

# Year 5 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

---

Country: Viet Nam

## EU-Lux-WHO UHC Partnership

|   |                              |
|---|------------------------------|
| Date: January 2016  | Prepared by: WHO HSD/VNM/WPR |
| Reporting Period: January 2016 – December 2016  |                              |
| Main activities as planned in the Road Map.   |                              |
| <b>Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result</b>   |                              |
| <b>SO I</b>   |                              |
| <b>Activity 1 (ER1):</b> Organize a financing dialogue around the new 5-year health sector plan. The financing dialogue will operationalize the principles of transparency, accountability and sustainability. It will ensure DPs and INGOs carefully consider their comparative advantages in supporting the health sector, the complementarity, predictability and sustainability of their technical and financial support. The financing dialogue will ensure the Government has the information it needs from DPs and INGO to prepare transition mechanisms in areas currently receiving DP support but which will reduce over the coming five years. |                              |
| <b>Activity 2 (ER1):</b> Building on the financing dialogue, support the Government to adjust to the new development context by assessing the opportunities and threats associated with different health sector funding modalities.   |                              |
| <b>Activity 3 (ER 2):</b> Further strengthen role of the Joint Annual Health Review (JARH) to monitor the first year of the new 5-year health sector plan (2016-2020); and develop the Health Systems In Transition for Viet Nam.   |                              |
| ....  |                              |
| <b>SO II</b>  |                              |
| <b>Activity 1 (ER 3):</b> Policy advocacy for full budget subsidy for near poor and vulnerable groups to enroll in health insurance   |                              |
| <b>Activity 2 (ER 4):</b> Development of Plan of Action on health financing in accordance with national health financing strategy   |                              |

**Activity 3 (ER 4):** Develop a national health financing strategy

**Activity 4 (ER 4):** Define the improved benefits package toward achievement of universal health coverage

**Activity 5 (ER 5):** Capacity building for provincial government and health managers on health system strengthening and financing

....

### **SO III**

**Activity 1 (ER6):** 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):** Facilitate meetings of the technical working groups (TWGs) and report back to the Health Partnership Group (HPG)

**Activity 3 (ER6):** In line with the seven IHP+ behaviours, and building on the mapping/database exercise, identify new opportunities in international health development cooperation (e.g. South-South, triangular and other new forms of development cooperation)

**Activity 4 (ER6):** Support to the strategic and operational functioning of the HPG Secretariat (positions of HPG Coordinator and Programme/Communications Officer)

**Activity 5 (ER6):** Enhance participation in the 2016 IHP+ monitoring exercise, building on/linking with the outcomes of the Financing Dialogue

**Activity 6 (ER6)** Ensure the maintenance of the DP/INGO mapping database

**Activity 7 (ER 6)** Effective functioning of the INGO forum for coordination, capacity strengthening and information sharing across the health sector

...

### **Main activities achieved and progress made:**

---

*Please estimate **approximate percentage of achievement** for each roadmap activity.  
Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc.)*

*What are some concrete and visible outputs of Partnership activities?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)*

*Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.*

| Activity and % of achievement  | Progress made/achievements against roadmap indicator (including concrete or visible output) /anticipated impact  | Role of WHO country office   |
|--|--|--|
| <b>Strategic Objective 1:</b> 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>ER 1:</b> 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  |  |  |
| <p><b>Activity 1 (ER1): 80%</b><br/>Organize a financing dialogue around the new 5-year health sector plan. The financing dialogue will operationalize the principles of transparency, accountability and sustainability. It will ensure DPs and INGOs carefully consider their comparative advantages in supporting the health sector, the complementarity, predictability and sustainability of their technical and financial support. The financing dialogue will ensure the Government has the information it needs from DPs and INGO to prepare transition mechanisms in areas currently receiving DP support but which will reduce over the coming five years.</p> | <p>A number of informal meetings were held among international development partners on the changing health sector development context in Vietnam (health sector aid reduction; emerging health issues; health service capacity and governance; inadequate public funding and potential new funding sources; etc.) and the need for DPs to adapting their cooperation strategies in line with carefully thought out transition mechanisms which also leverage enhanced collaboration between DPs and better align support to the country's needs. A joint policy dialogue and advocacy among international partners vis-a-vis the government is being planned for 2017.</p> | <p>WHO played a n convening, coordinating and brokering role, connecting relevant partners and facilitating collaboration as needed. Different agencies host these meetings on a rotational basis.</p> |
| <p><b>Activity 2 (ER1):</b> Building on the financing dialogue, support the Government to adjust to the new development context by assessing the opportunities and threats associated with different health sector funding modalities.</p>   | <p>Postponed/will be integrated into a new activity in 2017.</p>   |  |
| ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews   |  |  |
| <p><b>Activity 3 (ER 2): 50%</b> Further strengthen</p>  | <p>The JAHR continues to be</p>  | <p>WHO initiated the</p>   |

|  |   |  |
|--|---|--|
| <p>role of the Joint Annual Health Review (JARH) to monitor the first year of the new 5-year health sector plan (2016-2020); and develop the Health Systems In Transition for Viet Nam.</p>  | <p>developed through a joint and methodologically rigorous process. The 2016 JAR covers overall progress in the health sector over the past five years (as per all JAHRs) and for 2016 also covers the topic of ageing.</p> <p>The JAHR for 2016 is in the process of being finalized. Two round table meetings with Government and DP stakeholders have taken place and the outline is now being expanded/substantiated.</p> <p>A strengthened JAHR continues to increase national and development partner confidence in the findings of the report and its use as a trusted resource. It is intended that the JAHR guides more strategic, efficient and targeted action in the health sector.</p> | <p>process of strengthening the methodological rigor of the JAHR and of enhancing the 'jointness' of the process and continues to push for this. For the 2016 JAHR, WHO has provided technical guidance and advice, shared resources and documentation, and commented on outlines of the report.</p> |
| <p><b>Strategic Objective II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</p>  |   |  |
| <p><b>ER 3.</b> <i>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</i></p> |   |  |

|  |  |   |
|--|--|---|
| <p><b>Activity 1 (ER 3): 80%</b><br/>Policy advocacy for full budget subsidy for near poor and vulnerable groups to enroll in health insurance</p> | <p>Various policy discussions were held on how best to enroll vulnerable segments of the population (e.g. the near poor and the elderly) in health insurance. The recommendations were included in the various policy documents such as National Action Plan on Health Care for Elderly; National Health Care Financing Strategy. Several provinces are committed to using their revenues to fully subsidize the near poor. Other provinces are subsidizing between 50 – 80% of the premium contribution.</p>  | <p>WHO provided technical advice and in conjunction with MOH convened and facilitated meetings. WHO's inputs into these policy discussions have and continue to be substantive.</p> |
| <p><b><i>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</i></b></p>                                |  |   |
| <p><b>Activity 2 (ER 4): 50%</b><br/>Development of Plan of Action on health financing in accordance with national health financing strategy</p>   | <p>A plan of action on health financing is being developed to operationalize the national health financing strategy. The working group developing this plan aims to finalize the document including consultations to finalize and disseminate it, before mid-2017</p>  | <p>WHO has provided technical assistance and helped to facilitate the process of developing this plan of action.</p>  |
| <p><b>Activity 3 (ER 4): 100%</b><br/>Develop a national health financing strategy</p>   | <p>National Health Financing Strategy has been completed and serves as an important policy reference document for both national and international partners working in health sector development. Through the process of developing this strategy, many critical issues were discussed among development partners and national stakeholders. This helped to improve mutual understanding as well as better programmatic alignment between donors and the government. It is expected that the financing strategy will serve as a key document for aligning</p> | <p>WHO provided substantial technical assistance and facilitation throughout the process.</p>   |

|  |   |  |
|--|---|--|
|  | financing with service delivery and ensuring appropriate incentives, leading to better access and quality of care across the different levels of the health system.   |  |
| <b>Activity 4 (ER 4): 50%</b><br>Define the improved benefits package toward achievement of universal health coverage  | The definition of the benefits package is ongoing. WHO is providing technical in the process, to rationalize the health insurance benefit package and to make the package equitable and cost-effective. A circular on the benefit package is being drafted and will guide the process moving forward. A high level health insurance policy committee was formulated as the first step to institutionalize decision making process in benefit package development. The technical work on the design of the benefits package will serve as a major pillar for this redesigned/transformational health system. | WHO provided technical advice, including sharing relevant information and providing comments on the draft circular. WHO continues to advocate for a strong focus on improving access to essential services in resource-poor and hard-to-reach areas where ethnic minority populations reside, and on ensuring the delivery of effective primary health care services more broadly. |
| <b>ER 5. Accurate, up-to-date evidence on what works and does not work regarding health financing reforms for universal coverage is available and shared across countries.</b> |   |  |
| <b>Activity 5 (ER 5): 90%</b><br>Capacity building for provincial government and health managers on health system strengthening and financing                                  | Two studies have been conducted and completed to generate evidence for policy discussion on: 1) sustainable financing for priority public health programmes; 2) Hospital autonomy and governance. The first study was to assess the service delivery coverage of key public health programmes such as HIV, TB, and the coping strategies in place to ensure financing for and to sustain those services as Vietnam is now a lower MIC and facing reductions in donor support. The second study was to discuss issues of hospital  | WHO drafted the TORs for and recruited national consultants/ researchers for conducting the studies. WHO also co-organized consultation meetings with key partners to share international experiences and generate ideas for the studies. High level policy advocacy was undertaken with the Minister of Health and the Deputy Prime Minister.                                     |

|   |  |   |
|---|--|---|
|   | <p>reform, as part of health system reform, showing what works and what does not work towards the goals of achieving equity, efficiency and UHC. A policy brief on hospital autonomy was produced and shared with the highest levels of government. The results of the two studies will be shared with central and provincial health managers. This will help to strengthen their capacity to manage their health systems in transition.</p>   |   |
| <p><b>Strategic Objective III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>                                      |  |   |
| <p><i>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated</i></p>  |  |   |
| <p><b>Activity 1 (ER6): 100%</b><br/>         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</p> | <p>Four HPG meetings took place in 2017.</p> <p>The first meeting reviewed the implementation of the Five-Year Health Sector Plan and major tasks of the health sector for the period 2011-2015; and shared directions and priorities for the health sector over the coming five years.</p> <p>The second meeting focused on harmonization of DP/INGO support to the health sector for 2016-2020 (and fed into the INGO forum – see Activity 7 below).</p> <p>The third meeting was organized at the provincial level and focused on designing local health systems for health equity and UHC, with a specific focus on the family medicine approach as a tool.</p> <p>The fourth meeting focused on</p> | <p>This activity is a core and permanent activity on annual roadmap workplans. WHO continues to jointly convening the HPG with the MoH (ICD), in line with the principles of and towards effective development cooperation in the health sector.</p> <p>This year, WHO again provided direct support and guidance to the HPG Secretariat (hosted by ICD) in the organization of the HPG meetings, development of technical materials (including background papers/concept notes and the drafting of agendas), and coordination of partners’ responses</p> |

|  |  |  |
|--|--|--|
|  | <p>an action plan to implement the health related SDG targets.</p> <p>Recommendations and actions agreed at these meetings were consolidated and are being used to shape the 2017 workplan of the HPG.</p> <p>The anticipated impact of these meetings – with full participation of both MoH and DPs, and high-level chairpersonship – is more targeted, better coordinated and better aligned support to the health sector. MoH have the opportunity to request DP support for health sector priorities and DPs are able to see whether their support could best be used and complement the contributions of other DPs.</p>   | <p>and inputs into the policy dialogue (including drafting remarks on behalf of DPs).</p> <p>WHO has continued to 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/expected outputs for each meeting.</p>    |
| <p><b>Activity 2 (ER6): 100%</b><br/>Facilitate meetings of the technical working groups (TWGs) and report back to the Health Partnership Group (HPG) 100%</p> | <p>Funding was made available to TWGs and a special HPG meeting on enhancing the functioning of TWGs and provincial participation in the HPG forum was held on 15 November 2016. The meeting reviewed the roles of TWG and expectations around provincial participation, shared the findings and recommendations of the two reviews and identified ways to consolidate and improve TWG operations and increase provincial participation in these TWGs and how TWGs as well as provincial technical focal points can be better linked with the HPG moving forward.</p> <p>During the meeting, groups developed proposals based on facilitating factors that support</p> | <p>WHO guided the development of the agenda for this meeting, following its support to the assessments of TWG and provincial participation in 2015. As per the regular HPG meetings, WHO convened DPs in advance of the meeting, prepared consolidated DP remarks, offered guidance and worked closely with the HPG secretariat to develop an action plan as an outcome of this meeting.</p> |

|   |   |   |
|---|---|---|
|   | <p>optimal functioning of TWGs and what could be improved for the future of TWGs and provincial participation. These proposals will be implemented in 2017 and it is expected that the implementation of these proposals will lead to the improved functioning of the TWGs and their relations with the HPG as well as greater (and more effective) participation of the provinces in the central-level policy forum of the HPG. This will help to ensure more strategic mobilization and allocation of resources towards more effective support to the implementation of national health priorities (and the true needs of the health system at the lower levels).</p> |   |
| <p><b>Activity 3 (ER6):</b> In line with the seven IHP+ behaviours, and building on the mapping/database exercise, identify new opportunities in international health development cooperation (e.g. South-South, triangular and other new forms of development cooperation)</p> | <p>See below (changes to the roadmap)</p>   |   |
| <p><b>Activity 4 (ER6): 100%</b><br/>Support to the strategic and operational functioning of the HPG Secretariat (positions of HPG Coordinator and Programme/Communications Officer)</p>  | <p>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 continued to provide technical support to the operations of the Secretariat and financial support for the positions of two part-time HPG coordinators and a project officer (responsible for administration and communications). These two staff have helped to ensure</p>   | <p>WHO has continued to provide technical and financial support to the functioning of the HPG Secretariat through regular and routine contact and collaboration with the HPG Secretariat.</p> <p>WHO undertook the advertisement for, recruitment and appointment of the HPG coordinators and project officer, all of</p> |

|  |  |   |
|--|--|---|
|  | <p>effective functioning of the HPG and full implementation of activities, including those set out in the roadmap.</p> <p>Efforts to strengthen 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, maintenance of an updated membership list, preparation and dissemination of meeting minutes for action and visibility of HPG activities etc.).</p>  | <p>whom have worked two days a week at WHO, further strengthening WHO's relationship and collaboration with the HPG Secretariat.</p>  |
| <p><b>Activity 5 (ER6): 100%</b> Enhance participation in the 2016 IHP+ monitoring exercise, building on/linking with the outcomes of the Financing Dialogue</p> | <p>This year Viet Nam participated in the 2016 IHP+ monitoring exercise. This was the second time the country had participated in the exercise, and the exercise took place alongside the GPEDC survey. The processes of participating in and analyzing the data have been rigorous and discussions are ongoing as to how the results will be disseminated and used. WHO is also guiding the MoH on collaboration with the GPEDC focal points in the Ministry of Planning and Investment to see how national systems can be strengthened and mutual accountability improved moving forward. This will require collaborative (Government and DP) efforts beyond the health sector to identify and implement strategies that will address challenges and obstacles from both sides (e.g. the Government not planning resources beyond one year; and DPs funds not being on</p> | <p>The WHO country office guided the participation of DPs in the 2016 IHP+ monitoring exercise, preparing briefing materials and organizing a kickoff meeting with DPs, CSOs and the private sector. WHO also developed detailed guidance for DPs participating in both the IHP+ and GPEDC monitoring surveys to ensure consistency in the data provided.</p> |

|   |  |  |
|---|--|--|
|   | budget).   |  |
| <p><b>Activity 6 (ER6): 100%</b><br/>Ensure the maintenance of the DP/INGO mapping database</p> | <p>The HPG has worked to improve and continue populating the online database of DP and INGO support to the health sector.</p> <p>Plans are now in place to expand the functionality of the database towards monitoring DP/INGO commitments towards the health-related SDG agenda.</p> <p>A process of validation has been launched and efforts are underway to develop advocacy tools and user manuals.</p> <p>This database implements Milestone 9 of the Viet Nam Health Partnership Document (VHPD). It also supports implementation of the seven IHP+ behaviours and helps to identify opportunities for greater alignment of development partner contributions with current and future health sector priorities.</p> <p>The use of the database to generate accurate reports on the development cooperation context by province, technical area, type of funding, type of development partner etc.; will provide stakeholders with overview of current and planned support at the central and local levels. This will in turn allow for better planning and for managing shifts in support, including the withdrawal of some DPs/INGOs, and it is expected that the DP/INGO mapping database will</p> | <p>WHO has continued to facilitate the process of getting stakeholder buy-in for and improving the functioning of the online database. WHO has produced briefing and advocacy materials. WHO has continued to convene the consortium of experts representing the MoH (DPF and ICD), PACCOM, DPs/INGOs (WHO and Pathfinder) and GaneshAID (a local not-for-profit consultancy firm); and update the HPG core-group on the status of the database.</p> |

|   |  |  |
|---|--|--|
|   | <p>maximize the impact of the technical and financial resources being offered to the health sector, thereby ensuring more effective cooperation towards implementation of the next 5-year health sector plan and the health-related SDG agenda.</p>  |  |
| <p><b>Activity 7 (ER 6): 100%</b><br/>Effective functioning of the INGO forum for coordination, capacity strengthening and information sharing across the health sector</p> | <p>The INGO forum was organized in the afternoon of the HPG ---, two years after the last INGO forum in 2014.</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>INGOs play an increasingly important role in Vietnam and some of the bilateral and multilateral donors withdraw support in response to Viet Nam's graduation as an LMIC. This forum is a key tool for helping to ensure their contributions can be leveraged towards achieving the goals of the health sector.</p> | <p>As per the HPG meetings, WHO jointly convened the INGO forum with the MoH (ICD) and INGO representatives, 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> |
| <p><b>Activity 8 (ER 6): 100%</b><br/>Special meeting to review implementation of the VHPD</p>  | <p>A special meeting was organized to review the progress of VHPD implementation since its adoption in late 2013. The meeting reviewed each</p>  | <p>As per the HPG meeting, WHO again provided direct support and guidance for the development of the agenda,</p>   |

|   |   |  |
|---|---|--|
|   | <p>milestone and the actions that have been taken to implement them to date, as well as the challenges that need to be addressed through the HPG workplan/UHC-P roadmap in 2017.</p> <p>The HPG reiterated its commitment to the VHPD and collectively brainstormed how to operationalize the more upstream milestones that have not yet been implemented/sufficiently progressed. The discussions took into consideration the ongoing withdrawal of traditional donors from the health sector and proposed the establishment of technical working group on transition mechanisms/development cooperation effectiveness in the health sector. This would contribute to more effective use of the increasingly limited technical and financial resources in the health sector.</p> | <p>background document etc., and coordinated development partners' responses and inputs into the discussion.</p>   |
| <p><b>Activity 9 (ER 7): 100%</b><br/>ICD provincial field trips to identify needs for international cooperation, and strengthen relationships and ensure that development cooperation provided centrally also meets local needs.</p> | <p>In the second half of 2016, the HPG Secretariat undertook eight field trips to the following provinces: An Giang, Binh Phuoc, Ca Mau, Cao Bang, Quang Nam, Son La, Thai Binh and Tra Vinh. The objective of these field trips was to better understand local realities and health sector challenges faced by these different provinces.</p> <p>Strategies for improving linkages between central and provincial levels between visits were identified and existing practices were reviewed, towards greater provincial</p>   | <p>WHO once again guided the HPG Secretariat to develop agendas for these field visits and reviewed and gave feedback on the survey templated that was completed by provincial officials prior to field trips.</p> |

|   |   |  |
|---|---|--|
|   | <p>participation in the HPG forum and more effective development cooperation at the provincial level and below.</p> |  |
| <p><b>Please explain any changes in circumstances or programme implementation challenges encountered, affecting the original plan:</b></p>  |   |  |
| <p><i>Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).</i></p>   |   |  |
| <p>Activity 8 (ER 6) and Activity 9 (ER 6) above were added to this year’s workplan as a result of discussions with the HPG Core Group (the HPG Secretariat and a selection of core DPs). There was consensus on the need to review the implementation of the VHDP three years since its endorsement (Activity 8). Field trips were considered an important contribution to improving the linkages of provinces with HPG activities at the central level so they were also carried out in the latter part of 2016 (Activity 9).</p> |   |  |
| <p><b>Postponements/possible changes or activities to be modified or postponed in or to 2017, in line with the ongoing activities/dialogue related to financing the health sector:</b></p>  |   |  |
| <p>Activity 2 (ER1) will be integrated into a new activity in 2017 &amp; Activity 3 (ER6) will be transformed/modified within the context of Activity 3 (ER 4) of the 2016 roadmap.</p>   |   |  |

### Proposed modifications to Programme Road Map resulting from changes above:

---

*If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.*

The activities identified above as potential changes/postponements are currently being discussed. They have been carried over for the draft roadmap in 2017 but may be substituted for other activities after discussing with all relevant stakeholders.

Other roadmap activities have been successfully implemented and with a view to further strengthening the HPG as a platform for high level policy dialogue and improved development cooperation effectiveness in the health sector. WHO remains committed to working with the HPG Secretariat to enhance the HPG's ways of working, by:

- Working with the Secretariat to identify priority areas for policy dialogue for 2017 towards implementation of the SDG agenda for health (equity and UHC) and the five-year health sector plan and developing a 2017 action plan to support implementation of the VHPD milestones.
- Continuing to push for new and more effective ways of working to maximize the potential of the HPG forum – e.g. through the DP/INGO platform, through a more user-friendly website.
- Helping to institutionalize and disseminate a regularly updated annual calendar of HPG activities (meetings, provincial field visits etc.) to ensure availability and maximum participation of the MoH, provincial departments of health and development partners and mechanisms for mutual accountability and follow-up of key issues by technical working groups.

---

### Lessons learned:

*Please describe the principal lessons learned during the last 12 months of implementation of the UHC Partnership:*

- We continue to see that an effective policy dialogue relies on engagement and commitment of the highest levels of the Ministry of Health (Vice-Ministerial and Ministerial levels). Their engagement is crucial to the follow-up of/action to be taken as a result of the HPG dialogue.
- Similarly, a clear vision from the Ministry (longer and shorter term) is essential for ensuring good alignment of DP support with national health sector priorities and for maximizing the health policy dialogue platform that is offered by the HPG.
- The need for a mechanism for following up action and assigning responsibility to the relevant MoH and DP partners following HPGs remains ongoing. WHO will continue to recommend a type of 'commitment document' for following up actions and ensuring alignment and harmonization of support to the health sector. This is still an area where progress is needed.
- Health sector progress (from both the DP and MoH side) on effective development cooperation behaviors (see IHP+ monitoring exercise) requires action beyond the health sector (e.g. in terms of national regulations around ODA management). The health sector needs to prioritize certain principles where action can be taken and progress made.

## Road Map and timeline for 2017:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. **These activities should be related to objectives/ER and have clear timeline and indicators.**

| Roadmap activities planned for 2017   | Indicators  | Timeline              |
|---|---|-----------------------|
| <b>Strategic Objective 1:</b> 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.  |   |                       |
| <i>ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews</i>   |   |                       |
| <b>Activity 1 (ER 2):</b> Continue to strengthen role of the Joint Annual Health Review (JARH) to monitor the first year of the new 5-year health sector plan (2016-2020).  | JAHN 2017   | December 2017         |
| <b>Strategic Objective II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue  |   |                       |
| <i>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</i>   |   |                       |
| <b>Activity 2 (ER 4):</b> Development of Plan of Action on health financing in accordance with national health financing strategy   | Plan of Action on health financing completed  | December 2017         |
| <b>Activity 3 (ER 4):</b><br><br>Workshop/dialogue on mobilizing adequate domestic public resources for the health sector, including to support the transition in public health priority areas heavily supported by external funding – and to make best use of DP support to the health sector. | Recommendations for mobilizing innovative sources of domestic funding for public health priority areas, and making best use of DP support to the health sector. (This will ensure the Government has the information it needs from DPs and INGO to prepare transition mechanisms in areas currently receiving DP support but which will reduce over the coming five years.) | December 2017         |
| <i>ER 5. Accurate, up-to-date evidence on what works and does not work regarding health financing reforms for universal coverage is available and shared across countries.</i>  |   |                       |
| <b>Activity 4 (ER 5):</b> Support to track health financing and health insurance data, including for the national health accounts, to inform policy making  | National Health Account results for 2014, 2015 and 2016   | December 2017         |
| <b>Activity 5 (ER 5):</b> Monitoring health financial protection and progress towards universal health coverage.  | Monitoring report on health financial protection.   | December 2017         |
| <b>Strategic Objective III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.   |   |                       |
| <i>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated</i>   |   |                       |
| <b>Activity 6 (ER6):</b> HPG quarterly meetings including Core Group support including pre- and post- HPG meetings, and promote participation of a wide range of stakeholders in the health sector.   | Minutes of meetings, follow-up recommendations for dissemination to relevant stakeholder(s) for action.   | Quarterly             |
| <b>Activity 7 (ER6):</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.  | Ongoing (Jan.-Dec.)   |
| <b>Activity 8 (ER6):</b> Support to the strategic and operational functioning of the HPG Secretariat (position of Programme/Communications Officer)   | ToR, progress reports, HPG meeting minutes and resolutions of the HPG on technical areas  | Ongoing (Jan. – Dec.) |

|  |  |                              |
|--|--|------------------------------|
| <p><b>Activity 9 (ER6):</b> Dialogue on IHP+ monitoring exercise and roadmap towards more effective development cooperation in line with VHPD and in response to the findings of the exercise.</p> | <p>Dialogue among Government and DPs on an action plan for responding to the findings of the 2016 monitoring exercise, focusing on specific behaviours/principles, towards greater levels of and more effective development cooperation.</p> | <p>July 2017</p>             |
| <p><b>Activity 10 (ER6)</b><br/>Maintenance of the DP/INGO mapping database</p>  | <p>Updated online database of INGO and DP support to the health sector widely disseminated.</p>  | <p>Ongoing (Jan. – Dec.)</p> |
| <p><b>Activity 11 (ER 6)</b><br/>Upgrade the HPG website to enhance information sharing and the availability of information pertaining to the HPG and development cooperation in Viet Nam.</p>     | <p>Upgraded HPG website</p>  | <p>July 2017</p>             |

### Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of programme results to the public has been ensured

1. Updates are provided regularly on the HPG website (<http://hpg.icdmoh.gov.vn/>), for:
  - a. Quarterly meetings
  - b. Field Trips
  - c. Provincial HPG meetings
2. Stories highlighting HPG-related activities are shared via the UN intranet and on the WHO Regional Office website. For example:  
[http://www.wpro.who.int/vietnam/mediacentre/releases/2017/hpg\\_2017\\_1/en/](http://www.wpro.who.int/vietnam/mediacentre/releases/2017/hpg_2017_1/en/)
3. Joint Annual Health Review (JAHR) Reports are made available online, including for consultation. The current (2016) JAHR outline can be accessed here:  
[http://jahr.org.vn/index.php?option=com\\_content&view=frontpage&lang=en](http://jahr.org.vn/index.php?option=com_content&view=frontpage&lang=en)
4. Media coverage of all HPG meetings

### Impact assessment:

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

(See attached slide).

### Linking activities to overall Objectives:

Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.

- **National Monitoring & Evaluation framework indicators developed and used**
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- **NHPSP is in line with JANS attributes**
- **An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible**
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
- **Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out**
- **Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)**
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
- Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
- **Positive trend seen in stakeholders' alignment with NHPSP**
- **Existence and implementation of an IHP+ compact or equivalent at the country level**
- **Agreed or strengthened mutual accountability mechanisms such as joint annual reviews**
- **Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent**

| Indicators/targets  | Target met | How  |
|---|------------|--|
| <ul style="list-style-type: none"> <li>▪ National Monitoring &amp; Evaluation framework indicators developed and used</li> </ul>                            | Yes        | <ul style="list-style-type: none"> <li>▪ In 2013 Viet Nam developed a national health core indicators list with a total of 88 input, outcome and impact indicators. These indicators are reflected in the new 5-year NHSP and the JAHR and serve as the basis for the biennial National Health Statistics Year book. They are being expanded to accommodate targets for to the health-related SDG agenda.</li> </ul> |
| <ul style="list-style-type: none"> <li>▪ NHPSP is in line with JANS attributes</li> </ul>   | Yes        | <ul style="list-style-type: none"> <li>▪ The development of the 5-year health sector plan was led by MoH, and involved development partners. It was informed by rigorous and objective situation analysis offered by the JAHR process. The JAHR is now being using to monitor its implementation.</li> <li>▪</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards</li> </ul> | Yes        | <ul style="list-style-type: none"> <li>▪ The health financing strategy has been developed and is now being used to expand UHC through related processes such as the costing of a benefits package.</li> </ul>  |

|   |         |   |
|---|---------|---|
| Universal Coverage (UC) is feasible   |         |   |
| <ul style="list-style-type: none"> <li>▪ Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out</li> </ul>  | Yes     | <ul style="list-style-type: none"> <li>▪ The HPG is an active forum for high-level policy dialogue that is unique to the health sector (and considered a good example by other sectors). The HPG has an annual workplan developed by DPs and the MoH collaboratively (usually the HPG Core Group). The 2017 workplan is currently being implemented.</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)</li> </ul> | Ongoing | <ul style="list-style-type: none"> <li>▪ The JAHR process identified health system bottlenecks on an annual basis, however there is still a disconnect between challenges and the operational solutions to address them. Implementation is also a challenge. The JAHR is still lacking a mechanism for concretely following-up on the recommendations. Discussions are on-going as to how the HPG and its technical working group can help to move them forward.</li> </ul> |
| <ul style="list-style-type: none"> <li>▪ Existence and implementation of an IHP+ compact or equivalent at the country level</li> </ul>  | Yes     | <ul style="list-style-type: none"> <li>▪ The Viet Nam Health Partnership Document serves as the IHP+ compact. The principles and milestones of this document serve as the basis for the workplan and functioning of the HPG. The VHPD is available here:</li> </ul>   |
| <ul style="list-style-type: none"> <li>▪ Agreed or strengthened mutual accountability mechanisms such as joint annual reviews</li> </ul>  | Yes     | <ul style="list-style-type: none"> <li>▪ The JAHR continues to be strengthened as a mutual accountability mechanism. Viet Nam's participation in the IHP+ monitoring exercise and the dialogue that is currently being organized to follow-up the findings is considered a mechanism for improving mutual accountability.</li> </ul>  |

**Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership**

| Strategic objectives (SO)   | Expected Results (ER)   |
|---|---|
| <p>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;</p> | <p>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;</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>   |
| <p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;</p>  | <p>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:</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;</p> <p>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.</p> |
| <p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>  | <p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>  |