

# MINUTES OF MEETING BETWEEN MOH AND INGOs

## GENERAL INFORMATION

<b>Date and time</b>	8:30 AM to 5:00 PM, 13 <sup>th</sup> November 2014
<b>Venue</b>	Fortuna Hotel, 6B Lang Ha Street, Ba Dinh District, Ha Noi
<b>Chairpersons</b>	Prof. Dr. Le Quang Cuong, Vice Minister of Health Ms. Dorothy Leab, Country Director, Agence de Medecine Preventive (AMP) in Vietnam Dr. Tran Thi Giang Huong, Director General, International Cooperation Department, Ministry of Health
<b>Participants</b>	200 people ( <i>See Annex 2 for details</i> )
<b>Main contents</b>	<ol style="list-style-type: none"><li>1. An overview of INGO support to Viet Nam's health sector (central and provincial level) and strengths/weaknesses of cooperation (lessons learnt);</li><li>2. Difficulties and shortcomings in the management and implementation of INGO projects, identified;</li><li>3. Suggestions and recommendations identified, on both sides for:<ul style="list-style-type: none"><li>○ An agreement on a mechanism for sharing information and reports among INGOs, with the MOH and with other DPs.</li><li>○ A clear understanding of the role of INGOs in the implementation of the VHPD and concrete suggestions for activities INGOs could support under the VHPD milestones (to come out of the group work discussions)</li><li>○ An agreement on mechanisms for improving the way of working (more active engagement in other existing MOH forums etc.)</li></ul></li></ol>
<b>Meeting structure</b>	<p>A. <u>Morning session:</u></p> <ul style="list-style-type: none"><li>○ Overview of NGO support to Viet Nam's health sector and lessons learnt: Presentations from PACCOM, ICD, NIHE, AMP, Da Nang DOH, USAID, Central Eye Hospital.</li><li>○ Way forward to strengthen INGOs involvement and contribution to the health sector: Presentation from Pathfinder.</li><li>○ Plenary discussion</li></ul> <p>B. <u>Afternoon session:</u></p> <ul style="list-style-type: none"><li>○ Discussion in Group 1 &amp; Group 2</li><li>○ Group reports</li></ul>

## MAIN CONTENT

### A. MORNING SESSION

#### **1. Opening Speech by Prof. Dr. Le Quang Cuong, Vice Minister of Health**

Vice Minister Cuong acknowledged the increasingly important role of INGOs as primary channel for foreign aid deployment through programs/projects. Vietnam's health sector has received great interest from both government side with allocated budget of about 37% of national budget for all sectors, and from donors & INGOs with 384 projects accounting for 430 million USD in the period of 2003-2013. By providing health priorities in current context and identifying specific outcomes, MOH's representative Vice Minister Cuong expected that the meeting would come up with possible solutions for better cooperation between MOH and INGOs, thus facilitating better contribution of INGOs to Vietnam's health sector.

*Please see the detailed speech in the attached file.*

#### **2. Opening Speech by Ms. Dorothy Leab, Country Director, AMP in Vietnam**

Ms. Leab highlighted the significant role of INGOs in contributing to faster progress towards poverty reduction and MDGs of Vietnam with their knowledge, expertise and work experience. On behalf of INGOs with the willingness of support Vietnam's health sector, she expected that solutions will be proposed during the meeting to respond to (1) the lack of mechanism for sharing information between INGOs, MoH and other DPs, (2) the role of INGOs in the implementation of the VHPD, and (3) the way of working for more active engagement of INGOs in other existing forums.

*Please see the detailed speech in the attached file.*

#### **Presentation 1. "Contribution of INGOs to Viet Nam development and orientations for future cooperation" by Ms. Pham Anh Dao, Deputy Chief, PACCOM**

From the viewpoint of a state management body of INGOs working in Vietnam, PACCOM provided participants with information on the policies of Vietnamese

government on cooperation with INGO and the overview on activities of INGOs in Vietnam. The number of INGOs having relationship with Vietnam has increased nearly 5 times with about 200 organizations in 1994 to about 970 in 2013. Disbursement in 2013 is 302 million USD with highest proportion belonging to North America (50% of total disbursement value), while EU accounts for only 33% of total disbursement value with highest number of INGOs.

Regarding the contribution by INGOs to Vietnam in terms of poverty reduction and socio-economic development, PACCOM pointed out that the health sector received the highest disbursement amount with 34% of total value for the country (data in 2013). Future cooperation with INGOs working in the health sector is highly focused by the Government. In 2013, the Prime Minister approved the National Program for the Promotion of INGO Assistance 2013-2017 with prioritized areas including health, and prioritized locations of poor provinces and northern mountainous areas with ethnic minority groups.

*Please see the detailed presentation in the attached file.*

*VM Cuong affirmed that when providing support, INGOs need to answer the question of whether they are responding to the needs of Vietnamese beneficiaries, or just following donors' interest. The meeting needs to discuss further on focused areas which present integration and association among donors.*

**Presentation 2. “Cooperation with INGOs in the health sector” by Dr. Tran Thi Giang Huong, Director General, ICD**

In ICD's presentation, Dr. Huong highlighted the establishment of the Health Partnership Group (HPG) as the proof of MOH's effort in improving foreign aid management.

Cooperation areas include improving infrastructures and facilities at grassroot level; developing and implementing legal documents on health; boosting technical transference; developing and scaling up experimental models of primary health care; preventive medicine and humanitarian medical services. Areas of operation cover 63 provinces of Vietnam but unbalanced with a major part concentrating in big cities. Advantages,

difficulties in cooperation, together with orientation for priorities and recommendations for better cooperation between MOH&INGOs are all covered in the presentation.

*Please see the detailed presentation in the attached file.*

*VM Cuong highlighted the demand of obtaining information on programs/projects being conducted by INGOs. He also stated that MOH would have the mechanism of sharing information back to INGOs.*

**Presentation 3. “International cooperation and experiences in collaborating with INGOs” by Assoc.Prof. Le Thi Quynh Mai, Deputy Director, NIHE**

Assoc.Prof. Quynh Mai affirmed the important role of international cooperation with international organizations and universities in the growth of NIHE. During 2010-2014, year 2012 was the peaking time with cooperation with 40 projects of 24 organizations. About 80% of total budget was allocated to Expanded Programme on Immunization (EPI). Rich experiences of cooperation with INGOs have helped NIHE to identify key points that make “International Partners trust NIHE in every collaboration”: (1) Strengthening capacity of organization and staff to meet requirements and periodical priorities of partners; (2) Taking all opportunities to apply new technologies in scientific researches; (3) Maintaining transparent management and governance mechanism; and (4) “NIHE always considers international cooperation one of the most important missions”.

*Please see the detailed presentation in the attached file.*

**Presentation 4. “Experiences sharing on cooperating with Vietnam and local NGOs to saving more lives in Vietnam” by Ms. Dorothy Leab, Country Director, AMP in Vietnam**

AMP as the representative of INGOs shared their experiences on cooperating with Vietnam, particularly NIHE as their biggest partner. The key success factors include NIHE’s leadership and ownership and a clear collaboration mechanism between the two. The challenges include AMP’s lack of information on NIHE’s partners in order to provide support at appropriate scale, and the fact that NIHE staff have to hold concurrent

positions. In the coming time, AMP desires to engage the participation of more VNGOs into the cooperation process.

*Please see the detailed presentation in the attached file.*

*VM Cuong commented that there are a lot of issues that need further study such as the need of better cooperation mechanism among all sides. For example, NIHE complaint about the functional overlaps between MOH and other ministries/ agencies in managing cooperation. Meanwhile, AMP admitted that there are conflicts within NIHE and donors/INGO themselves.*

**Presentation 5. “Collaborations with INGOs” by Dr. Pham Thanh Nhan, Da Nang Dept. of Health**

Da Nang DOH has been active in calling for foreign aid and had established a steering committee for funding management. In the meeting, Da Nang DOH has shared about their exciting cooperation activities and lessons learnt.

*Please see the detailed presentation in the attached file.*

**Presentation 6. Presentation points by Mr. Joakim Parker, Vietnam Mission Director, USAID in Vietnam**

As a donor, USAID provided participants with the overview on their partnership with Vietnam in advancing Vietnamese people’s health through cooperation with INGOs and local organizations. Working with and through INGOs enables USAID to provide the best possible technical assistance and capacity building to beneficiaries, while cooperating with local organizations can enhance local capacity based on their technical expertise. However, there are challenges for USAID when working through those entities, of which the biggest obstacle is USAID’s reporting requirements that burden INGOs and local organizations.

*Please see the detailed presentation in the attached file.*

**Presentation 7. “Cooperation between Vietnam National Institute of Ophthalmology and Australia” by Prof. Cung Hong Son, Deputy Director, National Institute of Ophthalmology**

The National Institute of Ophthalmology presented on the cooperation with 4 Australian organizations: (1) The Fred Hollows Foundation, (2) South Australia Institute of Ophthalmology & Sight for all, (3) ICEE and (4) Royal Australia and New Zealand College of Ophthalmologists (RANZCO).

*Please see the detailed presentation in the attached file.*

**Presentation 8. “INGOs cooperation in health sector and how to further consolidate it in the future” by Mr. Le Ngoc Bao, Country Representative, Pathfinder International Vietnam, on behalf of INGOs in health sector.**

According to the data provided in Pathfinder’s presentation, 30-35% of total foreign aid value for Vietnam, which is equal to more than 900 million USD is allocated to health development in the period 2003-2013, with disbursement rate of 86%. Unfortunately, funding amount is decreasing with 65% of INGOs committed lower budget in 2013. Pathfinder recognized the current mechanisms of collaboration between MOH and INGOs namely HPG, TWGs, JAHR (the joint report that MOH encourage the participation of INGOs), CCM and NGORC (*see abbreviation table for those terms*). However, there are still shortcomings in those mechanisms, for ex. Reports of TWGs do not reflect operation results; or limited participation of INGOs in JAHR. The report sharing mechanism with provinces is still weak. The key challenges lie on the fact that there is no coordination mechanism between MOH&INGOs as well as among INGOs. INGOs have always been technical-active and financial-dependent bodies, therefore, they face difficulties when donors stop funding. In order to fix the problem, Vietnamese government needs to support INGOs in developing a mechanism and funding for technical transference, and to promote information sharing network.

*Please see the detailed presentation in the attached file.*

## DISCUSSION

❖ **Dr. Nguyen Quang Trung, Harvard Medical School Partnership for Health Advancement in Vietnam (HAIVN)** (formerly Harvard Medical School AIDS Initiative in Vietnam)

- It is mostly important to realize that MOH needs to be the coordination unit of all, or at least 80% of all activities of INGOs, DPs and UN bodies that relate to international cooperation in health sector.
- Each health cooperation field needs to establish a panel for management and organize frequent meetings/ dialogues with all DPs, NGOs and UN bodies for information exchanging and recommended solutions for any problems.
- In current context, there are a number of small INGOs which are not managed by MOH or any other governmental bodies, leading to antagonization in aid effectiveness. For ex.: Humanity surgeries in Da Nang city caused death to a number of patients. MOH needs to act more strongly towards the matter and to become the central coordinator of all those activities.

*VM Cuong agreed on the coordination role of MOH, but not the interference in details since all activities would be generally presented on the aid map of Vietnam's health sector.*

❖ **Ms. Nguyen Thi Bich Hang, Country Representative, Marie Stopes International in Vietnam (MSIVN)**

For all parties including INGOs and donors, the question they need to answer first of all when proposing any projects, is whether the projects go closely with health sector's priorities and fill in provinces' needs. There is an admission that programs/projects usually serve donor's priorities, while real needs of localities are not addressed. Therefore, getting localities' acceptance and enthusiastic participation is difficult.

In order to overcome this, there are several recommendations, for example, an assessment on the impact of more than 400 million USD in 10 years for health development, from which a number of successful intervention models by INGOs were funded, can be carried out.

MSIVN recommends that:

- MOH to spare some of its resources for the mapping of successful intervention models and orienting INGOs towards the activity of assessing the impact and success level of their models. Once we have this kind of mapping, it would not require too much extra resources for effective development activities.
- The role of MOH in providing health sector's priorities is crucial. Provinces need to have activities that both solve their needs and contribute to national development goals. There should be aligning and cascading from central to local level. This is one challenge that face the health sector.
- A lot of INGOs, when working with Vietnamese Government, did not go through MOH but other Ministries, causing difficulties in working registration. If MOH can be the focal point in state management role, there would be smooth processes that facilitate INGOs.
- Donors should have appropriate priorities for projects that comply with national priorities. MOH should have guidelines for provinces to mainstream the national priorities into their workplan, thus be able to prepare counterpart capital for project activities.

❖ **Dr. Nguyen Van Kinh, Director, National Hospital of Tropical Diseases**

There are several diseases which are both acute and long-lasting that need to be paid more attention to, such as Hepatitis B virus & Hepatitis C virus, Antibiotic resistance, underlying diseases such as diabetes, high blood pressure, cirrhotic ascites, emerging infectious diseases such as foot and mouth disease.

- Thanks to cooperation activities, there have been measures such as the cover of in-patient doctors nationwide, or gene bank with quick diagnostic chips, etc. However, it needs to be considered how to expand those measures.
- INGOs' projects are both short-term and financially limited. However, it still takes several years to assess the impact of those projects. Each INGO has its own way of managing, operating with different beneficiary targets and areas of working.

Therefore, NHTD's points are:



- The suggestion of MOH to hold the central coordinating role in all cooperation activities is reasonable but difficult to implement, since there are managing roles of other ministries and organizations. A coordination mechanism is necessary, but need to be decentralized with good coordination from central to local level, and with clear identification of each ministry/organization's scope of responsibility. This helps to strengthen the ownership of implementing units and help donors and MOH to cooperate to facilitate appropriate projects.
- An effective reporting mechanism is needed to avoid duplication.. In this era of technology, it is simple to carry out this activity.
- There is a practice that activities are not maintained after the projects finished. Therefore, it is needed to have the mechanism of technical transference to Governmental bodies and local NGOs so that they can operate by their own after all projects end.
- It is essential to have orientation for both short-term and long-term aid, which gives guidelines on what area should be invested in, which projects should be short-term and what should be long-term.
- The need of INGO mapping and information sharing mechanism.

❖ **Dr. Tran Thi Giang Huong, Director General, International Cooperation Department**

HPG was assessed by the Government and MPI to be the most effective forum on aid effectiveness coordination.

- New mechanism would be developed based on existing ones.
- The meeting between MOH and INGOs would be organized annually since it meets the demand of MOH, DPs and INGOs.
- About the suggestion of establishing technical panels, there is a similar system of Technical Working Groups (TWGs) within HPG framework. The activeness of those TWGs will be enhanced by encouraging them to report through HPG and take an integral part in HPG quarterly meetings. This also helps to increase the effectiveness of INGOs who are members of those TWGs.

- There is a fact that not until when organizations have their working licenses renewed, MOH knows about their existence. Therefore, it is recommended that INGOs connect more closely with MOH and take advantage of forums hosted by MOH for connection not only with government but also among themselves. MOH desires to have a grasp on all projects from central to local level, not only projects that need to go through MOH.

❖ **Ms. Mona Byrkit, Mekong Regional Program Director, PATH**

- One of the challenges that face both Gov and INGOs is funding source in the context of Vietnam becoming low middle-income country. However, the funding source for Vietnam does not decline much, and it is evaluated to be appropriate for Vietnam's development. INGOs have played active role in development progress of Vietnam's health sector, by filling in the gaps and highlighting successful stories of Vietnam to the world, thus attracting more fund.
- The expansion of local NGOs and private sector: There is a typical trend that public sector and INGOs are trying to empower local NGOs and private sector. Last year, PATH helped a local NGO in Thailand to raise fund and to implement projects.
- PATH agrees that instead of establishing new forum, it is best that existing forums can be utilized. HPG is an example of active and open forum through which the Government can engage more INGOs' ideas in strategic planning. It is good for INGOs to listen to Government's priorities, then they have the ground and voice to push back to donors, leading to projects that better match with Government's priorities.

❖ **Mr. Le Gia Thinh, Non-Governmental Department, Administration of Foreign Affairs, Ministry of Foreign Affairs (MOFA)**

- Decree 12/2012/NĐ-CP on the Registration and Operation Management of NGOs in Vietnam has identified clearly the responsibility of Governmental bodies and INGOs in international cooperation activities. One responsibility of INGOs is to report every 6 months or 1 year to direct managing Ministries, MOFA and PACCOM. These are best channels for information sharing.
- PACCOM and MOFA have the responsibility for issuing, amending and renewing working license for INGOs. During this process, MOFA always pay great attention to INGOs who work in health sector, and always seeks MOH's

consultation with a copy of working license being sent to MOH after that. It is agreed with ICD that INGO mapping is crucial in order to manage project quantity and areas of intervention, thus identifying funding priorities.

- MOFA expects INGOs to actively send reports to managing Ministries, MOFA and PACCOM during their working time in Vietnam.

*VM Cuong: Legal documents on responsibilities of each party are available but are administration-oriented. The important thing is how to facilitate INGOs in working and identify priorities and difficulties.*

❖ **Dr. Chu Hong Thang, Deputy Director, Thai Nguyen Department of Health**

Difficulties that face Thai Nguyen DOH:

- Limited counterpart capital for projects with INGOs, leading to difficulties in attracting fund and project progress.
- Decline in funding, leading to difficulties when mainstreaming activities in National Targeted Programs (NTPs) and in maintaining activities after projects end.
- Low capacity of staff in terms of foreign language and external relations, and concurrence of DOH staff. Each staff has to participate in different activities/projects, leading to difficulties in implementing and managing projects.

Lessons learnt:

- INGOs need to know about health development orientation of the locality.
- DOH leaders need to be devoted and highly active in advocacy, sharing information and connecting with partners. Thai Nguyen DOH is highly active in linking with local NGOs.
- DOH leader need to select staff who are enthusiastic, active and highly qualified to carry our project activities.
- DOH leaders need to support in guiding the coordination of different governmental bodies to raise fund and commit on counterpart capital for projects.

- DOH leaders need to create consensus and commitment of units and localities on project implementation and expansion.

Recommendations from Thai Nguyen DOH:

- INGOs to coordinate with MOH & DOH in advocacy (for example: developing proposal or 5-year plan) and working through People's Committee for approval.
- MOH to support and facilitate DOH in attracting and coordinating fund, and to allocate staff specifically for international cooperation activities.
- MOH to give more direction on strengthening capacity of provincial staff.
- MOH to support DOH in monitoring and evaluating work after projects end. For example, MOH to issue guiding documents on piloting a model or recommending documents on scaling up successful models. Those are the grounds for DOH to ask for funding from provincial budget. After scaling up, MOH should evaluate again to see whether procedures are obeyed. Finally, the models would be upgraded into sectoral policies in particular and national policies in general.
- ICD to consult MOH in those steps.

*VM Cuong complimented Thai Nguyen DOH's devotion and highly appreciated Thai Nguyen's expectation of being monitored, which presents their willingness in managing information from central to local level.*

**B. AFTERNOON SESSION**

Group discussion report:

**Group 1. INGOs' support in VHPD implementation:**

General points:

- AMP & Pathfinder are identified to be focal points and represent health INGOs when working with MOH. They work on one-year rotation basis.
- INGOs continue and further enhance their participation and engagement through the current mechanisms under HPG and HPG continues to be the focal channel for INGOs to dialogue with MOH and seek any advice or information.

- INGOs seek effective ways to engage more INGO participation in health sector and the cooperation between MOH & INGOs in VHPD implementation (MS 5 & 9) at 3 levels:
  - In the short-term: update the existing INGO database and intensify information and lesson learnt sharing and collect inputs to policy debates on health priorities and plans among the network with a view to provide more coordinated inputs to MOH.
  - Medium-term: develop and maintain a database on INGOs that work in health sector. This will be materialized through developing a proposal to call for donors' support and well-thought sustainability strategy.
  - Long-term: contribute to develop an improved reporting mechanism among relevant parties to MOH to support MOH in better coordinating INGOs programs and in implementing health plans.

Details for each milestone:

**Milestone 5:** Effective functioning of INGO forum for coordination, capacity strengthening and information sharing across the health sector.

1. Consolidating existing INGO database and update every 6 months, then circulate among all interested INGOs and partners. Focal point: Dorothy Leab (AMP). HPG Secretariat will share HPG's list, along with the list we get from NGORC and PACCOM with interested INGOs and partners.
2. Updating the list of TWGs and encourage these groups to connect with HPG, to share information and bring their proposals to annual INGO meeting and HPG quarterly meetings. MOH/HPG & INGOs will help to bring all TWGs together.

**Milestone 9:** Effective functioning of web-based donor and INGO databases for improved monitoring of development co-operation in the health sector.

- It is not necessary to build a new database system. Existing system from INGOs and Gov should be utilized instead.
- DP mapping can be used by many stakeholders (including INGOs, public sector, private sector, Development Partners, etc)
- For improvement of TWG operation:

- Mapping of TWG with details of technical partners will be completed then shared within HPG network.
  - TWG's management structure consists of leadership and secretariat. Responsibilities of chair and co-chair of TWGs need to be clearly identified. Enforcement of TWG leadership is essential.
  - MOH should take responsibility in strengthening TWGs and ensure their effectiveness in HPG.
  - Identification of establishment mechanism and operation status of TWGs. The establishment of TWGs should base on health sector's needs.
- Pathfinder and AMP and HAIVN to prepare proposal for database system and send to some potential donors.
  - Database should be managed by MOH. NGORC who owns experienced staff and managing system is mobilized to provide technical support, documentation and publication.
  - Reporting mechanism: Currently, INGOs are required to send reports to PACCOM & provinces every 6 months. All INGOs working in health sector should report directly or cc reports to MOH.

## **Group 2. Cooperation mechanism between MOH and INGOs (&other parties):**

### 1. Current mechanism

Through forums: Health Partnership Group (HPG), Technical Working Group (TWGs), Joint Annual Health Report (JAHR).

Through report system: 6-month report & 1-year report to PACCOM; and report to direct mananaging bodies.

### 2. Situation

- Among 900 INGOs, there are about 300 INGOs active in health, including small INGOs with few activities, no representatives in Vietnam and no reports.
- According to Decree 12/2012/NĐ-CP and Circular 05: INGOs are required to submit reports to PACCOM and managing bodies.

- DOH to report to provincial People's Committee, DOFA and MOH. Provincial People's Committee to send reports to PACCOM.
- A lot of INGOs have multi-sectoral projects, i.e. they work in health sector but their partners are not MOH/DOH but other ministries/organizations such as Women Union, MOLISA, etc.
- A number of INGOs provide no disbursement statistics every 6 months, leading to incomplete reports or no report.
- No available report template for INGOs working in health sector.
- A majority of INGO offices concentrate in big cities: Hanoi, Danang, HCMC.
- MOH has been paid much attention to international cooperation activities and areas of cooperation.
- INGOs are lack of information on professional working plan to carry out advocacy and fundraising activities and develop projects as well as information on administration procedures.
- Several areas have not received much attention for aid activities: pharmaceuticals, forensic medicine, mental health, etc.
- A number of INGO projects received approval on working plan but have not yet received working license in Vietnam.

### 3. Recommended mechanisms:

- Maintaining existing information exchanging mechanism: Health Partnership Group (HPG), Technical Working Group (TWGs), Joint Annual Health Report (JAHR).
- Implementing Milestone 5 & Milestone 9 of VHPD.
- Agreeing on a mutual report template between MOH and PACCOM.
- Updating on mailing list to circulate information among participants.
- Updating information on ICD and HPG's website.
- INGOs with multi-sectoral projects, and projects/ partners under provincial management not relating to health sector to report to PACCOM.

- PACCOM to share INGO's information with MOH: INGO database with areas of working and status of working license.
- INGOs to report to MOH every 6 months with summary of activities.

### **C. MEETING CONCLUSION**

List of activities that parties agreed to implement together in the coming time:

1. INGOs will participate more actively in existing forums hosted by MOH such as annual meeting between MOH and INGOs; HPG Quarterly meeting; TWG meeting and meeting on JAHR.
2. MOH to meet with PACCOM to discuss on information sharing mechanism and review the report template on aid activities of INGOs to the government in order to better use these reports through sharing them with MOH. In doing so, INGOs do not need to take extra effort to report separately to MOH.. INGOs might be invited to attend at these discussions.
3. MOH to provide necessary information on HPG quarterly meetings, TWG meetings and other meetings, as well as policies and workplan of the health sector with INGOs and interested parties on ICD and HPG's website.
4. MOH (with HPG as implementing body) will complete health INGO mailing list to share with participants and interested parties. The current INGO mailing provided by NGORC and PACCOM's mailing list might include inactive emails. Therefore, after the meeting, HPG/MOH expects to get information from participants who are active focal points in order to complete the mailing list.
5. MOH has received recognition from INGOs on its effective coordination role of aid activities for health sector, with highlights of linking central and local levels and facilitating the connection among INGOs.
6. INGOs together with MOH will implement VHPD's milestones and develop proposals to attract funding through clear mapping of aid for health sector.
7. In the context of Vietnam becoming a middle-income country, ODA and other kinds of aid were declining, seeking new cooperation opportunities is essential, such as cooperation between public and private sector. MOH/HPG will help to link donors who have funding and INGOs who have technical resource. MOH expects that INGOs coordinate with MOH and provincial DOH and local units to well implement those tasks.
8. HPG Secretariat is the implementing body of all those activities.



The meeting ended at 5:00 PM on the same day./.

**International Cooperation Department**

**Vice Director**

(signed)

**Nguyen Thi Minh Chau**

**List of annexes:**

Annex 1. Abbreviation Index

Annex 2. Participation details

Annex 3. Group division for discussion

Annex 4. Agreement on range of actions (in the coming 12 months)

## **ANNEX 1. ABBREVIATION INDEX (ALPHABETICAL ORDER)**

CCM: Country Coordinating Mechanisms

DOH: Department of Health

DPs: Development Partners

HAIVN: Harvard Medical School Partnership for Health Advancement in Vietnam

HPG: Health Partnership Group

ICD: International Cooperation Department

INGOs: International Non-governmental Organizations

JAHR: Joint Annual Health Review

KEXIM: Korean Eximbank

MDGs: Millenium Development Goals

MIT: Ministry of Industry and Trade

MOFA: Ministry of Foreign Affairs

NGORC: NGO Resource Center

NIHE: National Institute Of Hygiene And Epidemiology

OUCRU: Oxford University Clinical Research Unit - Vietnam

PACCOM: The Committee for Foreign Non-governmental Organization Affairs

TWGs: Technical Working Groups

VUSTA: Vietnam Union of Science and Technology Associations

## ANNEX 2. PARTICIPATION DETAILS

<b>Vietnamese side:</b>	<p><b>Ministry of Health:</b> Ministerial Inspectorate, Ministerial Office, Administrations/Departments/General Departments within MOH.</p> <p><b>Universities:</b> Hanoi Medical University, Hanoi School of Public Health, Hanoi University of Pharmacy.</p> <p><b>Institutes:</b> Health Policy and Strategy Institute, National Institute of Hematology and Blood Transfusion, National Institute Of Hygiene And Epidemiology, National Institute of Occupational and Environment Health, Nutrition Institute, Hai Phong Institute of Marine Medicine, Nha Trang Institute of Vaccines and Medical Biologicals, HCMC Institute of Hygiene and Public Health</p> <p><b>Hospitals:</b> National Psychiatric Hospital No1, National Hospital of Obstetrics and Gynecology, Central Acupuncture Hospital, National Hospital of Traditional Medicine, National Lung Hospital, National Throat-Nose-Ear (ENT) Hospital, National Hospital of Pediatrics, Endocrine Hospital, National Institute of Ophthalmology, K Hospital, E Hospital, Hue National General Hospital, Thai Nguyen National General Hospital.</p> <p><b>Provincial Departments of Health:</b> HCMC, Thai Nguyen, Hai Phong, Da Nang, Hue, Nghe An, Ha Nam, Quang Binh, Quang Ninh, Yen Bai.</p> <p><b>Central Government Agencies:</b> Government Office, Central Propaganda Committee, Committee for Social Problems of National Assembly.</p> <p><b>Other Ministries:</b> MIT, MOFA, PACCOM.</p> <p><b>Media:</b> Government Website, MOH Website, Vietnam News, Health and Life Newspaper, Health and Consumption Newspaper.</p>
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<p><b>Development partners:</b></p>	<p><b>Embassies:</b> Hungary &amp; Japan</p> <p><b>Development Banks:</b> WB, Korean Eximbank</p> <p><b>Bilateral Development Agencies:</b> USAID, GIZ, EU, JICA, KOICA, AFD</p> <p><b>UN Agencies:</b> WHO, UNODC, UNFPA</p> <p><b>INGOs:</b> ADRA, Allianz Mission e.V., AMP, Atlantic Philanthropies, CBM, Childfund, CRS, EMW, FHF, FHI 360, FIDR Vietnam, Fred Hollows Foundation, German Red Cross, GVI, Handicap International, Helvetas Swiss Intercooperation, MCNV, MEDRIX, MSH, MSIVN, Orbis, PATH, Pathfinder, REI, Save the Children, World Vision.</p> <p><b>Projects/Researches:</b> HAIVN, OUCRU, Woodcock Institute</p> <p><b>Private sector:</b> GSK company</p>
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### ANNEX 3. GROUP DIVISION FOR DISCUSSION

	<b>Group 1</b>	<b>Group 2</b>
Chair	Mme Nguyen Thi Minh Chau, Deputy Director, ICD	Dr. Tran Thi Giang Huong, Director General, ICD
Co-chair	Mr. Le Ngoc Bao, Pathfinder	Dr. Nguyen Quang Trung, HAIVN
Content of discussion	What VHPD milestones can INGOs support, and what specific activities could they propose?	Mechanisms for strengthening collaborative cooperation between INGOs, MoH, departments of health, and other DPs.
Members	Vietnamese side: Central Acupuncture Hospital, PACCOM  International side: UNFPA, WHO, USAID, MSIVN, CBM, KEXIM, Pathfinder, AMP, FHF, HAIVN, Woodcock Institute, GSK	Vietnamese side:anoi Medical University, Hanoi School of Public Health, National Institute of Hematology and Blood Transfusion, National Psychiatric Hospital No1, National Hospital of Obstetrics and Gynecology, Thai Nguyen National General Hospital, HCMC Institute of Hygiene and Public Health, Da Nang DOH, PACCOM.  International side: Helvetas, EMW, Handicap, PATH, MEDRIX, REI, German Red Cross, World Vision, AMP, GVI, HAIVN, OUCRU.

**ANNEX 4. AGREEMENT ON A RANGE OF ACTIONS (in the coming 12 months)**

<b>What</b>	<b>When</b>	<b>Who</b>	<b>How</b>
Revising the INGO reporting form of PACCOM	15/12/14	MoH/ICD	Meeting with PACCOM and INGOs
Establishing an up-to-date repertory of INGOs	28/11/14	AMP	Consolidating databases from ICD, PACCOM, NGORC, and INGOs
Establishing a mailing list of INGOs participating to this forum		MoHICD	Extracting from registration documents
Proposal for an INGOs online platform	31/12/14	AMP, PATHFINDER, HAIVN	Proposal is drafted by the 3 INGOs and circulated to HPG secretariat and DPs