
Strategic sector cooperation
Denmark and Vietnam
Health

2016



Acronyms and abbreviations

CHS	Communal Health Stations
COPD	Chronic pulmonary disease
CVD	Cardiovascular diseases
DCP	Diabetes Care Program
DHC	District Health Centres
DMOH	Danish Ministry of Health
EDK	Embassy of Denmark
GP	General Practitioner
HC	Health Counsellor
HCW	Health Care Workers
HPG	Health Partnership Group (a health donor coordination forum run by VMOH)
HI	Health Insurance
HMU	Hanoi Medical University
HPG	Health Partner Group
ICD	International Cooperation Department (in VMOH)
JAHR	Joint Annual Health Review
GDPM	General Department of preventive Medicine (in VMOH)
MSA	Medical Service Administration (in VMOH)
NCD	Non-communicable disease
NGO	Non-Governmental Organization
PPP	Public-Private Partnership
SSC	Strategic Sector Cooperation
TC	Tertiary care
VMOH	Vietnamese Ministry of Health
WHO	World Health Organization
WB	The World Bank

SSC Project – Denmark & Vietnam

Project Title	Strategic sector cooperation between Denmark and Vietnam <i>Strengthening the Frontline Grassroots Health Worker – Prevention and Management of NCDs at the Primary Health Care Level</i>
Thematic focus	<p>The overall thematic focus of the SSC is how to tackle the growing burden of non-communicable diseases (NCDs) through primary health care and family medicine as envisioned in current healthcare reforms of Vietnam.</p> <p>The SSC aims at improving the quality and access to prevention, early detection and management of NCDs at the primary healthcare level in Vietnam. This requires a new approach to NCDs: Re-orienting policies and the structure of the healthcare system as well as creating effective tools and increasing the capacity of the front-line health care workers. The SSC supports a pilot project in the Thai Binh province led by the Vietnamese authorities. The pilot will focus on prevention, early detection and management of NCDs at district, communal and village level. The objective is to make health care, for patients with chronic conditions, available and relevant at the local level. NCD prevention in Vietnam has traditionally been conducted through mass-campaigns but the SSC will pilot both prevention and patient empowerment at the individual and community level through the healthcare system. The SSC is to be used as a flagship for making the case that now is the time for Vietnam and partners, to invest in primary health care and head on confront NCDs. By addressing the NCD issues at the local and district level, the project addresses the inequality in access to health especially in rural and semi-urban areas, issues of overcrowding at provincial and centralized hospitals and the high morbidity and mortality of NCDs.</p> <p>Designing the intervention to strengthen health care in the rural areas, the project targets the generally speaking poorer or less well-off parts of the population, living in areas with no easy access to specialized treatment in terms of distance, cost and availability.</p> <p>Vietnam was one of the first countries in the world to introduce policies of primary health care reaching out to nearly all villages. The primary health level has been the backbone of the Vietnamese success in reducing maternal and child mortality and combatting infectious diseases. However, the primary level has not previously been prioritised in the efforts against NCDs. With renewed political commitments to strengthen primary health and prevent the continued rise of a number of NCDs, Denmark and Vietnam seek to share experiences, ideas and knowledge between health authorities, experts and healthcare workers.</p>

	<p>The overall objective of the SSC: Improve prevention, detection and management of NCDs¹ in Vietnam through a community and primary health care based approach</p> <p>The overall objective is pursued through 3 specific objectives:</p> <ol style="list-style-type: none"> 1. Consolidating patient pathways and guidelines for the prevention, early detection and management for NCDs 2. Increase capacity of the Thai Binh provincial authorities and healthcare workers to handle prevention, early detection and management of NCDs 3. Results and policy implication of the SSC is consolidated and anchored at provincial and national level <p>Integrated prevention, early detection and management of hypertension, diabetes and cardiovascular disease risk will be used as a case when addressing the three objectives. However the focus is not to build diseases specific interventions but rather a generic and integrated model for handling NCDs in relation to other diseases and conditions, building on the concept of family medicine, especially in rural and semi urban areas with low access to quality prevention, treatment and care.</p> <p>At such the SSC contributes to reaching: Sustainable Development Goal 3</p> <ul style="list-style-type: none"> - Target 3.4 on reducing premature mortality from NCDs - Target 3.8 on achieving universal health coverage
<p>Summary of the preparation project</p>	<p>The purpose of the preparatory project phase was to identify an area of interest for cooperation within health that would be a shared challenge in both Vietnam and Denmark, and an area where Danish knowledge and experience is available and relevant.</p> <p>The proposal is based on a number of high-quality and high level inputs from visits, meetings and field studies conducted in Vietnam and Denmark.</p> <p>A key result of the preparation phase was the realization that Vietnam is facing an increasing burden of non-communicable diseases (NCDs) in both urban and rural areas, The health authorities' needs and requests support to address that challenge. There is an increasingly high morbidity and mortality from NCDs, increasing private out of pocket spending on health, overcrowded provincial and centralized hospitals and high complications due to co-morbidities of chronic and infectious diseases and high delays in treatment. Vietnam is embarking on a number of reforms determined to strengthen the primary health care level² and the prevention, early detection and management of selected NCDs. During the preparatory project, it was</p>

¹ When referring to NCDs, reference is made to hypertension, diabetes and CVDs as selected for this case study, unless otherwise specifically stated

² The primary level for NCDs is defined as falling within the work and cooperation of District Health Centers, Communal Health Stations and Village Health Workers.

established, that the approach to prevention, detection and management of NCDs at Communal Health Stations (CHS) and District Health Centres (DHC) needs to be adapted in two ways. It must be adapted to fit a new, more decentralized approach to NCDs to fit the exact tasks at the local and district level. It furthermore needs to be adapted to the formal and informal training and background of the health-care workers (HCW) and the local context at the primary level. Hence a new set of tools are to address a new patient pathway, adjustments in the clinical approaches and a stronger focus on prevention and life style interventions all applicable in a low-resource setting.

The proposed cooperation targets one of the main development challenges of Vietnam (and Denmark) in the area of health -> the increasing burden of NCDs and the changing demographics. Tackling NCDs is a strong Vietnamese political priority. With the adaption of the “*National Strategy on prevention and control of cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, asthma and other non-communicable diseases, 2015 – 2025*” it was decided to strengthen the role of the preventive medicine system and the lowest level of the healthcare system, in order to reverse the current healthcare pyramid.

The current system of planning is centred in “silos” around selected diseases and with curative care at hospitals as the main focus. The SSC project will challenge this approach, taking a more holistic view and focus more on prevention and early detection. The category of NCDs is very broad and during the preparatory project it has been decided to focus on a group of diseases and risk factors sharing the criteria’s of:

- Making up a substantial burden of disease among population groups with low access to health.
- Sharing common approaches to prevention.
- Are able to be tested using simple low-cost equipment that can be available in the primary health care sector.
- Can be managed and controlled at the primary level.

The VMOH follow the advice of the WHO and identified hypertension, diabetes and cardiovascular diseases as priority groups of NCDs. These three categories are both considered risks and diseases. It is essential that the approach does not create a new vertical program of NCDs. Communicable diseases interrelate with NCDs in a number of ways. At the same time, the CHS have some equipment and knowledge that could be built on when targeting common NCDs. Hence, the concept of family medicine is key to the project with the CHS essentially basing their efforts on the needs of the local population. The healthcare workers are to look holistically at the patients and combine their knowledge and experience across disease types and risk-factors.

	<p>The preparation project has mapped the relevant interventions within this area through</p> <ul style="list-style-type: none"> - very close dialogue with relevant departments in VMOH, - two field studies to the Thai Binh province, close and continuous dialogue with the WHO NCD Team, World Bank, EU, GIZ and other relevant stakeholders.
<p>Background</p>	<p>Vietnam has 63 provinces with an estimated 93 million inhabitants of which 67% reside in rural areas. In the recent three decades, the health status of the Vietnamese people has improved significantly mainly due to increasing living standards and successful public health strategies against communicable diseases, maternal, perinatal, child health and improved nutritional situation. In 2014, the average life expectancy of the Vietnamese people was 73.2. The health expenditure as of GDP was 6.0% as of 2012 however public expenditure accounted for 44.1% of total health expenditure and spending of households on health as a share of total health spending was a 48.8% high. Recent reforms to reduce the out of pocket spending has resulted in a health insurance coverage of around 71% (2014)³</p> <p>The issue of non - communicable diseases in Vietnam:</p> <p>Vietnam is facing a rapidly increasing burden of NCDs. According to the WHO, 73% of deaths occurring in 2012 were due to cardiovascular diseases, cancers, COPD and diabetes. The burden of NCDs already account for 66% of total Disability Adjusted Life Years (DALYs) in the country⁴. Today the number one cause of premature death in Vietnam is stroke and diabetes is the most rapidly increasing cause of disability.⁵ With high level of risk factors driven by changing diets, lifestyle, structural changes and population ageing, the burden of NCDs is expected to increase. Vietnam is ahead of itself in terms of the standard correlation between economic development and rising NCDs. Rural areas experience the burden coupled with almost no access to information and treatment, according to VMOH own assessment. NCDs in Vietnam are not simply diseases of the affluent. Research in both urban and rural areas of the country show that poorer people are more vulnerable to NCDs and their risk factors. Households having one or more members with a chronic disease are three times more likely to experience catastrophic health expenditures and impoverishment. ⁶</p> <p>Currently, the health sector in Vietnam is not oriented towards chronic conditions. Vietnam has four separated - vertical programs for four common</p>

³Joint annual health report (JAHR) 2015, Ministry of Health of Vietnam

⁴World Health Organization –Non-communicable Diseases (NCD) country Profiles, 2014

⁴ Report of national target programs for NCDs control, 2014

⁵ Institute for Health Metrics & Evaluation, Country Profile Vietnam 2015

⁶ Van Minh et al. 2012 & Van Minh et al. 2009

NCDs and a national hospitals work as a focal point for each program. The services for NCDs are mainly based at the hospital system and existing guidelines for the primary level are basic and largely non-operational. There are no relevant services at grassroots levels/primary health care to ensure early detection and long term and coordinated care/management of NCD conditions (which is essential to NCDs). As the preparatory project shows the primary care level has since 2014 been trying to implement services for basic NCD prevention, detection and management but efforts has been limited and as a result only few CHS offer services such as treatment for hypertension. According to the VMOH, the preventive medicine system is not yet sufficiently involved in the prevention and control of NCDs although this system is in charge of delivering health services at the community level. Furthermore the current insurance based healthcare system include a ceiling of around 9% of total premium collected to cover NCDs and as a result does not cover the actual cost for patients such as testing, examination with follow up and medicines.

The above challenges and limitations resulted in the low rates of early detection and management of NCDs. Approximate 50% of people with hypertension and 60% of diabetics are aware of their condition. Only 20% of NCDs patients receive long term management/follow up in accordance with the guidelines⁷

However, the preparatory project showed that there is a rising awareness of the issues and the solutions among health care workers both village health workers, nurses and doctors at the Communal Health Stations and a basic structure to build on.

Investment and reform in the sector:

At national level, in February 2014 the VMOH signed the Decision N0 468/QD-BYT to designate the General Department of Preventive Medicine (GDPM) to be the national focal point for NCD prevention and control.

In 2015, VMOH (GDPM) had developed and submitted to the Prime Minister the National Strategy for NCD prevention and control period 2015-2025 (Decision No 376/QD-TTg) which has been a significant accomplishment and step forward to strengthen and nationalize the country's NCD prevention and control efforts. According to the VMOH in order to implement the Strategy, the health system needs to be strengthened focusing on following priorities:

- Strengthen the system of preventive medicine for effective implementation of NCD prevention and control in community.
- Strengthen primary health care/grassroots levels to ensure long term and coordinated care/management of NCD conditions.
- Reform health financing to facilitate for chronic diseases prevention, control and management

⁷ National action plan 2016-2020, VN MoH p. 6 & Report on national target programs for NCD control 2014

	<p>At provincial level, in order to develop the network for NCD prevention and control, VMOH has issued the Circular No 51/2014/TT-BYT which requires the set-up of NCD Control Division and Clinic Room for delivering NCD services within the centres for Preventive Medicine of all provinces.</p> <p>At grassroots level, VMOH has developed guidelines to re-structure the district health centres, of which the district health centre will have NCD unit and clinic room to deliver NCD prevention and management services as well as manage and provide technical support for all commune health stations integrated functioning as family doctors in the district. The new guidelines support the emphasis on strengthening the local level in the NCD treatment.</p> <p>The recent national strategy on prevention and control of NCDs 2015-2025 sets the scene and the political direction for Vietnam to tackle NCDs with a strong objective to strengthen prevention, early detection and management of NCDs at the primary level. There is a strong political commitment to carry out a restructuring of the Communal Health Stations and District Health Centres to operate on the principle of family medicine. In April 2016 decision no. 1568/QĐ-BYT established to expand a recent pilot on establishing family doctors nationwide but with the decision to build on the existing health care structure and avoid a parallel system.</p>
<p>Project description</p>	<p>The project addresses key issues related to improving the availability and quality of prevention, detection and management of non-communicable diseases at the primary level in Vietnam. To do so, the project addresses –</p> <ul style="list-style-type: none"> • at the national and ministerial level - the issues of distribution of tasks between the provincial, the district and the communal health delivery units. A clear and concise division of labour will facilitate the development of local and specific tools and guidelines adapted to the primary level. Based on the update of existing national guidelines on diagnosis and treatment of NCDs, local and specific implementation manual will be developed to operationalize the guidelines for the primary health care level, focusing on communal health stations. This means that it is designed to support the health care system to better handle NCDs and all the special requirements for NCDs (long term treatment, following the patient, patients own role, follow-up treatment after hospital etc.) To make it operational and feasible for the SSC project, the NCDs hypertension, diabetes and CVD (including comorbidity) are taken as a basis. The design will make the national guidelines further adaptable to each local context, in order to reflect the need for differences between provincial cities, towns and villages and in order to secure local ownership. An implementation manual will be developed to facilitate the application of the new division of labour (the pathway) as the new way of going about handling NCDs in relation to other common diseases and tasks at the primary level.

- Furthermore, the project will pilot the new division of labour and test the implementation manual at the local level, in Thai Binh. The project will facilitate the establishment of a small Vietnamese Core Training Team (CTT), which will have the responsibility to Train-the Trainers, who will address the training needs at the primary level. This approach will be supported by methodologies and tools for frontline healthcare workers, empowering patients and families to better handle prevention, detection and self-management of selected NCDs.
- Finally, the project will organize policy and practical lessons learnt together with other national and international stakeholders. This could entail policy advocacy initiatives learning from Danish experiences and organizing a national dissemination seminar. This also includes policy dialogues with VSS, MSA and other relevant departments and stakeholders in Vietnam, to address issues related to insurance coverage. The ambition is to support the agenda for change, so that NCD prevention and early detection can become part of the universal coverage at the local level, decreasing the number of cases leading to complications, deteriorating quality of life, high treatment costs at specialized hospitals and early death. This is an ongoing agenda with many aspects, and the SSC project can only have as an ambition to contribute with evidence based results to this debate, while pursuing more immediate results in prevention and early detection.

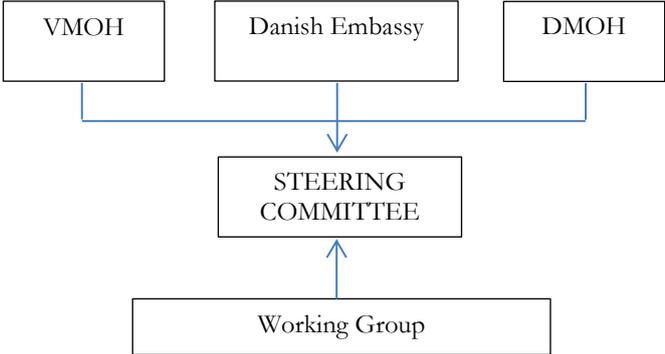
The Danish Ministry of Health will involve experts in NCDs and primary care from the ministry and related authorities. Experts from primary health care, University of Southern Denmark, Local Government Denmark and educational institutions will provide the best available experience from Denmark on how to prevent and manage NCDs at the primary level. Experts in healthcare in low-resource settings and with long term engagement in Vietnam from Copenhagen University will ensure that knowledge and ideas are applicable and meaningful in the Vietnamese context and bring on board their experience from Vietnam and other countries.

The SSC could benefit indirectly from an already ongoing Public Private Partnerships (PPP) between Novo Nordisk, Steno Diabetes Centre, the Vietnamese Ministry of Health and the Vietnam Association of Diabetes and Endocrinology. The extension of this partnership dating from 2012 is currently being negotiated between the partners involved (the existing agreement expires in November 2016). The SSC project is fully independent from this partnership. However, the two partnerships will explore possible synergies based on the dialogue initiated during the preparatory phase.

<p>Objectives and results</p>	<p>The overall objective of the SSC project: Improve prevention, early detection and management of NCDs⁸ in Vietnam through a community and primary health care based approach</p> <p>The project has three specific objectives:</p> <p>Objective 1: Consolidating patient pathways and guidelines for the prevention, early detection and management for NCDs</p> <p>Results: National and regional authorities have locally applicable pathways and an implementation manual for NCDs at primary level.</p> <p>Objective 2: Increase capacity of Thai Binh provincial authorities and HCW to handle prevention, early detection and management of NCDs focusing at primary health care</p> <p>Result: A new approach to handling NCDs in the Thai Binh Province is piloted.</p> <p>Objective 3: Results and policy implication of the SSC is consolidated and anchored at provincial and national level</p> <p>Results: Key policy-makers are on board, findings from the pilot project consolidated and policy recommendations for adjustments and the scaling up of the intervention provided</p>
<p>Outputs</p>	<p>Under each specific objective, outputs are defined:</p> <p>Objective 1:</p> <p>Output 1: Overview of existing guidelines and experience on NCDs and a roadmap for next steps</p> <p>Output 2: Pathways and implementation manual/guidelines developed/adjusted for prevention, early detection and management of hypertension, diabetes and cardiovascular disease risk at the primary level</p> <p>Objective 2:</p> <p>Output 3: The necessary structural changes for healthcare workers at the primary level to handle⁹ NCDs are identified, addressed and piloted</p> <p>Output 4 – A new training approach to empower healthcare workers and patients developed and piloted</p> <p>Objective 3:</p> <p>Output 5: Project results consolidated and disseminated; provincial and national policy recommendations formulated. Key VMOH departments, 7</p>

⁸ NCDs here and hereafter understood as hypertension, diabetes and CVC – as a “case” for the SSC

⁹ Handle means prevent, early detect and manage

	<p>prioritized provinces, WHO,EU and other stakeholders included in the dissemination to secure anchoring of results.</p>
<p>Activities</p>	<p>Adjustment of the activities for 2017 and 2018 might prove needed as a result of the findings during the activities in Q3 & Q4 of 2016. This will be handled at Steering Committee meetings.</p>
<p>Management set-up</p>	<p>A SSC Steering Committee (SC) will be established. The SC will approve annual work plans and budgets and thereby provide overall project management based on ownership, a common understanding of the purpose and approach towards the project. It is also the task of SC to approve the annual and final reporting. The SC will receive the bi-annual progress reports prepared by the WGs before each SC meeting. The SC meeting will discuss and approve the progress reports. It will meet biannually to decide on the adjustments and changes to the annual work plans and budgets. Terms of Reference for expert input from the DMOH and consultants will be agreed upon during the meetings in the SC or in email procedures agreed upon.</p> <p>Terms of Reference for the SC will be developed before the first SC meeting and approved during that first meeting in the SC.</p> <p>The SC secretariat, responsible for organising the SC meetings and preparing agendas, will be a joint responsibility of the HC, DMOH and VMOH.</p> <p>The SC serves as the Joint Working Group for the Memorandum of Understanding between the VMOH and the DMOH as described in Article V of the Memorandum of Understanding on Cooperation in the Field of Health.</p> <p>The set-up for the SSC Steering Committee is illustrated as follows:</p>  <pre> graph TD VMOH[VMOH] --> SC[STEERING COMMITTEE] DanishEmbassy[Danish Embassy] --> SC DMOH[DMOH] --> SC WG[Working Group] --> SC </pre>

	<p><u>VMOH representatives(proposed):</u></p> <ul style="list-style-type: none"> - Vice Minister /Director of the GDPM - Deputy Director of the General Department of Preventive Medicine - Deputy Director of the International Cooperation Department - Director of Thai Binh Health Department - Representative of Medical Service Administration, (TBC) <p><u>Danish embassy representative:</u></p> <ul style="list-style-type: none"> - The Danish Ambassador to Vietnam - Health Counsellor <p><u>DMOH representatives:</u></p> <ul style="list-style-type: none"> - Head of Division, Centre for Primary Care - Head of Division, International Affairs <p><u>Working Group</u></p> <ul style="list-style-type: none"> - Members of NCD division of GDPM, ICD, representatives from Medical Service Administration, Health Insurance Department, Thai Binh Health Authority - Members from DMOH,& DK experts according to the agenda -
<p>Contribution of the partner organisations</p>	<p>VMOH Vietnamese Ministry of Health (GDPM and ICD) carries the overall responsibility of strengthening primary prevention and early detection for NCDs. This happens inter alia through the development of an implementation manual and guidelines for NCDs at the primary level and support for the pilot model to take place in Thai Binh. VMOH is to take part with relevant staff in agreed upon activities. The Ministry is the key authority on the area, under which the project falls. It will provide expert and judicial guidance to secure that interventions are within the laws and priorities of the Vietnamese Government. The VMOH will administratively and politically support the implementation of the project, and will make the needed resources in terms of personnel available and be the focal point for contact and coordination with Thai Binh Province. When relevant and feasible, rooms and facilities will free of charge be made available for meeting purposes. The VMOH will be part of in the SC and proposed working groups. VMOH will also be the link to other stakeholders, i.e. The Vietnamese Social Security (VSS). Changing the structures of NCD prevention, treatment and management could influence the VSS focus in the future in terms of access and coverage, and the SSC approach is hence expected to be followed closely at various levels within</p>

	<p>the health care system, in order to assess the possibility and desirability of up-scaling.</p> <p>Thai Binh Health Authority is responsible of implementing the pilot model supported by VMOH and DMOH. In addition, they will let relevant and motivated staff take part in agreed upon development and training activities, and secure that interventions are within the priorities of the Province, as agreed to by VMOH. When relevant and feasible, rooms and facilities will free of charge be made available for meeting and training purposes. The Thai Binh Health Authorities will take part in the SC and in proposed working groups. Based on agreed-upon criteria, Thai Binh Province Health Authorities will propose staff from selected districts and CHS to take part in the pilot phase of the project. From the 282 CHS in Thai Binh, only a small selection of CHS representing the 8 districts can take part in the activities provided and funded under the SSC project. The Thai Binh Health Authorities in agreement with the VMOH are expected to undertake activities to secure the successful implementation of the pilot.</p> <p>Danish Ministry of Health provides technical expertise in the areas of prevention and early detection, to support the objectives of the cooperation. DMO will administratively run the project. From funds made available by Danish development aid it will fund technical assistance from within the DMOH and from other relevant Danish and Vietnamese experts. DMOH will fund and directly pay for cash costs related to proposed travels to Denmark and Danish experts travels to Vietnam, costs related to workshops and development of materials, as spelled out in the budget. Only costs specifically mentioned in the budget can be funded. The Danish Embassy in Vietnam will facilitate the project. The HC is the main contact to VMOH and DMOH and will function as the intermediate between the two ministries supporting the project during the project period with the identified activities. It is also the responsibility of the HC to organise the meetings in the Steering Committee, where VMOH and DMOH will provide input.</p>
<p>Justification of proposed methodology, activities and input in relation to expected results (simple theory of change)</p>	<p>The government-to-government cooperation is a new and strategic way of addressing identified and agreed-upon development challenges in areas where professional expertise and know-how of line ministries in Denmark can contribute to solutions in partner countries. The objective is to strengthen long-term bilateral relations between public authorities in Denmark and selected partner countries through dynamic and equal partnerships, where knowledge exchange and information sharing are the key elements of the cooperation.</p> <p>Vietnam and Denmark faces complex and challenging healthcare needs. Changes in demographics and disease-burdens puts pressure on the existing health systems. Both countries are determined to increase efforts against NCDs and invest in the critical roles of the primary level building on the concept of family medicine.</p>

Currently a majority of the Vietnamese public communal health stations does not have necessary human and technical resources to play a significant role in reducing NCDs, and increasing severe medical complications is a result of untreated diseases. High financial burdens (out-of-pocket-spending) for the patient and for relatives follows as a result of expensive and delayed hospital care. Guidelines for the primary level are made at the national level with few stakeholders taking part and no input from the end-users and beneficiary – the frontline health workers and patients.

By developing NCD-guidelines and an implementation manual specifically targeting the primary health care level, the project provides simple, inexpensive tools for the grass-root level. Essentially, it is a bottom-up approach involving all key stakeholders in the process as well as testing the material at the local level before finalization. In parallel, the project sets out to train a Core Training Team (CTT) that will be engaged in designing and implementing a training-of-trainers concept in Thai Binh Province. The CTT and Danish specialist will follow and supervise the development of the training material and the training of T-O-Ts.

The project will also advise on key issues and ideas for setting up a centralized laboratory system for blood sampling and advice on key issues and conditions for setting up a simple, low-key data collection system, allowing the primary health care sector to register and follow their patients, as required in the case of chronic diseases. The entire project is designed with hypertension, diabetes and CVD as a case, but with a view to upscaling to other chronic diseases requiring a similar approach.

Data-collection, storing and processing is important for handling NCDs. Patients have to be followed over a long time (these diseases are typically chronic) and followed from one care level to the next – and back. Improving data collection, storage and processing even at a provincial level is above the scope of the current SSC project. However introducing an analysis of needs, capacities, restrictions and opportunities is highly relevant for future NCD work. The project team will therefore work systematically to scan the health care field for potential partners. The other project components (development of pathways and guidelines and the training components) will be implemented in a fruitful and valuable manner during this investigation/analysis. Advice on the use of data such as medical-records developed during the SSC will potentially have a positive long-term effect on the establishment of a cost-effective NCD data system in Thai Binh and Vietnam.

From the outset and through to completion, the project approach is to secure input from key policy and decision makers. This takes place through small, targeted visits to Denmark and strategically designed kick-off and wrap-up workshops. Key local, national and international stakeholders take part in these policy oriented and ownership-focused activities.

It is the core-assumption of the SSC that the development of an implementation manual, guidelines and related material and the pilot in Thai Binh are carried out by the Vietnamese stakeholders with input from the Danish stakeholders when planned and when needed. This is part of the agreement on this SSC project and Vietnamese central and regional health authorities specifically and concretely plan for a larger pilot test than the one that can be financed through the SSC. Training activities over and about what is specifically budgeted for in this proposal is the responsibility of the Vietnamese Authorities. It broadens the results of the project, but is not a pre-requisite to the objectives formulated by the SSC.

The overall approach of the SSC, working to strengthen the primary health care sector, is in line with all recent WHO¹⁰ and international recommendations for improved, equitable and cost effective access to healthcare. By involving central, policy formulating and responsible financial departments, the project approach ensures to the greatest extent possible that the policy recommendations are in line with and supported by all relevant health authorities in the country. Focusing on NCDs, the project addresses an area that is relatively new but fast evolving in Vietnam, threatening a fragile healthcare system exposed to a double burden of diseases¹¹. Furthermore, NCDs is an area where Denmark has extensive experiences, based on longer life expectancy and already for decades a lifestyle conducive to multiple chronic diseases.

Risks and Dependencies

The project is strongly anchored within the relevant departments of VMOH, i.e. the General Department of Preventive Medicine and the International Cooperation Department. Other important departments, i.e. Medical Service Administration and Financial and Insurance Departments are involved and will take part in working group meetings. The health authorities of Thai Binh province will be part of the core management set-up, and have already been engaged in fact finding exercises in Thai Binh as well as in Denmark. Furthermore, the Peoples Committee of Thai Binh has been involved and supports the cooperation. The relevant Vice Minister as well as the Minister for Health herself has taken part in activities directly linked to the project and the development of the MOU that has been drafted as a consequence of this project.

The project is hence well anchored and ownership is secured at the highest possible level, at national and provincial level. It is never-the-less a basic fact that the healthcare system in VN is under dire pressure from aging, new diseases, urbanisation and other challenges, and resources are scarce. This amplifies the need for close dialogue and coordination between the departments of VMOH as well as with and between bilateral and

¹⁰ See www.who.int/topics/primary_health_care/en/

¹¹ Double Burden: Having to deal with a high prevalence of communicable infectious diseases and NCDs.

multilateral donors. The SSC project advocates and takes the approach of transparency and dialogue to mitigate the risk of insufficient coordination.

The project depends on the VMOH and the Thai Binh province work to develop and implement a new approach to NCDs and primary health including the pilot-project led by the Thai-Binh authorities. Denmark will provide specific expertise and inputs at certain times but the overall drive towards reaching the objectives of the SSC is dependent on the daily management and implementation by the Vietnamese partners and consultants. Danish and Vietnamese project partners alike hence need diligently to perform the roles and tasks outline in the proposal in order for the project to obtain the desired results

We consider the risk for a lack of commitment from the Vietnamese authorities to be very limited. The dialogue with the relevant department in VMOH has indicated an very strong drive from the Vietnamese authorities. E.g. VMOH has indicated that they will increase the scope of the project entirely financed by their own funds. Furthermore the relevant departments have been responsive, professional and pro-active in their approach to the project. GDPM in VMOH is working closely with WHO on NCDs both at central and local level already. The local authorities are also committed, especially due to the commitment of the director of the department of health in Thai Binh Province, who is respected and important for the project.

The project depends on permission to implement and test new structures in the Vietnam health care system. WHO has a program similar to the SSC in the Ha Nam province (close to Thai Binh). The SSC will build upon already existing knowledge, experience and authorization from this program. Permission and authorization has been given to WHO by the VMOH to allow WHO to circumvent existing procedures. This to test and implement the project in a flexible manner.. VMOH has accepted specific pilot testing, which vary from existing legislation and structures and has indicated that they will allow the SSC-project to do the same. Final confirmation is expected before project launch. The permission/authorization procedure and approval given by VMOH to WHO is considered important for the long term effects of the SSC project, but the project deliverables will not be significantly altered by delays in this approval.

The overall idea of the SSC is to share Danish experience and knowledge in the field of health. However the Danish experience cannot be directly transferred to a Vietnamese context without careful “translation”. There is a risk that what works in a Danish context in terms of technology, knowledge or organisational structure not necessarily fit Vietnamese conditions. The SSC does not seek to just transfer Danish technology or knowhow but to establish dialog and spaces for mutual learning and sharing of ideas. These processes are established to mitigate the risk of adverse outcomes. Furthermore bringing on-board Danish experts in the Vietnamese

	<p>healthcare system will contribute to ensuring proper “translation” from one context to the other.</p> <p>The involvement of private actors should only be done when it has a positive effect for the health of the patients and the primary healthcare system. This independency and ensuring full transparency is key to mitigate the potential conflicts of interest during potential private sector partnerships</p> <p>The project outcome is not directly dependant on the success of the proposed data component. However, a successful data component will , be crucial for further progress in the field of NCD prevention, treatment and management. The existing, hard copy, hand written bookkeeping system for patient-records is not designed to handle chronic diseases. A solution to this challenge is essential to obtaining a lasting break-through in the prevention, detection and management of chronic diseases in the Thai Binh Province and in Vietnam. However, the proposed pathways, guidelines, training and policy discussions will manage as they are designed to bring lasting, positive implication for the ability of the primary health care sector in Vietnam to handle the burden of NCDs.</p>
<p>Environmental, gender and social impacts – and improvements to good governance</p>	<p>The project is foreseen not to have any – positive or negative - environmental influence. The project addresses diseases where men tend to be more subject to direct consequences, due to (among other things) smoking and drinking habits but women are more in risk of complications due to among other existing gender inequalities in the healthcare system. Health conditions of one family member in Vietnam however affect the entire family and the high out-of-pocket payments have high consequences for women – an issue directly addressed by the SSC. Keeping two bread-winners as healthy as possible for as long as possible is crucial to the financial and social well-being of women as much as for men. The training of healthcare workers will include aspects of gender and other reasons for marginalisation such as socioeconomic status and how this affect successful prevention and treatment outcomes of NCDs.</p> <p>In an open and transparent manner, the project addresses and further strengthens cooperation between departments within the VMOH, between the local, district, provincial and national levels, and between international and national, public and private stakeholders.. By means of this approach, the project supports transparency and openness for people as well as for administrators and policy makers.</p> <p>In all activities with local participation, the project will strive for a nuanced gender balance, as well as advising on the most sustainable healthcare solutions both in terms of cost and the environment.</p>