

# HPG I/2016 MEETING MINUTES

La Thanh Hotel, 17 March 2016

## GENERAL INFORMATION



|                                   |   |
|-----------------------------------|---|
| <b>Date and time</b>              | 14:00 Thursday 17 March 2016  |
| <b>Venue</b>                      | Meeting Hall E1, Building E, La Thanh Hotel, 218 Doi Can, Hanoi   |
| <b>Chairpersons</b>               | <ul style="list-style-type: none"><li>▪ Assoc. Prof. Nguyen Thi Kim Tien, Minister of Health</li><li>▪ H.E. Mr. Bruno Angelet, Ambassador, Head of EU Delegation to Vietnam</li><li>▪ Ms. Pratibha Mehta, Resident Coordinator, UN in Vietnam</li><li>▪ Ms. Victoria Kwakwa, Country Director, World Bank in Vietnam</li><li>▪ Dr. Tran Thi Giang Huong, Director General, ICD, MOH</li></ul> |
| <b>Participants</b>               | ~250 people   |
| <b>Agenda &amp; Presentations</b> | <i>See Annexes</i>  |

## **ABBREVIATIONS (ALPHABET ORDER)**

|       |   |
|-------|---|
| DOH   | Department of Health                          |
| DPF   | Department of Planning and Finance            |
| DPs   | Development Partners                          |
| HPG   | Health Partnership Group                      |
| HRH   | Human Resources for Health                    |
| HPV   | Human Papilloma Virus                         |
| ICD   | International Cooperation Department          |
| INGOs | International Non-Governmental Organizations  |
| JAHR  | Joint Annual Health Report                    |
| MARD  | Ministry of Agriculture and Rural Development |
| MONRE | Ministry of Natural Resources and Environment |
| MDGs  | Millenium Development Goals                   |
| MOF   | Ministry of Finance                           |
| MOH   | Ministry of Health                            |
| MPI   | Ministry of Planning and Investment           |
| NCDs  | Non-communicable diseases                     |
| NTPs  | National Targeted Programs                    |
| PPP   | Public-Private Partnership                    |
| SEDP  | Social and Ecomomic Development Plan          |
| SDGs  | Sustainable Development Goals                 |
| TBs   | Tuberculosis                                  |
| UHC   | Universal Health Coverage                     |
| VHPD  | Vietnam Health Partnership Document           |

## I. BACKGROUND

The first quarterly HPG Meeting 2016 is a routine activity of the Health Partnership Group (HPG). This is a significant time for Vietnamese health sector since the Ministry of Health (MOH) has accomplished the five year health sector plan, seven major tasks of the health sector in the period 2011 – 2015 and 15 years of MDGs implementation. In 2016, the MOH will continue to implement the next five year health plan and major tasks of the sector for the period 2016-2020, aligning with health related goals under the SDGs post-2015 launched by the UN.

HPG meeting I 2016 is a chance for the MOH, Development partners (DPs) and relevant stakeholders to review the progress of the sector over the last five years, share experience, and indicate best practices and lesson learnt for the implementation of the next five year health plan. Priorities and directions for the health sector in 2016 – 2020 will be focused so that stakeholders could have insights of driving perspectives from Vietnamese Government and MOH in the health sector, from which DPs could share their perspectives and information on development cooperation for the next period to increase the effectiveness of macro health policies and utilize development cooperation in the sector.

## II. CONTENT

### 1. OPENING REMARKS

#### 1.1. Assoc. Prof. Nguyen Thi Kim Tien, Minister of Health

On revising the achievements of the health sector during the past five years 2011-2015 along seven major tasks proposed at the Health Partnership Group meeting in October 2011, Minister of Health Nguyen Thi Kim Tien thanked the Government, Ministries and Development Partners for supporting the MOH in implementing the five year health plan and seven major tasks, including (1) Reducing hospital overcrowding, specifically significant reduction in shared beds; (2) Reforming health financing mechanism including the adjustment of health care service prices; (3) Implementing UHC roadmap, particularly raising health insurance coverage rate from 60.9% in 2010 to 75.3% in 2015; (4) Strengthening grassroot health care network linking with primary health care, especially pandemic control and family doctor model expansion; (5) Enhancing human resources for health (HRH); (6) Applying advanced technology in treatment as well as managing to manufacture and export vaccines; and (7) Improving the effectiveness of health education and communication. Besides those seven major areas, the health sector also made a breakthrough in medical service attitude improvement and administrative procedure reform.

Besides, Minister Tien listed out the challenges that the health sector has been facing, including (i) Climate change and emerging diseases; (ii) Impact of environment pollution and food unsafety; (iii) Impact of transportation accidents and injuries; (4) Consequences of alcohol, cigarette, drug usage and prostitution; (v) Inequality between health care

needs of the people with health care service supply capacity of the health sector; (vi) The lack of high-quality human resources for health.

For the new tasks of the new period 2016-2020, the Minister highlighted that the health sector would continue to carry out the major tasks with higher determination and investment; specifically on (a) Enhancing grassroots health care at district and commune level, in linkage with family doctor model expansion; (b) Continuing to improve financial mechanism in linkage with universal insurance coverage roadmap and encouraging PPP investment; (c) Reforming the medical university training model; (d) Applying information technology in all connection between medical facilities and social insurance. Furthermore, the Vietnam health sector also determines to continue with the fulfillment of those MDGs which have not been completed and SDGs, especially Goal No. 4 of MDGs (reducing the rate of malnutrition with stunting) and goal No. 3 of SDGs (ensure healthy lives and promote well-being for all at all ages).

Minister Tien expressed the expectation to receive continuous support from the Government and Development Partners for the Vietnam health sector in implementing the new tasks as identified above.

### **1.2. H.E. Mr. Bruno Angelet, Ambassador, Head of EU Delegation to Vietnam**

Mr. Angelet highlighted the common objectives in the cooperation between Vietnam and EU including increasing health insurance coverage; improving access, equality and quality of services; reducing hospital overcrowding; strengthening grassroots health care network; and improving the health information system. He praised Vietnam's achievements in reducing infant mortality rate by 50%, maternal mortality rate by 2/3, and malaria ratio by more than 25 times with EU's support. EU ensured the support of 114 million Euro (equal to 2,808 billion VND) until 2017 to the health sector of Vietnam under grants with three main objectives: (1) concentrating efforts during the next five years on the 10 poorest provinces of Vietnam; (2) aligning budgetary priorities with operational priorities; and (3) expand the application of health information system to all 63 provinces of Vietnam. EU ensured that Vietnam is well supported in implementing SDGs, its new five-year plan as well as providing overall access to health of the Vietnamese people.

### **1.3. Ms. Pratibha Mehta, Resident Coordinator, UN in Vietnam**

Ms. Mehta praised Vietnam's effort in many of the MDGs and their targets by the end of 2015, including its efforts to reduce income poverty before 2015 as well as being one of 10 fast-track countries in the world in the attainment of the health-related MDGs. Vietnam was recognized for its efforts to reduce maternal and child mortality, and for meeting its targets in controlling malaria, tuberculosis, and combating HIV/AIDS. At the same time, Ms Mehta highlighted the unfinished MDG agenda which must and will be carried forward into the SDG agenda that Viet Nam is now developing. She highlighted in particular malnutrition and stunting which continue to affect children in the country's poorest households, unequal access to an improved water source and improved sanitation, and the sustainability of HIV prevention and control efforts. The SDG agenda for Viet Nam will address NCDs, aging population,

increasing inequalities and the impact of climate change on health. Ms. Mehta pointed out that, achieving SDGs can only be done by nationalizing SDGs and indicators through the new SEDP, the health plan and other sectoral plans, especially by applying multisectoral approaches in the context of Vietnam having to deal with non-traditional and non-ODA financing. She reaffirmed the UN's commitment to align its strategic plan for period 2017-2021 (i.e. the UN One Plan) with Vietnam's health sector plan and SEDP. UN agencies including WHO, UNICEF, UNFPA and UNAIDS will combine their individual resources to support the realization of Vietnam's vision and aspiration for a healthy population and an equal distribution of the benefits of economic development.

#### **1.4. Ms. Victoria Kwakwa, Country Director, World Bank in Vietnam**

Ms. Kwakwa applauded the leadership and hard-work of the MOH in achieving Vietnam's targets in poverty reduction and equitable growth including the substantial achievement of the health-related MDGs. She praised Vietnam's commitment towards UHC, reducing hospital overcrowding, improving technical capacity by being able to manufacture vaccines, and avoiding any major health pandemics in the Vietnamese society. She also highlighted the important milestone of 2016 as it is the first year of a new five-year SEDP and also the first year for the implementation of the SDGs. As EU and UN, Ms. Kwakwa affirmed World Bank's strong commitment on supporting Vietnam in achieving its new targets, which focus on (1) UHC along larger scope; (2) continuing effort towards reducing hospital overcrowding; and (3) enhancing cross-sectoral collaboration. The World Bank expected that the focus of their engagement will remain on two pillars: (i) supporting the adaptation of the service delivery system to meet the challenges including health financing; and (ii) continuing to work on getting the most value and protection against impoverishment from the resources spent.

*See annexes for full opening remarks.*

### **2. VIDEO: ACHIEVEMENTS AND DEVELOPMENT COOPERATION IN THE HEALTH SECTOR DURING 2011-2015**

### **3. PRESENTATION: FIVE-YEAR HEALTH PLAN 2011-2015 IMPLEMENTATION EVALUATION AND ORIENTATION FOR THE NEXT FIVE-YEAR HEALTH PLAN 2016-2020 (Department of Planning and Finance, MOH)**

On behalf of DPF, Dr. Nguyen Nam Lien presented on the outcomes and disadvantages of the implementation of the five-year health plan 2011-2015. Overall, the health sector has achieved and exceeded 16 out of 19 key indicators denoted in the five-year plan as well as 4/5 targets and 16/17 indicators in health-related MDGs. It was also acknowledged that the health sector has accomplished seven major tasks, especially in reducing maternal and infant mortality rate, stunting rate of children under 5 years old, hospital overcrowding, health insurance coverage and village health improvement. The challenges and difficulties have prevented the health sector from achieving 3 five-year health plan indicators such as average life-expectancy, mortality rate of children under 5

years old and population growth rate; and MDG indicator on reducing the mortality rate of children under 5 years old. However, those have not prevented the health sector from developing a robust plan for period 2016-2020 which will continue to focus effort and budget, as well as call for DP support on UHC, HRH, primary health care, preventive medicine, grassroot health system, technology transference and vaccine manufacturing techniques, hospital overcrowding reduction through building satellite hospitals, and health financing reform. The plan presented 59 key indicators for monitoring and 9 major tasks for the new phase 2016-2020.

*See annex for full presentation.*

#### **4. DISCUSSION**

- **Mr. Le Van Thanh, Programme Officer for Health, EU Delegation to Vietnam:**

Mr. Thanh made suggestions on the priorities of the health plan for 2016-2020, which questioned that whether there should be a specific indicator set under the basic health targets to measure UHC rate after five years of implementation. According to WHO definition, UHC covers insurance coverage, financial protection for the people, and access to medical services, facilities and medicines. Based on current statistic, what number should we reach by 2020?

- **Ms. Anna Lange, Head of Wallonie-Bruxelles Delegation to Vietnam:**

Within the framework of bilateral cooperation between Vietnam and the Wallonie-Bruxelles Government in 2016-2018, the two sides have agreed on six health projects including: family medicine, family nursery, pharmaceutical practice, physical therapy, and mental health with multi-sectoral approach. Those six projects will be launched along the general project on Family medicine to build a first-line health care network. Wallonie-Bruxelles Delegation suggested the first conference of this new cooperation program to take place on 24-25 March 2016 in Hue city, at the same time with the 2<sup>nd</sup> Congress of the Association of Family Doctors of Vietnam.

- **Mr. Duong Van Dat, SRH Unit Team Leader, UNFPA:**

Mr. Dat praised the new five-year health plan to be strategic and comprehensive. He suggested that Vietnam consider having a leading document on the issue. For example, at global discussion level, the monitoring indicators for SDGs have just been released, therefore, it is needed for Vietnam to revise monitoring indicator system including health, to update health indicators to align with global practice and movement.

- **Ms. Kari Hurt, Vietnam Health Program Cluster Leader, World Bank:**



Ms. Kari Hurt agreed with what Ms. Kwakwa commented on the objectives and strategic orientation of the next five-year plan. She made some points on the operationalizing of the strategy.

(1) Priority of budget allocation is based on the demand of the health sector and on what can be mobilized in the next five years. However, Vietnam's economic growth and growth of the state budget is not growing as fast as the country would like. Also, MOF has not yet given MOH the indication of the middle-term expenditure, specifically on how much resources are allocated over the next few years. Therefore, there should be discussions on how to prioritize among priorities and how to allocate resources to match the objectives. The five-year health plan is the good starting point but there need to be a leading document based on priorities of the situation.

(2) MOH has less direct control of the expenditure due to increased decentralization to provinces and the shifting from direct financial support to health insurance supporting to demand side. As a result, MOH shares smaller responsibility, but it does not mean that the sector is not growing. The health sector's spirit to move along the right direction to achieve the priorities is more important. Thus, the stewardship and policy functions need to grow in terms of strength and of using models and methods to ensure the implementation of the regulations. There is a need to know what is happening and the importance of the health information system, since the health sector of Vietnam is not at the level where it should be, given its level of development. It is hoped that in the next five years, Vietnam will have a break through in the health area.

(3) In order to make progress of the next five years, it requires coordinated approach in terms of policy making and in terms of the implementation of the policies. For instance, if the health sector wants to strengthen the delivery of primary health care services and grass-root network, it must take action across several departments from planning and financing, to linking that with integrating curative and preventive services, with organizational models, with quality insurance, and so on. MOH has challenges in strengthening the coordination of different departments working to obtain the objectives. It is needed to discuss further about a model for the coordinative policy action to achieve the health goals.

\*Kari shared about her resignation from her current position with World Bank which started since October 2011. She expressed her gratitude and appreciation for having participated in the HPG so far.

- **Assoc. Prof. Nguyen Thi Kim Tien, Minister of Health responded to the comments:**

(a) On Thanh's opinion on the evaluation criteria of UHC: Currently, the criteria included in the socio-economic development plan (SEDP) merely cover the proportion of the

people participating in health insurance. The other dimensions of the criteria including financial protection for the people and service access are not yet included. However, the dimension on financial protection can be clearly seen by statistics on reducing personal expenditure on health services. About the access rate, currently more than 100% of communes have health stations, and 80% of communes provide medical service use health insurance for the people and this percentage targets to reach 100% in the coming time.

Minister Tien thanked the Wallonie-Bruxelles community for their cooperation in the health projects, especially family doctor model. With the support of Wallonie-Bruxelles and other DPs, the model is expected to be scaled up to cover 80% of the population by 2020.

(b) On Dat's opinion on a flexible indicator set that reflects the changes in global health targets for the new phase: The health indicators are linked with the state budget allocation for five years. Depend on financial status, the health indicators will be adjusted along.

(a) On Kari's opinion on decentralization: Currently the authority is transferred to hospitals and the state does not allocate budget for hospital anymore. Decentralization makes it easier for management but more difficult for coordination and monitoring. In order to bring more effectiveness, hospitals need to regulate proper service fees and boost the health information system. At the moment we do not have a national health database.

- **Mr. Le Minh Sang, Health Specialist, World Bank:**

Mr. Sang contributed to the five-year health plan 2016-2020 with the question: How to mobilize government agencies and other economic sectors to the work of primary health care? He shared the story of World Bank's project on hydropower, where they allocated one million USD for primary health care activities, such as clean water and sanitation investment, health education and communication, local health system capacity building, etc. The reason for such a significant amount within project budget to be spent on primary health care, is the policy framework named "Health impact assessment". Now it is obligatory that all development projects have the component of assessing health care impact, which is a great tool for the health sector to mobilize resources from other sectors for its development projects for primary health care. Assuming that we have one million USD per each 400 million USD project for primary health care, then nationwide we will have huge resources for primary health care under thousands of projects. Mr. Sang recommended that in the next five years, MOH enhance and develop the legal framework for health impact assessment and health protection in development projects, especially large-scaled ones.

- **H.E. Mr. Bruno Angelet, Ambassador, Head of EU Delegation to Vietnam:**



Mr. Angelet highlighted the necessity to fine-tune the indicators of UHC and the importance of the health information system. He also agreed with Kari from World Bank's opinion on the operationalization of the five-year health plan and priority setting. He raised the question on how the five-year health plan can be integrated with the SEDP, and what is the timeline to set the connection between the overall five-year health plan and the new economic government and how the prioritization of budget is expected to be in the sector.

- **Assoc. Prof. Nguyen Thi Kim Tien, Minister of Health responded to the comments:**

There are regulations for the state budget and government bond allocation along the five-year health plan, which focus on the following areas:

- Infrastructure investment: central, provincial and district hospitals
- Recurrent activities which link with primary health care such as immunization, TB, malaria, HIV, malnutrition, maternal and child health with priority on poor and mountainous areas
- Disease control and preventive medicine, especially areas which lack socialization resources such as leprosy, mental health with priority on the elderly and children under 6 years old.
- Contingency budget for cases of natural disaster and pandemic control.
- Difficulties: The actual demand of development investment is higher than the expenditure rate of state budget which is only 20% due to the state's policy of saving budget, while it requires about 30-35% for health. Therefore if we base merely on mid-term budget allocation it will be difficult to implement the activities.
- Solutions: to grant ownership to the hospitals, particularly hospitals at central level, together with service price control; to promote socialization through PPP and private health development.

## **5. ANNOUNCEMENT ABOUT THE WORLD HEALTH DAY**

Dr. Socorro Escalante from WHO informed HPG about the World Health Day (WHD) which would take place on April 7th, 2016. This is the annual celebration led by WHO in collaboration with MOH and DPs and other member of states. The theme of this year's WHD is prevention and control of diabetes, which means that we need more stakeholders and collaboration at high level of policy development to initiate programs to combat diabetes. Vietnam is among those countries in the region that have rising percentage of diabetes, so it is expected that HPG members to observe diabetes control and prevention. WHO will send out official letter to the heads of agencies and DPs outlining potential

activities that will be undertaken including diabeto screening for the staff and conduction of healthy lifestyle exercises. WHO is also available to come to give lectures and information dissemination to the agencies and DPs for the day.

### **III. CONCLUSION**

#### **1. Conclusion by Ms. Astrid Bant, Representative, UNFPA in Vietnam (in replacement of Ms. Pratibha Mehta, Resident Coordinator, UN in Vietnam to co-chair the meeting)**

Ms. Bant once again complimented the advances that have been made towards MDGs. However, there still exist concerns with some inequities in health across regions and populations. According to Ms. Bant, although a robust provision is needed for financing for the last remaining issues under MDGs, the more important issue is to have evidence-based interventions which should be more innovative and the participation of the people in the area.

On behalf of UN in Vietnam, Ms. Bant called for maximum effort to deal with stunting which is a serious problem in Vietnam. She called the government to accelerate effort to reach zero target for stunting. These outcomes can only be achieved by strong multi-sectoral coordination, the implementation of the national nutrition strategic plan, and improved access to clean water and sanitation.

Last but not least, Ms. Bant mentioned that sexually reproductive health was a big achievement of Vietnam during the past years. She called attention to the unmet needs of sexually reproductive health of young people, and to the fact that while there is success in reducing maternal fatality, reproductive cancers (for example cervical cancer) should be considered a priority to deal with since it is a major killer to Vietnamese women. New technologies like HPV vaccines would help reduce prevalence and incidence of cervical cancer in the country and of course the reduce mortality and morbidity burden of the disease. The MOH would consider an appropriate financing mechanism to introduce and scale up the vaccine HPV programme in the country.

#### **2. Conclusion by H.E. Mr. Bruno Angelet, Ambassador, Head of EU Delegation to Vietnam**

Mr. Angelet expressed his appreciation on the good discussion and interesting presentation of the new five-year health plan. He suggested that HPG would meet to work further on how to operationalizing the five-year health plan which would tackle all five-year indicators and plan to ensure expansional development of operational information system, and to consider the scope to indicate wider practical information of the coordination system. The MOH should be the key platform to

coordinate organizations at local level and to foresee how project allocation will be prioritized in the operationalization of the five-year plan. He underlined that the operationalization of the five-year health plan should be the next topic of HPG meeting.

### **3. Conclusion by Assoc. Prof. Nguyen Thi Kim Tien, Minister of Health**

Minister Tien thanked the co-chairs for their opinions and emphasized the importance of deadling with subjects on stunting, reproductive health, mother and child mortality rate and HPV vaccines. The target on stunting reduction proposed by UNICEF to be included in the SEDP was submitted to the General Assembly but MOH has not yet received the answer. Also, free consultation and injection of HPV vaccines has been provided for a number of high-cancer rate communities, however, it has not been developed in the free immunization program since the price is quite high.

Minister Tien appreciated EU's idea on the topic for the next HPG meeting. She affirmed that the indicator set and budget allocation were challenges in the five-year health plan implementation management. Currently Vietnam has new features on budget allocation which is designed along the mid-term plan with specific priorities and expected outputs. In the next HPG meeting, it is expected that a lot of opinions on the issue will be raised and other ministries such as MARD, MONRE will be involved. Once again, Minister Tien thanked the co-chairs and all participants for attending the HPG Meeting Quarter I of 2016 and looked forward to receiving them all in the next HPG meeting.

**The meeting ended on 17:30 PM same day./.**

**ICD DIRECTOR GENERAL**

**(Signed)**

**Tran Thi Giang Huong**

## ANNEX 1. AGENDA OF THE HEALTH PARTNERSHIP GROUP MEETING I/2016

**Date:** 14:00 Thursday March 17<sup>th</sup>, 2016  
**Venue:** Hall E1, Building E, La Thanh Hotel, 218 Doi Can, Ba Dinh, Hanoi  
**Chair:** Assoc. Prof. Nguyen Thi Kim Tien, Minister of Health  
**Co chairs:** Representatives of Development Partners

| Time                | Content  | Person(s) in charge   |
|---------------------|--|---|
| <b>13:30-14:00</b>  | <b>Registration</b>  | <b>HPG Secretariat</b>  |
| 14:00-14:05         | Welcome and introduction   | Dr. Tran Thi Giang Huong<br>Director General, ICD, MOH                  |
| 14:05-14:15         | Opening remarks of the Chair   | Assoc. Prof. Nguyen Thi Kim Tien<br>Minister of Health                  |
| 14:15-14:30         | Remarks of the Co-chairs: <ul style="list-style-type: none"> <li>• H.E. Mr. Bruno Angelet, Ambassador, Head of EU Delegation to Vietnam</li> <li>• Ms. Pratibha Mehta, Resident Coordinator, UN in Vietnam</li> <li>• Ms. Victoria Kwakwa, Country Director, World Bank in Vietnam</li> </ul>                                    | Co-chairs   |
| 14:30-14:45         | HPG video on the achievements and development cooperation in the health sector during 2011-2015  |   |
| 14:45-15:15         | <ul style="list-style-type: none"> <li>• Review of the implementation of the Five-Year Health Sector Plan and major tasks of the health sector for the period 2011-2015</li> <li>• Directions and priorities for the health sector in the new Five-Year Health Sector Plan (2016-2020)</li> </ul>                                | Department of Planning and Finance (DPF)                                |
| <b>15:15– 15:30</b> | <b>Tea break</b>   |   |
| 15:30 – 16:45       | <ul style="list-style-type: none"> <li>• Inputs/comments from DPs on the implementation of the Five-Year Health Sector Plan and major tasks of the health sector in the period 2011-2015</li> <li>• DPs’ perspectives on how they can best support the health sector during 2016 – 2020</li> <li>• Plenary discussion</li> </ul> | Development Partners (DPs)<br>Local representatives<br>All participants |
| 16:45-17:00         | Announcement about World Health Day 2016   | WHO   |
| <b>17:00-17:30</b>  | <b>Conclusion and Closing Remarks</b>  | <b>Chair &amp; Co-chairs</b>  |
| <b>17:30</b>        | <b>Dinner (Ballroom E1, 1<sup>st</sup> Floor, Building E)</b>  |   |