Health Partnership Group

The Viet Nam Health Partnership Document (VHPD)

10 December 2013
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Sustaining Gains and moving forward

We the Ministry of Health of the Socialist Republic of Viet Nam (hereafter Ministry of Health) and development partners supporting the health sector acknowledge the role of the Health Partnership Group in forging an effective, efficient and meaningful collaboration in health; and recognize Viet Nam’s achievements in improving the health status of its people. We are also cognizant of the changing health needs of the population and the new challenges facing the Vietnamese health system which are linked to changing disease and demographic patterns, the impact of development and globalization on health, and the persistent disparities in health outcomes among the poor and vulnerable populations.

To this end, we have identified commitments that will enable us to better harmonize our financial and technical support, and to ensure that these are closely aligned to government policies, strategies and plans. By delivering on these commitments, our aim is to enhance the impact of development cooperation on the health of the Vietnamese people.

This Viet Nam Health Partnership Document (VHPD) was developed in a spirit of mutual accountability and through a broadly inclusive and collaborative process. Although neither legally binding nor legally enforceable, all parties subscribe to the principles, commitments and milestones outlined, and will work actively to implement them, recognizing that their achievement requires actions from all partners and across government.

We believe that an effective and efficient collaboration and alignment of support towards the needs and priorities of the country – as reflected in national health policies, strategies and plans – can significantly contribute to the attainment of Viet Nam’s health goals. We therefore commit to supporting:

- the Ministry of Health’s leadership and ownership in forging its health development agenda and in laying the key priorities and directions in the health sector;
- Viet Nam’s international commitments linked to its endorsement of the Busan Partnership for Effective Development Co-operation (BPD), and for adhering to the International Health Partnership (IHP+) Global Compact signed in 2010.

This VHPD builds on the successes and lessons learned from the Statement of Intent (SOI) signed in 2009, and draws upon the framework of international and national policies and guidelines that shape development cooperation in Viet Nam’s health sector.

The VHPD highlights improved co-ordination within and between MOH and development stakeholders through the Health Partnership Group (HPG) and sub-sectoral mechanisms, and between central MOH and decentralized levels.
The VHPD also supports the identification of health sector priorities, and the development, implementation and monitoring of health sector policies, strategies and plans up to 2020.

This new partnership document will build on and sustain Viet Nam’s successes and provide a basis for stronger cooperation to meet the future challenges of Viet Nam.

Partnership commitments

These partnership commitments build on the ambitions and actions of the Viet Nam Partnership Document (VPD), BPD, IHP+ and the SOI, and complement the principles of the 2005 Paris Declaration (PD), Hanoi Core Statement (HCS) on Aid Effectiveness and the 2008 Accra Action Agenda. They also accommodate the evolving context of Viet Nam’s development agenda.

1. Ownership and alignment of development priorities

1. The Socio-Economic Development Strategy (SEDS, 2011-2020) and the Socio-Economic Development Plan (SEDP, 2011-2015) drive Viet Nam’s overall development efforts. Within the health sector, the National Strategy for the Protection, Care and Improvement of People’s Health for the 2011-2020 period and Vision to 2030 is operationalized through the Five-Year Health Sector Development Plan 2011-2015, which is the sectoral contribution to the SEDP 2011-2015. The Government maintains full ownership of development priorities in its formulation of policies, development plans and strategies at all levels. Therefore:

1.1 The Ministry of Health (MOH) commits to exercise leadership and engage with all development actors in the implementation of the Five-Year Health Sector Development Plan 2011-2015, and subsequent health sector development plans at national and sub-national levels. To this end, the MOH will:

a) Lead a participatory and consultative process to develop a viable 5-year Health Sector Plan (2016-2020) that is linked to a realistic budget and a robust monitoring system. These essential linked elements will guide health sector implementation and provide a sound basis for the provision of budget support and the adoption of program-based approaches (PBA). [Milestone 1]

b) Lead the implementation of annual and health sector development plans using evidence-based development policies and strengthened institutional arrangements, including capacity development at national and sub-national levels, in order to effectively meet 5-year health development targets.

c) Identify priority areas in the Annual and 5-year health sector development plans related to health systems strengthening for support from official development assistance (ODA), concessional loans and other forms of support.
1.2 Development partners commit to make ODA, concessional loans and other forms of support more predictable for the Government's medium-term public investment planning, and to progressively align with government systems for procurement, financial management, audit, reporting, monitoring and evaluation. Development partners will therefore:

a) Earmark ODA for identified priority areas related to health systems strengthening in the annual and 5-year health sector development plans.

b) Support the MOH in annual planning and budgeting by making available accurate and timely annual disbursement plans for ODA and concessional loans.

c) Provide information on financing commitments, including, to the extent possible, multi-annual commitments that are adapted to the fiscal calendar of the MOH in order to support the MOH to develop medium-term public investment plans.

d) Support efforts toward the provision of budget support and the adoption of program-based approaches (PBA).

e) Based on agreed progress in the reform and strengthening of the Government of Viet Nam's procurement, financial management, audit, reporting, monitoring and evaluation systems, progressively rely on these systems as mutually agreed standards are attained. [Milestone 2]

1.3 The Ministry of Health and development partners commit to improve and broaden dialogue on effective development co-operation, with a view to ensuring that health development co-operation is aligned with Viet Nam’s development priorities at national and sub-national levels. They further commit to strengthen Viet Nam's public financial management, planning and procurement systems; accelerate improvements to programme and project performance; and share innovations, ideas and knowledge to address Viet Nam’s socio-economic challenges. To this end, both parties will:

a) Work together to strengthen Viet Nam's health system (e.g., including improving quality of care; addressing inequities; strengthening governance, health financing, human resources for health, monitoring, evaluation, and reporting; and improving the use of health information for evidence-based policy and planning, etc.). [Milestone 3]

b) Make joint efforts to expand the provision of counterpart funding, e.g. by supporting increased commitments through Provincial People’s Committees, the provision of technical guidance and training for project management staff, and adjusted requirements for counterpart funding in different provincial contexts.

2. Focus on results

2. Viet Nam's development success demonstrates unequivocally that development co-operation can and does deliver good development results when paired with Viet Nam’s
own strongly determined and focused commitment. Therefore

2.1 The Ministry of Health commits to implement policies and measures to ensure achievement of the annual milestones and five year health targets. To this end, the Ministry of Health will:

a) Develop and utilize results-oriented performance assessment frameworks\(^1\) to gauge achievements under the Annual and 5-year health sector development plans at national and sub-national levels.

b) Review the Joint Annual Health Review (JAHR) findings and conclusions annually, and develop a set of prioritized recommendations for implementation by the relevant Departments, Institutions and Technical Working Groups (TWGs), as appropriate. [Milestone 4]

c) Utilize the findings and conclusions identified in JAHRs to feed into the policy dialogue on priority issues in sector development that takes place in the HPG. The JAHRs will also provide evidence to inform the development of the next 5-year Health Sector Plan 2016-2020.

2.2 Development partners commit to support the MOH to deliver the development results articulated in the Annual and 5-year health sector development plans. To this end, development partners will:

a) Use the 5-year Health Sector Development Plan results frameworks for developing their country partnership strategies and for monitoring and evaluation of ODA, concessional loans and other forms of support.

b) Provide appropriate financial, technical and institutional support to the HPG and the JAHR process and associated follow-up mechanisms, including MOH Departments and TWGs.

3. Inclusive development partnerships

3. As Viet Nam makes greater use of all resources for development, international nongovernmental organizations (INGOs), universities, national research institutes and the private sector can maximize their contribution to Viet Nam's development through job creation, actively participating in the Government's development agenda, promoting policy dialogue, and sharing knowledge and innovations. With differentiated responsibilities and identified complementarities, inclusive partnerships will contribute to effective development co-operation. Therefore:

3.1 By strengthening partnerships with INGOs, the MOH commits to create an enabling environment to facilitate the participation of INGOs in achievement of the Health

\(^1\) OECD definitions: “Country results frameworks – a country's approach to results and its associated monitoring and evaluation system focusing on performance and achievement of development results which includes agreed objectives and output/outcome indicators with baselines and targets to measure progress in implementing them”.
Sector Development Plan objectives. To this end, the MOH will:

a) Promote a favorable policy and institutional environment for the suitable participation of INGOs in the planning and decision-making processes in the health sector. [Milestone 5]

b) Promote the role of communities in supervising the delivery and quality of public health services.

3.2 By expanding partnerships with the private sector, the MOH commits to implement policies and measures to support innovation and expanded private sector participation to achieve its health development objectives, including domestic and foreign investment in health infrastructure, technology, commodities and supplies through Public Private Partnerships (PPP). To this end, the MOH will:

a) Encourage development and positive impacts of the private sector, within an appropriate regulatory environment.

b) Strengthen policy and institutional frameworks to promote private investment in health infrastructure development and the procurement of health commodities and supplies.

c) Encourage participation of the private sector in health sector development.

3.3 The Ministry of Health and development partners will implement international and national commitments for gender equality and women's empowerment, as well as health equity focusing on vulnerable groups. Parties agree to implement the following priority actions:

a) Accelerate efforts to collect, disseminate, and make full use of health data disaggregated by sex to inform policy decision-making and guide investments, ensuring that health expenditures are targeted to benefit both women and men, and prioritized to meet the needs of the poor and other vulnerable groups.

b) Engage communities, the private sector and INGOs in planning, implementing and monitoring services for vulnerable populations to ensure approaches are driven by the Primary Health Care philosophy: practical implementation of the right to health, community participation and a focus on cost-effective approaches.

3.4 By expanding South-South co-operation, the MOH and development partners commit to increase co-operation with other lower middle-income countries through the expansion of innovation, the sharing of knowledge and international good practices, and technical co-operation. To this end, both parties will:

a) Promote South-South co-operation activities.

b) Enhance knowledge and experience sharing with other lower middle-income countries.
3.5 Development partners commit to support the Government to expand partnerships with INGOs, the private sector, and triangular co-operation with other lower middle-income countries. To this end, development partners will:

a) Support Government efforts to enhance partnerships with INGOs and the private sector through, for example, the provision of technical and financial assistance, and facilitation of knowledge and experience sharing.

b) Support triangular co-operation between Viet Nam and other lower middle-income countries by, for example, facilitating the provision of technical and financial assistance in the health sector.

3.6 The Ministry of Health and development partners commit to strengthen Technical Working Groups (TWGs) as a means to foster sub-sectoral and development partner (DP) coordination, facilitate health sector policy dialogue, and act as the interface between the HPG and MOH departments and institutions. To this end:

a) The MOH will provide the enabling institutional environment to facilitate the formulation and effective functioning of TWGs.

b) DPs and the MOH will provide technical and financial assistance to strengthen the functioning of TWGs. [Milestone 6]

3.7 The Ministry of Health and development partners commit to foster closer engagement between central MOH/DPs and decentralized levels as a means to increase coordination across the sector, expand health coverage and improve health system development. To this end:

a) The MOH will continue to encourage and support provincial level representation in the HPG and JAHR mechanisms.

b) The MOH and DPs will encourage and support the establishment and effective functioning of provincial and/or regional HPGs. [Milestone 7]

3.8 Through the HPG mechanism, the Ministry of Health and development partners commit to establish and foster linkages with national, regional and global forums to strengthen co-operation and co-ordination on health-related policy and planning. [Milestone 8]

4. Transparency and accountability

4. Viet Nam continues to improve policies and institutions to increase transparency and accountability in all levels, and to strengthen anti-corruption measures at all levels. ODA concessional loans and other forms of support are considered a public resource that needs to meet clear transparency and accountability requirements in order to ensure their effective and efficient contribution to Viet Nam’s development. Furthermore, DPs need to better understand how their funding is complementary to government spending, how they fill gaps, or reinforce identified priorities. Therefore:
4.1 **The MOH and development partners** commit to strengthen mutual accountability through results-based frameworks and better monitoring of development co-operation. To this end:

a) The MOH will publish related development co-operation information and data on its web portals.

b) DPs will ensure that programmatic and financial information, which includes indicative medium-term financial commitments on all current and future projects and programmes, can be found in the MOH’s interactive web-based donor and INGO databases. [*Milestone 9]*.

c) DPs and the MOH will periodically conduct mutual assessments of progress in implementing agreed commitments, including through the JAHR process and by reporting periodically at the national, regional and provincial HPG meetings on programme implementation and financial disbursements.

5. **Implementation of the VHPD**

5. Since the VHPD has been developed through the collective efforts of the MOH, development partners, private sector, INGOs, and others, all parties will be responsible for participating in the implementation of the VHPD and the monitoring of progress.

5.1 The MOH will take the lead, in coordination with other line ministries, provinces and related agencies to co-operate with development partners and other development actors in support to the implementation of the VHPD.

5.2 The MOH, development partners, and INGOs will be responsible for implementing and monitoring the progress of the VHPD and reporting to the HPG.

5.3. The MOH, and development partners, will provide technical assistance and mobilize predictable and sustainable financial support for the implementation of the VHPD and the HPG. [*Milestone 10]*

5.4 The VHPD and the associated milestones will be periodically reviewed and updated as necessary.
<table>
<thead>
<tr>
<th>Milestones</th>
<th>Completion date</th>
<th>Lead</th>
<th>Facilitation</th>
<th>Funding</th>
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<tbody>
<tr>
<td>Development of the next 5-Year Health Sector Plan (2016-2020) that is linked to a realistic budget and a robust monitoring system, in line with the JANS recommendations.</td>
<td>Dec 2015</td>
<td>MOH (DPF)</td>
<td>DPs (tbd)</td>
<td>MOH and DPs (tbd)</td>
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<td>Coordinated monitoring, evaluation and reporting using one progress report for all donors based on a comprehensive aligned monitoring tool.</td>
<td>Dec 2016</td>
<td>DP (tbd)</td>
<td>DPs (tbd)</td>
<td>n/a</td>
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<tr>
<td>A set of technical, policy and gap analysis studies conducted to support the development of health sector policies and strategies, and to inform the development and implementation of the next 5-year Health Sector Plan, 2016-2020.</td>
<td>Annually</td>
<td>MOH (ICD)</td>
<td>DPs (tbd)</td>
<td>MOH and DPs (tbd)</td>
</tr>
<tr>
<td>Utilization of JAHR findings by HPG to develop a set of prioritized recommendations for implementation by the relevant Departments, Institutions and Technical Working Groups (TWGs), as appropriate.</td>
<td>Annually, at HPG meeting following the JAHR</td>
<td>MOH (ICD/DPF)</td>
<td>DPs (tbd)</td>
<td>MOH and DPs (tbd)</td>
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<tr>
<td>Effective functioning of the INGO forum for coordination, capacity strengthening and information sharing across the health sector.</td>
<td>Ongoing, reviewed annually</td>
<td>MOH (ICD)</td>
<td>DPs (tbd)</td>
<td>MOH and DPs (tbd)</td>
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<tr>
<td>Strengthened capacity of TWGs to foster sub-sectoral and DP coordination, facilitate health sector policy dialogue, and act as effective follow-up mechanisms to HPG decisions and recommendations.</td>
<td>Ongoing, reviewed annually</td>
<td>MOH (Lead Technical Depts)</td>
<td>DPs (tbd)</td>
<td>MOH</td>
</tr>
<tr>
<td>Increased engagement of central MOH and DPs with decentralized levels, through regional and/or</td>
<td>Ongoing, reviewed</td>
<td>MOH</td>
<td>DPs (tbd)</td>
<td>MOH</td>
</tr>
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<td></td>
<td>provincial HPG meetings.</td>
<td>annually</td>
<td>(ICD)</td>
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<td>8</td>
<td>Demonstrated and documented linkages of HPG with national, regional and global forums to strengthen co-operation and co-ordination on health-related policy and planning.</td>
<td>Ongoing, reviewed annually</td>
<td>MOH (ICD)</td>
<td>DPs (tbd)</td>
</tr>
<tr>
<td>9</td>
<td>Effective functioning of web-based donor and INGO databases for improved monitoring of development co-operation in the health sector.</td>
<td>Annually</td>
<td>MOH (ICD)</td>
<td>DPs (tbd)</td>
</tr>
<tr>
<td>10</td>
<td>The effective functioning of the VHPD and the HPG are supported by appropriate technical assistance, and by predictable and sustainable funding.</td>
<td>Annually</td>
<td>MOH (ICD)</td>
<td>DPs (tbd)</td>
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Annex 1: Terms of Reference for the Health Partnership Group (HPG)

Purpose

The purpose of the Health Partnership Group (HPG) is to improve the overall effectiveness of development assistance to the health sector, a priority sector for the government and development partners. Attended by the Ministry of Health (MOH), other government ministries, selected provinces and development partners, the HPG is recognized as the primary forum for developing trust, building common understanding and facilitating progress towards common systems and ways of working in the health sector.

Objectives

As an over-arching coordination forum for the health sector, the HPG will deal primarily with strategic and policy issues. The role of the HPG is to coordinate policy dialogue, facilitate communication on the status of ongoing priorities for collaboration, including policy decisions, and to promote results-based partnership initiatives. In addition, it hears reports from sub-groups, including TWGs, at both national and sub-national levels, where technical coordination takes place. Its objectives are to:

- optimize the overall effectiveness and efficiency of development assistance to the health sector, including through setting priorities for the use of development assistance;
- optimize donor coordination and transparency, reduce duplication and fragmentation in the delivery of health aid; and
- promote a multi-sectoral approach to achieving health goals which draws in all relevant parts of government, development partners, INGOs and the private sector.

Operating Principles

- The HPG operates on the principles of mutual understanding and accountability, and its decisions are on the basis of consensus.
- The HPG is an open and inclusive forum, with voluntary participation, which includes members of Viet Nam agencies, MOH, health related TWGs, development partners, and INGOs.
- The forum operates according to its annual action plan.
- WHO and other development partners will provide financial and/or technical assistance to the Forum, while the MOH will contribute to the Forum’s budget in kind.
Targeted Activities

HPG members:

- Engage in upstream dialogue related to policies, strategies, plans and budgets for health sector development.
- Develop recommendations for improved health sector development effectiveness and efficiency, through inclusive partnerships and optimized coordination, harmonization, alignment, and management of development assistance.
- Enhance complementarity between health development partners, based on comparative advantages; and through formulation, implementation and use of results from joint reviews, research, surveys and evaluations in key areas.
- Encourage participation and support from interested public and private Vietnamese agencies and development partners to improve aid effectiveness.
- Receive and consolidate reports from sub-groups, in particular on issues that are relevant to and have an impact on the health sector as a whole.

Operational Arrangements

- The HPG will be co-chaired at the Ministerial and Ambassadorial level. The Minister and an Ambassador will preside over the first or last meetings each year; on other occasions chairmanship will be delegated to a Deputy Minister and development partner representative.
- The HPG will meet quarterly, and development partners will alternate the co-chair position.
- The HPG achieves quorum when each of the following groups is represented by a MOH official at vice-ministerial level and at least one member of a: bilateral donor; development bank; UN agency; EU; and INGO, professional associations, mass organizations and the private sector. HPG members are encouraged to form constituencies in order to agree positions on key issues in advance of HPG meetings.
- The Department of International Cooperation (ICD) of the MOH is the focal point for the HPG.
- A Secretariat for the HPG, along with a dedicated funding mechanism, will facilitate the HPG’s activities.
HPG Secretariat

Objectives
The HPG Secretariat's main objective is to support the HPG to implement its functions and tasks based on its annual workplan. Its specific objectives are:

- To organize and coordinate all activities of the HPG.
- To create and support linkages between the HPG and:
  - TWGs working in specific health areas within and outside MOH
  - Provinces
  - The Aid Effectiveness Forum (AEF)
  - The Vietnam Development Partnership Forum
  - IHP+
  - INGOs working in the health sector
- To support the effective functioning of health-related TWGs in accordance with the HPG workplan.
- To support the establishment and effective functioning of regional/provincial HPGs.

Roles and responsibilities

a) Administrative role:
- Organization of the HPG quarterly meetings, which includes:
  - Preparation of agenda and documents related to content of the quarterly meetings; formulation and finalization of minutes and documents following the quarterly meetings; and logistics support to the organization and implementation of the HPG quarterly meetings.
  - Preparation of contents and organization of technical meetings and taking minutes of these meetings.
  - Preparation of contents and dissemination of information on aid and development cooperation effectiveness in health sector, including drafting 6-month and annually report on aid effectiveness progress in health sector.
  - Preparation and organization of other events according to the workplan of the HPG, including related conferences and meetings.

b) HPG coordination role in aid effectiveness activities in the health sector
- Coordinating the implementation of aid-effectiveness activities in the health sector within the framework of HPG with development cooperation effectiveness activities of TWGs within and outside of the MOH.
- Coordinating activities and monitoring the implementation of VHPD milestones.
- Coordinating the implementation of activities around improving aid-effectiveness in the health sector with aid effectiveness activities at national level through the AEF and the Viet Nam Development Partnership Forum.
- Supporting and monitoring the operation of TWGs.

Organizational structure
- The Secretariat was established by the HPG, as an integral part of the Department of International Cooperation - the focal point for aid and aid effectiveness of the MOH.
- The Director of ICD will be the Manager of the HPG Secretariat;
- A Deputy Director of ICD will act as Deputy Manager of the HPG Secretariat;
- The Secretariat personnel include:
2 staff officially assigned by ICD working part time as officials in the HPG Secretariat as a contribution in kind by the MOH to the HPG budget: one staff in charge of financial and accounting issues; one staff in charge of management and internal facilitation among MoH agencies and line ministries

- Outsourcing positions will be recruited and paid by HPG budget, including:
  - 1 coordinator
  - 1 administrative officer
  - 1 public relations and communication officer

**Operational arrangements**

- The HPG Secretariat operates under the direction of the Secretariat Manager.
- The Secretariat Deputy Manager will assist the Secretariat Manager in handling all HPG related work and activities.
- The HPG Coordinator will manage specific activities.
- All the positions of the HPG Secretariat will operate based on ToR approved by the Director of ICD.
- The HPG Secretariat will deliver documents related to meeting agenda to all HPG members and participants within at least 1 week prior to the HPG quarterly meetings and periodic technical meetings.
- Minutes of HPG quarterly meetings will be completed within 5 working days after the completion of the HPG quarterly meeting and technical meetings and sent via email to all HPG members who participated in the meeting, for approval.

**Budget**

- The HPG budget is based on the annual workplan of the HPG together with the operating costs of the HPG Secretariat.
- Financial support to the HPG will be provided by MOH and development partners, preferably in the form of program support.

**Joint Annual Health Review (JAHR)**

- The Joint Annual Health Review is the process through which the MOH and partners jointly assess progress in the health sector and monitor achievements against the objectives of the 5-year plan on an annual basis. The JAHR is the review and monitoring arm of the HPG, and provides important information to the HPG, feeding into the policy dialogue on priority issues in sector development that takes place within the HPG.
- The JAHR findings on recent and past performance of the health system will be presented annually to the HPG. In the HPG, a set of prioritized recommendations will be developed for implementation by the relevant departments, institutions and TWGs, where appropriate. The MOH will establish mechanisms to follow-up the recommendations in TWGs and departments, to track actions and changes that will feed into the next annual plan.
- The JAHRs will also provide useful evidence to feed into the development of the next 5-year Health Strategic Plan 2016–2020.
Each JAHR provides an overview of progress in the sector against the objectives of the 5-year Health Sector Plan, including up-to-date data on an agreed set of indicators, and looks in depth at a particular theme of concern. The indicators monitored in the JAHR include those in the results framework of the 5-year Plan (2011-2015). In the future, the results framework of the 5-year Plan (2016-2020) should coincide with the list of indicators monitored by the JAHR.

In order to align with the MOH planning process, JAHRs will be completed by August of each year.

The JAHR may conduct specific studies in areas of strategic interest, and/or identify the need for specific studies to be commissioned, as required.

The Department of Planning and Finance within the MOH is responsible for leading and implementing the JAHR process, in consultation with domestic and international stakeholders.

Partners wishing to support the JAHR process financially will aim to align commitments in the third quarter (ideally, through multi-year commitments), and disburse funds by the first quarter of the Vietnamese Government’s fiscal calendar. Resources will be managed by the Department of Planning and Finance, through an established funding mechanism.

**Technical Working Groups (TWGs)**

**Purpose and areas of focus for TWGs**

Development partners have committed to align their support to the 5-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.

TWGs will perform the following functions in particular sub-sectors or areas of the system:

- Strengthen the MOH’s 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;
- Help improve development cooperation effectiveness.

TWGs come under the authority of the MOH, although other ministries and stakeholders should also be included in the TWGs, where relevant. The TWGs will operate in two distinct though complementary modes. TWGs will fulfil a 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. TWGs may also operate in an ad hoc mode, providing a rapid response.
technical support service to issues emerging from ongoing planning and reform processes. In either mode, TWGs will be officially mandated by the HPG, which will be responsible for their formation, and termination, where appropriate.

Key themes for the TWGs should 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 sub-sectors or parts thereof, but may include cross-cutting themes, specific service levels, and other areas, based on the needs identified by the HPG. 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.

TWG membership and chairing arrangements

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, representatives from decentralized levels, INGOs, and the private sector. In order to enable constructive technical discussions to take place in the TWG meetings, organisations are encouraged to nominate 1-2 representatives to attend regular meetings and actively participate in discussions.

In general, a TWG should be chaired by a MOH official (Director or Deputy Director level) from the main department responsible for the area of focus of the TWG. A development partner should be identified to provide ongoing support to the MOH chair, acting as co-chair and/or secretariat where necessary, including helping to mobilize relevant stakeholders, report to the HPG, guide technical discussions, etc. This should be the arrangement where the group is focusing on particular technical areas of the sector (e.g. health information, reproductive health, planning and financing, etc.).

Alternatively, where an existing group or coordination mechanism working in health becomes a 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 as well as proposed membership, possible linkages with other groups and technical support, expected frequency of meetings, logistics, and reporting etc.

Linkages with the HPG

Technical working groups (TWGs) are envisaged as sub-groups of the HPG intended to improve the way in which it functions, and thereby the performance of a particular part of the health sector (sub-sector, service, or thematic area). TWGs are the designated forums for conducting policy dialogue, and are encouraged to propose key policy issues for discussion at HPG meetings. The HPG will allocate appropriate time at HPG meetings for TWGs to raise their issues and concerns. The role of the HPG will be to coordinate policy
dialogue, facilitate communication on the status of ongoing policy decisions, and promote results-based partnership initiatives.

Along with MOH Departments and Institutions, TWGs are a mechanism through which decisions made by the HPG can be followed-up at sub-sectoral level, and TWGs are accountable to the HPG for following up on decisions that fall within their mandate. TWGs will also periodically report to the HPG on a rotational basis, on achievements against their annual workplans.

Responsibility for organising TWG meetings lies with the TWG chairs, while the creation and termination of TWGs will be facilitated by the HPG.

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 the TWG chairs to meet and discuss fundamental overlapping issues where necessary. Through continuous dialogue with the TWG 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 the TWG chairs together where necessary to discuss any sensitive issues that may arise at the HPG and how they should be handled.

TWG working arrangements

The Chair and Secretariat of each TWG is responsible for:
- organizing and conducting TWG meetings;
- developing and implementing an annual workplan;
- administrative and logistical arrangements; and
- reporting to the HPG members and HPG Secretariat on progress against the annual workplan.

The HPG Secretariat is responsible for:
- Reviewing and advising on TWG TORs where necessary, to ensure they are aligned with the objectives of the HPG;
- Submitting the TWGs to the Minister of Health for approval;
- Synthesizing information from TWG regularly, and sharing with the HPG;
- Ensuring appropriate coordination across TWGs;
- Developing an appropriate plan of action to support TWG functioning;
- Facilitating the formation and termination of the 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 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 for TWG members who are not permanently based in Hanoi, including provincial representatives, as well as development partners working in various different locations in Viet Nam.

TWGs are required to provide periodic progress reports 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 sent at least two weeks prior to the HPG plenary. Where the TWG chair is invited to attend the HPG, they will be asked to provide members with a brief update on working group progress, and share any relevant information with participants, including events, documents, etc.