DEVELOPMENT COORDINATION

A. Major Development Partners: Strategic Foci and Key Activities

1. Viet Nam has received major support for global public goods, including the control of HIV/AIDS, malaria, tuberculosis, and avian influenza (Table 1). Multilateral development partners have primarily supported infrastructure development. Less investment has been made in health sector reform or improved quality of care. Recognizing the large investment needs in the health sector, the government issued state bonds to finance hospital construction since the 1990s. Table 2 shows external assistance for the five provinces of the central highlands region from 2016 to 2016. Dak Lak province received substantial support for commune health stations from Atlantic Philanthropies. In the other provinces, a substantial part of external aid was directed to provincial hospitals. The Asian Development Bank (ADB) has supported the development of provincial health systems with a focus on maternal and child health care for the poor, communicable disease control, and HIV/AIDS. In addition, ADB has provided small-scale support for early childhood development and nutrition through public–private partnerships.

B. Institutional Arrangements and Processes for Development Coordination

2. The Health Partnership Group was established in 2004 to enhance the coordination and efficiency of development assistance, as well as contribute to health policy and strategy development. The group is chaired by the Ministry of Health (MOH) and includes ADB, bilateral agencies, the European Union working group on health, United Nations agencies, the World Bank, and nongovernmental agencies. ADB participates in several working groups. The MOH and development partners commission the Joint Annual Health Review, which focuses on a different topic every year and ensures that the MOH and development partners have the same understanding of the health situation and work collectively to improve it. A series of joint performance indicators is used by the MOH and its development partners.

C. Achievements and Issues

3. The MOH and its partners recognize that the health sector was fragmented, resulting in multiple reporting systems, high transaction costs, and unbalanced investments. Progress has been made in documenting external aid and coordinating aid through the Health Partnership Group, Joint Annual Health Review, and subsector working groups providing technical advice. In 2012, the MOH introduced new tools for preparing annual operational plans and budgets that help identify all sources and uses of funds at the provincial and central level. However, these tools need to be improved and further institutionalized.

D. Summary and Recommendations

4. External assistance to Viet Nam’s health sector has focused on infrastructure, maternal and child care, and communicable disease control. In the central highlands, the focus has been on hospitals, training, and financing for the poor. However, infrastructure gaps remain at the commune and district level, and demand for staff who are better qualified and represent ethnic groups remains unmet. ADB will continue to work closely with development partners nationally and in the provinces, and strengthen capacity in targeted provinces for annual planning and budgeting, as well as aid coordination. Provincial aid coordination and monitoring are expected to improve with the introduction of the new design of the provincial annual operational plan, which aims to harness all sources of funds and include how they are used.
### Table 1: Major Development Partners in Viet Nam

<table>
<thead>
<tr>
<th>Development Partner</th>
<th>Project Name</th>
<th>Duration</th>
<th>Amount (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Systems Development</strong></td>
<td></td>
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<tr>
<td>ADB</td>
<td>Health Care in the South Central Coast Project</td>
<td>2008–2014</td>
<td>$80.00</td>
</tr>
<tr>
<td>ADB</td>
<td>Health Care in the Central Highlands Project (including cofinancing by Sweden)</td>
<td>2005–2010</td>
<td>$25.00</td>
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<tr>
<td>European Union</td>
<td>Health Care Support to the Poor of the Northern Uplands and Central Highlands</td>
<td>2011–2014</td>
<td>€18.00</td>
</tr>
<tr>
<td>GIZ</td>
<td>Strengthening Provincial Health Systems</td>
<td></td>
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</tr>
<tr>
<td>GFATM</td>
<td>Strengthening Health Systems to Improve and Sustain Outcomes for ATM and MCH Programmes in Viet Nam</td>
<td>2011–2022</td>
<td>$39.90</td>
</tr>
<tr>
<td>JICA</td>
<td>Project for Improvement of Medical Service in the Central Region</td>
<td>2006–2010</td>
<td>In-kind</td>
</tr>
<tr>
<td>KfW</td>
<td>Strengthening Provincial Health Systems (Yen Bai, Phu Yen, Thanh Hoa)</td>
<td>2008–2014</td>
<td>€17.70</td>
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<tr>
<td>World Bank</td>
<td>Mekong Regional Health Support Project</td>
<td>2006–2012</td>
<td>$75.00</td>
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<tr>
<td>World Bank</td>
<td>Northern Uplands Health Support Project</td>
<td>2008–2014</td>
<td>$60.00</td>
</tr>
<tr>
<td>World Bank</td>
<td>Central North Health Support Project</td>
<td>2010–2016</td>
<td>$65.00</td>
</tr>
<tr>
<td>World Bank</td>
<td>North-East Red River Delta Regions Health Support Project</td>
<td>2013–2019</td>
<td>$150.00</td>
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<tr>
<td><strong>Maternal and Child Health</strong></td>
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<tr>
<td>ADB</td>
<td>Community-Based Early Childhood Care and Development Project</td>
<td>2008–2013</td>
<td>$1.90</td>
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<tr>
<td>JICA</td>
<td>Project for Implementing Maternal and Child Health Handbook for Scaling up Nationwide</td>
<td>2011–2013</td>
<td>In-kind</td>
</tr>
<tr>
<td><strong>Communicable Diseases Control</strong></td>
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<tr>
<td>ADB</td>
<td>Strengthening Preventive Health Services Project</td>
<td>2006–2014</td>
<td>$40.00</td>
</tr>
<tr>
<td>ADB</td>
<td>Second Greater Mekong Subregion Regional Communicable Diseases Control Project</td>
<td>2010–2015</td>
<td>$30.00</td>
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<tr>
<td>USAID</td>
<td>Support to the national tuberculosis program</td>
<td>2010–2015</td>
<td>$11.30</td>
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<tr>
<td>GFATM</td>
<td>Intensify Community-based Malaria Control Targeting Key Risk Groups</td>
<td>2009–2013</td>
<td>€24.78</td>
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<tr>
<td>GFATM</td>
<td>Scaling up Technical Components and Partnerships for Expanded Impact in TB control in Vietnam</td>
<td>2011–2015</td>
<td>$29.70</td>
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<tr>
<td>World Bank</td>
<td>Hospital Waste Management Support Project</td>
<td>2011–2017</td>
<td>$150.00</td>
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<tr>
<td><strong>Avian Influenza</strong></td>
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<tr>
<td>KfW</td>
<td>Prevention and Control of Avian Influenza</td>
<td>2006–2013</td>
<td>€4.00</td>
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<td>USAID</td>
<td>Avian and pandemic influenza initiative and other pandemic threats</td>
<td>2005–2013</td>
<td>$45.70</td>
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<tr>
<td>World Bank</td>
<td>Avian influenza (for health only)</td>
<td>2007–2014</td>
<td>$35.00</td>
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<tr>
<td><strong>Health Sector Reform and Financing</strong></td>
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<td><strong>Human Resources Development</strong></td>
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<tr>
<td>ADB</td>
<td>Health Human Resources Sector Development Program (including AusAID cofinancing)</td>
<td>2010–2016</td>
<td>$73.30</td>
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<tr>
<td>JICA</td>
<td>Project for Improving the Quality of Human Resources in Medical Services System</td>
<td>2010–2015</td>
<td>In-kind</td>
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<td><strong>HIV/AIDS Control</strong></td>
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<tr>
<td>ADB</td>
<td>Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project</td>
<td>2012–2018</td>
<td>$15.32</td>
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<tr>
<td>AusAID</td>
<td>Clinton Health Access Initiative (in collaboration with Clinton Foundation)</td>
<td>2012–2015</td>
<td>$4.60</td>
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<tr>
<td>GFATM</td>
<td>The Global Fund supported project on HIV/AIDS</td>
<td>2011–2015</td>
<td>$66.39</td>
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<tr>
<td>World Bank</td>
<td>Viet Nam HIV/AIDS Prevention Project and Supplement</td>
<td>2005–2013</td>
<td>$44.50</td>
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</tbody>
</table>

**Notes:**
ADB = Asian Development Bank; ATM = AIDS, tuberculosis, and malaria; AusAID = Australian Agency for International Development; GFATM = Global Fund to Fight AIDS, Tuberculosis, and Malaria; GIZ = German Society for International Cooperation; JICA = Japan International Cooperation Agency; KfW = Reconstruction Credit Institute (Kreditanstalt für Wiederaufbau); MCH = maternal and child health; TB = tuberculosis; USAID = United States Administration of International Development. Source: Asian Development Bank.
<table>
<thead>
<tr>
<th>Development Partner</th>
<th>Project Name</th>
<th>Duration</th>
<th>Amount ($ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Highlands Region</strong></td>
<td>Improving Health Care for Ethnic Minority Populations through Pre-Service Training in Viet Nam: A Systems-Based Approach</td>
<td>2019–2013</td>
<td>4.53</td>
</tr>
<tr>
<td><strong>Dak Lak Province</strong></td>
<td>Investing in Commune Health Systems to Improve Primary Care System Building Reproductive Health Capacity of the Commune Health Stations Network (Funded by Atlantic Philanthropies)</td>
<td>2011–2014</td>
<td>13.00&lt;sup&gt;a&lt;/sup&gt;</td>
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<td></td>
<td>Scaling Up Models of Service Delivery (Funded by Atlantic Philanthropies)</td>
<td>2012–2015</td>
<td>1.20</td>
</tr>
<tr>
<td></td>
<td>Reducing Mortality and Morbidity for Ethnic Women and Children through Behavioral Change Communication and Social Mobilization (Funded by Atlantic Philanthropies)</td>
<td>2010–2014</td>
<td>2.00</td>
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<tr>
<td><strong>Dak Nong Province</strong></td>
<td>Reducing maternal mortality rate and infant mortality rate</td>
<td>2007–2012</td>
<td>0.37</td>
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<td></td>
<td>Medical Equipment Supply to Dak Nong Provincial General Hospital Project</td>
<td>2007–2010</td>
<td>5.69</td>
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<tr>
<td><strong>Gia Lai Province</strong></td>
<td>Gia Lai Child Friendly Project</td>
<td>2012–2016</td>
<td>4.99</td>
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<td></td>
<td>Equipment support project</td>
<td>2000–2011</td>
<td>3.00</td>
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<tr>
<td></td>
<td>Medical Equipment Provision to Pleiku City General Hospital Project</td>
<td>2008–2010</td>
<td>3.00</td>
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<tr>
<td></td>
<td>Also in other provinces (Funded by Atlantic Philanthropies)</td>
<td>2011–2014</td>
<td>3.00&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td><strong>Kon Tum Province</strong></td>
<td>Kon Tum Child Friendly Project, including UNFPA-supported Mother Health Care Support</td>
<td>2012–2016</td>
<td>5.72</td>
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<td></td>
<td>The Joint Programme on Strengthening Capacity in Socio-Economic Development Planning, Implementation, and Provision of Basic Social Services in Kon Tum</td>
<td>2007–2011</td>
<td>5.50</td>
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<tr>
<td><strong>Lam Dong Province</strong></td>
<td>Lam Dong Provincial Hospital</td>
<td>2012–2016</td>
<td>8.86</td>
</tr>
</tbody>
</table>


<sup>a</sup> Atlantic Philanthropies funded $6.5 million and the Viet Nam Government funded the other $6.5 million.

<sup>b</sup> Total project amount for all provinces.