

## **Guidance note for the creation of Technical Working Groups of the Health Partnership Group**

### **Background and rationale for the creation of TWG**

The Health Partnership Group (HPG) was established to improve overall effectiveness of aid to the health sector, through improved coordination and policy dialogue between Ministry of Health (MOH) and development partners. Attended by development partners, Ministry of Health and other government Ministries, the HPG is recognized as the primary forum for developing trust, building understanding, and facilitating progress towards common systems and ways of working in the health sector, as a priority sector for government and development partners. As such it serves as an important platform to promote alignment of donor support with Government priorities and information sharing between key stakeholders. The HPG will also liaise and seek to work as closely as possible with other groups related to health, such as the Partnership for Animal and Human Influenza, groups working on HIV, and the Aid Effectiveness Forum.

In March 2009, the Ministry of Health of Vietnam and developing partners supporting the health sector adopted the Statement of Intent (Sol), through which they made a commitment to better harmonize financial resources and technical efforts, to improve alignment behind government plans and strategies, and to make better use of country systems. The Sol aims to improve overall aid effectiveness in the health sector and was developed in a spirit of mutual accountability, drawing on principles from the Hanoi Core Statement (HCS), the localized version of the Paris Declaration, and the Accra Agenda for Action (AAA). It reflects how those principles will be implemented in the health sector, through a set of ten milestones to be achieved between now and December 2010. Through the HPG and implementation of Sol milestones, health is a pioneering sector in translating the aid effectiveness agenda at higher level into concrete action.

The Terms of Reference (ToRs) for the HPG, approved as an annex to the Sol, state HPG is not in a position to play a leading role in coordination of partner support in specific areas or sub-sectors. In some areas, sub-groups of the HPG (henceforward referred to as Technical Working Groups) have been established to perform this function, and the HPG ToRs establish a formal link between these and the HPG. The ToRs further state that while responsibility for organising Technical Working Group (TWG) meetings lies with the chairs of those groups, the creation of TWG and termination of existing ones will be facilitated by HPG.

At the same time, the MOH is currently in the process of formulating its five year health plan 2011-15, which also serves as the basis for the health chapter to the Government's Socio-Economic Development Plan (SEDP) 2011-15. Through the Sol, development partners have committed to align their support to the five year health plan and associated annual workplans. In order for this support to be as effective and efficient as possible, the need arises for improved coordination and joint technical work in a number of areas of the sector, thus calling for the establishment of Technical Working Groups (TWG) in several areas.

Building upon ToRs for the HPG outlined in the Sol, the present guidance note seeks to set up formal procedures for the establishment of HPG TWG, to be set up under the authority of and with strong leadership from MOH. It should be noted that this document, however, does not include procedures for formally linking HPG with other (independent) groups working in health which do not come directly under the authority of MOH, though they may include the latter.

## **Purpose and areas of focus for TWGs**

Technical working groups (TWG) are envisaged as sub-groups of the HPG intended to improve the way in which it functions and thereby to improve the performance of a particular part of the health sector (subsector, service, or thematic area) Specifically, TWGs will be created to perform the following functions in particular sub-sectors or areas of the system:

- Strengthen MOH technical stewardship and capacity, including in the areas of planning and management;
- Improve information collection and sharing;
- Facilitate and coordinate relevant technical and analytical work;
- Provide opportunities for learning and discussion
- Build evidence for strategic and technical choices
- Seek technical and financial support
- Help improve aid effectiveness.

As such, they come under the authority of MOH, though other Ministries and stakeholders should also be included in the TWG where relevant. The TWG will operate in two distinct though complementary modes. First, an ad hoc mode providing a rapid response technical support service to issues emerging from ongoing planning and reform processes. Second, a more pro-active coordinating role helping to bring new ideas and issues to the attention of senior sector policy makers and managers, and helping to provide succinct and customised technical briefings on these hitherto neglected issues. The process of TWG formation may take several forms and be influenced by different stakeholders. Some TWGs may coalesce around issues emerging from the 5-year health strategic planning process whilst others may emerge from mutual concerns of the MOH and DPs. Other TWGs may be created to address the type of cross-cutting issues likely to be of concern to members of the HPG, including monitoring and evaluation, alignment of technical assistance, human resources, etc. Some TWG may even be created to facilitate coordination between HPG and other stakeholders in health, such as NGOs and the UN.

Key themes for the TWG may correspond to areas of the 5-year health strategic plan or may emerge from mutual concerns between the MOH and DPs. TWGs may not be limited to subsectors or parts thereof, but be created for cross-cutting themes, specific service levels, and other areas, based on the needs identified by the HPG.

The longevity of TWGs is likely to differ across groups. Some TWGs may be short lived aimed at addressing a transient challenge or singular sector issue, such as the implementation of specific milestones in the SOI. Others may be established on a more permanent basis to oversee the implementation of the five year health plan. MOH will from time to time review the performance of TWGs, and may decide to close TWGs or integrate them into others as considered appropriate.

## **TWG membership and chair**

Membership of TWG is open to all interested stakeholders whose work is directly or indirectly relevant to the area of focus. Wherever possible, a variety of groups should be represented, including MOH officials, UN agencies, bilateral donors, development banks,

NGOs, and civil society. In order to enable constructive technical discussions take place in the TWG meetings, organisations are encouraged to nominate 1-2 representatives to attend regular meetings and actively participate in discussions. However, stakeholders who want to be members of the TWG should commit to participate actively in TWG, including regular participation in meetings and related activities. Stakeholders who are interested but are not able to participate actively on a regular basis may do so on an ad hoc basis, and will be kept informed through email or website.

In general, TWG should be chaired by MOH official (Director or Deputy Director level) from the main department responsible for the area of focus of TWG. A development partner should be identified to provide ongoing support to MOH chair, acting as a secretariat where necessary, including to help mobilize relevant stakeholders, report to HPG, guide technical discussions, etc. This should be the arrangement where the group is focusing on particular technical areas of the sector (eg health information, reproductive health, planning and financing, etc.). Where deemed relevant by the group, a dedicated person will be contracted to perform this role.

Alternatively, where an existing group or coordination mechanism working in health becomes an HPG TWG, the existing chairing arrangements of this group should be maintained (e.g. coordination mechanisms for the UN, INGOs, etc.)

Each proposed TWG will initially develop its own TOR including scope of work, working arrangements, and including proposed membership, possible linkages with other groups and technical support, expected frequency of meetings, logistics, and reporting, etc.

### **TWG formation (criteria and process)**

The TWG may be established in two ways:

1. A new TWG may arise from a joint interest of MOH representatives and other interested stakeholders. Proposals will be made to the Minister of Health, including the proposed leading department and members, and a comprehensive TOR. The HPG Secretariat will assist the Minister in reviewing TORs and advising the concerned leading Department on possible revisions, before submission to the Minister of Health for approval. Presentation of newly created TWG will be made at the HPG plenary, once their establishment has been approved by MOH leadership. Where existing partnership groups working in the health sector wish to become formally registered as a TWG of HPG, this should also be discussed with the HPG secretariat on behalf of the HPG members, before formal submission to the Minister of Health. Once it becomes a TWG, the group must give the progress report/give brief presentations if required...etc
2. Alternatively, if the Minister of Health or Vice-Minister considers it necessary to establish a TWG, the concerned Head of the Leading Department will make a proposal to potential stakeholders and otherwise follow the same procedure as above.

In view of capacity constraints, the number of TWGs should be limited. To guide the identification of appropriate various criteria will be applied to test the merits of TWG formation and the scope and remit of the new TWG. These include the following considerations:

1. MOH or other relevant ministry is willing to provide stewardship for the TWG and one development partner is willing to function as secretariat in case MOH has limited capacity to do so (ownership).
2. The TWG should cover (part of a) subsector, service or thematic area which is considered an important feature of the five year health plan, and which constitutes a particular technically challenging area, or where a clear need for donor coordination and alignment behind Government priorities has been identified (relevance).
3. There should be no significant overlap with other existing TWG or other groups related to health. While some overlap may be unavoidable, technical work should not be duplicated, and synergies between groups working on similar issues should be sought as far as possible (distinct niche).
4. The TWG should be able to sustain itself in the medium and long term. The role of the HPG Secretariat is to assist in the start up and reporting of the TWG, but is not in a position to manage TWGs (viability).
5. In case the TWG completes its tasks, the TWG leadership, with support of the majority of members, will advise the Minister to close down the may suggest TWG (exit strategy).

### **Coordination across TWGs**

A major challenge will be that of ensuring effective working and coordination across the TWGs. This will be the role of the HPG secretariat, who will call upon TWG chairs to meet and discuss fundamental overlapping issues where necessary. Through continuous dialogue with chairs, the HPG secretariat is responsible for ensuring the most pressing issues are brought to the HPG plenary for discussion, and are subsequently followed up. The HPG secretariat should also consult with or bring chairs together where necessary to discuss any sensitive issues that may arise at the HPG and how they should be handled.

### **TWG working arrangements**

Responsibility for organizing TWG meetings and lies with the chair and secretariat of those groups. Responsibility for other administrative and logistical arrangements also, and reporting to the members and HPG secretariat lies with the TWG secretariat.

Thus, the HPG Secretariat is responsible for the following:

- 1) Reviewing and advising on TORs where necessary, to ensure they fit well within the objectives of the HPG;
- 2) Submission of the TWG to the Minister of Health for approval;
- 3) Synthesizing information from TWG regularly and sharing with the HPG.
- 4) Ensure appropriate coordination across TWGs

### **Dissemination and policy support**

The litmus test of TWG efficacy is the degree to which the various TWGs help to bridge the “knowledge – policy- practice gap”. Each TWG should give careful consideration as to how it will ensure that an efficient and effective way of information sharing is established, including through the use of mailing lists, online groups, etc. This is of particular relevance where individuals who are not permanently based in Hanoi become members, including provincial representatives, as well as technical assistance and development partners working in various different locations in Vietnam.

TWG are required to provide progress report to the HPG through the Secretariat, summarized at the HPG plenary. Information on progress will be sent to the HPG in the form of minutes of each TWG meeting, and a summary will be send at least two weeks prior to the HPG plenary. In case of being invited by the HPG forum, the TWG chair will be asked to provide a brief update at the HPG plenary on working group progress, and share any relevant information with participants, including events, documents, etc.

## **Generic outline for the Terms of Reference of Technical Working Groups**

### **1. Introduction/Background**

This section should include a brief description of the rationale for the creation of the group, including short summary of any situation analysis carried out. The link with the five year health plan and HPG should also be clearly illustrated.

### **2. Purpose/objectives**

There are two main objectives for the establishment of HPG sub-groups. The first is to facilitate the implementation of GoV strategies and policies outlines in the five year health plan, through promoting greater aid effectiveness in the particular area or sub-sector. The second is to generate new ideas and initiate new work/processes in particular areas of the sector where a gap has been identified.

The TWG should also identify specific objectives.

### **3. Areas of focus and activities**

Proposed activities for the TWG should be outlined, though there is no need for detail to be provided in the TORs, as tasks may become clearer as the group begins to work. Activities may include: influencing policy and programs, dissemination of information, discussing and building consensus on issues related to planning and programming in the particular area of focus, assisting MOH in implementing particular areas of the five year health plan or related sub-sector strategy, etc.

Clear outputs within a defined timeframe should be identified wherever possible, in order to give clear direction and focus to the TWG.

### **4. Working arrangements**

Comprehensive information should be provided on working arrangements, so that the HPG Secretariat can assess whether start-up support may be necessary, and, where it is needed, additional support from HPG members be mobilized. Information provided should include: membership, chairs (identification of relevant MOH department and development partner), sub-working groups where necessary, secretariat, frequency of meeting.

TWG should decide on key aspects such as whether membership will be open or limited, whether a secretariat will be necessary, etc.

Draft workplan of the TWG (if available)

### **5. Linkages**

TWG are encouraged to liaise with other existing groups in similar areas (e.g. M&E/JAHR group link up with existing UN M&E WG). Where these other groups have already been identified, this should be presented in TORs. Potential linkages to be explored by TWG should also be included.