

TECHNICAL ASSISTANCE COMPLETION REPORT

Division : SESS

TA No., Country and Name			Amount Approved \$500,000		
TA4331-VIE: Support for Pro-Poor Health Policies			Revised Amount: \$550,000		
Executing Agency: Ministry of Health	Source of Funding: PRF - \$550,000; Government of Vietnam - \$140,000		Amount Undisbursed: \$ 55,219.74	Amount Utilized: \$ 494,780.26	
TA Approval Date: 28 April 2004	TA Signing Date: 25 Oct 2004	Fielding of First Consultants: 17 Jan 2005	TA Completion Date Original: 30 June 2006 Actual: 31 Dec 2007 Account Closing Date Original: 30 Sep 2006 Actual: 30 April 2008		
Description					
<p>The TA was approved on 28 April 2004 with financing from the Poverty Reduction Cooperation Fund (PRF) for \$500,000. The objective of the TA was to support the implementation of pro-poor health policies at the national and provincial levels by strengthening the capacity of the Ministry of Health (MOH) to effectively implement the Government's Decision 139. Passed in 2003, the Decision allows for free health care to the poor through the Government's payment of the annual health insurance premium. The TA aimed to build the Government's capacity through the development of software for monitoring implementation and the training of managers to use the monitoring system. The TA also supported research related to pro-poor health policy including on issues such as the determinants of health service utilization and the health care costs incurred by the poor, in order to support further policy development in this area. At the request of the Government, an additional \$50,000 was obtained in 2005 to develop master plans for information, education and communication programs on reproductive health. The TA was to be implemented over two years, from October 2004 to 30 June 2006. To accommodate delays in implementation as well as the additional activities, the TA was extended from 30 June 2006 to 31 December 2007.</p>					
Expected Impact, Outcome and Outputs					
<p>The expected impact was to improve the health status of the people, especially the poor and disadvantaged, and to strengthen knowledge and policy options for reducing the links between poverty and poor health. The expected outcome was to build capacity at the national and provincial levels to implement Decision 139 and to improve the poverty focus of Government health policies through a deeper understanding of the determinants of health and health care utilization among the poor. Costs, insurance coverage and the targeting of government subsidies were pre-identified as issues that affect access and utilization by the poor, which the government aimed to redress through this policy. The planned outputs were: (i) a system to monitor implementation of Decision 139; (ii) trained managers for Decision 139 implementation; (iii) five policy studies; and (iv) dissemination of study findings. Additional outputs were added including the two master plans and an impact evaluation of Decision 139 implementation.</p>					
Delivery of Inputs and Conduct of Activities					
<p>The TA supported one international consultant and 4 national consultants to undertake four policy studies (described below). A local non-government organization (NGO) was engaged to undertake a participatory rapid assessment of Decision 139 implementation (the fifth policy study). A local software firm was engaged to develop tools for Decision 139 monitoring and to train relevant provincial staff in the use of the software.</p> <p>The TA activities were managed by the consultant team leader in close consultation with the Health Policy Unit (HPU) at MOH and ADB staff. Procurement of the software firm and contracting of the NGO were managed by the HPU. National consultants collected and analyzed the data for the policy studies. Workshop and training activities were organized by the team leader in consultation with the HPU. The dissemination workshops were well attended by Government ministries and a large number of development partners, and were regarded as highly successful.</p> <p>The consultants engaged were of a high standard. The support provided by the team leader on an intermittent basis over the whole period of implementation was of great benefit. The Government and ADB were highly satisfied with the performance, inputs and outputs of the consultants (i.e. policy studies, participatory rapid assessment report, impact evaluation design and report, and monitoring software). Some administrative challenges were faced in the contracting of the software firm but these were resolved. Implementation was reasonably straight-forward with a strong team leader and a good but appropriately flexible implementation schedule.</p> <p>ADB provided extensive support to the TA, including regular review missions, frequent meetings with the consultant team, periodic meetings with MOH to discuss TA progress and participation in all key dissemination workshops. MOH provided the counterpart support as agreed. The performance of ADB is considered satisfactory. The executing agency provided sound support to the consultants, conducted procurement activities in a timely fashion, and its performance is also considered satisfactory. The undisbursed amount is attributed to the cost of the software contract being less than</p>					

expected and savings across most areas of consulting services.

Evaluation of Outputs and Achievement of Outcome

Most of the TA outputs were achieved. Under output one, a software system for monitoring Decision 139 implementation was developed successfully. However, the second planned output—the training of province and district based Decision 139 managers to use the monitoring system—was not as successful and was the key weakness of the TA. Use of the monitoring software has not been as widespread as expected, probably because managers at the district level are not experienced with computer-based systems. The training program should have been more extensive to account for this. However, there is still an opportunity for these skills to be learned as implementation of Decision 139 continues and matures.

The third output was a set four inter-related policy studies on pro-poor health financing in Viet Nam: (a) Health and Poverty in Viet Nam; (b) Barriers to Health-care Utilization by the Poor; (c) Factors Related to Household Out-of-Pocket Expenditure on Health Care; and (d) Demand for Health Insurance (particularly among the rural near-poor). These studies have been widely cited and used by Government in policy planning. A fifth policy study, the analysis of Decision 139 implementation conducted through a participatory rapid assessment, was one of the first studies to produce data on the policy implementation and has been cited widely. The study was of high quality and was determined by ADB and MOH to be good value for money. In collaboration with the World Health Organization (WHO), the Vietnam-Sweden health cooperation program, WHO and the HPU, the TA also contributed to the implementation of the first empirical impact evaluation of Decision 139 by preparing the methodology and supporting a consultant to join the evaluation team. This was an additional output. The impact evaluation has since been used widely by Government and development partners in a range of policy and project planning processes. Workshops were conducted to disseminate the findings of these studies, as the fourth TA output.

The expected outcome—to build capacity for implementation of Decision 139 and improve its poverty focus—was achieved successfully. This is evident from the quality of continuing policy dialogue, and the ongoing government commitment to supporting the policy, particularly in relation to the health insurance system. Indeed, the level of government support for the health insurance premium of the poor has strengthened, while results from the impact evaluation show an increased use of services by the poor and a reduction in their out-of-pocket spending at the time of accessing services. While the policy studies took longer to complete than originally planned, the TA is still assessed to have produced outputs efficiently and effectively because the outcome was achieved in a timely manner and was used by the client. The TA design is also assessed to have been highly relevant.

Overall Assessment and Rating

The TA is rated as highly successful. It achieved its expected outcome and outputs, as well as additional outputs. The outputs were greatly appreciated by MOH and are regarded highly by the broader community of partners and Government. Each of the dissemination workshops was attended by approximately 50 participants from a range of agencies and the outputs are used and cited frequently.

Major Lessons

An important and recurrent lesson for administering TA work in Viet Nam is that good national consultants cannot be engaged full-time for any one consulting task. Project managers have to plan accordingly i.e. for periodic inputs over a longer period of time. In addition, the still limited adoption of the monitoring software, suggests that provincial and district capacity for adopting technology based monitoring systems remains limited and plans for introducing such systems, including training programs, should more realistically account for this.

Recommendations and Follow-Up Actions

The TA has made a valuable contribution to the government's efforts to strengthen health insurance administration and to improve access to, and utilization of, health services by the poor. The TA was a good complement to the health insurance pilot study being supported through L2076: Health Care in the Central Highlands. Together, these projects have made ADB a respected partner to the Government in pro-poor health policies and programs. However, there is a continuing need for solid analytical work and capacity building to support the design and implementation of pro-poor health insurance policy(ies). While this TA, and inputs from other development partners, have contributed to building the capacity for this work, the fact remains that managing a pro-poor universal health insurance system is highly complex and dynamic, and Viet Nam will have an ongoing need for TA inputs in this area.

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