



UNCLASSIFIED

June 10, 2021

**MEMO FOR CHRISTOPHER KLEIN, U.S. CHARGE D’AFFAIRES TO VIETNAM**

**SUBJECT:** PEPFAR Vietnam Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Vietnam Country Operational Plan (COP) 2021 planning, development and submission. PEPFAR Vietnam, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Vietnam Country Operational Plan (COP) 2021 with a total approved budget of \$40,320,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
<b>TOTAL</b>	<b>35,864,249</b>	<b>4,455,751</b>	<b>40,320,000</b>
<b>Bilateral</b>	<b>35,864,249</b>	<b>4,455,751</b>	<b>40,320,000</b>

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$40,320,000 without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

## **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 21-22, 2021 virtual planning meetings and between participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

## **Program Summary**

Funding and targets for Vietnam's COP 2021 are approved to support PEPFAR Vietnam's vision in partnership with the Government and people of Vietnam to work towards epidemic control by: targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. In COP 2021, PEPFAR Vietnam is committed to supporting the Government of Vietnam to establish a Public Health Response approach to the HIV epidemic, grounded in a robust case surveillance system. PEPFAR Vietnam envisions a Public Health Response that will contribute to epidemic control goals by monitoring recent infections and new diagnoses and driving a rapid response to HIV outbreaks and clusters. Building on the prior year implementation of a case surveillance platform in nine PEPFAR priority provinces, COP 2021 will invest in rapid development of a national platform and provincial implementation in six additional PEPFAR priority and high-burden provinces, bringing the total number of provinces with PEPFAR investment to fifteen. The Public Health Response will be developed as an indigenously driven system, with the Government of Vietnam in the lead and including civil society, academic, and community-based organizations.

COP 2021 will continue the successful and sustainable financial transition of the HIV response to the Government of Vietnam (GVN), including coverage under Social Health Insurance (SHI). COP 2021 affirms PEPFAR's commitment to complete transition from donor-funded antiretrovirals (ARVs) to SHI funded ARVs, by providing the necessary technical assistance and monitoring to ensure continuity of treatment and quality services. PEPFAR Vietnam will continue to support the expansion of viral load testing under SHI, by continuing to monitor and support national and provincial laboratories, and monitoring of laboratory capacity and performance. Combined with continued scale-up of SHI coverage for treatment, and expanding SHI coverage of viral load testing and ARVs, PEPFAR seeks to ensure that all people on treatment know their viral load, and thus can ensure continued high levels of community viral suppression. We applaud the rapid and accelerated transition to SHI purchased TLD, and thank the Global Fund for their flexibility in supporting the GVN through this transition. We look forward to the incorporation of DTG as the optimal pediatric regimen into national treatment guidelines, as well as inclusion into SHI and other GVN procurement processes. PEPFAR Vietnam will continue to support and provide technical assistance on increasing the number of market authorizations and other procurement options for TLD and DTG.

PEPFAR Vietnam will continue to work with the GVN to ensure PLHIV and all those at risk can receive treatment and prevention services where they actually live and work. In particular, we are

concerned that the transition to SHI and district services may limit PLHIV access to treatment, testing, and prevention when they are outside of their official province of record. PEPFAR Vietnam will advocate to lessen these legal barriers, while working to ensure everyone can receive these services within the current legal framework by advocating for innovative differentiated service delivery, such as six-month dispensing, tele-health options, and client-centered transition of these clients to utilize the full benefits of SHI.

In COP 2021, PEPFAR Vietnam will continue to advocate for the revision of the SHI Law to include general prevention activities in the Social Health Insurance basic package of services, including HIV testing and Pre-Exposure Prophylaxis (PrEP). Advocacy will include the provision of documentary evidence of the contribution of prevention in the control of HIV. We acknowledge the uncertainty of whether the National Assembly will be in favor of expanding the Social Health Insurance mandate beyond the curative component of the health system, particularly in these trying economic times. Thus PEPFAR Vietnam will also continue to advocate for other domestic resource mobilization for prevention services.

Since COP 2018, PEPFAR Vietnam undertook an aggressive plan to move toward epidemic control in eleven PEPFAR priority provinces of the Northern Economic Zone including Hanoi, and the Ho Chi Minh City metropolitan area. These two urbanized areas together account for over half of the HIV burden in Vietnam.

In COP 2021, PEPFAR Vietnam will continue support in these provinces, focusing on reaching the undiagnosed infections among urban men who have sex with men, and reducing the high HIV incidence in this population. Vietnam is on track to achieve the second 95 in PEPFAR supported provinces through tight linkage of newly diagnosed patients to treatment, and case verification activities to correct the official counting of persons living with HIV who know their status. The first 95 – case-finding – remains the most challenging in a concentrated epidemic where HIV- and key population-associated stigma creates additional barriers. To prevent the spread of HIV, PEPFAR Vietnam, in partnership with the Government of Vietnam, the Global Fund, UNAIDS, and other community organizations, also plans to maintain the expansion of PrEP services in COP 2021 to continue to protect those most at risk from infection. This should help reduce HIV incidence in conjunction with reaching epidemic control of HIV in the densest urban areas. The Public Health Response approach supported by the implementation of a case surveillance system, and the increasing transition to domestic funding from the Government of Vietnam, will make epidemic control more achievable and sustainable across all of Vietnam.

PEPFAR Vietnam is fully committed to active partner management and accountability, engagement at all spheres of government, and mobilizing all stakeholders to achieving these goals. This includes a significant increase in the community-led monitoring activity carried out through close collaboration with civil society organizations and the Government of Vietnam to ensure high-quality, key-population friendly, client-centered HIV services.

During COP 2021, PEPFAR Vietnam will start on its roadmap for Social Contracting, which will build the capacity of both central and local provincial governments in Vietnam and indigenous community-based organizations to work together to eventually use domestic financing to provide services for PLHIV and those at risk. This will be done by advocating for development of a legal

framework for the Government of Vietnam to engage in social contracting, as well as piloting social contracting models.

### **American Rescue Plan Act of 2021 Summary Description**

This memo approves \$1,920,000 in ARPA funds in the Economic Support Fund (ESF) account to be implemented for activities during COP 2020 and COP 2021. Of the total \$1,920,000 in ARPA funds, \$1,920,000 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

<u>Agency/OPDIV</u>	<u>ARPA Funds Programmed in COP21 FAST for COP21 Outlay</u>	<u>ARPA Funds To be Added to COP20 for COP20 Outlay</u>	<u>TOTAL ARPA Funds</u>
<b>TOTAL</b>	<b>\$1,920,000</b>	<b>\$0</b>	<b>\$1,920,000</b>
DOD			<b>\$0</b>
HHS/CDC	\$960,000	\$0	<b>\$960,000</b>
HHS/HRSA			<b>\$0</b>
PC			<b>\$0</b>
USAID	\$960,000	\$0	<b>\$960,000</b>
USAID/WCF			<b>\$0</b>

Any ARPA funds not outlaid in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlaid during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff) and mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. Over the course of COP 2020 and COP 2021, the ARPA funds will support primary prevention, testing, technical assistance at central and provincial levels, and other support for COVID-19 among PEPFAR Vietnam beneficiaries using existing partners. Additionally, funds will be utilized to supplement COVID-19 mitigation efforts via HIV service delivery adaptations and recovery initiatives. The proposed activities build upon existing activities in coordination with the Global Fund and Government of Vietnam and seek to fill identified gaps and mitigate COVID-19 impacts on HIV service delivery in Vietnam.

**Recency**

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP 2020 will be allowed to carry over into COP 2021. After exact amounts of carryover are determined during the End of Fiscal Year process in Fall of 2021, COP 2021 envelopes will be updated to account for this carryover.

Pending Congressional Approval

## Funding Summary

All COP 2021 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	of which, Bilateral										Total COP21 Budget (Bilateral + Central)
	Total	New Funding								Applied Pipeline	
		Total	FY 2021					FY 2020	FY 2019		
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	40,320,000	35,864,249	35,864,249	32,086,499	-	1,857,750	1,920,000	-	-	4,455,751	40,320,000
DOD Total	1,361,487	917,226	917,226	917,226	-	-	-	-	-	444,261	1,361,487
DOD	1,361,487	917,226	917,226	917,226	-	-	-	-	-	444,261	1,361,487
HHS Total	19,819,448	17,515,007	17,515,007	14,697,257	-	1,857,750	960,000	-	-	2,304,441	19,819,448
HHS/CDC	19,819,448	17,515,007	17,515,007	14,697,257	-	1,857,750	960,000	-	-	2,304,441	19,819,448
STATE Total	1,077,616	770,567	770,567	770,567	-	-	-	-	-	307,049	1,077,616
State	126,959	126,959	126,959	126,959	-	-	-	-	-	-	126,959
State/EAP	950,657	643,608	643,608	643,608	-	-	-	-	-	307,049	950,657
USAID Total	18,061,449	16,661,449	16,661,449	15,701,449	-	-	960,000	-	-	1,400,000	18,061,449
USAID, non-WCF	16,654,799	16,654,799	16,654,799	15,694,799	-	-	960,000	-	-	-	16,654,799
USAID/WCF	1,406,650	6,650	6,650	6,650	-	-	-	-	-	1,400,000	1,406,650

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

	of which, Central										Total COP21 Budget (Bilateral + Central)
	Total	New Funding								Applied Pipeline	
		Total	FY 2021					FY 2020	FY 2019		
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	-	-	-	-	-	-	-	-	-	-	40,320,000
DOD Total	-	-	-	-	-	-	-	-	-	-	1,361,487
DOD	-	-	-	-	-	-	-	-	-	-	1,361,487
HHS Total	-	-	-	-	-	-	-	-	-	-	19,819,448
HHS/CDC	-	-	-	-	-	-	-	-	-	-	19,819,448
STATE Total	-	-	-	-	-	-	-	-	-	-	1,077,616
State	-	-	-	-	-	-	-	-	-	-	126,959
State/EAP	-	-	-	-	-	-	-	-	-	-	950,657
USAID Total	-	-	-	-	-	-	-	-	-	-	18,061,449
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	16,654,799
USAID/WCF	-	-	-	-	-	-	-	-	-	-	1,406,650

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose

**GHP-State Funds:** Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**ARP ESF Funds:** ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

**Earmarks:** Vietnam has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Vietnam. Upon approval of this memo, the amounts below will become the new earmark controls for the Vietnam. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	8,763,823	8,763,823	-	-
Orphans and Vulnerable Children	-	-	-	-
Preventing and Responding to Gender-based Violence	-	-	-	-
Water	-	-	-	-

\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

\*\* Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline
TOTAL Prevention Programming	2,031,896	2,031,896	-	-	-
Of which, AB/Y	-	-	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

### AB/Y Earmark Budget Justification

AB/Y requirement is not applicable as Vietnam does not have a generalized epidemic.

### Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
<b>TOTAL</b>	-	4,455,751	-	35,864,249	40,320,000
<i>of which, Community-Led Monitoring</i>	-	-	-	300,000	300,000
<i>of which, Core Program</i>	-	2,438,205	-	31,566,390	34,004,595
<i>of which, Surveillance and Public Health Response</i>	-	2,017,546	-	3,997,859	6,015,405
<b>DOD Total</b>	-	444,261	-	917,226	1,361,487
<i>of which, Core Program</i>	-	444,261	-	917,226	1,361,487
<b>HHS Total</b>	-	2,304,441	-	17,515,007	19,819,448
<i>of which, Core Program</i>	-	1,654,694	-	14,550,592	16,205,286
<i>of which, Surveillance and Public Health Response</i>	-	649,747	-	2,964,415	3,614,162
<b>STATE Total</b>	-	307,049	-	770,567	1,077,616
<i>of which, Community-Led Monitoring</i>	-	-	-	300,000	300,000
<i>of which, Core Program</i>	-	307,049	-	470,567	777,616
<b>USAID Total</b>	-	1,400,000	-	16,661,449	18,061,449
<i>of which, Core Program</i>	-	32,201	-	15,628,005	15,660,206
<i>of which, Surveillance and Public Health Response</i>	-	1,367,799	-	1,033,444	2,401,243



**FY 2022 Target Summary**

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Vietnam		SNU Prioritizations					Total
	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	
HTS_INDEX	<15	-	87	41	-	-	128
	15+	-	23,148	5,547	-	20	28,715
	<b>Total</b>	-	<b>23,235</b>	<b>5,588</b>	-	<b>20</b>	<b>28,843</b>
HTS_TST	<15	-	567	41	-	-	608
	15+	-	79,231	51,906	-	25,020	156,157
	<b>Total</b>	-	<b>79,798</b>	<b>51,947</b>	-	<b>25,020</b>	<b>156,765</b>
HTS_TST_POS	<15	-	42	9	-	-	51
	15+	-	6,704	2,544	-	37	9,285
	<b>Total</b>	-	<b>6,746</b>	<b>2,553</b>	-	<b>37</b>	<b>9,336</b>
TX_NEW	<15	-	40	9	-	-	49
	15+	-	6,370	2,418	-	37	8,825
	<b>Total</b>	-	<b>6,410</b>	<b>2,427</b>	-	<b>37</b>	<b>8,874</b>
TX_CURR	<15	-	1,145	531	-	-	1,676
	15+	-	62,792	27,498	-	364	90,654
	<b>Total</b>	-	<b>63,937</b>	<b>28,029</b>	-	<b>364</b>	<b>92,330</b>
TX_PVLS	<15	-	1,118	514	-	-	1,632
	15+	-	60,246	26,182	-	372	86,800
	<b>Total</b>	-	<b>61,364</b>	<b>26,696</b>	-	<b>372</b>	<b>88,432</b>
CXCA_SCRN	<b>Total</b>	-	-	-	-	-	-
OVC_SERV	<18	-	-	-	-	-	-
	18+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
OVC_HIVSTAT	<b>Total</b>	-	-	-	-	-	-
PMTCT_STAT	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_STAT_POS	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_ART	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
PMTCT_EID	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
PP_PREV	<15	-	426	-	-	-	426
	15+	-	23,812	27,978	-	50,000	101,790
	<b>Total</b>	-	<b>24,238</b>	<b>27,978</b>	-	<b>50,000</b>	<b>102,216</b>
KP_PREV	<b>Total</b>	-	<b>55,293</b>	<b>23,929</b>	-	-	<b>79,222</b>
KP_MAT	<b>Total</b>	-	-	-	-	-	-
VMMC_CIRC	<b>Total</b>	-	-	-	-	-	-
HTS_SELF	<15	-	-	-	-	-	-
	15+	-	28,726	11,274	-	-	40,000
	<b>Total</b>	-	<b>28,726</b>	<b>11,274</b>	-	-	<b>40,000</b>
PrEP_NEW	<b>Total</b>	-	<b>9,653</b>	<b>5,758</b>	-	-	<b>15,411</b>
PrEP_CURR	<b>Total</b>	-	<b>20,926</b>	<b>9,074</b>	-	-	<b>30,000</b>
TB_STAT	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
TB_ART	<15	-	-	-	-	-	-
	15+	-	-	-	-	-	-
	<b>Total</b>	-	-	-	-	-	-
TB_PREV	<15	-	73	27	-	-	100
	15+	-	7,432	2,951	-	45	10,428
	<b>Total</b>	-	<b>7,505</b>	<b>2,978</b>	-	<b>45</b>	<b>10,528</b>
TX_TB	<15	-	1,185	540	-	-	1,725
	15+	-	69,162	29,916	-	401	99,479
	<b>Total</b>	-	<b>70,347</b>	<b>30,456</b>	-	<b>401</b>	<b>101,204</b>
GEND GBV	<b>Total</b>	-	-	-	-	-	-
AGYW PREV	<b>Total</b>	-	-	-	-	-	-

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

### **Partner Management and Stakeholder Engagement:**

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP\_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led and other monitoring. This continued engagement will ensure all parties' understanding of Vietnam's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

The only new SRE activities approved for COP 2021 are as follows. A short-term USAID study implemented by an indigenous partner to understand key demographic data on PLHIV whose risk profiles might not be high risk MSM or PWID but may be a larger portion of the undiagnosed in urban areas. This will be continuously coordinated and triangulated with case surveillance and implementation data and work on KP size estimation through interagency meetings in country. USAID may also continue and refine as planned the economic analyses begun in COP 2020, which are necessary for understanding the sustainable package of services related to testing, linkage to treatment and biomedical prevention, as PEPFAR Vietnam continues to work towards sustainable transition to host country government funding and social contracting. HHS/CDC may conduct the necessary short term study work needed by the GVN to plan for inclusion of new biomedical prevention interventions (such as injectables and DVR) in future plans, including understanding the landscape and community concerns around these new ARVs as specified in COP 2021 guidance. Additionally, SRE activities approved in COP 2020 may continue into COP 2021 as necessary.