

Year 4 Report (2015 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: December 8, 2015

Prepared by: WHO VTN/WPRO/HQ

Reporting Period: January 2015 – December 2015

Main activities as planned in the Road Map.

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

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 Health Partnership Group (HPG)

Activity 2 (ER1): 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

Activity 3 (ER2): Strengthen role of the Joint Annual Health Review (JARH) as part of the monitoring process for the 5-year health plan.

Activity 4 (ER2): Document lessons learnt from the previous 5-year health sector plan (process of development and implementation).

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

Activity 1 (ER 3): Assessment of obstacles and challenges in reaching under-served people

Activity 2 (ER3): Develop financing and service delivery strategies for improving access to essential health services

Activity 3 (ER3): Dialogue on the implementation of financing and service delivery strategies in districts and communes in hard-to-reach areas

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

Activity 5 (ER4): Define the improved benefit package toward achievement of universal health coverage.

SO III

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

Activity 2 (ER6): 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.

Activity 3 (ER6) : ICD provincial field trips to identify needs for international cooperation, and strengthen relationships and ensure that development cooperation provided centrally also meets local needs.

Activity 4 (ER6): Support to the functioning of the HPG Secretariat (coordinator and project officer posts as well as operational costs).

Activity 5 (ER6): Dialogue on the IHP+ scorecard and seven behaviours.

Activity 6 (ER6): Undertake a mapping and develop a database of development partner contributions including INGOs to the health sector for enhancing development cooperation effectiveness.

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)	Role of WHO country office	Anticipated impact
<p>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.</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>Activity 1 (ER1): 100% Facilitate meetings of the technical working groups (TWGs) and report back to the Health Partnership Group (HPG)</p>	<p>The following TWGs have been active in 2015: 1) Reproductive Health Advisory Group (RHAG) 2 Health Environment Management Group (HEMG); 3) Health Planning and Financing; and 4) Nutrition. The TWGs are composed of technical 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.</p> <p>To further enhance the functioning of the TWGs, this year, the HPG undertook an assessment of the status of technical working groups and their linkages with the HPG.</p> <p>The objectives of this assessment were to provide: 1) a clear picture of the current functioning of the 10 TWGs in existence, and the factors that promote or constrain their functioning; and 2) recommendations to improve the functioning of the TWGs to support implementation of the Viet Nam Health Partnership Document and the new Five-year Health Sector Plan (NHSP)</p>	<p>WHO has been guiding the process of strengthening the functioning of TWGs and their linkages with the HPG. WHO also led the development of a concept note to guide the assessment of the ‘Status of Technical Working Groups and their linkages with the HPG’ and reviewed and commented on multiple drafts of the report. WHO is currently working with the HPG Secretariat to develop a dissemination and implementation strategy for the findings of the assessment.</p>	<p>It is intended that the findings and recommendations of the 2015 TWG assessment will serve as the basis for ‘reforming’ the TWGs – i.e. sun-setting TWGs that are no longer needed, and better resourcing and enhancing the functioning of others.</p> <p>Through improved functioning of the TWGs, guided by the findings of this assessment, policies, strategies and plans in the different technical areas are expected to have greater DP buy-in, which should contribute to more strategic mobilization of resources, and ultimately ensure the TWGs are well positioned to provide effective support to the implementation of the new 5-year NHSP.</p>
<p>Activity 2 (ER1): 100% Prepare inclusive process for next Five-year National Health Sector Plan (2016-2020) to improve the quality of and increase confidence in the plan</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 was proposed in 2014 and in 2015, the plan was drafted through a highly inclusive/collaborative process to provide short- and medium-term directions, including specific programmatic objectives and targets.</p>	<p>WHO has been 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 NHSP.</p> <p>WHO has also been guiding the Government to ensure that the NHSP links with other ongoing policy processes and plans (Masterplan for the Health Sector until 2025 with orientation to 2035, which provides the overarching direction for the next 20 years, focusing on structural reforms for the</p>	<p>The protocol and methodology put in place for the development of the next Five-year NHSP, has ensured strategic prioritization/evidence-based selection of priorities.</p> <p>Linkages and coherence with the other policy processes, strategies and plans has helped to ensure that the NHSP operationalizes the longer-term Masterplan over the next 5 years.</p> <p>Towards the longer term goals of the health sector, this will contribute to more targeted and strategic efforts in the health sector, and</p>

		health sector, and the Grassroots Health Reform plan targeting the district and commune levels, intended for immediate implementation).	ultimately improved health outcomes.
ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.			
Activity 3 (ER2): 100% Strengthen role of the Joint Annual Health Review (JARH) as part of the monitoring process for the 5-year health plan.	<p>This year the JAHR was developed through the 'joint' and methodologically rigorous process that was defined in 2014.</p> <p>Development partners were involved for the first time in the initial drafting of the document and in the early prioritization exercise.</p> <p>The JAHR 2015 covered overall progress in the health sector over the past five years, and dedicated its thematic section (Part II) to 'strengthening primary health care at the grassroots, towards universal health coverage'.</p> <p>It has served as a mechanism for monitoring and evaluating the implementation of the 5-year NHSP (2011-2015), as well as primary health care delivered through Viet Nam's grassroots health network. It also provided the situation analysis for the new 5-year NHSP and set directions for the Grassroots Health Reform Plan.</p>	<p>WHO initiated the process of strengthening the methodological rigor of the JAHR and of enhancing the 'jointness' of the process. In addition to providing technical guidance, throughout the year, WHO supported implementation of these changes by convening development partners (DPs), matching DPs with national consultants to write the different sections of the JAHR and supporting the MoH's Department of Planning and Finance to co-convene consultative workshops.</p>	<p>A strengthened JAHR (both in terms of methodology and content) , has increased national and development partner confidence in the findings of the report, and has provided a solid basis for monitoring implementation of the next 5-year NHSP. 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>
Activity 4 (ER2): 100% Document lessons learnt from the previous 5-year health sector plan (process of development and implementation).	<p>A process was undertaken to document lessons learnt from the development and implementation of the current 5-year health sector plan, ending in 2015.</p> <p>This process analyzed the achievements and gaps in the process of implementing the current 5-year NHSP. It fed and was aligned with the process of developing the situation analysis for the JAHR.</p>	<p>WHO worked with the MoH to develop the protocol/framework to guide the development of the next 5-year NHSP and has provided technical and financial support to the interrelated processes of documenting the lessons learnt from the implementation of the NHSP (2011-2015), drafting of the JAHR and development of the new 5-</p>	<p>The lessons learnt have been used to guide/ serve as inputs into the JAHR 2015 and the NHSP 2016-2020. This has helped to ensure a more robust document (with evidence-based prioritization) that will direct health sector efforts, and to which DPs can align their support over the period 2016-2020. This process has helped to increase DP confidence in the quality of</p>

	These lessons were reflected in the protocol/framework used to guide the development of the next 5-year NHSP.	year NHSP 2016-2020.	the new NHSP, and is anticipated to lead to better levels of funding and more strategic allocation of these funds, as well as implementation.
Strategic Objective II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue			
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			
Activity 1 (ER3): 100% Assessment of obstacles and challenges in reaching under-served people	Subsequent to the two initial immersion missions undertaken in 2015, WHO undertook two more immersion missions and collaborated with Hanoi Medical University (HMU) on field research to assess obstacles and challenges to delivering quality and affordable services to (and uptake by) people living in hard to reach areas. This has served as further input into the health system redesign and transformative health systems policy dialogue process which is now being concretized. 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. A meeting to disseminate the findings of these missions and equity assessment, and to support provincial level planning to address the identified barriers, is planned for early 2016.	WHO has undertaken these immersion missions in collaboration with relevant central and provincial stakeholders, and guided HMU to undertake the equity assessment. 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 finalize the country office's initiative on transformative health systems, including recommendations for the modification and development of financing strategies/systems in Viet Nam.	The findings of this assessment (immersion missions and equity assessment combined) provide inputs 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/transformative 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).
Activity 2 (ER3): Develop financing and service delivery strategies for improving access to essential health services	Different working groups have been established to provide strategic guidance in the areas of: service delivery; benefits package development; prevention and control of NCDs; and ageing and health. This year, the working groups prepared specific recommendations for ensuring equity in access to service	Throughout this process, WHO has advocated 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.	These recommendations have been taken on board by the Government and have been reflected in the strategy on strengthening the grassroots health network/system. It is expected that these recommendations will continue to feed Government

	delivery, especially in hard to reach areas.		discussions on reprioritizing budget spending in the next decade so that the necessary allocations are made to ensure the effective functioning of the grassroots health system, and ultimately ensure UHC for the country's most vulnerable populations.
Activity 3 (ER3): Dialogue on the implementation of financing and service delivery strategies in districts and communes in hard-to-reach areas	The immersion missions undertaken by WHO (see Activity 1 (ER3)), offered an opportunity for extensive dialogue on local health issues, financing and service delivery obstacles, as well as potential solutions to these challenges. These issues, obstacles and solutions have formed part of a comprehensive report that is informing the redesign of the health system to ensure that it is resilient, responsive and transformative.	WHO initiated and led these immersion missions to better understand the health financing and service delivery situation in the most economically and geographically underserved/disadvantaged provinces and districts in the country.	Through these dialogues with local government and policy makers, local level awareness of the causes of the challenges faced by communities has increased, including how local financing and service delivery strategies can be applied to address some of these challenges. The findings and recommendations set out in the consolidated immersion missions report have provided inputs to into the overall systems design and transformative health systems strategy which is expected to serve as a sustainable platform towards universal health coverage.
ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC			
Activity 4 (ER4): 60% Development of national health financing strategy	Technical working groups were formed to work on different sets of key topics: 1) situational analysis; 2) health insurance strategies in the next 10 years to reach UHC; 3) strategies on increasing or mobilizing more tax-based funding for health. A consolidated paper summarizing the key findings from the deliberations of these three working groups was developed and a national consultation (in Hanoi and HCMC) were conducted in December 2015 to obtain feedback and comments that will guide the finalization of the Health Financing Strategy (which will be finalized in the first quarter of 2016).	WHO guided and facilitated the process from establishing the three technical working groups, to setting the agenda for the two national consultations. WHO continues to guide and facilitate the work of the three working groups, in order to finalize National Health Financing Strategy for 2016-2025. WHO has also coordinated the contribution of international and national partners to this process, and has worked with MoH leaders to advocate for and reinforce Government ownership 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. This is the first national single document that contains all the future national policy directions for national

			health policy and financing, written in a clear and concise manner.
Activity 5 (ER4): 60% Defining and improving the current benefits package towards UHC	<p>A collaborative process of improving the current benefits package is currently underway at the national level. Both national stakeholders and development partners are involved in the process.</p> <p>A core group responsible for developing the benefits package and obtaining clearance from Government leaders has been established (involving key stakeholders from MoH, MoF, Viet Nam Social Security, as well as independent experts in service delivery and economics). The core group has undertaken field trips to collect service utilization and health insurance data, in order to determine the set of core services to be covered by the new benefits package. Discussions are already underway with regards to establishing a high-level committee to make important decisions related to health insurance.</p> <p>A draft benefits package is expected in late 2016, and a final package by 2017.</p>	<p>WHO has provided technical input as well as facilitated a sharing of experiences from other countries in the regions (Japan, Korea), and has been promoting more inclusive representation in health insurance decision-making processes.</p> <p>WHO is a member of the core group (along with the WB, USAID, and LuxDev).</p>	<p>Through this process, Government awareness of UHC and the importance of using health insurance funds efficiently has increased and is expected to continue to increase.</p> <p>Awareness of how equity can be improved, through the use of instruments such as the design of the benefits package, price-setting and provider payment mechanisms, has also been improved.</p> <p>The direct outcome of this work will be the institutionalization of an evidence-based process for the development, review and monitoring and evaluation of the benefits package.</p>
Strategic Objective III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.			
ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.			
Activity 1 (ER6): 100% HPG quarterly meetings including pre- and post-HPG meetings, and promote participation of a wide range of stakeholders in health sector	<p>One thematic HPG, one regular HPG, and one provincial HPG meeting took place in 2015.</p> <p>The thematic meeting took stock of the work undertaken by the HPG in 20104 and focused on pharmaceuticals. WHO worked with the HPG Secretariat to develop a video highlighting the achievements of the HPG in 2014. (The video can be viewed here: http://youtu.be/3l_gyldbOw)</p> <p>The regular/quarter 2 HPG</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 (as the HPG Secretariat) in the organization of the HPG meetings, development of technical materials</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>meeting focused on the changing context of development cooperation in Viet Nam's health Sector. Key policy issues and reforms were discussed and deliberated, focusing on the development of the next Five-Year Health sector Plan and its linkages with other ongoing policy and planning processes; and was followed by presentations and discussion on evaluations in development cooperation in the health sector, including development partners' transition plans and new modalities of support.</p> <p>These meetings were actively participated by MoH, DPs, other ministries, representatives from provincial and local health authorities and academia.</p>	<p>(including background papers/concept notes and the drafting of agendas), 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/expected outputs for each meeting.</p>	<p>Regular HPG meetings with participation has helped to ensure effective follow-up and maintain DP commitment to supporting and guiding high-level policy directions discussed during the HPG meetings. HPG engagement with its TWGs is also ensuring 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>NEW Activity 2 (ER6) : 100% Retreat of the HPG to strengthen the strategic and operational functioning of the</p>	<p>The retreat took place on 18 April and gave the MoH and key DPs including INGOs the opportunity to review current issues pertaining to strategic and operational functioning of the HPG, identify practical steps to improve the functioning of the HPG and the TWGs and, more generally, enhance the effectiveness of development cooperation in Vietnam. Additionally, the meeting served to provide feedback on Viet Nam's participation in the 2014 IHP+ monitoring exercise which focuses particularly on issues of aid effectiveness. The outcomes were discussed with DPs following the retreat in a separate meeting.</p>	<p>WHO led the organization of the retreat, developing the agenda in collaboration with the HPG Secretariat, and engaging an international consultant with extensive expertise in health development cooperation through the IHP+ Secretariat. WHO has facilitated the process of follow-up, including the use of the retreat outcomes as a basis for Viet Nam's participation in the 2016 IHP+ monitoring exercise.</p>	<p>The outcome of the retreat was greater clarity on and a shared understanding of the challenges and constraints the HPG faces in effectively functioning as an inclusive results-oriented high-level policy forum, based on adopted development effectiveness principles and commitments outlined in the VHPD.</p> <p>It also generated key proposals for action and recommended next steps. An indicative action plan is now being developed to identify concrete actions to operationalize the proposals for action. It is expected that this action plan will lead to more effective functioning of the HPG Secretariat and the broader HPG, and ultimately contribute to more effective use of resources and health development cooperation</p>

			more generally. (See Annex 1, Report of the HPG retreat).
Activity 3 (ER6): 15% 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	Following the <i>Assessment of technical assistance (TA) status and demand of the health sector at the provincial level</i> and the process of undertaking the nationwide DP/INGO mapping (see Activity 7 (ER6)), and in light of the evolutions taking place in the health sector, terms of reference have been drafted to engage an international expert to propose new opportunities for health development cooperation in Viet Nam and mechanisms for leveraging them.	WHO has helped to finalize the background material for this proposal and drafted ToR to engage a consultant to identify new modalities of support for Viet Nam's health sector as traditional forms of ODA for health continue to decrease.	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, considering the results of previous assessments including the recently completed DP/INGO mapping. The proposal will respond directly to the new 5-year NHSP and it is expected that the findings will lead to more effective use of DP resources and implementation, including resources not yet available to Viet Nam.
Activity 4 (ER6): ICD provincial field trips to identify needs for international cooperation, and strengthen relationships and ensure that development cooperation provided centrally also meets local needs.	In 2015, the HPG Secretariat undertook eight field trips to the following provinces: Quang Ninh, Phu Yen, Ninh Thuan, Ha Tinh, Da Nang, Khanh Hoa, Lang Son, and Yen Bai. Strategies for improving linkages between central and provincial levels between visits were also identified (including the nomination of a designated provincial level focal point to participate in regular HPG meetings and activities).	WHO guided the HPG Secretariat to develop agendas for these field visits as well as surveys to be completed by provincial officials prior to field trips, so as to ensure relevance of the agendas and impact of these field trips.	These visits have given ICD a better understanding of the health sector challenges faced by these different provinces. This already translated into more relevant (grassroots) discussions at the Yen Bai Provincial HPG and is also expected to help ensure more effective use of development cooperation at the lower levels, and enhanced participation of the provinces in central level HPG activities.
Activity 5 (ER6): 100% Support to the functioning of the HPG Secretariat (i.e. 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 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) to ensure effective functioning of the HPG	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. WHO undertook the advertisement for, recruitment and appointment of the HPG coordinators and project officer, all of whom have worked two days a week at	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, maintenance of an updated membership list, 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

	and full implementation of activities, including those set out in the roadmap (as above).	WHO, further strengthening WHO's relationship and collaboration with the HPG Secretariat.	<p>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 continued to increase development partner confidence in the HPG and the high level policy dialogue forum. This is expected to continue, and ultimately lead to increased and better harmonized DP support to the national health priorities set out in the new 5-year NHSP.</p>
Activity 6 (ER6): 100% Dialogue on the IHP+ scorecard and seven behaviours	This year Viet Nam initiated a process of dialogue on the results of the IHP+ score card, With WHO support, MoH offered interpretation of the results and convened DPs during the HPG Retreat and brainstormed strategies for addressing the challenges of time- and human-resource intensive participation, and of taking forward implementation of the seven IHP+ behaviours in concrete ways, and in line with the VHPD (available on the HPG website) Development Cooperation Effectiveness Behaviours and Six Selected VHPD Milestones (See Annex 2) .	The WHO country office guided the process, advising MoH on the interpretation of results and identifying strategies for addressing challenges from both the Government side (specifically with regards to government resources not being planned for more than one year); and with regards to development partner cooperation not being reported on budget. (See also Activity 2 (ER 6)).	In the context of VHPD implementation and efforts to support compliance with the seven IHP+ behaviours, the HPG has identified specific steps that the MoH and DPs can take to strengthen the use of national systems and improve mutual accountability. The outcomes of dialogue are also expected to further strengthen the accountability of the HPG for following through on VHPD and IHP+ commitments, towards more predictable development cooperation.
Activity 7 (ER6): 100% Undertake a mapping and develop a database of development partner contributions to the health sector for enhancing development cooperation effectiveness	In response to the changing health development context in Viet Nam's health sector is seeing a number of DPs and INGO withdrawing, planning their withdrawal or shifting towards the provision of different types of development cooperation. These changes are making it harder for the MoH to 'coordinate' external support. As such, the HPG committed to developing an online database for improved monitoring of development cooperation in the health sector (Milestone 9 of the VHPD). The process was initiated in 2014, and fully operationalized in 2015, with the relevant Government	WHO convened a 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 led the technical discussions to finalize and agree on the concept and framework for data collection, including the variables, and their relationships as well as the functioning of the online platform. WHO is now guiding MoH in the validation process before broad dissemination of the platform.	<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 DP/INGO mapping is now serving as a tool that the Government can use to: generate accurate reports on the development cooperation context by province, technical area, type</p>

	<p>departments inputting data on current DP and INGO support to the health sector, into an online relational database. The database is now complete and in the process of validation and verification before it is translated into Vietnamese and shared broadly (with the HPG, provincial health department and other ministries including the Ministry of Planning and Investment, and the Ministry of Finance).</p>		<p>of funding, type of development partner etc.; access information on external support for the health sector that will allow better coordination, and generate an overview of how much funding is being disbursed centrally and at local levels, where and on what external funds are being and will be spent.</p> <p>This will 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 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.</p> <p>A draft version of the platform can be accessed here: http://who.ganeshaid.com/</p>
<p>NEW Activity 8 (ER6): 100% Undertake an assessment of provincial participation in HPG meetings and activities.</p>	<p>In order to increase the engagement of central MOH and DPs with decentralized levels, an assessment of provincial participation in HPG meetings and other activities has been undertaken.</p> <p>A report describing provincial participation in the HPG over the past five years and providing recommendations to strengthen provincial participation has been developed. The report has been circulated for inputs and will be finalized for dissemination among stakeholder and consensus on how best to facilitate implementation of the recommendations.</p>	<p>WHO provided technical guidance to the development of the questionnaires sent to provinces as well as the development and finalization of the assessment report.</p>	<p>The assessment has helped the HPG Secretariat and HPG development partners understand obstacles to and facilitating factors around provincial participation in HPG activities.</p> <p>Through implementation of the recommendations set out in the report, it is expected that provinces will participate more actively in HPG activities including those related to the JAHR and national health policy and planning processes. The will help to ensure that central level processes take into consideration local realities and also help to ensure that provinces are updated on and better prepared for changes in health sector development cooperation .</p>

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,...).

Additions

- **NEW Activity 8 (ER6): Undertake an assessment of provincial participation in the HPG** (see description of activity above).
- **NEW Activity 2 (ER6): Retreat of the HPG to strengthen the strategic and operational functioning of the HPG** (see description of activity above).

Postponements

- **Activity 3 (ER6): 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.** This activity has been postponed to align with the timing of the finalization of the next five-year health sector plan. This work will be undertaken following a financing dialogue that is planned for the first quarter of 2016. A concept note to guide the development of
- **Activity 4 (ER4): Develop a national health financing strategy.** This activity was progressed in 2015, but it was not completed by end December. The Government postponed the finalization of the strategy in light of the development of the next 5-year health sector plan and the JAHR (both of which are under the responsibility of the same department leading the development of national health financing strategy). The strategy will be completed in 2016.

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.

Since the two postponed activities are actually underway but simply experiencing delays in their implementation, they are being carried forward to the roadmap for 2016. These delays have been discussed with the MoH and EU and they are reflected in the 2016 roadmap below.

All other activities have been successfully implemented and 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 remains committed to working with the HPG Secretariat to enhance the HPG's ways of working, by:

- Identifying a clear set of priority areas for policy dialogue at the start of 2015, in line with the directions laid out by the MoH and the health sector priorities of the new 5-year NHSP.
- Institutionalizing and disseminating 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.
- Continuing to push for a widely accepted process of developing and endorsing resolutions of the HPG (as a collegial body) on the priority areas discussed at HPG meetings, for mutual accountability and follow-up of key issues by technical working groups.
- Developing a 2016 action plan for the collaborative implementation of VHPD milestones by the entire HPG.

Lessons learned:

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

- An effective policy dialogue relies on engagement and commitment of the highest levels of the Ministry of Health. It also requires 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 levels. Strengthening the technical working groups of the HPG is essential to ensuring effective technical support.
- Clear directions set out by the Ministry of Health and clearly defined national priorities guides the support of development partners to Viet Nam's health sector. This is also essential to maximizing the health policy dialogue platform that is 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 and other key development partners who support such a process have struggled to institutionalize such a follow-up mechanism and will continue push for this in 2016.
- 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 in the current context of health development cooperation where a number of DPs

and INGOs are withdrawing, and the country simultaneously moves to strengthen its commitment to the principles and seven behaviours of IHP+.

Road Map and timeline for 2016:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. These activities should be related to objectives/ER and have clear timeline and indicators.

Roadmap activities planned for 2016	Indicators	Timeline
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.		
<i>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</i>		
Activity 1 (ER1): 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.	A summary of DP/INGO commitments of financial and technical support to the implementation of the next 5-year health sector plan (2016-2020).	August 2016
Activity 2 (ER1): 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.	A report describing opportunities and threats for the health sector, associated with different funding modalities (e.g. different loans, grants etc.).	December 2016
<i>ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews</i>		
Activity 3 (ER 2): 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.	Jahr 2016 and Viet Nam's first Health Systems in Transition.	December 2016
Strategic Objective II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue		
<i>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</i>		
Activity 1 (ER 3): Policy advocacy for full budget subsidy for near poor and vulnerable groups to enroll in health insurance	Adoption of policy to subsidize near poor and vulnerable groups such as elderly to enroll in HI	December 2016

ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC;		
Activity 2 (ER 4): Development of Plan of Action on health financing in accordance with national health financing strategy	Plan of Actions on health financing completed.	December 2016
Activity 3 (ER 4): Develop a national health financing strategy	Health financing strategy document to feed into the next 5-year health sector plan	December 2016
Activity 4 (ER 4): Define the improved benefits package toward achievement of universal health coverage	Draft revised benefits package	December 2016
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.		
Activity 5 (ER 5): Capacity building for provincial government and health managers on health system strengthening and financing	Training materials development. Training course conducted in one province.	December 2016
Strategic Objective III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.		
ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated		
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	Minutes of meetings, resolutions endorsed by the HPG (including work to be taken up by relevant TWGs),	Quarterly
Activity 2 (ER6): 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).	Ongoing (Jan.-Dec.)
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)	A report identifying opportunities for South-South collaboration and a proposal for leveraging new opportunities for development partners' support and new ways of working, including a process for consultation and dissemination.	October 2016
Activity 4 (ER6) Support to the strategic and operational functioning of the HPG Secretariat (positions of HPG Coordinator and Programme/Communications Officer)	ToR, progress reports, HPG meeting minutes and resolutions of the HPG on technical areas	Ongoing (Jan. – Dec.)
Activity 5 (ER6) Enhance participation in the 2016 IHP+ monitoring exercise, building on/linking with the outcomes of the Financing Dialogue	Dialogue among Government and DPs on strengthening the use of national systems and improving mutual accountability, towards greater levels of and more effective development cooperation.	December 2016
Activity 6 (ER6) Ensure the maintenance of the DP/INGO mapping database	Updated online database of INGO and DP support to the health sector widely disseminated.	Ongoing (Jan. – Dec.)
Activity 7 (ER 6) Effective functioning of the INGO forum for coordination, capacity strengthening and information sharing across the health sector	INGO forum organized and action plan developed from forum recommendations.	December 2016

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/>) – meetings, field trips etc.
2. Stories highlighting HPG-related activities are shared via the UN intranet
3. Joint Annual Health Review (JAHR) Reports are made available online, including for consultation. These can be accessed at: <http://jahr.org.vn/index.php?lang=en> (the 2015 is currently being finalized, so only the introduction is available online)
4. Media coverage of the following activities. (See Annex 3 for copies of articles from different media outlets):
 - a. The special HPG meeting on pharmaceuticals
 - b. The HPG meeting on health development cooperation in HPG activities
 - c. HPG retreat
 - d. Provincial HPG meeting
5. Minutes of the HPG meetings available on the HPG website;
 - a. HPG on pharmaceuticals:
[http://hpg.icdmoh.gov.vn/attachments/article/371/00.%20HPG4%20Meeting%20Minutes%2022%20Jan%202015%20\(Eng\)_FINAL.doc](http://hpg.icdmoh.gov.vn/attachments/article/371/00.%20HPG4%20Meeting%20Minutes%2022%20Jan%202015%20(Eng)_FINAL.doc)
 - b. HPG II:
<http://hpg.icdmoh.gov.vn/attachments/article/401/HPG%20II%202015%20Minutes%20ENG.pdf>
 - c. Provincial HPG in Yen Bai:
[http://hpg.icdmoh.gov.vn/attachments/article/371/00.%20HPG4%20Meeting%20Minutes%2022%20Jan%202015%20\(Eng\)_FINAL.doc](http://hpg.icdmoh.gov.vn/attachments/article/371/00.%20HPG4%20Meeting%20Minutes%2022%20Jan%202015%20(Eng)_FINAL.doc)

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 results chain documents attached as Annex 4 – Parts I and II)

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"> ▪ National Monitoring & Evaluation framework indicators developed and used 	Yes	<ul style="list-style-type: none"> ▪ In 2013 Viet Nam developed a national health core indicators list with a total of 88 input, outcome and impact indicators. These indicators are used to guide policy development by the MoH, are reflected in the new 5-year NHSP, and serve as the basis for the biennial National Health Statistics Year book. These indicators have been used in the JAHR for monitoring and evaluating progress in the implementation of the past 5-year NHSP since 2014.
<ul style="list-style-type: none"> ▪ NHPSP is in line with JANS attributes 	Yes	<ul style="list-style-type: none"> ▪ The new 5-year NHSP has been driven and led by the MoH, and has been informed by a rigorous and objective situation analysis offered by the JAHR process. ▪ The broadly inclusive development process has increased confidence in the strategy (from the perspectives of both Government and development partners). ▪ The management of its implementation lies with the MoH's Department of Planning and finance.
<ul style="list-style-type: none"> ▪ An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible 	Ongoing	<ul style="list-style-type: none"> ▪ A HF strategy is currently being drafted, in line with the recently developed 5-year NHSP (2016-2020). ▪ Technical working groups are developing papers on the following topics: 1) situational analysis; 2) health insurance strategies in the next 10 years to reach UHC; 3) strategies on increasing or mobilizing more tax-based funding for health; and these will be consolidated into a single document that contains all the future

		national policy directions for health financing towards universal health coverage.
<ul style="list-style-type: none"> ▪ Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out 	Yes	<ul style="list-style-type: none"> ▪ 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).
<ul style="list-style-type: none"> ▪ 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) 	Ongoing	<ul style="list-style-type: none"> ▪ The JAHR process is well established and is being continually strengthened (see above). One of the criticisms of the JAHR has been that there has been no concrete mechanism for following-up on the recommendations. This year, this issue has been address with processes and contents of the JAHR and the 5-year NHSP closely aligned. The HPG similarly envisions that the JAHR recommendations serve as workplans for the HPG and its technical working group.
<ul style="list-style-type: none"> ▪ Existence and implementation of an IHP+ compact or equivalent at the country level 	Yes	<ul style="list-style-type: none"> ▪ The Viet Nam Health Partnership Document serves as the IHP+ compact. The principles and milestones of this document serve as the basis for the operations/functioning of the HPG. The VHPD is available here
<ul style="list-style-type: none"> ▪ Agreed or strengthened mutual accountability mechanisms such as joint annual reviews 	Yes	A strengthened JAHR (both in terms of methodology and content) , has increased national and development partner confidence in the findings of the report, and is now providing a solid basis for mutual monitoring of the implementation of the new 5-year NHSP.

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>