

COP23 Midterm Review

Y2 Addendum to SDS

EXECUTIVE SUMMARY

PEPFAR Vietnam's COP23 vision is to continue progress toward sustainable HIV epidemic control by solidifying the gains in focus geographies, strengthening capacity to close equity gaps, enhancing surveillance and systems for real-time response, accelerating biomedical and service delivery innovations, and advancing sustainability toward full local ownership of HIV programs. Highlights in COP23 Year 1 toward achieving this vision include the continued scale up of case finding and prevention activities tailored to key populations, especially young MSM; improvements in treatment continuity and viral load coverage; continued excellence in viral load suppression; further institutionalization of public health cluster response (PHCR) to identify and respond to signals of new HIV acquisitions; and commitments to sustainability from the highest levels of Vietnam and United States governments.

In the context of a 9% [budget](#) reduction from the notional COP23 Year 2 budget, PEPFAR Vietnam has planned five strategic shifts to improve the likelihood of successful COP23 implementation:

1. PEPFAR will evolve its support in Hanoi to focus on PrEP services in private, KP-led, and academic sites and on treatment services in national hospitals, while leveraging central mechanisms to provide technical assistance for public treatment sites.
2. Using criteria of local epidemiology, program performance, and provincial government capacity and leadership, PEPFAR will shift support for HIV treatment in four provinces to a less intensive "central support" model that increases provincial ownership.
3. PEPFAR will support national HIV reporting and surveillance systems by shifting from systems development to operationalization and improved quality and use of national data systems, while taking initial steps towards reducing parallel PEPFAR-specific reporting.
4. To support sustainable HIV prevention services, PEPFAR will align cost norms for HIV case finding and PrEP services with lower national levels and reduce commodities procurement to enable growth of private sector contributions and the transition toward a total market approach.
5. While budget neutral, PEPFAR will modify its community-led monitoring model to more durable and impactful mechanisms as part of a sustainable and vibrant community strategy for longer-term sustainability.

These strategic shifts are in addition to other Year 2 changes that, taken together, reduce financial support for direct services, graduate activities that can be absorbed by the provincial and national health authorities, and find efficiencies in agency and implementing partner portfolios. Savings generated will be used to prioritize investments in critical public health systems, including scale-up of provincial technical teams and PHCR, ensuring community contributions promote service quality and diverse options for key populations, continued support for domestic resource mobilization and public financial management, improved coverage of viral load and recency testing, and enhanced government leadership in HIV commodities procurement and supply chain management. These strategic shifts and program changes are proposed after consultation with Vietnamese government, community representatives, and all stakeholders, and after consideration of alternative options to meet the

required budget reductions. PEPFAR Vietnam is proud to propose a country-led COP23 Year 2 plan that builds on the successes of strong partnerships with remarkable results for the people of Vietnam.

NARRATIVE

Vietnam continues to make progress towards 95-95-95 HIV treatment targets, with the most recent estimates of 250,000 [230,000 - 270,000] PLHIV, 89% [81-98%] knowing their status, 73% [67-81%] on HIV treatment, and 72% [66-79%] virally suppressed (UNAIDS, Oct 2023). In COP23 Year 1, PEPFAR supported comprehensive HIV case finding, prevention, and treatment services in 11 focus provinces with approximately 52% of the national HIV burden; targeted interventions and systems in additional provinces; and national systems for HIV surveillance, laboratory, health information, community, finances, and supply chain. The following sections reflect key changes for PEPFAR Vietnam in COP23 Year 2 and priorities for development of the HIV response Sustainability Roadmap.

1. New decisions, agreements, and significant geographic or strategic shifts for COP 23 Year 2

Evolving PEPFAR support in Ha Noi: There have been multiple challenges for PEPFAR program implementation in Ha Noi which have impacted performance. The community case-finding partner has not been approved, and there is lack of progress in introducing community engagement models and KP-led services and innovations. Programs implemented by the provincial CDC (including PrEP, facility case-finding, community advisory boards, and treatment innovations) have been scaled back. Given the tight budget envelope, continuing to allocate funding to activities that PEPFAR Vietnam is not able to implement would be imprudent.

To maximize PEPFAR's contribution to the HIV cascade in Hanoi in the context of these challenges, the program plans strategic shifts in COP23 Year 2. PEPFAR will cease direct support for case-finding activities, while offering responsive technical assistance upon request to improve HIV case-finding. DOH-managed sites in Ha Noi will be transitioned to central support, while national hospitals (i.e., Bach Mai, NHTD, and the National Pediatrics Hospital) will continue to be supported through PEPFAR technical assistance and have PEPFAR treatment targets. PEPFAR will maintain direct support for PrEP services in private, KP-led, and academic-based clinics, which provide about 80% of PrEP services in Ha Noi, while ending direct support for PrEP services in public facilities.

Shifting several provinces from the “technical assistance” (TA) model to a less intensive “central support” (CS) model for HIV treatment: At the beginning of FY24 (COP23 Year 1), PEPFAR Vietnam transitioned ten of the eleven PEPFAR-focus provinces from “direct service delivery” (DSD) to TA for HIV care and treatment. The eleventh province, Quang Ninh, had been a TA province for 2 years and was transitioned to CS. This was part of an overall strategy to transition site-level support for HIV treatment to MOH, thereby freeing resources that could be used to focus on closing the remaining gaps in case-finding and prevention and on strengthening and maintaining public health systems.

Based on progress in the intervening year, PEPFAR Vietnam believes that several provinces will be able to maintain high quality HIV treatment with a less intensive support. This change only applies to HIV treatment services; prevention and case-finding services in these provinces will continue to be supported under the TA model to assist in closing the remaining gaps.

Shifting these provinces to the CS model has several benefits for the overall program. Doing so will reduce intensive support and monitoring from PEPFAR implementing partners, thereby increasing the role for provinces in program management. It will bring PEPFAR focus provinces closer to the national

program, thus supporting sustainability and PEPFAR efforts to strengthen national treatment quality systems. In addition, it will provide savings needed for meeting the COP23 Year 2 budget reductions; some of these savings can then be used to maintain or enhance critical provincial- and site-specific systems support (such as supply chain and financial management).

Provinces for transition were selected based on local HIV epidemiology, program indicator reporting and results, ART and laboratory systems, and provincial government capacity and commitment to the HIV response. Based on these criteria, PEPFAR Vietnam will transition Hai Phong, Long An, Tay Ninh, and Tien Giang to CS in COP23 Year 2.

Strengthening national data systems while reducing PEPFAR-specific reporting burden: In 20 years of supporting Vietnam, PEPFAR has contributed to developing and strengthening fundamental HIV data systems, including: case reporting, longitudinal treatment monitoring, ARV drug supply management, and PrEP. PEPFAR investments in these systems have advanced global standards for data quality, interoperability, and information security. With the aim of sustainably transitioning these tools to the national program, beginning in COP23 Year 2, PEPFAR will focus on strengthening these national data systems and improving data use at all levels while gradually phasing out PEPFAR-specific reporting (MER) systems. The top priority in the transition process will be to establish procedures that improve data quality, ensure deduplication of individual records in case reporting and treatment, integrate laboratory results, and strengthen external validation. PEPFAR's support for these systems helps advance Vietnam's goal to have a high quality, sustainable program and patient monitoring and reporting system to track progress towards 95-95-95 targets. Two indicators (KP_PREV and PP_PREV) that are collected only by PEPFAR and not captured in national reporting systems will be phased out in FY25.

Continuing to diversify HIV prevention financing: For the prevention program, sustainability requires being cost-efficient and diversifying funding sources. In support of this strategy and in response to the budget cuts, PEPFAR Vietnam will be reducing the service cost norms for case-finding, PrEP, and one-stop shops. These reduced cost norms have been standardized with national norms and will make it more sustainable as PEPFAR transitions donor-funded prevention services to provincial tax-based budgets in future years. In addition, and as part of an ongoing transition to a total market approach, PEPFAR will be decreasing the procurement of PrEP and HIV self-test kit commodities. Additional priorities will include collaborating with the Ministry of Health and VAAC to develop a complete costing of prevention public good services and piloting a PrEP partial subsidy model with 5,000 PrEP clients enrolled in FY25. In this model, clients will pay for the medication and PEPFAR will support the cost of the medical consultation and the required testing.

Optimizing PEPFAR VN's community strategy for longer term sustainability: PEPFAR Vietnam's community strategy focuses on key investments that promote community leadership, sustainability, and effective collaboration with GVN and other HIV contributors at every level of the HIV system. A key shift for FY25 is the optimization of community-led monitoring (CLM) funds. Full funding will be maintained but will be reallocated from the United States State Department to existing CDC and USAID community monitoring and engagement portfolios, with a commitment to ensuring that core CLM principles are amplified at sub-national level with a direct tie-in to the national level. This includes adding more community-developed indicators, communicating results effectively at all levels - community, site health providers, provincial decision-makers and up to national - to ensure monitoring activities are ethically and appropriately done, with sufficient training and support to use the results for programmatic change and for joint redress with GVN. This optimization resolves the CLM duplication and overlap and, more importantly, taps into ongoing successful efforts to foster robust community leadership, engagement and systems, with the core functions of CLM being strengthened.

New GVN policies and guidelines: In addition to the five COP23 Year 2 shifts in PEPFAR support described above, there has been significant progress on policies affecting the HIV program and PLHIV. National guidelines for comprehensive HIV services are expected to be finalized in 2024 and include important updates reflecting PEPFAR technical guidance and WHO global guidance. Expected updates include definitions of viral suppression and U=U that match the WHO 2023 guidance and ART recommendations that expand the eligibility of TLD, introduce the option of DTG/3TC 2-drug regimen for eligible clients, and introduce long-acting ARVs for PrEP and for treatment. National guidelines for data quality assurance are also expected to be updated in 2024, with the objectives of ensuring integration of new data management practices for data quality and management of individual-level data, alignment of national indicators with PEPFAR MER guidance, and procedures for deduplication of HIV testing and treatment data.

The successful scale up of social health insurance (SHI) has resulted in approximately 93% of PLHIV and 87% of ART covered by SHI, a remarkable milestone for the sustainability of HIV treatment in Vietnam. Revisions to the SHI law are ongoing, and there are opportunities to increase SHI benefits and subsidies for PLHIV. For essential HIV services not covered by SHI, revisions to the Circular on the Basic Health Services Package (BHSP) provide an opportunity to secure funding from the state budget.

Finally, the issuance of interim national policies provides an opportunity to institutionalize and sustain promising PEPFAR innovations and demonstration activities. These include social contracting, streamlined drug procurement, PHCR, and private sector engagement in national HIV response.

2. Stakeholder engagement

PEPFAR engaged with all stakeholders during two sessions (January 31 and March 1). The first meeting included four breakout groups to solicit input on what PEPFAR should do more of and what PEPFAR could do less of in support of the national HIV response given the budget reductions. This information helped PEPFAR formulate the core program shifts described above and informed development of the priority areas for the HIV Response Sustainability Roadmap described below. In addition, PEPFAR held additional meetings with the Government of Vietnam and community representatives who had attended the February 2023 COP23 planning meetings. PEPFAR also hosted a community-only meeting with CSO members (over 50 attended) to solicit input on the CLM proposal and the longer-term community strategy overall. PEPFAR continues strong collaboration with the Global Fund, UNAIDS and other multilateral partners to support Vietnam leadership on the HIV response.

3. Key activities that have been delayed affecting the anticipated progress leading into FY25

In recent years, new and increased enforcement of existing government policies and decisions have created additional review and approval processes that may result in delayed or incomplete implementation of PEPFAR-funded programs.

4. USG staffing updates

There is no change for PCO staffing. DOD has reduced one LES position permanently. CDC has eliminated one LES position and filled all previously vacant positions, and there is one new vacancy. USAID has filled all except one of the previously vacant positions and eliminated one position.

5. Priority areas for discussions during development of the HIV Response Sustainability Roadmap

HIV strategic information and surveillance: PEPFAR investments include updated MSM size estimates using improved methodologies in ten provinces. Preliminary results of these new estimates in comparison with prior estimates from 2019 suggest modest increases in the MSM size estimates in northern provinces, two-to-threefold increases in HCMC metro provinces, and three-to-fivefold increases in Mekong Delta provinces. These results will be extrapolated to update additional provincial and national MSM estimates, guide HIV prevention programs and targets, and update HIV estimates models. Additional PEPFAR support to HIV estimates includes adding PrEP data for estimate and intervention scenario modeling. Further PEPFAR support for KP biological and behavior survey in COP23 includes the inclusion of transgender women in select provinces.

As mentioned above, national guidelines for data quality assurance are expected to be updated in 2024, and increased focus on data management and use will be a critical component of the transition to a sustainable public health system in Vietnam. Strong program data systems are necessary for the clinical quality improvement initiatives at national and provincial levels.

PEPFAR investments in HIS are critical to support HIV surveillance and program monitoring activities. PEPFAR and partners are providing technical assistance to VAAC as it develops a 5-year HIS plan to streamline, modernize, and integrate existing systems to meet the needs of HIV programs and align with broader GVN and MOH information systems strategies.

Public health cluster response (PHCR): PEPFAR has worked closely with VAAC to introduce PHCR, a strategy that uses case surveillance and recency testing to identify signals of potential clusters of HIV transmission to initiate a provincial-led, community-informed rapid response to investigate causes of HIV transmission and introduce evidence-based interventions to interrupt transmission. In November 2022, VAAC introduced interim PHCR guidelines, and there are currently 5 provinces with active responses. Promising results in improving identified gaps in HIV services, strengthening community-facility coordination, and implementing high-impact interventions have encouraged VAAC to develop a 5-year plan for PHCR, with close technical assistance provided by PEPFAR.

Laboratory system: PEPFAR supports the national laboratory system through strengthening quality management systems, capacity strengthening for laboratory leadership, introducing diagnostic innovations, and providing technical assistance for network optimization and laboratory strategies. In COP23, specific activities in these thematic areas include introduction of the Clinic-Laboratory Interface Continuous Quality Improvement (CLICQI) model, support to the Global Laboratory Leadership Program (GLLP), technical support for multi-disease diagnostics, and preliminary efforts to introduce genomic surveillance for the identification of HIV transmission clusters. This is in addition to ongoing efforts for viral load network optimization, scaling up recency testing, and ensuring the quality of HIV testing.

Supply chain: For the Sustainability Roadmap, the ultimate goal is smooth supply chain operations at both central and provincial/site levels. In the 2024-2025 procurement cycle, the extensive delay of the overall process for ARVs was due to confusion caused by two new Marketing Authorizations for TLD/TLE400 in 2023. The lack of clarity in the current Drug Procurement policy (Circular 15) also required protracted consultations with the relevant ministries. To mitigate disruptions, PEPFAR and implementing partners will continue to provide responsive TA to VAAC and the MOH to ensure stable drug supply and treatment continuity while also addressing policy gaps and standardizing procurement processes. In addition, in COP23 Year 2 and going forward, PEPFAR will focus on building capacity for

forecasting, quantification, and procurement and supply chain management for provincial- and site-level staff.

Social health insurance (SHI) and public financial management: Over the past 10 years, with the support of PEPFAR, policies on financing for HIV treatment at the central level have been nearly completed, ensuring the provision of treatment services for nearly 180,000 PLHIV nationwide. However, under the SHI scheme, the practice of drug procurement, bidding, service contract signing, and payment for drug suppliers and subcontractors of technical services (VL testing, etc.) varies among HIV facilities. This variability undermines the availability and uptake of both ART and VL testing. In COP23 Year 2, PEPFAR Vietnam will collaborate with VAAC in monitoring facility performance and will work with provincial DOHs and CDCs based on their TA needs to provide ad hoc TA visits and support to facilities to improve contracting conditions for treatment services.

Sustainable financing for prevention: In contrast to HIV treatment, essential HIV prevention and testing services are currently vulnerable due to dependence on shifting donor funding and lack of legal protections. Decentralization of national health and HIV programs - and budgets - places more pressure on provinces to find financial solutions for maintaining HIV prevention and testing services. To support provincial resource mobilization, costed prevention service packages need to be established in legal policy at the national level. In COP23 Year 1 and Year 2, PEPFAR Vietnam will collaborate with VAAC to monitor local budget planning, commitments, and allocations, and to provide technical assistance as needed. PEPFAR will also work with VAAC and the General Department of Preventive Medicine (GDPM) to add HIV essential services to the Basic Health Service Package (BHSP) that will be covered by state budget for primary health care and to develop guidelines for these standards, laying the groundwork for sustainable prevention budgets at the provincial level. The total market approach described earlier provides another important pillar to finance prevention services.

Community systems and social enterprises: Community groups directly engaging with networks of key populations play a critical and enduring role in the HIV response. PEPFAR has strengthened the technical capacity in these groups over many years. Some organizations continue to need to develop their management and financial capacity. Policies that establish social contracting using the cost norms developed at the central level by VAAC and GDPM will enable community groups to access provincial government budgets to deliver HIV services. Supporting social enterprises to take part in bidding for and managing government grants will also strengthen their capacity.

6. PEPFAR resource commitments to the development of the HIV Response Sustainability Roadmap

Vietnam's commitment to full country ownership of sustainable HIV epidemic control is part of the action plan highlighted in the Joint Comprehensive Strategic Partnership statement issued by General Secretary Nguyen Phu Trong and President Biden in September 2023. PEPFAR is working closely with UNAIDS and the Global Fund to support the Vietnam-led development of the HIV Response Sustainability Roadmap. At the request of GVN, PEPFAR and UNAIDS will support technical consultants for Part A of the roadmap to (1) assess the current status of the HIV response; (2) facilitate consultations with relevant stakeholders including provincial authorities, CSOs, and beneficiary groups; (3) make a phased approach action plan; and (4) set up benchmarks to achieve the desired end-state of full local ownership of the programmatic, financial, and political pillars of the HIV program. PEPFAR and UNAIDS are also supporting the midterm assessment of the National Strategy to End the AIDS Epidemic by 2030, and the Sustainability Roadmap will serve as a key backbone document for this review.

APPENDIX: COP23 Year 2 Targets, Budgets, and Survey, Surveillance, Research, and Evaluation Activities

COP23 Year 2 Targets (Note: These will be inserted after review & approval)

COP23 Year 2 Budgets (Note: These will be inserted after review & approval)

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Table B.1.1: FY 24, FY25, FY26 Budget by Intervention				
Country	Fiscal Year	2023	2024	2025
	Intervention	Budget	Budget	Budget
		\$37,500,000	\$38,900,000	\$34,000,000
Vietnam	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	\$1,889,250		
Vietnam	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$2,381,635		
Vietnam	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		\$850,000	\$425,000
Vietnam	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		\$110,400	\$20,400
Vietnam	ASP>Human resources for health>Non Service Delivery>Key Populations	\$146,515	\$366,515	\$160,000
Vietnam	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$880,260	\$534,085	\$552,500
Vietnam	ASP>Laboratory systems strengthening>Non Service Delivery>Key Populations	\$250,000		
Vietnam	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$576,705	\$770,000	\$720,000
Vietnam	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		\$1,550,000	\$1,065,000
Vietnam	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	\$393,500	\$690,000	\$360,000
Vietnam	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		\$2,907,200	\$3,665,125
Vietnam	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$479,136	\$471,972
Vietnam	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Key Populations	\$2,403,032		
Vietnam	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	\$1,110,659		
Vietnam	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$450,000	\$350,000	\$365,000
Vietnam	ASP>Public financial management strengthening>Non Service Delivery>Key Populations		\$280,000	\$370,000
Vietnam	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations		\$160,000	\$210,000
Vietnam	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		\$1,742,000	\$1,285,000
Vietnam	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		\$1,035,000	\$791,000
Vietnam	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	\$1,393,356	\$106,000	\$481,574
Vietnam	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$835,103	\$1,135,000	\$970,000
Vietnam	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$1,993,856	\$561,242	\$443,739
Vietnam	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$21,550	\$989,460	\$788,723
Vietnam	C&T>HIV Laboratory Services>Non Service Delivery>Key Populations		\$411,637	
Vietnam	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$231,440	\$142,000	\$120,000
Vietnam	C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		\$50,000	\$60,000
Vietnam	C&T>Not Disaggregated>Non Service Delivery>Key Populations	\$402,931		
Vietnam	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$170,000		
Vietnam	HTS>Community-based testing>Service Delivery>Key Populations	\$575,544	\$1,189,079	\$717,258
Vietnam	HTS>Community-based testing>Service Delivery>Non-Targeted Populations		\$231,000	\$84,000
Vietnam	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$85,000	\$84,469	\$84,469
Vietnam	HTS>Facility-based testing>Service Delivery>Key Populations	\$1,003,739	\$523,913	\$471,892
Vietnam	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		\$353,920	\$484,780

Vietnam	HTS>Not Disaggregated>Non Service Delivery>Key Populations	\$269,411		
Vietnam	HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$95,968		
Vietnam	HTS>Not Disaggregated>Service Delivery>Key Populations	\$547,438		
Vietnam	HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$60,786		
Vietnam	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$40,000		
Vietnam	PM>IM Program Management>Non Service Delivery>Key Populations		\$103,175	
Vietnam	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$5,547,028	\$4,753,183	\$4,597,221
Vietnam	PM>USG Program Management>Non Service Delivery>Key Populations	\$472,944	\$468,513	\$399,374
Vietnam	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$7,351,384	\$10,119,383	\$9,937,076
Vietnam	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	\$1,098,359		
Vietnam	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	\$1,348,102		
Vietnam	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	\$156,770		
Vietnam	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		\$1,318,289	\$755,780
Vietnam	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		\$156,770	\$148,750
Vietnam	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		\$409,600	\$375,498
Vietnam	PREV>Not Disaggregated>Non Service Delivery>Key Populations	\$252,406	\$260,000	\$100,000
Vietnam	PREV>Not Disaggregated>Service Delivery>Key Populations		\$296,825	
Vietnam	PREV>PrEP>Non Service Delivery>Key Populations	\$376,805	\$470,000	\$503,600
Vietnam	PREV>PrEP>Service Delivery>Key Populations	\$2,657,573	\$2,942,206	\$2,015,269
Vietnam	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$30,951		

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Table B.1.2: FY 24, FY25, FY 26 Budget by Program Area					
Operating Unit	Country	Fiscal Year	2023	2024	2025
		Program	Budget	Budget	Budget
Total			\$37,500,000	\$38,900,000	\$34,000,000
Vietnam	Vietnam	C&T	\$5,048,236	\$3,395,339	\$2,864,036
Vietnam	Vietnam	HTS	\$2,637,886	\$2,382,381	\$1,842,399
Vietnam	Vietnam	PREV	\$5,920,966	\$5,853,690	\$3,898,897
Vietnam	Vietnam	ASP	\$10,481,556	\$11,824,336	\$10,460,997
Vietnam	Vietnam	PM	\$13,411,356	\$15,444,254	\$14,933,671

Table B.1.3 Budget by Beneficiary

Table B.1.3: FY 24, FY 25, FY 26 Budget by Beneficiary					
Operating Unit	Country	Fiscal Year	2023	2024	2025
		Targeted Beneficiary	Budget	Budget	Budget
Total			\$37,500,000	\$38,900,000	\$34,000,000
Vietnam	Vietnam	Key Populations	\$17,081,261	\$16,756,194	\$13,234,109
Vietnam	Vietnam	Non-Targeted Populations	\$20,418,739	\$22,143,806	\$20,765,891

Table B.1.4 Budget by Initiative

Table B.1.4: FY 24, FY 25, FY 26 Budget by Initiative

Operating Unit	Country	Fiscal Year	2021	2023	2024	2025
		Initiative Name	Budget	Budget	Budget	Budget
Total			\$40,950,019	\$37,500,000	\$38,900,000	\$34,000,000
Vietnam	Vietnam	Community-Led Monitoring		\$300,000	\$330,000	\$100,000
Vietnam	Vietnam	Core Program	\$29,265,138	\$34,471,136	\$34,868,000	\$32,054,000
Vietnam	Vietnam	KP Survey			\$400,000	
Vietnam	Vietnam	LIFT UP Equity Initiative			\$1,000,000	
Vietnam	Vietnam	Surveillance and Public Health Response	\$11,684,881	\$2,728,864	\$2,302,000	\$1,846,000

Summary of New SRE Activities Supported by PEPFAR VN in COP23 Year 2

Title	Brief Description	Implementing Agency
Stigma Index 2025	Technical and financial support to the Vietnam Network of People Living with HIV to implement the second round of Stigma Index 2.0. Support VNP+ capacity in generating and ownership of science, implementation, documentation, dissemination, and publication/sharing in scientific platforms.	HHS/CDC
HIV Drug Resistance	Technical and financial support to the Vietnam Authority for AIDS Control/Ministry of Health to implement a study to understand the rate of resistance to DTG-based ART regimens in Vietnam. The CADRE lab-based protocol methodology will be used.	HHS/CDC
U=U in Clinical Settings	Technical and financial support to the VAAC to implement a study on the effectiveness of U=U messaging for health providers in multiple settings, including clinical. Study findings will be used nationally to revise training packages and clinical guidance.	HHS/CDC