Viet Nam Mission Report
2 May 2018 – 4 May 2018

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme

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ACKNOWLEDGEMENTS

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) wishes to express its appreciation to the Government of the Socialist Republic of Viet Nam for the warm hospitality and collaboration. The IOAC is grateful to the WHO Country Office in Viet Nam, the Regional Office for the Western Pacific, and Headquarters for the excellent support, which contributed to making the mission successful. Special thanks go to the Government officials, partners and WHO staff members who generously offered their time and shared their insights in a transparent manner.
MISSION OBJECTIVES AND ACTIVITIES CARRIED OUT

Field visits are a critical component of the IOAC’s mission to assess the operational aspects of the WHO Health Emergencies Programme (WHE) across the three levels of the Organization and its performance at country level.

The IOAC chose Viet Nam for a field visit in order to better understand the country’s successes and challenges with regard to health security. Specific aims were to study WHO’s role in the country’s approach to health security, to better understand the key elements of Viet Nam’s impressive progress, and to extract lessons from its experience with the Joint External Evaluations (JEEs) and National Action Plan. The visit programme was developed on the basis of these objectives.

The IOAC met with the Health Minister and other key Government officials from the General Department of Preventive Medicine, the Department of Planning and Finance, and the Medical Service Administration. The IOAC visited the National Institute of Hygiene and Epidemiology and the National Paediatric Hospital. In considering the country’s One Health approach, the IOAC also met with the Department of Animal Health, Ministry of Agriculture and Animal Health, in the presence of a representative from the FAO. To review progress on partnerships, the IOAC also interviewed the UN Resident Coordinator and representatives from the US CDC and USAID in Viet Nam, and met with other partners working on health. The IOAC also hosted a round-table discussion with the UN Disaster Response Management Team and international NGOs.

A set of selected documents and key references was provided to the IOAC prior to the visit, including the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies advancing implementation of the International Health Regulations (2005), the Western Pacific Regional Framework for Action for Disaster Risk Management for Health, and the mission report of the Joint External Evaluation of IHR Core Capacities for Viet Nam.¹

Viet Nam is located on the eastern Indochina Peninsula and is bordered by Cambodia, China, and the Lao People's Democratic Republic. The movement of people is increasing both within the country and beyond its borders, as its fast-growing economy has propelled the country into lower-middle-income status. Viet Nam is home to about 92.7 million people living in 63 provinces.

Viet Nam's health system was originally built on a strong primary (“grassroots”) health care foundation, but this has been eroded due to the introduction of hospital-centric policies, which in turn led to increased health inequities. To tackle these issues and achieve its universal health coverage (UHC) goals, the Government of Viet Nam recently adopted a new resolution on the protection, care and improvement of people's health. It sets out the vision and objectives of national health policy as well as major tasks and specific targets to achieve by 2025 and 2030.

Viet Nam has been a WHO Member State since 17 May 1950, belonging to the Western Pacific Region. WHO established a Country Office in Hanoi in 1977 and a suboffice in Ho Chi Minh City in 1987.

The Western Pacific Region is prone to emerging infectious diseases and natural disasters. Viet Nam was affected by severe acute respiratory syndrome (SARS) in 2003, avian influenza A(H5N1) since 2003, and the pandemic strain of influenza A(H1N1) in 2009. The country faces new challenges within as well as from outside the region, including a complex burden of disease and the evolving impacts of development, change and globalization. Elsewhere, the recent outbreaks of Middle East respiratory syndrome (MERS), Zika virus disease, influenza A(H7N9), and Ebola virus disease demonstrate that all countries remain vulnerable to health security threats.

To ensure public health security and to serve as a regional action framework, the Asia Pacific Strategy for Emerging Diseases (APSED) was developed in 2005. This strategy focused on building minimum capacities for dealing with outbreaks and public health emergencies, as required by IHR (2005). The APSED was updated in 2010 to expand its scope from five focus areas to eight focus areas. APSED was further upgraded in 2016, becoming the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III). APSED III is an overarching strategic framework for advancing IHR core capacities for health security, agreed by Member States of the South-East Asia and Western Pacific Regions. The framework provides an important collaborative platform for Member States, WHO and partners to work together to strengthen preparedness and response to outbreaks and public health emergencies. APSED III focuses on enhancing the core public health functions required to sustain and strengthen the entire health system, including linkage to other sectors and health security initiatives to prevent, respond to and mitigate the impact of public health emergencies using an all-hazards approach.

There is strong focus and leadership at the regional level, both from Member States and the WHO Regional Office.

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2 The Central Committee of the Communist Party of Viet Nam. Resolution of the sixth plenary session of the 12th Party Central Committee on the protection, care and improvement of people’s health in the new situation (No. 20-NQ/TW), 25 October 2017, Hanoi, Viet Nam
Viet Nam’s National Focal Point for IHR implementation was established in 2006 through a decision by the Ministry of Health. The standing body of the IHR National Focal Point is housed in the General Department of Preventive Medicine of the Ministry of Health.

The first review of IHR (2005) implementation in Viet Nam was conducted in 2012, and the country reported achieving minimum core capacities under the IHR (2005) in 2014. Since the launch of the Global Health Security Agenda (GHSA) in 2014, Viet Nam has been actively participating and receiving funding accordingly, building on earlier support from donors and technical partners. The GHSA pursues a multilateral and multisectoral approach to strengthen both global and national capacity to prevent, detect and respond to human and animal infectious disease threats whether naturally occurring or accidentally or deliberately spread.1

Viet Nam undertook a JEE between 28 October and 4 November 2016, and was the second country in the Western Pacific Region to do so. The main objectives of the JEE were to evaluate the country’s capacities in relation to 19 technical areas. The results, in turn, feed into a multi-year National Action Plan for health security.

Both the Government officials and partners involved in the JEE briefed the IOAC that there was strong consensus on the usefulness of the JEE and its role as benchmarking tool. They noted that the JEE process was effective, and seen as helpful and useful by Government. Perceived benefits included taking a whole-of-Government view that has reinforced dialogue and linkages across different ministries, and enhanced interministry support for health security as a priority. The IOAC observed that the JEE served as a catalyst to connect GHSA and IHR core capacity requirements with common indicators to assess country capacities.

The JEE mission concluded that substantial progress has been made in Viet Nam towards meeting the IHR (2005) core capacity requirements and that the country possesses relevant experience and capacity. Out of a total 48 JEE indicators, Viet Nam received a score of 4 (demonstrated capacity) for 8 JEE indicators, a score of 3 (developed capacity) for 26 JEE indicators and a score of 2 (limited capacity) for 14 JEE indicators.

Viet Nam was advised to ensure compliance and consistency with IHR requirements through enhancing plans and procedures to support health security, through improving multisectoral and multidisciplinary coordination at national level, and through strategic investment in a sustainable system for health security.

During the visit, the IOAC noted the country’s focus on strengthening primary health care. Further support and guidance from WHO is required with regard to coordination of the different entities of the Government around disease reporting systems, data management and the proper use of the Emergency Operation Centre. The IOAC noted that the Emergency Operations Center appears to be activated only infrequently, and could benefit from more frequent usage to ensure readiness. The IOAC recommends that WHO support Viet Nam in more expansive use of the Emergency Operation Centre, engaging with other relevant departments of the Ministry of Health as well as other ministries.

In response to the JEE recommendations, and as guided by the APSED III framework, the Ministry of Health, with support from WHO, is currently developing an updated National Master Plan on

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1 Decision No. 4320/QĐ-BYT
2 https://www.ghsagenda.org/
Emerging Infectious Diseases and Public Health Emergencies for Continued Strengthening of IHR Core Capacities. It is expected that the plan will be finalized and submitted to the Prime Minister by September 2018.

The IOAC observed that there are extensive normative and legal documents in place to support the operational activities for IHR implementation and that there is an ongoing effort to engender effective interdisciplinary collaboration between the different ministries.

Given the vulnerability of the Western Pacific Region to natural hazards such as earthquakes, floods, tsunamis and typhoons, the Regional Office has a well-developed regional framework for action on disaster risk management. The regional framework positions the health sector as a key actor in the broader disaster risk management agenda. The framework is designed to serve as a common regional tool to implement the health component of risk management across the four phases of the cycle: prevention, preparedness, response and recovery.

Viet Nam has a specific national framework and the disaster response unit is based in the Department of Planning and Finance within the Ministry of Health. The disaster response team expressed its willingness to take part in international efforts to learn from field experience of other countries and asked for more support from WHO to provide training and coordination with other international agencies.

The IOAC recognized that Viet Nam has developed a comprehensive policy framework and that numerous pieces of legislation, laws and policies are in place to enable implementation of the IHR from the central level down to provincial level. The IOAC was impressed by the Government’s strong political commitment and the high level of understanding of the IHR (2005) and the IHR Monitoring and Evaluation Framework, by all levels of the Ministry of Health, which is leading IHR implementation in the country.

Key elements of success

Viet Nam has strong political commitment, good baseline capacity, and international funding and technical support from external partners. The IOAC observed that these elements – sustained over more than a decade – have formed a strong and crucial foundation for Viet Nam’s success in building national IHR core capacity.

The Government is determined to further improve its current capacities and work more closely with the international community. For example, the measles outbreak in 2014 demonstrated the Government’s openness to technical advice and assistance from international experts and the culture of applying experiences learned to other outbreaks. The IOAC noted that this cultural factor has positively contributed to Viet Nam’s success in response to disease outbreaks.

In the IOAC’s judgement, Viet Nam’s success may be difficult to replicate in other countries without all the above factors – sustained political will, government capacity, international funding, and technical support – in place for health security. IOAC therefore recommends that WHO should deploy a tailored strategy for IHR implementation, considering how the critical success factors in Viet Nam’s model can be fostered and sustained in other Member States. WHO Member States and donors also have an important role to play in fostering both the political will and sustained resource commitment needed to underpin broader progress in health security.

Sustainability of success

Viet Nam’s investment in building and maintaining IHR core capacities over the past 10 years has resulted in significant progress. The country is running numerous donor-funded health projects including the GHSA. However, as the country continues to develop and become richer, donors may begin to scale down their support.

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5 Resolution WPR/RC65.R6 on emergencies and disasters
for health. This raises concerns about the sustainability of Viet Nam’s health security achievements, particularly initiatives that have been heavily dependent upon donor funding. Further review and plans are needed to ensure a smooth transition from donor-funded projects to fully Government-owned and domestically funded programmes. The major challenge for Viet Nam is thus to graduate from international aid to a self-sufficient domestically funded system whilst maintaining momentum.

The IOAC notes that the country has relatively high capacity but its readiness has not been sufficiently tested. The structures established, such as the Emergency Operation Centre, are good, but not frequently used or exercised. WHO should support the country to expand the scope of the Emergency Operation Centre to all hazards and make routine use of the structure and skills. The outbreak of measles in 2014 was a useful experience and reality check for national readiness, and the Government should seek opportunities to exercise its health emergency capacities across all hazard events, not only infectious hazards or specific diseases, possibly through simulation exercises and implementation of recommendations after action reviews.

**Partnerships**

International partnerships in Viet Nam are working well and have been important to the country’s progress with health security. The IOAC noted mutual trust and collaboration between WHO and the Ministry of Health and heard from the partners that WHO has a credible voice and can facilitate communication between partners and the Government.

The UN Resident Coordinator acknowledged WHO’s potential to play a leadership role in health in emergencies and asked for more active engagement by the Country Office in different types of disaster, since health is affected by all kinds of crisis. The IOAC recommends that WHO should ensure it is playing an appropriately robust role in all hazards and communicate proactively with its peer UN agencies in instances where the Country Office believes WHO’s involvement in hazard response could add to or supplement existing Government capacity. The IOAC reiterates that WHO should position itself as both an operational organization and provide leadership in health as a technical agency.

The WHO Country Office is deemed to be a permanent partner by the Government and is perceived as playing a very positive role; there is also a strong relationship with the Regional Office. The Government expressed its satisfaction and gratitude to WHO for its support but shared its expectation that WHO should play a leadership role in providing technical guidance and coordinating different players working in health, including donors. The Government noted the difficulty of coordinating many donors, meeting their different demands and complying with relevant administrative procedures, in which WHO can play a facilitating role. The IOAC recommends that WHO further utilise its convening power to facilitate donor coordination and strengthen collaborative mechanisms, in order to support the Government.

**WHE Programme**

The IOAC is impressed by the strong capacity of the Regional Office and the progress made with implementation of the WHE Programme in Viet Nam.

Currently the Country Office has a total of 56 staff: 12 internationally recruited professional staff, 14 national professional officers, 23 general service staff and 7 short-term consultants. The WHE is part of the Communicable Diseases & Health Emergencies Team and 11 staff (1 international professional staff, 3 national professional officers, 4 general service staff and 3 short-term consultants) from the Country Office are allocated to the Health Emergency Unit.
The Country Office reported that the number of staff dedicated to the WHE Programme in full-term equivalents is 7 staff (0.5 professional staff, 2 national professional officers, 2.5 general service staff, and 2 short-term consultants) as some staff allocated to the Health Emergency Unit have dual duties in other programmes of the Country Office.

The WHO Country Office is housed in the Green One UN House with another 12 UN agencies in an effort to boost collaboration, and enjoys a good relationship with the Government, which it has built over several years.

The Western Pacific Regional Office has been actively contributing to WHO reform in emergency work in the region and is fully aligned with the one programme approach. There are more than 600 staff working in 15 WHO Country Offices and the Regional Office in Manila, the Philippines, covering 1.9 billion people in 37 countries and areas. For the biennium 2018–19, a total of 52 positions (36 professional staff and 16 general staff) are planned to be allocated to the WHE Programme at the Regional Office. As of 30 April 2018, 23 positions were vacant due to funding uncertainties.

The WHE Programme at the Regional Office has developed a country business model, taking into account the regional specificity and national priority of each Member State. The Western Pacific Region is diverse in terms of culture, socioeconomic development, climate and geography. The IOAC noted that country business models cover different types of disaster in both acute public health events and protracted crises. The country business models in the Regional Office focus on preparedness and readiness. The lack of sustainable funding and financial uncertainty is noted as a common issue and HR planning is subject to change pending the funding situation.

In line with the WHE mission and the programme areas of work, and to address the evolving country and regional needs, the WHO Regional Office has identified and been implementing its priorities, including advancing country core capacities through implementing APSED III and Disaster Risk Management for Health (DRM-H) frameworks for action, strengthening regional intelligence and risk assessment systems, as well as improving WHO readiness and partnerships for outbreak and emergency response. Annual APSED TAG meetings, post-TAG joint country office–regional office team meetings, and staff training and development serve as important ongoing mechanisms by which to implement and monitor WHE's priority work.

The IOAC observed that the Country Office in Viet Nam prefers resource mobilization harmonized at three levels of the WHE programme (Headquarters, Regional Office and Country Office) rather than independent resource mobilization by the Country Office only. Some of the major donors in Viet Nam pointed out that funding decisions are made increasingly at the central level and emphasized the need for high-level engagement between WHO Headquarters and donor agencies or capitals of donor countries.

The IOAC recommends that WHO should ensure it properly understands the decision-making processes of each donor for funding programmes and develop approaches of engagement accordingly. Some donors make funding decisions from capital while other donors defer to in-country donor representatives for such decisions.
CONCLUSION

The IOAC is impressed by Viet Nam’s substantial progress in strengthening IHR core capacities and by the regional progress with the WHE Programme.

Since the adoption of the IHR at the 58th World Health Assembly in 2005, Viet Nam has been fully committed to IHR implementation and working closely with WHO and other partners. The IOAC noted that it has taken more than 10 years’ investment to reach the current status in terms of the country’s capacity to prevent, detect and respond to emergencies. Its experience with significant emerging infectious disease outbreaks such as SARS, avian influenza, dengue and measles has improved the country’s capacity to respond to disease outbreaks and has also emphasized the continuous need for preparedness and readiness.

Key success factors in Viet Nam included solid national capacity, political commitment and multisector support, and international partnerships. In particular, a long-standing trusted partnership between the WHO Country Office and the Government has significantly contributed to the successful development of IHR core capacities.

The IOAC mission to Viet Nam reiterates the importance of partnership and highlights partners’ expectations of WHO for its convening power and coordinating role to promote the principles for effective aid (ownership, alignment, harmonization, managing for results, and mutual accountability, as per the Paris declaration) for global health security.

The IOAC concludes that IHR capacity development is a long-term, iterative and phased process, which should be reflected in the development of National Action Plans. The IOAC also noted the importance of having a culture of learning and adaptation in the process.

Viet Nam demonstrates that strong baseline capacity is a prerequisite to achieving health security, and that progress with IHR implementation depends on strong political will and partnerships for both technical and financial support. Without these foundations, it will be difficult to replicate Viet Nam’s success in other Member States. Countries should establish such a foundation and build from there. Member States need to consider a viable model for financing and supporting health security work at scale—Viet Nam’s experience shows the depth and duration of investment that is required. At present, there is no platform that would consistently provide the level of funding and technical support needed to conduct this kind of sustained IHR progress globally.

It is critical to recognize that IHR core capacity development is as much a political and financial process as a technical process. The IOAC recommends that WHO deploy a strategy for IHR implementation and capacity building of fragile states, that takes all factors mentioned above into account, tailored to specific country contexts, and taking financing sustainability into consideration.
## Annex. Programme of the IOAC visit, 2-4 May 2018

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<td>Meeting with WHO Country Office in Viet Nam</td>
<td>Meeting with the National Institute of Hygiene and Epidemiology (NIHE), MOH</td>
<td>Meeting with the Medical Service Administration (MSA), MOH</td>
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<td></td>
<td>• WHE work in the Western Pacific Region</td>
<td>• NIHE’s role and activities in public health security</td>
<td>• MSA’s role and activities in public health security</td>
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<td>• Overview of WHO work in Viet Nam</td>
<td>• National surveillance system for avian influenza</td>
<td>• Infection prevention control (IPC) and AMR activities</td>
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<td>• WHE work in Viet Nam</td>
<td>• Visiting national influenza centre laboratory</td>
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<td>• Meeting IHR Core Capacities through APSED</td>
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<td>• Experience of Viet Nam JEE and progress of IHR Master plan</td>
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<td>Meeting with the UN Disaster Response Management Team and international NGOs</td>
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<td>Meeting with the Department of Planning and Finance, MOH</td>
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<td>• Framework of UN disaster response management structure in Viet Nam</td>
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<td>• Framework of national disaster response</td>
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<td>• Role of International NGOs in disaster response management in Viet Nam</td>
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<td>• Sharing experience: Flood response in 2017</td>
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<td>• Disaster Response Management and WHO</td>
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<td>12:30–14:00</td>
<td>Lunch Break</td>
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<td>14:00–17:00</td>
<td>Briefing to the Vice Minister of Health, Nguyen Thanh Long</td>
<td>Meeting with USAID in Viet Nam and international NGOs working on Health Emergency Programme in Viet Nam</td>
<td>Meeting with the Department of Animal Health, Ministry of Agriculture and Rural Development and FAO CO in Viet Nam</td>
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<td></td>
<td>Meeting with the General Department of Preventive Medicine (GDPM), MOH</td>
<td>• Support on strengthening IHR core capacity through WHO</td>
<td>• Joint efforts for avian influenza control and pandemic influenza preparedness</td>
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<td>• GDPM’s role and activities in public health security</td>
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<td>• Role of the National IHR Focal Point in Viet Nam and collaboration with WHO</td>
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<td>• Sharing experiences: avian influenza response and Ebola preparedness</td>
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<td>• Visiting the Emergency Operation Centre</td>
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<td>18:30–20:30</td>
<td>Reception and Dinner</td>
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<td>Debriefing to the WHO Country Office in Viet Nam</td>
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