IHP+ 2016 MONITORING ROUND

COUNTRY REPORT

COUNTRY	VIET NAM
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1 Process of the 2016 IHP+ Monitoring Round

IHP+ Monitoring of EDC practices have been carried out from March to November 2016 with the involvement of wide range of stakeholders including: Ministry of Health; 10 Development partners, 3 Private partners, 15 CSOs. The exercise combined the survey online, self-administered quantitative and qualitative questionnaires as well as in depth-interviews using semi-structured guidelines. The final results were shared, discussed and achieved agreement with all stakeholders.

2 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

2.1 EDC Practice 1: Partners support a single national health strategy

The strategic plan for the health sector covers for 10 years (2010-2020) and vision for 20 years (until 2030). Besides, Vietnam's health sector has the 5 year health plan for the period from 2011-2015 and now from 2016-2020. The national health plan was developed timely and inclusively by the Ministry of Planning and Finance, Ministry of Finance, Vietnam Social Security, the Committee of Social affairs of National Assembly, and other related ministries: Ministry of Agriculture and Rural Development, Ministry of Internal Affairs, with the participation of different sectors (DP, PS, CSO, LNGO, INGOs) and management agencies like the Vietnam Health Economic Association and academic institutions. The Ministry of Health and the stakeholders agreed on the common indicators for M&E.

Most of online survey respondents from the CSOs agreed that the Vietnam national health sector plan has been jointly assessed through annually or five year review (JAN conducted in 2011) and Joint Annual Health Review (JAHR). JAHR is undertaken jointly by the MoH and development partners every year, to monitor the implementation of the tasks set out in annual plan as well as the Five-Year Health Sector Plan. The JAHR 2014 and JAHR 2015 are available online at: http://jahr.org.vn/

There have been a number of joint programme reviews that DPs have supported in the past two years. 80% of DPs participated in these joint sector or sub-sector assessments.

Generally speaking, DPs' priorities for health funded programs/projects have been identified through consultations with relevant partners and in line with the national sector/sub-sector priorities. The results of this exercise have shown stronger engagement prior to finalization of sub-sector national plans including costing exercise, working closely among international agencies network, to participate in the planning of national programme and action plan from the onset of the development process, discussion through the current coordination mechanisms such as Health Partnership Group, technical working groups, Financial Strategy for the Health Sector Workshop, JAHR.

According to the Government and 50% of DPs, sector or sub-sector level are needed as the programs are still self-evaluated and there is no independent agency to assess the performance and results.

The capacity of policy making is improved with the support from the DPs, besides, the new trend of funding (budget support) via national system also contributes to the alignment of DPs to the national plan making and implementation. The joint assessments have clearly improved coordination, strategic alignment in use of resources for program planning and for better impact, information sharing to enable different stakeholders to jointly analyze challenges and collectively address, as well as to develop policies, regulation and action plans.

The open minded view of the MOH towards the participation of the development partners and INGOs in the national health plan and strategy, the willingness and support from the development partners and the huge networks of INGOs are some of the opportunities to strengthen alignment with the national plan/strategy.

However, several key constraints can be pointed out such as: resources required and alignment of various actors involved, as well as timeline of assessments vis-a-vis funding windows and timing of submissions; The 5 year health plan and the annual health plan do not include the financial plan for 5 years or by each year so it is hard to monitor the disbursement and the progress; the plan making process of the MOH is not in line with the financial plan process - The state budget does not match with the demands and priorities of the health plan; The capacity of the plan makers and decision makers, the health system work ineffectively in allocating fund; Sometime duplicative; sometime require the melding of different stakeholder approaches/objectives/areas of interest or focus.

2.2 EDC Practice 5: Mutual accountability is strengthened

In Vietnam, there is a detailed M&E framework for the national health sector plan/strategy that it aims to improve alignment, harmonization, mutual accountability. MOH and DPs, CSO agreed on the list of health indicator for M&E framework for the national health sector plan/strategy. Many DPs start using the M&E of Viet Nam to reduce the procedures and resource for this process but in many projects, they still use their own M&E system. Harmonizing the project indicators with the national M&E system improved the comprehensive database for monitoring the projects/programmes and attain program efficiencies and compliance in reporting; the core list of indicators is available to and being used by the Government and DPs. It was developed and endorsed by the Health Partnership Group. A dialogue to update this list in line with the SDG agenda will soon be initiated.

Most of DPs participate in the annual joint mutual accountability processes and mid-term review (except GAVI). Particularly, WHO is the lead development partner involved in the JAHR process. WHO has been working hard to facilitate a process to strengthen the methodological rigor of the JAHR and the 'jointness' of the exercises.

Various processes have been done by both DPs and Govt to promote mutual accountability including: Mutually agreed Performance Frameworks, regular reporting and follow-up, principal recipients assurance mechanisms as well as DPs' verification and assurance mechanisms; the joint government and UN annual review of the One Plan and Mid-Term Review; Regular review meetings with national counterparts; Bilateral dialogues (EU and government, EU and other DPs) and multilateral dialogues; JAHR; Health Partnership Group

Forum; the UN Health Joint Programming Group; Mapping of DP and INGO support to the health sector; participation in the GPEDC and IHP+ monitoring surveys.

Some constraints were figured out by DPs: the scope of indicator for M&E system is too broad and high level impact only, e.g. HSS projects; No specific indicators to monitor the vertically managed projects or programmes from DPs, e.g. the Immunization; Insufficient capacity of the national monitoring and evaluation system to collect reliable data and generate timely and comprehensive report to track progresses in health.

DPs proposed several strategies to strengthen mutual accountability (both the mechanisms and better adherence to the commitments by all partners): all partners can share information (eg. the gateway that provide transparent and accountable fund administration services); encourage knowledge sharing; Further involvement of civil society organizations; Strengthen the Health Partnership Group meetings to make it more concise and well reflect the needs of the DPs and government.

3 Commitment to improve the financing, predictability and financial management of the health sector

3.1 Practice 2a/b: Health Development Cooperation is more predictable

98% of the total health sector development cooperation scheduled by DPs for the government sector (so excluding disbursements to CSO and other entities) was disbursed at country-level and only some DPs had problems of under-disbursement (disbursement delay). The delays in project implementation were mostly due to bureaucratic issues linked to the specificity of the implementation of an ODA soft loan funding. Delayed registration of Measles-Rubella vaccine had an impact as well in the delay in fund disbursement in previous years.

To avoid disbursement delay a stronger ownership of the program should be advocated on the side of the counterparts and an improvement in procedures streamlining on the side of the donor agency which is undergoing a large re-organisation exercise following the creation of a new aid Agency at headquarter level.

Only 30% of DPs communicated their planned resources for the next 3 years to the MoH (according to DPs). In general, different DPs have different fiscal years to provide to the government a comprehensive forward looking expenditure and/or implementation plan setting out expected development cooperation flows. Most DPs provide detained costed workplan in 1 or 2 years (2016, 2017). WHO is a good example in developing the joint work plan. WHO and the MOH have collaboratively agreed on 12 priority programme areas for WHO cooperation in the 2018-2019 biennium. These agreed programme areas were selected from 25 programme areas under the five technical categories defined by WHO Member States and set out in the 12th General Programme of Work (GPW). Other DPs gave the reason that the next five years programme of cooperation with Govt is still ongoing. At this stage, indicative budget for the next five years 2017-2021 has not been agreed upon.

For every project, a DP make available an overall implementation plan which includes the different instalments that will be disbursed during the project life according to the real progress in activities. Only, 1 DP responded that it did not provide such a comprehensive forward looking expenditure and/or implementation plan.

The important opportunity to strengthen flow of information to government on DPs' multi-year spending plans is to work closely with the government sector, such as The Global Fund works closely with the Country Coordination Mechanism (CCM) in Viet Nam and linking with

relevant ministerial agencies and MoH. GFATM would like to be invited and participate in budget planning discussions with relevant partners; Working closely with the government to develop the multi-year plans is one of the opportunity to strengthen information flow to government. Governments are involved in discussions about regional spending plans through the mechanism of Regional Committee Meetings. Involve Government sector in development of agency's multi-year spending plans."

3.2 Practice 2c: Health Aid is on budget

In Vietnam, according to the Government the contributions from individual DPs are counted as the state budget. However, 84% of DP funds were reported on the national budget; it depends on their mandate. The resources are well known to the government through the One Plan fund as well as yearly action plan that include detail budget or through government negotiations. The comprehensive overview of the gap and the real need on the health sector is required between the Government and DPs to provide visibility on level of external funding

The most constraints include the lack of harmonization in disbursement of the funding resource: The disbursements are not aligned with the Government annual budgets and sometimes different in purpose of funding resources, financial and programme management modalities. One reason can be pointed out that DP does not have a staff presence nor a representative in Viet Nam (Global Fund). While the DP's Local Fund Agent sits in some of the key meetings and report back to DP, there isn't a mechanism by which DP can systematically be involved in key discussions. Actually, Global Fund's model is not based on direct contributions to Government in Viet Nam but builds on specific grants with partners in support of national strategies.

4 Commitment to establish, use and strengthen country systems

4.1 Practice 3: PMF systems are used and strengthened

The government is still doing the reformation of the PFM (Decree 85/2012/ND-CP issued on 15 October 2012 on operation and financial mechanisms for public health agencies), which is now much strengthened than 5 years ago and gradually more reliable to the DPs. All the resources from DPs are considered a part of an overall agreed financing framework for national and sub-sector strategy and most of them are managed by the PFM. 55% of DPs use the national Public Financial Management (PFM) system depending on mandate of DPs. For example: UNFPA's financial regulations are applied in UNFPA programme; GFATM has its own requirements for financial management. Finance project management staff are usually included in the grant management budget with resources included at Principal Recipients level; only GIZ provides "direct services". Besides, 60% DPs responded there is sufficient support on systems strengthening and capacity building in place, but It is required higher and more support are needed.

Harmonized Project and Programme Management Guidelines (HPPMG) is applied by UN agencies for those support to the Government. Others have their own requirements on their financing, reporting and audit procedures. Currently, no framework that lends itself to harmonisation. Better public financial management is one of the opportunities to increase the volumes of funds using the national PFM system from DPs. Vietnam is expected to increase its co-financing as a transitioning middle-income country so fund from DPs generally would be reduce in future."

4.2 Practice 4: Procurement systems are used and strengthened

Vietnam has a national plan for supply and procurement and the country accepts the global and/or regional procurement. In general, Vietnam has enough tools in procurement or supply systems. Some DPs already used the national P&S systems when they started the budget support (e.g. EU, WB) and the rest use the national ones depending on the tied conditions in the ODA projects/documents, therefore they have their own procurement and supply system.

WHO is supporting the government to strengthen centralized procurement system for pharmaceuticals and uses WHO's global procurement system. GFATM procurement guidelines and requirements are largely aligned with national procedures but may have additional requirements. Purchases made using Global Fund grant funding must meet the Global Fund's stringent quality assurance requirements, as well as Financial and audit requirement. The support is sufficient on procurement and supply systems strengthens a capacity building is in place in DPs.

However, many DPs do not use a common procurement agent with other DPs because procurement operations for goods and services are guided by the DPs' Procurement Strategy. 90% DPs use their own systems and just 50% of DPs reported to use a joint/harmonized procurement system. For example, FAO uses a common procurement agent for all UN agencies. For reducing significant cost from service provider, UN signed a LTA for UN banking services, preferential agreements with commonly used airlines and use of several LTAs for procurement of good and services. The Harmonized Projects and Programmes Management Guidelines (HPPMG) do exit for UN agencies.

There are different views about other mechanisms like global or regional procurement. EU pointed out that it is not necessary because the government's system is still working well, EU still monitor and supervise through the government's system (State Treasury, State Audit, Ministry of Finance). While UNICEF Supply Division is preferred since it leads to procurement at lower prices than when done by national procurement.

The procurement can be better harmonized with other DPs if the partners work together to issue the specific guidelines for procurement based on the Decree 38/2013/ND-CP on ODA management issued by the Government's. Improve transparency and cooperation, sharing information and accountability from both sides. Sharing of technical specifications and unit cost norms across DPs. Pooling of the tenders for similar goods can lead to higher volumes to secure a lower procurement price. For WHO, the decision to change policies and procedures around procurement would need to be made at the global level.

To strengthen the alignment of DPs /alignment of DPs with national procurement systems, there could be an agreement related to the procurement of pharmaceutical and health products jointly funded. Within UN system, implements the Harmonized Programme and Project Management Guidelines (HPPMG) and Harmonized Approach to Cash Transfers and EU-UN Guidelines for Financing of Local Costs in Development Cooperation with Viet Nam. To improve the government's capacity in processing the national procedure. Strengthen the bilateral dialogue (between each DP and government) and multilateral dialogue (among DPs in Health Partnership Group). Reciprocal information sharing would be beneficial. Strengthening the Government capacities for procurement. With WHO the decision to change policies and procedures around procurement would need to be made at the global level."

According to the government to increase the use of P&S systems, the MOH need to work more to consolidate the legislative documents. The capacity of P&S system need to be strengthened and is required much more support from international community. National procurement and supply systems should be as well more transparent and more effective.

4.3 Practice 6: Technical support is coordinated and SSC and TrC supports learning

Viet Nam do not have separate TA plan, the MOH integrate the TA in every policy and activities. TA often go in line with the physical activities. The DPs support TA in different manners, e.g. TA project, or combine TA and infrastructure projects, or capacity building for the manging/implementing agencies... With DPs, all of them provide TA but only 50% do it according to the national TA plan, mainly due to the fact that TA is bound by the agency's regulations and priorities. However, there are different understandings about the existence of a national TA plan at country level.

The capacity of the policy makers was improved an also has the TA support demand. The trend of DPs support now is mostly the TA and not so much in kind or investment in infrastructure. National institutions are not involved in the coordination of TA and the GOV does not receive reports on TA delivered. There are no mechanisms in place to monitor the performance of TA and DPs do not base their support in any national TA strategy. In contrast, DPs are very keen on TA and they are very open with rules and regulations about TA provision publically available. For example, GIZ at: www.giz.de; www.bmz.de; EU at: http://www.euhf.vn/about-us/strategic-documents/http://www.epos.de/projects/eu-health-facility.

The alignment and coordination of TA can be strengthened by: providing in accordance with agreed national TA; better coordination between DPs and government and inter-sectoral coordination is one of the key conditions for successful implementation of the project/programme; frequently sharing among DPs working in the same thematic; discuss and agree with national counterparts on TAs and incorporate in the signed annual workplan with counterparts; the ownership of the government need to be more strengthened; alignment and coordination of TA provided by different development partners can be strengthened through the HPG and in particular the HPG's technical working groups led by relevant technical department heads and involving DPs and INGOs supporting that participate area in the health sector.

Vietnamese MOH participate very well in SSC or Trc. Vietnam has SSC and TrC with countries in ASEAN, Africa, South Asia. The modalities are very diversified: Technical cooperation, financial support, expertise exchange and training. SSC and TrS are implemented in various areas where Vietnam is good at such as: TB, HIV, Malaria, PHC, MCH, EPI. Vietnam is also benefiting from the SSC, TrC much especially in cooperation with developed countries and expert organizations such as Japan, Korea, WHO, WB, UNICEF...The main constraint to SSC and TrC in Vietnam is the education and training centers in Vietnam are not standardized with the regional and international level. The cooperation is at small scales and the training is sometimes not continuous, the follow up of the results are not well implemented, the outcomes are not easy to measured. Now, the universities and research institutions in Vietnam have a stronger position in the global health arenas and more involved in the global health fora, these are the opportunities of SSC in health sector cooperation.

In principle all DPs support regional technical cooperation. There are different ways of support such as ad-hoc, no exhaustive list available; south-south cooperation; Capacity building on maternal and child health, nutrition and water and hygienic sanitation; cooperation with other DPs in the model of triangular; support regional technical cooperation through the Greater Mekong Subregion Network (e.g. on issues of malaria prevention and control). The Regional Office promotes and facilitates sharing of experiences/good practices among countries with similarities and the country office connects Viet Nam with countries within region but also across regions, through the mechanism of study tours and fellowships (by sending Vietnamese counterparts to learn from other countries in the region on a specific technical issue). DPs provide technical assistance for the implementation of a South-South cooperation initiative with other countries such as India, Brazil and South-Africa on e-learning and health. DPs serve

as a bridge between institutions in these countries and similar institutions in Viet Nam.

Solutions for effective south-south collaboration are: The capacity of the managing agencies and the institutions who provide the technical assistances. They have to give clear vision and practical plan with clear objectives and outputs; The capacity of research institutions and universities need to be qualified by the international or regional standard; More information sharing and more support from global and regional partners; Vietnam should be more active and develop the center of excellence so that VN can become the point where other countries (Laos, Cambodia, African countries) may visit and study; conduct Study tours, exchange visits; Through an assessment and/or guidance on the different opportunities to facilitate South-South collaboration, especially towards implementation of the SDGs and in the context of decreasing levels of ODA as well as shifts in the type of support being offered by DPs.

5 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

5.1 Practice 7: Engagement of CSO

The government has made quite a lot of progress and made also efforts to engage CSOs, especially international NGOs, in the design of national health policies but most CSOs participate just in the implementation phase. Although it has become more open for CSOs to engage in policy dialogue, 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, the midterm or annual review meetings, etc. at both national and sub-national level. INGOs are active participants in the Health Partnership Group and its related processes. Since the MoH does not yet engage formally with local CSOs (i.e. there are no government provisions on NGO engagement) the participation of INGOs in these forums is considered a step towards the involvement of local CSOs (national NGOs, community based organizations etc.). They received the feedback that shows the extent to which their inputs were taken into account through sharing of meeting notes, minutes, report periodically. INGOs are offered an 'enabling environment' similar to that offered to DPs. A shift is now starting to take place to more formally engage NGOs/national CSOs in the health development cooperation forums. "

There are discrepancies between the DPs and the CSOs perspective regarding consultation to CSO when DPs develop their cooperation programme and other types of DP support. Just 33% of participating DPs provide financial resources to the CSOs.

The legal framework is in place that allows CSOs to carry their work at the national and sub-national level. For example, EU provide some amount for the CSOs's projects. EU guides the engagement of CSOs in every activity (e.g.EU fund for MSI, Pathfinder to implement in some provinces). EU also funds for some local NGOs/CSOs to work at local level e.g. http://eeas.europa.eu/delegations/vietnam/projects/list_of_projects/307497_en.htm.
Country Coordinating Mechanisms (Global Fund) include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases. Include national mass organizations, international and national NGOs. However, there is hardly any CSO active in some fields such as immunization program.

5.2 Practice 8: Engagement of PS

MoH is very active and show the willingness to involve private sector in the health policy process but the involvement of PS in the health policy process is limited, mainly through technical working groups. They are not well informed especially the Vietnamese companies/organizations. Only some organizations can involve and contribute to the process, like the pharmaceutical sector. The exception is for some foreign pharmaceutical groups who have close collaboration with the MOH. In the coming time, this sector plays more important role with the expansion of private hospitals network and private health care facilities, therefore they need to be better informed and involved in the policy process.

The inclusion of the private sector organisations in stakeholder consultations and other participatory structures of their programmes depends on the mandate of DPs. For example, the Global Fund in the Country Coordinating Mechanisms includes representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases. GIZ in principle involves the PS, but that does not apply to the program in VN, since the program goals are in the public sector. The EU has plan and want to engage private sector. Strengthening the PPP is also one of the main objectives in FAO's projects and programme.

For strengthening the PPP, the private sectors were invited to attend the stakeholders' meetings, trainings and workshops. Currently, the EU is supporting Vietnam to develop the circular on PPP and the list of PPP projects in the health sector. EU will choose one pilot project to fund and will give recommendation for the government to implement the other projects.

Some achievements have been made including: establishing and enabling policies and regulations for collaboration between DPs and private sector. WHO engagement with the private sector is guided by the Framework of engagement with non-State actors set out in the resolution of the 69th World Health Assembly: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_6-en.pdf (pages 26-33). The objective of which is to minimize conflicts of interest, prevent undue influence of the private sector, prevent negative impact on WHO's integrity, reputation, mandate etc. At the same time, the Framework recognizes that WHO's engagement with non-State actors can bring important benefits to global public health (such as additional resources the private sector can contribute to WHO's work and support for wider dissemination of policies, norms and standards on issues of mutual interest).

To increase participation of the private sector to the national projects or programmes, there is the need to improve transparency of the information and mechanisms, to create a more enabling environment, enforcement on the existing policies and regulations on participation of private sector in health policy processes and to participate their representation in the bodies like National Immunization Technical Advisory Group (NITAG) and Inter-agency Coordination Committee (ICC) for Immunization (GAVI). The government needs to be more open and fairer with all private partners and to develop a government framework of engagement.

6 Other observations

In Vietnam's health sector, the cooperation between the MOH and the DPs is very tight and effective in policy dialogue. The two sides come to agreement to create the policy dialogue namely Health Partnership Group and adopt the State of Intent on improving the aid effectiveness in the health sector (the SOI) in 2009 which was renewed as the Vietnamese Health Partnership Document (VHPD) in 2014. The partnership agreement also includes CSOs and the private sector participate, but it needs to be improved and clearly defined. Under the HPG, the JAHR remarks the meaningful and effective joint effort between DPs and MOH, it contains all the indicators and figures to measure the targets of the health plan and the progress of the implementation. Besides, the HPG secretariat, which is belong to ICD, works as the focal point for both sides. This mechanism ensure the information sharing for both side and foster the MA. Strengthening capacity of HPG secretariat and improve the quality of JAHR are the best ways to meliorate the MA.

The government needs to create more rooms and playground for CSOs and PS to join. Under the Health Partnership Group, the government should pay more attention and concern to strengthen the Technical Working Group (TWG) on Medical Devices, TWG on Pharmaceuticals, TWG on Health Financing where existing the representatives of Private sectors. Another thing that can be done is to involve health sub-sectors in models of PPP.

7 Discussion of findings

HPG members meeting 17th November 2016

The findings of the IHP+ Monitoring and Evaluation exercise were shared among HPG members (17 November 2016) including MOH (DPF, ICD, MCH, ASTT), MPI (FERD), DPs (Australia, Sweden, EU, WHO, UNFPA, UNICEF), CSO (HKI, Marie Stope, HAIVN), Private Sector (Abbort, Pharma Group) and some provinces (Ho Chi Minh, Nghe An, Hai Phong). The main topic of the meeting is about the revision of Viet Nam Health Partnership Document. During the meeting, the co-chairs (DG of ICD and representative of WHO) took lead the discussion with the participants relating to many issues of VHPD which were also related to the contents of the IHP+ monitoring and evaluation exercises. Some questions were raised are about: 1. How to make use and align support of DPs for national health priorities in the context of DPs phasing out and high public debt? 2. How to incorporate and make use of results and lessons of health projects from DPs and INGO into the assessment and develop national health sector plans/strategies? 3. How to improve PFM system including the auditing system, national reporting and national budget executing procedures? 4. How The PS can join with the government's planning and implementing process? 5. 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? And, 6. What mechanisms does the government have to monitor the improvement of CSO participation in policy making process?

1. In Vietnam, the contributions from individual DPs are counted as the state budget. In the condition of Vietnam nowadays, almost all areas are under funded especially for the newly emerging issues such as Ageing, NCD, Health Promotion. The annual budget for health sector is always underestimated and there are big gaps with the demands of the people, the health facilities and the supply, especially in the key priorities. The action/financial plan for 5 year health plan should be referred to the SDGs and the indicators to measure the SDGs proposed activities. The Ministry of Health and the

stakeholders should conduct the joint assessments for the some national targeted programs such as HIV/AIDS prevention, Nutrition, Tobacco control… and together develop the more reasonabale and measureble priorities.

2. To incooperate with DPs, INGOs to the national health plan, the MOH need to have open minded view towards the participation of the development partners and INGOs in the national health plan and strategy, the willingness and support from the development partners and the huge networks of INGOs are some of the opportunities to strenghten alignment with the national plan/strategy. Currently, the capacity of policy making is improved with the support from the DPs and INGos, besides, the new trend of funding (budget support) via national system also contributes to the alignment of DPs to the national plan making and implementation.
3. The PFM system of Vietnam is now much strengthened than 5 years ago and gradually shows more reliable to the DPs. The Decree 85/2012/ND-CP issued on 15 October 2012 on operation and financial mechanisms for public health agencies. The government now still doing the reformation of the PFM. EU and WB now start accepting the national PFM system for their disbursement. Many DPs are now concerned on new modalities such as budget support or SWAP, the system are now more transparent and light. This factor encouraged DPs to use the national PFM system more. All the projects under the DPs, INGO always follow the financial reporting procedures and submit it to the Ministry of Finance, some DPs using budget support (like EU) use the State Treasury to conduct this. Some DPs only use national auditing system, the other also use the independent auditing company and internal auditing system. Some DPs also harmonized themselves in using PFM and they also help the country in PFM reform. Besides, Pushing up the reformation in administration procedures is a priority of the government and the MOH. The MOH and other ministries are now applying the IT to make it faster and reduce the waiting time. To many procedures and overlap and overload of reporting system for the state agencies, both the implementing and managing agencies, is also a constraint (one agency has to do many reports and send to DPs, the forms, indicators and the period to report are different from each DP.
4. The involvement of PS in the health policy process is limited, mainly through technical working groups. They are not well informed especially the Vietnamese companies/organizations. Only some organizations can involve and contribute to the process, like the pharmaceutical sector . With most players in PS, the information of making law, regulations related to health issues (e.g. national health plan) is not available and open to the every players of PS, even when they know, they can not access and even when they can get, their feedback is also not well received and reflected to the policy. The exception is for some foreign pharmacetical groups who have close collaboration with the MOH. In the coming time, this sector plays more important role with the expansion of private hospitals network and private health care facilities, therefore they need to be better informed and involved in the policy process.

   Therefore, if the governemnt want to involve the PS, the government need to create more rooms and playground for PS to join especially the MOH have to follow the guidelines of the WHO regarding the participation of non-state partners in national process to avoid the conflict. Under the Health Partnership Group, the government should pay more attention and concern to strengthen the the Technical Working Group (TWG) on Medical Devices, TWG on Pharmaceuticals, TWG on Health Financing where existing the representatives of Private sectors. Another thing that can be done is to involve health sub-sectors in models of PPP
5. Vietnamese MOH participate very well in SSC or Trc. Vietnam has SSC and TrC with countries in ASEAN, Africa, South Asia. The modalities are very diversified: Technical

cooperation, financial support, expertise exchange and training. SSC and TrS are implemented in various areas where Vietnam is good at such as: TB, HIV, Malaria, PHC, MCH, EPI... Vietnam is also benefit from the SSC, TrC much especially in cooperation with developed country and expert organizations such as Japan, Korea, WHO, WB, UNICEF...The main constraint to SSC and TrC in Vietnam is the the education and training centers in Vietnam are not standardized with the regional and international level. The cooperation is at small scales and the training is sometimes not continous, the follow up of the results are not well implemented, the outcomes are not easy to measured. Now, the universities and research institutions in Vietnam have a stronger position in the global health arenas and more involved in the global health fora, these are the opportunities of SSC in health sector cooperation

6. Most CSOs participated in the implementation phase, limited CSOs can enroll in the policy designing process, and not every CSO can involve in the monitoring of the national health plan. The INGOs are more likely to involve in policy process than the LNGOs because the have the NGO resource center and Health Partnership Group where open for policy dialogue between the MOH, line ministries and the DPs. During the midterm or annual review meeting, the government always invites representatives from CSOs and CSOs also participated sending comments and suggestions in the Health Partnership Group meetings for the better implementation of the health strategies and policies.

   If the government really want to engage CSOs, they need to improve the sharing mechanism with CSO to access the information of the health plan making, especially focus on policy advocacy. The LNGOs need to be more involved in the health planning To engage the CSOs in the health policy process, the information of the health plan should be share widely and through more channels so that the CSOs can access more easily."

8 Annex 1: list of DPs that were invited and those that participated

Nr	List of DPs active in the health sector	DPs invited to participate in 5th IHP+ Monitoring Round	DPs that participated
1	ADB	x	
2	World Bank	x	
3	kfW	x	
4	JICA	x	
5	Embassy of Canada	x	
6	Korea Embassy	x	
7	KOICA Vietnam Office	x	
8	KEXIM	x	
9	USA-USAID	x	
10	DFAT - Australian Embassy	x	
11	Austrian Embassy	x	
12	Belgian Embassy	x	
13	Belgian Development Agency (BTC)	x	
14	The Czech Republic	x	
15	Embassy of Denmark	x	
16	Delegation of European Union	x	X
17	Embassy of Finland	x	
18	AFD	x	
19	GIZ	x	X
20	Embassy of Hungary	x	
21	IFAD	x	
22	Ireland Embassy	x	
23	Italian Development Cooperation Office	x	X
24	Luxembourg Embassy	x	X
25	Embassy of New Zealand	x	
26	Embassy of Norway	x	
27	Spain - AECID	x	
28	Swiss Cooperation Office for Vietnam	x	
29	DFID-UK	x	
30	Global Fund	x	X
31	Global Alliance for Vaccine Immunization	X	X
32	UN RCO	x	
33	ILO	x	
34	UNIDO	x	
35	UN WOMEN	x	
36	FAO	x	X
37	UNAIDS	x	
38	UNDP	x	
39	UNESCO	x	
40	UNFPA	x	X
41	UNHCR	x	
42	UNICEF	x	X

43	UNODC	x	
44	UNHABITAT	x	
45	WHO	x	X

9 Annex 2: list of participating CSOs

Nr	**List of CSOs active in the health sector**	**CSO participated in online survey** (please add an X if the CSO participated)	**CSO participated in focus group discussion** (please add an X if the CSO participated)
1	VUFO-NGO Resource Center	x	
2	Liên hiệp các hội khoa học và kỹ thuật Việt Nam (VUSTA)		
3	ActionAid Vietnam		
4	ADRA Vietnam		
5	American Red Cross		
6	Union Aid Abroad – APHEDA		
7	Resources for Health Equity, Inc. (RHE)		
8	CARE International in Vietnam		
9	CBM Country Coordination Office Vietnam	X	
10	Center for Educational Exchange with Vietnam		
11	ChildFund in Vietnam		
12	Counterpart International		
13	Catholic Relief Services (CRS)		
14	East Meets West Foundation		
15	The Fred Hollows Foundation (FHF)		
16	FHI 360		
17	Global Community Service Foundation (GCSF)		
18	Research and Technological Exchange Group (GRET)		
19	GaneshAid		
20	Habitat for Humanity Vietnam		
21	HELVETAS Swiss	x	

	Intercooperation		
22	Handicap International Belgium in Vietnam		
23	Helen Keller International Vietnam		
24	Medecins du Monde (MDM) - Doctors of the World		x
25	MCNV Vietnam	x	
26	MEDRIX	x	
27	Management Sciences for Health (MSH) Supply Chain Management System (SCMS)	x	
28	Marie Stopes International in Vietnam (MSIVN)		
29	Nordic Assistance to Vietnam		
30	ORBIS International		
31	Operation Smile Vietnam		
32	Pathfinder International Vietnam		x
33	PATH		
34	Plan in Vietnam	x	
35	Population Services International Vietnam (PSI)		
36	Resource Exchange International (REI) Vietnam		
37	Save the Children in Vietnam (SC Vietnam)		
38	Netherlands Development Organisation (SNV)		
39	Spanish Red Cross		
40	VinaCapital Foundation		
41	World Vision International Vietnam		
42	One Health (former PAHI)	x	
43	Clinton Health Access Initiative (CHAI)		
44	The Partnership for Health Advancement in Vietnam (HAIVN)		
45	Oxford University Clinical Research Unit - Vietnam (OUCRU)		
46	USYD/ Woolcock Institute		

	of Medical Research Vietnam		
47	Center for Population and Health Sciences (Trung tâm Nghiên cứu Sức khỏe Cộng đồng)		
48	Center for Community Health Research and Development (CCRD)		
49	Institute for Social Development Studies (ISDS)		
50	Center for Supporting Community Development Initiatives (SCDI)		
51	Research andTtraining Centre for Community Development (rtccd)	X	x
52	ASEAN - US Business Council	X	

10 Annex 3: list of participating private sector organisations

Nr	**List of private sector active in the health sector** (as per the definition in the PS tool)	**Private sector organisation participated in focus group discussion** (please add an X if participated)
1	Vietnam Health Economics Association (Hội Khoa học Kinh tế Y tế Việt Nam)	x
2	Vietnam Nutrition Association	x
3	Association of HIV/AIDS prevention	x
4	Association of Nursing	
5	Australia Vietnam Family Health Services	
6	GlaxoSmithKline (GSK)	
7	Johnson&Johnson	
8	Pharma group (Eurocham)	
9	VCCI	
10	USABC (Amcham)	
11	Biocodex	
12	Mediconsult Company	

** Please add more lines if necessary*

11 Annex 4: minutes from the HPG Core-Group meeting February 2017

KEY POINTS FROM HPG CORE-GROUP MEETING 2017 FOR IHP+ MORNITORING FINDINGS DISSEMINATION AND DISCUSSION

Time: 9:00 AM Friday 17 Feb 2017
Venue: ICD Meeting Room, R.411, Building B, Ministry of Health
Chair: Assoc. Prof. Tran Thi Giang Huong, ICD General Director
Participants: ICD leaders and staff, WHO, GIZ, US Embassy, EU-HF, GaneshAID, HPG Secretariat, Prof. Nguyen Thanh Huong (IHP+ consultant)

Before the meeting all the IHP+ findings have been sent to wider network of HPG and all organizations/agencies participated into the monitoring for dissemination and feedback.

Generally speaking, in the meeting MOH and participants are highly appreciated the work done in IHP+ monitoring process and report. Finding help to summarize all the essential issues in this area reflecting in all EDC. Below are some key points emerged from more than two hours discussion

- On EDC 2: It is difficult for different stakeholders to see the whole picture to align with the process, it is usually up to the institutions to disburse the finance based on their own plans instead of fitting them with the whole plan of the health sector. This is an issue that can be identified but not be solved since there are different disbursement procedures among DPs and the Government.
- On EDC 3: MPI has already been collecting information against the principles for ODA management overall. There is a need to discuss with MPI in particular about what are possible to change, since the health decrees, circulates and decisions cannot change the use of public financial management (PFM) system (ex. through PMU), so this is a long-term process of changing PFM.
- On EDC 4: Procurement system also depends on whether the criteria of central level procurement system meet the criteria of DPs. Efforts need to be made from government side in the way that DPs can align their support to strengthen the procurement system.
- On EDC 5 on the national monitoring and evaluation system: Governmental statistical report is a useful tool but always produced late (about 1-2 years late), even getting the data file is difficult from the Division of Statistics (DPF). Therefore, the process of producing the statistical report, which is now still a weakness of MOH to be admitted, needs to be improved, with technical support from DPs.
- On EDC 7: Regarding the involvement of private sector, if we have the financial plan on what we need, what the government can allocate and the gaps, and specific list/menu of what need DP support, then we can attract private funding.

Other comments:

- There would continue to have other meetings with all who involved in the exercise (Global Partnership for Effective Development Cooperation) outside MOH and HPG, which would (1) present key findings of IHP+ monitoring exercise and (2) work in depth on some other point to improve the action plan to implement the interventions including selecting a number of focuses to work on. The further meeting should involve MPI and MOF. This could be financially supported by WHO. The result of the collaborated action plan is expected to be presented at HPG meeting.

- The findings should be discussed within MOH first with the involvement of MOH Departments/Administrations, and ask the Minister on how much importance the IHP+ exercise is to the MOH.
- There should be efforts from two sides, not only Government but DP side as well. But the Government should decide what the priorities are and what are feasible before DPs can appropriate their responses accordingly.
- It is not feasible to respond to all issues identified from the findings at one point in time. **Therefore, a number of issues should be selected to focus on, with specific goal of each EDC and short-term, medium-term and long-term actions.**
- It is necessary to do the costing within the health sector before working with MPI & MOF, to have some evidence for key interventions so that we have better arguments with other ministries. We should do the financial forecast for the five-year plan, and MOH would be the focal point to coordinate.
- There should be some progress presented with concrete outputs after IHP+ monitoring round every 2 years in order to contribute practically to development cooperation effectiveness practice.
- Next steps:
    - Sending letter to DPF and reporting to Minister on the findings of the monitoring round and directions to move forward (ICD/HPG Secretariat)
    - Consolidating the IHP+ monitoring round results and circulate for other potential involvement.