



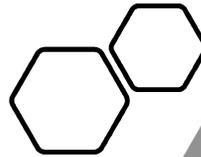
PHRD UHC window:
A catalyst to Strengthen
UHC and Pandemic
Preparedness

Tokyo, 8-10 Jan 2020

Feng Zhao

HNP Global Engagement

PHRD-UHC Window's contribution towards UHC and Pandemic Preparedness



Financing gap as huge as 176 billion

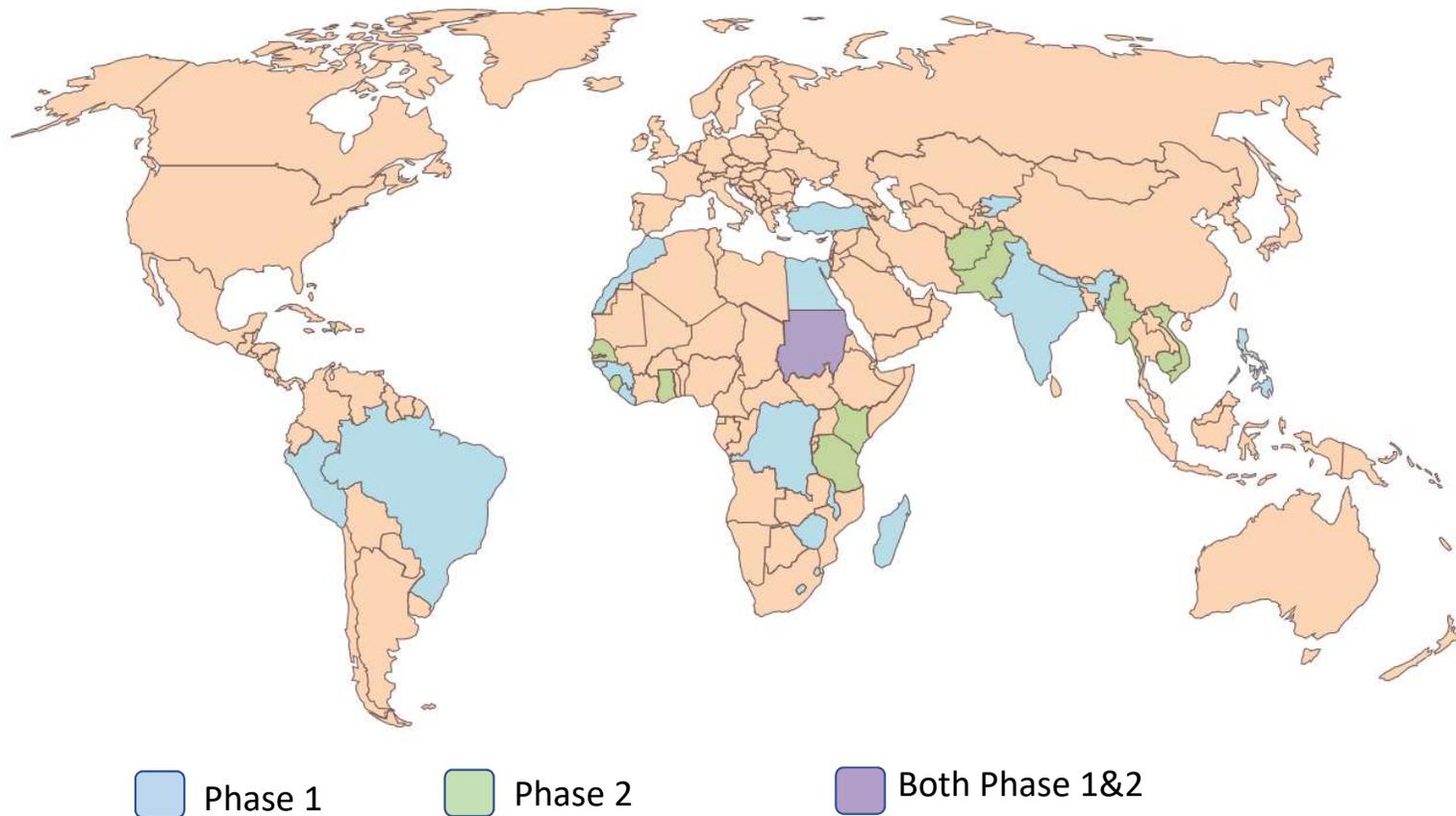
GMR2017 provided a sobering baseline

Global consensus that more need to be done at country-level

➤ **Creating and maintaining global momentum**
...UHC Forum, G20, JLN&Flagship and more

➤ **Accelerate country-driven development**
...More than 30 countries received policy support/implementation support through PHRD

Since 2017, more than 30 countries received PHRD support



Turkey: PHRD tackles an emerging issues such as changing population demographics & NCDs

PHRD financed a report “**Building an Improved Primary Health Care System in Turkey through Care Integration**”.

It provides an analysis of care integration through its basic elements, how these elements prominently appear in different country contexts, and what Turkey should do to establish an effective approach.

Changing population demographics (aging populations) shifting lifestyles, environmental factors, and the increasing burden of non-communicable diseases (NCDs) are exerting significant pressure on health systems.



A Japanese speaker contributed to the session with the Vice Minister of Health of Turkey

Turkey (cont'd)



The conference participants visited the Family Medicine and Healthy Living Centers, and exchange views and opinions

Sierra Leone: PHRD works with IDA financing project

- PHRD supported the development of Performance-Based Financing (PBF) manual, a results-oriented approach for service delivery. It is going to be implemented under the ongoing IDA financing project.
- PHRD also supported the design of impact evaluation of community-driven nutrition interventions under the same IDA project, which has helped the IDA intervention to be more efficient and better targeted.



Sierra Leone (cont'd)

- Based on the results from PHRD-funded Service Delivery Indicator (SDI) 2018, the new project is being prepared to tackle poor quality of care and inefficient service delivery across the country.



District planning and review meeting

Malawi: PHRD facilitates collaboration with key stakeholders

- **Harmonized survey introduced through close collaboration with MOH, WHO.**

The Bank's team succeeded in harmonizing the SDI survey with the Service Availability and Readiness Assessment (SARA) survey by the World Health Organization into what is now called the Malawi Harmonized Health Facility Assessment Survey (MHFAS). In addition to that, the survey was adapted to the Malawi context.

- PHRD also supported **Training for data collection**

The Bank's team conducted one week training of trainers (TOT) in Lilongwe and two-week field staff training in Salima in November 2018. The team worked with the MOH to conduct the training.

- **The findings from the report is expected to be used for the midterm review of the health sector strategic policy.**



Joint Learning Network (JLN)

The Joint Learning Network (JLN) for UHC is **a vibrant community of 34 countries** deeply engaged in **practitioner-to-practitioner learning** to jointly problem-solve, generate global knowledge, adapt pragmatic tools to a country-specific context and innovate pathways in their countries toward the goal of universal health coverage.



Examples of technical work past and present



Health Financing



- Raising domestic resources for health sector
- Leveraging existing resources for health
- Developing Strategic Communications Guide on evidence and arguments for making the case for investment in health
- Developing Comprehensive Guide on the Use of Evidence for Priority Setting for Health Interventions.



Provider Payment Mechanisms



- Capacity building in costing
- Capitation pilot
- Costing of benefit package
- Validating DRG grouper
- Monitoring of payment systems
- Developing Capitation Costing Course

Primary Healthcare



- Monitoring and evaluating PHC provider performance
- Vertical integration
- PCIC, Empanelment
- Study visit and temporary professional placement program on primary care
- Developing STGs for primary care ailments

Population targeting and equity



- Developing tool on expanding coverage to systematically identify the poor
- Expanding coverage for informal sector
- Strategic communications and outreach to expand coverage/increase membership

Information Technology



- Developing manual to identify potential fraud and abuse
- eHealth Standards
- ICT tools to collect and analyze data
- Developing ICT tools to collect and analyze key data
- Digitalization of management information system

UHC Flagship Course

- 12 Flagship courses were delivered since 2017. Average attendance of the course was 85 participants from MoH, MoF, Ministries of Planning, development partners and private sector.
- Knowledge management and learning is very important tool of the Bank to support countries achieve UHC. Despite political commitments towards UHC, implementation is challenging, institutional reforms take many years and overall capacity for reforms is inadequate.
- The Flagship Program helps clients design and implement their pathways towards UHC through better understanding complex policy making process and implementation challenges they face as they build the systems needed to achieve UHC.
- The Bank's team keeps updating the course to meet the needs of the client. It is essential to translate global policies and commitments towards UHC into practice.

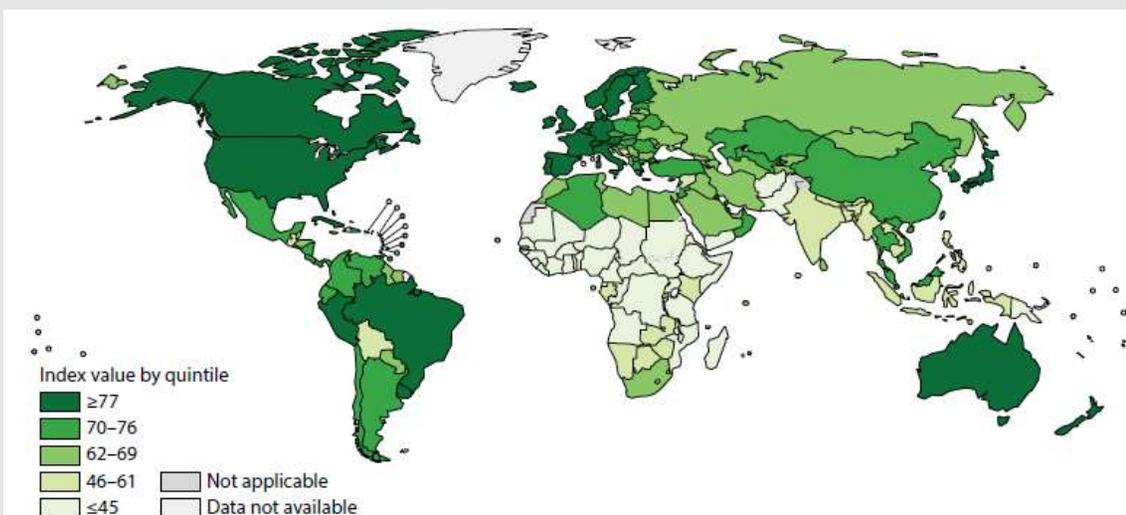




Vietnam: Strengthening UHC and
Pandemic Preparedness with PHRD support

Anh Thuy Nguyen
Caryn Bredenkamp
Tokyo, 8-10 Jan 2020

Overview of PHRD-financed activities in Vietnam



Source: WHO and World Bank 2017.

1. UHC: Getting More Efficiency / Value for Money
2. Strengthening Pandemic Preparedness

Funding approved by GoJ: Dec 2017
Closing date: May 2020

Funding amount: US\$1,000,000

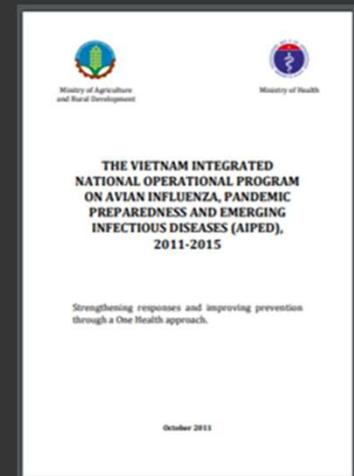
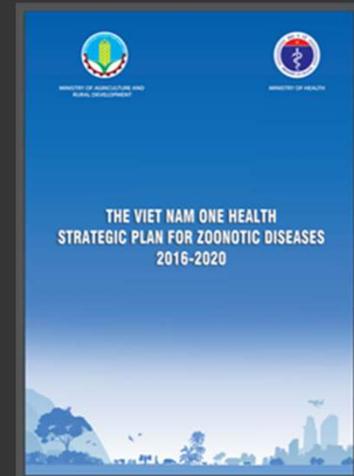
Strengthening Pandemic Preparedness

Why tackle pandemic preparedness in Vietnam?

- Vietnam is situated in a high-risk region for emerging infectious and zoonotic diseases and affected by several threats to public health and economic growth:
 - SARS, avian influenza A (H5N1), influenza A (H5N6), and influenza A (H1N1)
- Disease outbreaks and the risk of epidemics pose a serious threat to the people and economy of Vietnam
 - 835 disease outbreak alerts in Vietnam, of which 562 which are in humans – only in 6 months of 2017
 - Since Feb 2019, African Swine Flu has killed nearly 6 million pigs and cost Vietnam more than VND 5,000 billion (more than US\$ 200 million) for control and prevention.

Vietnam has demonstrated its commitment to continuing efforts to improve pandemic preparedness capacities

- The General Department of Preventive Medicine (GDPM) as the national IHR focal point
- The One Health Forum including 27 national and international partners
 - Relevant ministries
 - Local and international research institutions
 - Universities
 - Development partners
 - NGOs, and others
- Leading in, and contributing to, the Global Health Security Agenda
 - Zoonotic Disease Action Package (ZDAP)
 - Emergency Operations Center Action Package (EOCAP)



IHR Joint External Evaluation results

- Strengths:
 - coordination between the health and animal sectors;
 - high political commitment;
 - legislative and regulatory frameworks
- Key gaps:
 - multisectoral collaboration,
 - coordination (other than human and animal health) and information-sharing
 - documentation of plans and procedures
 - risk communication capacity
 - strategic investment for a sustainable system for health security.
- 74 recommendations across 19 technical areas

Description	% of indicators
Demonstrated Capacity (4)	17
Developed/Limited Capacity (3 and 2)	83
No Capacity (1)	0



OBJECTIVES AND COMPONENTS

- Objective is to provide analytical and advisory services to the Government of Vietnam to implement key recommendations of the Joint External Evaluation (JEE) and, in so doing, strengthen pandemic preparedness.
 - improve overall preparedness and coordination of capacity pandemic risk reduction, and
 - strengthen management of specific priority sources of zoonotic and pandemic risk.
- Three main components:



Component 1:

- *Improving the national preparedness plan*



Component 2:

- *Strengthening multisectoral coordination around the International Health Regulations (IHR) at all levels of government*



Component 3:

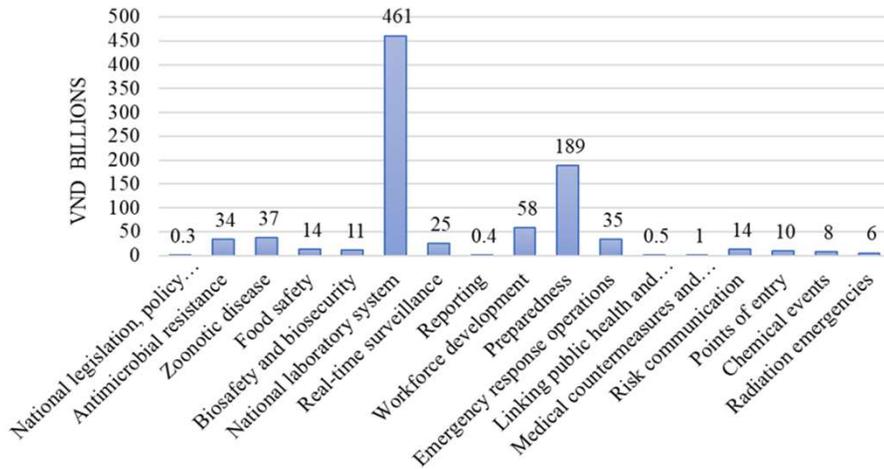
- *Technical assistance and capacity-building in pandemic preparedness in general, as well as in specific areas of risk preparedness*

Component 1 – Activity
International Health
Regulations Costing

Objective: To produce indicative cost estimates associated with improving IHR implementation for the next 5 years.

Description	%/Number of indicators (late 2016)	%/Number of indicators (2022)
Demonstrated Capacity (4)	17/8	69/33
Developed/Limited Capacity (3 and 2)	83/40	31/15
No Capacity (1)	0	0

Total Incremental Costs Year 1 (Recurrent, Start-up and Capital)
by Technical Area: Budget Scenario A



Measure	Baseline Spend (2016) ¹¹	1 st year additional	2 nd year cumul. additional	3 rd year cumul. additional	4 th year cumul. additional	5 th year cumul. additional	Average additional cost per year across 5 years
Total VND (billions)	4,245	903	1,806	2,419	3,033	3,646	729
Total US\$ ¹² (millions)	187	40	80	107	134	161	32
Total p.c. VND	43,998	9,356	18,712	25,072	31,431	37,791	7,558
Total p.c. US\$	1.94	0.41	0.82	1.10	1.38	1.66	0.33

Impact of IHR costing

- Development of National Master Plan (2020-2025) on IHR (2005) Implementation
=> Submitted to Prime Minister for approval
- Advocacy for the budget planning and allocation for health security

Assessment of Core Capacities and Performance of Vietnam's
Selected International Points of Entry in Accordance with the
Requirements of the International Health Regulations (IHR 2005)

Component 2 – Activity Assessment of Core Capacities of Points of Entry

Objective: To assess the core capacities for coordination, communication of event information, and adoption of measures at 10 major PoEs (7 designated PoEs and 3 other major PoEs)

Assessment Areas:

- The implementation of quarantine activities and inter-sectoral coordination at designated PoEs and some major PoEs.
 - The current status of human resources, facilities and equipment for quarantine at designated PoEs and some major PoEs.
 - The knowledge - attitude - practice of health workers who directly work at PoEs on quarantine activities
 - The core competencies of 10 specific airports, seaports and ground crossings
 - At all times
 - Capacity for responding to public health event of international concern (PHEIC)
- Recommend measures to improve the capacity of PoEs in accordance with WHO requirements, taking in account designated vs non-designated PoEs.



2019

Capacity	% capacity of 7 designated PoEs							% capacity of 3 other major PoEs				
	Lao Cai	Lao Bao	Moc Bai	Hai Phong	Noi Bai	Da Nang	Tan Son Nhat	Total	Huu Nghi	Cam Ranh	Vung Tau	Total
Core capacity on coordination and communication	89%	89%	94%	94%	100%	94%	100%	94%	83%	81%	83%	82%
Core capacity at all times	84%	85%	81%	83%	96%	95%	96%	88%	81%	76%	84%	80%
Core capacity for responding to PHEIC	73%	76%	76%	73%	96%	96%	96%	84%	80%	64%	76%	73%
Final score of 3 groups of capacity	82%	83%	84%	83%	97%	92%	97%	89%	81%	74%	81%	79%

2014

All groups of core capacities	Percentage of capacity by PoE (2014)						
	Lào Cai	Hải Phòng	Nội Bài	Lao Bảo	Đà Nẵng	Mộc Bài	Tân Sơn Nhất
Coordination and communication	94%	89%	89%	94%	81%	64%	69%
Core capacity at all times	67%	56%	65%	50%	59%	34%	57%
Core capacity for responding to PHEICs	69%	73%	92%	66%	93%	74%	71%
Final Score	77%	73%	82%	70%	77%	57%	66%

Impact of assessment of capacity of PoEs

- Decree by Ministry of Health on the requirements for facilities and equipment in Points of Entry in Vietnam – expected to be issued early 2020
- Budget proposal for investment in concerned provinces
- Training programs for core capacity
- Improved central and provincial coordination mechanism for international quarantine

Points of Entry – Assessment of Core Capacities



Dissemination and Training Workshops – 11/2019



I
**Situation Assessment and Analysis of Health
 Risk Communication in Vietnam**



Component 3 – Activity Situation Assessment and Analysis of Health Risk Communication

Conduct an evaluation of risk communication activities,
 focusing on following areas:

Prevention and control
 of communicable
 diseases and newly
 emerging epidemics

Prevention and control
 of risk factors of non-
 communicable
 diseases

Food safety

Communication during
 events of public health
 importance and health
 emergencies



Collect the inputs and recommendations to inform the
 development of risk communication strategies and
 activities in health sector

Findings and Recommendations

➤ Strengths and weakness:

- Legal framework/basis
- Knowledge and practices of risk communication
- Cooperation and coordination mechanisms among different concerned agencies/sectors and other stakeholders
- Mechanism for accessing and sharing information, including use of mass media and social media



Interview with local people on how they seek healthcare information

➤ Recommendations:

- Capacity-building for risk communication, including risk communication principles
- Approaches for applying risk communication principles, messages and channels for communication
- Mechanisms for coordination and cooperation
- Methodology to improve behavior change communication and promote health information seeking



*Master plan
for health
risk communication
period 2020-2025,
vision to 2030*



Dissemination Workshop on Risk Communication and Launch of the development of National Master Plan for Health Risk Communication



On-going Activities

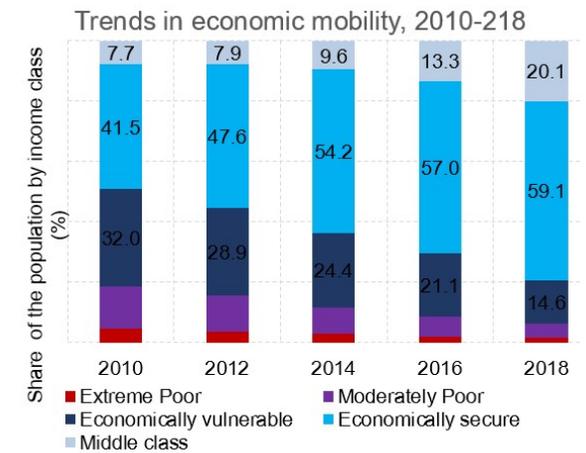
- **Situation Analysis and Assessment of One Health and Health Security Training Assessment**
 - Review and mapping of the One Health and Health Security training programs in Vietnam in the last 5 years
 - Review the performance, impact and coordination of select training programs
 - Findings and recommendations to inform future training programs and funding from different local and international resources
- **Assessment of collection, transportation and disposal of infected animals/carcasses, focusing on recent African Swine Flu epidemic**
 - Review the recent implementation of disposal and cross-sectoral coordination to address the recent outbreaks and how it impacts the environment (air, water and soil) and lessons learned from other countries
 - Findings and recommendations to improve the practices and coordination mechanisms for environment control and protection
 - Results to inform the revision of the regulations and technical guidelines for environmentally-friendly disposal of infected animal/carcasses

To be completed in February/March 202

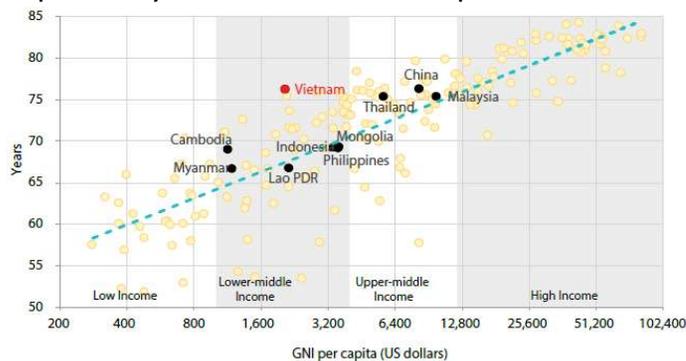
Getting More Efficiency /
Value-for-Money

Vietnam faces upward pressure for more and better health care, and associated spending

- Rising incomes and growing middle class
- Expectations
- Aging of the population
- Technology

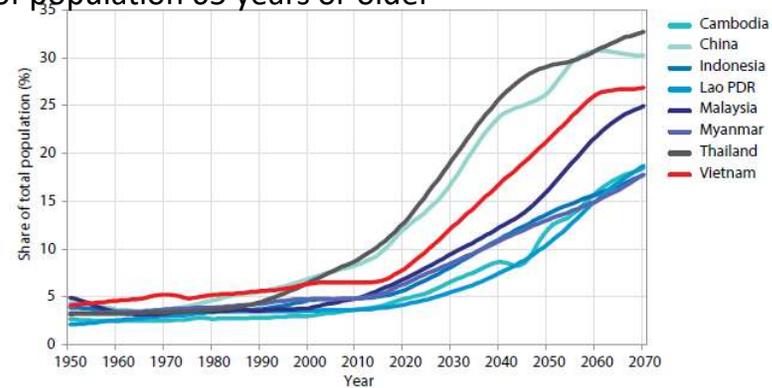


Life expectancy in Vietnam and comparators



Source: World Bank (2018a).

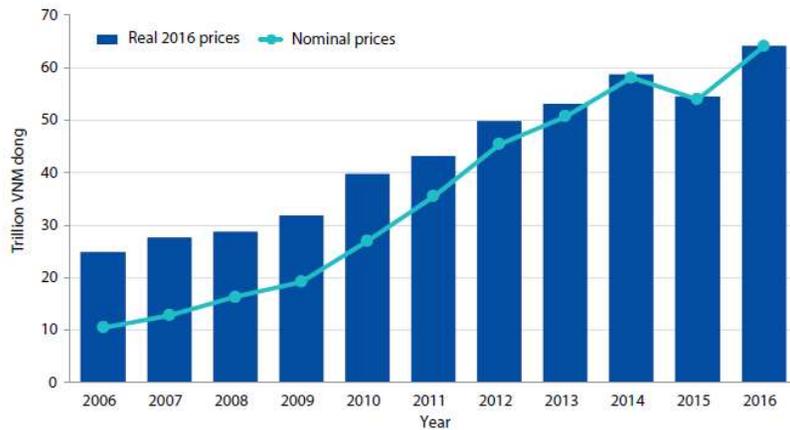
Share of population 65 years or older



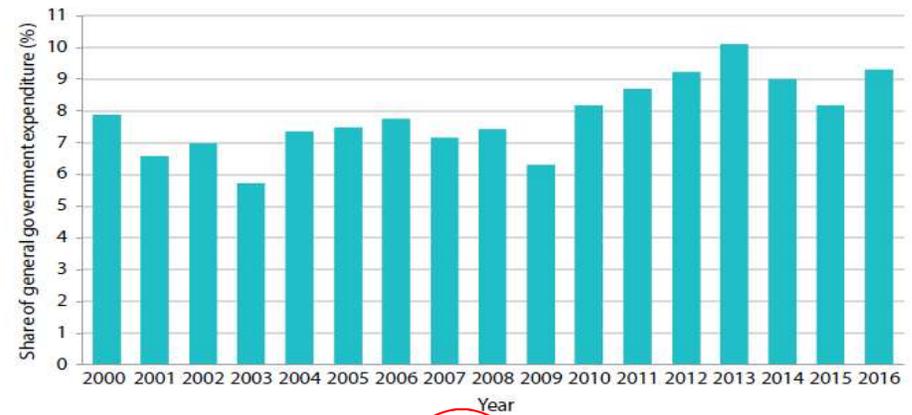
Source: UUN DESA (2017).

Vietnam has mobilized substantial domestic resources to meet the demand for healthcare...

GHE has increased sharply in absolute terms



As share of GGE, GHE is at an historical high



High compared to other LMICs, in the region and globally

Country/region	GDP per capita (current US\$)	Total health expenditure per capita (current US\$)	Total health expenditure as a share of GDP (%)	Public share of total health expenditure (%)	Public spending on health as a share of government spending (%)	Public spending on health as a share of GDP (%)
Vietnam	2,171	128.9	5.9	47.0	9.3	2.8
Myanmar	1,221	70.2	5.7	18.7	5.0	1.1
Cambodia	1,277	78.4	6.1	24.4	7.0	1.5
Lao PDR	2,339	56.9	2.4	37.0	4.4	0.9
Thailand	5,979	221.9	3.7	78.3	15.3	2.9
LMICs (average)	2,312	136.1	5.7	46.2	8.8	2.7
East Asia and Pacific (average) ^a	2,438	135.0	5.8	54.2	8.0	3.4

Sources: World Bank (2018a); WHO (2018a)
Note: LMICs = Lower-middle-income country.

a. LMICs only.

... but opportunities for future increases in government spending on health are limited

Fiscal projections, 2019-2023

	2015	2016	2017	2018	2019	2020	2021	2022	2023
General government revenue as share of GDP	23.8	23.7	23.5	23.3	23.0	23.0	22.9	22.9	22.9
Government spending as share of GDP	29.2	28.5	28.1	27.9	27.8	27.7	27.6	27.6	27.6

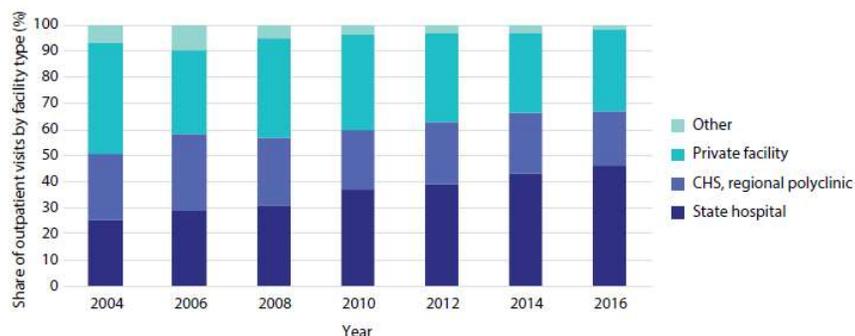
Source: IMF (2018b).

- World Bank's recent fiscal space analysis found that prospects for raising more money for health from economic growth are "moderate", from sector-specific sources (including external financing, SHI, earmarked taxes) are "low", and reprioritization are "low"
- Best prospects for meeting need for health care financing is to GET MORE EFFICIENCY out of existing resources ("good")



Enhancing efficiency in health spending will depend mainly on what is done at hospital level

- Very hospital-centric health system



Source: GSO Vietnam (2018a).
Note: CHS = Commune Health Station

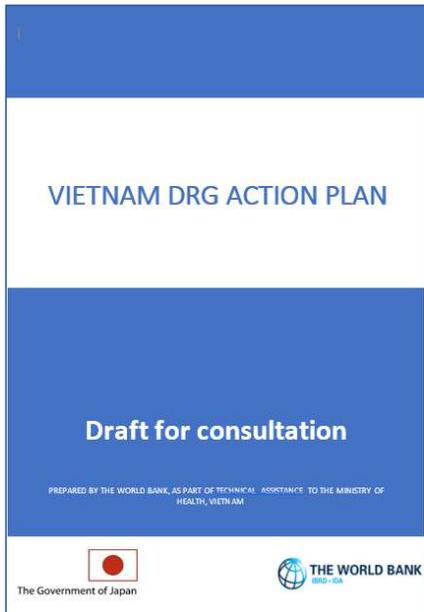
- Rate of inpatient admissions and average length of stay are higher than regional averages
- Share of outpatient visits that take place at hospital is increasing
- 73% of total health spending is at hospital level

PHRD program supports the following:

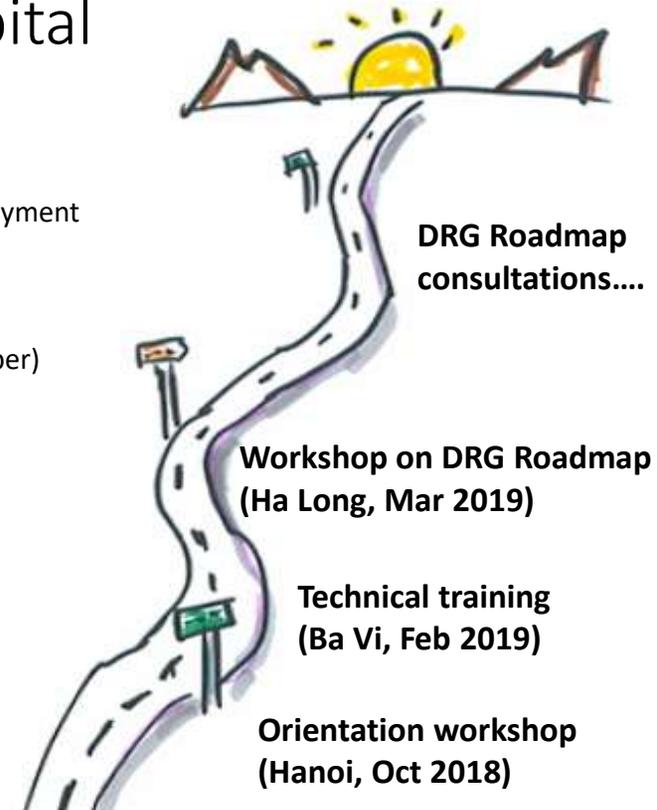
1. Reforming how hospitals are paid
2. Improving how decisions are made on expensive equipment purchases
3. Better integration of care between hospitals and lower levels
4. Monitoring hospital performance to enhance accountability



Activity 1. Moving towards DRG payment for hospital care, while strengthening FFS



- Developing a Roadmap / Action Plan on how to shift towards DRG payment
- Technical foundations for DRG simulations, incl:
 - (i) mapping Vietnamese procedures codes to ICD 9-CM,
 - (ii) building a DRG grouper for Vietnam (modified Thai grouper)
- Workshops – high-level political, technical training, development of Roadmap, consultation on Roadmap



STT	Mã chương	Mã tương đương	Mã TT43,50,	Tên theo TT43,50,21	Cate	icd9cm	LookUp	ICD9_CM - Description in Vietnamese	ICD9_CM - Description in English
1	I. HỒI SỨC CẤP CỨU	01.0002.1778	1.2	Ghi điện tim cấp cứu tại giường	89	89.52	8952	Đo điện tim	Electrocardiogram
2	I. HỒI SỨC CẤP CỨU	01.0004.0321	1.4	Ghi điện tim qua chuyển đạo thực quản	89	89.52	8952	Đo điện tim	Electrocardiogram
3	I. HỒI SỨC CẤP CỨU	01.0006.0215	1.6	Đặt catheter tĩnh mạch ngoại biên	38	38.93	3893	Đặt catheter tĩnh mạch, không phân loại	Venous catheterization, not elsewhere
4	I. HỒI SỨC CẤP CỨU	01.0007.0099	1.7	Đặt catheter tĩnh mạch trung tâm D1 nòng	89	89.62	8962	Theo dõi áp lực tĩnh mạch trung tâm	Central venous pressure monitoring
5	I. HỒI SỨC CẤP CỨU	01.0008.0100	1.8	Đặt catheter tĩnh mạch trung tâm nhiều nòng	89	89.62	8962	Theo dõi áp lực tĩnh mạch trung tâm	Central venous pressure monitoring
6	I. HỒI SỨC CẤP CỨU	01.0009.0098	1.9	Đặt catheter động mạch	38	38.91	3891	Đặt catheter động mạch	Arterial catheterization
7	I. HỒI SỨC CẤP CỨU	01.0012.0298	1.12	Đặt đường truyền vào xương (qua đường xương)	41	41.92	4192	Tiêm vào tủy xương	Injection into bone marrow
8	I. HỒI SỨC CẤP CỨU	01.0013.0298	1.13	Đặt đường truyền vào thể hang	64	64.49	6449	Sửa chữa khác ở dương vật	Other repair of penis

Activity 1 (continued)....

Studying DRG transition in other countries



Learning from Japan's approach to FFS



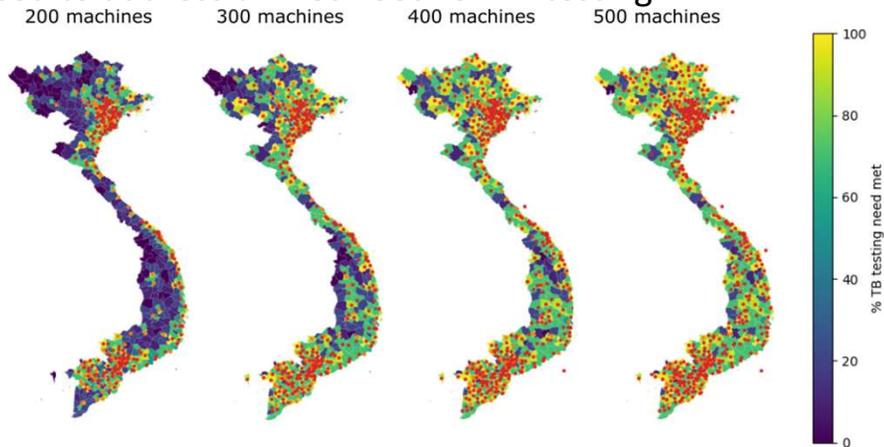
Sharing through a regional DRG network and inbound knowledge exchange



Activity 2a. Improving efficiency in equipment investment - GeneXpert

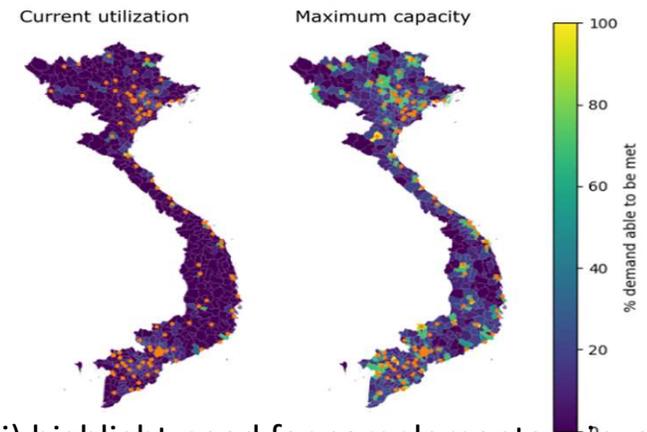
Aim: Optimize the allocation of GeneXpert machines in order to address unmet need for TB testing by GeneXpert
Approach: Modelling, using machine-learning techniques, and incorporating geospatial and disease burden data

Finding 1: Locations where new machines should be placed to address unmet need for TB testing



New machines are represented by red dots. Existing machines by orange dots

Finding 2: Existing machines not yet used efficiently due to capacity constraints



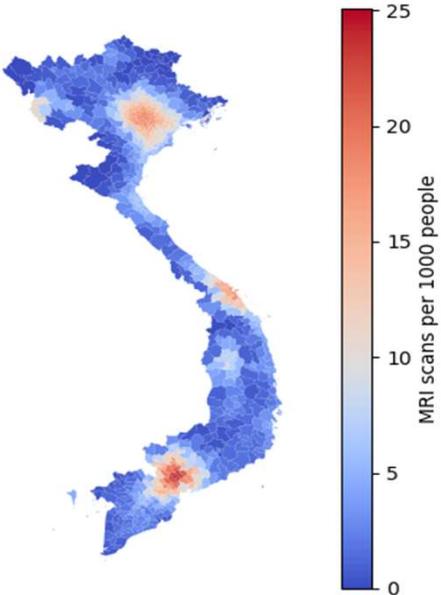
Results: (i) highlight need for complementary investments (cartridges, HR), (ii) stress need for effective implementation of new HI policies, (iii) identify sites for GeneXpert in new World Bank project, and (iv) inform next Global Fund application.

Activity 2b. Improving efficiency in equipment investment - MRI

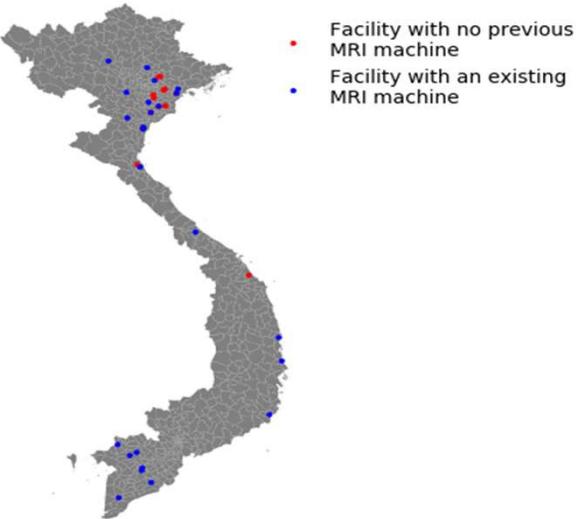
Aim: Develop a new MRI placement approach that maximizes population coverage and equitable access, as well as introduce a Certificate of Need policy

Approach: Mathematical modeling, benchmarking of MRI utilization and literature review

Number of scans per 1,000 people per year, by district, in Vietnam



Preliminary finding: Location of the 40 health facilities with highest priority ranking based on the criteria given



Certificate of Need policy in other countries

Country	Equipment price thresholds implemented by CON
United States	<ul style="list-style-type: none"> • CON legislation and implementation at State level • Thresholds vary by states
China	<ul style="list-style-type: none"> • Regulations on Medical Equipment Supervision and Administration. • Medical institutions should allocate high-tech medical equipment in accordance with the high-tech medical equipment configuration plan issued by the health authority of the State Council.
Mexico	<ul style="list-style-type: none"> • The Certificate of Medical Device Need (Certificado de Necesidad de Equipo Médico, CDNEM) is a planning tool developed by the CENETEC to support decision-makers. • Threshold set up at 2.2 million Mexican pesos
United Kingdom	<ul style="list-style-type: none"> • Tired approval approach based on different thresholds • Centralized procurement process

Activity 3. Improving integration of care across levels and right-siting of care

- Aim: To provide suggestions on how Vietnam's health service delivery system can be reformed to promote integration across providers and right-siting of care.
- Approach: Uses an adapted version of the Joint Learning Network Vertical Integration Assessment Tool to conduct interviews with central level policy makers and provincial level health officials and practitioners
- Findings of barriers include:
 - **Macro level** of policies and legislation: governance arrangements, financing and payment policies
 - **Micro level**: organization of primary health care function (e.g. no empanelment), and limited interaction among providers to facilitate patient care.
 - **Absence of enablers** such as a unique patient identifier to enable continuity of care and interoperable information systems



Photo: World Bank team in discussion with medical and administrative staff from Ha Nam District Health Center

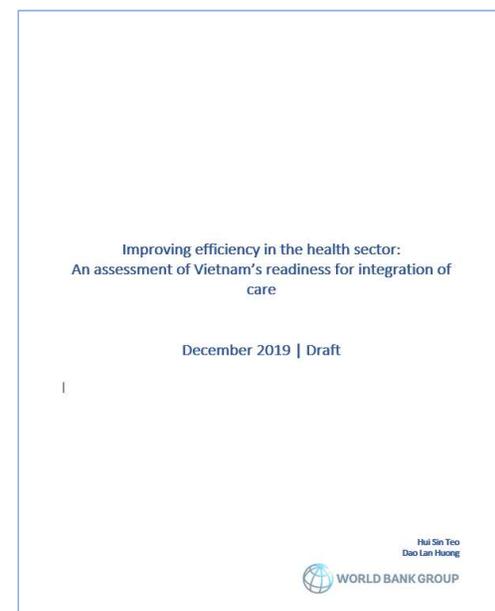


Table 4: Key domains of integrated care

<p>Macro environment:</p> <ul style="list-style-type: none"> • Legislative and policy environment • Governance, management, and leadership • Financing and payment • Human resources 	<p>Micro environment:</p> <ul style="list-style-type: none"> • Organizational forms • Role of primary health care • Provider-provider interactions/clinical integration <ul style="list-style-type: none"> ○ Multidisciplinary teams ○ Care management and navigation ○ Integrated care pathways
<p>Enablers:</p> <ul style="list-style-type: none"> • Information environment and digital health • Performance measurement and monitoring and evaluation 	

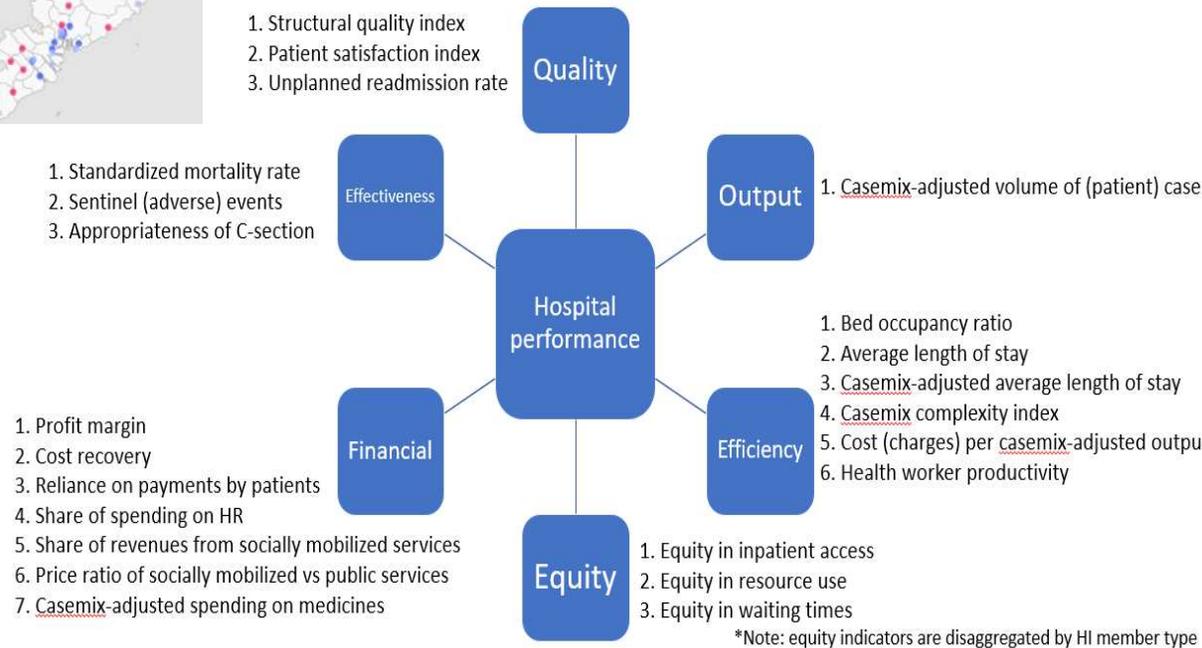
Activity 4. Monitoring hospital performance



Development of hospital sector performance monitoring indicators

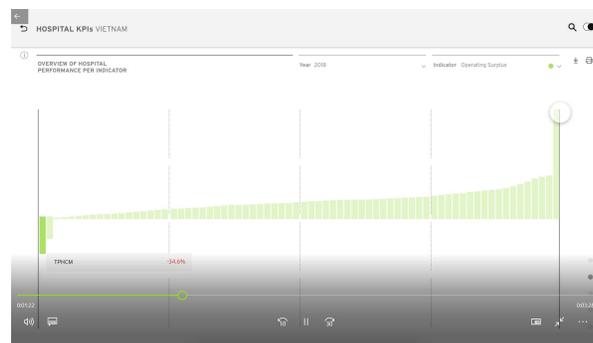
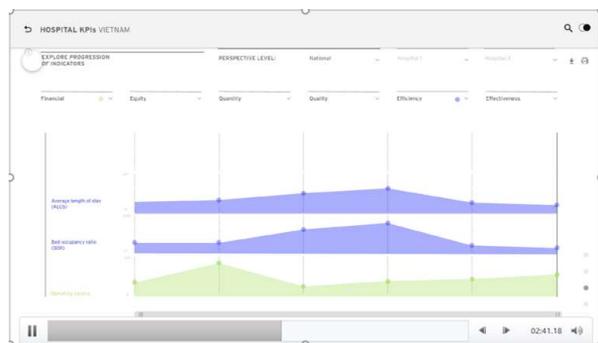
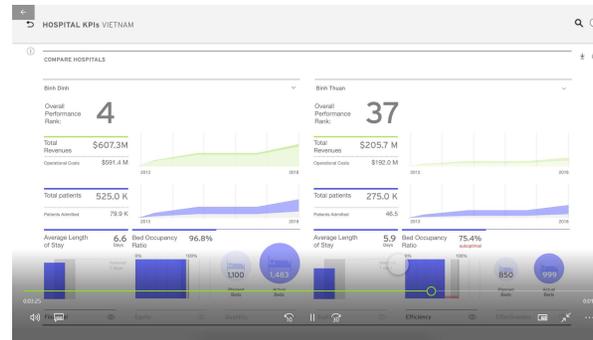
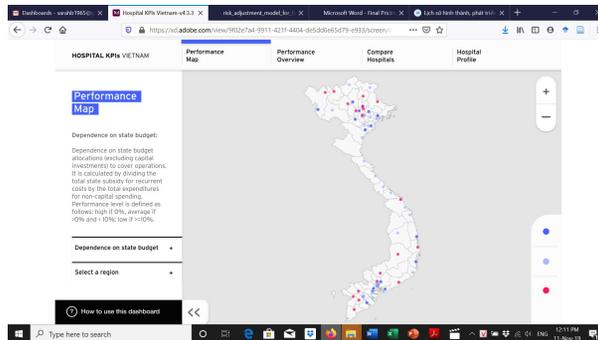
Technical assistance provided by the World Bank to the Ministry of Finance and Ministry of Health of Vietnam

- Measure public hospital performance in order to hold facilities and health sector agencies accountable for meeting patient needs (health outcomes, patient satisfaction) in the most efficient and equitable way possible
- Especially in context of increasing hospital autonomy and mobilizing of private capital for public sector investment (“socialization” policy)



Activity 4 (continued): Analysis of select indicators and mock-up of interactive data visualization dashboard

- A set of 23 key performance indicators covering six domains of performance, with information on 73 hospitals nationwide from 2014 to 2018
- Clear guidance to central agencies (MOF, MOH and VSS) on sources of information and how to calculate indicators
- Technical improvement over the types of indicators typically used Vietnam which allows more appropriate comparisons of performance across hospitals.
- Analysis of select indicators to demonstrate how the indicators can be used for performance monitoring, as well as how they can provide insight into the impact of hospital policies (such as autonomy and socialization).
- A template for – and demonstration of – an interactive performance dashboard (data visualization) that can be used by the MOH to monitor performance and provide feedback to hospitals.



Challenges, Impact, Conclusions

Implementing this extensive program was not without challenges...



Activities require involvement of multiple government agencies, and multiple departments within each agency – not all of whom work easily together



With many development partners active in health financing and pandemic preparedness, close coordination and consultation to make the most of respective contributions is needed



Availability of data, and (especially) access to available data, slowed implementation and sometimes necessitated scaling back of ambition



Seeding new ideas, getting traction for them, building capacity to take next steps, operationalizing analytical recommendations in policy documents takes TIME

... but even though still under implementation, already important impacts.



The IHR Costing Exercise were used in the planning and budgeting of the new National Master Plan on IHR 2020-2025 (submitted by MOH to the Office of Government and awaiting Prime Minister approval)



The Situational Assessment and Analysis for Health Risk Communication has informed the Master Plan for Health Risk Communication (submitted to MOH for approval)



Points of Entry Capacity Assessment will inform a new MOH decree (expected early 2020) on requirements for facilities and equipment, plus basis for training and provincial budgets



Analysis optimizing GeneXpert deployment will be used as basis for Vietnam's forthcoming request to the Global Fund for financing (and is used for placement of equipment in new WB loan)



Vietnam DRG Action Plan / Roadmap expected to be formally issued by the MOH

PHRD
program has
been
instrumental
in:



Strengthening the evidence base on which policy is built in Vietnam

Evidence of impacts from elsewhere, applying analytical tools to Vietnam context (e.g. IHR costing, JLN Integration of care), and cutting-edge approaches (e.g. machine-learning in the equipment optimization)



Bringing global knowledge to Vietnam:

DRG implementation in Thailand, Australia, Nordic countries; Fee-for-service approach in Japan and Korea; Certificate of need policy in OECD countries



Building capacity

Through workshops (e.g. DRG technical workshops and PoE workshops), but also through hands-on technical assistance (e.g. DRG grouper development)



Convene partners around priority areas

Working together on GeneXpert deployment, on global health security, health financing development partners' working group



Charting future directions for Vietnam – meaning that impact will be felt beyond the PHRD period

New masterplans for IHR and risk communication; DRG Reform Roadmap