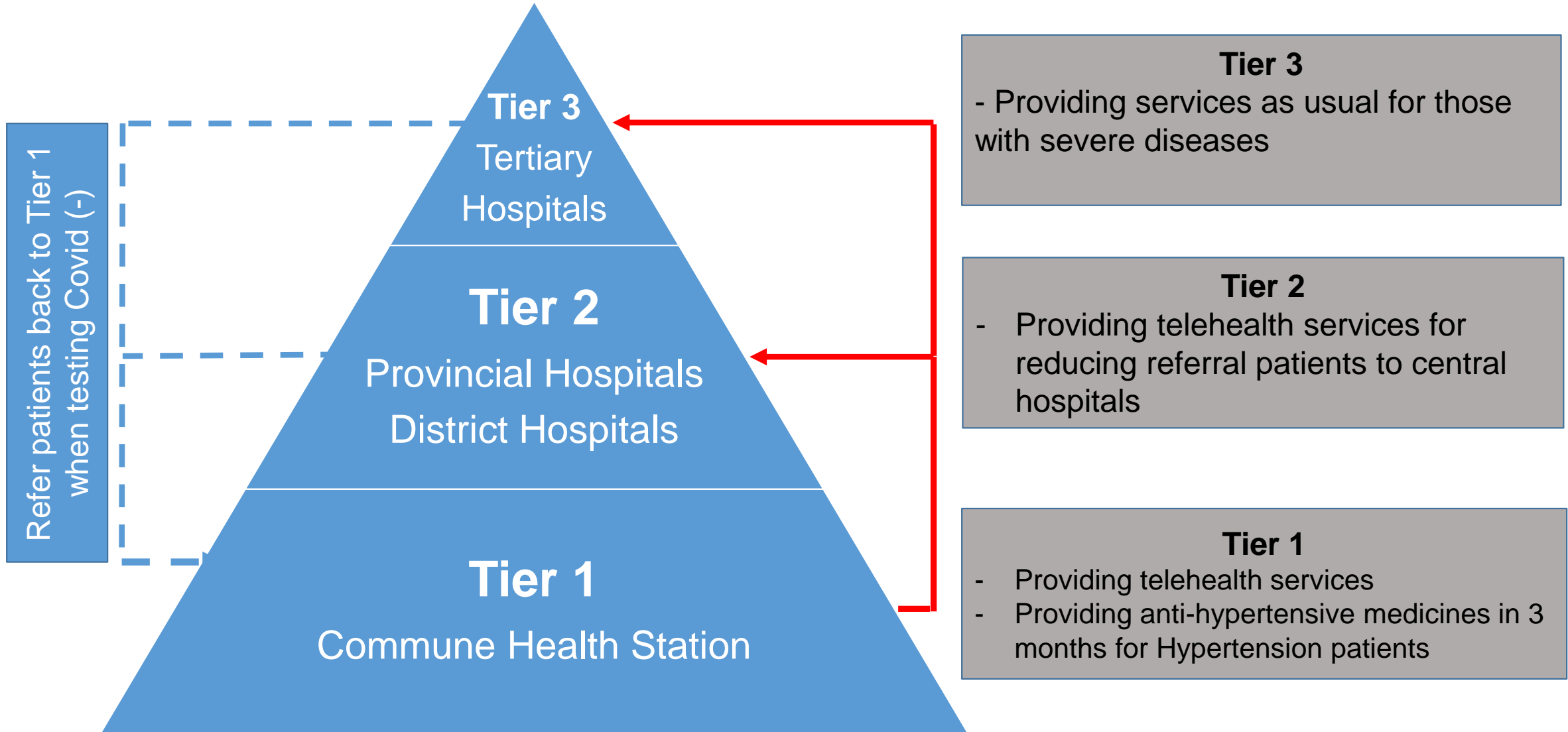
Three-tier COVID-19 Treatment Model in Vietnam



Solutions to strengthen capacity of health facilities in each tiers



Solutions to increase accessibility of non-Covid patients to health care services



Strengths

- *Commitment and determination of the country leaders:* A national steering committee for COVID-19 control has been established at the early stage with decisive actions with a multi-sectoral response plan. Strong, trusted and transparent leadership at the central level.
- *Early policy and response planning:*
 - ✓ The guidelines were consistently updated throughout the pandemic
 - ✓ Robust disaster contingency plans and protocols to disease with five scenarios for the COVID-19 pandemic based on different number of estimated COVID-19 cases and identified resources needs (human resources needs, infrastructure needs, equipment needs, drug required, consumable required, protective equipment required) with respective intervention option
- *A wide health service delivery network at three levels of care:*
 - ✓ Central hospitals have been under the management of Ministry of Health → the Ministry of Health is able to play coordination role and re-organize health facilities at the tier 3 to support provinces when needed
 - ✓ Wide network of commune health stations → to be responsible for treatment and management of about 80% infected COVID-19 patients who have mild symptoms or no symptoms at home

Challenges

- ***Manpower of the health system***
 - Shortage of health care providers in most of health facilities at all levels. Low proportion of nurses/doctor (only 1.8)
 - The number of professionals (doctors, emergency nurses) for treating severe COVID-19 patients were insufficient, often they had to do a lot of work and put in long hours. This is said to have greatly affected their physical and mental health.
 - Limited capacity of health care workers at grassroot health facilities, particularly at commune health stations
- ***Financing challenges in preventing COVID-19 pandemic***
 - There was a need to increase the budget for preventing and containing COVID-19
 - The biggest challenges was how to ensure adequate financial resources for vaccination in Viet Nam
- ***Challenges for keeping the Vulnerable safe***
 - High proportion of people with non-communicable diseases (77% BOD due to NCD)
 - ➔ A sustainable health service delivery system with better responsiveness to provide health care services for the groups of NCD patients is necessary

Key lessons learnt



Commitment and
determination
of the **country leaders**



Engagement
of the **entire political system**
and **multi-stakeholders**



Grassroot health
service delivery system
plays important role in
health care for NCD
and COVID-19 patients

Thank you!