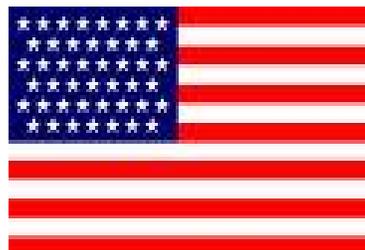




U.S. Government Global Health Initiative Strategy Socialist Republic of Vietnam



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ACRONYM LIST

AI	Avian Influenza	HAS	HIV/AIDS and Sexual Transmitted Diseases Unit
AIDS	Acquired Immune Deficiency Syndrome	HHS	U.S. Department of Health and Human Services
AIS	AIDS Indicator Survey	HMIS	Health Management Information System
ANC	Antenatal Care	HIV	human immunodeficiency virus
ARI	Acute Respiratory Infection	HMIS	health management information system
ART	Antiretroviral Therapy	HPG	Health Partnership Group
ARV	Antiretroviral	HRH	Human Resources for Health
BCC	Behavior Change Communication	HSWG	Health Sector Working Group
BSS	Behavioral Surveillance Survey	HSS	Health Systems Strengthening
CBD	Community Based Distribution	IBBS	Integrated Biological and Behavioral Survey
CDC	Centers for Disease Control and Prevention	ICF	Intensified Case Finding
CHW	Community Health Worker	IEC	information, education and communication
COE	Center of Excellence	IPT	Isoniazid Preventive Therapy
COP	Country Operational Plan	IBBS	Integrated Biological and Behavioral Survey
CPDS	Coordinated Procurement and Distribution System	Jahr	Joint Annual Health Review
CSO	Civil Society Organization	KNCV	Royal Netherlands TB Association
CTX	Cotrimoxazole prophylaxis	M&E	Monitoring and Evaluation
DFID	United Kingdom Department for International Development	MARP	Most-At-Risk-Population
DOD	U.S. Department of Defense	MCH	Maternal and Child Health
DOS	U.S. Department of State	MDGs	Millennium Development Goals
DOTS	Directly Observed Treatment Short	MDR TB	Multidrug Resistant Tuberculosis
DRG	Diagnosis Related Group	MIHE	Military Institute of Hygiene and Epidemiology
DPG	Development Partners Group	MMD	Military Medical Department
DST	Drug Sensitivity Testing	MOD	Ministry of Defense
EID	Epidemic Infectious Diseases	MOH	Ministry of Health
EPI	Expanded Program on Immunization	MOLISA	Ministry of Labor, Invalids and Social Affairs
FAO	United Nations Food and Agriculture Organization	MOST	Ministry of Science and Technology
GDP	Gross Domestic Product	MOPS	Ministry of Public Security
GFATM	The Global Fund to fight AIDS, TB and Malaria	MSM	Men who have Sex with Men
GHI	Global Health Initiative	NGP	National Gender Policy
GVN	Government of Vietnam	NAMRU	Navy Medical Research Unit
GTZ	German Society for Technical Cooperation	NIH	National Institutes of Health

NMCP	National Malaria Control Program
NRL	National Reference Laboratory
NSP	National Strategic Plan
NTD	Neglected Tropical Disease NTP National TB Program
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee
PACOM	U.S. Pacific Command
PCO	PEPFAR Coordination Office
PEPFAR	United States President's Emergency Plan for AIDS Relief
PFIP	Partnership Framework Implementation plan
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
RH	Reproductive Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SCMS	Partnership for Supply Chain Management
SEDP	Socio-Economic Development Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAAC	Vietnam Authority of HIV/AIDS Control
VCT	Voluntary Counseling and Testing
VHW	Village Health Worker
WB	The World Bank
WHO	World Health Organization

1. Global health initiative vision

As Vietnam undergoes rapid industrialization and urbanization, its population of nearly 86 million¹ faces significant health and environmental challenges. Highly pathogenic avian influenza (H5N1) virus outbreaks in poultry continue, resulting in human casualties every year; and infectious diseases including HIV/AIDS, MDR TB, dengue, and malaria pose great challenges to public health. In addition, economic development is resulting in changing disease patterns with a higher percentage of non-communicable diseases stressing an already overburdened healthcare system.

Globally, Vietnam is one of the most vulnerable countries to the projected impacts of climate change; this is expected to affect sustainable development, food security, public health, and, ultimately, social stability. Many of these health and environmental challenges have transnational causes and effects throughout the Lower Mekong Basin, providing opportunities for regional collaboration under the Lower Mekong Initiative.

Under the Global Health Initiative (GHI) strategy, working through programs such as the President's Emergency Plan for AIDS Relief (PEPFAR), USG supported Influenza and Emerging Pandemic Threats (EPT) and research activities supported by NIH and the Navy Medical Research Unit (NAMRU), the U.S. Government (USG) will support the Government of Vietnam's (GVN) long-term goal of advancing the national healthcare system towards greater equity, efficiency, affordability, and quality for all its citizens. To maximize the effectiveness of the cooperation and achieve sustainability of the response, the USG will prioritize collaboration with the GVN in the following areas:

1.1 Sustainability through Health Systems Strengthening (HSS)

The USG will support the development of a comprehensive, integrated national health delivery system with the ability to adapt to changing disease patterns and increased utilization by a diverse population. Focus areas will include a national accreditation program, continuing medical education, quality assurance programs, improved access to care, advanced medical research, information technology, and a coordinated health network at the national, provincial, district, and commune level as well as across civilian and military sectors. GHI will also support building capacity in developing and enforcing implementation of laws and sub-laws for the country to address issues of health workforce, health financing, including health insurance, health information systems, and health service delivery.

1.2 Acceleration of Results through Research and Innovation

Continued support for research and innovation to address pandemic disease threats and to contribute to the greater knowledge base will be a cornerstone of USG support. Through PEPFAR and USG influenza and emerging pandemic disease programs, the USG will continue to strengthen national detection and response capacity. Through financial support and technical assistance

¹ Vietnam Census and Housing Survey 1/4/2009

pursuant to the Emerging Pandemic Threats (EPT) program, the USG will support improved laboratory capacity, NTD and other zoonotic disease research, flu and respiratory virus characterization, and vaccine development capacity. These areas require developmental research systems to extend surveillance and detection to districts and communes with limited resources.

This GHI strategy is in alignment with Vietnam's long-term health and development goals as outlined in the Five-Year Plan for the Health Sector (2011-2015) and the National Strategy on Protection, Care, and Improvement of the People's Health (2011-2020) currently being developed, along with the Five-Year Socio-Economic Development Plan (2011-2015).

The GHI strategy also aims to enhance the capacity of the Vietnam healthcare system through promoting the active involvement of civil society and private sector health providers.

2 Country Priorities and Context

2.1 Country Priorities

Vietnam seeks to advance the national healthcare system toward equity, efficiency, and advanced medical sciences to ensure affordability and quality of care for all economic groups. The objective of the healthcare system is to improve people's health and contribute to social equity and national socio-economic development.

Vietnam faces growing demand for healthcare and requires a public health-grounded system that ensures disease prevention and early diagnosis, effective intervention, continuity of care, reduced morbidity and mortality, health education, human resource management, advanced medical research, infrastructure modernization, effective deployment of medical technologies, national healthcare accreditation, and pandemic and disaster response.

Specific objectives

Through its national five year health plan the GVN seeks to develop an extended and robust healthcare network at the national, provincial, district, and commune level. Emphasis is directed at promoting disease prevention, primary healthcare services, and access to care at the commune level in mountainous, remote, and isolated areas in order to enhance public health performance.

The pillars of the Vietnamese healthcare system are the health workforce; the health financing system; the health information system; medical products, vaccines, technologies; and leadership and governance. As described in their health plan:

- The **health workforce** will be competent, responsive, fair, and efficient in order to achieve the best health outcomes across all regions. Focus will be on sustainably and developing human resources for health (HRH) at rural, remote and difficult areas including village health workers, community health workers, and district health center staff.
- The **health financing system** will raise adequate funds that will assure people can access and use needed healthcare services and are protected from financial catastrophe or impoverishment associated with having to pay for services. The health financing system will be developed to increase public spending for health (through increasing tax-based

budget, social insurance), reducing out of pocket pays and using health budget more effectively.

- The **health information system** should provide reliable and timely information on health status, health determinates, and health system performance. The information, education, and communication (IEC) programs will be further strengthened to facilitate and enhance achievements of health activities.
- **Medical products, vaccines and technologies** are indispensable components of the health system **and be high-quality, safe**, scientifically sound, and cost-effective.
- **Leadership and governance** includes regulation, oversight, coalition-building, attention to system design, accountability, as well as education and training for health system managers at all levels, in order to implement, monitor, and enforce health sector reform consistent with national policy.

These pillars support the provision of quality services, including healthcare, rehabilitation, disease prevention, and health promotion services. Basic criteria for service provision include universal coverage and accessibility for all people regardless of financial or geographical circumstances.

2.2 Country Health Context

Vietnam is a nation in transition. Its population is youthful, with nearly two-thirds of the country's 86million people under the age of 35 years. The national economy is developing rapidly, and annual GDP has been growing at rates of six to eight percent since 2000. Vietnam recently gained status as a lower middle-income country (per capita GDP about \$1,000), which is triggering the withdrawal of foreign aid, most notably in the health sector. According to 2009 statistics, Vietnam has 63 provinces, 687 cities and districts, and 11,035 communes. The country has 1,030 public hospitals with more than 128,000 beds, and 62 private hospitals. Ninety-five percent of communes have health stations, with more than 95% having skilled birth attendance. Human resources for health (HRH) is limited and imbalanced;² there are 34.7 health workers per 10,000 people, among whom 6.5 are medical doctors, 1.2 are pharmacists, and 8 are nurses.³ According to a 2006 WHO report, HRH in Vietnam is about half the number in other countries in the region.⁴

The nation's health focus is also shifting. Statistics from hospital inventories indicate that communicable diseases accounted for about 55.5% of total diseases in 1976, and declined to 25.2% in 2008. In contrast, non-communicable diseases have increased over the past 30 years, from 42.7% in 1976 to 63.1% in 2008. Other injuries, accidents, and poisonings remained steady at 10%.⁵

According to the MOH, an estimated 254,000 Vietnamese people are living with HIV as of 2010, with that number expected to grow to 280,000 by 2012. The HIV prevalence rate in 2012 is projected to be 0.44% for ages 15 to 49. However, data from the 2009 HIV/STI IBBS Round II

² JAHN 2010

³ Vietnam Health statistic year book, 2008

⁴ WHO HRH report, 2006

⁵ Vietnam Five Year Health Plan 2011 – 2015

estimates that as many as 40% of IDU are infected with HIV. The epidemic is particularly acute and worsening in certain provinces, including Ho Chi Minh City (48%), Hai Phong (48%), Dien Bien (56%), and Quang Ninh (56%). HIV prevalence is also high among sex workers (SW), both street-based and venue-based, averaging 16% in hotspot cities with larger populations such as Ho Chi Minh City, Hanoi, Hai Phong, and Can Tho. Another emerging group is MSM, with data indicating a growing HIV epidemic among MSM in Hanoi and Ho Chi Minh City.

With respect to the TB epidemic, Vietnam ranks 12th in the world for global burden of TB, with a national TB prevalence of 333 per 100,000 people including smear positive and smear negative cases. The TB incidence is estimated as 200 per 100,000, or about 180,000 new TB cases per year. The case detection rate is reported as 54%. More than 35,000 deaths per year are attributed to TB. The proportion of MDR-TB in new patients is 2.7% and the proportion of MDR-TB among retreated patients is 19%. 37% of TB patients were tested for HIV and 17% of those patients tested positive for HIV⁶.

EPI provides full vaccination to more than 90% of infants,⁷ yet as the result of a 2007 scare, the hepatitis B vaccination rate for 24-hour infants dropped from 66% to 40% and took 50 months to recover to 50%.⁸ This illustrates the social and cultural fragility of this critical public health intervention.

The private health sector is growing;⁹ yet facilities are generally small in size and located primarily in more populous and/or affluent areas. Private facilities are often staffed by the same professionals who work in public facilities. The prominence of the private sector is expected to steadily increase, placing a number of legal, regulatory, and policy constraints on the GVN.

Vietnam is making promising progress toward the MDGs, and by 2015 is almost certain to reach MDG 4 and 5 goals related to child and maternal health. However, there are still a high number of maternal and child deaths, especially in underprivileged areas. Most notably, Vietnam is making progress in all MDGs except MDG 6 on combating HIV/AIDS.¹⁰

⁶ Global Tuberculosis control 2010-WHO

⁷ Vietnam Health Statistics Yearbook, 2008

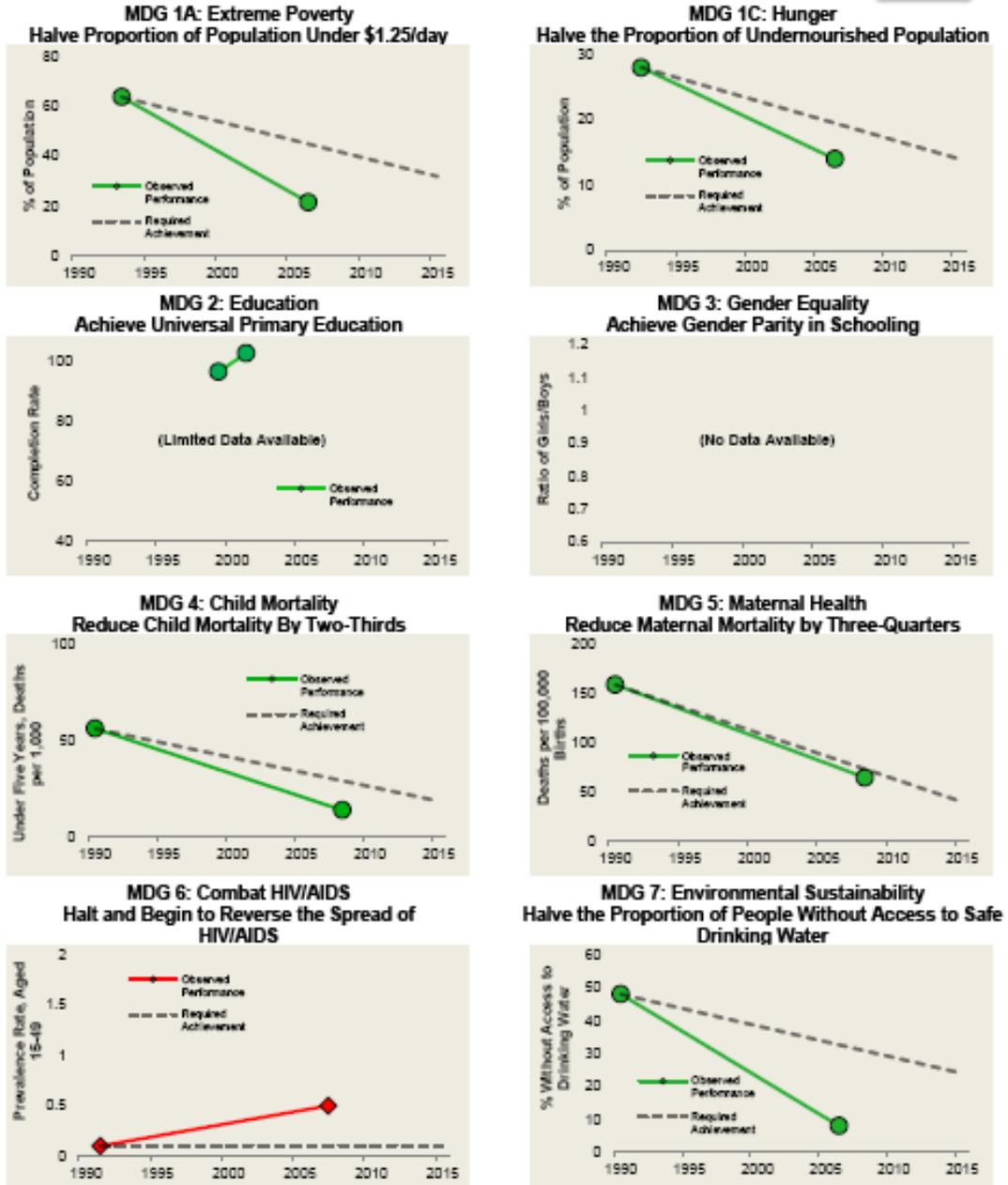
⁸ MOH EPI year report

⁹ Health services in Vietnam today, 2006, MOH

¹⁰ UNFPA Vietnam, 2010

Vietnam: MDG Progress Index Scorecard

Score: **6.0***



Score = 0 (red diamond) Score = 0.5 (yellow triangle) Score = 1 (green circle)

*MDG Score Maximum: 8.0 points

Despite these achievements, Vietnam faces a number of challenges.

- There is a growing need for comprehensive and quality health services. As the country moves to middle-income status, the pattern and burden of morbidity and mortality is changing. Non-communicable diseases, injuries, and accidents are rising, increasing the burden on an already stressed health system. Adverse health determinants are also increasing (e.g. environment, climate change, lifestyle).

- Responsiveness of the health sector is weak. Many health facilities are deteriorating, medical equipment is out of date, there are shortages of health workers, staff qualifications and skills are low, health staff structure and distribution are imbalanced and fail to meet people's healthcare needs, public expenditure for health is low, and reform policies and mechanisms are delayed.
- The rate of improvement in the health system is not uniform across the country. Development of grassroots health and primary healthcare needs to be balanced so that everyone benefits from quality basic healthcare services and advanced medical technology and techniques in the context of low public expenditures for health.
- Decentralization and a growing, unregulated private health sector have opened new gaps in the system, meaning that reductions in poverty levels have been accompanied by increasingly inequitable access to health services.
- National investment for health has increased slowly, and does not meet the demand of the health sector, while inter-sectoral collaboration remains weak.

Health Indicators¹¹

No.	Indicator	2010 Estimate	2015
1.	Life expectancy at birth (years)	73.0	74.0
2.	Size of population (million inhabitants)	86,920	<92
3.	Population growth rate reduction %o	0.20	0.20
4.	Population growth rate (%)	1.04	0.94
5.	Sex ratio at birth (boys/100 girls)	111	113
6.	Hospital bed per 10,000 inhabitants (exclude CHS bed)	20.5	23.0
7.	Number of doctor/10,000 inhabitants	7	8
8.	Number of pharmacist/10,000 inhabitants	1.2	1.8
9.	Villages with active VHW (%)	85	90
10.	Commune with doctor (%)	70	80
11.	Commune with midwife (%)	> 95	> 95
12.	% of commune achieving new national benchmark for commune health	-	60
13.	Health insurance coverage (%)	60	80
14.	Fully vaccinated infants (%)	>90	>90
15.	HIV/AIDS prevalence in community (%)	<0.3	<0.3
16.	Under-five child malnutrition rate (weight for age) (%)	18.0	15.0
17.	MMR (p100,000)	68	58.3
18.	IMR (p1,000)	<16	14
19.	Under five mortality rate (p1,000)	25	19.3

¹¹ Vietnam 5 year health plan 2011 - 2015

3 GHI Objectives, Program Structure, and Implementation

- GHI Targets:**
- a) HIV/AIDS
 - b) TB

3.1 Cross-Cutting Priorities

Nearly 80% of all USG assistance to Vietnam is provided through the health sector. Support for HIV/AIDS, through PEPFAR, accounts for 90% of these funds, and EPT for 10%. Building upon these disease platforms, Vietnam's GHI strategy will focus on cross-cutting principles to maximize the efficiency and the effectiveness of our limited funding sources, with an aim towards ensuring that USG-funded health programs are well integrated with the Vietnam system. This integration will contribute directly to the long-term goals of improving quality health services and people's health. The two cross-cutting priorities are:

- a) Building sustainability through HSS
- b) Accelerating results through research and innovation

3.1.1 HIV/AIDS

a) Building Sustainability through HSS

Through the goals of Vietnam's Partnership Framework, the GHI strategy will support stronger governance throughout the national health system, contributing to overall HSS. The HSS component of PEPFAR and GF's work will intensively promote the provision of sustainable services through strengthening health systems, and a broadened and strengthened national response to HIV/AIDS through capacity building for the GVN and other stakeholders including private and civil society partners.

HSS is embedded across the spectrum of PEPFAR Vietnam's HIV/AIDS prevention, care, treatment, infection control, and laboratory activities. Through PEPFAR's activities in support of the GHI strategy, we will strengthen the health system in Vietnam by providing assistance in governance, service delivery, HRH, supply chain management, health information systems, and financing. Priorities under the GHI include technical assistance to develop one national distribution system for HIV/AIDS commodities, which will spill over to strengthen the entire health commodity supply chain. PEPFAR will also provide technical assistance to MOH and MOLISA to strengthen pre-service and in-service training, support to professional nurse organizations to advocate for a defined scope of practice, and support to expand the cadre of social work professionals with the skills to handle case management and addiction counseling. Health financing is also a priority, including piloting a health insurance scheme for people living with HIV and exploring fee-for-service models.

To build the capacity of healthcare workers, PEPFAR will work with Vietnamese universities to develop a standardized curriculum for public health informatics and data use competencies. This effort will create a cadre of high-caliber health professionals including medical doctors, nurses, laboratorians, and paraprofessionals. Vietnam is just beginning to develop a strategy for CME, and the USG, through PEPFAR, plays a catalyzing role in supporting the development of a national

strategy and curriculum materials related to HIV/AIDS, TB, and other communicable diseases. This work will be implemented through partnerships with MOH and local and American universities, and supported by an interagency health systems technical working group.

Sustainability of a national response to HIV and other pressing health issues also depends on building capacity for the GVN to assume management and technical leadership at not only the central level, but also the district and provincial levels. Technical assistance has been integrated into some donor supported initiatives in recent years, but a comprehensive, strategic approach to building capacity in government systems has not yet been developed. The GHI strategy represents a step forward in developing such an approach.

b) Accelerating Results through Research and Innovation

Public Health Evaluations conducted through PEPFAR, as well as continued innovation in the most efficient and cost-effective HIV prevention, care, and treatment models are important elements of our PEPFAR program's contribution to the GHI strategy. GHI will promote coordination of all USG funded health research in Vietnam, including that funded by USAID, CDC, DOD, NIH and other USG agencies, with an aim of developing and supporting research priorities that are based on the needs of the host country.

The GHI strategy will support Vietnam to coordinate and develop its research portfolio with the goal of adding to the evidence base for implementing efficient and effective health programs in Vietnam. Emphasis will be placed on identifying relevant topics for study and building long-term solutions to build human capacity and systems to implement and support clinical and public health research. Additional support will be provided to ensure the appropriate interpretation of research and evaluation findings to improve the public health program response.

3.1.2 Tuberculosis

The global GHI TB targets will contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 MDR TB cases, a 50% reduction in TB deaths and disease burden relative to the 1990 baseline. Since 1997 the USG has provided technical and limited financial support to the National TB Program. Since 2004, expanded funding and technical support have been provided to the Vietnam NTP and other partners through PEPFAR with a principal focus on TB/HIV; that focus has expanded to ensure that investments in TB/HIV are sustainable and optimally effective.

a) Building Sustainability through HSS

In 2010, the NTP drafted a new 5-year TB NSP (2011-2015). Encouraging country ownership and investment and a country-led plan, the USG contributed significantly to the development of this plan, in addition to the USG TB strategy, which has been developed to directly support the country plan. Priorities of the NTP NSP (2011-2015) focus on substantially expanding TB case detection activities, accelerating expansion of MDR TB activities, further strengthening TB/HIV collaborative activities, establishing a robust procurement plan for first-line as well as second-line drugs, defining, prioritizing, and coordinating TA needs, enhancing evidence-based advocacy within MOH, engaging with the Ministry of Planning and Investment and the Ministry of Finance to

enhance their commitment to adequate financial and human resources, and placing TB control within the center of human development priorities.

In support of the GHI principles, USG committees work closely with all governmental and non-governmental partners to ensure coordination of technical assistance and support in a manner consistent with national priorities. Coordination of donors and technical assistance providers is critical in order to formulate a coherent, consistent long-term strategy to support and enhance the GVN's management capacity. This coordination is led by the NTP and facilitated by the WHO through the WHO STOP-TB advisor co-located at the NTP and a local professional officer; these two positions are funded with USG support. The Vietnam STOP-TB Partnership (VNSTP), which was established in June 2010, coordinates support including financial and technical assistance and advocacy for implementation of the NTP NSP; the USG is a core participant in the VNSTP and supports the VNSTP secretariat. The USG recently awarded non-research and research 5-year cooperative agreements to the NTP from 2011 to 2016.

The first objective of the TB NSP is to ensure access to and provide equitable, high-quality basic DOTS services at all levels of health service delivery. The USG will support systems to improve access to smear-negative TB diagnosis, monitoring and evaluation systems for DOTS, and human resources development for TB control. To address the particular needs for reduction of the TB/HIV burden and prevention and management of MDR TB, the USG will provide support to prevent and manage TB in prisons and for training and education centers, and help establish and promote collaboration between TB and HIV programs at all levels. Provider-Initiated Testing and Counseling has been established in 28 provinces in Vietnam that have significant disease burdens of both TB and HIV. ICF on HIV-infected patients in the country has been improved by adapting updated international recommendations and guidelines. In addition, successful pilot IPT projects were expanded to 10 other provinces in Vietnam with PEPFAR support.

b) Accelerating Results through Research and Innovation

The USG will continue to provide technical assistance to the NTP and VAAC on infection control guidelines, assessment, implementation, planning development, training, operational research, and monitoring. The USG supports the NTP on HSS including the development of a national TB laboratory development plan, quality-assured laboratory services beyond the NTP system, support for electronic program data collection and management, and drug supply management. The GHI strategy through its TB program will support the NTP in developing a national operational research plan in collaboration with other technical partners and will provide technical assistance to the NTP in implementing the national research plan.

3.1.3 Pandemic Preparedness and Response

H5N1 and H1N1 pandemics have demonstrated the importance of comprehensive national plans and policies to respond to emerging disease threats. DOD will work with the GVN to enhance their capacity and readiness under the GHI cross-cutting priority of health system strengthening. Development of advanced laboratory systems continues to improve early detection, and provide accurate classification of, emerging diseases. The GHI strategy seeks to assist the GVN in expanding the AI model to communication, surveillance, detection and response and containment.

Vietnam will be benefiting from the global Emerging Pandemic Threats program that seeks to aggressively pre-empt or combat EPT diseases through its four projects: PREDICT, RESPOND, IDENTIFY, and PREVENT. GHI will help Vietnam to develop the country plan dealing with EPT, continue USG effort in improvement of laboratory capacity working with human and animal interface, NTD, and other zoonotic disease research, characterize of flu and respiratory viruses, vaccine development capacity. These areas will need developmental research systems to extend surveillance and detection to the district and commune regions that have limited resources.

3.2 GHI Principles Application

GHI principles will be applied for the entire period of implementation of the strategy, across all programs to maximize the effectiveness and efficiency of funding and the sustainability of programs. Specific applications are articulated as follows.

3.2.1 Build Sustainability through HSS

HSS within a public-health framework is a fundamental approach to ensure the functioning of the health system and the sustainability of USG investments. The GHI strategy makes HSS a principal priority of all investments and programs in Vietnam. A strengthened health system, with improved laws, regulations, and policies, will be enhanced through development of the GVN's capacity to lead, manage, and finance relevant components of the health system, thereby enabling efficiency, effectiveness, and sustainability of the investment.

GHI HSS activities will be planned to support quality health services delivered by the GVN at all levels, ensuring effectiveness, safety, quality, and equity to those needing services, when and where needed, with minimum waste of resources.

Financing is a critical tool to ensure the goal of equity in the health sector. An effective health financing system mobilizes adequate resources from reliable sources to pay for health needs, pools resources to foster efficiency, spreads costs, and allocates resources in ways that promote efficiency, equity, and health impact, and improves the efficiency, responsiveness, and accountability of the GVN's financial systems for health, including financial management.

The GHI strategy will strengthen Vietnam's systems for procurement and distribution of medical commodities and technologies to enhance access to essential scientifically-sound medical products, vaccines, and technologies of assured quality, safety, efficacy and cost-effectiveness.

The GHI strategy, through its target priorities, will support building an information system that ensures the production, analysis, dissemination, and use of reliable and timely information which effectively serves the decision-making process. This work focuses on promoting an enabling policy environment within national health systems, promotes governance that result in a relevant, responsive health system, and enables substantive engagement of civil society in a continuing fashion.

For all these input components of HSS, human resources play a central role. A well-performing health workforce consists of a sufficient number and mix of staff that are fairly distributed, efficient,

responsive, and competent to achieve the best health outcomes possible given available resources and circumstances. The GHI strategy aims to help improve and sustain greater availability of qualified healthcare professionals across the health system through promotion of a meritorious system of professional development and advancement.

3.2.2 Increase Impact through Strategic Coordination and Integration

Improved strategic coordination and integration are essential to increase the impact of investments. These principles will be emphasized during the implementation of the GHI strategy and will guide monitoring and evaluation of the strategy.

The Hanoi Core Statement of 2005 promotes harmonization and effectiveness of development assistance in Vietnam. Under that framework, the Health Partnership Group (HPG) was established to enhance coordination and policy dialogue between the GVN and international partners and to improve the overall effectiveness of external support to the health sector. Chaired by MOH, this forum brings together all health stakeholders on a quarterly basis. One product of the HPG is the Joint Annual Health Review (JAHR), which has been carried out since 2007. JAHR assessments provide empirical evidence of the strengths and weaknesses of the healthcare system, and offer targeted recommendations for policymakers on specific areas for improvement.¹²

The USG in Vietnam provides strong support to the HPG and is an active member of the HPG core group. A variety of technical work groups focusing on national priority targets are being established through the HPG in 2011 to better coordinate programs and activities undertaken by different organizations, and to ensure that the HPG is well-integrated into the government system.

The most significant USG investment in health in Vietnam is through the PEPFAR program. For coordination, the USG will continue to engage in the Ambassadors/Heads of Agency Informal Group on HIV/AIDS to coordinate aid and technical assistance, as well as advocate policy reforms with the GVN.

3.2.3 Encourage Country Ownership and Invest in Country-Led Plans

The GHI strategy identifies a five-to-ten year window of opportunity to have a significant impact on capacity development of national health systems. The support the USG can provide now will have a multiplier effect given Vietnam's increasingly robust educational, technical, and economic capacity and the continually improving bilateral relationship.

The GHI strategy plans to shift USG assistance from a portfolio with a heavy emphasis on support for direct service delivery to a predominately technical assistance model, with careful planning and continual advocacy for increasing national financial ownership. Country ownership, which should include not only multiple sectors of the GVN but also other stakeholders such as civil society and the private sector, should be at the center of decision-making and leadership and management of health plans and health systems. The GHI strategy will help build the GVN's capacity to undertake policy reform, coordinate assistance from multiple sources, and integrate service delivery systems within the overall health system.

¹² JAHR term of reference

The GHI strategy's strategic aims are to (i) strengthen the GVN's ability to plan, manage, deliver, and finance the nation's health response sustainably, (ii) contribute to larger national goals and donor-harmonized strengthening of health systems, and (iii) develop the capacity of local private and NGO sectors to contribute effectively to health development.

At the end of five years, it is expected that GHI principles will be adapted in response to (i) changes in GVN priorities articulated in a new strategy being developed and (ii) lessons learned, changes in local capacities, new data, and innovations that may arise during implementation. As it evolves, the GHI strategy will help maintain a central focus on supporting country leadership to plan, manage, and continuously improve a sustainable national health system.

3.2.4 Promote Learning and Accountability through Monitoring and Evaluation

The GHI strategy emphasizes data-driven decision-making to track progress, resolve critical problems, and promote cost-effective service delivery approaches. The GHI strategy sets measurable goals, objectives, and concrete commitments for the USG, with GVN support for improved systems and measurement for monitoring supported interventions system-wide.

The GHI strategy supports GVN efforts to coordinate the collection and use of health information across health areas, and improve quality of data to be used for action and interventions. The GHI strategy will provide support and technical assistance to develop the national strategy for Health Information Systems (HIS) and strengthen local capacity to implement the strategy, which will greatly contribute to the country's monitoring and evaluation. The JAHR is a useful document for monitoring and evaluation of the health sector.

3.2.5 Accelerate Results through Research and Innovation

Vietnam is in the early stages of overseeing health-related research. USG cooperation has focused on long-term public health institutional and organizational capacity-building to expand international standards of public health. The GHI strategy will support the GVN to build organizational capacity in the areas of health-related research and ethical review and to create a center of excellence in partnership with academic universities.

The Vietnam PEPFAR program will continue to support a wide variety of evaluations and operations research studies to support the GVN to better understand the HIV epidemic in Vietnam. PEPFAR Vietnam is collaborating with the Vietnam AIDS Administration to develop a national HIV research agenda to help guide the GVN and other donors in setting priorities for funding of research proposals. Additionally, the USG is supporting the National TB Program to develop a national research agenda as part of its new 5-year national strategic plan.

NIH supports a broad range of clinical and behavioral research projects which include studies related to emerging infectious diseases, HIV, breast cancer, tobacco, and intellectual disability. The GVN is striving to develop an advanced laboratory system with certified training programs and a national accreditation system. This is an essential focus identified in the five year health sector development plan to sustain a viable and creditable laboratory infrastructure which is a basis for advanced research activities.

The proposed DOD establishment of a Navy Medical Research Unit (NAMRU) in Vietnam is expected to provide a key resource for USG agencies and international partners, providing technical assistance for advanced laboratory methods, standardization protocols, national accreditation, as well as improving the quality of higher education professional programs in medicine and related disciplines. DOD activities are aligned with the GHI priority of sustainability through HSS as a long-term goal that will impact the quality of services and continuing medical education.

Through NAMRU, the USG will support the GVN to continue to develop and evaluate effective HIV/TB treatment modalities and design new clinical trial studies advancing the capabilities and quality of pharmaceuticals. Evidence-based clinical studies will improve pharmaceutical management systems, public health surveillance and have a greater impact to the populations served by the health system.

The GHI strategy will enable the USG health team in Vietnam to coordinate USG-supported research efforts in Vietnam taking a whole-of-government approach. This coordination will include interagency dialogue among USG agencies sponsoring clinical and public health research in Vietnam and could extend to implementers.

3.2.6 FOCUS ON WOMEN, GIRLS, AND GENDER EQUALITY

The GVN has spent significant effort improving the conditions for gender equality in all aspects including the socio-economic and health sector and specified in the national program on gender equality 2011 – 2015 newly signed by the prime minister. GHI, through the PEPFAR program, will support mainstreaming gender equity, to reach those most at-risk, including female IDU and sex workers who inject drugs, the sexual partners of IDU with sexual prevention interventions. Through partnerships with microfinance lending institutions, a nascent sector in Vietnam, we also hope to support increased access to these women living with HIV, many of whom are lower-income. These women's lives are much more difficult as a result of their HIV status; not only do they face extreme stigma and discrimination from their families and communities, but they also have to struggle with their health while working at menial tasks to earn money to raise their children; they are also under pressure to earn money to support their husbands or boyfriends to buy drugs.

With respect to tuberculosis and gender issues, the Vietnam GHI strategy will support advocacy with the National TB Program to incorporate gender issues in training curricula for service providers and TB program managers. This will include support as resources permit for the National TB Program to develop appropriate health education materials on tuberculosis symptoms, diagnosis and treatment for the general population as well as for health providers and integrate gender considerations regarding health seeking behavior into these health education programs in order to reduce diagnostic delays. As a core member of the Vietnam National Stop TB Partnership, the USG will support the NTP to raise social awareness among VNSTP members (including the Women's Union, Farmer's Union, Youth Union, and Vietnam Red Cross) of gender equality in the prevention, diagnosis, care and treatment of tuberculosis and encourage and support those members to include relevant gender equity messages in their IEC materials which go out to millions of members across Vietnam.

3.2.7 Strengthen and leverage other efforts

To obtain maximum value from each dollar invested, Vietnam's GHI prioritizes cost efficiencies and leveraging across other donors and stakeholders. The first step is to have a clear understanding of the entire landscape of the Vietnam health system and programming, to ensure the mutual benefits are reached. Through development of the Partnership Framework, the USG has led an effort to increase awareness of all donor activities and to stimulate discussion on the most effective ways to streamline our collective support with diminishing resources.

There are approximately 30 international non-governmental organizations (NGOs) and seven government-sanctioned local NGOs, 10 United Nations organizations, four major bilateral agencies and the Global Fund, providing technical or financial resources for HIV/AIDS programs in Vietnam. The U.S. Ambassador participates in an active group Country Coordination Mechanism (CCM) of international donors and heads of UN agencies who work together to coordinate aid and technical assistance, as well as to engage with the government on policy reform. Donor partners include AusAID, World Bank/DfID, and the Embassies of France and Ireland, among others.

Vietnam's second largest source of support for HIV/AIDS programming is the Global Fund. Given that other donor funding is phasing out completely, transparent and effective use of the expanding Global Fund portfolio grows increasingly important to achieve maximum impact for the national HIV/AIDS response. Through PEPFAR, the USG team works closely with both in-country counterparts and the Global Fund portfolio manager to provide technical assistance, which will improve CCM governance and the quality of Global Fund-supported activities. During this period of significant funding decreases for PEPFAR, we are also increasing our collaboration with GF to rationalize service coverage and our respective funding allocations.

The strengthening and leverage efforts also come with the chance of policy dialogue and influence at the Health Partnership Group (HPG) forum, where the USG is a member of the HPG core team. The HPG was established as a mechanism to improve coordination within the health sector, including not only with the Ministry of Health (MoH) and its partners, but also with other Ministries and organizations whose actions have a direct or indirect impact on health (MPI, MOLISA, etc). An important area of focus of the HPG is improving donor coordination, transparency and overall effectiveness of external aid to the sector, as a means to achieving better health outcomes and the sustainability of the health collaboration. .

4 GHI Results Framework

4.1 Long-Term Goals

The GHI strategy will support the GVN's long-term goal of advancing the national healthcare system towards equity, efficiency, affordability, and quality.

The GHI strategy aims to (i) better align USG investments and country priorities and strengthen the GVN's ability to plan, manage, deliver, and finance the nation's health priorities sustainably, (ii) promote integration of USG-supported programs in HIV, TB, and infectious emerging pandemic

threats toward strengthening of health systems, and (iii) develop the capacity of local NGOs, the private, and civil society to contribute effectively to the national healthcare system.

It is expected that Vietnam's capacity for services provision will demonstrate improved effectiveness through scaled-up, proven-effective models for prevention, care, and treatment programming. Cooperation will also demonstrate sustainability through strengthened health systems overall, and a steadily increasing proportion of financing assumed by the GVN.

4.2 Intermediate Objectives

The GHI will support the GVN's intermediate objectives to improve quality of service for all people, improve access, and consolidate networks focusing on commune level. The GVN five-year plan contains the following targets:

- Communes with doctor: 80%
- Communes with midwife: >95%
- Communes achieving new national benchmark for commune health: 60%
- Health insurance coverage: 80%

According to the five-year plan, care pathways, standard treatment protocols, and practice guidelines are not consistently dated and universally enforced, resulting in overcrowded specialty facilities, underutilized primary health centers, and performance of unnecessary medical procedures. There is ineffective continuum-of-care and inadequate patient information technology management. As patients advance through treatment levels, undergo referrals, or change health facilities, they endure additional cost in duplicated procedures because of undefined national standards.

Access to service is affected by geographical, financial, and cultural factors, a challenge heightened by an outdated national certification system for health providers and disparities in medical human resources. Health education and communication campaigns have not effectively targeted the beneficiaries.

The JAHR identified problems to be addressed in upcoming years. Priority issues with regard to service delivery include:

- Relatively large disparities in health status across regions and income groups, changing disease patterns, people's growing need for healthcare, and increasing adverse risk factors to health need to be addressed.
- Grassroots healthcare networks face huge difficulties, especially in mountainous, remote, and isolated areas; preventive medicine networks (especially at the district level) remain weak. Inter-sectoral collaboration and public participation in preventive work is limited. Understanding and awareness on health protection and promotion is weak.
- The responsiveness of the curative care network is limited. Quality of care and hospital overcrowding and financial management remain problems.

Although the GVN has made tremendous progress in developing health policies, expanding infrastructure, and increasing the availability of skilled healthcare workers in rural and remote areas, utilization of key services such as PMTCT and disease diagnosis remains low. The GHI strategy is to improve access, consolidate networks, and increase the availability of good quality services with an emphasis on the continuum of care. The GHI strategy will also highlight the importance of strengthening the health system across all health programs and enhancing behavioral change to achieve population-level impact in use of services.

4.3 Result Framework Pillars

Pillar 1: Consolidate and Develop Network; Improve Quality of Service

The GHI Strategy will help improve health examination and treatment services, preventive services, health examinations, and treatment.

The GHI strategy will develop and consolidate a network of health examinations and treatment from the national to local level, focusing on grassroots health networks and rural, remote, and disadvantaged areas, ensuring equivalent access to quality basic healthcare services. Health programming will identify and adjust technical responsibility levels toward expanding services and medical techniques to facilitate access to quality services and strengthen preventive medicine and primary healthcare.

The first set of implementation modalities are designed to achieve this objective, focusing on increasing service coverage and uptake:

- a) Measure and monitor program coverage, which will require development and enhancement of systems and tools.
- b) Identify and develop a plan to address unmet needs, which will require coordinated assessments and planning.
- c) Improve linkages between services for comprehensive continuum of care and integrated prevention services, which will require evaluating existing modes and designing improved systems for referrals, joint service delivery, and case management.
- d) Establish Quality Assurance/Quality Improvement (QA/QI) systems based on international standards and apply them in all programs.
- e) Strengthen capacity to improve the evidence base as well as capacity to use data in program design, planning, and implementation.
- f) Ensure access to and provision of equitable, high-quality basic DOTS services at all levels of health service delivery, in accordance with NTP guidelines.
- g) Increase early case finding, reduce the number patients going unreported, and ensure that patients are managed in accordance with NTP guidance and ISTC in public and private health facilities.

The USG will significantly contribute the GVN's achievement of the following targets in its five-year plan:

- Hospital beds per 10,000 inhabitants: 23
- Communes with doctor: 80%
- Communes with midwife: >95%
- HIV prevalence in general population: <0.3%
- Prevention of social and dangerous epidemic threats
- National programs for various diseases, including social and dangerous epidemic diseases, TB and HIV/AIDS prevention and control.

Pillar 2: Strengthen Health Systems

Overarching challenges likely remain prominent in the Vietnam health system includes:

- Disparities in access to quality services and in health status between rural and urban and rich and poor are increasing.
- The health bureaucracy is not nimble enough to adapt well to changes in the system as the economy and market-driven elements grow.
- Human resource training, supervision, and incentive systems are inadequate to ensure that health workers are in sufficient supply, high-performing, and distributed geographically and across specialties according to need.

Building a well-functioning system is one of the keys for success and sustainability of USG investment in the health sector in Vietnam. System strengthening will be highlighted across all health programs, specifically through:

- a) HRH
- b) Health financing options
- c) HMIS
- d) Pharmaceuticals, medical equipment, and infrastructure
- e) Leadership and governance

The GHI strategy will enhance the effectiveness and efficiency of USG investment by focusing on key elements of systems where the USG has a comparative advantage. Building on work already underway through PEPFAR, IEPT, TB, and other programs, the GHI strategy will develop and consolidate health resources including human resources development, strategic information, and monitoring and evaluation.

1) HSS and HRH

Human resource development is one of the system's greatest needs and is a priority of both the GVN and USG investment, especially for institutional and human resource capacity-building. To address significant human resource weaknesses in the health system, the GHI strategy will continue to invest in both pre- and in-service training, in addition to working to develop the capacity of community-based health workers. Efforts will build on existing work in medical universities and

nursing schools and on curricula and teaching methods, as well as developing institutional linkages with continuing medical education initiatives.

Professional medical associations represent an important new area of focus for institutional capacity-building to assist the GVN in its Continuing Medical Education (CME) program to build and strengthen capacity of health worker at all levels. Another important dimension will be policy work on standards and accreditation processes, in both public and private sectors, and in both pre- and in-service training systems.

Modalities to achieve this objective will begin with a thorough assessment of human resource capacity in the system followed by the development of a comprehensive HRH strategy:

- a) Improve pre-service training through improved and standardized curricula at medical universities and institutions that train health social workers.
- b) Improve in-service training (CME) through institutionalization of standards, a unified training package, and development of a cadre of certified trainers.
- c) Develop a strategic plan for CME in Vietnam in parallel with a pilot project on CME distance learning for HIV, TB, and STIs .
- d) Build partnerships between U.S. and Vietnam training facilities through various training projects.
- e) Support the professionalization of community-based workers and their retention.

The USG will significantly contribute the GVN's achievement of the following targets in its five-year plan:

- Number of doctors per 10,000 inhabitants: 8
- Number of pharmacists per 10,000 inhabitants: 1.8
- Villages with active VHW: 90%
- Communes with doctor: 80%
- Communes with midwife: >95%

2) HSS and Health Financing

As of 2008, approximately half of the population was covered by some type of health insurance or prepayment. Increasing numbers of private health facilities qualify for reimbursement to insured patients, and 70% of commune or ward health stations receive health insurance reimbursements. The GVN provides 50% or more of the costs of premiums for the poor, which helps some disadvantaged groups access services, although the effects of privatization on the lowest income groups remain burdensome.

Along with expanding coverage, the GHI strategy will focus on the quality of services provided by insurance, especially at lower levels, to ensure the effectiveness of investment. Currently, people living with HIV/AIDS are not covered under health insurance. The GHI strategy through PEPFAR and other programs will work closely with the GVN to encourage national expenditures for health.

The USG will significantly contribute the GVN's achievement of the following targets in its five-year plan:

- Public expenditure ratio: >50%
- Share for preventive medicine in national health budget: 30%
- Health expenditure as percentage of GDP: >6.4%
- Health insurance coverage: 80%

3) HSS and Management and Governance:

The policy and legal framework for effective, sustainable health services is largely in place, although significant gaps remain in implementation and enforcement. Addressing these gaps will require more efficient, coordinated systems, better enforcement of existing laws and policies, scaling up of evidence-based approaches, and greater capacity to plan, finance, and manage them.

Structural arrangements in Vietnam's health sector are defined through a range of legal documents which have been developed in consultation with a variety of stakeholders that aim to consolidate and avoid overlapping functions within MOH and structure provincial bureaus¹³ and define local operations through district people's committees. The GVN has moved slowly on health sector reform, although some legislation has been passed with particular potential. For example, Resolution 46 addresses health financing policy and aims to strengthen health sector governance and accelerate privatization. The Law on Treatment and Examination, passed in November 2009, requires accreditation of physicians and provides for licensing of private practitioners. However, with no central body designated to oversee enforcement and provide quality assurance, expected results are unclear.

The GHI strategy will support continued progress toward effective interventions through advocacy and technical assistance for policy implementation. The HIV PFIP focuses on efforts to move the GVN toward implementation of existing policies and laws as well as instituting new regulations, strategies, and action plans that may be necessary to protect the rights of people living with and affected by HIV, including MARPs, and to ensure their access to services.

Implementation modalities center on:

- a) Advocacy for anti-stigma programming and greater engagement of PLWHA in policy and program implementation.
- b) Harmonization to ensure effective implementation of the HIV Law and related action plans.
- c) Development of licensing and accreditation systems as well as regulations for adherence to quality standards in facilities and service sites.

4) Pharmaceutical and Medical devices

The GHI strategy will focus on assist Vietnam in building a sample for supply chain development. Activities will include:

¹³ Joint Circular 03/2008.

- a) A single national HIV commodity distribution system led by the GVN.
- b) An effective and transparent pool procurement system involving all key donors.
- c) HIV drugs and commodities meeting ISO standards of quality.
- d) An effective national HIV commodity distribution system.
- e) A Logistics Management Information System incorporated in the larger, standards-based eHealth Architecture.

The USG will significantly contribute the GVN's achievement of the following targets in its five-year plan:

- Domestic pharmaceutical production: 60%
- Plants meeting WHO GMP: 100%
- Domestically produced vaccines for EPI program: 100%
- Domestically produced medical equipment: 60%
- Safe blood transfusion at all levels

5) HSS and HIS

Expected achievements in HIS overlap with those mentioned in HRH. The GHI strategy will focus on:

- a) A robust HIS that integrates and provides appropriate program and individual-level data across programs and ministries, including establishing a national HIS and supporting the GVN to develop a master plan for health information systems.
- b) A patient-centric identification system that adequately tracks patients across services and is implemented nationally.
- c) A standards-based national eHealth architecture developed and led in all phases by MOH.
- d) A post-graduate degree program in Public Health Informatics offered by MOH, including standard curriculum and formal hands-on internships; and development and enactment of policies ensuring security and confidentiality of electronic medical records.
- e) Improved laboratory systems through improved strategic planning, coordination, training, and accreditation.

The USG will significantly contribute the GVN's achievement of the following targets in its five-year plan:

- Development of a master plan for health information systems
- Development of a health information database at all levels, with upgraded information quality
- Strengthened information dissemination to users and information for policy-making

5 GHI Communication and Management Plan

5.1 GHI Communication

GHI objectives aim to build country ownership through engagement with civil society and the private sector, strengthening the involvement and capacity of mass organizations, social organizations, NGOs, multilateral organizations, and the private sector.

This will be achieved by developing the technical and organizational capacity of NGOs and other community-based organizations delivering HIV-related services, and by enhancing the private sector's contribution through regulation, enforcement of standards, and capacity-building to manage, deliver, and monitor services effectively.

Building the capacity of GF entities, with respect to both the GVN as principal recipient and civil society components of GF awards, and supporting these groups will be embedded through new PEPFAR awards.

One mechanism that will facilitate new work with the private sector is an integrated health systems strengthening award planned for 2011. Technical assistance will help strengthen and expand the role of private providers in HIV/AIDS response and establish other public-private partnerships.

Current assessments of the private sector landscape, including the policy environment, will produce findings to guide specific private sector initiatives during the GHI period.

5.2 Management Plan

The GHI strategy will be guided by the overall direction of the Ambassador or his or her designee. The Ambassador or designee will have responsibility for ensuring that the GHI strategy is carried out according to GHI principles and that the USG health team is working through a whole of government approach. The Ambassador or designee will review and approve all related documents including the strategy.

The GHI Planning Lead will serve as the coordinating and convening authority to bring together USG health agencies to ensure continuing GHI strategy development and completion of annual progress reports. The GHI management structure will build on in-country interagency teams, including the current PEPFAR structure and TB and IEPT programs, including DOD, DOS, HHS, and USAID, to jointly plan, implement, and report on the program base (figure 1).

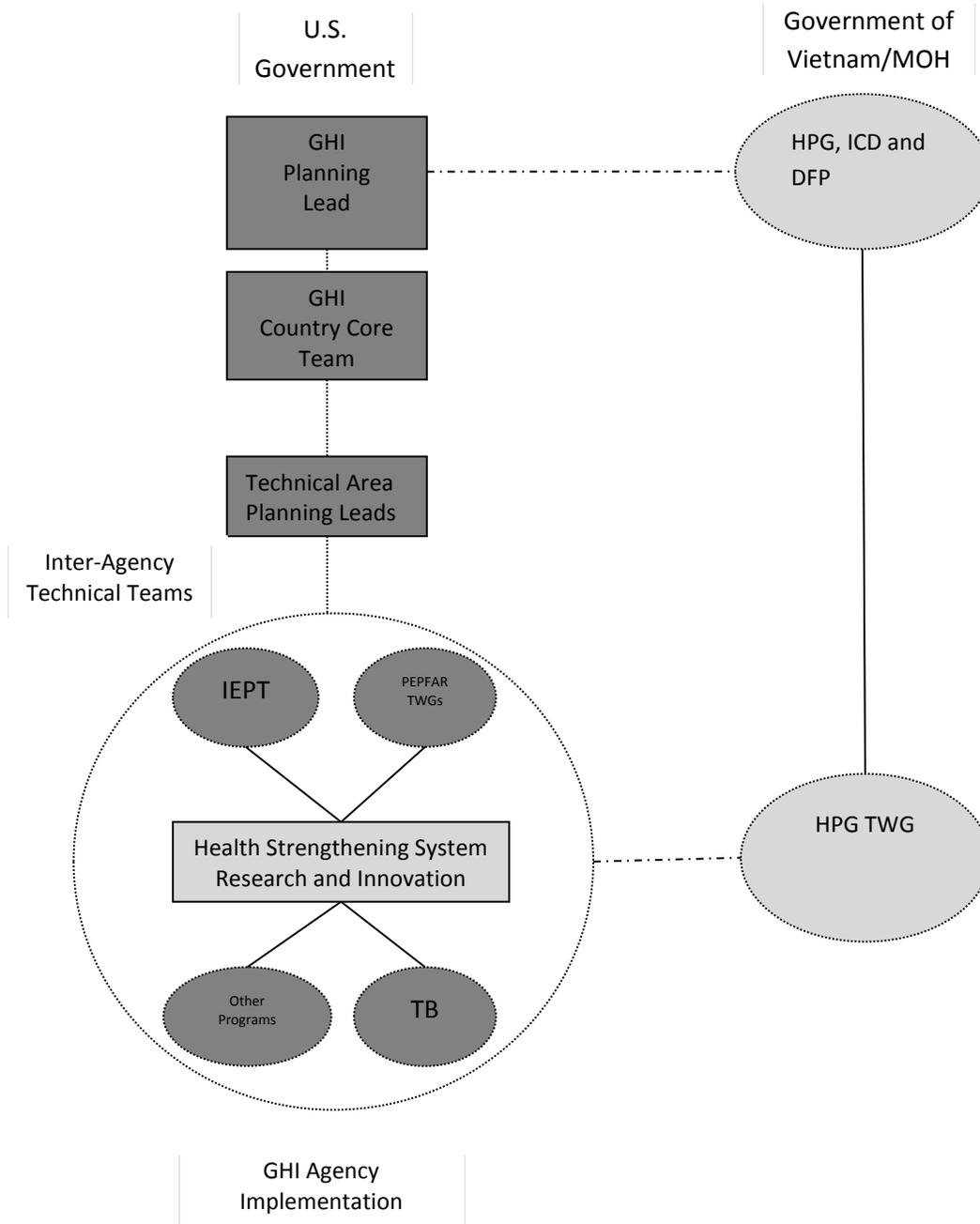
This structure will allow for full participation across agencies, at all levels, and across technical areas, and will result in programs responsive to country needs. Additionally, it will enhance the concentration of resources toward the GHI theme of health system strengthening and research and innovation. Over time this will open for participation by other USG agencies to maximize USG investment to achieve GHI objectives and targets. The GHI Planning Lead may convene broader USG meetings in order to explore greater efficiencies and effectiveness.

Across the Vietnam GHI team, each agency will take responsibility for its respective technical areas, and ensure that an inclusive process is followed for planning and implementation of

programmatic priorities. Such a process is expected to maximize integration and coordination. The GHI team will review the overall program focus, but individual agencies will be responsible for overseeing their own budget. The agencies together will be responsible for collecting and reporting of all results.

External relations with the GVN and other stakeholders are important to the successful implementation of the GHI strategy. The GHI strategy will respect and complement existing host country management and coordination structures, in line with the PEPFAR Vietnam Partnership Framework and other USG-supported programs in Vietnam.

Figure 1. GHI management organizational chart



6 Monitoring, Evaluation, and Learning

6.1 Monitoring and Evaluation

The GHI team will work closely with the Government of Vietnam to develop a comprehensive and appropriate monitoring and evaluation (M&E) framework and implementation plan that will allow local and international stakeholders to track progress and performance of GHI programs, assess attributable impact, and to provide short, medium, and long-term program accountability. The M&E system will adhere to core principles of:

- Using existing data sources where possible to limit additional reporting burden and to increase the quality and utility of current data collection systems (i.e. surveys, surveillance).
- Data collected for the purposes of GHI M&E will be expected to be shared and utilized in a timely manner with local and international stakeholders for the purposes of informing and improving public health programs.
- Indicators and measurement methodologies will be identified and developed within the M&E framework that will provide a ‘logical association’ between inputs, processes, outputs, outcomes, and impact. See M&E framework logic model outline and proposed core indicators below (Figure 1 and Table 2 respectively).

The GHI strategy will identify ‘best practices’ identified in existing literature and guidelines when developing and implementing its M&E framework and implementation plan (e.g. *WHO: Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategy*. 2010¹⁴).

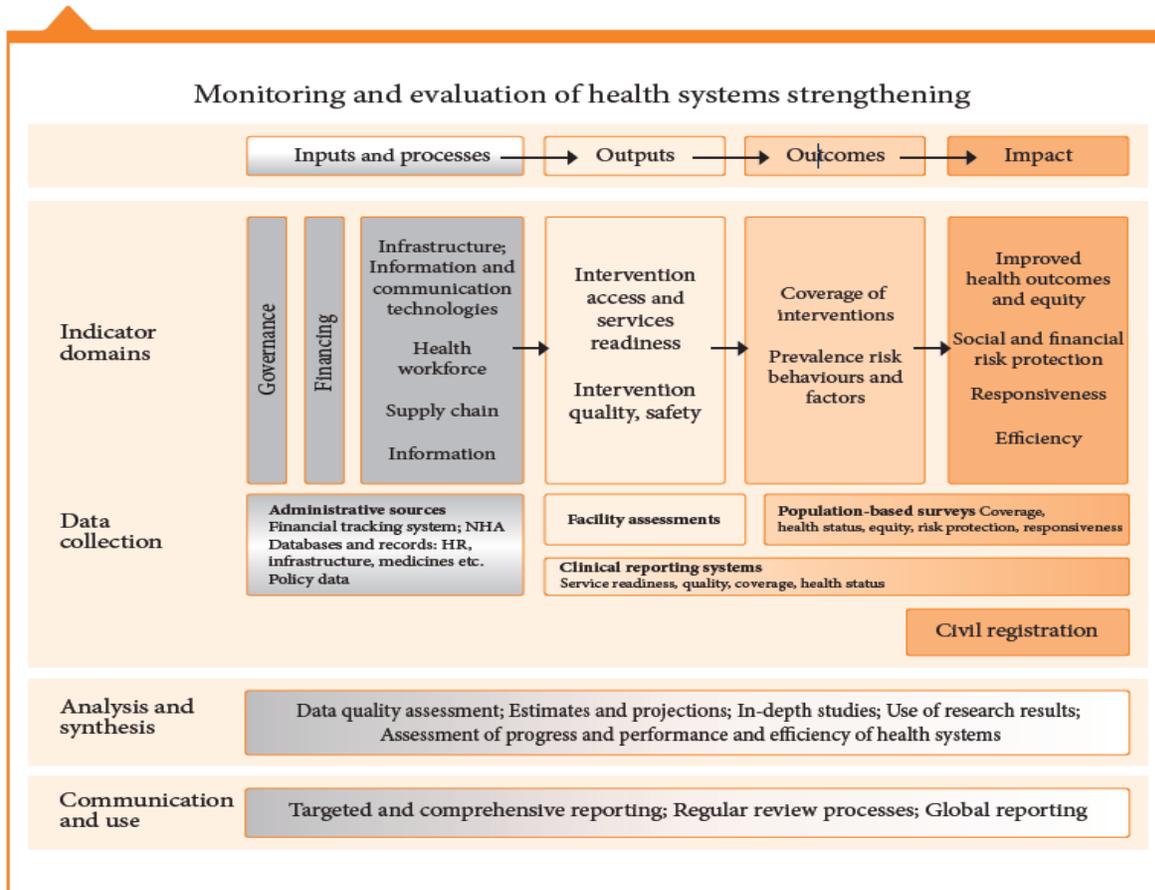
Health outcomes and impacts will be routinely measured using defined population-based surveys such as HIV/AIDS Sentinel Surveillance and the Integrated Biological and Behavioral Survey to measure HIV prevalence and associated behaviors annually and every two years respectively. Additional surveys to measure HIV incidence and prevalence will also be supported. HIV/AIDS case reporting systems will be supported to provide national- and sub-national level data on the burden of HIV/AIDS disease and mortality. Producing and utilizing high-quality and precise epidemiologic data will be supported through activities such as expanded capacity to use and interpret sound modeling techniques (i.e. Estimates and Projections, Spectrum, Asia Epidemic Model) that apply the latest programmatic and epidemiologic data to provide estimations of disease burden and trends as well as treatment needs.

All USG-supported partners and programs will conduct periodic evaluations to determine their implementation and impact. Findings from these evaluations will be rigorously reviewed and applied to future programming. This will involve increased investment of technical assistance and resources by the GVN and indigenous organizations implementing or providing TA to health programs. By shifting international partners from implementation to technical assistance, and

¹⁴ Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. <http://www.who.int/healthinfo/systems/monitoring/en/index.html>

increasing the number of indigenous organizations working in M&E, the goal will be to build and strengthen the strategic information component of a health system that is effective, efficient, and sustainable.

The success of the current GHI strategy is dependent on the continued funding assistance from the USG and other international donors during the timeframe of 2011 – 2015. Figure 2: Logic Model for GHI Vietnam M&E Framework for Health System Strengthening¹⁵



7 Linking High-Level Goals to Programs

The national M&E framework outcome indicators are used, along with other indicators from GF and the WHO HSS monitoring toolkit. Inter-ministerial collaboration among MOLISA, MOPS, and MOH to ensure a supportive environment for harm reduction interventions will be measured by

¹⁵ Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. <http://www.who.int/healthinfo/systems/monitoring/en/index.html>

consensus that a more supportive, collaborative environment exists, including the presence of a Joint Action Plan.

The Policy Development Table of data on *policy areas, baseline/current status, policy/plans/guidelines/strategies and expected outcomes* will be used to monitor progress on policy reforms, and health system strengthening. The table provides details on the policy situation and monitoring benchmarks to guide evaluation of changes in the status of listed policies, programs of action, official strategies, decrees and laws. Monitoring will consist of determining whether or not the stated benchmarks/expected achievements have been met. Research and innovation can be measured by improving policy development quality to use evidence-based approach and the setting up and implementing of the national research agenda.

The GHI strategy will facilitate all programs shifting from a service delivery model to a technical assistance or technical collaboration model, although the extent and pace of that transition may vary by technical area.

RESULTS MATRIX

GHI targets	BASELINE INFO country-specific GHI target	Relevant Key National Priorities/ initiatives	STRATEGY Key Priority Actions Likely to Have Largest Impact	Key GHI Principles	Key partners
<p>HIV/AIDS</p> <p>Control HIV prevalence among the general population to below 0.3% by 2010, with no further increase after 2010</p> <p>Build the Capacity of the Local Healthcare</p>	<p>MMT number 3,700</p> <p>HIV prevalence Adult: 0.44%</p> <p>ANC: 0.25%</p> <p>IDU: 21% (N = 111,00-273,000)</p> <p>Sex Workers: 3.1% (N =29,000-87,000)</p> <p>MSM: 6.9-17.4% (N = 160,00-482,000)</p> <p>TB: 4% (N ≈ 150,000)</p>	<ul style="list-style-type: none"> The national goal is to provide methadone to at least 80,000 opioid users by 2015. Needle and syringe programming remains a core harm reduction strategy. Provide antiretroviral treatment (ART) to 80,000 people (based on estimates for adult eligibility at CD4<350) Build labs up to ISO standards as part of a more comprehensive laboratory accreditation program. Plan to locally produce methadone. 	<ul style="list-style-type: none"> Increase coverage and uptake of HIV related services Develop a comprehensive, integrated, harmonized system to collect process and apply data in HIV/AIDS service delivery. Promote legal and health rights of MARPs and PLHIV through policy advocacy and enforcement of laws Harmonize efforts by GVN and donor entities to ensure implementation /enforcement of HIV/AIDS related 	<ul style="list-style-type: none"> Strengthen country ownership and governance Strengthen HSS Improved coordination and leveraging with the GVN and other donors, especially Global Fund 	<p>MOH/Vietnam Administration for AIDS Control, Ministry of Labor, Invalids and Social Affairs, National Institute for Hygiene and Epidemiology, Ho Chi Minh City Provincial AIDS Committee, FHI,</p>

System			<p>laws.</p> <ul style="list-style-type: none"> • Develop an overarching strategy for HSS which builds on health systems components of existing HIV/AIDS related services. • Improve supply chain management systems and ensure adequate supply of high quality commodities for HIV prevention, care and treatment. Support professionalization of community based health and social workers • Improve program management capacity at the provincial and district levels. • Develop the technical and organizational capacity of private sector, civil society and community based organizations to contribute effectively to the HIV/AIDS response. • Targeted prevention interventions for MARP including IDU, SW, MSM, and their 		<p>Chemonics International, United Nations, Abt Associates, Harvard Medical School AIDS Initiative in Vietnam, Management Sciences for Health</p>
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			<ul style="list-style-type: none"> sexual partners • Methadone scale-up and integrated delivery of Methadone and ART 		
<p>TB</p> <p>By 2015, TB prevalence will be half of the estimated prevalence in 2000</p> <p>No increase in MDR-TB rate in 2015 compared with 2010 drug resistance survey</p>	<p>TB Prevalence: 333/100,000</p> <p>Estimated TB Incidence: 180,000 cases/yr</p> <p>Case notifications: 98,192 cases/yr</p> <p>Treatment success rate (new SS+): 92%</p> <p>Estimated MDR TB rates: 2.7% new cases, 19% retreatment cases, 3,500 total cases per year</p> <p>TB cases with known HIV status: 36%</p> <p>HIV prevalence among tested cases: 17%</p> <p>HIV-positive TB cases on ART: 6%</p> <p>HIV-positive TB cases on CPT: 89%</p>	<ul style="list-style-type: none"> • Ensure access to and provision of equitable, high quality basic DOTS services at all levels of health service delivery • Provide TB, TB/HIV, MDR-TB services in closed setting • Increase (early) case finding, reduce patients going unreported, ensure that patients are managed in accordance with NTP guidance and ISTC, in public and private health facilities • Mobilize community's involvement to the TB control activities • Carry out surveillance and researches to monitor and evaluate the TB control program's performance and impact • Advocacy and resource mobilization for TB control at all levels. 	<ul style="list-style-type: none"> • Improve access to provider-initiated HIV counseling and testing (PITC) for TB patients and referral of HIV-infected TB patients for HIV care, support and treatment. • Support systems to improve access to sputum smear positive and negative, PTB diagnosis, and MDR TB, especially in HIV co-infected people including lab assay capacity, specimen transport, and clinician mentoring. • Facilitate and provide direct support to joint HIV/TB provincial planning, joint trainings, and joint CQI activities. • Support NTP and VAAC on operational researches, evaluations and surveillances • Support MOH to develop guidelines and 	<ul style="list-style-type: none"> • Strengthen country ownership and governance • Strengthen HSS • Improved coordination and leveraging with the GVN and other donors, especially Global Fund 	<p>Ministry of Health, VAAC, NTP, HAIVN, WHO, PATH, PACT, KNCV, FHI, Provincial Dept of Health, District Health Authorities, national TB hospital</p>

			<p>SOP on TB preventive therapy for HIV-infected patients, infection control, and TB/HIV management</p> <ul style="list-style-type: none"> • Develop, implement, and evaluate models for PPM that can inform national implementation, increase case finding and reduce diagnostic delay in public health system • Support technical and coordinating functions and the secretariat of the Vietnam STOP-TB Partnership. • Collaborate with NTP and relevant partners to introduce the QA/QI approach in the TB control systems. • Support monitoring and evaluation systems for DOTS, including electronic record system development, data audits and evaluations. 		
Regional Outbreak Response		<ul style="list-style-type: none"> • Regional focus to include Vietnam • primary mil to mil, also mil to civilian as 	<ul style="list-style-type: none"> • Inform, train, build relations that support infectious disease treats • Provide regional PI and 	<ul style="list-style-type: none"> • Country Ownership • Strategic integration • Strengthen/leverage 	<p>USPACOM, USAID NAMRU,</p>

and Disease Surveillance and Detection Initiatives (TB would be included here)		<p>opportunities arise</p> <ul style="list-style-type: none"> Focus on senior decision makers, and train-the-trainer initiatives 	<p>other infectious disease threats identification, reporting, and regional support during a outbreak crisis, covering NTDs</p>	<p>partner engagement</p> <ul style="list-style-type: none"> Health system strengthening 	<p>AFRIMS, MIHE, MOD/MMD, HCMC Pasteur Institute</p>
Pandemic Influenza Lab Training		<ul style="list-style-type: none"> Provide regional lab training for rapid PI identification, reporting, and regional support during a PI crisis 	<ul style="list-style-type: none"> Inform, train, provide PI lab guidance and Neglected Tropical Diseases IAW GHI sustainable health outcomes 	<ul style="list-style-type: none"> Country Ownership Strategic integration, leverage partner engagement Strengthen HSS 	<p>USPACOM, Pacific Air Force (PACAF), US Army Pacific (USARPAC), Centers for Excellence (COE) and various NGO partners, USAID NAMRU2</p>
Infection Control in Military Hospitals	<p>Bi-lat US/ Vietnam</p> <p>Primary mil to mil also mil to civilian as opportunities arise</p>		<ul style="list-style-type: none"> Inform, train, build relations that support infectious disease treats Provide requested hospital infection control procedures/methods to decrease nosocomial morbidity and mortality as part of S/SE Asia medical 	<ul style="list-style-type: none"> Country Ownership Strategic integration Strengthen/leverage partner engagement Health system strengthening 	<p>US Pacific Command (USPACOM), Pacific Air Force (PACAF), Centers for Excellence (COE) and various NGO partners,</p>

			capacity building <ul style="list-style-type: none"> • Focus on senior decision makers, and train-the-trainer initiatives 		USAID
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Table 1. POLICY DEVELOPMENT

Policy Areas	Policies/Plans/Guidelines/Strategies/	Baseline / Current status	Expected Outcomes
1. Human Resources for Health	<ul style="list-style-type: none"> • 2006 Master Plan for Health System Development related to health workforce • Several operational policies from MOH • Decree 1816, is meant to bring more doctors to rural/remote areas 	<ul style="list-style-type: none"> • Supply of qualified staff well below demand • Uneven distribution and shortage health staff, staff migration to private sector, urban areas • Weak regulatory measures, poor incentives, uncoordinated HR among ministries, poor workforce data • Low salaries, overemphasis on technical skills • Master plan focuses on training, not workforce systemic issues 	<ul style="list-style-type: none"> • Increase inter-ministerial collaboration • Strengthen pre-service education • Strengthen law on Examination and Treatment • Strengthen HCW beyond medical doctors to nurses, pharmacists, etc; increase community care; strengthen psychosocial professions
2. Gender Issues	<ul style="list-style-type: none"> • Law on Gender Equality (Nov 2006) 	<ul style="list-style-type: none"> • The Law on HIV/AIDS does not explicitly provide that preventive care and treatment interventions must be provided to PLWHA regardless of gender • National Gender and Sexuality TWG weak • Need national scale-up of programs addressing needs of women at high risk, • Significant gender equity but no application of policies to such areas as 	<ul style="list-style-type: none"> • National law on HIV reviewed with gender lens and revised to include specific guarantees of non-discrimination based on gender, as well as ensuring access to gender relevant services. • National laws on gender equity are enforced through establishment of policies that ensure access to HIV

		SRH female PLWHA, stigma.	related services for women.
3. Private health sector development	<ul style="list-style-type: none"> Decree on private health practice, allowing public sector staff to work in private practice. 	<ul style="list-style-type: none"> This decree was to be disallowed by 2010, but they changed to allow it to continue 	
4. Integration of HIV with other relevant health sub-sectors	<ul style="list-style-type: none"> National strategy on reproductive health care 2001 – 2010 	<ul style="list-style-type: none"> RH strategy includes some element addressing prevention and treatment of HIV, as well as STIs. 	
OVERARCHING	<ul style="list-style-type: none"> National Strategy on HIV Prevention and Control in Viet Nam to 2010 with a vision to 2020. Law on Examination and Treatment. Health insurance law 	<ul style="list-style-type: none"> Law on Examination and Treatment will take effect January 2011 	

Table 2: List of proposed core measurement indicators for Health System Strengthening

Building blocks and indicators	Data collection methods / Data sources	Periodicity
1. Health Workforce/Human Resources for Health		
Number of health workers per 10 000 population	District and national databases of public health facilities maintained	Annual with validation study every 5 years

Distribution of health workers by occupation/specialization, region, place of work and sex	by Vietnam Ministry of Health (MoH) and General Statistics Office (GSO). Private sector contribution will be measured through special surveys. Ref: http://www.gso.gov.vn/default_en.aspx?tabid=491	Annual with validation study every 5 years
2. Health Information System		
Country has a 10-year costed survey plan that covers all priority health topics and takes into account other relevant data sources.	Ministry of Health	Every 8-10 years with annual review
Health information system performance index	Review of national health information systems using defined methodologies such as The WHO Health Metrics Network Assessment Framework and Tool. Key areas of assessment to include: resources, indicators, data sources, data management, information products, and data dissemination/use. http://www.who.int/healthmetrics/tools/en/	Bi-annually
3. Pharmaceuticals, medical equipment, and infrastructure		
Existence and year of last update of a	Ministry of Health	Annual

published national medicines policy		
4. Health Financing		
Total expenditure on health	National Health Accounts (NHA). To be calculated by defined programmed areas (e.g. HIV/AIDS, TB, non-communicable diseases)	Bi-annual
The ratio of household out-of-pocket payments for health to total expenditure on health	Household expenditure and utilization surveys.	
Number (%) of people/households covered by health insurance, by population group and specifically for poor/vulnerable groups.	Household expenditure and utilization surveys.	Bi-annual
5. Leadership and Governance		
Existence of an up-to-date national health strategy linked to national needs and priorities	Review of national health policies in respective domains (such as essential medicines and pharmaceutical, TB, malaria, HIV/AIDS, maternal health, child health/immunization).	Annual
6. Research and innovation		
Country research agenda on HIV and TB	JAHR, MOH	At the end of the strategy period 2015

Figure 3. Vietnam Health Organizational Network

