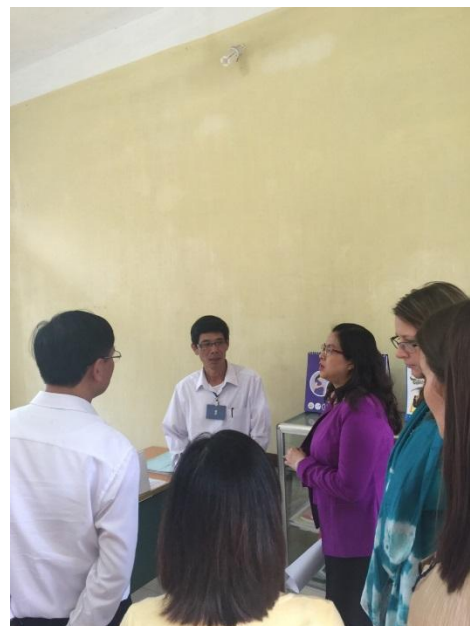


PROVINCIAL HPG 2015 MEETING MINUTES

Yen Bai, 03 November 2015



GENERAL INFORMATION

Date and time	Meeting: 8:30 – 12:00 Tuesday 03 rd November 2015 Site visit: 13:30 – 17:00 Tuesday 03 rd November 2015
Venue	Yen Bai Convention Hall, Yen Bai city, Yen Bai province
Chairpersons	<ul style="list-style-type: none">▪ Dr. Tran Thi Giang Huong, Director General, International Cooperation Department, Ministry of Health▪ Ms. Ritsu Nacken, Representative, UNFPA Vietnam Country Office▪ Ms. Ngo Thi Chinh, Vice Chairman of Yen Bai People's Committee
Participants	~120 people
Agenda	<i>See Annex 1</i>

Annex :

Annex 1 : Agenda

Annex 2 : Speeches and Presentations

ABBREVIATIONS (ALPHABET ORDER)

CDs:	Communicable diseases
DOH	Department of Health
DPs:	Development Partners
DPI:	Department of Planning and Investment
HPG	Health Partnership Group
HRH:	Human Resources for Health
ICD:	International Cooperation Department
INGOs:	International Non-Governmental Organizations
JAHR:	Joint Annual Health Report
MARD:	Ministry of Agriculture and Rural Development
MDGs:	Millenium Development Goals
MOH:	Ministry of Health
MPI:	Ministry of Planning and Investment
MTD:	Methadone
NCDs:	Non-communicable diseases
NTPs:	National Targeted Programs
SEDP:	Social and Economic Development Plan
SDGs:	Sustainable Development Goals
TBs:	Tuberculosis
UNGA:	United Nations General Assembly
VHPD:	Vietnam Health Partnership Document

1. General information

Within the framework of the annual activity plan of the Health Partnership Group (HPG) as well as in order to improve the linkage and discussion between central and local level on the implementation of health-related MDGs, the next five-year health sector plan and SDGs, on 03 November 2015, the Health Partnership Group (HPG), Ministry of Health in coordination with Yen Bai People's Committee and Yen Bai Department of Health (DOH) organized the HPG provincial meeting 2015 in Yen Bai city, Yen Bai province.

The meeting received 120 participants from central agencies, international organizations and particularly DOH leaders and officials of more than 20 provinces from northern mountainous, central highland and other areas in the country. The meeting was chaired by Dr. Tran Thi Giang Huong, Director General, International Cooperation Department, Ministry of Health and co-chaired by Ms. Ritsu Nacken, Acting Representative, UNFPA Vietnam Country Office, and Ms. Ngo Thi Chinh, Vice Chairman of Yen Bai People's Committee.

2. Meeting development

The meeting activities were carried out in 01 day. In the morning, the meeting took place in Yen Bai Convention Hall, focusing on discussing the achievements, challenges and recommended solutions for the coming time in order to reach health-related MDGs and heading towards SDGs. In the afternoon, the delegation visited 02 health stations in Dong Cuong and Yen Hung commune and Van Yen district health center to learn about health activities in the area and listen to the experiences implementing MDGs of the localities.

3. Opening remarks

On behalf of the Ministry of Health, Dr. Tran Thi Giang Huong, ICD Director General opened the meeting by highlighting the achievements that the health sector has gained on health-related MDGs including the goals on maternal and child health care, reproductive health care, water and sanitation, and HIV/AIDS control. However, there remain a lot of challenges such as the slow-down of some progressing indicators and regional disparities on health access. Besides, the phasing out and changing of development support has contributed to the difficulties that the health sector at national and local level are facing. The provincial HPG meeting 2015 hosted in Yen Bai – a northern mountainous province is the chance for sharing challenges and lessons learnt from provinces during the implementation of MDGs, as well as discussing and providing recommendations for the five-year health plan 2016-2020 in order to retain MDG achievements, completing unfinished MDGs and moving forward with SDGs in the future.

In her speech, Ms. Ritsu Nacken, UNFPA Vietnam Country Office Representative highly appreciated HPG's efforts in being the model for development partner coordination and policy dialogue. It is important to have the HPG forum outside of Hanoi since the implementation of policies and the actual delivery of services take place in the field, especially in a significant moment when 2015 is the deadline for MDG achievement and Vietnam transitioning from SEDP cycle to the new one starting from 2016. Over the past 15 years, Vietnam has achieved substantial success in reducing poverty and raising living standards, yet challenges remain such as disparities across geographical regions and between the Kinh and ethnic minority population. Partnership is crucial in ensuring everyone in Vietnam including ethnic minority and other vulnerable groups to have equal access to quality health care.

Ms. Ngo Thi Chinh, Vice Chairman of Yen Bai People's Committee and co-chair of the meeting shared about the positive results that Yen Bai has achieved such as reducing malnutrition rate in children under 5 years old to 19.6%, mortality rate of children under 5 years old to 16‰, mortality rate of children under 1 year old to 21‰, etc. Nevertheless, the implementation of MDGs has faced a lot of difficulties, especially when a lot of programs and projects aiming to reach MDGs are funded by development partners and are phasing out, while provincial budget and human resource allocation are not sufficient to ensure the retention and completion of the goals. Besides, health service coverage in remote areas is low, and HIV/AIDS committed rate tends to rise in comparison with 2010 rate. She highlighted that the HPG provincial meeting in Yen Bai is the opportunity for the central authorities, development partners and provinces to tighten the linkage and discuss mutual interests on health-related MDG implementation in Vietnam.

4. Presentation the results of MDGs implementation

On behalf of DPF, Mr. Hoang Kim Ha, Head of Policy Division presented on the Outcomes of MDGs and the challenges that Vietnam has faced during MDG implementation, as well as the possibility of SDGs implementation in the health care sector.

The presentation stated that Vietnam had reached positive results in 5/8 health-related MDGs. In details, they are goal 1c by halving children malnutrition rate 7 years before the due time; goal 4 by reducing 2/3 mortality rate of children under 5; goal 5^a by reducing 3/4 maternal mortality rate; goal 5b by universalizing productive health education; goal 6 on HIV/AIDS control, malaria and other diseases; and goal 7 by halving the proportion of the population without sustainable access to safe and clean drinking water and sanitation. Regional disparities remain to be the big shortcoming, when children malnutrition rate and maternal and child mortality rate stay high in central highland and northern mountainous provinces. The health-related SDGs will be feasible to implement if MDGs achievements are sustainably retained and promoted after 2015.

See file attached for more details.

5. Discussion on challenges, difficulties and lessons learnt from the locals on MDGs implementation.

The meeting has listened to the reports from 4 provincial DOHs (in 8 provinces who submitted their reports): Lao Cai, Kon Tum, Bac Can and Lai Chau. Each province reported on one of the health topics in MDGs: (i) Mother and Child/Reproductive health care (Lao Cai and Bac Can); (ii) Water and Sanitation (Kon Tum); and (iii) HIV/AIDS Control (Lai Chau).

- **Lao Cai province reported on the Goal on Maternal and Child health care**

- Malnutrition and mortality rate in children reduction: since 2010 to 2014 stunting by weight/age decreased by 6%, stunting by height/age decreased by 5.5%.
- Maternal health improvement: reduced maternal mortality rate caused by obstetric complications. The rate of pregnant women having their health checked at least 3 times during their pregnancy gradually increased and reached 63.5% in 2014.

See file attached for more details.

- **Bac Can province reported on the Goal on Reproductive health care**

The rate of giving birth at home in two poorest districts where a lot of Mong ethnic people reside (Ba Be and Pac Nam) remained very high (48%). The low number of village midwives is an issue for discussion and solution recommendation.

See file attached for more details.

- **Kon Tum province reported on the Goal on Sanitation and Clean water**

- Until September 2015, the rate of households having sanitary latrines reached 63.8% and the rate of people in rural area using clean water reached 75%.
- Activities under implementation: developed model latrines, propagated at community through group activities at communes and promoted hand washing with soap in school; gave loans to the people to equip their houses with sanitary latrines through policy banks.

See file attached for more details.

- **Lai Chau province reported on the Goal on HIV/AIDS control**

- Until September 2015, there are 3135 HIV committed cases in which new cases in 2015 are 234 ones and 700 cases are currently under ARV treatment. The number of communes having HIV committed cases is over 85%. The province has implemented a lot of activities such as coordinated communication, especially

direct communication; mobile and site-based testing consultation service in order to bring the service closer to the people; to launch synchronizely palliative care and methadone (MTD) treatment as well as manage 700 ARV treatment cases; to open 8 MTD distribution sites in 8 districts and 27 distribution sites in communes in order to bring service to the people.

- Advantages: there are legal documents and active direction from central authorities in order for provinces to carry out the activities.
- Disadvantages: large area, thinly dispersed population, inconvenient transportation; MTD treatment is new to people so there is discrimination in the community; tight procedure in MTD storage; limited human resources working in MTD distribution sites and funding for primary screening testing support; lack of propagation to drug trafficking groups.
- Lessons learnt: to open MTD treatment and distribution sites in community; to combine MTD and HIV/AIDS prevention; to provide voluntary testing consultation service.
- Expectation: MOH, the Government and DPs to continue supporting HIV/AIDS prevention and MTD treatment for disadvantaged mountainous provinces. There is direction on allocating human resources for MTD treatment and distribution sites in specifically poor provinces.

See file attached for more details.

6. PLENARY DISCUSSION

There are 14 voices of participants on the advantages, disadvantages and recommendations for the implementation of the MDGs as follow:

- **Target on Maternal and Child Health Care:**
 - The target on Maternal and Child Health care has been reached: In 2000, the gap between maternal mortality in mountainous and delta area is 10 times; in 2006 the gap is 2-3 times. Currently, the gap is not changed for both maternal and child mortality rate. The direct culprits for maternal mortality in mountainous area is obstetric complications, therefore it is needed to improve the skill on comprehensive obstetric emergency (caesarean section and blood transfusion). In 62 poorest districts nationwide, there are about 40% districts which cannot perform comprehensive obstetric emergency.
 - Maternal mortality: In delta region, direct maternal mortality tends to decrease, however indirect maternal mortality rate caused by chronic diseases tends to increase (cardiovascular, diabetes, respiratory). In the coming time, it is necessary not to only carry out obstetric intervention but also to integrate with other programs.

- Child mortality: According to the latest study in 2014, the infant mortality accounts for 74% of mortality rate in children under 1 year old, while under-1 mortality rate accounts for 82% of under-5 mortality rate. The orientation of Maternal and Child Health Care Department is to prioritize improving direct maternal mortality in mountainous and remote areas, especially in 252 poorest districts and 60 poorest communes, including fundamental obstetric and infant interventions such as obstetric emergency and blood transfusion. Infant mortality rate needs to be datalized for monitoring and intervention generating.
- However, there is huge disparity among geographical regions. The big challenge for the country is stunting rate. In 2014, there are still 10 provinces with over-30% stunting rate, especially Kon Tum, Lai Chau, Gia Lai, Lao Cai. The double burden of nutrition is the increase of obesity and nutrition-related non-communicable diseases.

Recommended solutions for maintaining the target on maternal and child health care:

- Continue to revise and well-implement the policies, especially in communes and villages. Policies, solutions and interventions should be concrete and focus on ethnic minority children.
- Propagate, advocate and develop village midwives.
- Upgrade facilities and equipment and strengthen health workers' capacity.
- Link the component on maternal and child health care to health system strengthening.
- Scale up effective intervention models (such as: village midwives model, maternal and child health care handbook)
- Strengthen health information system, plan for the next phase and develop national database on maternal and child health care.
- Strongly recommend to include the target on minimizing stunting rate into SEDP in order to have appropriate policies and allocation of resources.
- Cooperate effectively between MOH and MARD in order to address child nutrition as well as to link different programs, such as safe motherhood and family planning.

- **Target on clean water and sanitation**

Major outputs of the implementation of NTPs:

- The target was generally reached: until 2015, there is 65% of households to have sanitary latrines.
- The people's awareness is gradually raised.
- Inter-sector coordination is improved.

- International support to help Vietnam to reach the targets and contribution of social-political organizations in improving people living in rural areas such as Farmer Association, Women Association, Veteran Association, Central Ho Chi Minh Communist Youth Union.

Advantages: supported by the Government through national strategy on Sanitation and clean water supply until 2020, Direction 29, Decision 730/TTCP (2012) on implementing the campaign on water and sanitation in order to enhance public health, Resolution 05/TTCP (2014) on boosting the implementation of MDGs; component on sanitation in Goal 6 of SDGs by the United Nations (UN) for 2016-2030; commitment of the Vietnamese Government with UN on April 2014 on stopping indiscriminate defecation until 2025 and 100% of households to have sanitary latrines.

Challenges:

- Regional disparity in accessing sanitary latrines (between the poor, remote area, northern mountainous area, central highlands, northern central area and Mekong river delta). Currently there are 18 provinces which are under 50% latrine-equipped (concentrated in northern mountainous provinces).
- Unbalanced awareness on the usage and maintenance of sanitary latrines among areas, leading to the lack of sustainability in ensuring sanitation of infrastructures after construction.
- Limited care and local budget investment of locality for sanitation. In the NTP assessment tool on new rural development, the criterion on sanitary latrines is not yet ranked equally with clean water.
- Lack of synchronization on the set of indicators to monitor and evaluate clean water and sanitation (between GMP tool – assessment on improved latrines and NTP tool – assessment on sanitary latrines in which results by GMP are usually higher than NTP).

Recommendations:

- To include the target on sanitation in the SEDP 2016-2020 in which it is targeted that until 2020, there are 75% of households to have sanitary latrines.
- To enhance the accountability and responsibility of authorities at all levels.
- To implement the commitment of the government until 2030 and continue to call for international resources to support the implementation.
- To equalize the target on sanitation with the target on clean water in NTP on new rural development.
- To include the component of environmental sanitation monitoring in the schedule of congressmen at locality.

- **Issues and recommendations on strengthening health system at villages:**
 - In order to strengthen local health system, it is necessary to mobilize local resources, especially to raise the role of village heads and invest in training village health leaders. Those are the devoted actors who have the knowledge of local customs to advocate, mobilize and change the people's behaviours.
 - It is essential to promote nutrition in hospitals and district and commune health stations, particularly in the northwest region and central highlands. If this issue is not completely addressed, stunting in children will persist.

- **Target on HIV/AIDS/TBs/CDs:**
 - Targets on TBs were reached in MDGs, however the rate of TB committed cases and mortality rate in men stays high. There is 24% of TB patients were not detected and treated in the NTP.
 - Vietnam has headed towards ending TBs as targeted in SDGs. However, achieving this, there are a lot of challenges need to be overcome. There is a need for stronger commitment from provinces, and continue to allocate local budget for TB prevention until 2020 aiming to end TB in 2030. There is a need for coordination between national and international resources to carry out positive and comprehensive interventions. Technical solutions and new solutions on diagnosis, treatment and access are highly demanded.
 - Epidemic and HIV/AIDS are significant issues. There is a need for ARV support mechanism in order to reduce the burden on health insurance. MTD treatment for drug addicts is being well implemented, yet policies for allocating human resources as well as for facilitating staff working on MTD programs are still lacking.

- **Other opinions:**

A number of opinions stated that the unachieved part of MDGs implementation lies in inequality and lack of priority on northern mountainous areas, disadvantaged ethnic minority groups in the general development progress.

Recommendations:

- HRH: besides training, it is needed to effectively use the human resources for health. For example, putting the allocation of budget for paying salary for village midwives on priority. Ninh Thuan is doing this well.

- Health financing: there is a need for the policy on improving health services in remote areas through raising demand and encouraging the usage of health insurance card in order to prevent the situation when the people have it but do not use it.
- It is needed to have an approaching method which is both health-standard and fits with local conditions instead of applying one model or one policy for all, avoid applying delta region standards on mountainous areas.
- The provinces need to consider providing more technical assistance for remote areas by properly swapping health staff and utilize provincial resources.
- The improvements should concentrate on ethnic minority people.
- In the 5-year health plan 2016-2020, it is mentioned how to increase public budget for health while international support as well as state budget is tightened, leading to competitiveness between health and other sectors. The question is how to have a persuasive proposal to submit to MPI, the Government and the National Assembly so that health will be favored.
- International organizations to establish a section to collect evidence to advocate for increasing total budget for health. For disadvantaged provinces, there should be support to advocate for evidence to convince DPI and the People's Committee to maximize local budget for health. Besides, it is needed to allocate local interventions appropriately to ensure sustainability.
- Mechanism: in order to reach the targets, it is essential to improve local health system quality at commune and village level. The difference between mountainous and delta regions as well as priority on ethnic minority people should be taken into account. Mountainous provinces should focus on primary health care function.
- There is a need for a national universal policy on human resource training for health.

7. Introduction on the Sustainable Development Goals (SDGs)

Ms. Benedicte Galichet from WHO Country Office in Vietnam has presented on the overview of Sustainable Development Goals (SDGs) which have been agreed by 193 countries at the UNGA in September 2015. SDGs comprises of 17 goals and 169 targets that integrate all three dimensions of sustainable development which are economic, social and environmental. In goal number 3: “Ensure healthy lives and promote well-being for all ages”, health is positioned as a key feature of human development in a more integrated manner than was the case for the MDGs, and includes 9 targets. It is highlighted that in the coming time, the action plan on SGDs implementation should be integrated into the SEDP and five-year health sector plan 2016-2030 in order to sustain achievements and complete unfinished MDGs (*See full presentation attached*).

8. CONCLUSION

Dr. Tran Thi Giang Huong and Ms. Ritsu Nacken highly appreciated the active participation of participants and stated that the meeting reached success and hoped that HPG continued to be the reliable forum for sharing macro-level policies in order for DPs to support the health sector effectively and practically. The chair and co-chairs of the meeting expressed their gratefulness to the warm and considerate receipt of Yen Bai People's Committee and Yen Bai Department of Health. The conclusion has listed the key points of the meeting:

- The importance of equity (in overcoming regional disparities and between Kinh people and ethnic minorities)
- Financial and HR difficulties are typical challenges in a lot of middle-income countries. The suggested solution for this issue is focusing on the most disadvantaged groups and introducing SDGs to private and civil-society sector in order to mobilize more resources for health-for-all goal.
- The importance of inter-sectoral and inter-governmental coordination. The unfinished MDGs need to be included into the five-year health sector plan for the next phase for implementation.
- The lack of human resources and limited grass-root level capacity in implementing the policies. There is a need for central level to issue implementable policies and support local authorities in effectively implementing the policies.
- The importance of a reliable database. Data collection process at provincial level has not been carrying out well, leading to the lack of data-based policies and evidence-based programs.

The meeting ended on 12:30 PM same day.

AFTERNOON: SITE VISIT TO VAN YEN DISTRICT

A. Group 1: Mau Dong commune health station. Station Chief: Dr. Nguyen Duc Tuyen

Basically, Mau Dong health station has carried out health-care activities for the people focusing on preventive medicines including periodical health checking for children under 5 years old, students and the elderly. However, there remain challenges such as limited budget and facilities, lack of an effective waste processing solution, high rate of crude birth (19.9% in 2014), and difficulty in HIV testing propagation. According to the statistic, the medical checking rate using health insurance of comuners is more than 80%. A majority of in-patients and transiting patients got respiratory diseases, especially in children. The station proposed to have their

facilities upgraded, ultra-sound and testing machines purchased, human resource supplemented including doctors and midwives.

See file attached for more details.

B. Group 2: Yen Hung commune health station. Station chief: Dr. Tran Duc Dinh

Yen Hung health station is 10km away from Van Yen district health center and was newly built in 2013 with basic facilities that meet the requirements for a medical service provider at the area. The commune health station has received frequent support from projects including UNFPA, Atlantic Philanthropies, and World Vision. The propagation work has been active with understandable locality-tailored propaganda; all workers at the health station can perform propagation task. About NCDs management, the station has organized screening and blood pressure tests for adults over 25 years old. In the coming time, it is expected that the station is equipped with loudspeakers for propagation, simple devices such as ultrasound and testing machine and waste collection and processing system.

See file attached for more details.

C. Two groups together come to visit Van Yen district health center

Van Yen district health center is the multifunctional health center on both prevention and treatment. The center is frequently operated which receives many turns of patients daily. It is equipped with facilities in good condition and high technology. This is also the leading unit in the province on applying information technology in medical services. Van Yen health center proposed that in the coming time, the district People's Committee consider raising the quota on staff number for the center since it still has to hire contracted staff to meet with current demand.

See file attached for more details.

D. Meeting at Van Yen People's Committee

Dr. Dang Dinh Thang, Director of Van Yen district health center presented on health activities in the area. *See file attached for more details.*

The presentation is followed by a Q&A session which focuses on the model, organizational structure and linkage between the lower and central level in providing medical services for patients.

#	Question	Answer of Van Yen district health center
1	Being a multifunctional	When the center's director board were

	center, the center faces what advantages and disadvantages in comparison with the old model when prevention and treatment function are separated. Whether the combination effaces its function on prevention	summoned to get opinion on the combination of the center with the district hospital in 2013, the director board was concerned about the overloading of work which may happen. However, since combination, it is seen that the multifunctional model goes well with the condition of the district. Assigning the preventive section to take part in medical service activities has not been affecting the work on epidemic monitoring and disease control.
2	Are the out-patients consulted and checked at commune health station before being transferred to the health center? This can help avoid overloading at the center.	Almost all of the patients coming to the health center are referred from the commune health stations. There are only a few cases who live near the health center and do not go through commune health stations.
3	In launching projects with development partners, what difficulties does the center have to cope with, such as on reporting mechanism?	The center has met no major difficulties during project implementation. It can well meet the HR or reporting requirements from development partners.
4	Transferring mechanism: In what cases patients are transferred up and are there any cases when patients are transferred back down?	According to the patient transference regulation, patients who stay at the commune health stations more than 3 days or show abnormal symptoms (such as dystocia) will be transferred to higher level health unit. In case that the patients get better at the district health center, they will be transferred back to the commune health station.
5	Human resource: Is there any obstacle? How many doctors and nurses are there in the center? How does the center retain its staff?	Health HR is the most challenging issue at the center due to huge load of patients. The center will ask its divisions to develop TORs to utilize its staff, as well as assign the responsibility of managing human resources to deans. About retaining staff, the center offers practical encouragement for doctors and staff to stay at the commune, or attracts human resources from neighboring provinces such as Son La.
6	How does the waste management system work at the center and the vision on it?	The center has a well-functioning waste management system built from government bonds. The center also follows Circular 08-CP on waste processing, yet it has not got a standard

		incinerator which expects to be supported by development partners.
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ICD DIRECTOR GENERAL

(signed)

Tran Thi Giang Huong

ANNEX 1. PROVINCIAL HPG MEETING AGENDA

Hao Gia Hotel, Yen Bai City, 03 November 2015

Time	Content/Activity	Lead Person
8:00 – 8:30	Registration	HPG Secretariat
8:30 – 8: 40	Welcome and introduction of participants	International Cooperation Department (ICD), Ministry of Health (MOH)
8:40 – 09:00	Welcome and opening remarks of the Chair and Co-chairs	<ul style="list-style-type: none"> • Dr. Tran Thi Giang Huong, ICD Director General • Ms. Ritsu Nacken, Acting Representative of UNFPA • Representative of Yen Bai People’s Committee
9:00 – 9:15	Overview of Viet Nam’s status on the attainment the health-related Millennium Development Goals (MDGs) including in the northern mountainous provinces.	Department of Planning & Finance (DPF), MOH
9:15 -10:15	Provinces’ experiences of working towards MDG attainment followed by plenary discussion <ul style="list-style-type: none"> • Overall situation • Barriers and challenges to equitable and sustainable MDG attainment • Success stories/innovative solutions to addressing challenges • Lessons learnt and way forward 	Provinces each present on one of the following topics: <ul style="list-style-type: none"> • Maternal and child health • Water and sanitation access • HIV/AIDS, malaria, and tuberculosis
<i>10: 15 –10:30</i>	<i>Tea break</i>	
10:30 – 11:10	Plenary discussion on: <ul style="list-style-type: none"> • Solutions for challenges and barriers identified by the provinces for planning and implementation of the next five-year health sector plan. • Collaboration between Viet Nam and Development Partners in the implementation of the next five-year health sector plan. 	<ul style="list-style-type: none"> - MOH - Provinces - DPs
11:10-11:30	Update on the Sustainable Development Goals (SDGs) and Viet Nam’s post-2015 health development agenda.	WHO ICD/ MOH
11:30 –11:45	Closing meeting	Chair and Co-Chairs
13:00 –17:00	Field visit	
18:00- 20:00	Networking dinner	