
EU-Luxemburg-WHO Universal Health Coverage Partnership:
Supporting policy dialogue on national health policies, strategies and
plans and universal coverage

Year 2 Report

Jan. 2013 -- Dec. 2013

[Version August 2014]



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG



Country: Viet Nam

EU-LUX-WHO Universal Health Coverage Partnership

Date: March 4, 2014

Prepared by: WHO CO/RO/HQ

Reporting Period: January 2013-December 2013

Main activities as planned in the Road Map.

1. HPG Operational activities
 - a. HPG Quarterly Meetings
 - b. Technical working groups
 - c. Provincial/field visits
 - d. Upgrading of the HPG Website

2. HPG Technical activities
 - a. Renewal of the Statement of Intent
 - b. INGO Mapping
 - c. Development of proposal for new modalities of cooperation
 - d. Development of report on HPG performance and aid effectiveness

3. Policy Dialogue
 - a. Monitoring and evaluation of the 5 year-health plan through the Joint Annual Health Reviews (JAHR)
 - b. Harmonization/alignment of local and national planning
 - c. Support for the development of the 5 year health plan for 2016-2020

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)

Please describe expected outcomes, targets and specify partners

What are some concrete and visible outputs of policy dialogue? (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?)

What are some concrete and visible outputs of other activities (linked to policy dialogue)?

1. HPG Operational activities; **100% Implemented:**

HPG Quarterly Meetings

The HPG Quarterly meetings were fully undertaken. It was actively participated in by the

development partners, officials and representative of the Ministry of Health and its line agencies, other ministries, representatives from provinces and local authorities and the academe. The HPG meetings are led by the MOH with the Minister herself and designated vice ministers alternating as Chairs. Heads of Agencies representing the development partners serve as co chairs. This year the co chairs were: Ms Victoria Kwa Kwa , Country Representative – World Bank; Mr Tomoyuki Kimura, Country Director- Asian Development Bank (ADB), Dr Takeshi Kasai, WHO Representative, Ms Pratibha Metha, UN Resident Coordinator and Ms Bernice Muraille, EU .

The HPG quarterly meetings serve as a forum for high level policy dialogue in the health sector between the development partners and the government. Key policies and reforms are discussed and deliberated and the areas of support by partners and the collaboration among them are drawn. Some of the key policy directions that were taken up during the year include: 1) acceleration of the Millennium Development Goals (MDG's); 2) reform of the grassroots health network; 3) long term strategy and planning for the human resources for health; 4) reforms to improve the quality of services in the hospitals and d) health financing reforms, among others.

The Viet Nam Country Office jointly convenes the HPG meetings with the International Cooperation Department (ICD) of the MOH, which serves as the secretariat. It provides direct support and guidance to the ICD in the organization of the meeting, development of technical materials and coordination of partners responses and inputs to the policy dialogue. The WCO also plays a diplomacy role in inviting heads of agencies to serve as co-chairs during the meetings.

Can be downloaded from:

<http://hpg.icdmoh.gov.vn/HPGDetail/tabid/89/ArticleId/182/HEALTH-PARTNERSHIP-GROUP-MEETING-QUARTER-IV-2013-182.aspx>

Technical working groups

The technical working groups serves as the technical arm of the HPG. There are currently 4 active technical working groups covering the following areas: 1) health information; 2) human resources; 3) planning and financing; 4) sexual, reproductive and maternal and child health, and 5) environmental health. The TWG's are composed of technical staff from MOH and development partners who are working in the specific areas mentioned above. They provide technical inputs to the discussion of the HPG and follow-up and coordinate action at the technical and operational level.

There have been challenges in the operations of the TWG, and these include the lack of operational framework that clearly define their structure, leadership, regularity of meetings, support, reporting and feedback mechanisms and accountability. While there have been terms of references that were drawn for each, these were not enough to define a sustainable structure for the work and operations of the TWG's. As a response, the MOH and WCO convened a meeting of all the TWG's to find mechanisms to institutionalize the TWG's and maximize their contribution to the policy dialogue and to the over-all support of the

development partners to the health sector. A framework for the operations of the TWG will then be developed.

Provincial/field visits

A number of development partners and a substantial proportion of the international and local government organizations directly work with the provinces and local governments. This has posed a challenge in terms of the alignment of support to national priorities and coordination among the development partners and between the MOH and the provincial health authorities.

In order to address this issue, the MOH has organized field visits and provincial HPG meetings to better coordinate and align work at the local level. The field visits and provincial meetings also served as joint learning sessions for the development partners to better understand the health needs and systems at the local level.

2. HPG Technical activities; 100% Implemented:

Renewal of the Statement of Intent

The renewal of the Statement of Intent (SOI) was one of the key achievements of the HPG in 2013. The result is the new partnership document now called the Viet Nam Health partnership Document. It takes into context the renewed principles under the Busan partnership Document and along the Viet Nam's rapidly evolving development context as laid out in the Viet Nam partnership Document (VPD)

The development of the VHPD took a year-long process which insured inclusive participation of the partners and stakeholders. The development came through several stages which started with the assessment of the previous SOI, dissemination of the results, drafting of the VHPD and a series of consultations, and culminated in its formal adoption during the last quarter meeting of the HPG on December 10, 2013.

The VHPD define the new cooperation in the health sector, in the context of the rapidly developing status of Viet Nam and in the light of the general reduction of ODA and funding support from major donors. The VHPD now defines new forms of support including technical and south-south cooperation.

Strengthening the role of the INGO

The role and support of the international non-government organizations (INGO) in the health sector has been increasing in Viet Nam. To date, there are about more than 200 INGO's working in Viet Nam, a majority of them are providing support to specific service delivery programmes and projects.

The role of the INGO's is highlighted in the new VHPD. In order to ensure their active and participation in the HPG process and to mainstream their role in the development cooperation, the HPG has undertaken the INGO mapping to identify the INGO's working in the sector and their specific areas of support.

The ICD and WHO also hosted a meeting of the INGO's to discuss how the NGO's can best participate and represented in the HPG and in the cooperation in the health sector.

3. Policy Dialogue

Monitoring and evaluation of the 5 year-health plan through the Joint Annual Health Reviews (JAHR)

The Joint Annual Health Review continues to serve as a mechanism for monitoring and evaluating the 5 year health plan. The review this year has covered the over-all progress in the health sector and on universal health coverage.

In 2013, 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 DP's to participate in the assessment of evidence, establishment of mechanisms for peer reviews and independent expert review of the JAHR Report. The recommendations will be taken up in the JAHR process for 2014. A formal and independent assessment of the JAHR is also planned to by the HPG in 2014.

Support for the development of the 5 year health plan for 2016-2020.

The development of the 5-year health plan for 2016-2020 has been done.

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

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,...).

There are no planned changes on the implementation of the roadmap. All the activities planned for 2013, including the key milestones set in the Statement Of Intent were achieved in 2013.

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.

There are no proposed modification of the roadmap, however WHO has been providing guidance to the ICD to strengthen the mechanisms of working of the HPG through the following:

1. Preparation of the HPG work-plan and priority agenda for the year. A clear plan for the HPG which will indicate the key priority areas for policy dialogue and the key areas for collaboration would encourage better engagement and commitment among the partners. This will also help the partners better plan and align their support to the priorities of the government. A one day planning session and retreat is planned to be undertaken in April, 2013.
2. Development of the Annual HPG Calendar. Planning ahead is key to the participation of the development partners. A calendar of the quarterly meetings, provincial meetings and visits and other activities will be prepared. The calendar will also reflect the key events that each development partners plan to undertake during the year. The calendar will not only help the partners plan their participation ahead, it will also serve as a mechanism to exchange information on the key activities of each partner and encourage the participation of partners to such events. This mechanism is envisaged to strengthen coordination and collaboration across the development partners.
3. WHO will continue to improve on the key initiatives that were undertaken last year which includes: the development of a mechanism for the follow-up of the government's and partners response and action on key recommendations or conclusions arrived at in the HPG meeting and a mechanism for providing guidance to define courses of action of collaborative initiatives and activities.

In terms of support to new areas, the EU-WHO Policy Dialogue Programme has also provided support to the policy dialogue on Health Financing. This is timely as WHO has been leading and convening high-level policy dialogue and has been providing close technical support in the revision of the Health Insurance Law. A series of consultations and high level meetings have been undertaken involving the National Assembly and other key decision makers in the government. In terms of technical support, the WHO health systems team has been providing technical guidance to the discussions, including the development of technical and policy briefs and the coordination of inputs among development partners. In addition to this, consultant has been hired to help to provide technical assistance to MOH and related government agencies in the revision of HI law.

Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:

1. The EU-WHO Policy Dialogue Programme continued to provide support in sustaining the policy dialogue in the health sector. The activities planned and supported under the roadmap, such as the provincial visits, INGO mapping and support to the TWG's have strengthened the operation of the HPG and helped broaden the process of policy dialogue
2. The WHO Country Office in Viet Nam continued to play a strong role in the donor coordination process. It works closely with the ICD to continuously strengthen and create innovative mechanisms for policy dialogue and participation. It plays the leading role of coordinating partners not only in their participation to meetings but also in coordinating partner's interventions and technical inputs into key policy directions.
3. An effective policy dialogue can benefit from the involvement of experts at the technical level which can support the development partners in the dialogue process, and to follow up how recommendations can be carried out both at the policy and operational level. The TWG's have served as mechanism for ensuring this technical support.
4. A meaningful policy dialogue can be achieved when goals are clear and when the partner's commitments to key guiding principles are clearly expressed. The new VHPD have defined these goals and set new ways for collaboration and support.

Road Map and timeline for 2014:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2014

Please see summary of activities for 2013,

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. Report on the HPG Performance and aid effectiveness (Annex G)
2. Joint Annual Health Review (JAHR) Reports, which can be accessed at: <http://jahr.org.vn/>
3. The HPG website (<http://hpg.icdmoh.gov.vn/>)
4. Media coverage of the HPG activities
5. Minutes of the regular meetings of the Health Partnership Group

Preliminary impact assessment:

Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. 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.

The HPG has served as the primary forum and mechanism through which support to the government's priorities has been strengthened. This resulted into concrete outputs and policy directions which include among others:

5. The achievement of the MDG Goals, and the acceleration of the MDG's towards 2015. Partners have supported national assessments on the MDGs, multisectoral dialogue (beyond MOH) and mobilized funding to support programmes for the health-related MDG's. Through donor coordination and support, the Prime Minister has signed the Resolution to Accelerate the Achievement of the MDG's was signed on January 13, 2014.

6. Policy dialogue towards universal health coverage and assessment on inequities has been undertaken. The One UN and other development partners have been supporting the government on the policy process for universal health coverage, focusing on social health insurance. Key policy recommendations to ensure that the targets for universal coverage such as the shift from voluntary to compulsory enrollment and individual to family membership has been taken on for consideration of the National Assembly.

7. The ongoing development of the national comprehensive health information system which has been closely supported by members of the HPG. The technical working group on Health Information under the HPG has served as a strong technical arm for the development of the health information system.

8. A more robust and inclusive planning process between the national and sub-national levels has been facilitated.

9. The establishment of the technical working groups has driven the convergence of technical expertise among development partners to support the MOH in key issues such as health information system (mentioned above), planning and financing, human resources, and reproductive and maternal health.

WHO's role in the policy dialogue has been clearly demonstrated at three different levels:

- 1) Convening a high level policy dialogue among government and development partners;
- 2) Serving as a leading technical agency in health and as a convener in technical matters- where collaboration among technical agencies is needed. This include areas such us universal health coverage, health financing, pharmaceuticals, emergency surveillance and response, health systems strengthening, non-communicable diseases and primary health care among others;
- 3) Coordinating partners and providing operational support to the secretariat.