



1st EU-HSPSP 2 Implementation Workshop



Hanoi, 18 September 2015

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Acronyms

DoH	Department of Health
DoLISA	Department of Labour, Invalids and Social Affairs
EUD	European Union Delegation
EU-HF	Health Facility
EU-HSPSP 1	Health Sector Policy Support Program Phase 1
EU-HSPSP 2	Health Sector Policy Support Program Phase 2
FA	Financing Agreement
GIZ	German Agency for International Cooperation
JICA	Japan International Cooperation Agency
HI	Health Insurance
HIS	Health Information System
HPET	Health Professional Education and Training
MoF	Ministry of Finance
MoH	Ministry of Health
MoLISA	Ministry of Labour, Invalids and Social Affairs
MSI	Marie Stopes International
NA	National Assembly
NCD	Non-communicable diseases
PPC	Provincial People's Committee
PSS	Provincial Social Security
SRC	Sector Reform Contract
TEVA	Trained Ethnic Village Birth Attendant
ToT	Training of Trainers
USAID	United States Agency for International Development
VND	Vietnamese Dong
VSS	Vietnam Social Security
WB	World Bank

1. Background

With the signature on the 4th of December of 2014 of the Financing Agreement, the European Union (EU) and the Government of Vietnam started implementing the Health Sector Policy Support Programme phase 2 (EU-HSPSP 2): “Towards Equity and Quality of Health Services in Vietnam” (DCI-ASIE/2013/024-370).

The general objective of the programme is to sustain poverty alleviation and inclusive economic growth in Vietnam through the provision of support for the development of the Vietnamese health care system, in line with country’s health sector strategy. The specific emphasis on equity will be given by focusing on 10 provinces among the poorest in the country: Lai Chau, Son La, Dien Bien, Kon Tum, Gia Lai, Ha Giang, Lao Cai, Cao Bang, Yen Bai and Dak Nong.

The EU-HSPSP 2 includes budget support in the form of a Sector Reform Contract (SRC) and complementary support as a) services provided through the European Union Health Facility (EU-HF) and b) a cooperation agreement with the World Bank for the “Health Professional Education and Training Project (HPET)”. The agreement with the WB for EU contribution to the HPET project is going through the final stages of negotiation.

The first Disbursement Request under the SRC, corresponding to the year 2015, had been submitted by the Government of Vietnam to receive the first tranche payment. The EU-HF supported the EUD and the Ministry of Health (MoH) in assembling the evidence of the degree of achievement of the indicators. Based on the results of this work and in terms of preparing the activities and evidence for 2nd tranche in 2016, the EUD, the MoH and the Ministry of Finance (MoF) continued the dialogue for successful implementation of the HSPSP 2 and SRC 2 and planned to organize the launching workshop for all stakeholders concerned to inform about the activities to be planned/undertaken for the successful implementation of the Programme.

This workshop aims at presenting to all stakeholders the concept, elements, and institutional arrangements of the EU-HSPSP 2 in support of the health sector in Vietnam.

2. Workshop objectives

Specific objective of the assignment is to discuss the schedule and activities for implementation and the responsibilities and tasks of the stakeholders involved in order to:

- clarify the logic and the operational modalities of the different elements of the EU-HSPSP 2 in budget support and complementary support
- familiarize the stakeholders concerned with the contents of the SRC 2, disbursement criteria and operational modality;
- present EU-HF and its role in supporting the implementation of the SRC 2;
- advise the provincial authorities on the priority actions and programs for budgetary allocation under the SRC 2;
- discuss lessons learnt from the implementation of the HSPSP Phase 1 and from the process of the preparation of the 1st disbursement request for SRC 2 (2015);
- highlight roles and responsibilities of different stakeholders in implementation of the SRC 2 (at different levels) based on lessons learnt.

3. Workshop participants and location

The one-day workshop in Hanoi was attended by 83 participants from related Government agencies and international organizations/projects: MoH, MoF, Ministry of Planning and Investment (MPI), Vietnam Social Security (VSS), Provincial People’s Committees (PPC) and Departments of Health

(DoH) of 10 EU-HSPSP 2 provinces, World Bank (WB), JICA, USAID, MSI, Lux Development, GIZ Health Program, Health Financing and Governance project, EU Health Facility (EU-HF), etc. (see list of participants in Annex 1).

4. Workshop process and contents

4.1. The workshop started with the opening speeches by the two chairs: H.E Assoc. Prof. Pham Le Tuan – Health Vice Minister and Mr. Alejandro Montalban - Head of the Development and Cooperation Section, EUD.

- Assoc. Prof. Pham Le Tuan, Health Vice Minister:

In his speech, Prof. Le Tuan emphasized that over the last years, Vietnam has obtained important achievements in the protection and care people's health. This has happened thanks to the attention and direction of our Party, National Assembly, Government, and importantly, the financial and technical support of development partners – including the EUD. Over the last 25 years the EU has funded projects and programs for Vietnam in order to improve service delivery, and build capacity for developing, promulgating and implementing health policies, strategies and plans at national and local levels. Many projects have produced positive changes to the health system. Recently, in order to increase the efficiency of grants and the ownership of recipients, the EU and a number of development partners have started to apply budget support. In the 2010-2014 period, Vietnam has benefited from the EU-HSPSP 1 with a total funding of 39.5 million EUR. Based on the initial results of the EU-HSPSP 1 and with the direction “towards equity, quality and universal coverage of health services in Vietnam”, the EUD has decided to continue its support to Vietnam through the EU-HSPSP 2 with a total funding of 114 million EUR. This is a valuable non-refundable grant for the country, which will help the health sector to implement its policy priorities.



This financial assistance will be provided through the budget support approach, i.e. the disbursement of tranches will be done to the State Treasury and based on the accomplishment of performance indicators committed by the Vietnamese Government in the EU-HSPSP 2 Financing Agreement. This means that if Vietnam fails to meet any of its targets, the grant funded will be deducted accordingly. Therefore, Assoc. Prof. Tuan requested MoH departments/administrations, provincial people's committees and departments of health (especially those of the 10 target provinces) to make efforts in their specific implementation plans, mobilizing internal resources as well as using the grant effectively and efficiently in order to achieve the targets committed. Finally, he thanked all development partners, especially the EUD, for their support to the health sector over the last years and looked forward to further cooperation in the future. He also thanked related ministries such as MoF, MPI (including GSO), VSS, etc. and Provincial People's Committees for their collaboration in the achievement of the MoH's objectives.



- Mr. Alejandro Montalban, Head of the Development and Cooperation Section, EUD:

Firstly, Mr. Montalban thanked the MoH leaders for their commitment to health sector reforms and to development cooperation in the health sector. He emphasized that EU is pleased to be the strategic and long term partner of the Ministry of Health since 1996. Next year, we shall celebrate our 20 years of EU-Vietnam cooperation in the health sector as we are celebrating this year – the 25th anniversary of EU-

Vietnam Diplomatic Relation.

Regarding the EU-HSPSP 2, it is the largest EU health intervention in Vietnam and in Asia, with total grant contribution of 114 million EUR. He would like the Vietnamese partners to pay attention to the Sector Reform Contract (previously called Sector Budget Support) modality, because:

By its name, it could immediately be seen that EUD places high importance to "sector reforms".

It is called a "contract" because it represents a bilateral agreement between both sides and commitment to achieve sector reform outputs and outcomes.

The EU grant is transferred directly into the VN state treasury so as to help the country implement sector reforms.

He also stressed the fact that, with this financing modality, sector policy dialogue plays an all important role. To help MoH in achieving sector objectives, the EU-HF will also assist in institutional capacity building, specifically: (i) assist Vietnamese partners to implement effectively the sector reform contract; (ii) assist Vietnamese partners to implement key sectoral reforms, such as health financing; health information; curative and preventive care; and (iii) promote the visibility of the EU in the health sector.

Finally, he informed briefly that the EU will phase out in 2018, so probably in the following year stakeholders will need to discuss an exit strategy of the EU.

4.2. Presentation on “Overall introduction about contents of Financing Agreement and reporting responsibilities of the different stakeholders for disbursement purpose” by Ms. Nguyen Lan Huong, Deputy General Director, Debt Management and External Finance Department, MoF.

4.3. Presentation on “Vision of the MoH on the program objectives, expected results and implementation responsibilities of stakeholders at different levels, challenges” by Mr. Nguyen Nam Lien, Director, Department of Planning and Finance (DPF), MoH.

4.4. Two presentations on “EU Health Facility, its role and place within the Budget support program - Structure, objectives, planning, progress to date” and “Summary by EU-HF on challenges and possible solutions, based on the recent HMIS assignment” by Dr. Jose Cardona, Director, EU-HF.

4.5. Comments by Assoc. Prof. Pham Le Tuan, Health Vice Minister:

Although we have completed the EU-HSPSP 1, this modality of aid is still quite new to us. We have to actively improve our implementation capacity. We should keep in mind that of the 100 million EUR under the EU-HSPSP SRC 2, only 46 million EUR is fixed instalment, the rest is variable instalment. Therefore if we fail to accomplish our commitments, we will not be granted with the variable instalment. In this process, the role of People’s Committees and DoH is very important, so if you have any concern or questions regarding the implementation of the committed targets, please feel free to raise them. And please let me know what additional resources you need for your implementation. It is convenient that now we have the EU-HF to support us. This workshop is organized to get an agreement of all stakeholders on the implementation of the EU-HSPSP 2. MoH will provide technical guidance to provinces, and we all need to be clear on what we have committed to EUD. All these commitments have been reflected in a contract, i.e. if one party fails to fulfil such commitments, the other party will not disburse the funds. This form of funding allocation is very different from the allocation of the state budget (money is allocated before implementation, evaluation follows implementation but will not be used as a tool for re-considering the allocation). It is necessary to mobilize the involvement of other agencies out of the health sector (e.g. Ministry of Education and Training, Ministry of Labour, Invalids and Social Affairs, Ministry of Agriculture and Rural Development, Vietnam Fatherland and Front, Youth Union, Farmers Union, etc.). I would like to thank the four provinces having representatives of the People’s Committees participating in this

workshop. For the other six provinces, when you (DoHs) are back, please report all the workshop contents to the People's Committees so that they can help mobilize other sectors in due course.

4.6. Question by Mr. Raja Chowdhry, Senior Technical Advisor, Support Health Care Policy for Poor in Cao Bang and Bac Kan Project:

Do provinces know how much they are allocated from this Program? What would be the end that you expect the 10 provinces to achieve?

4.7. Answers by Ms. Nguyen Lan Huong, MoF:

This modality of budget support will be used to support the implementation of policy priorities. The fund will not be transferred directly to Program Implementing Units but instead, to the State Treasury. We will be based on the regulations issued by our Prime Minister to use the grant for MoH's objectives. In the session this afternoon, there will be a presentation with orientation on the use of this grant. Apart from the 5.2 million EUR for the EU-HF and 8.3 million for the Health Professional Education and Training (HPET) project, the rest of the funding will be integrated into our state budget. The MoH will take the lead in proposing to the Prime Minister on how this amount should be spent. Of course the 10 poor provinces and other ones can make their own proposal too. The spending of this grant will have to follow our state budget spending process. Regarding allocation of the grant, it will be done based on the proposal of provinces and guidance of the MoH. Currently we have no specific plan yet on how much each province will be allocated. However, all stakeholders should keep in mind that how much we are allocated will depend on how much is disbursed. By saying so, I mean that we have to try to accomplish all our commitments so that we can receive the full amount of 100 million EUR under the SRC 2.

4.8. Comments by Assoc. Prof. Pham Le Tuan, MoH:

We know that all the targets we have committed to EUD are your routine activities, but now we will have to place more focus on them. Also, we should try to utilize results achieved under previous projects (e.g. HEMA) and past experience to achieve our objective, instead of keeping piloting new models.

4.9. Comments by Mr. Nguyen Ngoc Hien, Head of Finance and Planning Division, Lai Chau DoH:

Lai Chau is very honored to have benefited from HEMA project, many activities have been implemented in our province. Thanks to that project, we know new planning methods and currently we still maintain the results of that project. We have studied EU-HSPSP 2 documents carefully and we will advise the PPC on the implementation of the committed indicators. We will soon establish a Steering Committee in the province and a Coordination Committee of the health sector for implementing this Program. We will also strictly abide by the reporting requirements of the EUD to obtain the disbursement objective. Specific responsibilities will be assigned to related units. Currently we are developing a project to maintain results of all MDG-related projects implemented in our province.

4.10. Comments by Ms. Phan Thu Hang, Expert, Department of External Economy, MPI:

I would like to listen to opinions of the provinces. The EUD provides budget support for Vietnam, with the health sector being the pioneering beneficiary. Previously, grants were often provided and coordinated through project management units, with detailed annual work plans. With this new modality of aid, we have to guarantee the committed outputs, i.e. performance-based financing. I was involved in drafting the Financing Agreement (FA). The most difficult thing, to me, is not the selection of performance indicators to be included in the FA, but how province can produce timely and quality reports so that we can be provided with both fixed and variable tranches. I would like provinces to share with us if you have any problems in abiding by the reporting deadline, in data collection and reporting to MoH; and if there are any collaboration problems.

4.11. Comments by Ms. Nguyen Thi Kim Lien, Vice Head, Department of General Planning:

According to our statistics, currently there are over 3 million near-poor covered by health insurance (HI). I wonder if we will be able to achieve the target set for this year, which is 4 million. And why we want to increase HI coverage for the near-poor whereas our Government is making efforts to reduce poverty?

4.12. Answers by Mr. Nguyen Nam Lien, DPF Director, MoH:

In the process of selecting indicators to be included in the FA, we have discussed with VSS. Based on to the government's poverty line, the country now has approximately 1.4-1.5 near-poor households, 5.5-6 million near-poor population. Recently the MoH has supported provinces to cover the remaining 30% of the HI premium for the near-poor (through the EU-HSPSP 1). We would like to ask provinces to mobilize your own budget to continue this kind of support, and VSS to provide us with accurate data so that we can advise the Government on how to achieve this target.

4.13. Comments by Assoc. Prof. Tuan, Health Vice Minister:

When I carry out supervision to provinces, I find that although many provinces have budget, HI coverage there remains low whereas some other provinces perform very well in this respect as they have determination. Recently when I worked with provinces with low HI coverage (e.g. 12 provinces in the Mekong Delta, with coverage < 70%), VSS and the National Assembly (NA), I realize that the province should try to cover the remaining 30% of HI premium for the near poor. In some provinces, despite 20% of the premium being paid by projects and 5% by the province, the near-poor still find it difficult to pay the remaining 5%. Therefore, the provinces should be active in mobilizing additional resources to cover the gap. It is also noted that this target cannot be achieved by DoH and PSS without the collaboration of other sectors. If we fail to make our commitments to the EUD, we will not be provided with variable tranches (> 50% of the total grant).

4.14. Comments by Mr. Kpah Thuyen, Vice Chairman of Gia Lai PPC:

Our province has benefited from Phase 1 of this Program and we commit to implementing Phase 2 well. At the moment, we are in need of financial support for socio-economic development, especially for health care. 44% of our population are ethnic minority people and 14.73% of our households are poor (2014). Among the poor households, 81% are ethnic minority. 7.9% of our households are near-poor. The province always pays attention to health care as it is the Party and State's direction. At the request of DoH and PSS, we have used EU-HSPSP 1 budget to cover 30% of the HI premium for the near-poor. We commit to making efforts in order to achieve all committed targets.

4.15. Comments by Mr. Nguyen Nam Lien, DPF Director, MoH:

Regarding the near-poor, all the 10 provinces have been allocated with funding for buying HI cards for them. According to our data, Gia Lai has 72,800 near-poor and has been allocated with 13.297 million VND to buy HI cards for the poor. I would like to ask the province to urgently complete the purchase and distribution of HI cards for the near-poor who do not one in 2015 to fulfill this target at provincial level.

4.16. Presentation on “Evaluation of and feedback on the implementation of EU-HSPSP 1” by Mr. Nguyen Tri Dzung, Head of Foreign Aid Division, DPF, MoH.

4.17. Presentation on “Lessons learnt from the EU-HSPSP 1” by Mr. Nguyen Dinh Cuong, EU independent evaluator.

4.18. Presentation on “Activities to be implemented for achievement of EU-HSPSP 1I targets: 2015-2017” by Mr. Nguyen Tri Dzung, Head of Foreign Aid Division, DPF, MoH.

4.19. Presentation on “Orientation for utilization of EU-HSPSP 1I budget” by Mr. Nguyen Nam Lien, DPF Director, MoH.

After the presentation, Mr Lien provided the following information: under EU-HSPSP 1, we were able to disburse 93% of the grant (36/39 million EUR). MoH and MoF have worked and agreed with each other that budget support will be used for the whole country, to address urgent needs and issues of the health sector that have not been covered by the state budget. In Phase 1, there were only 3 indicators: (i) reduction of <5 malnutrition (this is an important target as it is one of the core target assigned to the health sector by the NA); (ii) reduction of Infant Mortality Rate (IMR); (iii) increase of deliveries assisted by birth attendants. EH-HSPSP 1 budget has been used mainly for implementing these 3 targets and MDGs. In addition, it was also used to improve health care at grassroots level. MoH has got an agreement with provinces and MoF on infrastructure construction. As a result, 89 commune health centers have been built in difficult communes where no commune health centres were available, with focus placed on North-West and Central highlands.

Regarding HI coverage for the near poor: we have allocated funding to support provinces. At provincial level, PSS plays an important role because they take the lead in increasing the number of near-poor covered by HI. The MoH will collaborate with the VSS and if necessary, organize a workshop on this matter. Previously, the VSS was confident of the achievement of this target. However we have only some months left until the end of 2015 and it seems difficult to reach the target of 4 million.

In addition, we have also spent EU-HSPSP 1 funds to implement projects on satellite hospitals, in order to improve the capacity of provincial hospitals and thus reduce overcrowding at higher levels. MoH has approved 14 projects on satellite hospitals and we have just reviewed 2 years of implementing these projects. It is found that referral has been reduced by 37%. Some provinces are performing very well. For example: previously Phu Tho province used to refer up to 80-90% of oncology patients to central hospitals, now this figure is reduced sharply. Or, heart surgeries used to be performed by Viet Duc hospital and E hospital only. Now hospitals in Bac Ninh, Bac Giang, Thanh Hoa can perform this technique by themselves. All the costs for training and transfer of technology from central level to lower one were covered by EU-HSPSP 1 and the state budget. We also supported them to buy equipment. Hospitals had to upgrade facilities only.

In addition, we spent certain amount of money to help central hospitals to reduce overcrowding, through buying equipment to be used in training and practice by provincial trainees who receive on-the-job training from central hospitals. This equipment can be used for many more training courses, not only for projects on satellite hospitals.

The Government has assigned the MoH to expand the number of provinces having satellite hospitals (currently there are only 47 Stateline hospitals nationwide) and to expand the specialties covered by satellite hospitals (currently only 5 specialties: oncology, cardio-vascular, orthopedics, obstetrics, pediatrics) to include also rheumatism, endocrine disorders and blood transfusion. These are the specialties which are overloaded at central level whereas the provincial level is incapable of dealing with them. Provinces will have to mobilize internal resources to pay equipment, infrastructure and personnel.

4.20. Questions by Mr. Nguyen Nam Lien, DPF Director for MoH departments and provinces

1. Are you comfortable with the reporting process and deadline? Any problems?
2. Do you have any problems in implementing EU-HSPSP 2 indicators in 2015? *According to bi-annual and 9-month reports of provinces, the indicator on the use of health services at grassroots level (i.e. district and commune) has not been achieved. Could you please provide us with detailed explanation for solutions to be worked out? We can use the Program's funding to improve the situation to make sure that the target is obtained.*
3. Do you have any problems in data collection and reporting? *This year we have submitted the disbursement request for 2015, and soon we will have to submit the ones for 2016 & 2017.*
4. Do you have any comments on the evaluation of EU-HSPSP1?

5. Over the last time, we have allocated EU-HSPSP 1 budget to provinces. Do you have any difficulties in spending this budget?

Regarding the orientation of using EU-HSPSP 2 budget, MoH and MoF will propose the Prime Minister to issue a Circular guiding the use, procedures, etc...so that once we receive money from EUD, we will be able to transfer it to provinces immediately.

4.21. Comments by Mr. Lai Xuan Lam, Vice Chairman of Kon Tum PPC

Firstly I would like to thank EUD and MoH for a very useful Program for 10 poor provinces. Phase 1 of this Program has been implemented well and I believe Phase 2 will be the same. Our provincial leaders always pay attention to the health sector and see this Program as momentum for mobilizing further resources. Regarding health insurance coverage for the near-poor, like other provinces, as long as we were allocated with EU-HSPSP 1 budget we transferred it to PSS for buying HI cards for this target group. However, DoLISA in our province had already used money from other sources to buy them. Therefore we would like to propose to use the unspent amount to invest in satellite hospital, in order to achieve the ultimate goal of poverty reduction. The province will always support DoH in the implementation of this Program and will mobilize the involvement of VSS and DoLISA. If there are any additional support required, please let us know and we are willing to provide it.

4.22. Comments by Mr. Dang Van Nghi, Director of Department of Planning and Finance, General Office of Population and Family Planning, MoH:

I would like to thank EUD for this support, it is valuable budget for Vietnam. Among the performance indicators, Sex Ratio at Birth (SRB) is a difficult target despite all provinces are making efforts to achieve it. Previously we had only 10 provinces with SRB imbalance, now the figure has been increased to 43 provinces. The consequences of SRB imbalance are very big. With EU-HSPSP 2 budget, 7 specific activities in this aspect have been planned and are being implemented. I would like to urge all sectors and agencies to pay attention to this issue and involve in improving the social status of women and girls, in that way we can achieve this target.

4.23. Comments by Mr. Nguyen Ngoc Hien, Head of Finance and Planning Division, Lai Chau DoH:

This Program is very important and we appreciate it because it provides additional resources and motivation for us to implement objectives of our province, in order to guarantee socio-economic development and poverty reduction. Under Phase 1, we were granted 5.462 million VND and we transferred a portion to VSS for buying HI cards for the near-poor, however it turned out that they had already been bought by money from other sources. Thus we still have the amount unspent. We would like to propose to use that amount for other activities, for example for building communes meeting the national criteria for health. Our PPC always pays attention to the health sector. Over the last 3 years, provincial authorities have invested more than 90 billion VND for infrastructure construction, yet only 53/108 of our communes meet the national criteria for health. As I presented earlier, we will establish a Steering Committee for this Program at provincial level. We would like MoH to work with and get commitments from leaders of all provinces on the implementation of EU-HSPSP 2 targets.

4.24. Comments from Dr. Jose Cardona, Director, EU-HF:

I would like to have a reminder/ clarification: of the 8 indicators, not all are collected at provincial level in the 10 target provinces. Some are collected at national level only, some at both levels. Regarding health insurance coverage for the near-poor, provinces should make efforts, but this indicator will be measured at national level only. The 2 first indicators, insurance coverage of the near-poor and health insurance payment system reform will be measured by VSS whereas IMR and SRB will be measured by GSO. This means that in fact the provinces will have to report on the 4 others only.

4.25. Comments by Mr. Nguyen Nam Lien, DPF Director, MoH:

Although provinces do not have to report all indicators, they have to make efforts to achieve the committed targets because the achievement can only be obtained at national level once it is obtained in each province.

4.26. Comments from Mr. Nong Dinh Hung, Vice Director of Lao Cai DoH:

We are very excited to be supported by this Program and we are fully aware of our responsibility in implementing it. I would like to have two proposals:

-Currently we have 20,890 near-poor, of whom 9,392 are supported with 100% of the HI premium and so are other 6180 people who have just escaped from poverty. Among the 5318 remaining near-poor who are supported with 70% of the HI premium, only 612 voluntarily pay 30% to buy HI cards, the other 4716 have been supported by EU-HSPSP 1 budget to cover the 30%. In brief, we have spent only 590 million VND on this activity and still have 1.2 billion VND unspent. We would like to propose to use this unspent amount for other activities, for example procurement of equipment for commune health centres. And for next times, the central level should inform us about the allocation of this funding in advance so that we can calculate and report to you the amount we need to ensure efficiency.

-Regarding Indicator 5a: under this Program we are assigned to train 30 birth attendants. Previously, with the support of NUP project, we were able to train 19 birth attendants. After that we wanted to organize 2 more courses but at that time there were no learners interested in such courses. NUP project will be finished this year and we no longer have financial support for organizing similar training. At the moment, there are 23 learners interested in this training, but we cannot deliver it due to budget shortage. We have sent an official letter on this issue to the Mother and Child Health Department (MoH) on 17 September 2015 and we would like MoH to provide us with budget for organizing this course, in order to achieve this target in our province.

4.27. Comments by Mr. Luong Viet Thuan, Director of Ha Giang DoH:

In 2015 we have been implemented a number of activities under this Program, and I would like to have the following comments:

-HI coverage for the near-poor: this activity is related to DoLISA because they are the one screening the population and making the list of the near-poor, then sending that list to PSS for purchase of HI cards. However they have never been mentioned or supported in this Program. In our province, apart from 70% of the HI premium paid by the state budget, the province pays an additional of 10%.

-Training of traditional ethnic village birth attendants (TEVAs): previously we have organized several training courses for TEVAS with funding from UNPA, PLAN, GAVI, National Target Program and NUP project. Currently 2 more courses are going on with a total of 39 trainees. At the moment, according to regulations, village health workers can enjoy a monthly allowance equal to 50% of the basic salary rate but TEVAs are not provided with any allowance. We now have 68 TEVAS plus 39 TEVAs coming, if they are not provided with any allowance they will not be committed. I would like to propose MoH to work with the Ministry of Home Affairs to create an incentive mechanism for them, because if they do not work, we cannot achieve the related target.

-Investment for commune health centres: should be done based on actual situation. For example, for commune health centres which are near district general hospitals, the investment should not be too big; for commune health centres which have been provided with ultrasound or X-ray machines, training should be delivered to their staff so that they can run the equipment effectively.

-This year the implementation of some activities is delayed due to the following reason: we always have to wait for central level to organize Training of Trainers (ToT) for our staff before we can start the implementation in the province, whereas we already have a team of core trainers trained by other projects (e.g. UNFPA). We should take advantage of this team and let them start implementing activities immediately instead of providing further training to them. From our side, we promise to make detailed plan to implement this Program effectively.

4.28. Comments by Mr. Nguyen Van Tuyen, Vice Director, Yen Bai DoH:

We would like to have two proposals:

-HI coverage for the near-poor: our provinces have approximately 2,500 near-poor. This year we already get support from NOREDD project to buy HI cards for them, so we have 200 million VND allocated from the EU-HSPSP 1 unspent. We would like to propose to use this amount for other activities.

-Training of TEVAs: the target is appropriate for 2015, but not very practical for 2016. We all know that TEVAs are active only in mountainous and remote areas. From 2013 to now, Yen Bai has organized 7 training courses of TEVAs. In 2016 I think we should stop training and focus on the implementation of Indicator 5b (deliveries assisted by trained health staff).

4.29. Comments from Dr. Hoang Thanh Huong, Head of Health Statistics Division (HSD), DPF, MoH:

-I totally agree with the evaluation results of EU independent evaluator on data quality and reliability, and the recommends to strengthen the Health Information System (HIS). HIS is one of the 6 building blocks of the sector 5-year plan and currently it is recognized as the weakest one. HIS strengthening is the responsibility of all agencies in the health sector at all levels in collaboration with VSS and GSO. Following Mr. Lien's presentation on orientation of using EU-HSPSP 2 budget, I would like to propose MoH to collaborate with 10 provinces in training staff on data collection, IT applications and monitoring of data quality. HSD has proposed to DPF and DPF has sent an official letter to provinces requesting them to cooperate with HSD in printing reporting forms. Regarding IT application by central level in the collection of data of core indicators, it is still limited; at the same time, staff at lower levels do not receive statistical training frequently so usually they only aggregate data and submit to higher levels without analyzing and/or using them. As for the transparency of data, I agree that it should be improved so that other sectors can get access to and use data of the health sector as reference.

-I would like to propose EUD to support HIS priorities, for example: collection of data about non-communicable diseases (NCD) or causes of death. I would also like EU independent evaluators to assess whether the indicators included in the FA appropriate or not. For example, if there is an impact indicator, we need a long time to assess the performance. If we evaluate it annually, can we see the impact clearly? And whether certain indicators can be achieved at both national and provincial levels or not. Based on such analysis, they should recommend what indicators should be selected, and the scope of data collection.

4.29. Comments by Ms. Tatyana Makarova, Expert, Lux Dev-funded Support Health Care Policy for Poor in Cao Bang and Bac Kan Project:

Currently our project is implemented in Cao Bang and Bac Kan provinces. Listening to your presentations and comments, I realise how close our project is to your Program in relation to improvement of the health system performance. I think we should raise a question: "How to reach there?" For each performance indicator, we should have specific activities (with detailed prescription). Out of your 8 indicators, 5 have been tackled by our project. We are willing to share our experience in this regard.

As for quality of data, we are facing the same issues and it is also our big concern. According to our assessment, data quality in Vietnam is low, and I agree that we should urgently improve it.

In implementing this Program, apart from guiding circulars, documents, contracts..., we should not forget an effective instrument, that is incentive. For example, if all targets are obtained, the Government should establish an incentive fund.

Regarding capitation, in my opinion, this model is to ensure access to health services, not about quality. EU-HF and MoH should discuss whether there is a way to go more than one step forward. At

the end of October, our project will organize a performance-based financing workshop in Hanoi. I would like to invite the 10 EU-HSPSP 2 provinces to participate in the workshop where you can consult other provinces, learn from empirical experience and exchange lessons learnt with Cao Bang and Bac Kan.

4.30. Comments by Dr. Le Van Thanh, Programme Officer for Health and Social Sectors, Development and Cooperation Section:

First of all I would like to thank Mr. Lien for facilitating the discussion, and thank central ministries as well as provinces for your participation in the workshop. I have listened to all comments and would like to raise some issues for thinking: despite the EU-HSPSP 2 has been implemented for a while, this is the first time we discuss about its implementation. By the 1st quarter of next year, the Vietnam's Government will have to submit the 2nd disbursement request. There are only 4 months left, if we look at the achievement of targets, there seems still a big gap. For example, you now have some difficulties in achieving the committed HI coverage for the near-poor and if we fail in this indicator, the amount deducted will be 4 million EUR. After this workshop, if provinces keep making efforts, I believe you will be able to attain your targets. I think all stakeholders should analyze each indicator in detail, which one at risk of failure and what are the potential causes, what kind of technical and financial resources needed, base on which to develop a specific plan of action. DPF should collaborate with VSS, EU-HF, 10 target provinces and other provinces (because EU-HSPSP 2 budget is also allocated to other provinces) to work out solutions to the current problems by the 1st quarter of this year. Apart from Indicator 1, we have the same concern for indicators 2, 7 and 8. We need specific solution to each Indicator. I believe problems can be fixed with financial support from DPF and technical support from EU-HF. From EUD perspective, we hope that the Vietnam's Government can disburse all or most of the grant committed, so it will be a pity if you fail to do it.

I would like to request the MoH to allocate more resources to HIS and consider the modernization of HIS as a priority. EU-HF can provide technical experts in the areas that Dr. Huong proposed (data on NCD and causes of death). Regarding financial needs, HSD should clarify its needs and submit a proposal to DPF for decision.

5. Conclusions

The workshop was concluded by Mr. Nguyen Nam Lien, DPF Director, MoH.

-MoH appreciates the support of the EUD for the health sector. The EU-HSPSP 1 has been successfully implemented, and now we continue with EU-HSPSP 2. From our side, we realize that we are on track and we appreciate budget support as a new modality of aid. We hope that EUD and other development partners will continue to collaborate with MoH in the achievement of our goals in people's health care.

-We will pay more attention to all committed indicators. Previously we thought we could attain Indicator 1 but now I realize there are difficulties. Next week I may organize a meeting with VSS and will invite EU-HF to participate in that meeting. I would like to ask VSS representatives present in this workshop to report the situation to VSS leaders and prepare accurate data for our discussion in the coming meeting.

-Regarding proposal of provinces on shifting the money allocated for buying HI cards for the near poor to other activities, I cannot answer right now as this budget is planned primarily for this purpose. I will report to MoH leaders and answer to you in writing. It is noted that this activity should be sustainable, that means if you buy HI card for the near-poor this year but next year you do not support them with 30% of the HI premium, they may not be able to buy it by themselves. Therefore, the unspent amount can also be used for the same purpose in the next year.

-Training for TEVAs: I agree that they only work in extremely difficult areas. The Mother and Child Health Department will be responsible for counting the number of TEVAs and reporting to MOH leaders. In provinces where there are not enough TEVAs, more training will be delivered. In

provinces where there are needs but no longer get support from NUP project, central level will provide you with budget so that you can organize training and accomplish this indicator.

-Infrastructure upgrade: in island provinces, DoH should advise the PPC to use budget of the New Rural Construction Program for upgrading health facilities because the Program has a component on construction of health facilities, as the budget from MoH and current projects is not very big (in order to achieve the target assigned by the NA to us by 2020, which is “80% communes meeting the national standards, HI coverage reaching 90%”, we need a total of 19 trillion VND). In addition, provinces should also mobilize local budget in this respect.

-Medical equipment: many projects have provided equipment already. In fact, equipment is redundant in some places but is in shortage in other ones. Provinces should coordinate and balance medical equipment between health facilities and between locations to ensure efficiency.

-Organization of ToT: I agree with the representative from Yen Bai that if provincial staff have been trained, there is no need to provide more training in the same topic for them.

-HIS: I agree with the proposal of HSD. You should develop an HIS strengthening project (in collaboration with EU-HF). Currently data are not provided timely. Please think how we can get access to essential data and information of provinces from MoH.

-Finally, I will inform all provinces nationwide on the implementation progress of this Program and ask them to make further efforts in the last 4 months of the years, so that we can get the best disbursement for this year.

Thank you all for your participation and contribution. I look forward to your continuous support in our course of caring and protecting Vietnamese people’s health.

6. Workshop evaluation

At the beginning of the workshop, 40 questionnaire forms were distributed to participants and at the end, 30 returned filled forms. The workshop received an overall evaluation of **very good** in 13/30 forms, **good**: 12/30 forms and **fair**: 5/30. For specific criteria evaluation no forms assessed it as poor or very poor (0%).

Appendix 1: List of Participants

LIST OF PARTICIPANTS

Event: 1st EU - HSPSP 1I IMPLEMENTATION WORKSHOP

Time: 18/09/2015

Venue: Trade Union Hotel - Quang Ba, Hanoi

No	Name	Insitution	Position
1	Dr. Pham Le Tuan	Ministry of Health	Vice Minister
2	Mr. Alejandro Moltanban	European Union Delegation	Head of Development Cooperation Section
3	Mr. Laurent Tabet	European Union Delegation	Head of Contract and Finance
4	Dr. Le Van Thanh	European Union Delegation	Programme Officer for Health and Social Sectors, Development and Cooperation Section
5	Ms. Chu Minh Nguyet	European Union Delegation	Programme Officer for Health and Social Sectors, Development and Cooperation Section
6	Ms. Phan Thanh Tam	European Union Delegation	Contract and Finance
7	Mr. Duong Duc Thien	Ministry of Health	Deputy Head General Planning and Policy Division Department of Planning and Finance
8	Dr. Nguyen Nam Lien	Ministry of Health	Director, Department of Planning and Finance
9	Mr. Cao Ngoc Anh	Ministry of Health	Head of the Provider Mechanism Division, Department of Planning and Finance
10	Ms. Hoang Thanh Huong	Ministry of Health	Head of Health Statistics Division, Department of Planning and Finance
11	Mr. Tong Hoai Nam	Ministry of Health	Vice Head of External Aid Division, Department of Planning and Finance
12	Mr. Nguyen Tri Dung	Ministry of Health	Head of External Aid Division Department of Planning and Finance
13	Mr. Phan Van Toan	Ministry of Health	Vice Director, Department of Health Insurance
14	Mr. Dang Van Nghi	Ministry of Health	Diretor of Department of Planning and Finance, General Office of Population and Family Planning
15	Ms. Nguyen Thi Ngoc Lan	Ministry of Health	Diretor of Department of Population Structure and Quality, General Office of Population and Family Planning
16	Ms. Vu Thi Tuyet Mai	Ministry of Health	Officer, Department of Mother and Child Health
17	Ms. My Duyen	Ministry of Health	Editor, Communication Center

No	Name	Insitution	Position
18	Ms. Nguyen Lan Huong	Ministry of Finance	Deputy General Director/ Debt Management and External Finance Department
19	Ms. Pham Thi Hong Van	Ministry of Finance	Director, Division of NGOs and International Organizations, Debt Management and External Finance Department
20	Ms. Nguyen Thi Phuong Lan	Ministry of Finance	Officer, Division of NGOs and International Organizations, Debt Management and External Finance Department
21	Mr. Nguyen Tri Phuong	Ministry of Finance	Vice Head, Department of State Budget
22	Ms. Pham Thi Ha	Ministry of Planning and Investment	Senior Officer, Department of Cultural and Social Affairs
23	Ms. Phan Thu Hang	Ministry of Planning and Investment	Senior Officer, Department of External Economy
24	Mr. Nguyen Quang Phuong	Ministry of Planning and Investment	Senior Officer Department of Population and Labour Statistics General Statistics Office of Vietnam
25	Ms. Nguyen Thi Kim Lien	VSS	Vice Head, Department of General Plan
26	Ms. Doan Tuong Van	VSS	Head of Professional Department
27	Mr. Nguyen Tien Duc	AMD I	General Director
28	Vuong Thi Tuyen	Cao Bang Department of Health	Head of Finance and Planning Division
29	Truong Thi Kim	Cao Bang Department of Health	Vice Head of Medical Professional Division
30	Luc Van Dai	Cao Bang Department of Health	Director
31	Duong Thi Hao	Dien Bien Department of Health	Senior Officer of Finance and Planning Division
32	Luong Duc Son	Dien Bien Department of Health	Deputy Director
33	Nguyen Ngoc Loi	Gia Lai Department of Health	Head of Finance and Planning Division
34	Mai Xuan Hai	Gia Lai Department of Health	Director
35	Kpäh Thuyen	Gia Lai PC Representative	Deputy Chairman
36	Truong Quang Tinh	Gia Lai PC Representative	Senior Officer
37	Bui Thi Hoa	Son La Department of Health	Head of Finance and Planning Division
38	Nguyen Tien Son	Son La Department of Health	Vice Head of Medical Professional Division
39	Pham Van Thuy	Son La PC Representative	Deputy Chairman

No	Name	Insitution	Position
40	Nguyen Anh Duc	Son La PC Representative	Officer
41	Luong Viet Thuan	Ha Giang Department of Health	Director
42	Nguyen Ba Van	Ha Giang Department of Health	Head of Finance and Planning Division
43	Dang Cong Lan	Kon Tum Department of Health	Head of Medical Professional Division
44	Dinh Thi Ngan Ha	Kon Tum Department of Health	Senior officer of Finance and Planning Division
45	Le Nam Khanh	Kon Tum Department of Health	Deputy Director
46	Lai Xuan Lam	Kon Tum PC Representative	Deputy Chairman
47	Pham Bich Van	Lao Cai Department of Health	Vice Head of Medical Professional Division
48	Ngo Phuong Thao	Lao Cai Department of Health	Senior Officer of Finance and Planning Division
49	Nong Dinh Hung	Lao Cai Department of Health	Deputy Director
50	Nguyen Phuoc Phuc	Dak Nong Department of Health	Vice Head of Medical Professional Division
51	Tran Quang Hao	Dak Nong Department of Health	Deputy Director
52	Nguyen Dinh Quy	Dak Nong PC Representative	Senior Officer of Finance Division
53	Nguyen Ngoc Hien	Lai Chau Department of Health	Head of Finance and Planning Division
54	Hoang Van Thang	Lai Chau Department of Health	Head of Medical Professional Division
55	Nguyen Van Doi	Lai Chau Department of Health	Deputy Director
56	Chu Thi Thanh Binh	Lai Chau Department of Health	Vice Head of Finance and Planning Division
57	Tong Thanh Hai	Lai Chau PC Representative	Deputy Chairman
58	Pham Dac Ninh	Yen Bai Department of Health	Vice Head of Finance and Planning Division
59	Nguyen Ngoc Nghia	Yen Bai Department of Health	Vice Head of Medical Professional Division
60	Nguyen Van Tuyen	Yen Bai Department of Health	Deputy Director
61	Anne Frisch	GIZ Health Program	Program director, Health Program
62	Nguyen Thi Phuong Lan	Pathfinder International	Senior Program Officer
63	Ms. Van Thi Tien	Lux Development	Monitoring and Evaluation Officer

No	Name	Insitution	Position
64	Ms. Tatyana Makarova	Lux Development	Expert, Support Health Care Policy for Poor in Cao Bang and Bac Kan Project
65	Dr. Raja Chowdhry	Lux Development	Senior Technical Advisor, Support Health Care Policy for Poor in Cao Bang and Bac Kan Project
66	Dr. Nazzareno Todini	USAID/ABT	Chief of Party, Health Financing and Governance
67	Ms. Nguyen Thi Diu	USAID/ABT	Communication and M&E program officer
68	Nguyen Cam Anh	USAID	Heath System Strengthening specialist
69	Maria Francisco	USAID	Office of Health
70	Ms. Phan Huong Giang	Marie Stropes International	Programme Development Director
71	Ms. Đinh Thi Nhuan	Marie Stropes International	Access and Quality Director
72	Ms. Kari L. Hurt	WB	Senior Operations Officer, Vietnam Health Program Cluster Leader
73	Chu Xuan Hoa	JICA	Senior Program Officer
74	Yuki Sakato	JICA	Representative of JICA
75	Dr. Jose Cardona	EU Health Facility	Team Leader
76	Ms. Oxana Abovskaya	EU Health Facility	Key expert
77	Ms. Pham Hong Hanh	EU Health Facility	Key expert
78	Ms. Dang Thi Van Anh	EU Health Facility	Project Coordinator
79	Ms. Nguyen Hong Nhung	EU Health Facility	Communication and Visibility Officer
80	Ms. Ngo Le Thu	EU Health Facility	Hospital Quality Expert
81	Dr. Nguyen Dinh Cuong	EU Evaluation Team	Medical Doctor, EU Evaluation Team
82	Mr. Dejan Ostojic	EU Health Facility	Expert
83	Ms. Nguyen Thu Phương	Vietnam News	Reporter

Appendix 2: Workshop Agenda

AGENDA 1st EU - HSPSP 1I IMPLEMENTATION WORKSHOP

Date: September 18, 2015

8:00 – 8:30	Registration	EU Health Facility
	Introduction of workshop objective and participants	MC – MoH
8:30 – 8:50	Welcome EUD, MoF and MoH <ul style="list-style-type: none"> • Minister of Health • EUD Ambassador 	HE. Dr.Nguyen Thi Kim Tien HE . Mr.Bruno Angelet
8:50 - 9:20	Overall introduction about contents of Financing Agreement and reporting responsibilities of the different stakeholders for disbursement purpose	MoF
9:20 – 9:50	Vision of the MoH on the program objectives, expected results and implementation responsibilities of stakeholders at different levels, challenges	MoH
9:50 10:20	Coffee Break / Group Photo	
10:20 – 11:00	EU Health Facility, its role and place within the Budget support program Structure, objectives, planning, progress to date Summary by EU Health Facility on challenges and possible solutions, based on the recent assignment	Dr. Jose Cardona Director, EU Health Facility
11:00 – 11:30	Questions / Discussions	MC – MoH
11:30 – 13:30	LUNCH	
13:30 14:00	Lessons learnt from the implementation of HSPSP Phase I	EU Monitoring and Evaluation Team
14:00 14:20	MoH's evaluation and feedback on lessons learnt from the implementation of HSPSP Phase I	MoH
14:20 14:50	Instructions of MoH to provinces on how to achieve HSPSP 2's indicators	MoH
14.20 14.40	Tea Break	
14:40 15:20	Orientation on the use of the budget support	MoH
15:20 16:30	Vision from the provinces	MC – MoH
16:30 17:00	Summary and conclusions	MoH/EU