

## Year 3 Report (2014 activities)

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Country: VIET NAM

EU-Lux-WHO UHC Partnership

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### Main activities as planned in the Road Map

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**SO I : To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity**

**Activity 1 (ER1):** Facilitate meetings of the technical working groups (TWGs) and report back to the HPG

**Activity 2 (ER1):** Develop a protocol and methodology for the next 5-year plan health sector plan (2016-2020)

**Activity 3 (ER1):** Prepare process for next Joint Assessment of National Strategy (JANS) (next 5-year health plan)

**Activity 4 (ER2):** Strengthen role of the Joint Annual Health Review as part of the monitoring process for 5-year health plan

**Activity 5 (ER2):** Document lessons learnt from the previous development of the 5-year Health Plan; the implementation of the Plan; and prepare for the next planning cycle: review of the implementation of the 5-year National Health Sector Plan (NHSP) for 2011-2015

**SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue**

**Activity 1 (ER3):** Assessment of obstacles and challenges in reaching under-served people

**Activity 2 (ER3):** Defining and improving current benefit package towards universal health coverage

**Activity 3 (ER4):** Development of national health financing strategy

**Activity 4 (ER5):** Evaluating progress towards universal coverage, focusing on financial risk protection, service coverage and equity

**Activity 5 (ER5):** Improving awareness and conceptual understanding about health priorities and benefit package which contains appropriate mix of prevention, promotion, treatment, rehabilitation and

palliative care

**Activity 6 (ER5):** Learning from international experiences in price setting and provider payment methods

**SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles**

**Activity 1 (ER6):** Conduct HPG quarterly meetings including Core Group support including pre- and post-HPG meetings, and promote participation of a wide range of stakeholder in health sector

**Activity 2 (ER6):** Provide support for ICD to provide the necessary support for coordinating, managing and hosting the Health Partnership Group and maintaining relevant linkages/updates with the technical working groups

**Activity 3 (ER6):** Undertake a mapping of technical assistance in the health sector, at the central and provincial levels

**Activity 4 (ER6):** Undertake a mapping and develop a database of development partner contributions to the health sector for enhancing development cooperation effectiveness

**Activity 5 (ER6):** Undertake the INGO forum

#### Main activities achieved and progress made

**Note from the WCO Viet Nam:** The % implementation has been determined in the broader context of the activities in the roadmaps that are expected to be implemented during the 2014-2015 biennium. For example: where 100% has been indicated, the activity was planned for 2014 only and is complete; 20% might indicate that an activity to be implemented in 2015 has recently been initiated.

Activity and % of achievement	Progress made/achievements against roadmap indicator (including concrete or visible output)	Role of WHO country office	Anticipated impact
<b>Strategic Objective 1: To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity</b>			
<b>ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity</b>			
<b>Activity 1 (ER1): 100%/ongoing</b> Facilitate meetings of the technical working groups (TWGs) and report back to the Health Partnership Group (HPG)	The TWGs continue to serve as the technical arms of the HPG. The following TWGs have been active in 2014: 1) health information; 2) human resources; 3) planning and financing; 4) sexual, reproductive and maternal and child health; and 5) environmental health. The TWGs are composed of technical	WHO has been guiding the process of strengthening the functioning of TWGs and their linkages with the HPG. This year WHO also facilitated the	Through improved functioning of the TWGs, policies, strategies and plans in the different technical areas are expected to have DP buy-in, and the new 5-year health sector plan is

	<p>staff from MOH and development partners (DPs) who are working in the relevant areas. They provide technical inputs into HPG discussions and follow-up and coordinate action at the technical and operational level. In 2014, three have reported back to the HPG, and are committed to improving their functioning.</p> <p>For example, the TWG on human resources for health had its first meeting of 2014 in follow-up to the Quarter 2 HPG meeting on human resources for health. The TWG on HRH reviewed national priorities in HRH; mapped the roles and responsibilities of the MoH departments working on HRH and the contributions of DPs to this area. Through an inclusive policy dialogue process, the meeting identified two key priority areas: education, training and accreditation; and human resources management. The TWG agreed to establish a subgroup to work on each of these two areas, and committed to reviewing current HRH initiatives, to provide input into the priority setting process for the development of the next 5-year health sector plan, and to ensure DP contributions are harmonized and fully aligned to the current national priorities validated through this exercise.</p> <p>The TWG reported back to the Quarter 3 HPG meeting, and has committed to regular subgroup meetings (taking up policy issues identified in the TWG meetings) and quarterly TWG meetings in advance of each HPG.</p>	<p>process of organizing the TWG on planning and financing, toward to the development of a national health financing strategy, as well as the Human Resources for Health (HRH) TWG.</p> <p>For example, WHO convened the HRH TWG with the relevant MoH departments, following the Q2 HPG II, to implement a new way of working which sees the TWGs regularly report back to the HPG on key technical issues. WHO is now supporting MoH to lead the follow-up process by drafting a paper to define the process of establishing and convening the two subgroups, and refining and operationalizing the ToR of the HRH TWG.</p>	<p>expected to fully incorporate these priorities, which should lead to better levels of funding as well as implementation.</p> <p>Revised ToR of the TWG on HRH planned for end 2014, and a broader process of reviewing the functioning of the other TWGs will be undertaken in early 2015. This process initiated for the HRH TWG, will be used to reinvigorate other TWGs for more effective feedback to the HPG, and ultimately more strategic mobilization of resources, and implementation, following the review of TWG functioning in early 2015.</p> <p>(See PPT presentation of HRH TWG, attached as <b>Annex 1</b>)</p>
<p><b>Activity 2 (ER1): 20%</b> Develop a protocol and methodology for the next 5-year plan health sector plan (2016-2020)</p>	<p>The development of the 5-year health plan for 2016-2020 is one of the milestones of the new VHPD. A protocol and methodology for the development of the plan is being initiated, along with the process of assessing the implementation of the current 5-year plan. The results of this assessment will provide inputs into the development of the new plan.</p>	<p>WHO is providing direct support to the MOH in both the development process and in coordinating partners' engagement and support for the development of the next 5-year health sector plan.</p>	<p>A protocol and methodology for the next 5-year health sector plan will facilitate a strategic prioritization/evidence-based selection of priorities, and ensure the plan includes targets, indicators and is 'costed', to the extent possible. This will contribute to more targeted and strategic efforts in the health sector, and ultimately improved health outcomes.</p>

<b>ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews</b>			
<p><b>Activity 4 (ER2): 100%</b> Strengthen role of the Joint Annual Health Review (JARH) as part of the monitoring process for the 5-year health plan</p>	<p>The JAHR continues to serve as a mechanism for monitoring and evaluating the 5-year health sector plan. The 2014 JAHR has covered the overall progress in the health sector and noncommunicable diseases prevention and control.</p>	<p>WHO initiated this process of strengthening the methodology of the JAHR and of enhancing the 'jointness' of the process. WHO has done so through the mechanisms of the HPG, by working directly with the JAHR team and by coordinating development partners to obtain inputs on the process.</p>	<p>A strengthened JAHR that is truly 'joint', methodologically rigorous and peer-reviewed, is expected to increase national and development partner confidence in the findings of the report, and provide a solid basis for monitoring implementation of the next 5-year health sector plan. A stronger monitoring mechanism with a process for adjusting the five year plan to evolutions in national priorities throughout implementation, is expected to lead to more strategic, efficient and targeted action in the health sector, and ultimately, improved health outcomes.</p>
<p><b>Activity 5 (ER2): 10%</b> Document lessons learnt from the previous development and implementation of the current 5-year health sector plan; and prepare for the next planning cycle: review of the implementation of the 5-year health sector plan for</p>	<p>In 2014, WHO has lead partners in reviewing the JAHR process. The review included an assessment on the use and consistency of indicators, methodology adopted, mechanisms for the uptake, examination and analysis of evidence, identification of sources of data, inclusion of technical focal points from the DPs to participate in the assessment of evidence, establishment of mechanisms for peer reviews and independent expert review of the JAHR Report. Many of the recommendations have been taken up in this year's JAHR process, and the role of more active role of the HPG was defined in the special meeting on HPG functioning in April 2014.</p> <p>This year the methodology of the JAHR has been strengthened, particularly in terms of the quality and validity of the secondary data, and the newly approved national core list of (80) health indicators was included.</p> <p>Dialogue was also initiated with development partners through the first HPG. HPG members provided inputs on the content and methodology, with a view to ensuring the JAHR provides direction for the next 5-year health sector plan, and is also used to adjust the plan during its implementation. A joint commitment was made to further strengthening the methodology and 'jointness' of the JAHR, starting in 2014.</p>	<p>WHO initiated this process of strengthening the methodology of the JAHR and of enhancing the 'jointness' of the process. WHO has done so through the mechanisms of the HPG, by working directly with the JAHR team and by coordinating development partners to obtain inputs on the process.</p>	<p>A strengthened JAHR that is truly 'joint', methodologically rigorous and peer-reviewed, is expected to increase national and development partner confidence in the findings of the report, and provide a solid basis for monitoring implementation of the next 5-year health sector plan. A stronger monitoring mechanism with a process for adjusting the five year plan to evolutions in national priorities throughout implementation, is expected to lead to more strategic, efficient and targeted action in the health sector, and ultimately, improved health outcomes.</p>
<p><b>Activity 5 (ER2): 10%</b> Document lessons learnt from the previous development and implementation of the current 5-year health sector plan; and prepare for the next planning cycle: review of the implementation of the 5-year health sector plan for</p>	<p>A process has been initiated to document lessons learnt from the development and implementation of the current 5-year health sector plan, ending in 2015.</p> <p>This process will consider the findings of the JANS undertaken in 2010 as well as analyze the achievements and gaps in the process of implementing the current 5-year health sector plan.</p>	<p>WHO has initiated this process and is providing technical and financial support to the MoH. The substantive work will be undertaken in 2015.</p>	<p>The lessons learnt will be used to guide/ serve as inputs into the development of the next 5-year health sector plan. This will help to ensure a more inclusive process of developing the plan, and a more robust document (with evidence-based prioritization) that will</p>

2011-2015	These lessons will be reflected in the protocol/framework for developing the next 5-year health sector plan. (See <b>Activity 2, ER 1</b> )		direct health sector efforts, and to which DPs can align their support over the period 2016-2020. This is expected to increase DP confidence in the quality of the document, and lead to better levels of funding and more strategic allocation of these funds, as well as implementation.
<b>Strategic Objective II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</b>			
<b>ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable</b>			
<b>Activity 1: 50%</b> Assessment of obstacles and challenges in reaching under-served people	Through two initial immersion missions, an assessment of obstacles and challenges to delivering quality and affordable services to (and uptake by) people living in hard to reach areas has been undertaken as an input into the health system redesign and transformative health systems policy dialogue process. These missions have focused on the experience of poor and ethnic minority populations living in hard to reach areas, considering health insurance coverage, financing of health insurance and service delivery and utilization; all of which impact the country's move towards UHC.  Additional field trips will be undertaken in 2015.	WHO has undertaken these immersion missions in collaboration with relevant central and provincial, and building on the Government's commitment to a strengthened primary health care with universality and equity at its core, WHO is using the findings to outline an initiative on transformative health systems, including recommendations for the modification and development of financing strategies/systems.	The findings of this assessment will serve as inputs to into the overall systems design and transformative health systems strategy which will serve as a sustainable platform towards universal health coverage. The development of the health financing strategy and the technical work on the design of the benefits package as well as provider payment mechanisms will serve as a major pillar for this redesigned/transformational health system. The financing strategy will also help to align financing with service delivery and ensure appropriate incentives, leading to better access and quality of care across the different levels of the health system (and eventually, improved patient outcomes).
<b>Activity 2: 30%</b> Defining and improving the current benefits package towards UHC	A collaborative process involving national stakeholders and development partners has been initiated. A workshop has been undertaken to set objectives of a newly defined benefits package, to agree a process for decision making and the composition of task force that will design the package between starting 2015.	WHO has guided this collaborative discussion and provided technical input as well as facilitated a sharing of experiences from other countries in the regions.	This broadly inclusive process of defining a new benefits package is expected to draw support from international development partners. The direct outcome of this work is to institutionalize an evidence-based process

	(Note: A final benefits package is expected by 2017, this roadmap activity is a contribution to the process of developing and defining the final package).		for the development, review and monitoring and evaluation of the benefit package. An operational mechanism will also be set up to facilitate high-level oversight to support successful implementation of the revised benefits package.
<b>ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC</b>			
<b>Activity 3: 20%</b> Development of national health financing strategy	An initial workshop for defining the objectives of and strategy, content and process for the development of the national health financing strategy took place in July. The workshop agreed on an initial outline for the strategies, as well as technical resources to support its development. A team, with WHO leading DPs, has been established and will work on the development of the strategy throughout 2015.	WHO guided and supported the organization of the workshop including the development of an outline for the strategy, and is providing technical and financial support as part of the working group tasked with the development of the strategy.	It is expected that this strategy will help to improve prioritization and coherence across the health financing system, including guidance on the creation of ‘fiscal spaces’ for health and the identification of sustainable financing schemes. The health financing strategy will also facilitate implementation of the revised health insurance law. The strategy will guide mid- and long-term HF policies that will support Viet Nam’s attainment of UHC.
<b>ER 5: Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries</b>			
<b>Activity 4: 100%</b> Evaluating progress towards universal health coverage, focusing on financial risk protection, service coverage and equity	A study was conducted to assess the financial burden of paying for health services, on households; and the financial protection offered by health insurance. The study has revealed that despite an increase in HI coverage, the % of households facing catastrophic health expenditure and impoverishment has not decreased.	WHO collaborated with Hanoi Medical University to conduct this study, developing ToR, guiding study design, and interpretation of results.	The findings of the study are being used as evidence in discussions around the effectiveness of the current health insurance arrangements and are expected to inform changes to policies, including the national health financing strategy, to lessen the financial burden on households.
<b>Activity 5: 100%</b> Learning from international experience in price setting and provider payment methods	A one-week training of national stakeholders (involving MOH, other government ministries and Viet Nam Social Security) was conducted with Japanese and Korean experts on price setting and provider payment methods as well as the design of the benefits package and systems for managing these mechanisms/processes.	WHO guided and facilitated this training, identifying international experts and connecting them with relevant government stakeholders for information sharing and exchange. WHO is supporting follow-	By increasing the awareness/knowledge of key stakeholders this training is expected to contribute to the setting of prices in a way that is evidence-based, that will support the strengthening of primary health care, improve service quality and ensure fairness and

		up and linkages with the development of the benefits package.	equity.
<b>Strategic Objective III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles</b>			
<b>ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated</b>			
<b>Activity 1 (ER6): 100%</b> Conduct HPG quarterly meetings including pre- and post- HPG meetings, and promote participation of a wide range of stakeholder in health sector	<p>Three quarterly HPG meetings and one special HPG meeting (on strengthening the strategic and operational functioning of the HPG), have been organized this year.</p> <p>These meetings were actively participated by MoH, DPs, other ministries, representatives from provincial and local health authorities and academia. In early 2014, a review of HPG membership and subsequent updating was undertaken to broaden stakeholder participation in the HPG meeting.</p> <p>Key policy issues and reforms were discussed and deliberated, specifically, in the areas of emergency preparedness and response, long term strengthening of human resources for health (with a focus on education reform), universal health coverage and the post-2015 development agenda; and actions to ensure more effective DP support to these areas were identified.</p> <p>This year, WHO facilitated a process of making the HPG meetings more strategic, with the development of 'resolutions' for following up on the technical discussions and related commitments made at HPG meetings.</p>	<p>By jointly convening the HPG with the MoH (ICD), WHO continues to support the MoH's efforts to coordinate DPs towards more effective development cooperation in the health sector.</p> <p>WHO has continued to provide direct support and guidance to the ICD in the organization of the meetings, development of technical materials and coordination of partners' responses and inputs into the policy dialogue.</p> <p>WHO has played a diplomacy role in inviting heads of agencies to serve as co-chairs during the meetings; and prior to each HPG meeting, WHO has convened DPs for a 'pre-HPG meeting' to seek inputs into the draft agenda and objectives of each meeting.</p>	<p>Strategic HPG meetings, with full participation and commitment from DPs, and high-level chairmanship (Minister, Vice-Ministers and Heads of Agency), provide a platform for high-level policy dialogue on specific health sector priorities and identifying opportunities for strengthening development cooperation effectiveness through the application of the seven IHP+ behaviours.</p> <p>HPG endorsement of resolutions will ensure follow-up and commitment to support and guide high-level policy directions discussed during the HPG meetings. This would also ensure that efforts are harmonized at the technical level; that the available expertise of DPs is utilized; and that contributions are better aligned to both short and long term national priorities.</p> <p>This will ensure DP contributions are maximized and support implementation.</p>
<b>Activity 2 (ER6): 100%</b> Undertake an assessment of technical assistance in the health sector, at the central and provincial levels	<p>Following the <i>Assessment of technical assistance (TA) status and demand of the health sector at the provincial level</i>, the HPG this year conducted a similar assessment at the central level.</p> <p>The assessment is now complete, and a process for ensuring the dissemination and use of the findings will be undertaken in 2015.</p>	<p>WHO has developed ToR, guidance the design of data collection tools and provided technical advice on the development of a report that can be used to identify new modalities of support as traditional forms</p>	<p>The findings of this assessment will provide a basis from which to identify new modalities of support, in light of reducing levels of ODA, and the specific areas where support would be needed. The new 5-year health sector plan is expected to consider the</p>

		of ODA for health decrease.	results, and the use of the findings should lead to more effective use of DP resources and implementation.
<b>Activity 3 (ER6): 100%</b> Undertake INGO forum	<p>A forum of INGOs working both centrally and at the provincial level was undertaken in November 2014, two years after the last INGO forum in 2012.</p> <p>The forum provided an overview of INGO support to the health sector, and ways forward to strengthen INGO involvement in and contribution to the health sector. INGOs identified the VHPD milestones they could support (through specific activities), and mechanisms for strengthening collaborative cooperation between INGOs, MoH, departments of health and other DPs.</p> <p>The meeting committed to mapping – in detail – INGO contributions to the health sector, in collaboration with The People’s Aid Coordinating Committee (PACCOM); and to ensuring more active participation of INGOs in the HPG, TWG meetings and the JAHR.</p>	As per the HPG meetings, WHO jointly convened the INGO forum with the MoH (ICD) and a representative of the INGOs (Agence de Medecine Preventive), supporting the development of the agenda, documentation and the organization of the meeting. WHO is also involved in supporting the follow-up process for implementing the commitments agreed at the meeting.	<p>A mapping of INGOs working throughout Viet Nam will reduce duplication and overlap and give INGOs an opportunity to collaborate and contribute to the implementation of shared priorities, in line with the 5-year health sector plan.</p> <p>By linking this to the broader mapping of DP contributions, INGOs will also have an opportunity to collaborate with other DPs, which may result in higher overall levels of funding as well as implementation, in line with national priorities.</p>
<b>Activity 4 (ER6): 100%</b> Support the functioning of the HPG Secretariat (Coordinator, project officer and operational costs)	In order to strengthen the functioning of the HPG Secretariat for more strategic meetings and follow-up of activities/actions related to development cooperation effectiveness, WHO has provided technical support to the operations of the Secretariat and financial support for the positions of a HPG coordinator and a project officer (responsible for administration and communications) to ensure effective functioning of the HPG and full implementation of activities, including those set out in the roadmap.	WHO is providing technical and financial support to the functioning of the HPG Secretariat through regular and routine contact and collaboration.	<p>Technical and financial support to the functioning of the HPG Secretariat has improved the timeliness and quality of its work (e.g. strategic setting of the agenda, communications with HPG members, preparation and dissemination of meeting minutes for action and visibility of HPG activities etc.). It has also facilitated follow-up to the VHPD, specifically in terms of identifying contributions that different HPG members can make to the implementation of the VHPD, based on their own comparative advantage.</p> <p>These improvements have helped to increase development partner confidence in the HPG and the high level policy dialogue forum. This is expected to continue, and</p>



			ultimately lead to increased and better harmonized DP support to national priorities.
<b>Activity 5 (ER6): 70%</b> Participate, for the first time, in the IHP+ Result Monitoring Exercise	This year Viet Nam welcomed the invitation to participate in the 2014 IHP+ Monitoring Exercise. (This was the country's first time participating). With WHO support, MoH convened DPs to brief them on the purpose and process of the exercise. The Government as well as 16 DPs completed their data collation tools and the IHP+ Results Consortium consolidated these into a scorecard. Viet Nam's first-time participation was a time- and human-resource intensive process for all involved, and the MoH and DPs are committed to a high-level dialogue on the process as well as the results presented in the scorecard, in early 2015. The dialogue will identify joint steps for the HPG to take towards implementation of the seven IHP+ behaviours, in line with the VHPD.	The WHO country office guided the process, advising MoH on the purpose and usefulness of the exercise and how to complete their survey. WHO convened and briefed DPs in a joint meeting with the HPG Secretariat, and provided individual support to DPs as they completed their surveys for consolidation by MoH.	In the context of VHPD implementation and efforts to support compliance with the seven IHP+ behaviours, the HPG will identify specific steps that the MoH and DPs can take to strengthen the use of national systems and improve mutual accountability (including through Activity 6 below). This process will further strengthen the accountability of the HPG for following through on VHPD and IHP+ commitments, towards greater levels of and more effective development cooperation.
<b>Activity 6 (ER6): 30%</b> Undertake a mapping and develop a database of development partner contributions to the health sector for enhancing development cooperation effectiveness	A process for mapping development partner (and INGO) contributions to the health sector in Viet Nam has been initiated and is due to be completed in mid-2015. This will provide the MoH, other relevant ministries and development partners, with an overall picture of health development cooperation in Viet Nam, including the areas of technical support, the geographic location of the technical and financial cooperation, and the type and magnitude of technical and financial support in each technical area. This will facilitate greater alignment and harmonization by enabling both the MoH and development partners to: <ul style="list-style-type: none"> <li>• have an overall picture of the specific technical areas and locations where DPs are providing technical and financial cooperation in the health sector – including magnitude</li> <li>• assess the extent to which DP support is aligned to national priorities and plans</li> <li>• identify gaps between DP support and national health priorities</li> <li>• identify challenges and opportunities to implementing the seven behaviours of development</li> </ul>	WHO has worked with MoH to develop ToRs and design a framework that will meet the different needs of the MoH and development partners in ensuring greater harmonization of partners' contributions, in line with the current and future 5-year health sector plan. WHO is guiding the process of developing the database, collecting and using the data.	This database will implement Milestone 9 of the Viet Nam Health Partnership Document. It is also support implementation of the 7 IHP+ behaviours and serve as an important input into the process for developing the next 5-year health sector plan, and help to identify opportunities for greater alignment of development partner contributions with current and future health sector priorities.  Ultimately, it is expected to generate additional financial and technical resources and support more effective cooperation towards implementation of the next 5-year health sector plan.

	partners <ul style="list-style-type: none"> <li>• identify opportunities for more effective collaboration between DPs</li> <li>• have an overall picture of the collaboration taking place at the <i>decentralized levels</i>, and to strengthen links with these levels</li> </ul>		
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**Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan**

Activities planned for 2014 have been undertaken or are on track. Some minor modifications may be needed in 2015, and these will be confirmed in the first quarter of 2015.

Currently, one new activity (**Activity 5, ER6**) which will see the HPG identify specific steps that the MoH and DPs can take to strengthen the use of national systems and improve mutual accountability, for following through on VHPD and IHP+ commitments, towards greater levels of and more effective development

**Proposed modifications to Programme Road Map resulting from changes above**

There are no planned changes to the implementation of the roadmap, however, with a view to further strengthening the HPG as a platform for facilitating implementation of the roadmap and commitments to enhancing development cooperation effectiveness, WHO is working with the MOH Department of International Cooperation (ICD) (which serves as the Secretariat for the HPG), to implement new ways of working:

- Identification of a clear set of priority areas for policy dialogue at the start of 2015, in line with health sector priorities and planning processes.
- The development of an annual calendar for HPG activities (meetings, provincial field visits etc.) to ensure availability and maximum participation of the MoH, provincial departments of health and development partners).
- Institutionalization of a process of developing and endorsing resolutions of the HPG (a collegial body) on the priority areas discussed at HPG meetings, for mutual accountability and follow-up of key issues at the technical level. (The HPG will request the relevant technical working group to follow-up on the policy-level discussions).
- A process of defining initiatives that will facilitate implementation of the milestones set out in the VHPD, for collaborative implementation with development partners.

**Lessons learned**

- An effective policy dialogue relies on the involvement of experts at the technical level and the generation of evidence to guide policy and decision-making processes, and to follow up on the ways recommendations can be carried out both at the policy and operational level. The TWG's have served as mechanism for ensuring this technical support.
- A clear set of national priorities guides and maximizes the health policy dialogue platform

offered by the HPG.

- A mechanism or a documented process, through resolutions and other forms of ‘commitment documents’ is crucial for following up actions and for ensuring alignment and harmonization of support to the health sector.
- WHO’s role in support to the coordination of development partners remains crucial and highly valued by both the government and development partners. WHO’s role is particularly important as the country moves to strengthen its commitment to the principles and seven behaviors of IHP+.

### Road Map and timeline for 2015

Roadmap activities planned for 2015	Indicators	Timeline
<b>Strategic Objective 1: To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity</b>		
<b>ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity</b>		
<b>Activity 1 (ER1):</b> Facilitate meetings of the technical working groups (TWGs) and report back to the Health Partnership Group (HPG)	Relevant TWG follows up on the work tasked to them by the HPG meeting, and reports back at the next HPG meeting. (Minimum 1 TWG per HPG).	1 TWG reports back to each HPG. Quarterly HPGs take place in March, June, September, December
<b>Activity 2 (ER1):</b> Prepare inclusive process for next Joint Assessment of National Strategy (JANS) (next 5-year health plan) to improve the quality of and increase confidence in future 5-year health sector plans	JANS process planned for assessing drafts of the next 5-year health sector plan (2016-2020).	December 2015
<b>ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews</b>		
<b>Activity 3 (ER 2):</b> Document lessons learnt from the previous 5-year health sector plan (process of development and implementation).	Report documenting lessons learnt published and disseminated.	December 2015
<b>Strategic Objective II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</b>		
<b>ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable</b>		
<b>Activity 1 (ER 3):</b> Develop financing and service delivery strategies for improving access to essential health services	Set of recommended strategies for improving access to (and use of) health services, in hard-to-reach communities	September 2015
<b>Activity 2 (ER 3):</b> Dialogue on the implementation of financing and service delivery strategies in districts and communes in hard-to-reach areas	A set of policy recommendations	December 2015
<b>ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC</b>		
<b>Activity 3 (ER 4):</b> Define the improved benefit package toward achievement of universal health coverage	Set of key recommendations for the benefits package	Mid 2015
<b>Activity 4 (ER 4):</b> Develop a plan of action for consensus building around, and development of a national health financing strategy	Plan of action for developing the health financing strategy document	Mid 2015

<b>Activity 5 (ER 4):</b> Develop a national health financing strategy	Health financing strategy document to feed into the next 5-year health sector plan	December 2015
<b>Strategic Objective III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles</b>		
<b>ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated</b>		
<b>Activity 1 (ER6)</b> HPG quarterly meetings including Core Group support including pre- and post- HPG meetings, and promote participation of a wide range of stakeholder in health sector	Minutes of meetings, resolutions endorsed by the HPG (including work to be taken up by relevant TWGs),	For each quarterly meeting (March, June, September, December).
<b>Activity 2 (ER6)</b> Undertake a mapping and develop a database of development partner contributions including INGOs to the health sector for enhancing development cooperation effectiveness	An easily updateable online mapping of DP and INGO contributions to the health sector to be used by different audiences (MoH, DPs, INGOs), for enhancing development cooperation effectiveness and mutual accountability (including by leveraging opportunities for South-South collaboration, as set out in the Viet Nam Health Partnership Document).	June 2015
<b>Activity 3 (ER6)</b> Develop a proposal, based on the findings of the TA assessment and the mapping/database exercise, for leveraging new opportunities in international health development cooperation	A proposal for leveraging new opportunities for development partners support and implementing new ways of working, including a process for consultation and dissemination.	October 2015
<b>Activity 4 (ER6)</b> Support to the functioning of the HPG Secretariat (Coordinator, project officer and operational costs)	ToR, progress reports, HPG meeting minutes and resolutions of the HPG on technical areas	Ongoing (Jan.-Dec.)
<b>Activity 5 (ER6)</b> Dialogue on the IHP+ scorecard and seven behaviours	Specific recommendations for strengthening the use of national systems and improving mutual accountability, towards greater levels of and more effective development cooperation.	Mid-2015
<b>Activity 6 (ER6)</b> ICD provincial field trips to identify needs for international cooperation, and strengthen relationships and ensure that development cooperation provided centrally also meets local needs.	Field visits undertaken and strategies identified for improving linkages between central and provincial levels, between visits.	Starting 25/26 December 2014, ICD leadership will undertake a total of 4-8 visits throughout 2015

*Note: WHO is currently working with ICD (the MoH department that hosts the HPG Secretariat) to prioritize and ensure maximum value from these activities.*

## Visibility and communication

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1. Updates on the HPG website (<http://hpg.icdmoh.gov.vn/> )
2. Intranet stories of HPG-related activities (UN communications)
3. Joint Annual Health Review (JAHR) Reports, which can be accessed at: <http://jahr.org.vn/> (*the 2014 is currently being finalized*)
4. Media coverage (including news articles) of:
  - a. The HPG activities (see Annexes 2 and 3)
  - b. Revisions to the Health Insurance Law (see Annex 4)
  - c. INGO forum (Annex 5)
5. Minutes of the regular meetings of the Health Partnership Group, of the INGO forum and other activities which are shared among (see example attached as Annex 6)

## Impact assessment

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Two results chains:

### I. Vietnam – HF volet:

**Activity:** Development of national health financing strategies

This falls under inter alia:

- A.9 **Support regular assessment of where countries stand in terms of UC and how (well) the HF system is functioning through country-led analysis of the institutional design, organization and operation of country HF systems.**
- A.13 **Assist selected countries in their HF policy analysis**
- A.14 **Support countries to establish mechanisms for evidence-informed planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money')**

**This relates to:**

**ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.**

**ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC;**

### **Indicators:**

Policy dialogue, a policy brief and Q&A to guide revisions to the Health Insurance Law that supports a rapid move towards UHC

⇒ A policy brief and a Q&A, responding to key concerns of the National Assembly in debating changes to the Health Insurance Law, were developed. The brief as well as the Q&A served as

tools for the MoH in guiding revisions to the Law; by providing an over view of the key issues being debated, evidence for the MoH's position, summarizing evidence from other countries, and considering operational and political feasibility for key changes to the Law in Viet Nam.

**Indicators:**

An overall national health financing strategy developed.

- ⇒ Building on the foundation of the revised health insurance law, a national health financing strategy is now being developed. A consultative workshop to agree on the process for developing the strategy, the strategy's outline/structure and the composition of the working group has taken place, and work is now under way to develop the strategy, considering ongoing processes of benefits package design and service price setting.

**Impact assessment**

The technical support provided to this activity has **improved the technical and institutional capacities, knowledge and information for health systems, the adaptation of services and related policy dialogue.**

The strategy, which will be finalized prior to the next five year health sector plan, will also feed the **development and implementation of a robust national health strategy with the aim to increase coverage with essential health services, financial risk protection and health equity**

Overall, this work has contributed to changes in the health insurance law, towards increasing health insurance coverage from 68% to 75% by 2015 and to 80% by 2020. Numerous articles of the Law were revised according to recommendations set out in the policy brief and addressed in the Q&A: compulsory enrolment, family-based enrolment, expanded government subsidies for the poor, ethnic minority and vulnerable groups.

The process of developing the strategy as well as the strategy itself is expected to improve common understanding about health financing principles across key stakeholders and to achieve consensus on health financing reforms towards UHC. This is crucial in so far as policies issued by the Ministry of Finance have profound impacts on health financing and ultimately health outcomes. The strategy will help to ensure health financing decisions support expanded health insurance coverage, and improvements in financial risk protection. It will serve as a tool for ensuring coherence and consistency in policy making.

The strategy, which builds on this revised law, will, when implemented and reflected in the new five year health sector plan, improve health financing to ensure access to and uptake of needed health services is more equitable.

With greater health insurance coverage and services that respond the needs of the populations, available at the appropriate levels of the health system at an appropriate cost, utilization of services will increase, which improve overall population health status while also strengthen the health system for even greater health gains over the longer term.

**II. Vietnam – SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles**

**Activity 1:** HPG quarterly meetings including pre- and post- HPG meetings, and promote participation of a wide range of stakeholder in health sector

This falls under inter alia:

A.9 Support and facilitate the establishment and rolling out of a platform for policy dialogue and health sector coordination (HSC) meetings

**This relates to:**

**ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.**

**Indicators:**

Quarterly meetings of the HPG conducted with broad stakeholder participation, as a platform for high-level health policy dialogue.

⇒ In 2014, four HPG meetings, with full buy-in from DPs, and high-level chairmanship (Minister, Vice-Ministers and Heads of Agency), have offered a platform for high-level policy dialogue on specific health sector priorities and identified opportunities for strengthening development cooperation effectiveness through the Viet Nam Health Partnership Document, which operationalizes IHP+ commitments – including to the seven IHP+ behaviors

**Impact assessment**

The technical support provided to this activity has **helped to ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.**

Dialogue facilitated by the forum of the HPG will also feed the **development and implementation of a robust national health strategy with the aim to increase coverage with essential health services, financial risk protection and health equity**

Strategic HPG meetings, with full buy-in from DPs, and high-level chairmanship (Minister, Vice-Ministers and Heads of Agency), provide a platform for high-level policy dialogue on specific health sector priorities and identifying opportunities for strengthening development cooperation effectiveness through the application of the seven IHP+ behaviours.

The HPG meetings have contributed to ensuring DP contributions are maximized. Through the technical arm of the TWGs, they are ensuring follow-up of technical discussions and commitments made at HPG meetings; and offer a platform for harmonizing DP contributions and leveraging available expertise of in-country DPs, in line with both short and long term national priorities in a particular technical area.

The forum of the HPG has contributed to a number of concrete outputs and policy directions which

include, among others:

1. Accelerated efforts towards MDG attainment and the definition of a post-2015 development agenda. DPs have supported national assessments on the MDGs and multi-sectoral dialogue, and mobilized funding to support programmes for the health-related MDG's. The Prime Minister signed the Resolution to Accelerate the Achievement of the MDG's in January 2014, and collaborative efforts are now underway to define a post-2015 development agenda with health at the center.
2. A revised health insurance law that will support the country's transition towards UHC, by mandating compulsory enrolment, family membership, and additional subsidies for the poor and vulnerable.
3. The ongoing development of the comprehensive national health information system to support priority setting, policy development and planning.
4. A more robust and inclusive policy and planning process, which includes the Joint Annual Health Review and the development of five year health sector plans.
5. The establishment of the technical working groups under the HPG, to consolidate technical expertise among development partners, for harmonized support to national health priorities, including planning and financing, human resources for health, reproductive and maternal health, environmental health, and health information systems.

Together, these contributions, facilitated by the platform of the HPG, help to strengthen the health system for improved health gains among the entire population in the short, medium and longer term.