

2016 IHP+ Monitoring Round

Monitoring of Commitments
on Effective Development
Cooperation in Health

**Presentation of the
findings for Vietnam**



INTRODUCTION

- 30 countries participated in the 5th IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In our country, data was collected for 2015, 21% of DPs participated (including: EU, FAO, Gavi, GFATM, Germany, Italy, Luxembourg, UNFPA, UNICEF, WHO), representing 38% of total external support in 2014 (source: OECD/CRS database);
- 10 CSOs participated in online survey and 3 in focus group discussion (FGD); 3 PS representatives participated in FGD
- Though Viet Nam has become LMIC and is facing the decline tendency of ODA support, the health sector is still receiving high concern and support from international community.

IHP+ 2016 Monitoring Process



OBJECTIVE OF DISCUSSION









“to stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level”

The presentation and discussion of the findings provide an opportunity for all partners to jointly:

- **Review performance** against the eight EDC practices
- **Identify barriers** to progress
- **Agree on actions** to improve accountability and performance of EDC in health.



Eight EDC practices, four commitments

EDC PRACTICE		COMMITMENT
 EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR
 EDC 8	Private sector are engaged	

FINDINGS OF DATA COLLECTION



1. COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY





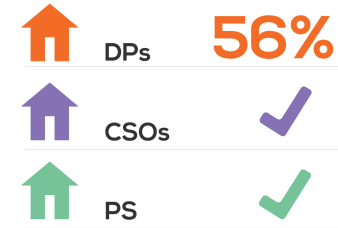
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned
- Stronger engagement to sub-sector national plans
- Opportunities are the open mind from MOH, willingness from DPs and huge network of INGOs
- Main constraint: The 5 year and the annual health plan do not include the financial plan

Joint assessment of health sector plan

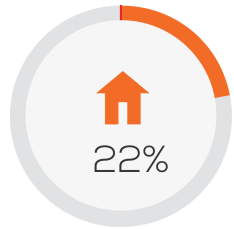


- The Global Fund, FAO, UNICEF, EU and WHO participated in joint assessment
- Other mechanisms for mutual accountability include sharing information via mass media, via Health Partnership Group meetings - policy dialogues among DPs, MOH and line agencies and via Technical Working Groups.



MUTUAL ACCOUNTABILITY IS STRENGTHENED

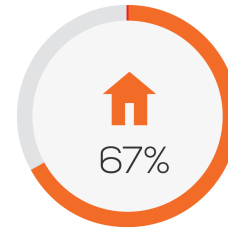
Monitoring and Evaluation



Only EU and WHO confirmed they only use national health sector indicators to monitor their support.

- MOH and DPs, CSO agreed on the list of health indicators for M&E framework for the national health sector plan/strategy.
- Most DPs use the indicators in the Joint Health Annual Review for their M&E.
- Many DPs used the M&E of Viet Nam and reduced the procedures and resource for this process but in many projects, they still use their own M&E system

Mutual accountability processes



- EU, FAO, Germany, UNFPA, UNICEF and WHO participated in mutual accountability processes
- Various processes have been done by both DPs and Govt to promote mutual accountability (Bilateral dialogues, One Plan, DP-INGO mappings...)

2. COMMITMENT

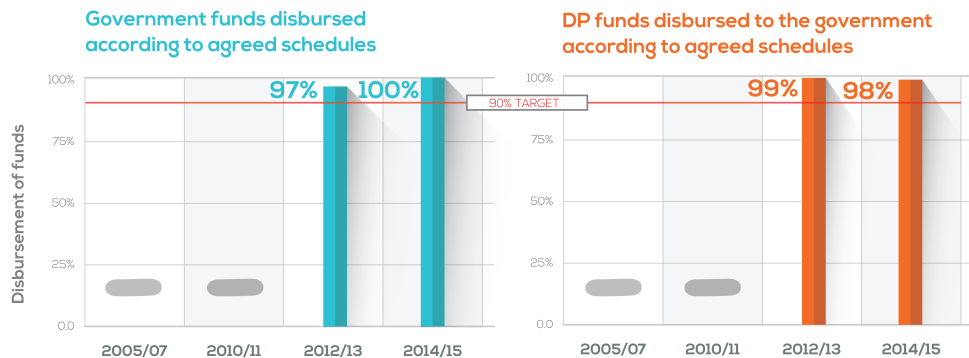
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL
MANAGEMENT OF THE HEALTH SECTOR





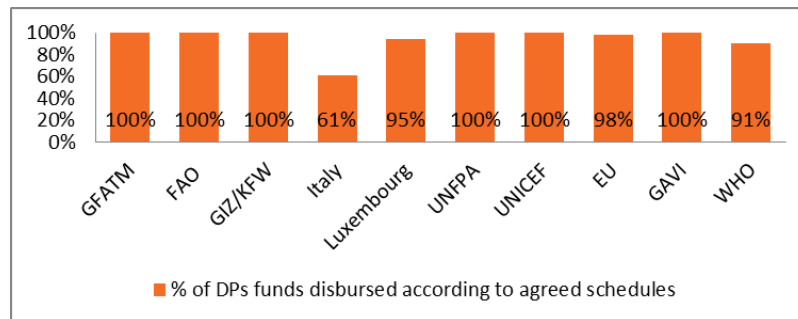
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds



- Rolling 3 year budget or MTF in place but there is a difference between the fiscal year of Vietnam and DPs
- Some DPs had problems of under-disbursement due to bureaucratic issues linked to the specificity of the implementation of an ODA soft loan funding

% of funding disbursed according to agreed schedules by DP



A stronger ownership of the programs should be advocated on the side of counterparts and an improvement in procedures streamlining on the side of donor agencies



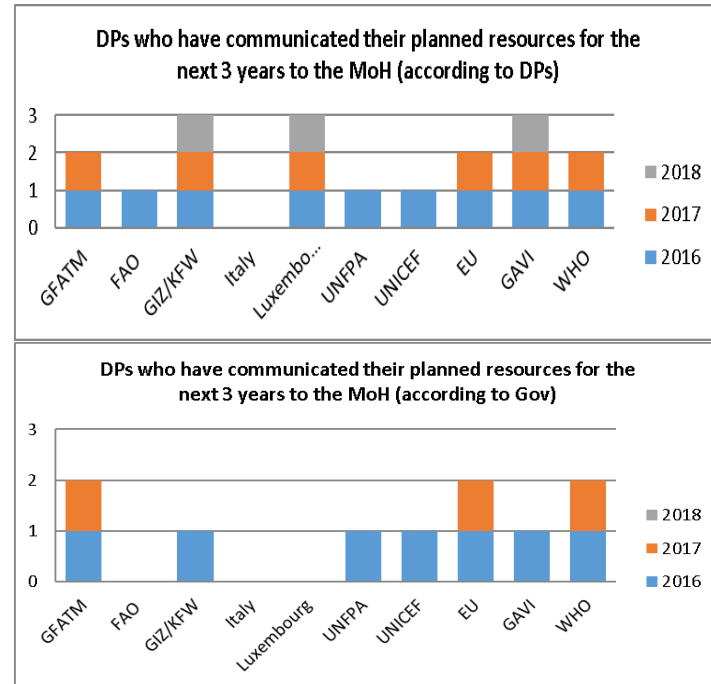
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- According to the GOV no DP has communicated their planned resources up and until 2018.
- Most DPs provide detailed costed workplan in 1 or 2 years (2016, 2017)

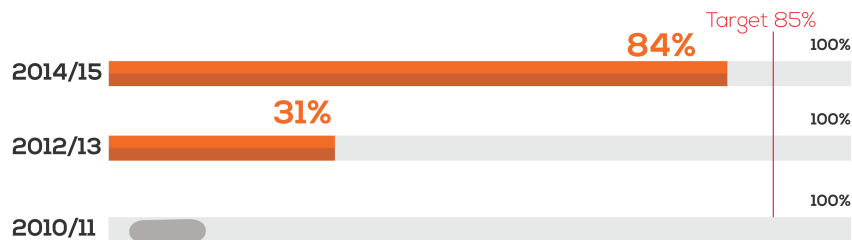
Communication of planned resources for next 3 years by DP





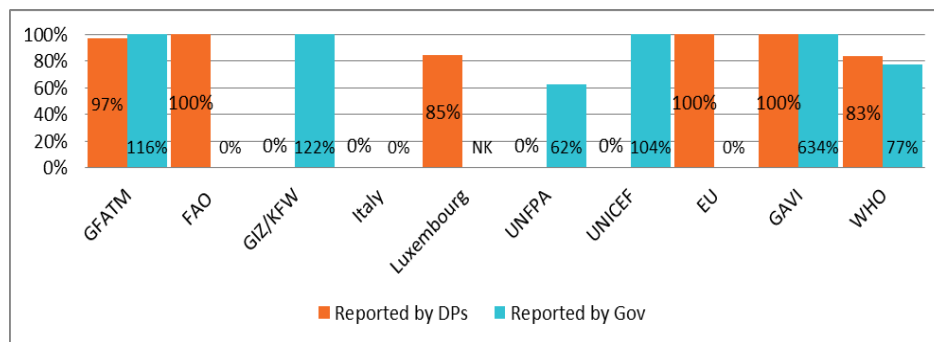
HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- Data reported by DPs. It was not possible to use the data provided by the GOV because the DPs reported for different fiscal years.
- In Vietnam, the contributions from DPs are counted as the state budget

% of aid reported on budget by DP



The disbursements of DPs is not aligned with the Government annual budget and sometimes different in purpose of funding resources, financial and programme management modalities

3. COMMITMENT

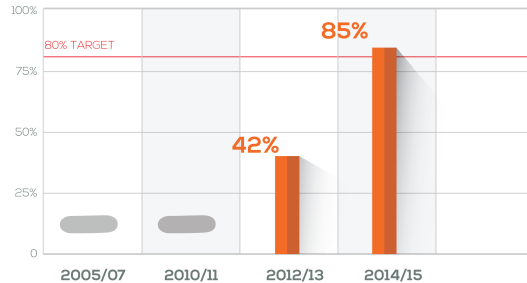
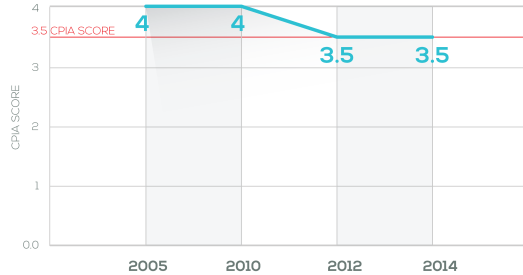
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS



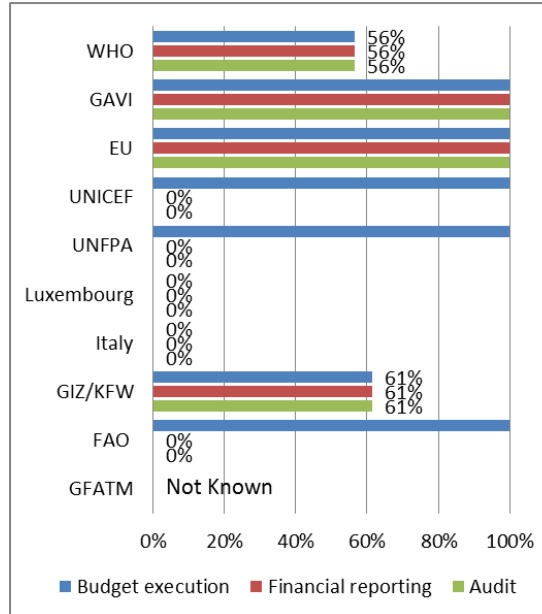


PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Strength and use of PFM system



% of DP funding using national procedures



Comments and key findings

- More DPs are using the PFM system in Vietnam e.g. JICA, WB, ADB...
- 56% of DPs confirm that sufficient support on PFM system strengthening and capacity building is in place
- 55% of DPs use the national PFM system depending on mandate of DPs

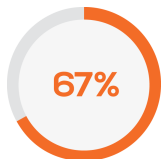


PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems

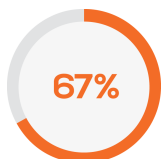


A national procurement and supply strategy exists



% of DPs that use national procurement and supply systems

Capacity Strengthening



% of DPs confirm that sufficient capacity strengthening support is available

Use of national supply and procurement systems

DPs who use national supply and procurement system:

- Italy
- EU
- Gavi
- The Global Fund
- UNFPA
- UNICEF

DPs who don't use the national supply and procurement system

- FAO
- Germany
- WHO

Comments and key findings

- There are different views about other mechanisms like global or regional procurement
- The procurement can be better harmonized with other DPs if the partners work together to issue the specific guidelines for procurement
- Transparency and cooperation, sharing information and accountability from both sides are required to better use of national procurement and supply



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



A national plan for technical assistance is not in place



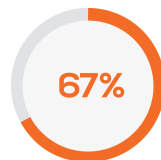
% of DPs provide TA in line with the national plan

- FAO, UNFPA, Gavi, WHO provide TA in line with the national plan
- The health sector plan includes the provision of TA and 44% of DPs are providing TA in line with this plan. SSC and Triangle cooperation are on trend at regional level (especially among Vietnam, ASEAN countries and China).
- Different understandings about the existence of a national TA plan at country level

South-south cooperation (SSC)



The MOH benefits from south south cooperation



% of participating DPs support south south cooperation

- GFATM, UNFPA, UNICEF, EU delegation, Gavi and WHO support SSC
- The cooperation activities are at small scales and sometimes not continuous, the follow up of the results are not well implemented, the outcomes are not easy to measured

4. COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



CIVIL SOCIETY ENGAGEMENT

It was not possible to conduct a Focus Group Discussion and therefore individual interviews were carried out with representatives of three different CSOs, including:

- Pathfinder
- RTCCD
- Médecins du Monde- MDM

CSOs that participated in the online survey:

- Pathfinder
- Foundation for International Development/ Relief
- Médecins du Monde- MDM
- ActionAid Viet Nam
- MEDRIX



CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the Government to effectively participate in health sector policy, planning and monitoring?



Government consults CSOs in the design, implementation or monitoring of national health policies



64% of CSOs confirm they are consulted



Government provides financial resources



27% of CSOs receive financial resources



Government provides training support



36% of CSOs receive training support

Key findings from CSO focus group discussion

- The government has engaged CSOs, especially INGOs, in the design of national health policies but most CSOs participate just in the implementation phase
- Limited means and channels were available for CSOs to access health policy initiatives & health plans
- The INGOs are more active than the local NGOs, LNGOs have less support from the government, they have to do fund raising by themselves



CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by international development partners?

Key findings from DP survey and CSO online survey



44% of DPs consult CSOs when developing their cooperation programme



70% of CSOs confirm they are consulted



33% of DPs provide financial resources



67% of CSOs receive financial resources



67% of DPs provide technical assistance



63% of CSOs receive technical assistance

Key findings from CSO focus group discussion

- Few international agencies that finance health sector development activities in the country consult them when developing their cooperation programmes
- They participate actively in the policy making process in sub-sector areas such as HIV/AIDS prevention and treatment, MCH, Nutrition



CIVIL SOCIETY ENGAGEMENT (3)

How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?

- The main constraints are the capacity of the managers/policy makers at local level and central level
- The evidence-based policy process is very limited due to the capacity of the staff to utilize the evidence for their work
- Some civil society organisations mentioned to report to the People's Aid Coordinating Committee (PACCOM), the provincial Department of Health and the Ministry of Foreign Affairs.

How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

- There is a recognition of CSO freedom (association, assembly and expression as human rights) in the Constitution but the enforcement and application is still not as expected
- The majority of CSOs think the legal and regulatory environment enabling CSOs formation, registration and operation is partially effective.
- There have been well established processes and requirements, however, there are cases not strictly applied or applied inconsistently across organizations

PRIVATE SECTOR ENGAGEMENT

Private sector that participated in the in depth interviews:

- Association of HIV/AIDS prevention
- Viet Nam Health Economic Association
- Association of Nutrition





PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

- The private sectors were still minimally involved in the health policy process
- The participation of association(s) depends on the attention and priorities given by of the government/managing agencies.
- From the view of PS associations, a transparent mechanism to coordinate the government, the local CSOs, private sector & the international organizations is needed.

How effectively is the participation of the private sector in national health policy processes supported by international development partners?

- The associations received technical and financial international support but depending on the topics
- Those who help provide the evidence for the planning process received more support from DPs
- The associations utilize the support from DPs to provide consultation for the policy making in specific areas



PRIVATE SECTOR ENGAGEMENT (2)

How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?











- The associations have to report to the MoH regularly.
- Almost all associations of health professionals are under the management of Vietnam Union of Science and Technology associations (VUSTA) – Ministry of Science and Technology, or under the management of Ministry of Home Affairs (MOHA).
- The private companies working in health sectors in Viet Nam also have their own organizations
- Some fields were well involved by PS: Pharmaceutical, Hospital management, private hospitals...

How conducive is the national legal and regulatory environment to the maximisation of private sector contribution to national health policy?

- The professional associations have limited rights or power to have accreditation, certification or regulation, they are not allowed to give any licenses.
- These mechanisms are mostly from the direction or under the request of the government especially the associations.
- The main constraints are the legal framework, mechanism to involve the experts and the financial resources from PS

OVERVIEW OF DP PERFORMANCE





EDC PRACTICE	INDICATOR	GFATM	FAO	Germany	Italy	LuxDev	UNFPA	UNICEF	EU	Gavi	WHO
 EDC 1	DP participated in joint sector or sub-sector assessments	✓	✓	✗	✗	?	✗	✓	✓	✗	✓
 EDC 2a	% of funds disbursed according to agreed schedules	100%	100%	100%	61%	95%	100%	100%	98%	100%	91%
 EDC 2b	Planned resources communicated for 3 years	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗
 EDC 2c	% of funds registered on budget	97%	100%	0%	0%	85%	0%	0%	100%	100%	83%
 EDC 3	% of funds using national budget execution procedures	?	100%	61%	0%	0%	100%	100%	100%	100%	56%
	% of funds using national reporting procedures	?	0%	61%	0%	0%	0%	0%	100%	100%	56%
	% of funds using national auditing procedures	?	0%	61%	0%	0%	0%	0%	100%	100%	56%
 EDC 4	DP uses the national procurement system	✓	✗	✗	✓	?	✓	✓	✓	✓	✗
 EDC 5	DP only uses national health sector indicators to monitor their support	✗	✗	✗	✗	?	✗	✗	✓	✗	✓
	DP participates in joint mutual accountability processes	✗	✓	✓	✗	?	✓	✓	✓	✗	✓
 EDC 6	DP supplies TA in line with agreed national plan	✗	✓	✗	✗	?	✓	✗	?	✓	✓
	DP supports south south collaboration	✓	✗	✗	✗	?	✓	✓	✓	✓	✓
 EDC 7	DP supports CSOs with financial resources	✓	✓	✗	✗	?	✗	✗	✓	✗	✗
	DP supports CSOs with training	✓	✓	✗	✗	?	✗	✗	✓	✓	✗
	DP supports technical assistance	✓	✓	✗	✗	?	✓	✓	✓	✓	✗
 EDC 8	DP provides financial or technical support to strengthen the private sector in health	✗	?	✗	✗	?	?	✗	✓	✗	✗




DISCUSSION OF FINDINGS





MAIN POINTS FOR DISCUSSION (1)

EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 1 (Health sector plan)</p>	<p>The 5 year health plan does not include the financial plan and required budget for key activities. Lack of evidence to prove the cost-effectiveness of the measures.</p> <p>How to incorporate and make use of process and output indicators of health sector into the assessment and stakeholders effectively participate into national health sector plans/ strategies?</p> <p>How to use the Joint annual health review as a real assessment of the health sector rather than just around a particular theme?</p>
 <p>EDC 2 (Predictability of funding)</p>	<p>Disbursements are not aligned with the Government annual budgets and sometimes different in purpose of funding resources,</p> <p>The unpredicted long term commitment of financial support of DPs and the trend of reduction of DPs' funding supported to health sector.</p> <p>The context of economics in VN now is high public debt (more than 65%) and the significant cut of public allocation for health especially for national target programs so how to make use and align support of DPs for national health priorities?</p>


MAIN POINTS FOR DISCUSSION (2)

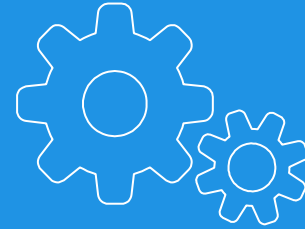
EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 3 (PFM systems)</p>	<p>Reformation of the PFM and increase the number of DPs use the national Public Financial Management (PFM) system, including the auditing system, national reporting and national budget executing procedures.</p>
 <p>EDC 4 (Procurement and supply systems)</p>	<p>Some DPs already used the national P&S systems when they started the budget support but the others still use their own procurement and supply system.</p> <p>How The P&S of government could be improved?</p> <p>How procurement can be better harmonized and aligned, so that both government (MOH) and DPs can make full use of them?</p>
 <p>EDC 5 (Mutual accountability)</p>	<p>The scope of indicator for M&E system is too broad and high level impact only, Insufficient capacity of the national monitoring and evaluation system to collect reliable data and generate timely and comprehensive report to track progresses in health.</p> <p>Discuss about possible strategies to strengthen the national M&E framework in order to increase DP's use of it</p> <p>What are the lessons learned from implemented strategies to improve mutual accountability between government and DPs?</p>

MAIN POINTS FOR DISCUSSION (3)

EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 6 (Technical support and SSC)</p>	<p>Discuss about the differences in data between the Gov and some DPs about the existence of a national TA plan at country level.</p> <p>There are no mechanisms in place to monitor the performance of TA and DPs do not base their support in any national TA strategy. How MOH can coordinate TA from different DPs effectively to make use of this increasing trend of this kind of DPs support in the future?</p> <p>The education and training centers in Vietnam are not standardized with the regional and international level. How could Vietnam improve SS & Tr cooperation at a larger scale, ensuring continuity and follow up of results in order to become a center of excellence where other countries (Laos, Cambodia, African countries) may visit and conduct Study tours, exchange visits?</p>
 <p>EDC 7 (CSO engagement)</p>	<p>There are still limited means and channels to help CSOs to access health policy initiatives and health plans such working groups, coordination committees, joint planning and programming.</p> <p>How to make CSOs especially local CSOs involved and engaged in national health policy process? What kind of support is needed?</p> <p>What mechanisms does the government have to monitor the improvement of CSO participation in policy making process?</p>

MAIN POINTS FOR DISCUSSION (4)

EDC PRACTICE	ISSUES IDENTIFIED
 EDC 8 (PSengagement)	<p>PS found difficulties to involve in making law, regulations related to health issues regarding seeking information, giving feedbacks and participating in policy.</p> <p>How to effectively improve the limited involvement of PS currently?</p>
OTHER:	<p>Under the Health Partnership Group, the government should pay more attention and concern to strengthen the Technical Working Group where existing the representatives of Private sectors.</p> <p>Another thing that can be done is to involve health sub-sectors in models of PPP.</p>











PLAN OF ACTION



AGREED ACTIONS

(longer table attached)

EDC PRACTICE	ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
 EDC 1						
 EDC 2						
 EDC 3						
 EDC 4						
 EDC 5						
 EDC 6						
 EDC 7						
 EDC 8						
OTHER ACTIONS						



Thanks!

Any questions?

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Colour coding



Slide Blue: #1d7fde



Development partners
Graph Orange: #F36D26



Private sector
Graph green: #77C29A



IHP Icons: #3A7CC0



Government
Graph light blue: #32C1D2



Civil society
Graph purple: # e6dae3

