



Vietnam

Operational Plan Report

FY 2010



Operating Unit Overview

OU Executive Summary

Vietnam is a nation in transition. After decades of war and poverty, this densely populated country has experienced unprecedented economic growth and a rapid rise in living standards. It has undergone a population boom with nearly two-thirds of the country's 87 million people under the age of 35. Despite impressive gains in many areas, Vietnam remains a poor, predominantly rural, country that was ill prepared to cope with the HIV/AIDS epidemic. Distinct from other PEPFAR focus countries, injecting drug use is the main behavior driving the epidemic. Surveillance surveys estimate that as many as 66% of injecting drug users in one high-prevalence province are HIV positive. While the national prevalence rate remains low at 0.43%, Vietnam continues to work hard to keep the epidemic from spreading into the general population.

PEPFAR-supported work started in Vietnam in 2004, and since that time our team has been highly engaged with the government. Because all HIV/AIDS programs are conducted with, by, or through the government, host country ownership is strong. The PEPFAR team meets regularly with officials from the Ministry of Health to ensure that programming not only complements but also strengthens Vietnam's national response for prevention, care and treatment.

Yet working with the Vietnamese government poses unique challenges. Ministries operate independently, which makes it difficult to efficiently deliver a comprehensive range of services across different agencies. Indeed, there are even two different healthcare systems in Vietnam: one for civilians and one for the military, which largely serves civilians. Vietnam's education system is hobbled by outmoded teaching methods and curricula, which have impeded human resource development. In some areas, management is still characterized by inefficient and outdated administrative structures. Technical and evidence-based information is not used sufficiently in decision making, which is a necessity when delivering HIV prevention, care and treatment services. Quality training, whether it is for nurses or program administrators, is one of the most pressing issues the country faces.

Despite these challenges, the government and the people of Vietnam have been extraordinarily receptive to our collaboration. The PEPFAR team is perceived as a positive force, which is helping to influence policy development as well as to strengthen the country's overall healthcare systems. Bringing laboratory standards up to international standards to test for HIV infection, for example, raises the quality of testing for all medical conditions. As a result, PEPFAR activities – from providing lifesaving medicines in local clinics to helping rewrite national policy and legislation – have done more to promote trust and cooperation between the United States and Vietnam than almost any other Mission effort.

In FY 2010, our team will continue working with government leaders to support policy reforms as well as continuing to invest in training and quality assurance of technical strategies and health policies as part of PEPFAR Vietnam's goal to strengthen the country's healthcare systems. Our ongoing development of the Partnership Framework is playing a critical role in achieving this goal, as is strengthening coordination with other international agencies and government programs supported by the Global Fund.

Prevention

To prevent the spread of HIV into the general population and to find individuals with the greatest



care and treatment needs, PEPFAR Vietnam is committed to promoting and supporting evidence-based practices to reduce the risk among injecting drug users and those engaged in high-risk sexual behavior. This is not an easy task. Drug use and transactional sex activities are illegal in Vietnam and they are widely considered social evils. So individuals fear not only arrest, making them difficult to reach, but once identified they also face stigma and discrimination by healthcare workers and the government agencies charged with helping them.

To reach those most in need, in FY 2010, PEPFAR will continue to offer a comprehensive package of services that includes peer outreach-based education, with linkages to HIV counseling and testing, HIV care and treatment services, sexual and reproductive health services, vulnerability reduction, risk reduction, and access to condoms and treatment for sexually transmitted infections. To address key gender issues within the prevention portfolio, PEPFAR will continue to support mainstreaming gender equity throughout activities to reach those most-at-risk and support women affected by HIV. An important new component in PEPFAR Vietnam's prevention programming is integrating drug addiction and relapse prevention services into its outreach programs. One of the priorities is offering these services to the 60,000 drug users who are currently being detained in government-run rehabilitation centers, not only during their detention, but also after their release. Using a supervision training approach, the PEPFAR team has expanded HIV prevention and addiction treatment services for residents of five government-run custodial centers. In FY 2010, these activities will continue in order to ensure that center residents have access to needed services.

In an effort to stop the spread of HIV through injecting drug use, PEPFAR has taken the lead role in promoting medication-assisted therapy in Vietnam. As of September 2009, there were at least 1,500 former drug users receiving methadone in PEPFAR-supported pilot programs. In FY 2010, our programs will assist the Ministry of Health to set up 15 additional methadone clinics for the treatment of heroin addiction. With more than 180,000 registered injecting drug users, PEPFAR is working with the Ministry of Health to develop a strategic plan to meet the needs of this population by 2013. Vietnam also looks forward to working with PEPFAR on developing an effective evidence-based and Vietnam-appropriate program that will integrate needle and syringe distribution and exchange.

Though injecting drug use is the main driver of the HIV epidemic, Vietnam cannot be lax when it comes to the risks associated with multiple sexual partnerships and transactional sex. PEPFAR is investing in efforts to better understand and address the needs of people who are at risk of engaging in transactional sex or initiating drug use. In FY 2010, PEPFAR will support expanded condom social marketing and HIV education efforts in entertainment establishments in which transactional partners often meet. Given that men represent 85% of the infected population, addressing male norms and behaviors is an important part of PEPFAR's prevention strategy. The team will also assist Vietnam's Ministry of Education and Training to implement a national HIV/AIDS curriculum for secondary school students to raise awareness about high-risk behaviors as well as reduce stigma and discrimination.

Blood safety and injection safety will continue to be funded in FY 2010 by the U.S. Department of Defense, which primarily works with the Vietnam Ministry of Defense's healthcare system. Only recently has Vietnam's military accepted outside assistance, which has made the tasks at hand particularly difficult. But it has also created opportunities for the two militaries to work together toward a common goal: creating a safe blood supply. PEPFAR now supports five military hospitals, working to screen blood products, promote a volunteer donor system and expand counseling and testing, as well as prevention messages, to both the military and to the civilians who access their sites.

The prevention of mother-to-child transmission (PMTCT) remains a PEPFAR Vietnam priority. Pregnant women in Vietnam are often unaware of their risk of HIV infection and are reluctant to be tested due to the lack of patient education services. Maternal health care systems, which are physically and administratively distinct from HIV healthcare systems, often don't see PMTCT as a priority. Despite the



challenges, with extensive PEPFAR support, Vietnam's Ministry of Health has made significant inroads. According to the Ministry, in the first half of 2009, 28.5% of all women who delivered were tested, nearly double compared to the previous year. PEPFAR will continue to improve services at the 600 sites it supports, concentrating on community outreach and the referral network between PMTCT, pediatric and adult outpatient clinics, in order to reach nearly a third of the estimated 1.5 million women who give birth each year.

Care

PEPFAR has invested heavily in setting up care and treatment services for those infected and affected by HIV/AIDS. Care and support efforts in Vietnam range from clinical and home-based care, to the integration of tuberculosis (TB) and HIV treatment for patients afflicted with both diseases, to the support of orphans and vulnerable children. While there have been impressive achievements, significant gaps exist. The combination of the concentrated epidemic and the government's wish for universal geographic coverage make a targeted response difficult. The large number of partners and donors at work in Vietnam, each implementing their own programs, has resulted in patchwork quilt coverage. Far too often, those in need of HIV care must access different services in different locations, each with its own set of requirements and restrictions. In addition, a poor referral system often means that services that do exist are underutilized.

For example, there is a pressing need for greater testing so that more people can learn their HIV status and seek appropriate care and treatment. At the moment, some 250 voluntary counseling and testing centers have been established in Vietnam. Yet testing is estimated to meet only 20% of the need in the six highest-prevalence provinces. In many cases geographic coverage and service quality are adequate, but services are underutilized, particularly by hidden, most-at-risk-populations. We are focusing on the strategic placement of services – not only of counseling and testing but all care and treatment centers – where the need is greatest. This means not only opening sites in high prevalence areas but also closing those that are underperforming.

PEPFAR is also working with the government to expand provider-initiated testing and counseling services at TB and sexually transmitted infections clinics. In FY 2010, the team will explore opportunities to support mobile services in areas with significant concentrations of high-risk populations, especially female sex workers. There is also greater emphasis on peer outreach and social marketing to encourage more people to be tested. PEPFAR will continue to press the government to approve rapid HIV testing for widespread use, to make it easier for people to learn their serostatus, and transition into care and treatment.

TB remains intransigent as ever with Vietnam one of the 22 high-burden countries. Despite a relatively strong national TB program, achievements are threatened by barriers to access, as well as unregulated and inappropriate treatment in the emerging private health sector. It is estimated that there are 150,000 cases in the country and HIV prevalence among TB patients is estimated at 3.8%. TB remains the number one killer of people with AIDS. This is in part due to a lack of collaboration and referrals between TB and HIV services. In FY 2010, the TB/HIV program will focus on improving collaboration between TB and HIV programs in PEPFAR-supported provinces to ensure that TB patients receive HIV counseling and testing, and when appropriate, rapid referral to HIV care and treatment. In addition, people receiving HIV care will be routinely screened for TB. In FY 2010, PEPFAR will also continue the assessment and expansion of TB infection control practices in PEPFAR-supported HIV/AIDS care and treatment and national TB program service sites; build and expand laboratory capacity for improved TB diagnosis; and provide HIV and TB screening and care in residential drug rehabilitation centers. By September 2010, PEPFAR will support care for 7,500 PLWHA who have active TB.

Because HIV/AIDS in Vietnam is typically seen as a disease of adults, the needs of children –



both infected and affected – are often overlooked. There is little understanding among service providers that the needs of children are quite different. Their caretakers, many of them HIV-positive themselves, also need support. Fortunately, the government has recognized the growing need for child-oriented interventions and services with the recent passage of the National Plan of Action for Children Affected by HIV and AIDS, which was supported by PEPFAR. Current activities with the government aim to dramatically scale up services for both children and their caretakers, ensuring they have access to education, healthcare, protection, nutrition, psychosocial support and shelter. In FY 2010, PEPFAR will support the government to integrate pediatric services into adult clinics, as well as include children in home-based and community-based programs, with plans to support more than 11,000 children.

Treatment

PEPFAR is the largest provider of antiretroviral medications in Vietnam, yet not all people who need treatment are able to get the medicines and care that they need. As of June 2009, antiretroviral treatment was being offered to 30,458 adults and 1,703 children in Vietnam, but it is estimated that an additional 35,000 people still require these lifesaving drugs. In FY 2010, PEPFAR will increase access to treatment services through the strategic expansion of sites into areas with the highest HIV prevalence, the most difficult-to-reach populations and where they can benefit the largest number of people. PEPFAR will expand integrated HIV prevention, treatment, and pre- and post-release services for residents of government drug rehabilitation centers. PEPFAR will support a pilot task-shifting model at some outpatient clinics, increasing clinical capacity for nurses so that they can be assigned some roles currently being performed by physicians. PEPFAR will increasingly focus on technical assistance to government sites to improve access to antiretroviral treatment services for children.

Empowering and training PLWHA, and involving them in care and treatment activities such as adherence support, home-based care and assisting patients to access services will be strengthened in FY 2010. Routine programmatic evaluation and monitoring for emergence of drug resistance among patients on antiretrovirals will continue in collaboration with the Ministry of Health and the World Health Organization. In addition, PEPFAR will assist the government in the design and implementation of a more efficient and effective system for the distribution of HIV medications and related commodities.

To assure quality services and long-term sustainability, PEPFAR will continue to develop human capacity through clinical mentoring, ongoing supervision, and the development and implementation of a national training curriculum, and care and treatment guidelines and protocols. Special attention will be given to: prescription practices in order to increase the rate of first-line retention; education in addiction treatment; pre-service training for medical students and nurses; and training 2,895 healthcare workers to deliver services. To promote host government leadership and strengthen relations between the two countries, PEPFAR Vietnam will expand its support of public health educational training opportunities for emerging Vietnamese public health leaders at American universities. As part of this focus on health systems strengthening, PEPFAR will support developing sustainable staffing plans with government partners and in-service training in management and leadership.

PEPFAR has worked closely with the government of Vietnam to improve the quality of its laboratory systems, which has been hindered by poorly maintained equipment, outdated technologies and a lack of training resources. In FY 2010, quality assurance will continue to be the major area of emphasis for PEPFAR's laboratory program. This includes quality management training for all sites, designation of site quality officers, and the development and the expansion of external quality assessment programs. In FY 2010, six national- and provincial-level laboratories will receive technical assistance to help achieve international accreditation. Support will be provided to the HIV drug-resistance sequencing laboratory and continued support will be provided for the development of a national laboratory accreditation program. Training continues to be a fundamental part of PEPFAR support and whenever possible is presented in a training of the trainer format with the aim of developing local cadres of knowledgeable laboratorians.



Strategic Information

A lack of quality data and human capacity has hindered the ability of the government of Vietnam and PEPFAR to implement high-quality programs and evaluate their impact. As the cornerstone of program planning, implementation and improvement, strategic information activities will continue to focus on developing a culture of data use to ensure that programs are evidence based and focus on improving quality and efficiencies. In line with the Partnership Framework under development, PEPFAR will also continue to work across technical area teams to support the development of the government's strategic information capacity (i.e., surveillance, program monitoring and evaluation, and management information systems). Resources will shift from direct implementation to increasingly specialized technical assistance to the government of Vietnam and indigenous organizations for sustainability of data use across funding streams as responsibilities and investments shift.

In FY 2010, PEPFAR will continue to engage Vietnamese universities of public health and medicine to build a cadre of public health professionals. These efforts will include developing a standardized curriculum for core public health informatics and data use competencies. American universities with strong public health informatics and epidemiology programs will be sought out to provide technical assistance and training for both capacity development of staff at Vietnamese educational institutions and the institutional capacity to train others through in-service and pre-service training. Finally, resources will be allotted to the prevention and care and treatment teams for strategic information development. In the future, the primary responsibility and resources for these activities will be incorporated into the program areas to plan for better sustainability and increased ownership by the respective program areas. The U.S. Government will subsequently support Vietnam's agencies to integrate SI capacity across their program areas to increase data use and ownership, in order to promote evidence-based planning and decision making.

Other Donors and Funding Mechanisms

The United States is the leading donor for HIV/AIDS interventions in Vietnam, providing \$89 million in FY 2009 and \$87.8 in FY 2010. In all, there are approximately 30 international nongovernmental organizations and seven government-sanctioned local NGOs, ten United Nations organizations, four major bilateral agencies and the Global Fund, providing resources for HIV/AIDS programs in Vietnam. International organizations include faith-based groups and general development and specialized consulting firms. Local NGOs include specialized research organizations, program design and implementation organizations, and community-based organizations. Since 2005, the U.S. Ambassador has provided leadership for the "Ambassador and Heads of Agency HIV Coordinating Group," a very active international group of donors and heads of UN agencies who go into the field and work with one another on coordinating aid and technical assistance, as well as engaging with the government on policy reform .

The second largest source of support for HIV programming in Vietnam is the Global Fund. Vietnam was successful winning Round 1, Round 6 and Round 8 funding for a total of \$70 million over ten years. The Round 9 submission requested \$110 million. Vietnam's Ministry of Health, the principal recipient and implementing partner for the Global Fund, has targeted ten provinces for Global Fund programming. Currently, the Deputy Chief of Mission represents the USG on the GF Country Coordinating Mechanism. At the moment, programs are complimentary and there has been significant improvement in coordination and in the quality of Global Fund-supported activities. But fundamental inadequacies in governance remain and need to be addressed, particularly in light of the potential expansion of the Global Fund portfolio.

Looking to PEPFAR Phase II



Having accomplished a great deal in a short time, PEPFAR now moves into Phase II programming. Globally, the focus in FY 2010 is shifting from an emergency response to strengthening institutional structures and supporting quality training to ensure programs started under PEPFAR are sustainable in the long term. To further this end, PEPFAR will identify new partnership opportunities in sectors outside of health, such as education and public security (police and prisons). Greater emphasis is being put on working with other donors and partners to reduce inefficiencies and duplicated efforts, and to lower costs. In an effort to get the maximum out of each program, this year all programs will be subject to more systematic evaluations. Indeed, PEPFAR Vietnam has set aside approximately 2.2% of the total FY 2010 program funds, which will be allocated to priority areas, based on need and performance, after ongoing program reviews are completed.

Population and HIV Statistics

| Population and HIV Statistics | | | | Additional Sources | | |
|--|-------|------|--------|--------------------|------|--------|
| | Value | Year | Source | Value | Year | Source |
| Adults 15+ living with HIV | | | | | | |
| Adults 15-49 HIV Prevalence Rate | | | | | | |
| Children 0-14 living with HIV | | | | | | |
| Deaths due to HIV/AIDS | | | | | | |
| Estimated new HIV infections among adults | | | | | | |
| Estimated new HIV infections among adults and children | | | | | | |
| Estimated number of pregnant women in the last 12 months | | | | | | |
| Estimated number of pregnant women living with HIV needing ART for PMTCT | | | | | | |
| Number of people | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| living with HIV/AIDS | | | | | | |
| Orphans 0-17 due to HIV/AIDS | | | | | | |
| The estimated number of adults and children with advanced HIV infection (in need of ART) | | | | | | |
| Women 15+ living with HIV | | | | | | |

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

| Partnership | Related Mechanism | Private-Sector Partner(s) | PEPFAR USD Planned Funds | Private-Sector USD Planned Funds | PPP Description |
|---|-------------------------------|---------------------------|--------------------------|----------------------------------|--|
| Provision of microfinance services for PLHIV and high risk individuals (HRIs) | 7349:AED Smartworks Follow-on | New Partner | | | PEPFAR VN recently was awarded a matching grant through OGAC's PPP Incentive Fund to support expansion of a microfinance |

| | | | | |
|--|--------------------------------------|--------------------|--|---|
| | | | | <p>program for PLHIV and affected communities in 2 provinces. The program was funded in COP 11 and does not require additional funding in COP 12. The PPP addresses a gap in provision of economic strengthening support to PLHIV and affected populations by helping them improve their financial capacity to achieve more stable living conditions, and to reduce the spread of HIV in their community. Private Sector Partner: M7.</p> |
| <p>The HIV/AIDS Workplace Prevention</p> | <p>7349:AED Smartworks Follow-on</p> | <p>New Partner</p> | | <p>This PPP aims to strengthen the partnership between provincial Vietnam Chambers for Commerce and Industry (VCCI), enterprises, the Ministry of Health and the Ministry of Labors, Invalids and</p> |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | <p>Social Affairs, to roll-out National Guidelines on HIV Prevention in the Workplace. Through this activity, VCCI will continue to advocate with the government of Vietnam, in particular the Ministry of Finance, to revise the Enterprise Tax Law to encourage enterprises to increase funding for HIV workplace programs, as well as to raise corporate social responsibility funds to support PLHIV and recovering drug users. Private Sector Partner is: Vietnam Chamber for Commerce and Industry</p> |
|--|--|--|--|--|--|

Surveillance and Survey Activities

| Name | Type of Activity | Target Population | Stage |
|-----------------------------|-----------------------|-------------------|------------|
| ART Outcome Evaluation | Evaluation | Other | Publishing |
| BED False Recent Rate Study | Recent HIV Infections | Other | Publishing |

| | | | |
|--|-------------------------------------|--|----------------|
| Evaluation of the Impact of Harm Reduction Activities for IDUs in North West Vietnam | Evaluation | Injecting Drug Users | Implementation |
| HIV Drug Resistance Threshold Survey | HIV Drug Resistance | Other | Publishing |
| HIV Incidence Surveillance | Recent HIV Infections | Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men | Planning |
| HIV/AIDS Case Reporting | AIDS/HIV Case Surveillance | Other | Planning |
| HIV/AIDS Estimates & Projections | Other | Female Commercial Sex Workers, General Population, Injecting Drug Users, Men who have Sex with Men | Publishing |
| Integrated Biological and Behavioral Surveillance | Behavioral Surveillance among MARPS | Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men | Publishing |
| Methadone evaluation | Evaluation | Injecting Drug Users | Implementation |
| Most at Risk Population Size Estimation | Population size estimates | Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men | Implementation |
| Survey among male clients of sex workers | Population-based Behavioral Surveys | Other | Development |
| Survey among MSM population | Population-based Behavioral Surveys | Men who have Sex with Men | Planning |
| Survey among sex workers including injecting sex workers | Population-based Behavioral Surveys | Female Commercial Sex Workers | Planning |

| | | | |
|---|------------|---|----------------|
| Survey on the coverage of and access to interventions for MARPs | Evaluation | Drug Users, Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men, Other | Implementation |
|---|------------|---|----------------|



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

| Agency | Funding Source | | | | Total |
|--------------|----------------------|------------------|-------------------|--------------|-------------------|
| | Central GHCS (State) | GAP | GHCS (State) | GHCS (USAID) | |
| DOD | | | 3,939,200 | | 3,939,200 |
| HHS/CDC | | 2,855,000 | 35,937,942 | | 38,792,942 |
| HHS/HRSA | | | 350,000 | | 350,000 |
| HHS/NIH | | | 200,000 | | 200,000 |
| HHS/OGHA | | | 54,660 | | 54,660 |
| HHS/SAMHSA | | | 548,861 | | 548,861 |
| State/OGAC | | | 200,000 | | 200,000 |
| USAID | | | 42,930,505 | | 42,930,505 |
| Total | 0 | 2,855,000 | 84,161,168 | 0 | 87,016,168 |

Summary of Planned Funding by Budget Code and Agency

| Budget Code | Agency | | | | | | | | Total |
|-------------|---------|------------|----------|---------|------------|------------|-----------|----------|------------|
| | DOD | HHS/CDC | HHS/HRSA | HHS/NIH | HHS/SAMHSA | State/OGAC | USAID | AllOther | |
| HBHC | 289,500 | 6,100,000 | | | | | 4,322,000 | | 10,711,500 |
| HKID | | 352,000 | | | | | 3,008,000 | | 3,360,000 |
| HLAB | 446,400 | 3,165,100 | | | | | 1,200,000 | | 4,811,500 |
| HMBL | 636,500 | | | | | | | | 636,500 |
| HMIN | 280,000 | | | | | | 140,639 | | 420,639 |
| HTXD | | | | | | | 2,850,000 | | 2,850,000 |
| HTXS | 228,000 | 3,310,000 | | | | | 2,710,000 | | 6,248,000 |
| HVAB | | | | | | | 1,560,547 | | 1,560,547 |
| HVCT | 175,000 | 2,185,000 | | | | | 2,590,178 | | 4,950,178 |
| HVMS | 851,800 | 10,784,711 | | | 488,000 | | 5,736,893 | 54,660 | 17,916,064 |
| HVOP | 430,000 | 462,700 | | | | | 6,482,542 | | 7,375,242 |



| | | | | | | | | | |
|------|------------------|-------------------|----------------|----------------|----------------|----------------|-------------------|---------------|-------------------|
| HVSI | 150,000 | 1,875,000 | 350,000 | 200,000 | 60,861 | | 2,185,000 | | 4,820,861 |
| HVTB | 93,000 | 615,000 | | | | | 1,064,500 | | 1,772,500 |
| IDUP | | 2,744,099 | | | | | 5,258,769 | | 8,002,868 |
| MTCT | 93,000 | 2,315,000 | | | | | 1,665,000 | | 4,073,000 |
| OHSS | 266,000 | 1,454,332 | | | | 200,000 | 1,592,437 | | 3,512,769 |
| PDCS | | 1,555,000 | | | | | 201,000 | | 1,756,000 |
| PDTX | | 455,000 | | | | | 363,000 | | 818,000 |
| | 3,939,200 | 37,372,942 | 350,000 | 200,000 | 548,861 | 200,000 | 42,930,505 | 54,660 | 85,596,168 |

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets
REDACTED



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HBHC | 10,711,500 | |
| HTXS | 6,248,000 | |
| Total Technical Area Planned Funding: | 16,959,500 | 0 |

Summary:

Context and Background Vietnam's political structure is such that all PEPFAR treatment activities and services are implemented through, by or with the government. PEPFAR agencies and NGO partners provide funding, commodities, technical assistance and varying degrees of program management support to local organizations and central government implementing partners, which are steadily increasing their capacity to implement programs independently with PEPFAR technical assistance. The PEPFAR Phase II Vietnam strategy and vision is to gather the collective experience and expertise of PEPFAR, NGOs and the Vietnamese government to systematize and standardize program delivery and support the institutionalization and national implementation of these systems. As of June 2009, antiretroviral treatment (ART) was being offered to 30,458 adults and 1,703 children in Vietnam. Of these, 64.5% received treatment at sites directly supported by PEPFAR. A total of 56,573 PLWHA were in care at PEPFAR-supported sites at this time. These sites are strategically placed in areas with the most concentrated HIV prevalence (e.g., urban centers), the most difficult to reach populations (e.g., remote mountainous regions) and where they can benefit the largest number of people (e.g., national institutes and provincial hospitals). In the highest prevalence areas, services are linked physically and/or systematically with prevention programs, including substance abuse treatment and addiction counseling programs. Peer outreach efforts link most at-risk populations (MARP) to care and treatment, orphan and other vulnerable children (OVC) and HIV TB services. PEPFAR will develop a systematic approach, learning from where these linkages are most successful, so that they can be adapted for national roll out. PEPFAR supports a core package of care and treatment services at selected provincial and regional military and civilian hospitals in an additional 24 provinces, which increasingly serve as referral centers and centers of expertise and training, complimenting the Vietnam government- and Global Fund-supported sites at the district and community levels. Although PEPFAR might support a single site in one province, all patients in HIV care and treatment in that province potentially benefit. For example, the site may serve as a referral point for patients experiencing treatment failure who need assessment and a viral load test, or provide a highly trained doctor who is available to provide training and secondary consultations. On the national level, PEPFAR supports the implementation of the National HIV/AIDS Strategy through increasingly fruitful technical assistance collaborations on the national HIV/AIDS care and treatment guidelines. Efforts include program monitoring and evaluation and use of data for program planning and quality improvement at the central and local level, the training of trainers and national experts, development of national training curricula and supporting national and regional experts to provide technical support. PEPFAR's Adult Care and Treatment program strategy has focused on providing comprehensive treatment, care and support at the clinic and community level, applying a family-centered approach. PEPFAR supports a core package of clinical and home-based services designed to optimize pre-ART care and facilitate access to long-term treatment. The package includes: cotrimoxazole and INH



prophylaxis; nutritional screening, assessment and support, including food; mental health assessment; fungal and bacterial opportunistic infections (OI) treatment and related laboratory services; pain and symptom management; sexually transmitted infections (STI) diagnosis and treatment, including cervical cancer screening; and safe water information and provision. ART assessment includes clinical screening, CD4 testing, ART preparedness training, adherence counseling and support, monitoring for antiretroviral side effects and treatment failure and second-line treatment. Counseling on positive living includes offering information on prevention, hygiene, family planning, addiction and harm reduction, providing condoms, and offering psychological, spiritual and social support. In addition, family members and/or partners are also targeted to increase their involvement in a better quality of life for people living with HIV and for themselves, through increasing HIV awareness and provision of HIV counseling and testing services. Families and partners are actively encouraged to use voluntary counseling and testing (VCT) services. The supply chains of OI/STI drugs are managed through the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) and distributed to clients enrolled in care and treatment, and prevention programs. Positive prevention is addressed by continuing to mainstream prevention activities into care and treatment efforts, including the integration of risk-reduction counseling for HIV-infected individuals and discordant couples into HIV counseling and testing services. Accomplishments since last COP The ongoing scale up of care and treatment in Vietnam has been a success in the face of a concentrated epidemic in a country with many challenges still facing the health care system. Tens of thousands of lives have been saved by PEPFAR Vietnam's adult care and treatment program. In FY 2009, PEPFAR and the government of Vietnam together conducted an evaluation of the treatment program and ART outcomes for 2,400 patients at five high volume clinics in high prevalence areas. After a median of 13 months on ART, 3% were lost to follow up but the majority of patients who started ART with low CD4 counts (median 77) had good CD4 responses. However, the evaluation also indicated that 13% had died, with the majority of deaths occurring in the first six months. PEPFAR plans a much larger evaluation in FY 2010 to investigate the risk factors for early mortality, including low CD4 counts, incomplete exclusion of OI before starting ART, and injecting drug use. In addition, PEPFAR has worked with Vietnam and the World Health Organization to incorporate data collection for HIV drug resistance Early Warning Indicators and UNGASS indicators into routine program monitoring. Results from 30 clinics showed an average first-line retention rate greater than 80% after 12 months of treatment, approaching more than 90% in some clinics. After almost two years in development, which involved intensive technical assistance from PEPFAR, the Vietnam released new guidelines for the diagnosis and management of HIV/AIDS, in addition to new palliative care and home-based care guidelines. PEPFAR is actively working with Vietnamese partners on implementation, training and evaluation plans, and support for their implementation. New ART guidelines recommend a zidovudine-based first-line regimen for new patients, and a review of switching existing patients to zidovudine. While this may reduce the long term stavudine-related complications, there is potential for patients to experience severe anemia and other side effects. With VAAC, PEPFAR developed a protocol for switching patients to ensure individual patient safety and for collecting data to monitor the overall safety of implementing the changes in the guidelines. PEPFAR clinical training programs have grown and matured, and are now seamlessly integrated into the work of many national institutions. PEPFAR Vietnam supports the government to provide a range of training, national and regional experience-sharing workshops, case conferences, clinical network meetings, clinical training, nurse training, pharmacist and dispenser training, home-based care team training and treatment supporter training. The curricula in these trainings are gradually being standardized and institutionalized by the Ministry of Health. The training is almost entirely conducted by Vietnamese nationals, and conducted through the Vietnamese government or institutes. PEPFAR supports new models of clinical training, offering practical bedside training in small groups to doctors and nurses from PEPFAR and non-PEPFAR military and civilian, and regional, provincial and district sites. In addition to building confidence and expertise, these workshops build relationships and networks of HIV/AIDS clinicians. Sexually transmitted infections (STI) are important co-factors in the sexual transmission of HIV. STI services for PLWHA and MARP have been expanded. PEPFAR has also supported the development of national diagnostic and treatment guidelines, procedures and protocols, training material and curricula, laboratory



services and quality. Services are being delivered at particular sites with direct PEPFAR support. The strategic context is to enable the government and other donors to roll STI services nationwide with PEPFAR technical support. Outside of the clinical area, community support for PLWHA includes income generation and microcredit schemes, which are largely implemented through Vietnamese mass organizations (semi-government organizations) and community-based groups. The government of Vietnam has very proactive legislation protecting individuals and families from stigma and discrimination. PEPFAR has supported the development of toolkits, trainings and supported community-based organizations to help implement these laws. PEPFAR will strategically promote the integration of protection against stigma and discrimination into PEPFAR interventions. Goals and strategies for the coming year PEPFAR Phase II will focus on PEPFAR support through technical assistance and capacity building to make the core care, treatment and support package available in PEPFAR and non-PEPFAR sites. In FY 2010, PEPFAR Vietnam will conduct a large scale program evaluation and specific projects to improve the quality, quantity and sustainability of the programs. Specific outcome evaluations are planned for 30 sites, with the focus on using the data to inform local quality improvement and national planning. In addition to measuring ART outcomes, factors related to retention in care and pre-ART care, (e.g., OI treatment, TB screening and cotrimoxazole prophylaxis) will also be evaluated, and specific targeted retention in care improvements generated. HIVQUAL or a similar national evaluation will be built into a national strategy for increasing the quality and quantity of care. In FY2010, PEPFAR will commence a review of the entire care and treatment program to identify which components are the most efficient and effective, which programs need extra support to improve effectiveness, which programs need a collaborative focus on efficiency improvement, and which parts of the program need to have their funding rescinded. Vietnam has 63 independent provinces under central control. PEPFAR will work with provincial AIDS centers to improve their capacity to plan, implement and evaluate high quality programs. The current system, where one site is supported by a multinational NGO, another site receives intensive support from the USG, while another receives only Global Fund antiretroviral drug funding is not sustainable. PEPFAR will promote an approach where PEPFAR-supported NGOs, PEPFAR-supported government programs, GVN and other donor-supported programs work together. The NGOs and the PEPFAR-supported government partners will be required to work together with the Vietnamese government, ensuring more people are served and that there is a higher quality of care across all sectors. The PEPFAR training strategy is to work toward the ultimate goal of eliminating the distinctions between PEPFAR-supported and non-PEPFAR-supported sites and services. Already PEPFAR training partners freely train doctors from non-PEPFAR sites. PEPFAR is supporting the government to develop and implement a comprehensive national training strategy, so that all programs can access the same training. In FY 2010, PEP FAR, in collaboration with other donors, will continue supporting the government to build sustainability through human capacity development of national and provincial master trainers, and implementation of national quality assurance protocols for all HIV treatment sites. Some changes and developments in the program in FY 2010 include increasing the clinical capacity of nurses to perform duties currently only performed by doctors (task-shifting); new mobile care and treatment services for injecting drug users residing in selected mandatory rehabilitation centers, also known as “06 centers”; training and involving PLWHA and community members as treatment supporters to assist patients and their families to stay in care, to adhere to treatment and follow up, and to access the growing range of professional and community support and services available. Specific new program plans include standardizing the availability of the core package of care at all PEPFAR sites, including the newer and more distant sites, and expanding the PEPFAR package of care to include psychological assessment, mental health assessment, cervical cancer screening and STI services. Standard operating procedures and training will focus on the clinical, psychological, social and spiritual aspects of HIV care and treatment and prevention for positives. Nursing training in HIV/AIDS care and treatment is being expanded through government institutions, with the support of CDC, USAID and U.S. Department of Defense partners. Legislation currently restricts the scope of clinical care that nurses can provide. However, with specific training and clear allocation of roles and responsibilities in the clinic, nurses can triage symptomatic patients, play a larger role in monitoring and managing treatment side effects, and perform pain assessments and TB screening, which will reduce the workload of doctors and ensure that the patients



with the greatest needs are treated by staff with the highest capacity. In addition, general nurses are receiving training to reduce stigma and discrimination in the health care sector, to improve adherence to universal precautions, to offer better care for PLWHA in general health care settings and to promote leadership at the local level for nurses working in HIV/AIDS care. In FY 2010, PEPFAR will continue developing linkages between programs, services and collaborating with the government, the Global Fund and the World Bank to improve referral services between community-based outpatient centers and government-run drug rehabilitation facilities to prevent treatment interruption. Costing of Care and Treatment Programs PEPFAR is cooperating with the government of Vietnam to plan detailed costing studies of the entire national care and treatment program, including PEPFAR's and develop a five-year projection of ART care and treatment costs.

Technical Area: ARV Drugs

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HTXD | 2,850,000 | |
| Total Technical Area Planned Funding: | 2,850,000 | 0 |

Summary:

Context and Background In just five years, antiretroviral therapy (ART) in Vietnam has gone from being available to only a few, to being a routine course of treatment for many people living with HIV and AIDS (PLWHA). PEPFAR support for antiretroviral (ARV) drugs has dramatically increased the numbers of people on HIV treatment in Vietnam. Nearly 30,000 patients receive drugs supplied by PEPFAR, of whom nearly one half are taking the FDA tentatively-approved fixed-dose combinations. In FY 2008, PEPFAR supplied 57% of ARVs to Vietnam; the rest were supplied by the Global Fund (27%), the Vietnam government (10%) and the Clinton HIV/AIDS Initiative (6%). Generic drugs have helped bring down the annual cost of first-line treatment to as low as \$100 per patient. Only about 2.5% of patients require second-line treatment, yet the cost of procuring these drugs still amounts to 10% of the total PEPFAR Vietnam antiretroviral budget. By the end of FY 2010, PEPFAR plans to provide 33,000 patients with ARVs, including patients receiving treatment at Vietnam government-funded sites. In FY 2007, FY 2008 and FY 2009, PEPFAR's antiretroviral procurement was managed by the Supply Chain Management System (SCMS). The medicines are distributed under the supervision of the Vietnam Ministry of Health (MOH) and have approval and quality/registration certification from both the World Health Organization (WHO) and the U.S. Food and Drug Administration (FDA). ARV drugs are delivered to the Central Pharmaceutical Company No. 1 (CPC#1), a Hanoi-based joint stock company, which has a distribution network throughout Vietnam. Each delivery/batch of ARVs is accompanied by a Certificate of Analysis and Certificate of Origin in accordance with the regulations and quality standards of the country of manufacture and the importation regulations of Vietnam. Although the procurement and supply chain is managed by PEPFAR, the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) maintains ownership of the drugs and overall decision making about antiretroviral combinations, and specific drug issues as they arise. PEPFAR works collaboratively with the government, particularly with regard to supplying drugs to PEPFAR-funded sites. PEPFAR continues to advocate for evidence-based policy and decision making at the highest levels in government. The Ministry of Health's VAAC maintains separate ARV drug procurement and supply management systems for programs funded through the Global Fund and its own program. To date, PEPFAR Vietnam has never experienced a stockout of medications. PEPFAR is frequently called on to assist other programs, particularly the Global Fund and Vietnam's Ministry of Health (MOH), by providing ARV drugs when they experience stockouts, to avoid shortfalls in drugs or to supply drugs which are not procured by those programs. In the past fiscal year, the amount of drugs donated was greater than \$600,000. Accomplishments since last COP Recently-approved new national guidelines recommend the use of Zidovudine (AZT)-based protocols over



Stavudine (d4T). There are currently nearly 10,000 patients following Stavudine-based protocols, the majority of which are expected to change to Zidovudine-based protocols in 2010. SCMS is working closely with VAAC and other PEPFAR partners to ensure that there are neither excesses nor shortages of medicines throughout this major transition. In recent years, there have been several dramatic improvements in how ARVs are procured and distributed. Permission to import FDA tentatively-approved generic drugs in 2006 led to faster delivery and significantly reduced prices. While the rate of price reductions has slowed, the downward trend continued through 2009. Low-cost ARVs meant that PEPFAR has continued to provide treatment to patients not only at PEPFAR sites but also at sites funded by the government and the Global Fund. PEPFAR is the only program procuring second-line drugs in Vietnam and these are being supplied to all sites prescribing ART. Coordination of procurement continues to improve. During 2008 and 2009, a group comprised of staff from VAAC, SCMS and the Clinton HIV/AIDS Initiative (CHAI) met quarterly to coordinate drug procurement. It is hoped that the Global Fund will join the group in 2010. In Vietnam, fixed-dose combinations and pediatric-formulated tablets have made significant advances in recent years. The transition of adult patients to fixed-dosed combinations, and of pediatric patients from syrup to pediatric-formulated tablets, has been successful. Hopes that the cost of second-line treatments would fall significantly have not been realized. Second-line generic medicines have only marginally reduced the cost of second-line treatments; they are still nearly 10 times the cost of first-line medicines. A key driver is the cost of Abbott Lopinavir/Ritonavir products. Expectations that the cost of Lopinavir/Ritonavir would fall by 50% in 2009 due to the introduction of generic versions were dashed when it was discovered that Abbott has patents pending in Vietnam and that Abbott intended to use the patents to prevent the procurement of generic alternatives. Work is continuing with intellectual property experts and VAAC to determine if there are any legal grounds to enable the procurement of generic Lopinavir/Ritonavir. Approximately 98% of ARVs imported for PEPFAR by volume between May 2008 and April 2009 were generics from India. Because of the high price of Abbott Aluvia drugs in particular, and innovator brand drugs in general, these drugs make up 14% of the PEPFAR ARV budget. Goals and strategies for the coming year PEPFAR will be contributing to the procurement cycle in several ways. First, all ARVs purchased by PEPFAR are FDA- or FDA tentatively-approved. All ARVs procured are included in the Vietnam National ARV Treatment Guidelines. Imports are systematically sampled and sent to North-West University in South Africa to test for quality. Packaging clarity and US standard package inserts are considerations in selecting generic manufacturers. Very small quantities of cold-chain products have been procured and are managed according to required cold-chain procedures. ARV procurement is coordinated with CHAI and VAAC. Coordination with the national program is increasing and there are proposals to include Global Fund in the procurement planning process in future. Second, forecasting and quantification will be updated quarterly using three models: morbidity scale up; actual consumption scale up; and warehouse issues scale up. There is currently no national forecast but PEPFAR has been requested by the government to assist in the carrying out a five-year forecast. Procurement for pediatric ARVs is coordinated between CHAI and PEPFAR. The estimated cost of ARVs required to support the PEPFAR program up to September 2011 is \$13.6 million Delivered Duty Unpaid cost. This includes the cost of purchasing stock, including buffer stock, to support the first three months of COP 2011. The number of patients to whom PEPFAR is supplying ARVs has grown from around 16,600 in December 2008 to around 30,000 by June 2009. Scale up is expected to continue at current rates and reach about 40,000 patients by September 2011. Obtaining all required government clearances and documents in time to meet scheduled import dates continues to be a challenge. Shipments typically spend one to 10 days in customs and incur demurrage after three days. In-country warehousing and distribution is currently contracted to CPC#1#, a parastatal agency with general system of preferences (GSP) facilities. The company is currently replacing its computer systems and building a new warehouse in Ho Chi Minh City. This contract is enabled by a government of Vietnam decision compelling the use of CPC#1 and a USG waiver allowing sole source use of CPC#1. Cold chain is adequate but not validated. Distribution processes are adequate but subject to delivery errors. Overall commodity security has improved and is generally acceptable. The logistics management information system (LMIS) is currently restricted to a series of Excel spreadsheets; the CPC#1 FoxPro system, which is currently being replaced; and the web-based SCMS systems of CRM and Orion used in the international procurement



process. There are proposals to develop national LMIS solutions. PEPFAR provides training in quantification processes to other programs on request. PEPFAR proposes working with VAAC to build a central drug management unit capable of all aspects of ARV supply chain management. In terms of capacity building, VAAC is increasingly active in the management of ARV supply programs. While this development is welcome, a desire to harmonize ARV distribution across all programs will create an opportunity, but also a challenge. The opportunity is to create a modern supply chain system for ARVs and, more broadly, for all health commodities. The challenge is to integrate significantly different approaches to distribution as PEPFAR distributes directly from central stores to treatment sites, while government-funded programs distribute via provincial stores. In FY 2010, key strategic elements will center around two project goals. First, SCMS will assist the government of Vietnam to design and implement a more efficient and effective system for the national distribution of HIV medicines and related commodities. This will be done through capacity building and training at VAAC, and at the provincial and clinic levels. There will be an emphasis on creating long-term commodity security by integrating donor contributions in medicine procurement, specifically the Global Fund, CHAI and the World Bank. Plans for supporting pediatric patients who will no longer receive ARVs from CHAI and the international drug purchasing facility, UNITAID, after 2011, will be finalized. The design and roll out of standard operating procedures, training methodology and information systems will be key activities to ensure program sustainability. Second, SCMS will continue to improve quantification, procurement, storage and distribution of HIV/AIDS-related commodities supported through PEPFAR partners. This will ensure that there is an uninterrupted supply of medicines for the existing PEPFAR-supported civilian and military clinical sites, while more supply chain activities are transitioned over to the government. PEPFAR will continue procuring first- and second-line ARVs to support adult ART and prevention of mother-to-child transmission at PEPFAR- and non-PEPFAR-supported sites, in accordance with Vietnam's revised treatment guidelines and USAID's procurement and distribution regulations. Distribution is an important additional function for the SCMS Vietnam program. It not only handles the distribution of PEPFAR-supplied medicines, but it also supports other donors, such as CHAI's purchase of pediatric medicines, by facilitating the importation, storage and distribution of pediatric ARVs to sites throughout the country and covers the redistribution of medicines from multiple donor programs. A component to both strategies is conducting on-going monitoring and evaluation, using a manual, paper-based pharmacy Management Information System (MIS), which allows for the monitoring of ARV stocks at clinical sites on a monthly basis. MOH and PEPFAR are investigating whether it is possible to develop an electronic MIS that includes a supply chain function. Continuous monitoring and evaluation of dispensary management and standards of practice is carried out by SCMS program associates who visit PEPFAR dispensaries on a regular basis. In FY 2010, PEPFAR will convene a technical working group, or a drugs and therapeutics committee, consisting of PEPFAR and its partners, donors, nongovernmental organizations and the government of Vietnam. This committee will be tasked with reviewing and evaluating the use of clinical medicines within the PEPFAR program, developing policies for managing the use of clinical medicines, the rational use of drugs, cross-program technical advice on drug formulary management to ensure that the medium- and long-term PEPFAR ARV drug procurement strategy is as well informed as possible, to ensure that PEPFAR Vietnam can give consistent and uniform advice to the government on its long-term procurement and with regard to ARV scale-up strategies. The PEPFAR Vietnam team believes that it can engage the government actively in this process and eventually form a joint body to advise all ARV programs in Vietnam.

Technical Area: Biomedical Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|-------------|----------------------------|----------------|
| HMBL | 636,500 | |
| HMIN | 420,639 | |



| | | |
|--|------------------|----------|
| IDUP | 8,002,868 | |
| Total Technical Area Planned Funding: | 9,060,007 | 0 |

Summary:

Injecting and Non-injection Drug Users Addressing the HIV prevention needs of injecting drug users (IDU) remains the foremost priority in Vietnam’s efforts to combat HIV/AIDS. The government of Vietnam estimates that more than 44.6% of all HIV infections in Vietnam are among IDU, and many additional infections result from transmission to the sexual partners and children of these individuals. PEPFAR-supported integrated behavioral and biological surveillance (IBBS) has documented HIV prevalence rates as high as 66% among IDU in at least one PEPFAR priority province (Hai Phong), and has revealed that injecting drug use is likely the primary driver of new infections among commercial sex workers (CSW) and other high-risk populations. For example, CSW who report injecting are up to 30 times more likely to be infected with HIV than those who do not, and the prevalence of injecting among sex workers is a strong predictor of overall HIV prevalence in this population. The concentration of HIV infections in IDU populations in Vietnam has directed the PEPFAR team to focus HIV prevention, care and treatment efforts in key urban settings and along drug transport corridors to prevent the continued spread of HIV. Unfortunately, even in these focused settings, stigma and discrimination against IDU in Vietnam – exacerbated by campaigns in the past that characterize drug use as a “social evil” – have made it difficult to obtain accurate IDU population size estimates and to expand access to needed services. The government of Vietnam has officially registered more than 180,000 IDU nationally, but the actual size of this population is suspected to be many times higher, up to 425,000 (IBBS II). In addition, using even the most conservative estimates of population size, coverage of basic HIV prevention services remains low. For example, according to the latest program reports, PEPFAR-supported peer outreach efforts only provided HIV prevention information to a maximum of 4% of the estimated number of IDU in Hanoi, and a maximum of 40% of the estimated number of IDU in Ho Chi Minh City. The successful referral of these individuals to HIV counseling and testing (CT) and other care and treatment services also remains a key priority given the burden of HIV infections among IDU. According to the latest program reports, a maximum of 20% of the number of IDU in Hanoi, and a maximum of 80% of the number of IDU in Ho Chi Minh City, have been tested for HIV. There are many factors that contribute to the vast difference in testing (and coverage of prevention information) between the two cities, which include: USG’s focused urban interventions in Hanoi while the official geographic boundaries of Hanoi district recently changed to make the total denominator/population much larger; a markedly more progressive and comprehensive IDU outreach program in HCMC; and different definitions of coverage by USG partners. Such varying data highlights the need for prioritizing improved data quality for size and coverage estimation, which is a focus for the USG team in FY 2010. The strategic discussion directing the PEPFAR team to focus its efforts in FY 2010 on improving access to services USG-supported areas—rather than continuing to expand into new geographic provinces—is supported by the findings from Boston University’s recently completed evaluation of PEPFAR-supported peer outreach programs. Boston University researchers identified a large number of IDU in PEPFAR priority areas who reported no contact with PEPFAR- or other donor-supported outreach efforts in the past year. In the initial “emergency” phase of support to Vietnam, the PEPFAR team sought to empower peers who are themselves well-connected to networks of high-risk and often marginalized populations to offer or provide referrals to an expanding set of prevention, care and treatment services, as well as to play a greater role in program planning and advocacy. Over time, the program has put activities in place to improve the services of peer outreach including: work with existing drug users to prevent the initiation of new users to drug use; integration of services for injecting and non-injecting drug use (including methamphetamine use) into programs targeting CSW and MSM; the provision of outreach-based CT services; establishment of community-based drop-in centers offering addiction counseling, CT, and sexually transmitted infection (STI) treatment; provision of condoms and access to reproductive health services; economic rehabilitation



services; linkages to outpatient clinics (OPCs) offering a full range of HIV care and treatment services; linkages to medication-assisted therapy (i.e., methadone) in sites that are often co-located with OPCs; linkages to community-based care and support; and provision of HIV prevention, care and treatment services to the sexual partners and family members of current and recovering drug users. In FY 2010, focus will be on establishing a feedback mechanism for referrals to assess effectiveness of such programs. Although biomedical prevention has seen tremendous growth in Vietnam, building sustainable mechanisms to train individuals in evidence-based approaches to addiction treatment remains the greatest human capacity development challenge pertaining to HIV prevention in the country. In response, the PEPFAR team has engaged the Ministry of Health to design and establish training programs, as a core capacity of the host government. These trainings are targeted at case managers, professional addictions counselors and health personnel. These efforts were consolidated under a new PEPFAR addictions services training mechanism in FY 2009 to foster coordination and sustainability. Looking ahead, the Vietnam team is championing resource sharing among PEPFAR-supported partners and other donors to improve service coverage and quality in the face of rising costs and fewer resources and in line with PEPFAR Phase II and the Partnership Framework. Using the findings from the Boston University evaluation as a springboard for action, and the increased focus on sustainability and government ownership, PEPFAR will continue to support national and provincial workshops, peer educator training, commodities forecasting, program linkages, quality improvement, and monitoring and evaluation systems. The coordinated development and implementation of activities supported by PEPFAR, the World Bank (WB), the U.K.'s Department for International Development (DfID), the Australian Agency for International Development (AusAID) and other donors, should help ensure a sustainable system of care so that current and recovering IDU have access to a full range of risk-reduction, HIV care and treatment, and drug treatment services. Other donors and stakeholders in Vietnam have historically questioned the ability of the USG to make inroads in reducing HIV risk among IDU given current USG policy restrictions on funding clean needle and syringe programming. However, new leadership in the Office of the President is moving towards lifting this restriction. In FY 2009, PEPFAR support expanded the methadone pilot program to eight sites, including those previously established in Ho Chi Minh City, Hai Phong and Hanoi. For FY 2010, the government of Vietnam has approved the scale up of methadone beyond the pilot sites. In addition, PEPFAR is engaging the government of Vietnam to support sustainable technical assistance and training platforms to ensure consistent and high quality services, regardless of the source of financial support, which will be sustained when the host government ultimately provides the services. Beyond improving access to pharmacotherapy, a key HIV prevention priority is supporting recovering drug users in achieving the social and economic stability they need to maintain drug-free lives. In FY 2010, Chemonics and Family Health International (FHI) will play a leading role in the implementation of best-practice approaches for economic rehabilitation of IDU, CSW and people living with HIV/AIDS (PLWHA) in the domains of vocational training, job placement, and microcredit/microfinance programming. Through this partner, PEPFAR also hopes to foster private investment in improving the quality of private drug treatment services in Vietnam to meet rising demand. Addressing the concentration of HIV in the IDU population is further complicated by the Vietnam government's continued practice of placing sex workers and drug users in custodial rehabilitation centers (also known as "05" and "06" centers respectively) for periods of up to 18 months for sex workers and up to 24 months for drug users. Currently, an estimated 60,000 IDU reside in more than one hundred "06" centers nationwide. Reliable data is lacking on HIV prevalence among center residents, but prevalence has been estimated to be as high as 70%. The concentration of high-risk individuals in rehabilitation centers makes these settings a high priority for service delivery, particularly given that the vast majority of facilities only offer detoxification and work programs. While there is limited drug treatment or HIV service delivery in "05" and "06" centers, PEPFAR is supporting a pilot program that provides HIV-related services to current and former residents of the Nhi Xuan rehabilitation center in Ho Chi Minh City. A formal evaluation of the program is underway, with interim data showing enhanced support both inside the "06" center and in the community significantly reduced HIV risk behaviors and improved the quality of life of the client. The pilot, while achieving promising results, is limited in scope and coverage. With this in mind, PEPFAR has engaged the Vietnamese



government to establish training and in-reach models using existing community-based OPC staff to bring needed pre-release services to residents of five more centers without building additional center infrastructure. Staff will facilitate the continuity of care in the community upon release. In FY 2009, a new cooperative agreement with the Ministry of Labor, Invalids and Social Affairs, which manages the “05” and “06” centers, supported the development and institutionalization of evidence-based curriculum into pre- and in-service training for social workers, case managers and other addictions treatment staff in “06” centers and in the community. These activities will be continued and strengthened in FY 2010. PEPFAR will also support UNODC in their activities to move to community-based drug treatment centers that are now being recognized as a viable alternative to custodial rehabilitation centers given the change in the drug law. PEPFAR will engage the Ministry of Public Security in the development of national guidelines, training and pilot intervention programming for HIV prevention in prisons in Vietnam. Blood Safety The Ministry of Health’s (MOH) National Institute of Hematology and Blood Transfusion leads Vietnam’s blood safety efforts with support from WHO, the Luxembourg Agency for Development Cooperation and the World Bank. They are stocking three national blood banks, improving blood screening capabilities, establishing national guidelines to ensure universal testing of donated blood, promoting appropriate clinical use of blood and blood products, and promoting a voluntary blood donation system. However, Vietnam’s large military health system, which is operated by the Ministry of Defense (MOD) and serves both military personnel and civilians, has been receiving minimal assistance apart from provisional national screening guidance that has been in place for over a decade. In 2005, a survey by the U.S. Department of Defense (DoD) and MOD found that funds and TA were not sufficiently addressing blood safety needs within the MOD health care system, nor addressing the issue of poor screening procedures and outdated storage equipment. Military laboratories do not have a quality assurance program. Also, it was not clear whether HIV-positive donors were informed of their status, nor is it known if counseling, care and treatment were offered to those who tested positive. To address these needs, PEPFAR will support improved blood safety in five military hospital sites to prevent biomedical transmission of HIV by: 1) improving storage and screening capacity of blood products; 2) promoting adherence to the national policy on blood safety, which calls for the screening of all donated blood; 3) promoting appropriate clinical use of blood; 4) strengthening collaboration with key national partners from MOH and international donors; 5) expanding CT and referral systems; and 6) promoting the establishment of a 100% volunteer blood donor system. Injection Safety Poor medical injection practices exist in many of Vietnam’s hospitals. Sharps containers and disposable needles are often not available. Surveys indicate that many nurses in government and private facilities lack knowledge of correct injection safety techniques and have little information about post-exposure prophylaxis procedures. A 2005 MOH study found that 35.4% of nurses failed to wash their hands prior to giving injections and 9.5% recapped used needles. In FY 2010, PEPFAR will support the implementation of a curriculum on injection safety developed last year through collaboration with the World Health Organization (WHO), the Vietnam Nurses Association (VNA) and Pact Vietnam at civilian and military sites. Male Circumcision In light of the fact that Vietnam is facing a concentrated HIV epidemic in which most new infections occur as a result of injecting drug use, the Vietnam team has not prioritized the implementation of male circumcision activities in FY 2010.

Technical Area: Counseling and Testing

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVCT | 4,950,178 | |
| Total Technical Area Planned Funding: | 4,950,178 | 0 |

Summary:

Context and Background The HIV epidemic in Vietnam is concentrated primarily among injecting drug users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM). While the HIV



prevalence rate among the general population is 0.43%, rates are as high as 62% in IDU in at least one PEPFAR priority province. PEPFAR-funded data released this year by Vietnam's Ministry of Health clearly indicates that injecting drug use is the most important driver of new infections among high-risk populations. HIV counseling and testing (CT) is a priority program in the government of Vietnam's National HIV/AIDS Strategy. In February 2007, the government issued the National Guidelines for Voluntary Counseling and Testing, which standardizes and governs voluntary counseling and testing practices in Vietnam. The government, in partnership with PEPFAR, the Global Fund (GF), Marie Stopes International and the World Bank, has established CT activities in 50 of Vietnam's 63 provinces, giving priority to high prevalence regions. The size of the most-at-risk populations (MARP) in need of CT services ranges from 500,000 to 1.5 million (PEPFAR Consultation, Feb. 2005). Current CT activities conducted within the general population, including surveillance, reach an estimated 500,000 each year. It is estimated that this accounts for 15% coverage of those most-at-risk, though the quality of services greatly varies. Both anonymous and confidential CT services are provided to target populations. Current testing is estimated to meet only 20% of the need in the six highest-prevalence provinces. Testing of pregnant women at antenatal care clinics is routine, but counseling and prevention of mother-to-child transmission (PMTCT) services at these clinics are inadequate. Counseling and testing services are often not available at the district level. The national CT guidelines have been adopted but there is little emphasis on counseling and testing at HIV-prevalent settings, such as clinics that treat sexually transmitted infections (STI). Vietnam's Ministry of Health's (MOH) requirement to use three different HIV tests to confirm a positive result – and the fact that rapid tests have not been approved for widespread use – reduces efficiency. While provider-initiated testing and counseling (PITC) has been scaled up in 36 TB clinics in Hanoi, Hai Phong, Quang Ninh and Ho Chi Minh City (HCMC), coverage is still limited and needs to expand to other provinces. The existing referral system needs strengthening to effectively monitor and track referrals for program quality and improvement. Although greater than at other CT centers in Vietnam, the number of clients served at PEPFAR-supported sites can be increased substantially. Geographic coverage and service quality is adequate, but services are underutilized. Therefore, efforts need to be coordinated and intensified to effectively saturate coverage of MARP within current USG-supported geographic locations. Expansion of CT services to reach hidden most-at-risk populations needs to be made a priority. Accomplishments since last COP To date, of the more than 250 established VCT centers in Vietnam, 103 offer full-spectrum CT services established with PEPFAR support. From October 1, 2008 to September 1, 2009, approximately 600 healthcare workers were trained in CT and 125,000 persons were tested and returned for their results. (Of those tested, 17% percent were HIV-positive.) Although rapid testing has not been approved for HIV confirmation in Vietnam, an estimated 90% of clients return for their test results at PEPFAR-supported sites. With PEPFAR support, a single standardized, MOH-approved reporting system was adopted by all CT providers. Starting in FY 2005, PEPFAR-supported CT social marketing programs have helped reduce the stigma related to testing; the result has been greater demand for counseling and testing services. Vietnam now commemorates World AIDS Day with an HIV Action Month. Every November, the government sponsors a series of community events designed to reduce stigma and discrimination, and encourage people to get tested. The success of this campaign encouraged health officials to initiate a similar nationwide campaign in September 2009 to encourage pregnant women to get tested so they could take measures to prevent mother-to-child transmission. Goals and strategies for the coming year In collaboration with the Global Fund, the World Bank and other donors, and in line with the vision of the Vietnam National HIV/AIDS Strategy to move towards sustainability, PEPFAR will continue its strategic and innovative approach to help the government strengthen its CT programs in FY 2010. In order to maximize cost efficiency, PEPFAR will focus on expanding CT coverage and improving the quality and quantity of CT services in provinces with the highest HIV prevalence. Continuing with provider-initiated testing and counseling services at STI clinics initiated in FY 2007, PEPFAR will explore opportunities to integrate mobile STI services into existing PITC clinics to facilitate access to counseling and testing and penetrate into areas with a large concentration of high-risk populations, especially female sex workers. Through the national CT and laboratory technical working groups (TWG), PEPFAR will work with the government to standardize laboratory protocols, develop a single training package/quality assurance program and



continue to encourage routine CT at high prevalence medical settings, enabling at-risk individuals to learn their serostatus and access prevention, care and support services. Based on findings from the rapid test pilot program, PEPFAR will collaborate with other donors to press for approval of rapid testing, especially in outreach settings. PEPFAR will also support training on the roll out of HIV rapid testing for laboratory technicians. PEPFAR will strengthen service provisions, improve the quality of laboratory training and provide internal as well as external quality assurance (EQA) and quality control (QC) measures. In order to achieve this, PEPFAR will: engage MOH through the provision of technical assistance to the Vietnam Administration for HIV/AIDS Control (VAAC) and NGOs to develop national CT training curricula and conduct training with a focus on test result disclosure, partner notification and couple counseling using HHS/CDC- and OGAC-approved protocols; introduce EQA activities for healthcare workers managing CT programs through standardization of training curricula and QA/QC toolkits; expand client exit interviews in VCT clinics in all focus provinces; continue to encourage VAAC to expand PITC in TB settings; expand TB testing among PLWHA to other provinces where TB is most prevalent; support VAAC to play a lead role in the implementation of national CT guidelines for the standardization and sustainability of all CT programs in Vietnam; support VAAC to develop and disseminate national guidelines on provider-initiated counseling and testing based on WHO and UNAIDS PITC guidelines; collaborate with the PEPFAR PMTCT team to incorporate CT and PMTCT services into antenatal sites and provide CT services for children at existing VCT clinics. PEPFAR will continue to market CT services to families and couples in coordination with organizations such as the Vietnam Women's Union, the Vietnam Youth Union and faith-based organizations. These recruitment strategies will help identify and provide opportunities for positive prevention among discordant couples. Following the national testing campaign, which started in 2007, PEPFAR will continue to engage the government by supporting the promotion of nationwide testing during the HIV Action Month in 2010 with participation of high profile politicians and celebrities, designed to help reduce the stigma and discrimination associated with HIV testing and encourage more people to seek CT. Activities will support reaching new MARP and also further saturate the reach of CT services to their sex partners, family members and especially the clients of sex workers. PEPFAR will also collaborate with the World Health Organization and UNICEF to encourage more testing of children with proper parental consent. The U.S. Department of Defense (DoD) will work with the Vietnam Ministry of Defense (MOD) to establish CT services targeting young military recruits with a focus on prevention messages. In FY 2010, DoD PEPFAR-supported VCT/PITC sites in Ho Chi Minh City will work closely with the HCMC Provincial AIDS Committee to promote linkages between civilian and military services. Efforts will focus on the standardization of service delivery protocol, the sharing of training opportunities and communication materials, and the strengthening of client referral networks, data collection and management. PEPFAR CT activities will focus on counseling and testing for current and former IDU. A government of Vietnam-led pilot CT program is being developed at the Nhi Xuan drug rehabilitation center in HCMC, with a plan for expansion to other centers in HCMC, Hanoi and Hai Phong, following post-evaluation recommendations and approval by OGAC. PEPFAR will support the strengthening of the existing referral system at the provincial level by empowering provincial referral coordinators and improving communication between HIV prevention and care services. PEPFAR will also support the strengthening of the current CT management information system (CTMIS) to ensure services are confidential. Following a FY 2009 pilot program using fingerprint recognition technology to facilitate and track referral to care and treatment services, PEPFAR will explore the expansion of this model in consultation with the host government, which will ultimately be responsible for its maintenance. In accordance with the PEPFAR SI plan, collection of information for implementing, monitoring and evaluating CT activities, as well as training and mentoring on data analysis and data use at the service delivery level, will meet national standards. This will help integrate service delivery systems, create linkages across providers and programs, ensure routine monitoring and evaluation, and provide support for the national HIV/AIDS monitoring and evaluation system.

Technical Area: Health Systems Strengthening



| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| OHSS | 3,512,769 | |
| Total Technical Area Planned Funding: | 3,512,769 | 0 |

Summary:

Context and Background With an epidemic concentrated in most-at-risk and marginalized populations, and with a relatively closed political and economic environment, health systems strengthening (HSS) efforts in Vietnam pose unique challenges. National attention to HIV/AIDS, including political commitment and civic engagement, continues to have a positive impact on current efforts to address the epidemic. National policy reform has helped shape the national response toward a comprehensive and rights-based approach to addressing the epidemic as a health issue. Putting policy into action remains a challenge, however, as services for high-risk groups remain limited, enforcement of the national HIV/AIDS law remains weak, the national drug law continues to criminalize addictions, and engagement of ministries involved in planning and finance, public security, social welfare and education remains limited. These challenges are multiplied by resource gaps in the national health care system, which continue to limit the successful implementation of policies and programs at the national, provincial and community levels. Civil society organizations (CSOs) still face restrictions in Vietnam, yet the government is increasingly recognizing their role in a comprehensive national response. As such, local NGOs, including PLWHA groups have been able to obtain legal registration as independent organizations. However, there is still no national codified legal framework for the establishment of civil society groups, or an articulation of the role CSOs should play in policy advocacy, service provision or support to the national healthcare system. Continued policy advocacy holds promise for long-term sustainable change in health and social welfare systems. Key government of Vietnam (GVN) partners such as the Ministry of Labor, Invalids and Social Affairs (MOLISA), and the Ministry of Public Security (MOPS) are starting to play a larger role in health policy reform. PEPFAR-Vietnam will capitalize on this increased engagement to further expand opportunities for HIV and broader health system strengthening. Accomplishments since the last COP In spite of these barriers, GVN has made significant strides in the last decade. A successful implementer of the “Three Ones,” Vietnam counts numerous successes in policy reform, including the 2004 National Strategy on HIV/AIDS, mobilization of national, provincial and community-based public health resources, and greater prioritization of the needs of PLWHA and most-at-risk populations. The USG team has supported a number of successful activities to strengthen the policy and regulatory environment through the development of national guidelines, policies and action plans. This includes the National Palliative Care Guidelines, the National Medication Assisted Therapy Guidelines and 100% Condom Use Policies. PEPFAR has provided technical assistance to Vietnam’s Ministry of Health (MOH) to define and require minimum standards of care from private providers. To support the development of regulatory systems, PEPFAR initiated a new program in FY 2009 to support the Hanoi University of Pharmacology to strengthen its systems. PEPFAR funds the United Nations to coordinate policy advocacy, strengthen multi-sectoral coordination and increase national ownership of HIV/AIDS programs. UNAIDS continues to coordinate the Ambassadors and Heads of Agency HIV/AIDS Coordination Group, which conducts quarterly meetings to identify and address key HIV policy issues, including harmonized cost norms and health sector development. UNAIDS also assists provincial governments to strengthen implementation of health policies and guidelines. The WHO health systems strengthening team, with partial support from PEPFAR, supports multi-sectoral coordination through the Health Partnership Group and the Joint Annual Review of the health sector, with the aim to build institutional capacity in the Ministry of Health. Additionally, PEPFAR support to the UN has strengthened national guidelines and supply management systems in commodity procurement; supported increased dialogue on long-term health planning at the Prime Minister/National Assembly level; and addressed health care finance and sustainability with an eye toward eventually phasing out donor funding. As part of a continuing strategy to strengthen pre-service and in-service education, PEPFAR has supported a number of initiatives in collaboration with the Hanoi



School of Public Health (HSPH). Support for pre- and in-service training on Total Quality Management (TQM) and project management, public health informatics and HIV/AIDS have been a cornerstone of the HSS portfolio. Pre-service training priorities also include developing curriculum on universal precautions with the Ministry of Defense (MOD) medical and nursing universities. PEPFAR is also supporting the development of an evidence-based curriculum on addictions counseling, social work and case management within MOLISA universities, which are among the few pre-service institutions that support psycho-social professions. This offers a unique opportunity to pair PEPFAR support to structural reform of addictions services with a vision for sustainable human resource development. Through long-term advocacy efforts, the Vietnam National PLWHA Network (VNP+) was legally registered as an NGO in 2009. It continues to expand with support from PEPFAR, and is emerging as a highly organized advocacy network. To address stigma and discrimination, PEPFAR supported an assessment of the issue and development of a stigma-reduction toolkit to be used at service delivery sites throughout the country. Based on the results of the assessment, which were disseminated in August 2009, PEPFAR supported the roll-out and implementation of an anti-stigma and discrimination plan for primary schools. In other areas, PEPFAR has provided critically needed legal services for people affected by HIV. Under the Health Policy Initiative (HPI), PEPFAR has supported legal clinics which provide legal counsel to PLWHA and work to address gaps in the enforcement of HIV-related laws, including the rights of women and affected children in the health and education sector. Additionally, PEPFAR support to HPI has trained journalists on HIV/AIDS. These workshops have improved the accuracy and depth of coverage on HIV epidemiology, prevention, care and treatment. Sustainability and coordination of resources remains difficult as the national health system cannot yet cope with increased need for services. While GVN has made advancements in harmonizing national and international resources, effective implementation mechanisms are lacking. Additionally, although the GVN is addressing health care reform, a broader and multi-sectoral strategy for health system strengthening is still lacking. Added to this, gaps in human resource capacity continue to limit efficiency and quality of service provision. Regardless of GVN commitment to developing the capacity of the health workforce, funding and staffing shortages persist and available health professionals are challenged to support a wide range of services. Vietnam continues to struggle in developing a multi-sectoral national response, particularly in health systems reform. Although the VAAC has the mandate to coordinate different sectors, it sits within MOH and has limited influence outside of MOH to be a truly effective coordinating body. As such, key ministries such as MOPS, MOLISA and the Ministry of Education and Training have limited engagement in HIV/AIDS. Ministry of Defense has slightly better engagement with MOH through facilitation and coordination efforts of the in-country U.S. Department of Defense team. For PEPFAR Vietnam, strengthening civil society remains a critical component of an effective health systems strengthening strategy. Despite GVN's willingness to engage civil society, it continues to restrict the activities of CBOs which limits their ability to advocate for better health care. This represents a critical gap. Given the government's dominance over healthcare delivery, civil society development remains a key priority to improve local capacity in policy advocacy, community-based services and equitable service delivery. Despite strong institutional structures and political support for education and training, the quality of public health education programs remains weak. Teaching methods and course content are largely outdated and in need of innovative evidence-based reform. National curriculums and technical guidelines are not always effectively implemented, particularly at the provincial and district level. This represents a great opportunity for PEPFAR to play an important health systems strengthening role by supporting health care professional curriculum development and reform. Despite current efforts, stigma and discrimination against PLWHA, IDU and CSW remains strong, creating difficulties in implementation of innovative interventions that target these populations. They continue to report difficulty in accessing basic services, including education, employment, and quality health care. HIV-positive IDU and CSW face additional stigma as they struggle to access services within a national system that creates strong disincentives for full disclosure of their health status for fear of legal and social reprisals. Goals and strategies for the coming year As PEPFAR increasingly prioritizes sustainable health systems strengthening, the PEPFAR Vietnam HSS interagency team will continue to work in an integrated and cross-cutting manner to ensure that technically-driven, evidence-based programming remains a priority, but in a way that addresses issues of sustainability and contributes to the



broader health system. In FY 2010, PEPFAR will continue to coordinate with the Global Fund and other donors to strengthen multi-sector GVN capacity, and build organizational and human capacity in planning and management, policy implementation, provision of regulatory oversight, and strengthening quality assurance and quality improvement initiatives. In FY 2010, PEPFAR will support international technical assistance on health system strengthening. The PEPFAR-Vietnam team will work with GVN to identify appropriate HSS experts, who will then work with the government to identify key HSS strategies and priorities. Based on these outcomes, PEPFAR Vietnam will support the government to develop an HSS action plan, and to identify needed resources. PEPFAR will continue to work with the UN on policy advocacy, health systems strengthening and improving the national multi-sectoral response in FY 2010. UNAIDS will work to strengthen coordination mechanisms, particularly through the Office of the Government and provincial People's Committees. WHO will support the Health Partnership Group and the Joint Annual Health Review, two multi-ministerial forums that provide key opportunities to expand the involvement of HIV partners in multi-sectoral dialogue. PEPFAR will support the development of national guidelines and implementation plans that encourage sustainable systems. Additional activities will continue to support commodity procurement systems and regulation of the private health care sector. Through HPI, PEPFAR will strengthen provincial governments' coordination and implementation of national policies and guidelines. Through Pact, PEPFAR will help implement the National Plan of Action for Orphans and Vulnerable Children. In addition, PEPFAR will continue to support the Ho Chi Minh National Political Academy to develop the skills of national and provincial leaders in evidence-based HIV policies and programs. To strengthen management of the national HIV response, PEPFAR has supported the Vietnam Administration on HIV/AIDS Control (VAAC), the national HIV coordinating body, at the national and provincial levels to strengthen human capacity and program management. PEPFAR will continue to support MOH to develop national strategies around sustainability, human resources and health system reforms. PEPFAR will partner with MOH to strengthen sector-wide regulation and stewardship capabilities, and support more effective and strategic engagement of the private health sector. A health systems strengthening approach will be integrated into GVN partner portfolios such as MOH, MOD, MOPS and MOLISA, to ensure that technical area activities maintain a sustainable and evidence-based approach while addressing broader health system needs. PEPFAR will work with GVN partners to develop long-term sustainability and staffing plans that gradually transition PEPFAR-funded staff to national funding. During this period, it is critical that PEPFAR funding levels remain stable, as reductions in the near term could have drastic consequences on nascent sustainability efforts. To work towards achieving a sustainable and skilled health workforce, PEPFAR will support a number of activities. HSPH will expand technical assistance and training on public health program management and TQM through the Sustainable Management Development Program (SMDP) for both civilian and military healthcare personnel. In FY 2010, PEPFAR support to HSPH will include development of human resource capacity through public health training, including epidemiology, biostatistics and public health informatics. HSPH will develop further linkages with international schools of public health through new partnerships developed in collaboration with NIH's Fogarty International Center as a critical component in strengthening the institutional capacity of HSPH. Collaboration with international universities will also support the development of effective classroom training curriculum and methods into the HSPH Bachelor of Public Health program. New modules will include epidemiology, global HIV/AIDS strategies, strategic planning, and education on the Vietnam health care system. The HSPH will also expand opportunities to strengthen faculty development and student programs through a center of excellence model. To strengthen civil society, PEPFAR will partner with UNAIDS and HPI to address the needs of PLWHA and CSOs through policy advocacy. Through HPI, PEPFAR will continue to support stronger enforcement of the rights of PLWHA through legal clinics and policy trainings. Support to VNP+ will continue as the national network plays an increasingly important role in policy advocacy, improved service delivery and equitable access to healthcare. PEPFAR will continue to strengthen local- and community-based organizations and support increased involvement of civil society and the private sector in the overall health system.



Technical Area: Laboratory Infrastructure

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HLAB | 4,811,500 | |
| Total Technical Area Planned Funding: | 4,811,500 | 0 |

Summary:

Strengthening Vietnam's laboratory infrastructure to support sustainable HIV/AIDS-related activities continues to be a priority for PEPFAR. Most laboratory support is coordinated through government of Vietnam (GVN) institutions, such as the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) and LIFE-GAP. Implementation is then supported by national institutions with specific mandates related to HIV, the National Institute for Infectious Tropical Diseases (NIITD), the National TB Laboratory and the National Institute for Dermatology and Venereology (NIDV). Support includes development of quality assurance systems, human capacity through training and technical assistance, and procurement of equipment and commodities. In FY 2010, the PEPFAR laboratory program will take a holistic approach to improving the quality of laboratory testing by focusing on a variety of quality assurance (QA) activities, with particular attention to laboratory accreditation. Support for QA efforts includes providing training, developing a site quality officer program, expansion of external quality assurance (EQA) programs and developing QA institutions. Quality management training will be provided to laboratory staff at all PEPFAR-supported sites. In FY 2010, PEPFAR will help pilot a program to identify and train quality managers at a handful of sites; if successful, this program will be expanded to all PEPFAR-supported sites. EQA is an ideal tool for understanding the quality of diagnostic and monitoring testing. In FY 2010, PEPFAR will strengthen EQA for HIV serology, TB microscopy, CD4, chemistry and hematology; and explore the possible creation of EQA for the diagnosis of sexually transmitted and opportunistic infections. Existing CD4 EQA will be expanded to include sites not currently supported directly by PEPFAR (currently there are a total of 45 CD4 capable sites). Funding will continue for CD4 instrument maintenance contracts for about half of all instruments in Vietnam. The recently piloted pipette calibration program will be expanded to service a larger number of sites. PEPFAR will provide funding and TA to establish two laboratory QA institutions (one each in the north and south) to support all clinical laboratories across Vietnam, as part of the National Laboratory Strategic Plan (NLSP). Most laboratory administrators in Vietnam understand the value of meeting international standards for accreditation and are eager to reach that level of operation. PEPFAR Vietnam plans to provide funding and TA to six national and provincial level labs to reach ISO 15189 standards. This activity will be structured as a 24-month, stepwise program so that QA standards become institutionalized within each facility. Due to their strong laboratory program in the region and expertise in this technical area, Family Health International (FHI) has been selected as the TA provider. In FY 2009, PEPFAR partnered with the Pasteur Institute (PI) in Ho Chi Minh City (HCMC) due to their past experience in performing molecular assays (VL and DNA PCR). In FY 2010, equipment (sequencer) and TA will be provided to PI HCMC's HIV drug resistance (DR) sequencing laboratory so that WHO accreditation can be obtained. Currently Vietnam only has a program to accredit laboratories confirming HIV diagnosis. PEPFAR will support the Ministry of Health (MOH) to develop a more comprehensive national laboratory accreditation program. As in other countries, HIV diagnostic testing is the major entry point into the medical system for people seeking care and treatment. A standardized, quality-assured testing program is still lacking in Vietnam. HIV rapid tests are used throughout Vietnam, however, there is no single national HIV testing algorithm utilizing simple, rapid tests. In general, WHO strategy III is used (serial testing). Clients visiting VCT, PMTCT and TB facilities do not receive test results during a single visit (screening tests are usually conducted at one location, typically a rapid test, and confirmatory testing, by enzyme-linked immunosorbant assays (EIA), is performed at a second facility). Results are provided to clients after seven days. Tests within this algorithm are not standardized, are regularly changed, and test product sensitivity and specificity is not considered when selecting a test for screening or confirmation. Such an environment does not allow for standardized



training of laboratorians, adequate time for laboratorians to develop proficiency in performing tests or the development of a national quality assurance program. In light of this situation, PEPFAR continues to support Vietnam in the evaluation of both HIV rapid test kits and EIAs using internationally accepted guidelines. All relevant stakeholders, both inside and outside the GVN will be able to participate, which will help build trust for the use of HIV rapid tests and consensus for a single national algorithm. In FY 2010, PEPFAR will work closely with VAAC and LIFE-GAP to roll out HIV diagnostic training to all sites and will continue to strengthen the existing EQA program. Support will also be provided for development of a system to conduct post-marketing evaluations of HIV diagnostic test kits. Over the past four years, PEPFAR has been engaged in strengthening both paper-based and computerized laboratory information systems (LIS) in partnership with VAAC, the HCMC Provincial AIDS Committee (HCMC PAC), the Vietnam Administration for Medical Services (VAMS) and the Association of Public Health Laboratories (APHL). A solution was sought that would take advantage of the rapid growth of information technology in Vietnam's private sector and the rapid uptake of computer technology in general, while at the same time taking into account long-term cost, sustainability and the lack of technical and human infrastructure in laboratories. A US-developed, open source LIS package was selected due to its flexibility. Customization was done locally through a collaboration of three state public health laboratories, with assistance from APHL and a local Vietnamese IT company. The LIS software worked well during a pilot in 2008 at two sites (Hanoi and HCMC) due to the availability of software expertise in-country, the non-dependence on proprietary tools and the empowerment and engagement of the MOH in the implementation process. In FY 2010, PEPFAR will focus on the expansion of LIS and integration into routine laboratory functions. LIS will be rolled out to eight more sites (for a total of 27 by the end of FY 2010), with both VAAC and HCMC PAC taking responsibility for defining and implementing the plans for scalability, maintenance, support and training. In-country partnerships will be developed for implementing instrument interfacing, which will allow for faster and more accurate data entry and incorporation of QA/QC data into the LIS. This, in turn, will strengthen management and use of these data. Laboratories and GVN partners will receive technical assistance for determining the core data elements that are required at the national level to allow for performance assessment of laboratories. LIS will be configured to allow for the transfer of these data from laboratories to the national level. PEPFAR will also focus on using the LIS as a tool to link laboratory data to prevention, care and treatment program areas, following the successful data exchange between VCT and HIV confirmation laboratories in 2009. One challenge is the annual maintenance cost for sites to run the electronic LIS; the Laboratory TWG will continue to seek less expensive options. PEPFAR Vietnam continues to work with MOH and VAAC to adopt a tiered, integrated laboratory network, which provides efficient service delivery across various levels of the public health system, as outlined in the 2008 Maputo Declaration. This goal is best achieved through the development of a comprehensive national laboratory strategic plan (NLSP) which includes an implementation component. Unlike most other PEPFAR-supported countries, well-equipped public health laboratories already exist in Vietnam at the provincial level which if appropriately linked and supported by partners are well situated to support the country's efforts to prevent and control the most common epidemic diseases. Over the past year, the MOH has continued to improve the current NLSP draft. In FY 2010, PEPFAR will continue to provide resources (funding and TA) for completion and adoption of the strategic plan. Many of the current PEPFAR supported laboratory initiatives are a part of the current draft. As a compliment to the NLSP, VAAC and LIFE-GAP are currently developing an HIV-specific laboratory plan. Though working through government institutions can be challenging and time consuming, changes in policies and practices at this level lead to sustainable results. To alleviate the shortages of qualified laboratorians, PEPFAR will continue to adapt and deliver training packages in the areas of HIV diagnostics and antiretroviral treatment monitoring (i.e., CD4, biochemistry, hematology, TB smear microscopy, STI and OI diagnostics). In the coming months, a program to improve the curriculum for medical laboratory degrees (pre-service) supported by the American Society for Clinical Pathology (ASCP) will commence at the Hanoi Medical University. Training packages for laboratorians currently in service will be updated for OI and STI diagnostics through support from CDC-Thailand and the American Society for Microbiology (ASM). Vietnam is classified by WHO as a high TB burden country. In response, capacity to perform high level, diagnostics tests (solid culture, liquid culture and PCR based diagnostic assays) will be expanded in the two main population centers in



Vietnam (Hanoi and HCMC). TA through ASM will ensure that the infrastructure of these laboratories and staff training meets internationally recommended standards for safety. The PEPFAR laboratory program will continue to function as a cross-cutting technical group, lending support to other technical groups. The program is staffed by five laboratorians, which includes: 1) a direct hire with previous experience in a PEPFAR-supported country, who provides leadership for the program; 2) a locally-hired staff member with prior experience working within the MOH laboratory program, who provides insight into the functioning of MOH institutions and supports molecular monitoring assays; 3) a contractor with U.S. NIH experience, who supports quality assurance programs; 4) a contractor with experience in a state public health laboratory and with APHL, who supports LIS, laboratory data management and laboratory safety; and 5) a recently hired laboratorian (local hire) will work closely with the PEPFAR HIV/TB lead to improve TB diagnostics. This PEPFAR laboratory team works in close coordination with the part-time laboratory focal persons from the other PEPFAR Vietnam agencies. In FY 2010, PEPFAR is requesting one additional laboratorian to work in HCMC to provide much needed support for laboratory activities based in the southern portion of the country. While Vietnam does have well equipped laboratories and capacity for good specimen transfer systems, numerous challenges still exist. Vietnam lacks a single HIV diagnostic algorithm, as discussed above. MOH/VAAC lacks a high level, experienced laboratorian to provide leadership on laboratory issues. There is not a strong, fully functional laboratory with a clear mandate from the host government to serve as a National Reference Laboratory. There is no single supervisory body for managing all HIV-associated laboratory practices and standardized implementation of policies. Lead times for laboratory-related activities are often long due to lengthy and complex approval processes stipulated by the GVN. District and some provincial level laboratories lack sufficient staff or have staff that is not sufficiently trained. QM and QA principles are not well understood by most laboratorians and Standard Operating Procedures (SOP) are not used in most laboratories, which results in inconsistent testing quality. Laboratory program accomplishments include support for the enhancement of laboratory capacity at 104 facilities offering HIV diagnostic and ART monitoring tests. Training was provided to a total of 485 laboratory staff working in these and other health care facilities. Support was provided through PEPFAR to conduct over 900,000 laboratory tests related to HIV diagnosis, care and treatment monitoring. TA was provided to create guidelines for CD4 determination, and a CD4 QA laboratory network model was developed to improve the accuracy of CD4 testing. The HIV EQA program at the National Institute for Hygiene and Epidemiology was expanded to support HIV serology testing in 105 labs across all 63 provinces of Vietnam. To date, four rounds have been distributed, training has been provided to reference laboratory staff, and software is being developed locally to generate reports. To alleviate the human resource shortage and to improve the capacity of medical laboratory scientists in Vietnam, PEPFAR supported a mentorship program for new medical technologists. The laboratory program also assists host government partners with identifying and interviewing qualified laboratory staff to oversee national laboratory activities. SCMS continues to be a strong partner for procurement of laboratory instruments and reagents, particularly for CD4. Their role in Vietnam is unique; a locally hired laboratorian provides TA for instrument placement, coordinates training, and provides quarterly site monitoring. PEPFAR also continues to provide TA to laboratories in Hanoi and HCMC to expand capacity for molecular testing (VL, DNA PCR and drug resistance sequencing). The laboratory program continues to seek opportunities to coordinate with other donors and international agencies in the region that are responding to the HIV epidemic. One example of this collaboration includes coordination of CD4 training and DNA test kit donations from the Clinton HIV/AIDS Initiative. In FY 2010, support will be extended to a total of 110 laboratories, covering approximately two-thirds of the provinces of Vietnam. Of these laboratories, 20 laboratories currently have national accreditation to perform HIV confirmatory testing, five will be supported to obtain ISO-based international accreditation, and one additional laboratory will be supported for WHO accreditation in HIV DR sequencing. In-service training will be offered to 900 laboratorians. Funds will also be available to hire a laboratorian to provide technical support to MOH/VAAC.

Technical Area: Management and Operations



| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVMS | 17,916,006 | |
| Total Technical Area Planned Funding: | 17,916,006 | 0 |

Summary:
(No data provided.)

Technical Area: OVC

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HKID | 3,360,000 | |
| Total Technical Area Planned Funding: | 3,360,000 | 0 |

Summary:
Context and Background PEPFAR Vietnam began offering programs for orphans and vulnerable children (OVC) in 2005. But it has not been an easy landscape to work in. Unlike other PEPFAR countries, the HIV epidemic is concentrated among injecting drug users and commercial sex workers. As a consequence, HIV/AIDS is typically seen as a disease of adults. Yet as the virus spreads, the number of children living with and affected by the virus is growing. Unfortunately, data is limited and of poor quality, which makes program planning and resource allocation difficult. (Even the government's own estimates vary widely.) Using UNAIDS data from 2007, the Ministry of Labor, Invalids and Social Affairs (MOLISA) estimates there are 143,000 children who have lost one or both parents to AIDS. MOLISA estimates that a total 283,667 children are affected by HIV. Fortunately, there is a growing awareness in Vietnam of the special needs of children affected by HIV and AIDS. It is recognized that children marginalized by the virus, those living in extreme poverty, on the street or in institutional care are at a much higher risk of becoming infected. There is also a greater understanding that the needs of children and adolescents are very different than those of adults. In what was a watershed event, the government recently approved the National Action Plan for Children Affected by HIV and AIDS until 2010, with a Vision to 2020 (NPA). The NPA, which was developed with support from PEPFAR, is a comprehensive and unified response to the diverse needs of children. In Vietnam, many different donors directly and indirectly support OVC programs. UNICEF is taking the lead in coordinating the international community's support to develop and institutionalize legal documents on OVC, of which the NPA is a good example. UNICEF is also providing technical assistance to develop child protection systems using a case management approach for juveniles. In addition to PEPFAR, other donors, such as the Clinton HIV/AIDS Initiative (CHAI) and the Global Fund are focusing on pediatric treatment and prevention of mother-to-child transmission (PMTCT) services. PEPFAR is directly reaching approximately 8,000 children affected by HIV and there are plans to increase that number to 14,000 (5-6% of the total) over the next two years. While these numbers may seem small, one of the intents of the NPA is to galvanize support from other donors so that the plan's ambitious targets can be reached by 2020. Accomplishments since the last COP In June 2009, the NPA, developed with support from PEPFAR and other donors, was approved by the Prime Minister of Vietnam. The plan aims to improve the ability of affected children and their families to access child-oriented health care, education and social benefits. It also encourages the development of systems to identify and monitor vulnerable children, i.e., case management, so that OVC are able to take full advantage of their rights guaranteed by Vietnam's progressive HIV/AIDS laws. The NPA marks the first time that ministries working on behalf of children -- the Ministries of Health (MOH), Education and Training (MOET) and



Labor, Invalids and Social Affairs (MOLISA) – are coordinating efforts to provide comprehensive services for children affected by HIV and AIDS. Even with the approval of the prime minister and support from all relevant ministries, translating the policies and strategies included in the NPA into practice will be challenging. Although acceptance of case management and family-based care is growing, many OVC are abandoned in orphanages or hospitals, where there is no clear community reintegration plan. Social workers are few in number and their role in delivering social services is limited. Due to a lack of experience and expertise in this area among MOLISA's staff, the reorganization of the child care and protection systems in Vietnam will require long-term support from the many international donors involved in OVC issues. PEPFAR is supporting an active Partnership Group on Children and HIV/AIDS to assist the government to implement the plan and achieve its targets. In the past year, the family-based model (using the case management approach developed with technical assistance from UNICEF, Family Health International (FHI) and Pact Vietnam) was expanded and improved with the goal of keeping vulnerable children in a family setting in the community. Foster care was introduced for the first time in Vietnam to add more choices to the limited OVC care models. Self-help and community-based groups are increasingly engaged in identifying vulnerable children, working with them to access health care and social support, and helping them stay healthy and free from HIV infection. Linkages between OVC, PMTCT and pediatric care and treatment programs have been strengthened. In some large pediatric clinics and PMTCT sites, a health care worker, who is responsible for OVC, is embedded to assess OVC needs and refer children and their families to appropriate services. In FY 2009, PEPFAR supported the expansion of services for OVC in 10 provinces: Hanoi, Hai Phong, Quang Ninh, Dien Bien, Lao Cai, Nghe An, Thai Binh, Ho Chi Minh City, An Giang and Can Tho. Training is an important component of PEPFAR's OVC programming. In order to raise the quality of care and support for vulnerable children, PEPFAR programs teach care givers and family and community members to improve a child's self esteem and work on social and life skills, such as school readiness and social integration. The same training has been delivered to caregivers in institutional care settings. Government staff, including school teachers, are being educated about how HIV is transmitted -- and how it is not -- and how to identify vulnerable children and link them to care and treatment. Coordination mechanisms have been enhanced through quarterly partner meetings and experience-sharing workshops. During FY 2009, mass media and public events, designed to raise public awareness and reduce stigma towards OVC, were organized in every city and province in which PEPFAR operates. Goals and strategies for the coming year In FY 2010, PEPFAR will concentrate on quality improvement in existing program models. The case management approach will continue to be used to deliver six basic services (health, education, food and nutrition, psychosocial support, legal protection and shelter). PEPFAR will ensure that quality improvement structures are built into the programs and are functioning well to produce a measurable improvement in quality. The family-based care and support model continues to be a major intervention for the Vietnam OVC program. However, alternative care models are being introduced, including community-based small households and foster care, which will be piloted. Lessons learned will be used to guide future expansion. PEPFAR Vietnam will work toward using institutional-based models only as temporary measures. The continued engagement of faith-based organizations (FBOs) in identifying OVC and linking OVC with family-based and alternative care models will ensure the continuum of shelter and other care services for OVC. While improving the quality of core services, the number and capacity of caregivers, case managers and self-help groups will also be increased. In addition, case management and self-help group networks will extend their role to support caregivers serving in all care models to identify affected children. Their task will be to assess the status of vulnerable children and provide need-based services, linking all OVC with family-based care or alternative care. PEPFAR will continue to provide technical assistance to the Ministry of Health on nutrition and psychosocial support to improve the quality of support being offered at existing facilities. The team will also help the government of Vietnam implement the new national guidelines on food and nutrition to improve the detection and management of malnutrition in HIV-positive children. Due to the concentrated nature of the HIV epidemic, the uneven distribution of HIV services, and the relatively small numbers of pediatric services, linking community-based support for OVC with clinical services is extremely challenging. In the coming year, PEPFAR will support a tracking system so that the impact of interventions of successful referrals can be measured. A



new activity focused on abandonment prevention will be linked with the PMTCT program to provide counseling, knowledge and skills for HIV-positive or affected pregnant women to educate them about the importance of keeping their infants in the home and in a family environment. Information, education and communication (IEC) and training materials for service delivery and program implementation will be consolidated and standardized to ensure that consistent-quality programs are being delivered by PEPFAR partners working in OVC. It is expected that the National Action Plan and better coordination of the many donors working with OVC in Vietnam will result in significantly improved program outcomes. Now that the NPA is in place, the obstacles of poor data, lack of a framework for multi-sectoral collaboration and the lack of a national child support infrastructure can now be overcome. Goals and strategies for the coming year

Support evidence-based strategic planning Lack of data hampers OVC planning in Vietnam. Not only is data on OVC themselves (demographic, geographic, etc.) poor but there is insufficient information about services currently serving this group. In FY 2010, PEPFAR plans to identify key data gaps in order to assist the government, donors and NGOs in program planning and implementation of the NPA. In FY 2010, PEPFAR will work in partnership with MOLISA to develop a database to provide information on the status of OVC in Vietnam and to support evidence-based strategic planning for the national OVC program. Improve quality of programming In-country "lessons learned" and "best practices" are being reviewed to improve program quality and better inform program design and planning in future years. The result of this review process will also be used to consolidate PEPFAR technical assistance to support MOLISA and relevant sectors in order to help the government develop and implement a comprehensive package of OVC programs under the NPA. Service provision in the six core service areas is not standardized across partners, donors, NGOs or the government. In-depth technical guidelines for each service delivery remain incomplete. Standard operating procedures (SOP) for each model, including coordination mechanisms, will be developed in preparation for national scale-up. Promote coordination of care at all levels Coordinating the many international donors working on OVC issues is a challenge for the government. Furthermore, different care and support models are being implemented by different partners in different areas, without SOP or being linked to one other in a systematic way. The PEPFAR Vietnam team will work with other donors to support MOLISA's role in coordinating the multiple key players involved in the NPA, including tracking the implementation and evaluation of different models of OVC care and service, to better inform national OVC planning and implementation. Address policy issues and strengthen national and local social service systems and related ministries In collaboration with MOLISA, MOET and civil society organizations, PEPFAR will focus on strengthening social services, e.g., vocational training, education, legal protection and economic assistance. Attention will also be given to expanding the role of social workers, improving training manuals and information, education and communication materials for healthcare programs, and increasing efforts to prevent child abandonment. PEPFAR's strategy will specifically address areas of support for the NPA in general and the Department of Child Care and Protection in particular. As outlined above, the National Plan of Action will inform PEPFAR's work, and the nature of PEPFAR's collaboration with the government. Address human resource needs. PEPFAR will strengthen MOLISA's child welfare and protection system through human capacity development. MOLISA intends to establish a network of full-time government staff working in child care and protection, with a presence in each local government commune. PEPFAR will support the institutionalization of training curricula for OVC care. PEPFAR will support training programs that will provide MOLISA staff and social workers with the broad range of knowledge and skills required to assess and address the needs of OVC, particularly children living in difficult situations. This MOLISA staff network is expected to take leadership of, and responsibility for, the OVC framework at the provincial, district and commune levels. In addition, MOLISA will expand its in-service case manager's network to better serve the national OVC program. These strategies, PEPFAR-supported services and PEPFAR support for the National Plan of Action, aim to realize the goal of a host-country owned, sustainable, rights-based and evidence-based OVC program in Vietnam, and a public health environment that better coordinates and links children's welfare to HIV prevention, care and treatment programs.



Technical Area: Pediatric Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| PDCS | 1,756,000 | |
| PDTX | 818,000 | |
| Total Technical Area Planned Funding: | 2,574,000 | 0 |

Summary:

Context and Background It is estimated that there are 5,100 HIV-infected children in Vietnam (fewer than 2% of the total number of PLWHA). The data are not completely reliable due to the lack of national reporting of HIV infections, and recent estimates have been revised down. Currently, 1,703 children are receiving antiretroviral (ARV) treatment nationally. Vietnam's National HIV AIDS Strategy sets a target to care for 100% of HIV-infected children by the end of 2010 but does not have a clear implementation plan to reach this target. When it comes to caring for children, the concentrated nature of the epidemic in Vietnam poses challenges to geographical coverage, and makes it difficult to develop expertise and infrastructure and a targeted response nationwide. A handful of sites in urban areas provide care to large numbers of children, yet in the rest of the country the only facilities available are adult sites that are not practiced in meeting the needs of minors. PEPFAR has been the largest provider of care and treatment services to infected children and exposed infants since pediatric services were added to the program in 2005. Since 2006, PEPFAR has partnered with the Clinton HIV/AIDS Initiative (CHAI), coordinating procurement and distribution of ARVs and medicines for opportunistic infections (OI). PEPFAR has also developed training curricula and protocols, supported clinical mentoring and provided technical assistance to maximize coverage, to create a comprehensive support package and to add pediatric services to sites supported by the government of Vietnam and the Global Fund. By the end of June 2009, pediatric services were available in 54 sites in 36 provinces. Universal geographic coverage remains a challenge. PEPFAR will increasingly focus on technical assistance to government sites to improve access to services for children. Pediatric care and treatment services provided in PEPFAR-supported outpatient clinics offer HIV-exposed and infected children and their families access to HIV PCR testing, counseling on prevention and treatment, ART, cotrimoxazole prophylaxis, TB screening, treatment of OI, palliative care, formula for exposed infants, nutritional assessments and counseling, food support and food by prescription, and immunizations. Social support includes help with transportation and hospital fees, linkages to community-based services and services for orphans and other vulnerable children (OVC) in the area. Treatment supporters are a new cadre of health care workers, primarily social workers in pediatric hospitals, who have been recruited to improve linkages between clinical care sites, clinics and the community, reduce loss to follow up, increase treatment adherence, and improve identification, assessment and referral of OVC. Accomplishments since the last COP PEPFAR Vietnam coordination and cooperation with CHAI continues to grow stronger. The agencies work together on the procurement and distribution of ARV and OI drugs and CD4 reagents for both programs. They support the development of pediatric training curricula, clinical and management supervision, program design and implementation, and other forms of technical assistance. PEPFAR is working closely with CHAI to manage the impact of CHAI's transition out of drug procurement and pediatric commodities in 2010. If Vietnam's ambitious application for Global Fund Round 9 funding is successful, PEPFAR will work closely with Global Fund to leverage PEPFAR in-country technical assistance with Global Fund programming funding. PEPFAR is already in discussion with government and other donors to examine contingencies should the Round 9 application not be successful. PEPFAR may be requested to procure pediatric ARVs to avoid a shortfall. In any case, the team will work with the Vietnamese government to develop a plan for sustainable pediatric treatment. Balancing the need to concentrate resources to provide high-quality comprehensive care against the need for geographic coverage, PEPFAR, by the end of FY 2009, planned to have pediatric care and treatment programs in 20 provinces, including specialist pediatric



facilities in nine provinces, and integrated family-centered care clinics in eleven, plus care provided in two orphanages and one hospice. As of June 2009, 1,900 children were receiving care and support from PEPFAR programs, including 1,400 on ARV. In addition, 997 infants born to infected mothers were in active follow up. Through technical assistance, training, drug procurement or management support, all HIV-infected children in care in Vietnam benefit from PEPFAR support. There currently are differences in quality between sites where PEPFAR is directly funding service delivery and those that are supported wholly by other programs, and also between centrally located services with high levels of experience and expertise and small, new or distant sites. To address these differences, PEPFAR has established pediatric training networks within large pediatric hospitals (Pediatric Hospital No. 1 and No. 2 in Ho Chi Minh City and the National Pediatric Hospital in Hanoi). PEPFAR provides technical support to the staff at these high volume central sites who then train, supervise and mentor new or inexperienced doctors through clinical training rotations and small group bedside training. These sustainable training and clinical learning structures are now being taken up by the government, allowing PEPFAR to start tapering off its support. The training and support package consists of onsite clinical mentoring, offsite clinical bedside training, training courses, online and telephone communication, case conferences and experience-sharing workshops. The training structures also help build relationships between the clinicians working at the different levels in the health care system, which in turn facilitates patient referrals. Early Infant Diagnosis (EID) using polymerase chain reaction (PCR) is now a reality in Vietnam. In FY 2009, it was introduced in Ho Chi Minh City, which has the most comprehensive PMTCT coverage in Vietnam. It is being expanded to 16 additional provinces using dried blood spots (DBS) in a complex but successfully coordinated partnership between PEPFAR, the National Institute of Hygiene and Epidemiology, the Pasteur Institute and CHAI. PEPFAR worked closely with Vietnam's Ministry of Health (MOH) in developing the EID guidelines and protocols, which have been completed and are awaiting final approval. The Ministry of Health has recently released new national HIV/AIDS care and treatment guidelines, including new pediatric guidelines which represent a significant advance, being much more detailed and reflecting WHO recommendations from 2008. PEPFAR and its partners, such as CHAI, UNICEF, the National Pediatric Hospital and the Vietnam Administration for HIV/AIDS Control (VAAC), are working together to develop a standardized national pediatric HIV/AIDS training curriculum, which will be implemented in all existing and new sites. New training will also incorporate palliative care, pain control and physical and spiritual support for children and their families. Fortunately, due to an excellent government anti-malaria program, funded in part by the Global Fund, this disease is no longer a danger throughout most of Vietnam. The country's national program to ensure access to clean water supplies and sanitation is a priority of the Vietnam government and international donors. All HIV clinics counsel patients on the importance of using safe and clean water. The PEPFAR package of care for exposed infants includes formula, where it is acceptable, feasible, affordable, safe and sustainable (AFASS), and feeding support and advice for mothers. Cotrimoxazole prophylaxis begins at four to six weeks until an infant's HIV status is learned. Early infant diagnosis with PCR testing is provided as early as at four to six weeks of age at some sites and is expected to be available in most PEPFAR sites by the end of 2009, with plans to make it available to all applicable infants at any site in the country using DBS and transporting the specimens to reference laboratories with molecular diagnostic capacity. Designated staff at each clinic are trained to offer support services to strengthen the linkages to routine child health services, prevention of mother-to-child transmission (PMTCT) treatment, OVC and home-based care services. There is currently very little data on malnutrition and infant diarrhea among HIV-infected children in Vietnam. PEPFAR is conducting assessments of nutritional status, food-by-prescription and supplementation (see HBHC section) and will program based on the findings. In 2010, PEPFAR will focus on care and treatment program service evaluation, use of evaluation data centrally and locally, quality control and quality improvement. The ARV program is currently undergoing a review. To move toward strong evidence-based programming, PEPFAR is examining existing data on quality of care, data quality and retention in care. The team will design new evaluations based on the identified gaps. In FY 2010, there will be an in-depth evaluation of the care provided and ARV outcomes at the seven largest pediatric sites, as well as of the services provided to children at adult sites; this assessment will cover the services offered to approximately 80% of children receiving treatment for HIV in Vietnam. Access is an



important PEPFAR priority. The PEPFAR Vietnam team is working with community and patient groups and with care sites to identify and address access issues. Healthcare staff working in specialized hospital departments (e.g., emergency, respiratory or gastro-intestinal disease) are being trained to identify and manage HIV/AIDS patients, and refer them to outpatient clinics for long-term treatment. In FY 2010, PEPFAR and CHAI plan to support VAAC to pilot a model of active testing to identify access issues and to help tailor future interventions to increase access. Goals and strategies for the coming year New activities are aimed at closing the gaps and meeting the challenges identified by the Vietnamese government, PEPFAR, its partners and other agencies working in pediatric HIV care. PEPFAR Vietnam will establish its own Pediatric Care and Treatment technical working subgroup, consisting of PEPFAR, partners, other donors and the GVN. The working group's efforts will inform the government's own strategy development and ensure that PEPFAR's work is able to complement and leverage the work of other donors, and that all are coordinated in line with the vision of the government. All of the activities outlined above are ongoing, but PEPFAR Vietnam will focus increasingly on quality improvement (QI). The team will investigate, introduce and support built-in QI mechanisms, with a focus on evaluation capacity in government and local use of data. In FY 2010, PEPFAR will expand pediatric services to provinces where PMTCT and adult care and treatment services are available. The family-centered care model will be utilized to make services more convenient to the whole family. Expansion will be considered based upon epidemiological data, the need for services, and the local partner's commitment and capacity. PEPFAR will support the roll out of national training curricula in pediatric palliative care, pediatric HIV/AIDS nursing care and will support implementation of the revised national HIV/AIDS care and treatment guidelines. Experience-building, training and case-referral networks will continue to be supported at Pediatric Hospital No.1 in HCMC and will expand to the National Pediatric Hospital in Hanoi. To ensure that more HIV-infected children access care, PEPFAR Vietnam plans to increase voluntary counseling and testing (VCT) outreach to children by promoting VCT services to the children of men and women in care at adult sites, siblings of children at pediatric and family-centered sites and to patients at general pediatric care sites. To improve the quality of services, PEPFAR will support HIV/AIDS training for general pediatricians, help build relationships between pediatric, PMTCT and general community VCT sites, and improve linkages with OVC programs and services through embedded OVC staff at pediatric clinics. In high prevalence areas, the PEPFAR team will conduct a family-centered social marketing campaign for VCT and pediatric care, which will target awareness of pediatric care and treatment services as part of the full range of care and treatment services. The government of Vietnam has made the lack of data a priority area and PEPFAR will work with VAAC in developing a data project to address the problem. Improved epidemiological data and geographic correlation between children in care and known HIV prevalence will allow PEPFAR, the government and donors to better target and evaluate programs. Quality of care monitoring, local use of data and quality improvement mechanisms will be built into all PEPFAR-supported programs and PEPFAR will work with the government to apply quality improvement mechanisms to all sites and services. PEPFAR will continue to support an annual care and treatment experience-sharing conference, which includes pediatric activities. In collaboration with MOH, PEPFAR will also support biannual pediatric ARV program reviews and establish HIV drug resistance monitoring sites. PEPFAR will support VAAC to implement the national EID guidelines through laboratory support, training of laboratory workers and developing specimen transport systems. PEPFAR will expand EID services to provinces where pediatric services and PMTCT programs exist. In FY 2010, the pediatric program will work closely with the TB/HIV program to enhance referrals for TB diagnosis and treatment of HIV-infected children, and promote PITC for children at TB facilities. PEPFAR will also support nutritional assessments, nutritional counseling, food and micronutrient supplements, and therapeutic foods for pediatric patients where possible. PEPFAR will also support the implementation of the national nutrition guidelines, which are expected to be approved in FY 2010. Because of Vietnam's government structure, each and every PEPFAR care and treatment service is implemented with, by or through the government. As PEPFAR enters Phase II, the team aims to build on the firm base of country ownership, government collaboration and engagement. PEPFAR Vietnam will energetically pursue program sustainability through monitoring and evaluation, quality improvement, service and program review of efficiency and effectiveness, ongoing collaboration with the government and increase advocacy for



engagement with other donors. In PEPFAR Phase II, the team will systematize and standardize successful models, adapt them for national implementation and evaluate their effectiveness.

Technical Area: PMTCT

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| MTCT | 4,073,000 | |
| Total Technical Area Planned Funding: | 4,073,000 | 0 |

Summary:

Context and Background According to Vietnam’s Ministry of Health’s 2008 HIV sentinel surveillance, HIV prevalence among pregnant women in Vietnam is 0.25%. With an estimated 1.5 million deliveries annually, this translates to 3,750 HIV-positive pregnant women giving birth in Vietnam each year. As is the case with pediatric care and treatment, the concentrated and heterogeneous nature of the epidemic has posed many challenges to a cost-effective national expansion of PMTCT programs, specifically in geographic coverage, development of expertise and infrastructure, and a targeted response. For this reason, the best results in the PEPFAR program have been seen in areas with the highest HIV prevalence and in which there are larger numbers of HIV services, and corresponding antenatal and maternal health services. A few antenatal care (ANC) sites in urban areas provide care to large numbers of women and regularly diagnose HIV infections, while many smaller sites located at the district and commune levels provide testing, but with few or no HIV diagnoses made in a single year. Women usually give birth at district or provincial hospitals while attending private or commune health care facilities for antenatal care, where they are not tested for HIV or where there is no access to accredited or authorized HIV testing. Pregnant women are often unaware of their risk of HIV infection and are reluctant to be tested due to lack of patient education services. High rates of uptake have been successful where intensive training of staff and support of PMTCT services have been available. In addition, although the HIV/AIDS law mandates free testing for pregnant women, many hospitals charge patients, except where PEPFAR has been able to negotiate free testing. Furthermore, antenatal and maternal health care systems, which are physically and administratively distinct from HIV health care systems, often don’t see PMTCT as a priority.

National Scale-up The government of Vietnam has targets to provide, by the end of 2010, counseling to 90% of pregnant women, testing to 60%, antiretroviral (ARV) prophylaxis to all HIV-positive mothers and their infants, and ongoing care and treatment to 90% of HIV-positive mothers and their infants. Despite these ambitious targets, there is still no national scale-up plan for PMTCT and it is unclear how the government intends to meet them. The government recently appears to have made PMTCT a priority. In late 2009, a National PMTCT Month of Action to strengthen services throughout the country and increase awareness of PMTCT services was launched with high profile media and political events. This represents a new opportunity for PEPFAR to work constructively with the government of Vietnam to build a practical and sustainable national PMTCT plan.

Accomplishments since last COP Despite the obvious challenges, with extensive PEPFAR support, Vietnam’s Ministry of Health (MOH) has made significant achievements. According to MOH, in the first half of 2009, 214,000 pregnant women received HIV testing, compared to 218,048 for the whole of 2008. This represents 28.5% of all deliveries, up from 14.5% the previous year. Of those tested in 2009, 681 were diagnosed HIV positive. In that same time period, 528 HIV infected pregnant women and 664 babies received antiretrovirals (ARVs) to prevent mother-to-child transmission. PEPFAR significantly increased HIV counseling and HIV testing to reach 320,273 pregnant women in the first half of 2009. A total of 1,373 HIV-positive pregnant women (36% of the estimated national total) were identified. One-thousand-and-three HIV-positive pregnant women (73% of those identified and 26% of the national total) and 1,144 babies (83% of those identified and 30% of the national total) received ARVs. PEPFAR directly supports PMTCT treatment at 600 sites in 19 higher prevalence provinces. Fifty-one national, provincial and district level sites provide the minimum package



of services. Provider-initiated testing and counseling (PITC) is provided in 34 additional districts and 515 communes with linkages to designated ANC sites, hospitals and outpatient clinics, which provide the minimum package of services. PMTCT and opt-out testing are part of the routine national antenatal care package. PITC is also available at sexually transmitted infection (STI) sites. Counseling, videos and information pamphlets are available on family planning, HIV prevention and condom use. HIV-positive pregnant women receive ongoing counseling on infant feeding, starting at the pretest counseling stage. If the mother and counselor agree that the option is acceptable, feasible, affordable, safe and sustainable (AFASS) the baby will be provided with formula, otherwise the mother is counseled about exclusive breastfeeding for the first six months and on related issues. Mothers who choose formula feeding are counseled about safe feeding practices and the risks of mixed feeding. For formula-use management, women receive a one-month supply at each visit. The lid of the formula cans are signed or bear a special mark and need to be presented to outpatient clinic staff at each visit in order to continue receiving formula. HIV-positive pregnant women receive CD4 testing, hematology and biochemistry testing, and have their nutritional condition evaluated at ANC sites, after which they are referred to an outpatient clinic for WHO staging, tuberculosis screening, cotrimoxazole prophylaxis and ART. Pregnant women eligible for ART treatment, on the basis of their own health and CD4 count, start as soon as possible after 14 weeks, in accordance with the national protocol. Women not eligible for treatment are given AZT starting at 28 weeks, followed by intrapartum AZT/3TC and a single-dose of nevirapine at labor, and one week of AZT/3TC postpartum. Women who learn of their HIV infection at labor or only come to the PMTCT site for the first time for delivery receive a single dose of nevirapine and one week of AZT+3TC. Infants are given a single-dose of nevirapine at birth followed by one to four weeks of AZT, depending on how long the mother received AZT prophylaxis before labor. Infant follow up includes: cotrimoxazole at four to six weeks of age; formula until 12 months of age if AFASS; ongoing counseling on safe feeding practices along with clinical follow up of growth, nutritional status and symptom monitoring; and early infant diagnosis (EID) according to a newly developed national protocol. Food support is currently provided for all HIV-positive pregnant women at PEPFAR-supported sites. Women are introduced to affiliate outpatient clinics for long-term care and treatment services. All ARV procurement and distribution in Vietnam is coordinated by MOH's Vietnam Administration of HIV/AIDS Control (VAAC) with technical support from the Supply Chain Management System. ARVs for PMTCT are available for all sites that meet the requirements for drug storage and management. Linkages between the PMTCT program and voluntary counseling and testing (VCT), home-based care, orphans and other vulnerable children (OVC), adult and pediatric care and treatment programs have been strengthened through the regular involvement of social workers, community-based case managers, peer educators, mothers' groups and meetings between service providers at the different sites, as well as through reporting requirements that include the tracking of referrals. PEPFAR has supported policy development and capacity building activities at all levels. PEPFAR provided considerable technical support to a national PMTCT implementation protocol, which serves to standardize PMTCT services nationwide, as well as to the recently revised national ART guidelines, including those for PMTCT. PEPFAR is training and supporting staff from experienced sites to provide quality assurance, technical assistance (TA), onsite supervision and training to other sites in Vietnam. The best results from the PEPFAR PMTCT program to date have been in Ho Chi Minh City, Vietnam's largest city, where there is a higher HIV prevalence and a geographical concentration of HIV and antenatal and maternal health services. PEPFAR works with the provincial government to provide uniform and complete coverage of PITC to pregnant women. PEPFAR continues to support and expand social marketing campaigns aimed at reassuring the public that HIV testing is a normal part of antenatal care, raising awareness about primary prevention, and the importance of seeking early ANC and HIV testing during pregnancy. This complements the government's recent media and political campaigns aimed at raising public awareness. Many donors support activities in this program area in Vietnam. Coordination is complex but critical, and will be more so as coverage expands. PEPFAR has close working relationships with the Global Fund, which is supporting PMTCT activities with Round 6 funding and will further expand with assistance from Round 8 funding, the World Bank, the Clinton HIV/AIDS Initiative and UNICEF. Each donor is offering a different range of services and a different geographical focus. Goals and strategies for the coming year In FY 2010, PEPFAR Vietnam will strengthen the



national PMTCT technical working subgroup, consisting of PEPFAR, PEPFAR partners, the government, donors and local and international NGOs. The goal of this technical working subgroup is to: develop harmonized PMTCT strategies; identify and implement evidence-based programming consistent across implementing agencies; and generate, analyze and disseminate program data for the purpose of improving program efficiency and efficacy. The PEPFAR Phase II goals are country ownership and sustainability. To work toward sustainability, early in FY 2010, PEPFAR will review the activity of every partner working in PMTCT to identify strengths and weaknesses, identify efficiencies that will allow expansion of the program within existing budgets, identify parts of the programs that need extra support and those that should have their funding rescinded. Sustainability will also be achieved through support for the national scale-up and ownership plan. Robust monitoring and evaluation systems and capacity are critical components of a successful PMTCT program. In FY 2010, PEPFAR Vietnam will support the government and PEPFAR partners to establish and strengthen systems for PMTCT program monitoring and evaluation with a focus on data quality and generating appropriate data for regular quality improvement at all administrative levels. Key program staff will be supported to develop their program evaluation and analytic skills with the goal to increase program quality and efficiency through rigorous, internal program review. The USG will continue to support the government and other partners to nationally standardize and implement standardized monitoring and evaluation and quality improvement tools. The USG will also support the integration of PMTCT monitoring systems into the overall health management information systems. These activities will be coordinated through the PMTCT technical working subgroup in collaboration with the national M&E technical working group. During the next phase of scale up, PEPFAR will: 1) open new sites and work with new partners to increase the number of women receiving PMTCT services; 2) focus on supporting the national program to expand the quality and the quantity of services through capacity building, technical assistance, quality assurance/quality control, training, and monitoring and evaluation systems; 3) work with MOH and the national health insurance company to ensure reasonable support for HIV testing; 4) encourage the adoption of family-centered care as the priority model to ensure linkages while decreasing costs; 5) provide updates and refresher training on PMTCT, especially training in new WHO guidelines that will be released at the end of 2009. Existing data have indicated that women who receive antenatal care in the private sector are often not tested for HIV until they present in labor at sites. These women and their babies are also less likely to seek postnatal care. In Ho Chi Minh City, investigators are trying to determine where these women are receiving antenatal care, and then provide training and technical support to those clinics, sites and doctors. PEPFAR plans training in PMTCT to high volume private antenatal care providers, including training on HIV counseling and PITC, and referral of women with positive tests for confirmatory testing. Furthermore, PEPFAR will support social workers, nurses and case managers to follow up with women who present in labor, many of whom have traveled some distance from their homes to deliver. PEPFAR will support expansion of the number of sites providing STI diagnosis and treatment for HIV-positive pregnant women, as well as primary prevention and opt-out testing at these sites. PEPFAR will work closely with WHO and UNICEF to advocate for closer collaboration with VAAC and other departments within MOH that have links to maternal and child health, especially the reproductive health departments, to develop a plan to take advantage of the current reproductive health network in reaching out to pregnant women in the community. Population Services International (PSI) will continue to provide social marketing of PMTCT, and PMTCT and outreach services. PEPFAR will support the development of counseling materials to be used in VCT settings and for obstetric staff to ensure PMTCT clients are referred to OVC programs. Finally, although standardized national program reporting indicators have been introduced nationwide, reporting is often slow and data quality is poor. PMTCT programs will work with the USG's strategic information and VAAC's M&E technical working groups to improve data reporting and quality by systematically identifying problematic areas and to minimize the duplicative reporting burden across stakeholders (i.e., the "Third One"). Funding issues: PEPFAR Vietnam will conduct a formal review of its current PMTCT strategy and partner funding. The concentrated but geographically diverse HIV epidemic in Vietnam will require significant levels of funding to ensure universal PMTCT coverage. The PEPFAR Phase II Vietnam PMTCT strategy will focus on concentrating its resource-intensive programs in the areas of greatest need and where the benefits are clearly demonstrated to be the highest. The



PEPFAR Phase II Vietnam PMTCT strategy will identify the most cost-effective assistance to offer the government and people of Vietnam to meet the ambitious targets in the national HIV/AIDS strategy.

Technical Area: Sexual Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|--|----------------------------|----------------|
| HVAB | 1,560,547 | |
| HVOP | 7,375,242 | |
| Total Technical Area Planned Funding: | 8,935,789 | 0 |

Summary:

Context and background The HIV/AIDS epidemic in Vietnam has historically been fueled by injecting drug use, which has concentrated the burden of HIV in marginalized, high-risk populations in urban centers and along drug transport corridors. The Vietnam HIV/AIDS Estimates and Projections 2007-2012, supported by PEPFAR and published by the Ministry of Health in 2009, has estimated HIV prevalence rates as high as 62% among injecting drug users (IDU) in at least one PEPFAR priority province (Hai Phong), and reinforces evidence that injecting drug use is the most important driver of new infections among female commercial sex workers (CSW), men who have sex with men (MSM) and other high-risk populations. For example, CSW who report injecting are up to 30 times more likely to be infected with HIV than those who do not. The prevalence of injecting among CSW is a strong predictor of HIV prevalence in this population. Overall, national HIV prevalence among female CSW is estimated at 9% (with rates upwards of 20% in Hai Phong and Can Tho), and among MSM it is estimated at 2% (with rates of 4% in Hanoi and 5% in Ho Chi Minh City). Studies suggest that many Vietnamese men, both married and single, pay for sex with partners ranging from street-based sex workers to women working at guest houses and entertainment establishments. Rapid social and economic change has created hotspots for sexual transmission of HIV in urban settings, and increased migration for work has been accompanied by increases in the number of entertainment establishments in which men can meet transactional sex partners. A DKT Vietnam study conducted in 2004 found that 90% of mobile men reported having commercial sex; the 2007 study in Hai Phong by Family Health International (FHI) Risk Factors and the HIV/AIDS Situation among Clients of Female Sex Workers, together with the broader 2005 Survey and Assessment of Vietnamese Youth (SAVY), found that 33% of sexually active urban men between the ages of 14 and 25 reported having had sex with a sex worker. In addition the FHI study found that 20% of these men had used illicit drugs, 70% used alcohol before accessing sex services, 11% had anal sex with other men and that 90% were unaware of their HIV status. Formative work by PEPFAR partners suggests that it is not uncommon for most urban men and some women to remain abstinent until marriage, and then to have extramarital relationships. A FHI study in entertainment establishments found that 60 to 70% of married men reported visiting sex workers, usually in the company of peers. Despite these reports, HIV prevalence in the general adult population in Vietnam has remained low at 0.43% (UNAIDS). While male clients of sex workers are an important target group for efforts to prevent the diffusion of HIV from high-risk groups to members of the general population, it appears that the kinds of long-term and concurrent sexual partnerships among both men and women that drive the spread of HIV in the highest prevalence countries are not sufficiently common in Vietnam to generate a generalized epidemic. Injecting drug use remains the central focus of USG-supported prevention efforts in Vietnam. But addressing risk behaviors associated with commercial and transactional sex, MSM, male norms, and alcohol and other drug use, have all emerged as critical prevention priorities. In addition, ensuring that CSW and other most-at-risk populations (MARP) beyond IDU have access to addiction – related services – including programs supporting primary prevention of drug abuse, risk reduction, counseling and drug treatment – remains a HIV prevention imperative in Vietnam. The social and geographic concentration of



HIV in stigmatized and marginalized populations has prompted the USG and many other donors to prioritize peer outreach approaches to efficiently bring HIV services to those with the greatest needs. The World Bank, the U.K.'s Department for International Development (DfID), Global Fund (GF), and the Asian Development Bank (ADB) all fund peer outreach programming, but with limited technical support. Accomplishments since last COP It is important to note that, although coverage of basic prevention services remains low, it has significantly improved from last year. Peer outreach coverage has grown from 31% to 42% and counseling and testing of CSW has increased from 1% to 12%. According to the latest program reports, PEPFAR-supported peer outreach efforts provided education to a maximum of 42% of the CSW in Hanoi, a priority province. The successful referral of high-risk individuals to HIV counseling and testing (CT) and other care and treatment services also remains a priority. According to the latest reports, 12% of CSW in Hanoi have received CT. With this progress in mind, the PEPFAR team will focus in FY 2010 on improving the coverage and quality of services in existing catchment areas, without pursuing additional geographic expansion. In addition, the team will redouble its efforts to improve CT uptake among MARP by refining training for outreach workers, further integrating HIV counseling and testing services in MARP-friendly settings, expanding the use of provider-initiated counseling and testing approaches in TB, sexually transmitted infection (STI) and methadone sites, and expanding the use of outreach-based HIV counseling and testing to bring services more directly to high-risk and hard-to-reach populations. In the initial "emergency" phase of PEPFAR support, the Vietnam team sought to empower peers who are themselves well-connected to networks of high-risk and marginalized populations to offer or provide referrals to an expanding set of prevention, care, and treatment services, as well as to play a greater role in program planning and advocacy. Over time, the program has put mechanisms in place to supplement peer outreach for CSW, MSM and IDU with: integration of addiction services into programming for CSW and MSM; provision of outreach-based CT services; establishing community-based drop-in centers offering addictions counseling, CT and STI treatment; referrals to family planning services to prevent unintended pregnancy among women at high risk for HIV infection; linkages to outpatient clinics offering a full range of HIV care and treatment services; integration of intensive case-finding approaches for TB into programming for high-risk populations; and linkages to community-based care and support. In FY 2010, the PEPFAR team will engage the government to strengthen feedback mechanisms to track referrals, and will support efforts to provide integrated services. Efforts need to be intensified to effectively saturate coverage of MARP within current USG supported geographic locations. Expansion of CT services to reach "hidden" MARP also needs to be a high-priority activity. Goals and strategies for the coming year Sex work is illegal in Vietnam, and government campaigns aimed at curtailing sex work have both made formal brothels rare, and have caused the venues in which sex workers meet prospective clients to multiply rapidly. Street and scooter-based sex work is now prevalent in urban centers, and PEPFAR partners are finding that the utility of peer outreach is limited by the independence and high mobility of street- and scooter-based sex workers. To improve partner capacity to implement tailored strategies to address the diverse needs of sex workers, PEPFAR will continue support for an assessment of targeted intervention approaches to address the many forms of transactional sex in Vietnam, and particularly the needs of CSW who use drugs. Entertainment establishments have also become common venues for sex workers and their clients to meet in Vietnam. But ensuring access to prevention education and commodities in these settings remains challenging given the fears of police scrutiny. Condoms are often unavailable at critical non-traditional outlets such as guest houses and karaoke bars. To supplement peer outreach efforts, expanded condom social marketing programming through Population Services International (PSI) will raise risk perceptions associated with multiple sexual partnerships and transactional sex, and will improve access to condoms and risk-reduction education in non-traditional venues. PEPFAR will continue to supply condoms for free distribution and social marketing through the Condoms Commodities Fund. Through UNODC, the Ministry of Public Security (MOPS) will initiate education programs for police and public security officials, to foster their support for the delivery of prevention services in key establishments and among most-at-risk populations. Abt Associates will use the draft national guidance for implementation of the 100% Condom Use Program in entertainment establishments to pilot this program in An Giang province. Chemonics will enhance peer education programming for beer promoters, and other women and men who may engage in transactional sex. It will



also serve as a new technical focal point for identifying best practices in economic rehabilitation programming for former sex workers and recovering IDU. Complementing existing programs for sex workers, a consortium led by PSI will refine an outreach and media-based campaign aimed at addressing risky male norms and promoting partner reduction, and correct, consistent condom use for male clients of sex workers. This initiative will also work in entertainment establishments to mitigate the HIV risks associated with alcohol use. In addition, FHI will hone its efforts to address HIV risks faced by truckers and transport workers, and will build upon an assessment conducted in FY 2008 to implement a cross-border program with the PEPFAR Cambodia team to address the needs of Vietnamese women who engage in transactional sex along the border and in Phnom Penh. Limited information is available on the diversity and size of the MSM population in Vietnam, but PEPFAR is working to address this gap through strategic information activities, including the inclusion of MSM in future rounds of the integrated biological and behavioral survey. In FY 2009, FHI focused on better understanding and addressing the needs of hard-to-reach and diverse MSM populations through outreach, interventions in MSM-friendly entertainment establishments and the implementation of a popular web-based intervention providing education, counseling, and service referrals to MSM. UNAIDS will complement FHI's efforts by building the capacity of MSM groups to implement sustainable prevention programming, and to engage in advocacy for access to HIV-related services. Program support for these activities will continue in FY 2010 in order to support advocacy networks for CSW and recovering IDU, to realize the leading role these traditionally marginalized individuals can and should play in establishing national and local priorities for action. To mitigate HIV risk among young people, the Vietnam team will continue to support two efforts. First, a partnership through Pact Vietnam with Save the Children US that emphasizes preventing sexual and drug use-related risks among street youth, orphans and adolescents in vocational training institutions. This effort will address gender norms that contribute to young men's HIV risk and will also integrate assessments to identify the characteristics of youth that are most likely to initiate or engage in risky sexual or drug-using behavior. Second, a relatively small investment in supporting the integration of HIV prevention education into secondary school curricula in support of the Ministry of Education and Training should help to reinforce and maintain a low-level of risk behavior among a large segment of the youth population in Vietnam. This programming complements a five-year ADB project supporting media and community-based interventions for mainstream and higher-risk youth. Looking ahead, the Vietnam team is emphasizing coordination and resource sharing across partners and with other donors to strengthen service coverage and quality in the face of rising costs and fewer resources, in addition to increasing government partnerships in program support. A key area of focus will be identifying priority programs suitable for obtaining measurable outcomes for prevention, mainly interim behavior change indicators as surrogate markers (i.e., self-efficacy and intent) to guide PEPFAR programming using evidence of intended outcomes. To address a key programming gap in Vietnam, PEPFAR will continue to provide support to UNODC in FY 2010 to maintain its efforts to improve access to HIV-related services among prison populations in Vietnam. Although little is known about HIV prevalence rates in prisons in Vietnam, many prisons house large populations of individuals who were convicted of drug- and/or sex work-related offences, and few HIV-related services are available in prison settings. UNODC will continue to work with Ministry of Public Security to develop and revise national guidelines for providing comprehensive drug treatment and HIV-related services in prison settings; training prison staff; and piloting services in one or two prisons in PEPFAR focus provinces. With U.S. Department of Defense support in FY 2010, an integrated biological and behavioral survey on sexual and drug risks in the Vietnamese military will be conducted to inform future investments in strategic HIV prevention programming for this population.

Technical Area: Strategic Information

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|-------------------------------------|----------------------------|----------------|
| HVSI | 4,820,861 | |
| Total Technical Area Planned | 4,820,861 | 0 |



| | | |
|-----------------|--|--|
| Funding: | | |
|-----------------|--|--|

Summary:

Context and Background With the first five years of PEPFAR in Vietnam characterized by the rapid scale up of an emergency response, the Strategic Information technical working group (SI TWG) focused on the immediate information needs of the overall program and specific technical areas. This was done by implementing solutions for collecting and using information for programs while making investments in capacity development across PEPFAR technical teams, the government of Vietnam (GVN) and implementing partners. While considerable resources went into the USG team and international technical partners, GVN was the primary beneficiary through targeted staffing, training and technical assistance (TA) in order to quickly establish methodologically sound SI activities. Often, the need for immediate information required direct implementation of SI activities by the SI TWG or international TA partners, resulting in activities and systems that provided minimal contributions to local capacity building and sustainability of programs. Starting in the fourth year of funding, the SI program began to focus on strategies for capacity building. TA was provided to the government to establish and lead national TWGs capable of developing national strategies for monitoring and evaluation (M&E), information systems (IS) and surveillance and surveys (SS) centered on GVN and Vietnamese organizations for program sustainability. These TWGs included national and international technical experts and stakeholders. Initially, the SI program was based on many of the approaches and national surveys developed for the general population epidemics of Sub-Saharan Africa. Basic program reporting was established, a national AIDS indicator survey was conducted and sentinel surveillance was on going. An administration within the Ministry of Health (MOH) – the Vietnam Administration for HIV/AIDS Control (VAAC) – was formed in 2005, serving as the single coordinating authority. An M&E team was created within VAAC to design and implement a single national M&E strategy and system. A national M&E technical working group, funded through GVN, UN agencies, the Clinton Foundation, the Global Fund, PEPFAR, the U.K.'s Department for International Development, the World Bank, and other funding streams, and made up of a range of international and indigenous government and non-government stakeholders, was created to develop the national M&E program. PEPFAR SI monies were spent on partners and systems necessary to meet reporting requirements of USG. Work was also underway with IS and SS TWGs to develop an M&E strategy appropriate for an HIV epidemic focused on injecting drug users (IDU), commercial sex workers (CSW) and their clients, and men who have sex with men (MSM), and to build capacity to implement it at local levels with national oversight and administration by VAAC. The greatest challenge to realizing a single national M&E system continues to be a shortage of healthcare workers with the skills required to deliver quality HIV programs supported by the collection and use of strategic information.

Accomplishments since the last COP In 2009, an expanded PEPFAR strategic information portfolio broadened partnerships with GVN by increasing direct funding and TA support to VAAC, the National Institute of Hygiene and Epidemiology (NIHE), the Ho Chi Minh City (HCMC) Provincial AIDS Committee, the Ministry of Planning and Investment, the Hanoi School of Public Health and two university training centers in HCMC. A new cooperative agreement with the Ministry of Labor, Invalids and Social Affairs focused on prevention and SI activities to better understand the HIV burden among IDU and CSW, and to improve prevention services targeting these most-at-risk populations (MARPs). In addition to the existing cadre of international TA partners and UN organizations receiving SI support, Pact Vietnam and UNODC provided funding to improve their information systems and data use. In the final round of reprogramming in 2009, Abt Associates was supported to partner with a local organization to provide TA in data use to health workers at local levels; the National Institutes of Health was funded to facilitate American university-based courses in epidemiology and M&E for Vietnamese nationals. I-TECH was identified as the prime partner for TA in developing integrated national strategies and capacity for service delivery IS linked to data synthesis and use. SI TWG and partners' contributions to national TWGs for M&E, SS and IS steadily increased over the past year, helping to develop national strategies and associated policies, and guidelines. These teams have been effective in developing the national M&E framework and guidelines for reporting nationally harmonized indicators, which serve as the underpinning of the national



M&E system. (Decision 28 was recently adopted into law and defines the HIV/AIDS reporting requirements for all administrative levels in Vietnam.) Yet gaps remain in the coordination of resources, delegation of responsibilities and development of more detailed strategies for IS, SS and broader health systems strengthening. Program monitoring capacity varies greatly and is often insufficient. Nevertheless, progress has continued over the past year. Facility-based services such as counseling and testing (CT), prevention of mother-to-child transmission, medication assisted therapy (MAT) and HIV care all have standardized national service delivery forms. A range of available electronic information systems and capacity for data for service delivery and program monitoring does exist. Community-based and prevention-focused programs still pose the greatest challenge for defining critical M&E data and systematizing their collection and use. Nevertheless, 2009 saw great improvements in the PEPFAR-supported information system for CT and peer educator-based services. Currently, implementing partners and agencies in all technical areas are focused on data for reporting, detracting from their ability to have and use data for improving the quality of services. In the past year, PEPFAR has supported national and local level staffing for partner M&E teams; the development of M&E curricula; training of trainers in M&E; cascade training at the provincial level; program monitoring of adult antiretroviral therapy (ART) care through chart abstractions; dissemination of methods, findings and practices through workshops and presentations within Vietnam and the region; and direct technical assistance by USG staff and TA partners. PEPFAR supported a national workshop on SI in July 2009, where all PEPFAR-supported GVN agencies, most implementing partners, UN agencies, USG staff across all technical areas and USG agencies reviewed the current state of the SI program in Vietnam. The participants identified gaps and prioritized activities to build a culture of data use where programs would become increasingly evidence based and improve their quality and efficiency. An identified priority activity was to build capacity for M&E at local and national levels through coordinated training, shared best practices and tools, standardized policies, and requirements and tools for information systems. In August, Family Health International (FHI) published a training guide and conducted a workshop demonstrating effective quality improvement methodologies and tools. Supporting such TA for GVN programs will be emphasized in PEPFAR Phase II. Data for understanding the HIV epidemiology in Vietnam continued to improve in 2009. A second round of HIV estimates and projections was completed in June. The final published report was the culmination of over two years of work by a technical team of MOH, UN, FHI and USG staff, with PEPFAR fiscal and technical support. This report will serve as the foundation for planning the next 10 years of the national HIV strategy, upcoming Global Fund rounds, and the PEPFAR Partnership Framework. Calibration of the BED incidence assay for Vietnam and training on its use started in August 2009. This technology is promising for better understanding the epidemic in Vietnam and is currently planned for incorporation into sentinel and behavioral surveillance. Incidence assays will also be used to measure IDU prevention program impact in a planned public health evaluation. Training has been completed for the second round of the integrated biological and behavioral surveillance, and data collection for the expanded 13 provinces survey is underway. Sentinel surveillance is implemented annually by NIHE with TA from PEPFAR in-country and agency headquarters staff. A protocol for HIV drug resistance monitoring and early warning indicators was developed, approved by GVN and cleared by human subjects review, and implementation is underway. MARP size estimation continues to evolve now that a protocol has been developed for an activity in focus provinces. A team of USG and partner technical staff continue to share approaches and tools to better understand the size of the populations they serve, including using hot-spot and social mapping, unique identifiers and risk-assessment questions. While service delivery information systems continue to be predominately paper-based, progress towards a national IS strategy, based on policies and standards defined across the health system, is planned. Coordinated through the national IS TWG, the strategy for electronic IS development continues to focus on: clearly defined system requirements; software development contracted with Vietnamese companies; and technical assistance in IS standards and best practices provided to GVN by international IS experts. This strategy was applied to HIV care, peer educator-based prevention, CT and laboratory information systems (LIS) in 2009, resulting in an increase in recording and reporting efficiency and accuracy. At the PEPFAR SI workshop, stakeholders prioritized new electronic IS development for MAT, PMTCT, pediatric care, HIV/TB, community-based care and financial systems. PEPFAR resources have been allocated for the



development of a national routine program reporting system based on requirements currently being defined through the M&E technical working group. PEPFAR TA will be critical to ensure that systems developed are based on policies and standards that align with a national health IS strategy and support the development of a health information system across the health sector. PEPFAR is working with WHO and the U.S. Embassy Health Attaché Office to consider a wider range of health systems for national policies and standards to ensure a greater impact on systems across the entire health sector. REDACTED. Training of the USG team, technical partners and healthcare workers was a critical component of capacity building in 2009. Support to DoD programs included the direct engagement of partner leadership and staff in SI TWGs, demonstrating methodologies and tools used in civilian programs for consideration by the military. Goals and strategies for the coming year In FY 2010, and in coordination with the Partnership Framework, SI will review current activities and plan resources to maximize information use centered in GVN and indigenous organizations to encourage sustainability. The strategy will shift from an emergency response to a more sustainable long term engagement of the GVN's national HIV program that is planned, implemented and measured using a minimal set of information focused on program quality and coverage regardless of program funding source. A new PEPFAR SI five-year strategy will be developed based on the GVN 2006-10 strategy, the national M&E strategy and engaging a technical partnership between the USG and GVN. Developing the GVN's SI capacity will take time so resources must be well planned towards institutionalizing data use across the health system. Integration of IS must be based on sound policies, standards and technologies and SS strategies need to be employed that ensure efficient use of resources to monitor the epidemic and respond to support evidence-based midstream program changes, as needed. Realizing a likely decrease in availability and value of resources for the response due to changes in the global economy, activities will focus on a review of investments and returns from past years to identify efficiencies while considering new strategies for sustainable activities through strengthening information availability and use across health systems. This will involve increased investment of technical assistance and resources by GVN and indigenous organizations implementing or providing TA to HIV programs. By shifting international partners from implementation to technical assistance, and increasing the number of indigenous organizations working in SI, the goal will be to build and strengthen the strategic information component of a health system that is Vietnamese "owned and operated". Since it will take time to develop capacity in the GVN and local partners, the shift of resources and responsibilities will be gradual but deliberate, with PEPFAR evaluating progress along the way. The ultimate goal is for SI to be a core element of each technical area. Activities will also focus on the partnership of SI and technical area staff for the identification of information needs and priorities; development of data use skills of implementing and management staff; and establishing feedback mechanisms where information is used collaboratively from local to national levels. Demonstrating the importance and utility of information across these domains will drive improvements in its timeliness and validity while building an infrastructure of quality and relevant information collected and owned by the responsible technical implementing teams. In order to encourage sustainability, the SI team planned FY 2010 partner funding based on minimal levels required to sustain current activities while a review of financial pipelines and performance is undertaken. Excluding staffing and operational costs, and fixed cost activities such as surveillance and software contracts, SI programmatic funds for each partner will be funded at 70% of this estimated minimal annual cost. All partners' current and planned budgets, achievements and work plans will be reviewed between October 2009 and April 2010 and reconsidered based on the new strategy by a fully staffed SI TWG. The reserved funds will be provided to partners accordingly to support these new work plans through April 2010 reprogramming.

Technical Area: TB/HIV

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|-------------------------------------|----------------------------|----------------|
| HVTB | 1,772,500 | |
| Total Technical Area Planned | 1,772,500 | 0 |



| | | |
|-----------------|--|--|
| Funding: | | |
|-----------------|--|--|

Summary:

Background and context Vietnam has a concentrated HIV epidemic, but tuberculosis infection is generalized and endemic. Worryingly, the size of the TB burden may have been significantly underestimated in the past, challenging the government's reported successes in case detection (70% of positive AFB smears and more than 85% receiving treatment), which were based on a prevalence estimate of only 90/100,000, when the reality is probably 145/100,000 or greater, according to recent prevalence surveys. This may explain why TB case notifications have not been falling in Vietnam. The national HIV prevalence in TB patients is 3.8%, according to the Ministry of Health's Vietnam Administration of HIV/AIDS Control (VAAC) in 2008. Multi-drug resistant TB prevalence is 2.7% among new TB patients (compared to 2.3% in the last survey conducted in 1997) and 19% among re-treated TB patients. There is no national data on TB drug resistance among HIV-infected TB patients. In FY 2010, PEPFAR Vietnam's Care and Treatment program is significantly increasing its investment in TB/HIV programs with a clear focus on provider-initiated testing and counseling (PITC), intensive case finding, isoniazid preventive therapy (IPT) and infection control. Current status and achievements Guidelines and procedures for TB disease and HIV infection diagnosis and treatment were released in late 2007, with technical support from PEPFAR and WHO. In 2008, a national TB/HIV committee was established by the Ministry of Health (MOH) which includes 35 provincial subcommittees. In 2009, new guidelines on TB prevention and control were released, including guidelines for isoniazid preventive therapy (IPT). For PEPFAR, assisting the government in implementing these various policies has highlighted the system capacity developments that will be required before the burden of TB/HIV and of TB in Vietnam can be reduced. In Vietnam, HIV and TB are separate and distinct units within the Ministry of Health, as well as the Ministry of Defense, which operates its own healthcare system. At a central level, collaboration on programmatic activities and policy development between the National TB Program and VAAC is increasing in quality and frequency. At the provincial level, these TB/HIV units vary greatly in their capacity. However, successful implementation of PEPFAR's and Vietnam's national TB/HIV strategy requires collaboration at all levels. For this reason, successes have been most evident in areas where there are HIV and TB units in each district; where good collaboration between HIV and TB services already exists; or where specific funding of activities within the TB program has been able to match activities within PEPFAR-funded HIV programs. In FY 2009, PEPFAR supported routine PITC for TB patients and referral to HIV services for 40,000 TB patients. This was approximately 71% of cases in the 25 provinces where the program was implemented, and 40% of the overall national total. More than three-fourths of HIV-positive TB patients were successfully referred to an HIV clinic for care, treatment and follow-up. Referral rates of 90% were achieved in Ho Chi Minh City where there is a geographic concentration of TB and HIV services. However, challenges exist in other provinces where there are fewer services and TB and HIV services do not overlap. PEPFAR is standardizing, systematizing and institutionalizing successful models, and supporting the central and provincial TB and HIV services in order to monitor and improve rates of successful referrals. Intensified case findings (ICT) for 42,000 HIV-positive patients at PEPFAR-supported clinics was performed using symptom screening or/and chest radiography and sputum microscopy for symptomatic patients. In five provinces with pilot projects, 1,200 HIV-positive patients were provided IPT after active TB was excluded, and followed up to watch for development of active tuberculosis. This is a small fraction of the TB/HIV burden in Vietnam, but new data on symptom-based screening and HIV diagnostics will enable more rapid scale up. The training of trainers in TB infection control was provided to 50 HIV clinic staff from 22 provinces, resulting in more than 200 staff trained. Ventilation and supplies, such as masks, were also provided to clinics in the 25 provinces in which PEPFAR is active. More training and supervision, strategically coordinating with the government and other donors, will be provided to strengthen infection control efforts in both HIV care and TB services. PEPFAR has continued to support laboratory capacity building in eight provinces for solid and liquid-based mycobacterial culture in order to improve the diagnosis of sputum smear-negative TB. Currently, five provinces also have the capacity to diagnose drug-resistant TB, and have support for



Biosafety Level II and III laboratories. PEPFAR will introduce fluorescent microscopes into seven provincial hospitals to improve efficiency and efficacy of TB smear microscopy in high volume laboratories. Although national data on multi-drug resistant (MDR)-TB is lacking, laboratory capacity and treatment capacity to manage MDR-TB is expanding to hospitals, mandatory government rehabilitation centers and prisons. In 2009, PEPFAR was supporting HIV outpatient treatment services in two provincial TB hospitals. PEPFAR also works with private pharmacies and clinicians in one province to facilitate and track referrals into the TB system for symptomatic patients using private healthcare services. FY 2010 activities All PEPFAR care and treatment programs are implemented through the Vietnamese government. Although at times posing administrative and political challenges, the results are more sustainable and country ownership is strong. Once the programs are established and functioning, and rigorous monitoring and evaluation (M&E) systems are in place, PEPFAR can gradually withdraw to a supervisory and then to an advisory role. PEPFAR Vietnam will achieve the best possible outcomes if it can harmonize its strategy with that of the government and also if it can collaborate with the many partners and donors working in the TB field in Vietnam. In FY 2010, PEPFAR Vietnam will convene a TB/HIV technical working group to work with government and donors to formulate a coherent, consistent and coordinated long term strategy to support and enhance the government's own objectives; to ensure that PEPFAR's work is as strategic and well informed as possible; and that every possibility to add value to other donors' programs is identified. PEPFAR collaboration with other donors will be proactive and constructive. In 27 provinces where PEPFAR works, there are established TB/HIV committees. However, these committees vary considerably in their capacity and effectiveness. PEPFAR will support them to convene a joint work plan, incorporating joint training, monitoring and evaluation of TB/HIV activities, and regular meetings with district-level services. Technical working groups on TB/HIV will involve both staff of TB and HIV programs to discuss program implementation outcomes and identify local needs. These work plans will be the basis for program reviews and, ultimately, funding. Joint TB/HIV activities in the provincial work plan will include joint training in clinical practice, monitoring and evaluation, local use of data, quality improvement efforts, referral tracking, infection control measures, etc. Monitoring and evaluation is challenging in TB/HIV because data is collected from two separate healthcare systems. However, robust data processes feeding into local quality improvement mechanisms are an indispensable part of the TB/HIV response. PEPFAR will work to develop, standardize, systematize and institutionalize monitoring, evaluation and quality improvement mechanisms in all critical PEPFAR TB/HIV priority areas. This will involve close collaboration with, and coordination of, multiple partners, donors and government agencies. The government of Vietnam is currently ambivalent about placing antiretroviral treatment (ART) sites within TB service centers for accelerated ART access for TB patients. Vietnam's new guidelines recommend early ART in HIV-infected TB patients and PEPFAR will assist with the implementation of these guidelines either through new clinics with TB services or expedited referral mechanisms, and additional training for doctors working with HIV-infected TB patients. Provider-initiated testing and counseling (PITC) PEPFAR will expand PITC to roughly 70,000 TB patients (43,000 from 27 PEPFAR-supported provinces and 30,000 from other provinces under the National TB Program). PEPFAR will support the provision of HIV test kits with the ultimate goal of enabling the government to be able to test all new TB cases for HIV infection. Successful referral is more complex in areas that have TB care but lack HIV services. Innovative models to track and enhance these referrals will be required. Developing, implementing and evaluating these models will be built into provincial work plans. Intensive Case Findings (ICF) More than 49,000 HIV-positive patients will be screened for TB in FY 2010. New diagnostic algorithms (i.e., three question symptom screens, chest x-rays, sputum microscopy and sputum cultures) based on important new data are currently being evaluated. On the basis of these evaluations, a system to ensure that patients receive timely and accurate TB diagnosis will be established. The system has many critical components, all of which require significant investment. Collaboration between HIV and TB authorities has been addressed above. In FY 2010, PEPFAR will implement a referral mechanism for HIV-positive mothers and children to be referred for intensive case findings from pediatric and prevention of mother-to-child transmission programs. Training community outreach workers and counselors at voluntary counseling and testing sites will increase referrals to TB screening for most at-risk populations. Multi-drug resistant-TB In collaboration with the National TB



Program (NTP), through the PEPFAR Tuberculosis Control Assistance Program (TB CAP), drug susceptibility testing is being developed in five provinces, along with treatment facilities to appropriately manage and treat cases, and to protect staff and other patients. This includes five dedicated MDR wards, and enhanced infection control measures in 18 mandatory government-run rehabilitation “05/06” centers in Ho Chi Minh City (HCMC) and Hanoi. Two prisons in HCMC and Hanoi will support MDR-TB treatment. Strengthen laboratory services Strategically located laboratories will be supported to develop capacity to diagnose smear negative and extra pulmonary TB. This includes fortified sputum microscopy (in all 27 PEPFAR provinces), fluorescent LED microscopy (in 10 provinces), solid culture (in 10 laboratories) and liquid culture (in five laboratories). It also includes supporting national TB accreditation for laboratories in certain high burden general hospitals. This is in addition to the MDR-TB testing discussed above. In general, Vietnam’s health care system operates as a series of provincial units referring upward to central services. Currently referral is the only mechanism for access to diagnostic services not available locally. PEPFAR will support the government of Vietnam to develop a specimen transportation system to connect patients to advanced diagnostics without having to travel long distances. Isoniazid preventive therapy (IPT) The use of IPT was successfully piloted in FY 2009 and is now ready for scale up. In the next phase we will offer IPT to 1,400 patients in seven provinces. PEPFAR and other partners are advocating for larger scale-up and are ready to support it. Although national guidelines now include IPT, uncertainty remains about how to implement this at a provincial and district level. In developing provincial TB/HIV work plans, with support from the central government, PEPFAR hopes to dramatically increase the number of people receiving IPT in future years. Infection Control (IC) Policies and procedures are under development to implement and monitor IC activities in adult and pediatric HIV facilities. Nurse training will focus on triage of symptomatic patients. Infection control measures – how they are implemented and how they are monitored and reported – will be incorporated into each provincial TB/HIV management unit’s work plan. Many sites already routinely provide masks to all patients. PEPFAR will support minor renovation efforts, such as improved ventilation (such as fans) in all sites it supports to improve infection control measures. In addition, PEPFAR will provide technical assistance to VAAC and NTP to standardize infection control procedures in both HIV and TB services. Integrate “prevention for positives” into TB clinical settings PEPFAR will continue prevention with positives (PwP) messages in TB clinical settings, including the disclosure of HIV status to partners, partner testing and referral to testing for sexually transmitted infections (STI) and to PMTCT sites. PwP materials have been developed and are currently being used in TB clinical settings. Monitor and evaluation progress of HIV testing and counseling and referrals to HIV care and treatment In 2010, PEPFAR will continue to support the NTP to ensure that key HIV variables including HIV testing and counseling, HIV serostatus and provision of ART/cotrimoxazole preventative therapy are incorporated into the national TB surveillance system. To strengthen monitoring and evaluation, and also to improve data quality, PEPFAR is supporting a Vietnamese national data M&E HIV TB officer within the World Health Organization. If a pilot program using electronic data systems in three provinces proves successful, PEPFAR will look to expand it to the district level of all 27 provinces. Contribute to improved TB case detection and treatment success Until recently, Vietnam reported a high level of case detection and treatment success, although the case detection rate has not been falling. However, a recent prevalence survey has reported a much higher prevalence than previously suspected. Planning for Vietnam’s next five-year TB strategy is about to commence and it is clear that it will require a comprehensive re-evaluation of the current systems. PEPFAR’s own TB/HIV technical working group will coordinate with other donors, including the Global Fund, to provide technical assistance to the government of Vietnam in developing its new strategy, and ensuring that PEPFAR’s strategy is closely coordinated with it. The specific HIV TB capacity building that PEPFAR is undertaking will have considerable benefit to the National TB Program as a whole, particularly with regard to advanced diagnostics, MDR-TB testing and management and specimen transport.



Technical Area Summary Indicators and Targets
REDACTED.



Partners and Implementing Mechanisms

Partner List

| Mech ID | Partner Name | Organization Type | Agency | Funding Source | Planned Funding |
|---------|--|--------------------------------|---|----------------|-----------------|
| 7339 | Ministry of Planning and investment, Vietnam | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 40,000 |
| 7342 | Population Services International | NGO | U.S. Agency for International Development | GHCS (State) | 4,078,618 |
| 7345 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 6,817,817 |
| 7346 | Program for Appropriate Technology in Health | NGO | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 7348 | United Nations Resident Coordinator | NGO | U.S. Agency for International Development | GHCS (State) | 2,241,281 |
| 7349 | Chemonics International | Private Contractor | U.S. Agency for International Development | GHCS (State) | 573,530 |
| 7630 | Management Sciences for Health | NGO | U.S. Agency for International Development | GHCS (State) | 237,500 |
| 9972 | Association of Public Health Laboratories | NGO | U.S. Department of Health and Human Services/Centers | GHCS (State) | 145,000 |

| | | | | | |
|------|---|--------------------------------|---|--------------|------------|
| | | | for Disease Control and Prevention | | |
| 9973 | Hanoi School of Public Health | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 728,819 |
| 9974 | Ho Chi Minh City Provincial AIDS Committee | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 6,135,250 |
| 9976 | Ministry of Health, Vietnam | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 14,617,312 |
| 9977 | National Institute for Hygiene and Epidemiology | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 229,100 |
| 9986 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 10,056,319 |
| 9987 | Pact, Inc. | NGO | U.S. Agency for International Development | GHCS (State) | 8,245,801 |

| | | | | | |
|-------|---|--------------------------------|---|--------------|-----------|
| | | | Development | | |
| 9997 | Food and Nutrition Technical Assistance (FANTA) Project | Private Contractor | U.S. Agency for International Development | GHCS (State) | 270,000 |
| 9998 | Pasteur Institute | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 390,000 |
| 9999 | Ministry of Labor, Invalids and Social Affairs | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 313,750 |
| 10000 | Harvard Medical School of AIDS Initiative in Vietnam | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 990,000 |
| 10001 | Family Health International | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,764,000 |
| 10002 | Association of Schools of Public | NGO | U.S. Department of Health and | GHCS (State) | 160,000 |

| | | | | | |
|-------|--|---------------------|---|--------------|---------|
| | Health | | Human Services/Centers for Disease Control and Prevention | | |
| 10118 | Vietnam Administration for Medical Sciences | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 90,000 |
| 10814 | American Society for Microbiology | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 125,000 |
| 10831 | Clinical and Laboratory Standards Institute | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 250,000 |
| 10832 | American Society of Clinical Pathology | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 225,000 |
| 11605 | HHS/Centers for Disease Control & Prevention | Implementing Agency | U.S. Department of Health and Human | GHCS (State) | 215,000 |

| | | | | | |
|-------|---|---------------------|--|--------------|-----------|
| | | | Services/Centers for Disease Control and Prevention | | |
| 11609 | U.S. Department of State | Implementing Agency | U.S. Department of State/Office of the Global AIDS Coordinator | GHCS (State) | 200,000 |
| 11610 | Substance Abuse and Mental Health Services Administration | Own Agency | U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration | GHCS (State) | 60,861 |
| 11613 | Abt Associates | Private Contractor | U.S. Agency for International Development | GHCS (State) | 2,267,746 |
| 11616 | US Agency for International Development | Own Agency | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 11619 | US Department of Defense | Own Agency | U.S. Department of Defense | GHCS (State) | 1,858,400 |
| 12339 | Development Center for Public Health | Implementing Agency | U.S. Department of Defense | GHCS (State) | 414,000 |
| 12340 | Institute of Population, Health and Development | Implementing Agency | U.S. Department of Defense | GHCS (State) | 605,000 |
| 12341 | Vietnam Nurses' Association | Implementing Agency | U.S. Department of Defense | GHCS (State) | 210,000 |
| 12342 | University of Washington | University | U.S. Department of Health and Human Services/Health | GHCS (State) | 350,000 |

| | | | | | |
|-------|----------------------------------|------------------|---|--------------|----------|
| | | | Resources and Services Administration | | |
| 12343 | US National Institutes of Health | Other USG Agency | U.S. Department of Health and Human Services/National Institutes of Health | GHCS (State) | 200,000 |
| 12344 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12345 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12346 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12347 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12348 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |

| | | | | | |
|-------|-----|-----|---|----------|----------|
| 12349 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12350 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12351 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12352 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12353 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12354 | TBD | TBD | U.S. Department | Redacted | Redacted |

| | | | | | |
|-------|-----|-----|---|----------|----------|
| | | | of Health and Human Services/Centers for Disease Control and Prevention | | |
| 12355 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12356 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12357 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12358 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |



Implementing Mechanism(s)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 7339 | Mechanism Name: General Statistics Office |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Planning and investment, Vietnam | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|------------------------------|-----------------------|
| Total Funding: 40,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 40,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| |
|--|
| Mechanism ID: 7339 |
| Mechanism Name: General Statistics Office |



| Prime Partner Name: Ministry of Planning and investment, Vietnam | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 40,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 7342 | Mechanism Name: Social Marketing for HIV Prevention Project |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Population Services International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 4,078,618 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 4,078,618 |

Sub Partner Name(s)

| | | |
|--|--|-----------------------------------|
| AIDS Program | An Giang Provincial AIDS and TB Center | Can Tho Provincial AIDS Center |
| Consultation for Investment in Health Promotion (CIHP) | Hai Phong Provincial Health Department | Hanoi Provincial AIDS Center |
| Ho Chi Minh City Provincial AIDS Committee | Nghe An Provincial AIDS Center | Quang Ninh Provincial AIDS Center |
| Save the Children US | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|---------|
| Economic Strengthening | 181,175 |
|------------------------|---------|

Key Issues

Addressing male norms and behaviors
Mobile Population

Budget Code Information

| Mechanism ID: | 7342 | | |
|----------------------------|---|----------------|----------------|
| Mechanism Name: | Social Marketing for HIV Prevention Project | | |
| Prime Partner Name: | Population Services International | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 1,056,178 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 855,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 1,432,440 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| Prevention | IDUP | 285,000 | |
|-------------------|-------------|----------------|----------------|
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 450,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7345 | Mechanism Name: SCMS |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 6,817,817 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 6,817,817 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 245,143 |
|----------------------------|---------|

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

| Mechanism ID: 7345 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: SCMS | | | |
| Prime Partner Name: Partnership for Supply Chain Management | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 180,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 630,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 270,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 1,417,817 | |
| Narrative: | | | |
| <p>In FY08, SCMS procured methadone to support the new Methadone treatment program for six clinics. Technical support was also provided to the sites. In FY09 and FY10, SCMS will continue to provide methadone to support the expansion of the pilot methadone treatment program for recovering injecting drug users in Vietnam.</p> | | | |

The additional funds will support the continued and newly accelerated scale up of methadone in Vietnam. The government has recently announced an expedited scale-up plan, with several additional sites slated to open in the coming months. We do not have sufficient funds currently budgeted to support this rapid scale up. Therefore, we would like to allocate this additional \$1,167,817 to support the opening of 9 new clinics (in addition to the 7 currently open), for a total of 16 clinics. Thus, total funding is as follows:
METHADONE PROCUREMENT: \$1,117,817

Through close collaboration with the VAAC and PEPFAR partners, SCMS will quantify, procure, import, and arrange for storage and distribution of methadone.

TECHNICAL ASSISTANCE FOR DRUG MANAGEMENT: \$300,000

SCMS staff will also provide technical assistance to FHI, CDC and other implementing partners for the methadone pilot. This technical assistance will include visiting the sites regularly to monitor inventory, ensuring proper pharmaceutical management, and providing assistance to ensure the smooth roll-out of the methadone program. New sites will receive additional support to bring them quickly up to speed. Developing the capacity of VAAC to provide long-term management for pharmaceuticals will be a priority area, especially in considering other commodity sources and ensuring commodity security.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 270,000 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 1,200,000 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HTXD | 2,850,000 | |

Narrative:



This is a continuing activity from FY 2009. The Supply Chain Management System (SCMS) will continue to ensure there is an uninterrupted supply chain for HIV-related medicines, commodities and supplies. The program began in 2006 and is expected to serve the needs of up to 36,000 patients by September 2011.

There will be an increased emphasis on providing technical assistance to the government to ensure that they are able to supply HIV-related medicines and commodities in the future. In FY 2010, PEPFAR projects will require \$9,000,000 for the purchase of antiretroviral (ARV) medicines for adults and for prevention of mother-to-child transmission (PMTCT) treatment. However, reduction in ARV prices in recent years resulted in a carry-over of \$6,000,000, which means that only \$2,850,000 of additional funds are being requested in FY 2010, of which \$800,000 is for technical assistance to support drug logistics. Therefore, in FY 2010 this budget code reflects a 20% increase in budget, and thus a budget code narrative is required.

SCMS activities in PMTCT, adult and pediatric treatment, and adult care are closely linked as technical assistance provided to sites also feeds directly into the ability of SCMS to provide quantification and logistics. Office support is disbursed across all program areas that SCMS has activities for. Some medicines are distributed to patients at government-supported clinical sites and Global Fund-supported sites. SCMS will collaborate with the Clinton HIV/AIDS Initiative (CHAI) to ensure that the proper quantity of pediatric ARVs are purchased. CHAI is also working with the government to plan its exit from Vietnam in 2010-2011. SCMS will continue to work closely with CHAI and PEPFAR to ensure pediatric medicines are available into 2011, in anticipation of the end of UNITAID funding. SCMS will continue to manage the storage and distribution of pediatric supplies to the entire country. Medicines for the PMTCT program will be supported jointly by SCMS and CHAI.

There are two project goals, with activities centered around each one. For the first goal, SCMS will assist Vietnam to design and implement a more efficient and effective national system for the distribution of HIV medicines and related commodities by: 1) building capacity at the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) to quantify needs, manage distribution and storage, and to use information to make good decisions; 2) building capacity of Provincial AIDS Centers (PACs) to use information for decision making and building their capacity to train staff at new sites; 3) building capacity at sites to store and dispense drugs, and to collect and utilize information for reporting and ordering; 4) collaborating with VAAC to develop a long range strategy for commodity security, which integrates all donor commodity resources and helps increase the number of patients on ARVs; 5) collaborating with VAAC in the design and implementation of a national drug requisition system; 6) collaborating with VAAC to document and disseminate national standard operating procedures according to good pharmaceutical practice; and 7) collaborating with VAAC in the design and implementation of a drug management



information system (DMIS) that collects site-level data and makes the information available to VAAC, PACs, sites that receive ARVs and stakeholders.

The second goal is to ensure the proper storage and distribution of HIV and AIDS commodities supported through PEPFAR by: 1) streamlining the quantification process by moving from morbidity-based forecasting to consumption-based forecasting while continuing to prepare routine forecasts and supply plans using SCMS tools and methods; 2) procuring PEPFAR-funded HIV and AIDS commodities using SCMS's procurement system; 3) improving the speed of the importation of commodities; 4) funding the storage and distribution of HIV and AIDS commodities for PEPFAR and CHAI; and 5) continuing to support and monitor the management and dispensing of HIV and AIDS commodities at ARV sites and at the Central Pharmaceutical Company No. 1 (CPC#1) to prevent stock outs and expiration of products, while transitioning this function to VAAC. Activities will continue to include training dispensing staff at adult, pediatric and PMTCT sites to ensure compliance with storage, handling and reporting procedures, and to support dispensing staff to promote patient adherence to treatment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|--|
| Mechanism ID: 7346 | Mechanism Name: Tuberculosis Task Order 2015 (TB TO 2015) |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Program for Appropriate Technology in Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Recognizing the importance of the private sector in the provision of health services in Vietnam, since 2007, PATH has been implementing a program to increase access to existing TB and HIV case detection, treatment, and prevention services by leveraging the capacity of the private sector, specifically pharmacies and private clinics. These activities are strengthening linkages between private pharmacies and other providers of TB and HIV services and developing and testing models to improve the effectiveness of private clinicians' participation in TB and HIV control and treatment efforts. PATH strengthened the capacity of pharmacists and pharmacy staff from three districts in Hai Phong city to deliver high-quality TB- and HIV-related information, services, and referrals. This included activities such as orientation meetings, private-public mix meetings, training for private pharmacy staff on referral models and interpersonal communication, visits for pharmacy staff to DOT centers, and the establishment of referral and supportive supervision systems. In Vietnam GFTAM TB Round9, PATH is major partner of the National TB Program to implement PPM in various provinces. Building on the work currently underway with PEPFAR program, for FY09, PATH proposes to sustain the existing pharmacy and private clinic activities in Hai Phong and, with additional \$400,000, begin pilot implementation of these activities in Ho Chi Minh City, Nghe An, and Can Tho which are areas with high burden of TB. These are provinces in different regions of Vietnam that the PPM will need to be adapted for lessons learned and further expansion under GFTAM Round 9 TB funding.

Cross-Cutting Budget Attribution(s)

| | |
|---|--------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 23,830 |
| Human Resources for Health | 4,320 |

Key Issues

Military Population
TB

Budget Code Information

| | |
|----------------------------|--|
| Mechanism ID: | 7346 |
| Mechanism Name: | Tuberculosis Task Order 2015 (TB TO 2015) |
| Prime Partner Name: | Program for Appropriate Technology in Health |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 500,000 | |

Narrative:

\$400,000 additional funds are being added in the May 2010 Programming to support PATH to expand their current private pharmacy tuberculosis referral program, which is currently operating in Hai Phong into three to six additional provinces with a high TB burden of disease and existing high quality TB services. This program trains private pharmacists, who are the health care workers with first point of contact for the majority of Vietnamese people, to recognize patients with respiratory conditions and refer them to TB services for assessment. The initial Hai Phong program showed high rates of successful referral using this methodology, which is now closer to being ready for large scale national scale up. In addition to implementing this PPM expansion PATH will be working with the Global Fund and the National Tuberculosis Program to adapt to project for implementation by the NTP using Global Fund funds.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7348 | Mechanism Name: |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Grant |
| Prime Partner Name: United Nations Resident Coordinator | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 2,241,281 | |
| Funding Source | Funding Amount |
| GHCS (State) | 2,241,281 |

Sub Partner Name(s)

| | | |
|---------------------|--|---------------------|
| Can Tho AIDS Centre | Centre for Health Education and Information of Khanh Hoa | Da Nang AIDS Centre |
|---------------------|--|---------------------|



| | | |
|--------------------------------------|---|--|
| Hai Phong AIDS Centre | Hanoi AIDS Centre | Hanoi School of Public Health |
| Ho Chi Minh City AIDS Committee | Ministry of Health, Vietnam | Ministry of Labor, Invalids and Social Affairs |
| Ministry of Public Security, Vietnam | UNAIDS - Joint United Nations Programme on HIV/AIDS | United Nations Office on Drugs and Crime |
| United Nations Resident Coordinator | Vietnam Women's Union | World Health Organization |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|----------|
| Construction/Renovation | REDACTED |
| Economic Strengthening | 381,250 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 16,000 |
| Human Resources for Health | 455,000 |

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Child Survival Activities
 Mobile Population
 Safe Motherhood
 TB
 Workplace Programs
 Family Planning

Budget Code Information



| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 7348 | | | |
| Mechanism Name: | | | |
| Prime Partner Name: United Nations Resident Coordinator | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 300,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 50,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 237,500 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 372,281 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 550,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 500,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|---|------|---------|--|
| Treatment | HVTB | 231,500 | |
| Narrative: | | | |
| <p>\$200,000 funds are added in the May 2010 round of Programming to be used by UNRC to support the salary and the in-country expenses (footprint) of the Medical Officer, Stop TB, World Health Organization, Viet Nam office. This activity aims primarily at increasing the capacity of the Stop TB Unit of the Country Office of Hanoi through supporting the TB advisor assigned to the WHO Vietnam (transitioning from support by USAID RDMA to PEPFAR Vietnam) to provide the increasingly required technical assistance to the National TB Program (NTP) and coordination with other partners. In-country, day-by-day coordination and technical assistance are essential requirements for the successful implementation in the field of the various activities entailed by the Stop TB Strategy launched by WHO in 2006. The Stop TB Strategy is also fully reflected in the Mid-term Development Plan 2007-11 of NTP endorsed by the Ministry of Health (MOH) and funded by various donors, including the Government of Viet Nam, PEPFAR, The Royal Netherlands Embassy and the Global Fund. Putting into practice and assuring qualitative standards for all required activities takes a major effort from all partners involved in TB control in Viet Nam, given the high degree of complexity of these activities and the need of rapid scale up. In order to assist NTP and other partners in making these activities happen timely and appropriately, solid technical assistance by professional staff with competence in TB (especially its peculiar interaction with the HIV infection) is required. REDACTED.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7349 | Mechanism Name: AED Smartworks Follow-on |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Chemonics International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 573,530 | |
| Funding Source | Funding Amount |
| GHCS (State) | 573,530 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Economic Strengthening | 486,400 |
| Human Resources for Health | 13,028 |

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Mobile Population
- Workplace Programs
- Family Planning

Budget Code Information

| Mechanism ID: 7349 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: AED Smartworks Follow-on | | | |
| Prime Partner Name: Chemonics International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 240,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| Prevention | HVOP | 166,765 | |
|-------------------|-------------|----------------|----------------|
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 166,765 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 7630 | Mechanism Name: Strengthening Pharmaceutical Systems |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Management Sciences for Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 237,500 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 237,500 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|--------|
| Human Resources for Health | 25,000 |
|----------------------------|--------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 7630 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Strengthening Pharmaceutical Systems | | | |
| Prime Partner Name: Management Sciences for Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 237,500 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9972 | Mechanism Name: APHL LAB |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Association of Public Health Laboratories | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 145,000 | |
|-------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 145,000 |

Sub Partner Name(s)

Custom



(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 9972 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: APHL LAB | | | |
| Prime Partner Name: Association of Public Health Laboratories | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 145,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9973 | Mechanism Name: HSPH |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Hanoi School of Public Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|-------------------------------|-----------------------|
| Total Funding: 728,819 | |
| Funding Source | Funding Amount |
| GHCS (State) | 728,819 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 728,819 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9973 | | | |
| Mechanism Name: HSPH | | | |
| Prime Partner Name: Hanoi School of Public Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 162,500 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 566,319 | |
| Narrative: | | | |



None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9974 | Mechanism Name: |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ho Chi Minh City Provincial AIDS Committee | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 6,135,250 | |
| Funding Source | Funding Amount |
| GHCS (State) | 6,135,250 |

Sub Partner Name(s)

| | | |
|--------------------------|--|--|
| Pathfinder International | | |
|--------------------------|--|--|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---------------------------------|-----------|
| Food and Nutrition: Commodities | 290,400 |
| Human Resources for Health | 1,794,333 |

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9974 | | | |
| Mechanism Name: | | | |
| Prime Partner Name: Ho Chi Minh City Provincial AIDS Committee | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 2,200,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 176,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 1,150,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 380,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 285,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 75,000 | |



| Narrative: | | | |
|-------------------|-------------|----------------|----------------|
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 255,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 100,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 324,250 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 585,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 290,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | 315,000 | |
| Narrative: | | | |
| None | | | |



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9976 | Mechanism Name: Vietnam Administration for HIV/AIDS Control (VAAC) |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health, Vietnam | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|----------------------------------|-----------------------|
| Total Funding: 14,617,312 | |
| Funding Source | Funding Amount |
| GHCS (State) | 14,617,312 |

Sub Partner Name(s)

| | | |
|---|---|--|
| National Hospital for Obstetrics/Gynecology | National Institute of Dermato-Venereology | National Institute of Infectious and Tropical Diseases |
| National Pediatrics Hospital | National Tuberculosis Programme | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|-----------|
| Food and Nutrition: Commodities | 320,200 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 93,500 |
| Human Resources for Health | 4,585,750 |

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

TB

Budget Code Information

| Mechanism ID: 9976 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: Vietnam Administration for HIV/AIDS Control (VAAC) | | | |
| Prime Partner Name: Ministry of Health, Vietnam | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 3,050,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 176,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 1,680,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 1,805,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 610,000 | |
| Narrative: | | | |



| None | | | |
|-------------------|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 290,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 383,500 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 824,263 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 322,700 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 1,295,849 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 1,730,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 1,130,000 | |



| |
|-------------------|
| Narrative: |
| None |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9977 | Mechanism Name: NIHE |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National Institute for Hygiene and Epidemiology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 229,100 | |
| Funding Source | Funding Amount |
| GHCS (State) | 229,100 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|--------|
| Human Resources for Health | 40,000 |
|----------------------------|--------|

Key Issues

Military Population

Budget Code Information

| Mechanism ID: 9977 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: NIHE | | | |
| Prime Partner Name: National Institute for Hygiene and Epidemiology | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 229,000 | |
| Narrative: | | | |
| <p>May 10 Programming = \$80,000 (2 activities). Budget: \$50,000</p> <p>Activity: HIV subtype testing of BED assay samples</p> <p>Narrative: This is a continuing activity. Over the past year PEPFAR has partnered with NIHE to determine the local misclassification rate for the BED assay developed by CDC Atlanta to measure incidence rates. The misclassification rate will then be applied to the adjusted BED HIV incidence formula to correctly estimate HIV incidence in Vietnam. Recent data indicate that assay false-recent rates differ substantially by country which may be attributed to different HIV subtypes in these settings. Initial analysis in Vietnam found marked difference in the misclassification rate between the north and the south. Subtype testing on stored specimens will be conducted to help determine what different HIV subtypes are present in individuals with long-term infection in Vietnam and how differing HIV subtypes affects the HIV incidence assays.</p> <p>Budget: \$30,000</p> <p>Activity: BED testing on IBBS and sentinel surveillance samples</p> <p>Narrative: This is a continuing activity. PEPFAR has allocated funds through CDC Vietnam to purchase BED assays for incidence surveillance and partnering with NIHE to conduct BED testing on stored samples collected from 2000 and 2001 sentinel surveillance and 2006 and 2009 integrated biological and behavioral surveillance (IBBS). Incidence rate is a more proximal measure for the HIV epidemic than the prevalence data currently available in Vietnam. Upon completion in August 2010 of the BED validation study which would provide the local misclassification rate for adjustment, BED testing will be applied to the stored specimen to estimate HIV incidence trends in Vietnam in both the general and most at risk populations. These funds will be used for implementation costs including laboratory supplies.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 100 | |
| Narrative: | | | |



None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9986 | Mechanism Name: USAID-FHI |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|----------------------------------|-----------------------|
| Total Funding: 10,056,319 | |
| Funding Source | Funding Amount |
| GHCS (State) | 10,056,319 |

Sub Partner Name(s)

| | | |
|---|---|---|
| An Giang Provincial AIDS and TB Center | Bach Mai Hospital | Cambodian Red Cross |
| Campha Township Health Center | Can Tho Provincial Health Service | Catholic Relief Services |
| Da Nang Provincial AIDS Center | Dien Bien Provincial AIDS Center | East West Center |
| Education Development Center | Global Medic Force (former ICEHA) | Hai Phong Provincial AIDS Center |
| Haiphong Provincial Health Service | Hanoi Center for HIV/AIDS Care and Treatment(09 Center) | Hanoi Provincial AIDS Center |
| Hanoi Women's Union | Ho Chi Minh City Provincial AIDS Committee | Innovative Software Development Company |
| Khanh Hoa Center for Health Education and Communication | Khanh Hoa Provincial AIDS Center | Lao Cai Provincial AIDS Center |
| Mong Cai Township Health Center | National Institute for Hygiene and Epidemiology | Nghe An Provincial AIDS Center |
| Nordic Assistance Vietnam | Partnership for Epidemic Analysis | Quang Ninh Provincial AIDS |



| | | |
|--|---|--|
| | (PEMA) | Center |
| Research and Training Community Development Center (RTCDC) | Sacrifices Families Orphans Development Association (SFODA) | STDs/HIV/AIDS Prevention Center (SHAPC) |
| T&A Ogilvy (Former T&A communications) | Van Don District Health Center | Vietnam Administration for AIDS Control |
| Vietnam Administration for Medical Services (VAMS) | VSO International Program Group | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|--|-----------|
| Construction/Renovation | REDACTED |
| Food and Nutrition: Commodities | 118,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 40,000 |
| Human Resources for Health | 2,454,000 |

Key Issues

Mobile Population

Budget Code Information

| Mechanism ID: 9986 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: USAID-FHI | | | |
| Prime Partner Name: Family Health International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,390,000 | |
| Narrative: | | | |

| None | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 650,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 1,400,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 1,292,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 18,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 18,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 920,000 | |
| Narrative: | | | |
| <p>\$50,000 Programmed in May 2010 will support a continuing activity from FY09. Family Health International (FHI) is a primary partner for strategic information and will be supported in FY 2010 for operational costs associated with HIV surveillance, data synthesis and use activities, and routine program monitoring. Operational costs include staffing and travel for activity implementation. FHI will</p> | | | |

continue routine monitoring of all its programs, including antiretroviral treatment (ART) services, basic HIV clinical and community-based care, and prevention programs. FHI will improve and share quality assurance/quality improvement (QA/QI) tools with other PEPFAR partners. FHI will also continue working on most at-risk population size estimation, geographic information systems, estimates and projections, data triangulation projects seeking to answer key questions about the current HIV/AIDS epidemic in Vietnam and targeting HIV/AIDS prevention and care programs by interpreting existing data from multiple sources.

The planned HVSI funding amount for FHI will increase considerably compared to FY 2009 because FHI will be the sole recipient of funds for implementing the next round of the integrated biological and behavioral surveillance (IBBS) and conducting the third round of HIV estimates and projections. Over the past decade, and in close collaboration with the National Institute of Hygiene and Epidemiology (NIHE), FHI has conducted four behavioral surveillance surveys, two of which are IBBS. Scheduled biennially, the IBBS provides key MARP data used in Vietnam for program planning and improvement. In the previous two rounds, funding for IBBS was divided between FHI and NIHE. Funding for the third IBBS round, planned for 2010, will be allocated to FHI as a prime partner and NIHE as a sub-partner in order to facilitate the approval processes at the Vietnam Ministry of Health. Funds to FHI will also be used to support the third round of HIV estimates and projections. Funds will be used to: conduct the data collection and analysis for the next five-year project; contract technical assistance from FHI and the East-West Center; hold consensus building and technical development workshops; and direct collaboration with the Vietnam Administration for HIV/AIDS Control to complete this exercise.

FHI is a key implementing partner of PEPFAR Vietnam and has provided significant technical and implementation support for strategic information in Vietnam. In collaboration with other PEPFAR partners and GVN agencies, FHI has completed the Integrated Biological and Behavioral Survey (IBBS) Round 2 in FY2009. The IBBS Round 2 targeted most at risk populations (IDUs, CSWs, MSM) in 10 provinces in Vietnam including 7 PEPFAR focus provinces. With support from PEPFAR to GVN, the biological and behavioral data from IBBS serves as key HIV/AIDS data at national level and provide valuable information for program planning as decision making at different levels, from national to provincial and program level. To supplement these recent IBBS results, which provide key biological and behavioral data for these populations, there is a critical need to better understand the "how and why" of the reported data to ensure appropriate and precise programming for Vietnam's concentrated HIV/AIDS epidemic. To provide in-depth explanations for the quantitative information available from IBBS, it is required to have further qualitative information from target MARPs and potential sub-MARPs (e.g. partners of MARPs, overlapping MARP behavior) so that programmers and stakeholders can fully understand about the current epidemic context in Vietnam and how it has evolved over the previous five years. In FY10, PEPFAR will continue supporting FHI to conduct series of qualitative assessments within these populations to explore further on IBBS quantitative results. FHI will focus on key indicators that affect the



epidemic such as linkages between risky behaviors and biological marks, networks of target populations, accessibility of MARPs to HIV/AIDS services, etc. This in-depth qualitative information will be used as key supplement to IBBS quantitative information in program planning for both GVN and PEPFAR.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVAB | 214,247 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 2,025,485 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | IDUP | 1,831,587 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 189,000 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | 108,000 | |

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---------------------------|--|
| Mechanism ID: 9987 | Mechanism Name: Community REACH Vietnam |
|---------------------------|--|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pact, Inc. | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 8,245,801 | |
| Funding Source | Funding Amount |
| GHCS (State) | 8,245,801 |

Sub Partner Name(s)

| | | |
|---|---|---|
| AIDS Healthcare Foundation | Care International | Center for Community Health and Development |
| CESVI | Consultation for Investment in Health Promotion | Doctors of the World |
| Health and Environment Service Development Investment | Institute for Social Development Studies | International Center for Research on Women |
| LIFE Center | Mai Hoa | Medecins Du Monde |
| Pastoral Care | Pathfinder International | Pro Poor Center |
| Research Center for Population, Social and Environmental Affairs (CPSE) | Save the Children US | STDs/HIV/AIDS Prevention Center (SHAPC) Hanoi |
| Vietnam Community Mobilization Center for HIV/AIDS Control | Vietnam Nurses Association | World Vision International |
| Worldwide Orphans Foundation | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|------------------------|--------|
| Economic Strengthening | 28,267 |
|------------------------|--------|



| | |
|---|-----------|
| Education | 988,807 |
| Food and Nutrition: Commodities | 277,541 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 227,623 |
| Gender: Reducing Violence and Coercion | 364,892 |
| Human Resources for Health | 1,199,083 |
| Water | 82,763 |

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

Budget Code Information

| Mechanism ID: 9987 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Community REACH Vietnam | | | |
| Prime Partner Name: Pact, Inc. | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 1,690,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | 1,758,000 | |

| Narrative: | | | |
|-------------------|-------------|----------------|----------------|
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 680,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 192,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 75,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDTX | 75,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 50,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 393,062 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| Prevention | HMIN | 140,639 | |
|-------------------|-------------|----------------|----------------|
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVAB | 491,300 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 987,200 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 957,600 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | MTCT | 756,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9997 | Mechanism Name: FANTA 2 |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Food and Nutrition Technical Assistance (FANTA) Project | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|-------------------------------|-----------------------|
| Total Funding: 270,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 270,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|---|---------|
| Food and Nutrition: Policy, Tools, and Service Delivery | 120,000 |
| Human Resources for Health | 150,000 |

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9997 | | | |
| Mechanism Name: FANTA 2 | | | |
| Prime Partner Name: Food and Nutrition Technical Assistance (FANTA) Project | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 162,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|-------------------|------|---------|--|
| Care | PDCS | 108,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 9998 | Mechanism Name: PI |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pasteur Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 390,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 390,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 108,526 |
|----------------------------|---------|

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 9998 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: PI | | | |
| Prime Partner Name: Pasteur Institute | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 50,000 | |
| Narrative: | | | |
| <p>May 2010 Programming = \$50,000</p> <p>Understanding more about drug resistance will help treatment more effectively and cost-effective. PEPFAR has been supporting the country to conduct drug resistance monitoring in adult patients in COP09, we plan to expand this activity to children. The activity is planned in two PEPFAR-supported out patient clinics in Ho Chi Minh city (pediatric hospital number 1 and pediatric hospital number 2) as these two children have highest number of new ARV patients in the country and the two sites are serving similar population of patients of HCMC and its neighbor provinces. We will seek technical assistance from WHO and CDC Atlanta for protocol development and while implementation.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 340,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | | | |
|---|--|---|--|
| Mechanism ID: 9999 | | Mechanism Name: MOLISA | |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | | Procurement Type: Cooperative Agreement | |
| Prime Partner Name: Ministry of Labor, Invalids and Social Affairs | | | |
| Agreement Start Date: Redacted | | Agreement End Date: Redacted | |
| TBD: No | | Global Fund / Multilateral Engagement: No | |



| | |
|-------------------------------|-----------------------|
| Total Funding: 313,750 | |
| Funding Source | Funding Amount |
| GHCS (State) | 313,750 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 163,750 |
|----------------------------|---------|

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 9999 | | | |
| Mechanism Name: MOLISA | | | |
| Prime Partner Name: Ministry of Labor, Invalids and Social Affairs | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 40,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 23,750 | |
| Narrative: | | | |
| None | | | |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|-------------------|-------------|----------------|----------------|
| Prevention | IDUP | 250,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10000 | Mechanism Name: HAIVN |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Harvard Medical School of AIDS Initiative in Vietnam | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 990,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 990,000 |

Sub Partner Name(s)

| | | |
|--|--|------------------------------|
| Ho Chi Minh City Provincial AIDS Committee | National Institute of Infectious and Tropical Diseases | National Pediatrics Hospital |
| Vietnam Administration for AIDS Control | Vietnam Nurses Association | |

Overview Narrative

Cross-Cutting Budget Attribution(s)



| | |
|----------------------------|---------|
| Human Resources for Health | 930,000 |
|----------------------------|---------|

Key Issues

- Child Survival Activities
- Military Population
- Workplace Programs

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: 10000 | | | |
| Mechanism Name: HAIVN | | | |
| Prime Partner Name: Harvard Medical School of AIDS Initiative in Vietnam | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 360,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 390,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | 150,000 | |
| Narrative: | | | |
| <p>May 2010 Programming =\$60,000</p> <p>Recognizing pediatric patients in the country are getting older and it is necessary to disclosure their HIV status to the older children to have better cooperation in care, treatment, and social activities, we plan to develop a disclosure procedure, job aid tools and training curricular taken into account culture and social norms of Vietnam. We will support PEPFAR-supported pediatric clinics to implement the disclosure through building up a disclosure team, delivering 2 training workshops, and providing technical assistance.</p> | | | |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|-------------------|-------------|----------------|----------------|
| Care | PDTX | 90,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10001 | Mechanism Name: CDC-FHI |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,764,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,764,000 |

Sub Partner Name(s)

| | | |
|--|--------------------------|---|
| Ministry of Labor, Invalids and Social Affairs | Pathfinder International | Vietnam Administration for Medical Services |
|--|--------------------------|---|

Overview Narrative

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|-----------|
| Human Resources for Health | 1,764,000 |
|----------------------------|-----------|



Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

| Mechanism ID: 10001 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: CDC-FHI | | | |
| Prime Partner Name: Family Health International | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 450,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 90,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | IDUP | 874,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 350,000 | |
| Narrative: | | | |
| <p>In FY 2010, Family Health International (FHI) will to provide technical assistance (TA) to selected PEPFAR-supported laboratories in Vietnam to achieve international laboratory accreditation. As part of this effort, FHI will also develop a quality management (QM) curriculum for delivery to all staff working at PEPFAR-supported laboratories. FHI has considerable experience implementing laboratory strengthening programs in Southeast Asia. FHI is well suited to offer immediate and cost-efficient</p> | | | |



programs.

FHI will provide TA to six selected laboratories (both national and provincial) to help them achieve international accreditation. In doing so, FHI will work closely with the CDC Vietnam team and CDC-supported laboratories in Vietnam to build in-country capabilities for assessment of laboratories against ISO 15189 standards and the implementation of ISO 15189 standards and preparation for ISO 15189 assessment. The program will begin with baseline assessments followed by training and technical support for implementation of ISO 15189 standards for selected laboratories located in Hanoi, Ho Chi Minh City, and possibly one laboratory in central Vietnam. TA delivered during follow-up visits will include implementation of ISO 15189 standards and preparations for the ISO 15189 assessment. Specific TA will be provided for the development of a laboratory quality management system, which will include equipment use, enhancement of a pre-analytic, analytic and post-analytic technical laboratory system, establishment of management systems to monitor the quality and reliability of laboratory services and satisfactory performance in an internationally-recognized External Quality Assurance Scheme (EQAS). It is expected that these six laboratories will be ready for an ISO 15189 accreditation assessment within two years after the initiation of this program. The estimated cost is \$300,000 (\$50,000 per laboratory).

FHI will also provide TA for development of quality assurance/quality management (QA/QM) training packages, delivery of trainings to provincial-level laboratories in all PEPFAR-supported provinces and the creation of a group of trainers from selected Vietnam Ministry of Health (MOH) institutions to provide future training on QM. This will include review, upgrading and standardization of the existing Quality Management System packages currently in use in Vietnam. National capacity will be enhanced by training a core team of laboratory personnel from MOH-recommended laboratories. Packages will be developed at two levels: basic and advanced. The goal of these trainings is to develop a group of professionals who can train others in these techniques and principles. Trainings will take place in Hanoi, bringing appropriate laboratory and CDC staff together for joint training. The estimated cost is \$50,000.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 10002 | Mechanism Name: ASPH Fellowship Program |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Association of Schools of Public Health | |



| | |
|--------------------------------|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 160,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 160,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 10002 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: ASPH Fellowship Program | | | |
| Prime Partner Name: Association of Schools of Public Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 40,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 40,000 | |



| Narrative: | | | |
|-------------------|-------------|----------------|----------------|
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 40,000 | |
| Narrative: | | | |
| None | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 40,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10118 | Mechanism Name: Department of Medical Administration |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Vietnam Administration for Medical Sciences | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 90,000 | |
|------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 90,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|--------|
| Human Resources for Health | 22,000 |
|----------------------------|--------|

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 10118 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: Department of Medical Administration | | | |
| Prime Partner Name: Vietnam Administration for Medical Sciences | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 90,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10814 | Mechanism Name: ASM |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American Society for Microbiology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| |
|-------------------------------|
| Total Funding: 125,000 |
|-------------------------------|



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 125,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 10814 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: ASM | | | |
| Prime Partner Name: American Society for Microbiology | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 125,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|--|
| Mechanism ID: 10831 | Mechanism Name: CLSI LAB |
| Funding Agency: U.S. Department of Health and | Procurement Type: Cooperative Agreement |



| | |
|---|---|
| Human Services/Centers for Disease Control and Prevention | |
| Prime Partner Name: Clinical and Laboratory Standards Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 250,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 250,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|---|-----------------------|-----------------------|
| Mechanism ID: | 10831 | | |
| Mechanism Name: | CLSI LAB | | |
| Prime Partner Name: | Clinical and Laboratory Standards Institute | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 250,000 | |

Narrative:

May 2010 Programming = \$150,000. Activity Title: Laboratory Quality Management Certificate Program.



PEPFAR Vietnam is adding \$150,000 to partner Clinical Laboratory Standards Institute (CLSI), to support the development of an education program aimed at strengthening laboratory services in Vietnam. They will develop a 24 month education program based on a certificate program offered by Wisconsin University. Clinical Laboratory Standards Institute, CLSI will tailor the current University of Wisconsin curriculum to the Vietnam setting and bring faculty and technical experts to Vietnam to deliver the course in a total of eight three week-long sessions, over a two year period of time. The PEPFAR Vietnam Laboratory TWG will work with CLSI to select the most appropriate individuals from the following institutions/organizations: Vietnam Administration of Medical Services, CSQL (HCMC), Bureau of Accreditation (Ministry of Science and Technology). \$150,000 is requested to cover expected costs for the first year of this program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 10832 | Mechanism Name: ASCP LAB |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American Society of Clinical Pathology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 225,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 225,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism ID: | 10832 | | |
| Mechanism Name: | ASCP LAB | | |
| Prime Partner Name: | American Society of Clinical Pathology | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 225,000 | |

Narrative:

May 2010 Programming = \$100,00. Activity Title: New Laboratory Accreditation Program for District Level Laboratories: PEPFAR Vietnam proposes to support the Government of Vietnam in the implementation of a laboratory accreditation program designed for district level laboratories (and smaller provincial level laboratories). This is based on a model developed a year ago for Africa by WHO-Afro and CDC (and is based on ISO15189 principles). Initially, the amount of \$100,000 is requested for advocacy to the Government of Vietnam (with WPRO), to tailor this new accreditation scheme to Vietnam and initiate preliminary training.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|--|
| Mechanism ID: 11605 | Mechanism Name: CDC-GHCS-Funded HQ Activities |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: USG Core |
| Prime Partner Name: HHS/Centers for Disease Control & Prevention | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|-------------------------------|-----------------------|
| Total Funding: 215,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 215,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The U.S. Centers for Disease Control and Prevention (CDC) implements PEPFAR programs by supporting HIV/AIDS prevention, treatment and care, strategic information, human resources for health (HRH), and program and policy development through an evidence-based manner. These activities are accomplished through the provision of direct technical assistance, working through a total of 10 cooperative agreements that have been established between the CDC and the government of Vietnam, an international NGO, and a U.S.-based university. All activities are developed in coordination with the government of Vietnam and U.S. Government agencies implementing PEPFAR programs in Vietnam.

The two largest and most comprehensive of the 10 cooperative agreements are with the Vietnam Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) in Hanoi and the Ho Chi Minh City Provincial AIDS Committee (HCMC PAC). These two cooperative agreements provide direct support to implement a comprehensive strategy on HIV/AIDS through; 1) prevention programming; 2) provision of care, support and treatment programs; and 3) strengthened infrastructure, human resources and information systems. The Hanoi School of Public Health (HSPH) is one of the U.S. Government's oldest and closest partners in Vietnam. Through CDC support to HSPH, critical public health activities are developed in program management, informatics and epidemiology. This represents an important contribution to HRH as increasing numbers of highly qualified public health professionals graduate and enter the public health field. The General Statistics Office receives support to strengthen key cross-cutting capacity in public health evaluation and data analysis.

Another key strategic element for CDC Vietnam is the provision of technical assistance to strengthen the laboratory infrastructure for improved diagnosis of HIV and opportunistic infections (OI) such as tuberculosis. CDC has partnered with three government of Vietnam agencies including the National Institute of Hygiene and Epidemiology (NIHE), the Vietnam Administration for Medical Services (VAMS) and the Pasteur Institute to strengthen laboratory systems and infrastructure. Because the epidemic in Vietnam is driven primarily by intravenous drug use, addressing the epidemic will require a multi-sectoral



commitment and a collaborative approach. CDC has a cooperative agreement with the Ministry of Labor, Invalids and Social Affairs that address the addictions issues related to the unique nature of the HIV epidemic in Vietnam. Through partnerships with international organizations, such as Family Health International and the Harvard Medical School AIDS Initiative in Vietnam, HRH and institutional capacity are strengthened through the implementation of clinical mentorship programs.

In addition to the technical, financial and systems strengthening support provided through the cooperative agreements, CDC Vietnam works closely with regional technical staff. Thailand has one of the most developed healthcare systems in Southeast Asia and Thai technical experts are highly respected throughout the region. The CDC Thailand program is well placed to assist in the identification of technical resources within the Thai Ministry of Health to support the PEPFAR Vietnam laboratory program, specifically in the provision of training and technical support to Vietnamese laboratorians in the areas of HIV diagnostics (i.e., regional workshops and post-market surveillance of test kits), external quality assessment program development (in the areas of HIV serology, CD4 and HIV viral load), laboratory auditor programs, OI diagnostics, sexually transmitted infections (STI) diagnostics and equipment calibration (pipette). CDC's Division of Tuberculosis Elimination (DTBE) contributes to the focus and strategy of Vietnam's TB/HIV program, advancing the evidence base for planning and evaluating program, and assists in coordination with the National Tuberculosis Program, the Ministry of Health and VAAC. CDC Vietnam is able to access Atlanta-based expertise, as well as Bangkok-based regional staff from CDC's DTBE. To further support the laboratory programs, CDC Vietnam procures diagnostic test kits (HIV, STI, OI and TB) and laboratory consumables to support CDC-IRB-approved research and surveillance and internal/external quality assurance.

CDC and the PEPFAR Vietnam team are working closely with the government of Vietnam to coordinate activities around a Partnership Framework, which will be developed in the coming year. CDC is committed to building local capacity to ensure sustainable programming through all of its activities and collaborations. CDC Vietnam also recognizes that developing and establishing programs for long term sustainability can only be attained by dedicated and technically driven expertise in country. CDC and PEPFAR Vietnam are therefore committed to strengthening the leadership, management and technical skills of locally employed staff. Technical and management/leadership training opportunities, supporting attendance at conferences, and providing mentorship and skills training are some of the ways in which these goals can be accomplished.

Given the relatively low prevalence of HIV in the general adult population in Vietnam (0.43%), prevention efforts that target most-at-risk populations remain the top priority for CDC and PEPFAR-supported programs. This is central to preventing the further spread of HIV and to identifying individuals with the greatest HIV care and treatment needs.



CDC's key contributions to health systems strengthening include: 1) continued partnerships with the government of Vietnam to build the capacity of its technical staff at the central, provincial and district levels; 2) support to the government of Vietnam to improve the quality of its national health delivery systems, manage technical strategies and health policies; 4) focus on pre- and in-service training and professional staff development opportunities across all program areas; and 5) focus training to strengthen management, harmonization and coordination of health programs.

Program Efficiency: CDC's strategy of working directly and in a bilateral fashion with the government of Vietnam is a strategy intended to build country-based, country-run and country-owned delivery systems. In building the capacity of the government, CDC feels that in the long run, the broader health needs of the country will be met, resulting in efficiencies.

Monitoring and Evaluation (M&E) activities are systematically built into all programming supported by CDC. As the cornerstone of program planning, implementation and improvement, all M&E activities will continue to focus on evidence-driven programming to strengthen quality and efficiency. Through the staffing for results exercise, CDC was designated as the technical working group lead for SI. Working together with the other U.S. Government agencies implementing PEPFAR in Vietnam, CDC promotes the development and use of standardized M&E tools, including surveillance, program monitoring and evaluation, and management information systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism ID: | 11605 | | |
| Mechanism Name: | CDC-GHCS-Funded HQ Activities | | |
| Prime Partner Name: | HHS/Centers for Disease Control & Prevention | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|-------|------|--------|--|
| Other | HVSI | 25,000 | |
|-------|------|--------|--|

Narrative:

May 2010 Funds in the amount of \$25,000 are being Programmed to support a Fellow in the CDC International Experience and Technical Assistance Program (IETA) to be based for 3 months in the Thailand CDC Global AIDS Program (GAP) Asia Regional Office (ARO) to coordinate the development and writing of a manuscript which summarizes the program activities and implications HIV incident assays in the Asia region. The amount requested in this programming represents the anticipated costs for hotel, meals, and incidentals for the Fellow for 2-3 months. Specifically the Fellow will:

- 1) work with CDC-GAP ARO and country-level staff to design and conduct a systematic review of the published and grey literature to assess the availability of HIV incidence data from countries in the Asia region,
- 2) engage in follow-up communication with country-level technical staff in order clarify outstanding issues, get additional information, etc.
- 3) document the results of the review and analyze and interpret the available data,
- 4) make recommendations on the implications of the results for surveillance and prevention planning and the lead in writing a manuscript together with GAP-ARO staff,
- 5) complete a draft ready for clearance manuscript for review suitable for publication in a peer-review journal.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HLAB | 190,000 | |

Narrative:

\$140,000 for Technical Assistance from Thailand

Thailand has one of the most developed healthcare systems in Southeast Asia and Thai technical experts are highly respected for their expertise throughout the region. The CDC Thailand program is well placed to assist in the identification of technical resources within the Thai Ministry of Health to support regional programs. Resources can be identified in Thailand's National Institute of Health HIV External Quality Assurance (EQA) Laboratory and the Center of Excellence for Flow Cytometry, among other institutions. Due to the geographic proximity of Thailand to Vietnam, and the low cost of regional travel, technical assistance from Thailand is a fraction of the cost of other international technical assistance. In FY 2010, CDC Thailand will provide training and technical support to Vietnamese laboratorians in the areas of HIV diagnostics (e.g., internal quality assurance programs, regional workshops and post-market surveillance of test kits), EQA program development (HIV serology, CD4 and HIV viral load), creation of laboratory auditor programs, opportunistic infections diagnostics, sexually transmitted infections (STI) diagnostics and equipment calibration (pipette). Training will be provided both on-site in Vietnam and in Thailand.

\$50,000 Test Kits



In FY 2010, the CDC Vietnam Laboratory program will require funds to procure diagnostic test kits (for HIV, STI, TB and opportunistic infections) and laboratory consumables to support the following activities: research (CDC IRB-approved), surveillance (CDC IRB-approved) and internal/external quality assurance. In general, government of Vietnam partners are provided funds for procurement of test kits, however the amount of \$50,000 from CDC is needed to fill urgent, one-time gaps in those systems.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 11609 | Mechanism Name: |
| Funding Agency: U.S. Department of State/Office of the Global AIDS Coordinator | Procurement Type: USG Core |
| Prime Partner Name: U.S. Department of State | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |
| Total Funding: 200,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 200,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The funding agency for this mechanism is State/EAP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



(No data provided.)

Budget Code Information

| Mechanism ID: 11609 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: | | | |
| Prime Partner Name: U.S. Department of State | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | OHSS | 200,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 11610 | Mechanism Name: |
| Funding Agency: U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration | Procurement Type: USG Core |
| Prime Partner Name: Substance Abuse and Mental Health Services Administration | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 60,861 | |
|------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 60,861 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DO NOT NEED TO SUBMIT NOT 20% over the previous 09-after reprogramming 09 funds



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 11610 | | |
|----------------------------|---|----------------|----------------|
| Mechanism Name: | | | |
| Prime Partner Name: | Substance Abuse and Mental Health Services Administration | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 60,861 | |
| Narrative: | | | |
| | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 11613 | Mechanism Name: HPI (Follow-on) |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Abt Associates | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,267,746 | |
|---------------------------------|----------------|
| Funding Source | Funding Amount |
| GHCS (State) | 2,267,746 |



Sub Partner Name(s)

| | | |
|--|---|---|
| An Giang Lawyers' Association | Boston University | Center for Community Health and Development |
| Center for Consulting on Law and Policy on Health and HIV/AIDS | Hai Phong Lawyers' Association of Hai Phong City - Legal Consultancy Centre | Ho Chi Minh Lawyers' Association |
| Ho Chi Minh National Academy of Politics and Public Administration | Institute for Social Development Studies | Population Health and Development Institute |
| Quang Ninh Lawyers' Association – Legal Consultancy Center | | |

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection

Budget Code Information

| Mechanism ID: 11613 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: HPI (Follow-on) | | | |
| Prime Partner Name: Abt Associates | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 360,000 | |
| Narrative: | | | |



| None | | | |
|----------------|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 397,500 | |

Narrative:

May 2010 Programming = \$150,000. Funds are being added to Abt Associates to support two critical needs in Vietnam: 1) Needs Modeling: HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) in the amount of \$50,000, and 2) Data Use and Interpretation in the amount of \$100,000. With these funds HPI/Abt will continue to apply HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) to simulate national and provincial scenarios of breadth and depth of service delivery coverage. HAPSAT is a computer-based tool for forecasting and analyzing the sustainability of national HIV/AIDS programs. HAPSAT uses detailed epidemiological, demographic, and economic data to estimate/project the financial and human resources required to sustain and/or scale up a portfolio of HIV/AIDS programs. This activity will also complement activities within A2 project which have been implemented in two 'PEPFAR focus provinces' annually since FY2008 as well as supporting the data triangulation activity that has been supported by PEPFAR SI since FY2009. To date, significant HIV/AIDS program data have been generated from various sources by PEPFAR implementing partners. However, the major gap in the M&E system of PEPFAR partners is a lack of capacity and/or being fully technical supported to analyze and use their own program data to improve program implementation and to respond precisely to the HIV/AIDS epidemic in Vietnam. In addition, technically analyzing and systematically presenting current data such as surveillance data, coverage data, and financial data at program level and provincial level for programming and planning remain under-developed particularly at the sub-national (i.e. province, district, commune) levels. Three key barriers have been identified:

- ? Lack of human resources and technical skills in utilizing data for programming, funding allocation and strategic decision making,
- ? Lack of human resources and technical skills in coordinating, harmonizing and triangulating surveillance, M&E, HIV/AIDS routinely collected programming and financing data,
- ? Limited technical and management guidelines on data analysis and use.

Abt Associates is one of the key partners of the PEPFAR program which has been implementing activities to strengthen the 'data synthesis and use' in seven 'PEPFAR focus provinces' in Vietnam with a focus at provincial and program level.

In FY10, PEPFAR will continue to support HPI/Abt Vietnam to continue ensuring timely and accurate data used for evidence-based decision making at both national and provincial as well as program levels. With close collaboration and technical guidance from PEPFAR Strategic Information, the HPI/Abt team will bring unique capabilities in using data to translate policy into action through HIV/AIDS policy planning, budgeting, and program implementation.

Moving toward sustainability development for host country, HPI/Abt will partially use the fund to continue support a local partner that has high profile, experience and expertise in data synthesis, analysis and use to provide hand-on technical assistance to PEPFAR partners and TWGs. The selected local partner will also work closely with PEPFAR SI team to provide support to members of other PEPFAR technical working groups in analyzing program data for planning. Furthermore, the selected local partner will support series of training workshops for PEPFAR partners on basic and advance program data analysis. In collaboration with other SI partners, the selected local partner will take part in fostering activities related to data synthesis and use such as data triangulation, estimation and projection, HIV/AIDS modeling.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 589,594 | |

Narrative:

None

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 820,652 | |

Narrative:

ABT ASSOCIATES 100% CONDOM USAGE PROGRAM (CUP) IMPLEMENTATION: \$100,000

The 100% Condom Usage Program (CUP) is an integral part of the PEPFAR Vietnam 5-Year Strategy and its plan for comprehensive HIV prevention programs. Whereas many outreach programs target either commercial sex workers (CSW) or potential clients, the 100% CUP is uniquely positioned to address the needs of both with the explicit cooperation of law enforcement, health authorities and other stakeholders. This collaboration helped the PEPFAR Vietnam team to reach planned FY 2009 targets not only through outreach, but by reducing the fear of arrest and the stigmatization that causes sex workers and clients to avoid health-seeking behaviors.

In FY 2010, the following activities will be carried out:

1. Abt Associates will continue to support implementation and evaluation of the 100% CUP in An Giang province. The evaluation will be based on program process data from the implementing partners and cross-sectional data on sex workers gathered through IBBS conducted by Family Health International and Population Services International's surveys of clients of CSW. The development of tools for supervision and monitoring of the 100% CUP implementation will be an integral part of this process.

2. Abt Associates will field-test guidance materials and training curriculum on 100% CUP in selected provinces. Following field testing, Abt will revise the materials, incorporating supervision and monitoring tools. Abt will also provide technical assistance to accelerate the implementation of national condom promotion guidelines launched in 2008 and expand 100% CUP to other provinces and localities.

The following indicators will be achieved:

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 3,000

Number of individuals trained to promote HIV/AIDS prevention through behavior change other than abstinence and/or being faithful: 368

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | IDUP | 100,000 | |

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 11616 | Mechanism Name: |
| Funding Agency: U.S. Agency for International Development | Procurement Type: USG Core |
| Prime Partner Name: US Agency for International Development | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 500,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 500,000 |



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 11616 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: | | | |
| Prime Partner Name: US Agency for International Development | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Prevention | HVOP | 500,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|--|
| Mechanism ID: 11619 | Mechanism Name: DoD - Defence-Partnered HQ activities |
| Funding Agency: U.S. Department of Defense | Procurement Type: USG Core |
| Prime Partner Name: US Department of Defense | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|---------|---|
| TBD: No | Global Fund / Multilateral Engagement: No |
|---------|---|

| | |
|---------------------------------|-----------------------|
| Total Funding: 1,858,400 | |
| Funding Source | Funding Amount |
| GHCS (State) | 1,858,400 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The U.S. Department of Defense (DoD) implements PEPFAR programs by supporting HIV/AIDS prevention, treatment and care, strategic information, human capacity development, and program and policy development in host militaries and civilian communities. These activities are accomplished through direct military-to-military assistance, support to nongovernmental organizations and universities, and in collaboration with other U.S. government agencies in country.

In Vietnam, DoD works with the Vietnam Ministry of Defense (MOD) to: 1) implement military-specific HIV/AIDS prevention programs designed to address the military's unique risk factors; 2) provide care, support and treatment programs for military personnel, their families and civilians in surrounding communities; and 3) strengthen infrastructure, human resources and information systems in the Vietnamese military healthcare delivery system. In Vietnam, 80% of the clients who access military medical services are civilians from surrounding communities.

The comprehensive goals and objectives in DoD PEPFAR's FY 2010 programming reflect breadth across multiple technical areas. In the area of prevention, DoD aims for a Combination Prevention Program, which consists of biomedical and behavioral prevention approaches adapted and prioritized for the Vietnam military. Behavioral interventions are geared toward motivating behavioral change in young military recruits and border guards as in Other Prevention programs that promote peer education of abstinence, be faithful and correct condom use. Biomedical interventions reduce the chances for HIV infections as in Injection Safety and Blood Safety programs. Under care, support and treatment, DoD's breadth across three technical areas: Prevention of Mother-to-Child Transmission (MTCT), TB/HIV (HVTB) and Adult Treatment (HTXS). In FY 2010, DoD aims to intensify on-site coaching/mentoring to reinforce desired behaviors for patient-focused care clinic management practices. Integrated throughout all technical areas, DoD plans to optimize all opportunities for a more efficient system, better quality care and stronger program monitoring.



Linkage to Partnership Framework: In partnering with local nongovernmental organizations and employing local nationals, DoD PEPFAR is directly supporting the PEPFAR Partnership Framework's central strategy of building local capacity to ensure sustainable programming. Prior to FY 2008, DoD PEPFAR was partnering with U.S.-based universities and organizations to implement its programs. In FY 2008, DoD PEPFAR shifted to using Vietnamese NGOs, as well as employing local nationals in the DoD PEPFAR office to execute the DoD program. Forging a strong collaborative effort between Vietnam's military and capable local prime partners to carry out future HIV prevention programming is key to promoting sustainability.

Target Population and Geographical Coverage: The target population for DoD's technical areas includes all patients receiving medical care at military hospitals and all newly inducted male military recruits and mobile border guards (approximately 30,000 young men per year). The target population for counseling and testing, safety injection, blood safety, care and support, treatment, prevention of mother-to-child-transmission and TB/HIV programs includes all clients, civilians or military, receiving services at all PEPFAR-supported locations. The new recruits and border guards have been targeted with this integrated prevention program because they are considered to be at a higher risk of contracting HIV/AIDS due to their young age, high mobility and long periods of time spent in remote areas far away from family support, all of which have been shown to encourage high-risk behaviors, such as drinking alcohol and visiting karaoke bars.

With FY 2010 funding, these comprehensive DoD programs (HVOP, HVCT, HMIN, HMBL, MTCT, HVTB, HTXS, HBHC, HLAB, OHSS, and HVSI) will cover all 63 provinces in all seven military regions and the four military commands (Army, Navy, Air Force and Border Guards), the 16 voluntary counseling and testing/provider-initiated counseling and testing (VCT/PICT) sites, four reference laboratories, five blood safety centers and four outpatient centers. Notably, DoD programs are located in the three "highest HIV prevalence" provinces: Ho Chi Minh City, Hanoi and Can Tho City.

Health System Strengthening: U.S. DoD's key contributions to health system strengthening include: 1) partnering with local NGOs and utilizing local experts, who subsequently will help build the capacity of technical staff for the host government and its partners; 2) mainstreaming injection safety, universal precautions, and infection control into the pre-service training curriculum at military medical and nursing schools; 3) regular technical in-service training for on-site and off-site implementing staff; 4) upgrading staff training by using national training standards; 5) regular on-site management coaching; 6) on-going assessment to promote the retention of the most qualified staff; 7) producing a cadre of trainers who can replicate the same training to others in the future; 8) providing professional staff development through workshops and conferences, when needed, to encourage professional advancement; and 9) periodic assessments for quality improvement of the implementation process.



Cross-cutting Programs and Key Issues: the U.S. DoD covers two cross-cutting programs: 1) Human Resources for Health through using national training standards, on-going in-service training and on-site coaching; and 2) the renovation and upgrading of blood safety centers to meet national standards. Key issues addressed by U.S. DoD include education, TB, mobile populations and military populations.

Program Efficiency: U.S. DoD's strategy is to become more cost efficient over time by: 1) cutting down administrative costs by working directly with the Vietnamese NGOs; 2) using local resources, such as Vietnamese NGOs, to transfer necessary knowledge and skills to the Vietnamese MOD, over time; 3) procuring supplies and services within Vietnam; 4) combining multiple prevention strategies to maximize coverage while reducing administrative costs to the program; 5) adapting the existing national training curriculum to military settings; 6) using existing military-relevant education, information and communication (EIC) materials; 7) optimizing program coordination by having single point-of-contact program officers for consistency and efficiency; and 8) collaborating with other partners in prevention technical areas to optimize the use of standardized educational materials and Vietnam government-supported services .

Monitoring and Evaluation Plans: In FY 2010, with a dedicated Strategic Information Officer for DoD and MOD programs, DoD PEPFAR will further strengthen collaboration with other PEPFAR agencies and partners, i.e., CDC, USAID, the National Blood and Transfusion Institute, CDC Laboratory, other implementing partners to promote the development and use of standardized monitoring and evaluation tools; to plan for interagency quality assurance (QA) activities in clinical areas and HIV testing areas; and to promote interagency visits to implementation sites for QA and training purposes.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Construction/Renovation | REDACTED |
| Education | 50,000 |
| Human Resources for Health | 806,000 |

Key Issues

- Military Population
- Mobile Population



Budget Code Information

| Mechanism ID: 11619 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: DoD - Defence-Partnered HQ activities | | | |
| Prime Partner Name: US Department of Defense | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 79,500 | |
| Narrative: | | | |
| <p>This is a continuing activity from FY 2009. In FY 2009, the U.S. Department of Defense (DoD) used only FY 2008 carry-over funds to implement HBHC. Therefore, in FY 2010, this budget code reflects a 20% increase in budget, and thus a budget code narrative is required.</p> <p>08-HBHC Budget Code Description: In line with PEPFAR's effort to develop human resources to improve healthcare, U.S. DoD will continue to promote increasing the contributions of nurses in the Vietnamese healthcare system. In order to do so, U.S. DoD PEPFAR will collaborate closely with the Vietnam Nurses Association (VNA) to build capacity in the country's nursing forces. In FY 2010, VNA will mainly focus on supporting the implementation sites, training the nursing forces and providing technical assistance (TA) and clinical support to the facilities. At the same time, U.S. DoD will focus on providing technical assistance and operational coaching to nursing and medical leaders in project and program management.</p> <p>08-HBHC Activity: Technical Assistance and Coaching to Middle- and Higher-Level Nursing and Medical Leaders, \$79,500 – U.S. DoD will: 1) convene regular meetings with middle- and higher-level nursing and medical leaders to solicit buy-in and discuss ways to improve HIV/AIDS care and support programs; 2) conduct frequent TA using one-on-one or small group methods to promote the adoption of new protocols and guidelines; 3) provide consumables, clinical supplies and testing reagents to four sites; and 4) organize and support experience-sharing workshops for nursing and medical leaders.</p> <p>08-HBHC Quality Assurance: An important goal for U.S. DoD PEPFAR in FY 2010 is to conduct relevant and/or focused program evaluations, in order to build a high-quality and sustainable program. DoD will coordinate with other PEPFAR agencies to ensure that linkages among all sectors are effective and national standards are met.</p> | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|--|------|---------|--|
| Other | HVSI | 150,000 | |
| Narrative: | | | |
| <p>This is a continuing activity from FY 2009 when the U.S. Department of Defense (DoD) used FY 2008 carry-over funds to implement strategic information programming for the first time. Therefore, in FY 2010, because this budget code reflects a 20% increase in budget, a budget code narrative is required.</p> <p>The Strategic Information technical working group (SI TWG) has prioritized creating a culture of data use across the HIV program in Vietnam where programs are increasingly evidence-based. This effort promotes efficiencies and successes, and is coordinated through shared information implementing partners and responsible government of Vietnam agencies. In order to achieve this, it will be critical to build SI capacity in the DOD program and among its implementing partners. Since FY 2008, the U.S. DoD PEPFAR program, like other agencies, has focused its efforts, resources and funding primarily on training and services for care, support, treatment and prevention programs. After substantially expanding its programs, the need for constant SI support became apparent in FY 2008. REDACTED.</p> <p>While the military health systems in Vietnam are distinct from the civilian health system, similar services are delivered and some of the same populations are served. As a result, strategic information is not only critical for the monitoring and evaluation (M&E) of MOD programs, but also for the integration of these programs into the national HIV strategy and broader health systems for better national program management, improved services across the health systems, and promoting efficiencies through shared resources, methodologies and tools. With the addition of a M&E program officer to the DOD team who will also sit in on the SI technical working group meetings, SI and DOD will be in a better position to address the strategic information needs of the DOD HIV program. They will work across PEPFAR TWGs and national SI TWGs to ensure that DOD partners benefit from the resources and experiences of the teams while contributing to Vietnam's single HIV M&E system.</p> <p>Funds will support staff and partner capacity development, the assessment of civilian SI strategies and solutions for appropriateness for MOD sites, customization of solutions adhering to national standards and policies, implementation of solutions and on-going monitoring and evaluation. By participating in the SI technical working group, the DOD M&E staff will be able to leverage technical assistance and staff resources to ensure that DOD programs are provided adequate SI support and that DOD SI activities are contributing to the goal of a national culture of data use and integrated into the national HIV M&E system and other systems across health sectors in Vietnam.</p> <p>In addition to overall SI capacity, there will be two priority activities supported by these funds:</p> <p>Strengthening MOD's Information Management Capabilities -- The goals of this activity for FY 2010 are:</p> <p>1) upgrading basic hardware and software to enhance communication among MOD's PEPFAR Steering</p> | | | |



Committee (MOD-SC), administration offices at four military hospital, and eight implementation sites; 2) training MOD-SC staff and implementation staff on use of standardized national monitoring and reporting requirements; 3) training MOD-SC staff on use of data for program monitoring and evaluation; and 4) providing technical assistance to link MOD's HIV-related services to other partners' implementing sites, according to MOD's policies, in order to increase patient's access to services and better data quality.

Building MOD's Bio-behavioral Survey Capability – Funding in FY 2010 will support: 1) training a small MOD core team (3-4 persons) to assist with the implementation of the bio-behavioral survey; 2) producing and/or procuring data collection tools; 3) conducting training and TA on survey methodology and protocols; and 4) providing technical assistance and logistical and operational support to staff of the Military Institute of Hygiene and Epidemiology (MIHE) and the Southern Preventive Medicine Center (SPMC) to complete data collection, entry, analysis and interpretation.

17-HVSI Quality Assurance -- In FY 2010, the DoD SI Program Officer, in collaboration with the PEPFAR SI team, will lead the coordination and implementation of MOD's bio-behavioral survey. Moreover, U.S. DoD will continue to coordinate with other USG implementing agencies and technical groups to ensure that linkages (to training opportunities, experience sharing opportunities, expert resources, etc.) among all sectors are put to best use.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Other | OHSS | 266,000 | |

Narrative:

This is a continuing activity from FY 2009. In FY 2009, the U.S. Department of Defense (DoD) used only FY 2008 carry-over funds to implement health system strengthening programs. Therefore, in FY 2010, because this budget code reflects a 20% increase in budget, a budget code narrative is required.

18-OHSS Budget Code Description: In Vietnam, insufficient training has been identified over and over again as a key barrier to improving the current healthcare system (Health System 20/20, USAID, 2008). Having adequate training and a qualified healthcare staff will be even more critical in future years as the Vietnam Ministry of Health moves forward with its 2020 Health Strategy and PEPFAR moves toward the Partnership Framework. Lack of international standard training is even more acutely felt in the Vietnamese military healthcare system because it has only recently accepted outside assistance. A skilled workforce is critical as it affects the overall system performance as well as the feasibility and sustainability of health reforms.

In FY 2010, the U.S. DoD will address the insufficient training through four key activities.

18-OHSS ACTIVITY #1 Strengthening Teaching Infrastructure of the Pre-service Military Medical Institute, \$130,000 - Similar to the civilian sector, the Vietnamese military has its own medical and nursing pre-service training academies. One academy is co-located in Hospital 103 where PEPFAR has a full range of supports, including one outpatient clinic, one prevention of mother-to-child transmission (PMTCT) site, one TB/HIV facility, one blood safety center and one voluntary counseling and testing (VCT) site. However, this academy has not received much attention or support in the past. Under this activity, U.S. DoD will: 1) collaborate with the Vietnamese military leadership at the academy to include key curricula, such as infection control, patient-centered care, and quality assurance and quality control, in the pre-service training curriculum at the academy; 2) upgrade the practicum training laboratories at the academy to enhance hands-on practice prior to caring for patients at hospitals; 3) coordinate and support technical assistance on curriculum revision and teaching methods using available experts from other PEPFAR agencies and partners; and 4) coordinate, invite and support military teaching faculty to observe and lecture at civilian medical and nursing schools to share best practices.

18-OHSS ACTIVITY #2 Mainstreaming Infection Control Curriculum Into Pre-Service Military Medical and Nursing Academies, \$60,000 – Under this activity, DoD will: 1) coordinate and support technical assistance on curriculum adaptation and revision and teaching methods using available experts from other PEPFAR agencies, partners, etc.; 2) provide relevant teaching materials, teaching aids and references; 3) support travel expenses for trainers; and 4) explore developing an evaluation tool to assess teaching effectiveness.

18-OHSS ACTIVITY #3 Human Resource Motivational and Retention Activities, \$46,000 - Funding will support the following objectives: sharing and recognition of staff's contributions to Vietnam's healthcare system; educating Vietnam Ministry of Defense (MOD) personnel about MOD healthcare staff; introducing a patient-focused care model (being implemented under the HBHC program); engaging MOD policymakers to consider an alternative staff award/promotion model where staff are recognized and rewarded based on a merit system; and introducing a PEPFAR for Excellence award for top performers. U.S. DoD PEPFAR will synchronize these objectives with scheduled and on-going technical workshops and meetings. Under this activity, DoD will also invite several senior military leaders to attend key meetings, such as the annual implementers' meeting, the international or regional AIDS meeting and multilateral medical meetings. The purpose of attending these key meetings is for Vietnam's military leadership to learn best practices and policies from others.

18-OHSS ACTIVITY #4 Program Management Capacity Building, \$30,000- In FY 2009, U.S. DoD merged its Total Quality Management (TQM) training program into the CDC TQM training under the Hanoi School of Public Health (HSPH). Under this arrangement, TQM training for middle managers was



not only consistent across military and civilian sectors, but also positively encouraged military and civilian managers to work and solve problems together. In FY 2009, CDC through HSPH, provided 30 training slots for MOD medical managers. Travel costs for the TQM training were covered by U.S. DoD. With FY 2010 funding, DoD will continue to support 30 military middle managers to benefit from this TQM training.

18-OHSS Quality Assurance: In FY 2010, the DoD Program Management Specialist will collaborate with other USG implementing agencies and technical groups to ensure linkages (with training and experience-sharing opportunities, educational resources, etc.) across civilian and military sectors are maximized and national standards are met.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMBL | 636,500 | |

Narrative:

This is a continuing activity from FY 2009. In FY 2009, the U.S. Department of Defense (DoD) used only FY 2008 carry-over funds to implement HMBL. Therefore, in FY 2010 this budget code reflects a 20% increase in budget, thus a budget code narrative is required.

04-HMBL Budget Code Description: Main objectives of the U.S. DoD PEPFAR and Vietnam Ministry of Defence (MOD) Blood Safety programs are: 1) to ensure that MOD blood safety practices are in line with national standards in the areas of blood screening, collection preparation and storage; 2) to upgrade the MOD's blood safety basic structure to meet national safety and public health standards; 3) to promote a robust and voluntary donor system; 4) to promote sustainable quality assurance programs across military blood safety centers; and 5) to strengthen and optimize linkages of blood safety, appropriate HIV counselling and testing, and referrals for persons who test positive.

By the end of FY 2009, the Vietnam DoD PEPFAR will be supporting five blood safety centers with HIV screening capacity in Hospital 103 in Hanoi, Hospital 175 in Ho Chi Minh City, Hospital 121 in Can Tho City, Hospital 17 in Da Nang City and Hospital 87 in Nha Trang City. These five blood safety centers will ensure the availability of safe blood products for five co-located hospitals, as well as neighboring civilian hospitals. Additionally, these five blood safety centers also provide provider-initiated testing and counselling (PITC) to all clients using the services. It is important to note that, although military health care facilities are mandated to care for military personnel and their families, approximately 80 percent of the clients are civilians from neighboring towns and provinces.

Blood Safety addresses one of the nine action areas established by the government of Vietnam in the Vietnam National HIV/AIDS Strategy. The Vietnam MOD has consistently supported the Vietnam



National HIV/AIDS Strategy by increasing collection and storage of safe blood, and strengthening human capacity in safe blood practices.

04-HMBL Activity #1 Increasing Collection and Storage of Safe Blood, \$450,000 – With FY 2010 funding, DoD PEPFAR will collaborate with the Vietnam MOD to: 1) increase the collection and storage of blood units from low-risk volunteer donors to 30,000 units per year; 2) increase the number of volunteer donors from 20% to 70% compared to the number of paid donors; and 3) support donor outreach sessions at regional blood transfusion centers for the recruitment of voluntary unpaid blood donors. Without on-going recruitment activities, shortages of safe blood may result in, and may create pressure to use, unsafe blood products that run a higher risk of HIV contamination. In order to ensure this does not happen, DoD PEPFAR will: 1) support clinical and administrative staff implementing blood safety activities; 2) procure necessary consumables, supplies and reagents for increased collection and storage of blood units; 3) procure local equipment maintenance services for five existing blood safety centers; 4) procure additional equipment necessary for processing and storage expansion; and 5) provide technical assistance to MOD on building renovation, equipment selection and testing strategies in adherence with the updated national regulations on blood safety protocol.

04-HMBL Activity #2 Human Capacity Development and Strengthening, \$186,500 – FY 2010 funding will support: 1) expert blood safety organizations to provide guidance, advice and training to Vietnam's military blood transfusion centers in need of technical assistance; 2) technical assistance to MOD on strategies to develop an organized, high-quality blood transfusion system that will produce an adequate supply of safe blood that adheres to national regulations on blood safety protocol; 3) refresher training of current staff; 4) initial in-depth training with wet lab practice for all new personnel assigned to blood safety centers; 5) training for back-up staff to cover for those on military deployment; (6) piloting biomedical equipment maintenance training to selected staff; and 7) exploring possible collaboration between military and civilian sectors including the Vietnam Red Cross.

04-HMBL Quality Assurance: In FY 2008, a quality assurance and quality improvement (QA/QI) program was initiated at two blood safety centers. In FY 2009, the program was expanded to all five existing blood safety centers. This same QA/QI project will be continued in FY 2010, with more intensive on-site coaching to achieve quality and consistency across all five centers. In FY 2010, the DoD Program Management Specialist will collaborate with other USG implementing agencies and technical groups to ensure that linkages between all sectors are maximized and national standards are met.

04-HMBL Targets:

Percentage of donated blood screened for HIV in a quality-assured manner: 100%



Number of blood safety centers: 5

Number of staff trained on blood safety-related topics: 20

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HMIN | 280,000 | |

Narrative:

This is a continuing activity from FY 2009. In FY 2009, the U.S. Department of Defense (DoD) used only FY 2008 carry-over funds to implement Injection Safety programs. Therefore, in FY 2010 this budget code reflects a 20% increase in budget, and thus a budget code narrative is required.

05-HMIN Budget Code Description: By the end of FY 2009, the U.S. DoD PEPFAR was supporting four referral laboratories, five blood safety laboratories, four outpatient and inpatient clinics embedded in four infectious disease departments, eight voluntary counseling and testing (VCT) sites, five provider-initiated counseling and testing sites, four prevention of mother-to-child-transmission (PMTCT) sites, and four prevention of tuberculosis and HIV co-infection sites. Requested funds for FY 2010 will support the Vietnam Ministry of Defense (MOD) to continue its participation with other PEPFAR partners in establishing an injection safety program in line with national guidelines. FY 2010, key activities will include injection safety (IS) and waste management (WM).

05-HMIN Injection Safety, \$200,000 - With PEPFAR funding in FY 2008 and FY 2009, the IS program for Vietnam was developed through collaborative efforts with the World Health Organization (WHO), the Vietnam Nurses Association (VNA) and Pact Vietnam, an international NGO. A national IS training curriculum has been completed, but has yet to be implemented.

Other PEPFAR civilian partners in Vietnam are currently focusing on three areas: 1) utilizing the national IS training curriculum to produce a cadre of IS trainers using the training of the trainer (ToT) method, 2) designing and distributing teaching materials to clinical areas, and 3) providing sharps containers to clinical areas.

Based upon existing work in Vietnam and funding in FY 2010, DoD PEPFAR will: 1) adopt IS training into pre-service training at military medical and nursing training institutions; 2) organize and train a cadre of 16 military healthcare staff to conduct ToT on injection safety-related topics to include infection control; 3) expand IS training for healthcare workers with a special focus on improving phlebotomy practice and the reduction of needle-stick injuries; 4) advocate for the development of universal precaution guidelines, as well as infection control, to be tested and implemented in military healthcare settings; 5) provide basic and/or locally-produced consumable supplies, such as sharp containers, at selected military hospitals; 6)



support trainee travel to training sessions; 7) link post-exposure prophylaxis (PEP) to the counseling and testing program to reduce HIV transmission in medical settings; and 8) provide regular on-site technical assistance to ensure that injection safety principles and practices in the workplace are implemented.

05-HMIN Waste Management, \$80,000 – In FY 2010, U.S. DoD PEPFAR will expand the Injection Safety program to include Waste Management. In developing countries, such as Vietnam, the collection, storage and disposal of biomedical waste related to HIV/AIDS care is a growing health, safety and environmental problem. In Vietnam, biomedical waste related to HIV/AIDS is produced by establishments such as outpatient centers, VCT sites, laboratories and blood collection/transfusion centers. Biomedical waste poses potential risks to human health and to the environment if not properly disposed. Overall, waste management has received little attention despite the potential environmental hazard and threats to public health. Current options for treating biohazard waste include converting infectious materials to non-infectious waste using processes such as steam sterilizers, autoclaves, and incinerator or microwave technology. Not all these treating options are practiced properly in the Vietnamese military healthcare system. Thus, the Vietnam military has identified waste management as a priority area and has requested PEPFAR technical assistance in order to implement training in biomedical waste management and to formulate guidelines and standards for proper disposal.

With FY 2010 funds, in collaboration with the Vietnam military, DoD PEPFAR will: 1) conduct an initial assessment of waste collection and disposal practices at four healthcare clinics/sites; 2) conduct an assessment of available disposal mechanisms at four locations; 3) identify strengths and weaknesses in current waste management practices; 4) collaborate with the Vietnam military to validate the needs and draft a plan-of-action; and 5) collaborate with the Vietnam military to formulate guidelines and standards of proper disposal. Training of proper disposal methods will be integrated into the injection safety curriculum, where and when appropriate to reduce costs. This activity will be carried out in close collaboration with host nation agencies, USG agencies and other partners, including experts from the World Health Organization. Additionally, lessons learned from other communities and/or countries will be incorporated into the plans-of-action.

05-HMIN Quality Assurance: An important goal for DoD in FY 2010 is to conduct relevant program evaluation, as part of building a high-quality and sustainable injection safety and waste management program. In FY 2010, the DoD Program Management Specialist will collaborate with other USG implementing agencies and technical groups to ensure linkages among all sectors are maximized and national standards are met.

05-HMIN Targets:

Number of sites providing injection safety, including waste management services: 4



| Number of staff trained on injection safety, including waste management: 60 | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | 446,400 | |

Narrative:

This is a continuing activity from FY 2009. In FY 2009, the U.S. Department of Defense (DoD) used only FY 2008 carry-over funds to implement part of the HLAB program. Therefore, in FY 2010, this budget code reflects a 20% increase in budget, and thus a budget code narrative is required.

16-HLAB Budget Code Description: By the end of FY 2009, U.S. DoD PEPFAR supported four referral laboratories with the capacity to perform HIV diagnosis, haematology, biochemistry, CD4 and Polymerase Chain Reaction (PCR), which are conducted to check viral loads in cases of adult treatment failures. These four referral laboratories are: the Military Institute for Health and Epidemiology (MIHE) in Hanoi, the Southern Preventative Medicine Center (SPMC) in Ho Chi Minh City, Hospital 121 in Can Tho City and Hospital 17 in Da Nang City. MIHE and SPMC are designated as regional preventive centers, and serve as centers of excellence for training and research. Two other laboratories (in Hospital 121 and Hospital 17) are provincial referral laboratories embedded within the military regional hospitals. These four referral laboratories support four outpatient/inpatient clinics and eight voluntary counselling and testing (VCT) centers, and five provider-initiated counseling and testing (PICT) sites. All four laboratories are located in PEPFAR-focus provinces. It is important to note that although military health care facilities are mandated to care for military personnel and their families, more than 80% of the clients are civilians.

These four laboratories are staffed by full-time and part-time Vietnamese military laboratory officers and technicians. There are approximately 100 full-time staff working in these sites. Between FY 2006 and FY 2008, U.S. DoD trained a total of 245 laboratory personnel working in PEPFAR and non-PEPFAR-supported laboratories, through partnering with the Armed Forces Research Institute of Medical Sciences (AFRIMS) in Bangkok, Thailand. In FY 2009, DoD began to partner with CDC Laboratory to deliver in-country training in quality improvement for assigned personnel.

Additionally, in FY 2007, U.S. DoD initiated quality assurance and quality control (QA/QC) initiatives at two laboratories. In FY 2008, U.S. DoD expanded the QA/QC program to two more laboratories. The QA/QC program includes: monthly site monitoring, quarterly site visits, standardized assessment tools for monitoring and assessment, quarterly on-site proficiency testing, routine reporting, participation in a national external quality assurance (EQA) program, distant technical assistance, on-site technical assistance, and on-site workshops and training. In FY 2009, U.S. DoD replicated the same QA/QC program at the four PEPFAR-supported blood safety centers in the military system.



In FY 2010 and beyond, U.S. DoD aims to: 1) collaborate closely with the CDC Laboratory technical working group and experts to prepare all four laboratories to be accredited by the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC); 2) promote greater collaboration between the Vietnamese military, civilian laboratory centers and HIV/AIDS testing, care, support and treatment sites. DoD PEPFAR will continue its collaboration with CDC partners, i.e., LIFE-GAP project to train military laboratory staff on CD4 and opportunistic infection (OI) diagnostics; and VAAC/LIFEGAP to develop a laboratory referral network and specimen transport system within the provinces. DoD will also collaborate with CDC to enable laboratory staff to pilot the Laboratory Information System (LIS) at one military laboratory. In order to achieve these aims, U.S. DoD PEPFAR will implement four activities in FY 2010.

16-HLAB ACTIVITY #1 Increase Military Laboratories' Participation in the National EQA Program, \$50,000 – U.S. DoD will: 1) coordinate with CDC Laboratory to systematically enroll four military laboratories in the national EQA program; 2) work to encourage military laboratories to be active members in the national EQA program; 3) promote collaboration between MIHE and its counterpart, the National Institute of Hygiene and Epidemiology (NIHE); 4) provide necessary supplies, consumables and reagents for producing proficiency panels for EQA purposes; and 5) provide EQA training through PEPFAR agencies and/or the U.S. DoD component.

16-HLAB ACTIVITY #2 QA/QC Program, \$50,000 - The second activity will support on-going QA/QC activities, including two site visits per year in order to monitor and evaluate the implementation progress and maintenance of the QA/QC program. This includes TA on the development of standard operating procedures (SOP's) and a functioning post-exposure prophylaxis (PEP) program. Doing well in the QA/QC program will move the laboratories closer to accreditation status.

16-HLAB Activity #3 Training and Clinical Support, \$100,000 - The third activity will support: 1) refresher training for laboratorians and technicians; 2) training in OI diagnostics at military laboratory sites using national and international training packages; 3) practicum training and experience-sharing for laboratorians and technicians at NIHE or another national laboratory; 4) procurement of needed consumables, clinical supplies and reagents; and 5) establishing a local equipment maintenance program for these sites. Well trained laboratorians who carry the training into practice will also move the laboratories closer to accreditation status, as well as contribute to better care. As part of the greater PEPFAR community in Vietnam, U.S DoD coordinates closely with the Supply Chain Management System (SCMC) in the procurement and management of CD4 reagents. Training in this area has greatly enhanced the availability of CD4 reagents while keeping reagent expiration problems to a minimum.

16-HLAB Activity # 4 Renovation of Laboratory Infrastructure, \$246,400 – The fourth activity will support



minor renovations and enhancement of four existing sites to ensure there is adequate work space, storage space, ventilation, hand-washing facilities and appropriate storage areas for reagents and samples. Infrastructure is also a key element in the laboratory accreditation process.

16-HLAB Quality Assurance: See the quality assurance plan above. Additionally, an overall goal for U.S. DoD PEPFAR in FY 2010 is to conduct relevant and/or focused program evaluations, as part of building a high quality and sustainable program. U.S. DoD will coordinate with other PEPFAR agencies to ensure that linkages among all sectors are effective and national standards are met.

16-HLAB Targets:

Number of testing facilities (laboratories) with the capacity to perform clinical laboratory tests: 8

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|---|
| Mechanism ID: 12339 | Mechanism Name: DCPH |
| Funding Agency: U.S. Department of Defense | Procurement Type: Grant |
| Prime Partner Name: Development Center for Public Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 414,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 414,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism that was established in August reprogramming.

Implementing Mechanism: The Development Center for Public Health (DCPH) is a Vietnamese nongovernmental organization (NGO). In FY 2007 and FY 2008, DCPH was sub-partner to an international NGO that was implementing HIV prevention and HIV care programs. DCPH has also worked



with the Vietnam Ministry of Health in the development of national guidelines on prevention of mother-to-child transmission (PMTCT) and national strategies on TB control in close settings. In FY 2008, DCPH became a local prime partner with U.S. Department of Defense (DoD) PEPFAR to provide technical assistance and support on a wide range of prevention, care and treatment activities that include PMTCT, TB/HIV and antiretroviral treatment (ART).

By the end of FY 2010, the DoD PEPFAR in Vietnam will support four regional military hospitals to: 1) establish HIV prevention activities in tuberculosis, including HIV counseling and testing using the provider-initiated counseling and testing (PICT) model; 2) establish HIV prevention activities in the OB/GYN departments, including HIV counseling and testing using the PICT model; 3) establish referral systems in the TB and OB/GYN departments to link patients to additional HIV/AIDS care and treatment services; 4) provide training in HIV/AIDS prevention, screening and care for TB and OB/GYN healthcare professionals; and 5) strengthen four out-patient clinics to meet national care and treatment standards.

The comprehensive goals and objectives under this award reflect DCPH's breadth across three technical areas: Prevention of Mother-to-Child Transmission (MTCT), TB/HIV (HVTB) and Adult Treatment (HTXS).

Linkage to Partnership Framework: In partnering with DCPH, the U.S. DoD is directly supporting the PEPFAR Partnership Framework's central strategy of building local capacity to ensure that programs are sustainable. In FY 2007 and FY 2008, DCPH progressively gained technical skills and greater management experience and proved to be a capable implementing partner for HIV prevention and HIV/AIDS treatment programs in various civilian communities.

DCPH demonstrated that they can also work with the Vietnamese military in implementing HIV prevention and treatment programs in military settings. Forging a strong collaborative effort between the Vietnamese military and a capable local prime partner to carry out future HIV prevention and treatment programming is a central goal for DoD in order to promote sustainability.

Target Population and Geographical Coverage: The target population includes civilian and military TB and/or suspected TB patients; young women seeking gynecological and pre-natal services; and adult HIV patients using medical services at the four regional military hospitals. Although military health care facilities are mandated to care for military personnel and their families, more than 80% of the clients/patients are civilians. With FY 2010 funding, the coverage of these programs will be maintained at four military hospitals: Hospital 103 in Hanoi, Hospital 175 in Ho Chi Minh City, Hospital 121 in Can Tho City and Hospital 17 in Da Nang City.

Health System Strengthening: DCPH's key contributions to health system strengthening include



partnering with local organizations and utilizing local experts, who subsequently will help build the capacity of technical staff for the host government and its partners. DCPH is committed to providing qualified and dedicated human resources in the implementation of these technical areas through: 1) regular in-service training for on-site and off-site implementing staff; 2) upgrading staff training by using national training standards; 3) regular on-site management coaching for implementing staff; 4) producing a cadre of trainers who can offer the same training to others in the future; 5) providing professional staff development through workshop and conferences, when needed, to encourage professional advancement; 6) on-going assessments to promote retention of qualified staff; and 7) periodic assessments for quality improvement of the implementation process.

Cross-cutting Programs and Key Issues: DCPH covers two cross-cutting programs: Human Resources for Health by conducting on-going professional development training; and minor renovation of PICT sites to meet national standards. Key issues addressed by DCPH include family planning, TB, military populations and mobile populations.

Program Efficiency: DCPH's strategy to become more cost efficient over time is to: 1) make HIV counseling and testing services more available to TB and suspected TB patients; 2) increase the HIV counseling and testing services to all women who seek OB/GYN care at the four military hospitals; 3) use existing military-relevant education, information and communication (EIC) materials; 4) refer clients and patients to other PEPFAR-supported and Vietnam government-supported sites for services; 5) use available, approved educational materials from other PEPFAR partners in PMTCT, TB/HIV and HIV care and treatment, and 6) collaborate with other PEPFAR partners and experts in MTCT, HVTB and HTXS to enhance training, networking and resource sharing to ensure sustainability.

Monitoring and Evaluation Plans: In FY 2010, U.S. DoD PEPFAR will further strengthen collaboration with other PEPFAR agencies and partners, i.e., CDC, USAID, Family Health International (FHI), Harvard Medical School AIDS Initiative (HAIVN), CDC Laboratory, etc. to promote common monitoring and evaluation (M&E) activities, and inter-agency quality assurance (QA) plans. In addition, DoD PEPFAR, in partnership with DCPH, will also provide routine observation, supervision and oversight through site visits and on-site coaching/mentoring.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Construction/Renovation | REDACTED |
| Human Resources for Health | 156,000 |



Key Issues

Military Population
 Mobile Population
 TB
 Family Planning

Budget Code Information

| Mechanism ID: 12339 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: DCPH | | | |
| Prime Partner Name: Development Center for Public Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HTXS | 228,000 | |

Narrative:

This is a continuing activity from FY 2009. In FY 2009, the U.S. Department of Defense (DoD) used FY 2008 carry-over funds and \$59,250 from FY 2009 funds to implement HTXS. Therefore, in FY 2010, this budget code reflects a 20% increase in budget, and thus a budget code narrative is required.

09-HTXS Budget Code Description: To support the Vietnam National Action Plan No. 3 on Care and Support for HIV/AIDS-infected People Program, U.S. DoD PEPFAR is collaborating with the Development Center for Public Health (DCPH), a Vietnamese NGO, to strengthen existing HIV/AIDS care and treatment programs at four military hospitals: Hospital 103 in Hanoi, Hospital 175 in HCMC, Hospital 17 in Da Nang and Hospital 121 in Can Tho. In FY 2008, DCPH became a DoD local prime partner, providing: technical assistance to the Vietnamese military on: provision of antiretroviral treatment (ART) clinical follow-up testing; clinical consumables and supplies; travel expenses for trainees to attend didactic trainings and experience sharing conferences; and operational support to four sites.

09-HTXS ACTIVITY #1 – ART Clinical Support, \$198,000 – DCPH will: 1) maintain care and treatment service provisions in four infectious disease departments and in four outpatient clinics within the four military hospitals; 2) support patient follow-up testing and ART care; 3) provide support for transport of samples and specimens; 4) provide operational support to four sites; 5) conduct routine TA visits, on-site coaching and mentoring, and offer operational support to four sites to ensure the service delivery protocols are in line with the national guidelines; and 6) conduct routine quality assurance (QA) visits for

quality improvement.

09-HTXS ACTIVITY # 2 – Travel for Trainees for Capacity Building Activities, \$ 30,000 - DCPH will organize and provide support to select individuals to attend workshop-based training, clinical mentoring at "Center of Excellence" civilian sites, experience-sharing conferences and other related events within the region.

09-HTXS Quality Assurance – An important goal for U.S. DoD in FY 2010, is to conduct relevant program evaluation as part of building a high-quality and sustainable program. In collaboration with U.S. DoD PEPFAR, and in close coordination with the DoD Care and Treatment Program Officer, DCPH will:

- 1) conduct routine site visits to ensure that the service delivery protocols are in line with the national guidelines,
- 2) conduct routine site visits to ensure implementation as planned; and
- 3) coordinate with other PEPFAR partners to ensure linkages among all sectors are effective and that national standards are met.

09-HTXS Targets:

Number of adults with advanced HIV infections who are newly enrolled in ART: 160

Male: 100

Female: 60

Number of adults with advanced HIV infection receiving ART: 560

Male: 350

Female: 210

Percentage of adults known to be alive and on treatment 12 months after initiation of ART: 85%

Number of healthcare workers who successfully completed an in-service training program: 30

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | MTCT | 93,000 | |

Narrative:

This is a continuing activity from FY 2009. In FY 2009, working with a CDC partner, the U.S. Department of Defense (DoD) began to implement prevention of mother-to-child treatment (PMTCT) in two sites. Therefore, this budget code reflects a new area, and thus a budget code narrative is required.

01-MTCT Budget Code Description: To encourage the use of local staff and expertise, and promote sustainability, U.S. DoD PEPFAR will be partnering with the Development Center for Public Health (DCPH) to strengthen the MTCT program at four military hospitals: Hospital 103 in Hanoi, Hospital 175 in HCMC, Hospital 17 in Da Nang and Hospital 121 in Can Tho. In FY 2009, this activity was under the



CDC-administered cooperative agreement with the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) for basic training only. DCPH received a grant from U.S. DoD FY 2008 funds to provide on-site technical assistance and clinical support to the two sites.

In FY 2010, all activities related to MTCT will be realigned under one partner for ease of administration, consistency in implementation, uniform training and monitoring, and cost efficiency. In FY 2009, MTCT activities were performed by two different partners. In FY 2010, the same activities will be conducted by a single new partner. Additionally, previously developed technical materials will also be used. Thus, in FY 2010, DCPH will be the prime partner with U.S. DoD PEPFAR for implementing MTCT activities at four sites.

01-MTCT ACTIVITY #1 – Training, Technical Assistance (TA) and Operational Support, \$63,000 – DCPH will: 1) organize and conduct refresher training on PMTCT for selected military healthcare professionals; 2) organize and conduct initial didactic training on PMTCT activities for select military healthcare professionals, including physicians, nurses and midwives working at OBGYN and/or related departments; 3) conduct routine technical assistance visits, on-site coaching/mentoring and operational support to four sites to ensure the service delivery protocols are in line with the national guidelines; and 4) conduct routine Quality Assurance (QA) visits for quality improvement.

01-MTCT ACTIVITY # 2 - Infrastructure Renovation/Upgrading, \$ 30,000 - DCPH will: 1) provide support to the Vietnam Ministry of Defense (MOD) for assessment of facilities for minor renovation, as needed, of two testing and counseling sites; and 2) provide basic consumables and clinical supplies to sites.

01-MTCT Quality Assurance: An important goal for U.S. DoD in FY 2010 is to conduct a relevant program evaluation, as part of building a high quality and sustainable care and treatment program. In collaboration with U.S. DoD, and in close coordination with the DoD Care and Treatment Program Officer, DCPH will: 1) conduct routine site visits to ensure that the service delivery protocols are in line with the national guidelines, 2) conduct routine site visits to ensure implementation as planned; and 3) coordinate with other PEPFAR partners to ensure that linkages among all sectors are effective and that national standards are met.

01-MTCT Targets:

Number of pregnant women who were tested for HIV and received their results: 4,000

Percentage of pregnant women who were tested for HIV and know their results: 70%

Number of healthcare workers who successfully completed an in-service training program: 30

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
|----------------|-------------|----------------|----------------|



| | | | |
|-----------|------|--------|--|
| Treatment | HVTB | 93,000 | |
|-----------|------|--------|--|

Narrative:

This is a continuing activity from FY 2009. In FY 2009, working with a CDC partner, the U.S. Department of Defense (DoD) began to implement TB/HIV programs at two sites. Therefore, this budget code represents a new area with a DoD partner, and thus a budget code narrative is required.

10-TB/HIV - Budget Code Description: To encourage the use of local staff and expertise, and promote sustainability, U.S. DoD PEPFAR will partner with the Development Center for Public Health (DCPH), a Vietnamese nongovernmental organization, to strengthen TB/HIV program at four military hospitals: Hospital 103 in Hanoi, Hospital 175 in HCMC, Hospital 17 in Da Nang and Hospital 121 in Can Tho. In FY 2009, this activity was under a CDC-administered cooperative agreement with the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) for basic training only. DCPH received a grant from U.S. DoD in FY 2008 to provide on-site technical assistance and clinical support to the two sites.

In FY 2010, all activities related to TB/HIV will be realigned under one partner for ease of administration, consistency in implementation, uniform training and monitoring, and cost efficiency. In FY 2009, TB/HIV activities were performed by two different partners. In FY 2010, the same activities will be conducted by a single new partner. Additionally, previously developed technical materials will also be used. Thus in FY 2010, DCPH will be DoD PEPFAR's prime partner to implement TB/HIV technical area.

10-TB/HIV ACTIVITY #1 – Training, Technical Assistance (TA) and Operational Support, \$63,000 – DCPH will: 1) organize and conduct refresher training on TB/HIV for selected military healthcare professionals; 2) organize and conduct initial didactic training on TB/HIV care for selected military healthcare professionals including physicians, nurses and technical staff working in infectious disease departments, exam departments and/or related divisions; 3) conduct routine TA visits, on-site coaching/mentoring and operational support to four sites to ensure that the service delivery protocols are in line with the national guidelines; and 4) conduct routine quality assurance (QA) visits for quality improvement.

10-TB/HIV ACTIVITY # 2 - Infrastructure Renovation/Upgrading, \$ 30,000 - DCPH will: 1) provide support to the Vietnam Ministry of Defense (MOD) for assessment of facilities for minor renovations, as needed, of two testing and counseling sites; and 2) provide basic consumables and clinical supplies to four sites.

10-TB/HIV Quality Assurance: An important goal for U.S. DoD in FY 2010 is to conduct relevant program evaluation, as part of building a high-quality and sustainable program. In collaboration with U.S. DoD PEPFAR, and in close coordination with the DoD Care and Treatment Program Officer, DCPH will: 1)



conduct routine site visits to ensure that the service delivery protocols are in line with national guidelines, 2) conduct routine site visits to ensure implementation as planned; and 3) coordinate with other PEPFAR partners to ensure linkages among all sectors are effective and that national standards are met.

10-TB/HIV Targets:
 Number of TB patients who have an HIV test result recorded in the TB register: 1,500 (100%)
 Number of health care workers who successfully completed an in-service training program: 30

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12340 | Mechanism Name: PHAD |
| Funding Agency: U.S. Department of Defense | Procurement Type: Grant |
| Prime Partner Name: Institute of Population, Health and Development | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |
| Total Funding: 605,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 605,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism that was established in August reprogramming.

Implementing Mechanism: The Institute of Population, Health and Development (PHAD) is a Vietnamese nongovernmental organization. In FY 2007 and FY 2008, PHAD was a sub-partner to an international NGO implementing HIV/AIDS prevention programs. In FY 2008, PHAD became a local prime partner with U.S. DoD PEPFAR, providing technical assistance in voluntary counseling and testing (VCT). By the end of FY 2009, DoD PEPFAR Vietnam supported the Vietnam Ministry of Defense (MOD) to establish VCT and provider-initiated counseling and testing (PICT) programs in eight sites, including five PICT clinics co-located in blood safety centers embedded within military hospitals and three VCT sites integrated within



three military preventive medicine centers.

The comprehensive goals and objectives under the award reflect PHAD's breadth across two technical areas: Other Prevention (HVOP) and Counseling and Testing (HVCT).

Linkage to Partnership Framework: In partnering with the Institute of Population, Health and Development, the U.S. DoD is directly supporting the PEPFAR Partnership Framework's central strategy of building local capacity to ensure the program is sustainable. In FY 2007 and FY 2008, PHAD progressively gained greater experience and proved to be a capable implementing partner for HIV prevention programs in several civilian communities. In FY 2008, PHAD became a local prime partner working with DoD. PHAD demonstrated that they can also work with the Vietnamese military in implementing HIV prevention programs in military settings. Forging a strong collaborative effort between the Vietnamese military and a capable local prime partner to carry out future HIV prevention programming is a central goal for DoD in order to promote sustainability.

Target Population and Geographical Coverage: Target population includes all newly-inducted male military recruits and mobile border guards, which will mean comprehensive geographic coverage throughout Vietnam. New recruits and border guards have been targeted with this integrated prevention program because they are considered to be at higher risk due to their age, mobility and the large amount of time spent in remote areas away from family support, all of which can encourage high-risk behaviors, such as increased alcohol consumption and visiting bars and karaoke outlets. With FY 2010 funding, the coverage of this prevention program will be maintained in all 63 provinces and include all seven military regions and four military commands (Army, Navy, Air Force and Border Guards).

Health System Strengthening: Key contributions to health system strengthening include building local capacity by serving as a local prime partner and utilizing local expertise, which helps build up capacity for the government and its partners' technical staff. PHAD is committed to providing qualified and committed human resources in the implementation of these technical areas through: 1) regular in-service training for on-site and off-site implementing staff; 2) regular on-site management coaching for implementing staff; 3) on-going assessment to promote retention of qualified staff; and 4) periodic assessments for quality improvement of the implementation process.

Cross-cutting Programs and Key Issues: PHAD covers two cross-cutting programs: Human Resources for Health by adopting national training standards and offering periodic in-service training, and minor Construction/Renovation of VCT/PICT sites to meet national standards. Key issues addressed by this mechanism include mobile populations and military populations.



Program Efficiency: The implementing mechanism's strategy to become more cost efficient over time is to expand the integrated bio-behavioral surveillance (IBBS) pilot program to additional provinces; utilize existing military-relevant education, information and communication (EIC) materials; synchronize the IBBS with other implementing partners in the civilian sectors; and collaborate with other partners working in VCT technical areas to optimize the use of standardized educational materials.

In addition, the activities (HVOP and HVCT) planned for FY 2010 will further strengthen the collaboration between military and civilian prevention programs. Specifically, the military Peer Education program in the northern border areas will be designed and implemented in close consultation with other PEPFAR partners in order to best address evidence of increased drug use and high-risk sexual behavior in this remote area.

Monitoring and Evaluation Plans: In FY 2010, U.S. DoD PEPFAR will further strengthen collaboration with other PEPFAR agencies and partners, i.e., CDC, USAID, Population Services International (PSI) and Family Health International (FHI) in regard to promotional activities to reach the target population, including development of standard IEC materials used across testing and counseling sites and interagency quality assurance (QA) and monitoring and evaluation (M&E) activities. In addition, DoD PEPFAR in partnership with PHAD will also provide routine observation, supervision and oversight through site visits and on-site coaching and mentoring.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Construction/Renovation | REDACTED |
| Human Resources for Health | 360,000 |

Key Issues

- Military Population
- Mobile Population

Budget Code Information

| |
|----------------------------|
| Mechanism ID: 12340 |
|----------------------------|



| | | | |
|----------------------------|--|-----------------------|-----------------------|
| Mechanism Name: | PHAD | | |
| Prime Partner Name: | Institute of Population, Health and Development | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HVCT | 175,000 | |

Narrative:

This is a continuation from FY 2009. In FY 2009, the U.S Department of Defense (DoD) used only FY 2008 carry-over funds to implement this HVCT activity. Therefore, in FY 2010 this budget code reflects a 20% increase in budget, and thus a budget code narrative is required.

08-HVCT Budget Code Description: In FY 2010, DoD aims to strengthen the voluntary counseling and testing/provider-initiated counseling and testing (VCT/PICT) system and VCT/PICT human resources at eight sites: Hospital 103 and the Military Institute of Hygiene and Epidemiology (MIHE) in Hanoi; Hospital 175 and the Southern Preventive Medicine Center (SPMC) in Ho Chi Minh City (HCMC); Hospital 121 and the Military Region 9 Preventive Medicine Center (MR9 PMC) in Can Tho City; Hospital 17 in Da Nang City, and Hospital 87 in Nha Trang City. At these VCT/PICT sites, clients (military and civilians) can receive free-of-charge services such as counseling and HIV testing, counseling on TB and sexually transmitted infections, and referral to on- or off-campus care, etc. It is important to note that although military healthcare facilities are mandated to care for military personnel and their family members, approximately 80% of the clients who access services are civilians from surrounding communities and provinces. Importantly, seven out of eight sites are located in the provinces with the highest HIV prevalence.

08-HVCT Activity #1 – Strengthening the VCT/PICT System, \$115,000. Under this activity, the Institute of Population, Health and Development (PHAD) will focus on strengthening eight VCT/PICT sites, through: providing frequent technical assistance and on-site mentoring to staff; reviewing and updating service delivery protocols; exploring the potential for deployment of other counseling modes, i.e., couples counseling, counseling at special events or campaigns; strengthening referral networks with other HIV prevention, care and treatment and support services in the civilian sector; promoting meaningful involvement of military VCT/PICT counselors in the national VCT/PICT network, experience sharing and professional exchange activities; expanding VCT outreach activities to remote and hard-to-reach populations in the border areas through military medical community-based initiatives; implementing systematized PICT services in TB and OB/GYN settings; and conducting routine quality assurance activities. PHAD will also provide consumables and clinical supplies to these sites.

08-HVCT Activity #2 – Strengthening the VCT/PICT Human Resources, \$60,000. Under this activity the



Institute of Population, Health and Development will conduct three VCT/PICT training programs: 1) refresher training for selected counselors and laboratory technicians who will provide VCT/PICT services; and 2) in-depth initial training, according to national standardized training, for selected ancillary healthcare workers to serve as new and/or backup counselors when assigned counselors have to be deployed on military missions; and 3) supervisor training.

08-HVCT Quality Assurance. An important goal for the U.S. DoD in FY 2010 is to conduct a useful program evaluation, as part of building a high-quality and sustainable prevention program. In FY 2010, in collaboration with other USG implementing agencies and technical groups, the Prevention Officer and the Strategic Information Officer will assess the effectiveness of referrals and linkages from VCT/PICT sites to HIV/AIDS care, treatment and support, and prevention activities, using standardized referral cards and regular review meetings conducted by relevant services, i.e., VCT sites, outpatient clinics for HIV/AIDS patients, and TB and OB/GYN departments. DoD in-country staff will continue to actively participate in all relevant technical working groups (TWG), including the Prevention TWG, the Strategic Information TWG and the Health System Strengthening TWG, to ensure: interagency coordination in promoting Three Ones; synchronization in reducing duplications; harmonization in enhancing sustainability; and oversight for efficiency and target achievement.

08-HVCT Targets:

Number of individuals who received testing and counseling services for HIV and received their test results: 8,000

Male: 5,000

Female: 3,000

Number of individuals who successfully completed a training program: 50

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Prevention | HVOP | 430,000 | |

Narrative:

This is a continuation from FY 2009. In FY 2009, DoD used only FY 2008 carry-over funds to implement HVOP. Therefore, in FY 2010 this budget Code reflects a 20% increase in budget, and thus a budget code narrative is required.

03-HVOP Budget Code Description: To maximize opportunities to prevent new infections, this technical area will continue to support the Vietnam Ministry of Defense's (MoD) HIV integrated prevention program, which consists of two major components.

The first component focuses on training of the trainers (ToT), who will in turn train peer educators, who will in turn train other soldiers at all military command levels (division, company, platoon, etc.) to deliver messages and stress activities to promote safe sex practices, avoid high-risk behaviors and observe the correct and consistent use of condoms. Peer educators will disseminate key messages and demonstrate activities (including abstain and/or be faithful, and as appropriate, correct and consistent use of condoms (ABC), avoiding/reducing alcohol use) to all new young military recruits during their first 18 months of military training.

The second component focuses on assessment and survey of biological and behavioral activities related to HIV prevention, integrated bio-behavioral surveillance (IBBS). In the past years, the ToT and peer educator approach has been seen as one of the most critical prevention strategies for new military recruits in Vietnam. However, limited data has been collected/monitored in order to determine the risk level of this young and mobile population. Such data is needed for achieving effective and efficient prevention programs for this specific population. In FY 2009, in collaboration with the PEPFAR SI team, a small IBBS was piloted in the military population. In FY 2010, the goal is to expand the pilot IBBS program to capture sexual risk and substance use data among a larger proportion of young military personnel.

03-HVOP ACTIVITY #1 – Training of the Trainer (ToT) and Peer Educator (PE) Component, \$300,000. In direct collaboration with the Vietnamese military, the Institute of Population Health and Development (PHAD) will be responsible for the implementation, monitoring and evaluation of the ToT and PE components, including updating/producing the training curriculum; producing military-relevant education, information and communication (EIC) materials; developing evaluation tools in concert with the PEPFAR SI team; organizing/conducting/supporting workshops at all levels (survey training, ToT training, peer educators training, new recruits communication activities at the lowest military troop level, etc.); providing TA to military sites, military personnel and managers.

03-HVOP ACTIVITY #2 - Integrated Bio-behavioral Survey (IBBS), \$100,000. In the second activity, the Institute of Population Health and Development will conduct the IBBS in support of the military prevention program. PHAD will provide technical assistance to military personnel; train military staff for IBBS activities; procure supplies, reagents and test kits; coordinate testing and interviews; coordinate and collect data; manage data (data entry, analysis and reports). This activity will be closely coordinated with other on-going PEPFAR-supported IBBS activities in the civilian sector.

03-HVOP ACTIVITY #3 - Quality Assurance, \$30,000. An important goal for the U.S. DoD in FY 2010 is to conduct a useful program evaluation, as part of building a high-quality and sustainable prevention program. In FY 2010, in collaboration with other USG implementing agencies and technical groups, the



Prevention Officer and the Strategic Information Officer will assess the effectiveness of referrals and linkages among all sectors. U.S. DoD in-country staff will continue to actively participate in all relevant technical working groups (TWG), including the Prevention TWG, the Strategic Information TWG and the Health System Strengthening TWG. This will help ensure interagency coordination in promoting the Three Ones; synchronization in reducing duplication; harmonization in enhancing sustainability; strengthening Vietnam's military capability for program management and execution; and oversight for efficiency and target achievement.

03-HVOP Targets:

Number of targeted population (young adult men engaging in high-risk behaviors) reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required: 50,000 new recruits
 Number of individuals who successfully completed a training program: 500

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12341 | Mechanism Name: VNA |
| Funding Agency: U.S. Department of Defense | Procurement Type: Grant |
| Prime Partner Name: Vietnam Nurses' Association | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------------|-----------------------|
| Total Funding: 210,000 | |
| Funding Source | Funding Amount |
| GHCS (State) | 210,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism that was established in August reprogramming.

The implementing mechanism -the Vietnam Nurses Association (VNA) - is a Vietnamese



nongovernmental organization (NGO). In FY 2007 and FY 2008, VNA was a sub-partner to an international NGO that was implementing HIV/AIDS care and treatment programs. In FY 2009, VNA became a local prime partner with the U.S. Department of Defense (DoD) PEPFAR Vietnam program to provide training and technical assistance (TA) on HIV/AIDS care and support activities in the military and in civilian settings. In FY 2010, in partnership with DoD PEPFAR, VNA aims to: 1) strengthen the military nursing system by using nurses as key players in HIV care and treatment; 2) introduce and/or enhance universal precaution protocols and practices throughout the military healthcare system using a workshop-based and on-site coaching approach; 3) establish and strengthen the client/patient-focused nursing practice at four military hospitals; and 4) advocate for broadening the scope of practice for nurses in Vietnam to enhance their job satisfaction, encouraging them to remain as positive contributors to the Vietnamese healthcare system.

The award reflects VNA's achievements in the key technical area of adult care and support (HBHC).

Linkage to the Partnership Framework: The Vietnam Nursing Association (VNA) supports the PEPFAR Partnership Framework by building local capacity that will help sustain programming. VNA is also a professional organization for Vietnamese nurses; its mission is to advocate for nurses and nurses' roles in Vietnam and its healthcare system. VNA, since its conception, has played an important role in promoting the development of the nursing profession in Vietnam by influencing the government's policies and developing standards for nurses.

In FY 2007 and FY 2008, VNA leadership progressively gained in-depth technical skills, advocacy skills and management experience. VNA has proved to be a reliable and capable implementing partner for HIV care and support in various civilian hospitals.

Beginning in late FY 2008, VNA became one of the first Vietnamese prime partners working with the U.S. DoD. VNA demonstrated that they can also work directly with the Vietnamese military in implementing care and support programs in military settings. Forging a strong collaborative effort between the Vietnamese military and a capable local prime partner to carry out future HIV care and support programming is a central goal for DoD in order to promote sustainability.

Target Population and Geographical Coverage: Target population includes civilian and military adult HIV patients using the medical services at the four regional military hospitals: Hospital 103 in Hanoi, Hospital 175 in Ho Chi Minh City, Hospital 121 in Can Tho City and Hospital 17 in Da Nang City. Although military healthcare facilities are mandated to care for military personnel and their families, more than 80 percent of the clients and patients are civilians from the surrounding communities.



With FY 2010 funding, the coverage of this care and support program will be maintained, with focus on the quality of care and patient accessibility, at four military hospitals.

Health System Strengthening: VNA's key contributions to health system strengthening include: partnering with local organizations and host government organizations, and utilizing local experts who will help build capacity of technical staff for the host government and its partners. VNA is committed to providing qualified and committed human resources through: 1) regular in-service training for on-site and off-site implementing staff; 2) upgrading staff training using national training standards; 3) regular on-site management coaching for implementing staff; 4) producing a cadre of trainers who can replicate the same training to others in the future; 5) providing professional staff development through workshops and conferences, when needed, to encourage professional advancement; 6) on-going assessment to promote retention of qualified staff; and 7) periodic assessments for quality improvement of the implementation process.

Cross-cutting Programs and Key Issues: VNA covers the cross-cutting program of Human Resources for Health by adopting national training standards and offering periodic in-service training for staff development. Key issues addressed by this mechanism include pre-service education, military populations and mobile populations.

Program Efficiency: VNA's strategy to become more cost efficient over time is to: 1) expand coverage of quality HIV care and support for HIV patients based on the client/patient-focused nursing model in four military hospitals; 2) use available and approved educational materials; 3) collaborate with other PEPFAR partners, experts and universities to enhance training, networking and resource sharing for referrals and sustainability; and 4) strengthen collaboration between military and civilian care and support programs to improve patients' accessibility to care.

Monitoring and Evaluation Plans: In FY 2010, U.S. DoD PEPFAR will further strengthen collaboration with other PEPFAR agencies and partners, i.e., CDC, USAID, Family Health International, the Harvard Medical School AIDS Initiative in Vietnam and CDC Laboratory, in order to promote consistent training curricula, interagency quality assurance (QA) plans, and standardized monitoring and evaluation (M&E) activities. In addition, VNA, in partnership with DoD PEPFAR, will also provide routine observation, supervision and oversight through site visits and on-site coaching and mentoring.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|---------|
| Human Resources for Health | 120,000 |
|----------------------------|---------|



Key Issues

Military Population
 Mobile Population

Budget Code Information

| Mechanism ID: 12341 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: VNA | | | |
| Prime Partner Name: Vietnam Nurses' Association | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HBHC | 210,000 | |

Narrative:

This is a continuing activity from FY 2009. REDACTED. In FY 2010, the proposed prime partner for this activity is the Vietnam Nurses Association (VNA).

08-HBHC Budget Code Description: In line with PEPFAR's effort to develop human resources to provide healthcare, VNA is an important proponent of increasing nurses' contributions to the Vietnamese healthcare system. As such, the U.S. Department of Defense (DoD) PEPFAR will collaborate with VNA to build capacity among Vietnam's nurses. In FY 2010, VNA will conduct a comprehensive training program for PEPFAR and non-PEPFAR military and civilian nurses and others. The comprehensive training program will include clinical management, HIV care and support, patient-focused practices, patient monitoring, and universal precaution and infection control practices.

08-HBHC ACTIVITY #1 – Training and Technical Assistance (TA), \$170,000 – VNA will: 1) organize and implement a comprehensive training program on universal precautions and infection control using the training-of-trainers (ToT) and teach-back approach; 2) provide on-site coaching to reinforce trainings; 3) conduct training on HIV care and support, emphasizing emotional and social support, nutrition support, follow-up care, pain management, self-care and treatment adherence; 4) train selected nurses in the management of outpatient clinics through practicum mentoring; 5) roll out the client/patient-focused nursing model and practice at two new outpatient clinics through coaching and frequent technical assistance; and 6) conduct routine TA visits to four sites to ensure protocols (i.e., service delivery, universal precautions and infection control) are practiced as taught and are in line with the national



guidelines.

08-HBHC ACTIVITY # 2 – Maintain Support at Clinical Sites, \$ 40,000 - VNA will: 1) provide operational support to clinical sites; 2) procure necessary equipment, supplies and consumables for four sites; and 3) support travel expenses for trainees to attend training and workshops.

08-HBHC Quality Assurance – An important goal for U.S. DoD PEPFAR in FY 2010 is to conduct relevant program evaluation, as part of building a high-quality and sustainable program. In collaboration with DoD PEPFAR, and in close coordination with the DoD Care and Treatment Program Officer, VNA will: 1) conduct routine site visits to ensure protocols are adhered to and in line with the national guidelines, 2) conduct routine site visits to ensure implementation is progressive and proceeds as planned; and 3) coordinate with DoD PEPFAR to ensure linkages among all sectors are effective and national standards are met.

08-HBHC Targets:

Number of HIV-positive adults receiving a minimum of one clinical service: 1000

Male: 650

Female: 350

TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting: 100%

Number of health care workers who successfully completed an in-service training program: 150

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12342 | Mechanism Name: International AIDS Education and Training Center (IAETC) |
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Washington | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

Total Funding: 350,000



| Funding Source | Funding Amount |
|----------------|----------------|
| GHCS (State) | 350,000 |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism established in August reprogramming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12342 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: International AIDS Education and Training Center (IAETC) | | | |
| Prime Partner Name: University of Washington | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | 350,000 | |
| Narrative: | | | |
| None | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|--|--------------------------------|
| Mechanism ID: 12343 | Mechanism Name: TBD |
| Funding Agency: U.S. Department of Health and | Procurement Type: Grant |



| | |
|--|---|
| Human Services/National Institutes of Health | |
| Prime Partner Name: US National Institutes of Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|--------------------------------|-----------------------|
| Total Funding: REDACTED | |
| Funding Source | Funding Amount |
| REDACTED. | REDACTED. |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is a continuing mechanism established in August reprogramming.

PEPFAR is partnering with the U.S. National Institutes of Health (NIH) to develop capacity in Vietnamese nationals in public health program monitoring and evaluation (M&E), with an emphasis on evaluation methodologies and science. Through NIH's Fogarty International Center, NIH will provide Vietnamese nationals training at American universities with faculty and experts in M&E, with the goal being to establish long-term human-capacity for program monitoring and evaluation and quality data use. In order to build a cadre of skilled public health professionals engaged in public health academia, a resource of in-country experts must be built through a combination of world-class university training and fellowships back in Vietnam, where skills learned can be applied and transferred to other Vietnamese nationals. As the number of trained individuals grows, and the capacity of public health training institutions is improved through their participation in this fellowship and other health systems strengthening supported by PEPFAR, the need for direct funding of American university-based training will diminish.

Cross-Cutting Budget Attribution(s)

| | |
|----------------------------|----------|
| Human Resources for Health | REDACTED |
|----------------------------|----------|

Key Issues

(No data provided.)



Budget Code Information

| Mechanism ID: 12343 | | | |
|---|-------------|----------------|----------------|
| Mechanism Name: TBD | | | |
| Prime Partner Name: US National Institutes of Health | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | REDACTED | |

Narrative:

REDACTED This is an ongoing activity planned to develop opportunities for Vietnamese nationals to receive training in epidemiology, biostatics and data use in collaboration with the National Institutes of Health (NIH) and the Fogarty International Program. Funds were provided in FY 2009 to support identifying and facilitating seven persons to participate in short courses in public health program monitoring and evaluation (M&E) through a partnering Fogarty university in the United States. Candidates were to be selected based on a rigorous application and evaluation process that assessed technical skills, personal motivation and their potential contribution to the Vietnamese health system. The Fogerty program is a two part program consisting of a longer term training (18 month) leading to an MPH, and a 10-week summer fellowship program.

REDACTED were programmed in COP 2010 to be used to support five to 10 individuals from Vietnam to participate in an 18-month fellowship providing training in public health program monitoring and evaluation. This fellowship program aims to provide qualified epidemiologists and M&E officers to various Vietnam government agencies and program implementing partners. Specific agencies may include: the Vietnam Administration for HIV/AIDS Control (VAAC), the National Institute for Health and Epidemiology (NIHE), and the provincial AIDS centers. This fellowship will target recent university graduates in statistics, public health, epidemiology and related fields. Upon the completion of the program, fellows will have the ability to work as M&E officers for an HIV/AIDS program. During the 18-month fellowship, which will include a monthly stipend and health insurance, the fellows will work six months each with a Vietnamese government team, an implementing partner's team and a donor's team. Each team receiving a fellow will be required to have a designated mentor to coach him or her. Six short-term in-country trainings (one to four weeks each) will be organized for the fellows; there will also be opportunities to attend international trainings and meetings. A partner TBD will coordinate the fellowship, including: 1) develop and implement the curriculum; 2) select and appoint the fellows; and 3) pay the stipends and health insurance premiums.



REDACTED of FY 2010 unallocated funds are being added to this program to support individuals to participate in a 10-week fellowship program aims to provide qualified epidemiologists and M&E officers to various Vietnam government agencies and program implementing partners. Specific agencies may include: the Vietnam Administration for HIV/AIDS Control (VAAC), the National Institute for Health and Epidemiology (NIHE), and the provincial AIDS centers. This fellowship will target early to mid-career professionals in statistics, public health, epidemiology and related fields. Upon the completion of the program, fellows be expected to apply their skills in their current jobs and will be invited to participate in future activities and trainings.

USG partners hosting these fellows, including the PEPFAR Strategic Information team, will ensure that fellows are placed within their M&E teams, and will provide appropriate mentoring and learning opportunities. The program will accommodate about five to 10 fellows per year, for a total of 30 fellows by the end of the program in 2013.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12344 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HHS/CDC is directly engaged in the planning and implementation of PEPFAR funds in Vietnam, as well



as being a core participant in the Partnership Framework. It is also involved in strategic information program development through USG and government of Vietnam technical working groups and health systems strengthening activities. As the steward of these prime partner TBD funds, HHS/CDC will select and supervise a partner able to achieve the goals of the activity as described in the budget code narrative.

HHS/CDC will leverage its experience and relationships in Vietnam to identify and supervise technically competent partners to support the national programs. The goal of this mechanism, which is in line with national and PEPFAR priorities, is to establish and to improve high-quality and sustainable strategic information capacity. This support will be national in scope and will focus on national and provincial entities. TBD partners will focus on developing a culture of appropriate data use to enable Vietnam's HIV/AIDS prevention, care and treatment programs to become increasingly evidence based, cost effective, efficient and sustainable across donors, implementers and program areas. The objectives will be: 1) to provide technical assistance to the government of Vietnam, the PEPFAR Strategic Information team and PEPFAR implementing partners on best practices for monitoring and evaluation and evidence-based program planning; 2) to support the development of a culture of data use for policy and programmatic decision making; 3) to develop human and system capacity to allow data collection, analysis and program use; and 4) to provide technical assistance to the government of Vietnam for the implementation of the National Monitoring and Evaluation Framework, and the Decision 28 National HIV/AIDS Routine Reporting System, for routine program monitoring, evaluation and implementation. Support to these local institutions will be a key component in the Partnership Framework currently being developed in collaboration with the government of Vietnam.

The intention is to transition such support to local institutions as a cost-effective and sustainable strategy, while curtailing external TA to specialized areas when required.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12344 | | |
| Mechanism Name: | CDC TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |

Narrative:

This activity is TBD prime partner and will include two components.

In the first component, CDC will allocate REDACTED to contract the development of software, software components, information systems (IS) and other information technology-based solutions for information system needs as defined by the national IS technical working group (TWG) . Awarded contracts will be based on a detailed set of system requirements and will be competitively awarded to an indigenous Vietnamese company or organization. Local contracting of software development is a key component of the PEPFAR IS strategy to ensure that information systems developed are "Made in Vietnam," which will promote local ownership and operation for sustainability. All solutions provided will be required to meet the standards defined by the national IS TWG and any additional standards defined for PEPFAR systems by the Strategic Information (SI) TWG. Technical assistance (TA) in standards development, requirements gathering, solutions development, project management, and implementation and evaluation will be provided to these contractors and the SI team from international IS partners. Since electronic health management systems development is an identified PEPFAR priority, and middleware and component solutions will be required to connect systems together for information exchange, these funds will be spent through multiple contracts specific to each project's requirements.

CDC will allocate REDACTED to the second component for an international SI TA partner TBD to engage the PEPFAR program in Vietnam in a range of monitoring and evaluation (M&E), information systems and surveillance and survey activities. In order to help build national capacity within the government of Vietnam and indigenous organizations, the prime partner will be required to develop partnership with such local organizations in providing TA to components of the national SI program through the national SI TWGs. Direct TA without this partnership is not sustainable and will be discouraged except in immediate need situations where local partnerships are either not available or not possible.

This TA partner will engage in activities based on the overall SI TWG strategy, organization of all SI partner activities and strengths, and areas of expertise of the partner. This partner will be required to work across technical areas, agencies and geographic areas within their domain of expertise. In order to ensure the coordination of all TA to avoid redundancies, improve quality and standardization of services,



and to prevent confusion of supported partners, the selected prime partner will be required to participate in a working group that includes all PEPFAR SI technical assistance partners.

The specific scope of work of this activity will be developed based on the SI partner assessment and work plan development taking place through March 2010.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12345 | Mechanism Name: USAID TBD |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Working toward the Partnership Framework, USAID's goal is to build the capacity of Vietnamese organizations to plan, implement and monitor HIV/AIDS programs. Access to data is crucial for ensuring that program managers and policy makers can maximize the use of existing resources in responding to the epidemic, and can advocate effectively for increased funds needed to meet identified needs. With USAID support, the TBD partners will focus on the development of a culture of data use to enable Vietnam's HIV/AIDS prevention, care and treatment programs to become increasingly evidence-based, cost-effective, efficient and sustainable across donors, implementers and program areas.

The general objectives of technical assistance will be: 1) providing technical assistance to the USAID Mission, the PEPFAR Strategic Information team and PEPFAR implementing partners on best practices



for monitoring and evaluation; 2) supporting the development of a culture of data use for policy and programmatic decision making; and 3) technical assistance to the government of Vietnam for the implementation of the National Monitoring and Evaluation Framework, and Decision 28 of the National HIV/AIDS Routine Reporting System.

The intention is to increasingly transition such support to local institutions as a cost-effective and sustainable strategy with external TA being limited to specialized areas when necessary.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12345 Mechanism Name: USAID TBD Prime Partner Name: TBD | | | |
|---|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |
| Narrative: By working with a TBD partner that has extensive expertise and experience in implementing M&E activities, PEPFAR Vietnam will continue to provide technical assistance (TA) to the government of Vietnam. TA will support the implementation of the National Monitoring and Evaluation (M&E) Framework, the Decision 28 National HIV/AIDS Reporting Indicators, and harmonization activities implemented by the international M&E technical working groups, ranging from community-based programs to national M&E systems. The partner will work closely with the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC), the national M&E technical working group (TWG) and international donors. In addition, the TBD partner will provide technical assistance to the PEPFAR SI Team and PEPFAR | | | |



partners within the context of the Vietnamese and PEPFAR M&E reporting system. These activities will support PEPFAR's strategic objective of strengthening the national response to the HIV/AIDS epidemic by improving demand and use of strategic information. The specific activities include: 1) technical support to PEPFAR and PEPFAR implementing partners on the implementation of PEPFAR next generation indicators and routine data collection and reporting; 2) technical support to develop a culture of data use for program management among PEPFAR partners and USG technical teams; and 3) technical support to the SI team in developing a PEPFAR data warehouse. Because the quality of data collected is crucial for further analysis and use, the TBD partner will continue to provide technical assistance to PEPFAR implementing partners and the SI team to ensure that the data collected is of the highest quality.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12346 | Mechanism Name: TB CAP - Follow on |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Vietnam has the 12th highest burden of tuberculosis in the world with an estimated 173 cases per 100,000 persons. For HIV-positive persons in Vietnam, TB is the primary cause of severe illness and death.

The new USAID TBD TB program will work to enhance existing TB programs and expand their reach. Consistent with the Vietnam National HIV/AIDS Strategy and the PEPFAR Vietnam 5-Year Strategy, the



expansion of provider-initiated testing and counseling (PITC) continues to be one of the highest priorities. In HIV clinical care settings, the focus will be on reducing the burden of TB in HIV-positive persons by promoting the three "I's", consisting of intensified TB case finding, infection control and isoniazid preventive therapy (IPT). Special attention will continue to be paid to the development of a successful, evidence-based model for screening HIV patients for TB disease, strengthening human resources at the district level, and the provision of cotrimoxazole, antiretroviral therapy (ART) and other services for HIV-positive TB patients.

Human resource development is vital in order to ensure there is a sustainable HIV TB care system in the future. To meet this goal, PEPFAR will support direct technical assistance and additional training of individuals who will offer TB diagnosis and treatment, and ensure proper data recording and reporting practices. PEPFAR will expand TB laboratory capacity support and will support national efforts for training and quality assurance in smear microscopy.

The target populations are HIV TB co-infected individuals (in particular, those diagnosed with TB and not currently diagnosed with HIV, and those diagnosed with HIV and not yet screened for TB or receiving treatment for TB). The geographic coverage will be in the seven PEPFAR-focus provinces.

One of the primary goals of the USAID TB program is to strengthen the overall TB system, especially for those who are HIV positive. Activities in this program will involve laboratory strengthening within the Ministry of Health system and the training of key health personnel at the national, provincial and community levels on how to improve diagnosis, infection control and treatment of TB.

All Vietnam in-country activities are implemented through, by or with Vietnamese government partners, ensuring country ownership. PEPFAR Vietnam will continue to formally coordinate with the government of Vietnam and other relevant programs, including those supported by the Global Fund, WHO, other donors and other donor funded programs, to ensure that future PEPFAR investment in these areas is strategic and complementary.

All new activities will have strong monitoring and evaluation and quality and efficiency improvement components, as PEPFAR support gradually shifts to a more supervisory and, eventually, advisory role.

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12346 | | | |
|--|-------------|----------------|----------------|
| Mechanism Name: TB CAP - Follow on | | | |
| Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | Redacted | Redacted |
| Narrative: | | | |
| <p>In FY 2010, the TBD TB partner will continue supporting TB activities initiated under the Tuberculosis Control Assistance Program (TB CAP) program, which ended in September 2010.</p> <p>This activity will continue previous efforts by strengthening the implementation of TB infection control. Activities include expanding TB infection control into HIV/AIDS services, such as voluntary counseling and testing (VCT) sites and outpatient clinics.</p> <p>This new TB activity will implement work practice, administrative control and environmental control measures by building capacity for health care workers, and providing TB infection control education to patients and caregivers. Other activities include developing standard operational procedures and conducting quality assurance/quality improvement (QA/QI) visits of facilities with large numbers of HIV-positive individuals.</p> <p>These activities will be implemented in HIV counseling and testing centers, outpatient clinics, drug rehabilitation centers and in community and household settings.</p> <p>This activity will be linked to other PEPFAR activities that focus on isoniazid preventative therapy (IPT) and intensive case finding.</p> | | | |

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 12347 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



| | |
|---|---|
| Mechanism ID: 12348 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12348 | | |
| Mechanism Name: | CDC TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED

People with HIV who develop active TB are less likely to have sputum smears positive for acid-fast bacilli and less likely to

have typical chest x-ray findings, the two mainstays of diagnosis in Vietnam as in most TB high-burden countries. In

Vietnam, a recent TB prevalence survey identified a much lower than expected case detection rate (54%), which may be in

part related to low rates of diagnosis of smear-negative TB. The recognized limitations of smear microscopy for TB

diagnosis, particularly among PLHA, have led to many new diagnostic methods being developed and promoted in the last

several years. However, these methods are more expensive and require more technical expertise to use compared to

current approaches. A critical need for national TB and HIV programs is to identify how much benefit these new assays

provide in increasing diagnosis rates, which kind of patients benefit most, and how feasible they are to implement at

different levels of the healthcare system.

One particularly promising method is the "loop-mediated isothermal amplification" or LAMP assay which is significantly

cheaper and simpler to use than traditional PCR-based methods, and is intended to be used at peripheral laboratories. We

propose to work with the NTP to implement the LAMP test in 3-5 sites at different levels of the laboratory network. TB

suspect patients would have standard diagnostics according to routine care (smear microscopy and chest x-ray) in

addition to liquid-based culture (gold standard) and the LAMP test on sputum. Objectives are to assess the feasibility of

implementation at different levels of the laboratory network, and to assess the additional diagnostic yield of the LAMP test

compared to current routine tests in various patient populations, in particular PLHA. The project is expected to take 3 years

from preparation phase through implementation and evaluation.

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12349 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | |
|----------------------------|---------|
| Mechanism ID: | 12349 |
| Mechanism Name: | CDC TBD |
| Prime Partner Name: | TBD |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Treatment | HVTB | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED

Infection control is one of the critical "3 I's" pillars of TB/HIV control, and is poorly implemented in Vietnam as in most TB high-burden countries. However, a recent comprehensive literature review commissioned by the WHO showed that the evidence base for the efficacy of infection control measures is generally quite poor. Without evidence of efficacy, it is challenging to convince policy makers and facility managers to prioritize infection control measures, some of which require investments in renovations and equipment, and all of which require management support to ensure ongoing implementation. The Vietnam National TB Program is currently finalizing TB infection control guidelines and a national action plan, with PEPFAR support. As PEPFAR supports implementation of this plan at national and facility levels, this is an ideal opportunity to build in enhanced monitoring and evaluation in order to document the efficacy of the interventions.

We propose to select 3-6 healthcare facilities (both TB and general or infectious disease hospitals) for intensive baseline and follow up evaluation of airborne infection control measures. In order to assess process indicators, we will conduct facility environmental and workplace practice evaluations at baseline at yearly intervals for 3 years after IC initiatives begin. In order to assess actual prevention of infection, baseline and annual follow assessment of latent TB in healthcare workers will be conducted.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12350 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|----------|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |
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| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12350 | | |
| Mechanism Name: | CDC TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HVTB | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED
 PEPAR has been supported the National TB program (NTP) of Vietnam to provide HIV counseling and testing following model of provider initiated counseling and testing (PITC) to active TB patients in the last five years. It has showed that this activity is well accepted by NTP staff and TB patients as more than 95% of the TB patients accepted



PITC in the PEPFAR-supported sites. PITC has helped to diagnose 6% of HIV positive among TB patients who can be referred to HIV care and treatment services after PITC. In the approval COP10, 30,000 more TB patients will receive PITC in the total of 70,000 TB patients in the plan. Objectives of this support are to increase number of TB patients receiving PITC and to strengthen collaboration between TB and HIV program in providing care and treatment to HIV-infected TB patients. PEPFAR will provide trainings, test kits, quality assurance and support for NTP staff in order to assure consistence and high quality of PITC activities to more TB patients in 20-25 more provinces. This activity will support to improve quality of the TB/HIV collaboration committee in those provinces, the best use the committee is to increase successful referral of HIV-infected TB patients between the two programs for better outcomes of HIV and TB care and treatment. Innovative models to track and enhance these referrals will be developed. Developing, implementing and evaluating these models will be built into provincial TBHIV work plans.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12351 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |
| Total Funding: Redacted | |
| Funding Source | Funding Amount |



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|----------|----------|
| Redacted | Redacted |
|----------|----------|

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: 12351 Mechanism Name: CDC TBD Prime Partner Name: TBD | | | |
|--|-------------|----------------|----------------|
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Treatment | HLAB | Redacted | Redacted |

Narrative:
 May 2010 Programming = REDACTED In Vietnam there numerous laboratories with Bio Safety Cabinets that are not certified at setup, regularly maintained or serviced. This represents a substantial biosafety concern for the staff working in the lab (and the surrounding environment) and a waste of resources (as most are currently not in use). When questioned, site managers always site lack of funds. CDC will identify a local laboratory equipment engineering firm with experience in BSC certification and repair. Prepaid vouchers will be secured and issued to national and provincial level sites. REDACTED is requested.

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12352 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | |
|----------------------------|---------|
| Mechanism ID: | 12352 |
| Mechanism Name: | CDC TBD |
| Prime Partner Name: | TBD |



| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|----------------|-------------|----------------|----------------|
| Care | PDCS | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED
 Funding will support national program given CHAI is transitioning out some of their support.

During COP09, PEPFAR together with CHAI has supported MOH to pilot Early Infant Diagnosis (EID) with Dried Blood Spot (DBS) in 40 provinces. The pilot was foundation for the national EID guideline development which finally was issued on April 5th 2010. Fund will support MOH to implement the national early infant diagnosis test for exposed infants country wide with stepwise approach. Places with available PMTCT and pediatric programs, and remote areas are prioritized.

TBD partner will work with reproductive health department on perinatal care and child health for HIV exposed infants and infected children. There will be a review of current guidance and examine gaps/needs specifically for HIV exposed and infected target groups. A plan for guidance development and implementation will be developed based on situation review.

In COP09, PEPFAR has supported MOH to revise all the forms used at out patient clinics (patient charts, log books, forms) for pediatric patients. In COP10, we will support MOH to implement the revised forms nationally.

We will support to review the current status of EIC materials for pediatric care and treatment. The partner will develop a comprehensive plan for EIC materials development and printing for pediatric program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12353 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |



| | |
|----------|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |
|----------|---|

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|---|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12353 | | |
| Mechanism Name: | CDC TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | PDCS | Redacted | Redacted |
| Narrative: | | | |
| <p>May 2010 Programming = REDACTED A lack of basic demographic and epidemiological data on children infected and exposed to HIV has been identified as a major obstacle to appropriate and rational targeting of funds and programs in Vietnam. The PEPFAR Vietnam Strategic Information and Care and Treatment technical teams are developing a plan to specifically identify and address these key data gaps to improve the quantity and quality of services to children.</p> | | | |



TBD partner will work in collaboration with Ministry of Health and the PEPFAR Care and Treatment and Strategic Information teams to develop specific and achievable data collection goals including assessment of currently available data and review and analysis of existing Ministry of Health and other partner data sets. The outcome will a fuller understanding of the demographic distribution of children with HIV across Vietnam, which is geographically and socially complex and in which the epidemic in children and women is concentrated and focused rather than generalized plus improved knowledge of incidence and prevalence in children in specific regions and their clinical needs, including care and support and ARV.

In FY2011, the following activities will be carried out:

1. TBD partner will work directly with PEPFAR team and Ministry of Health to review the current available analyzed data, and sources of previously unanalyzed data.
2. Identify areas where key data is lacking and where collection of data, and/or improvement of data collection and surveillance mechanisms will immediately be able to improve programming decisions.
3. A number of planning and stakeholders workshops may be organized to disseminate information to PEPFAR partners, Ministry of Health and Ministry of Health partners
4. By the end of FY 2011, we will have concrete recommendations on future targeting of resources into pediatric HIV AIDS programs based on these data.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12354 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| |
|-------------------------|
| Total Funding: Redacted |
|-------------------------|



| Funding Source | Funding Amount |
|----------------|----------------|
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| Mechanism ID: | 12354 | | |
|----------------------------|-------------|----------------|----------------|
| Mechanism Name: | CDC TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED
 Health Information Systems (HIS) play a critical role in Health Systems Strengthening activities. This partner (TBD) will take a key role in coordinating HIS initiatives throughout the country in an effort to make quality and appropriate data available to stakeholders. As such, funding will be needed in order to facilitate HIS strategy coordination activities, including quarterly meetings, development of requirement documents, development of use cases, reviewing the HIS landscape, standards development, database management, etc. A formal multi-sectoral HIS TWG will be created, led by the Ministry of Health, that will help push the HIS agenda forward in collaboration with this partner. Special emphasis will be placed on harmonizing data and appropriate data use and management.



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12355 | Mechanism Name: CDC TBD |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | |
|----------------------|--------------|
| Mechanism ID: | 12355 |
|----------------------|--------------|



| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism Name: | CDC TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Other | HVSI | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED To address the regional HIV/AIDS surveillance needs (particularly those related to Second Generation Surveillance), we propose establishing and supporting a regional (i.e. Asia) HIV Surveillance Knowledge and Capacity-Building Center to support high-quality HIV/AIDS and public health surveillance in Asia. The objectives of this 'Knowledge Hub' are:

- Primary: To contribute to increasing capacities in the implementation of effective, sustainable and context-specific HIV/AIDS surveillance and monitoring and evaluation systems, which enable evidence-based development and evaluation of HIV prevention, care and treatment .
- Secondary: To provide a technical assistance resource for supporting high-quality and appropriate HIV/AIDS surveillance activities in the Asia region.

We propose that this facility be supported and staffed by technical experts in HIV surveillance techniques, planning, and implementation and be accessed by regional staff and programs (government, university, implementing partners) involved in HIV surveillance and/or survey implementation. Based on previous models, it is recommended that the center identify key full-time staff to support the operations of the center. These may include: project coordinator (1-2), administrative/operations staff (1-2), technical director (1). In addition, key technical experts may be employed by the facility on a part-time (i.e. 50%) time.

Funding will be provided to a TBD Partner will coordinate the development and will provide input into the establishment of an Asia regional surveillance knowledge hub in Vietnam to contribute to increasing capacities in the implementation of effective, sustainable and context-specific HIV surveillance and evaluation systems which enable evidence-based development of HIV prevention, care and treatment. TBD Partner will contribute to staff for curricula development and training, and resources will be used to establish the lecture halls and computer labs.

This center will be modeled on existing centers (i.e. Croatia and Iran) for HIV/AIDS surveillance capacity building.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

| | |
|---|---|
| Mechanism ID: 12356 | Mechanism Name: USAID TBD |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|--|--------------------|-----------------------|-----------------------|
| Mechanism ID: 12356 Mechanism Name: USAID TBD Prime Partner Name: TBD | | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |



| | | | |
|-------|------|----------|----------|
| Other | HVSI | Redacted | Redacted |
|-------|------|----------|----------|

Narrative:

May 2010 Programming REDACTED
 Health Management Information Systems – Budget REDACTED
 Health Information Systems play a critical role in Health Systems Strengthening activities. In order to build informatics capacity as well as achieve interoperability across reporting systems, Technical Assistance (TA) will be needed to support development of use cases, requirements documents, and messaging standards (e.g., HL7), as well as TA support on technical specifications of data repository, enterprise architecture and use of unique or quasi-unique patient identifiers.

Data Quality Assurance Support -- Budget: REDACTED

A number number of multilateral and bilateral organizations have collaborated to jointly develop a Data Quality Assessment (DQA) Tool. The objective of this harmonized initiative is to provide a common approach for assessing and improving overall data quality. Five key elements of data to be assessed includes: Validity, Integrity, Precision, Reliability and Timeliness.

A standardized tool and support system (i.e. training, supervisory visits and feedback) helps to ensure that standards are harmonized and allows for joint implementation between partners and with National Programs. The DQA Process focuses exclusively on (1) verifying the quality of reported data, and (2) assessing the underlying data management and reporting systems for standard program-level output indicators. The DQA Tool is not intended to assess the entire M&E system of a country's response to HIV/AIDS, Tuberculosis or Malaria. In the context of HIV/AIDS, the DQA relates to component 12 (i.e. Supportive supervision and data auditing) of the "Organizing Framework for a Functional National HIV M&E System". Two versions of the DQA Tool have been developed: (1) The Data Quality Audit Tool for provides guidelines to be used by an external audit team to assess a Program/project's ability to report quality data; and (2) The Routine Data Quality Assessment Tool is a simplified version of the DQA for auditing that allows Programs and projects to assess the quality of their data and strengthen their data management and reporting systems. The TBD partner will closely collaborate with PEPFAR SI team to routinely conduct series of DQAs across all PEPFAR partners to ensure the data is being collected at good quality from the field level, as well as precisely reported to managers at different levels.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|----------------------------------|
| Mechanism ID: 12357 | Mechanism Name: USAID TBD |
|----------------------------|----------------------------------|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12357 | | |
| Mechanism Name: | USAID TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |

Narrative:

May 2010 Programming = REDACTED TBD partner will work in collaboration with Ministry of Labor,



Invalid and Social Affairs (MOLISA) and OVC Partnership Group; and under the guidance of PEPFAR OVC team to provide technical assistance to support MOLISA to develop a M&E framework for monitoring and evaluating the situation of children affected by HIV and the implementation of the interventions stated in the OVC National Plan of Action (NPA). This activity will help PEPFAR team to integrate the outcomes of HIV interventions and supports for OVC from MOH system into the national welfare system and support MOLISA as leading agency in rolling out the NPA to use evidence-based findings and data for the national OVC planning and programming.

In FY2011, the following activities will be carried out:

1. TBD partner will work directly with PEPFAR team, OVC Partnership Group and assigned staff from MOLISA/Child Care and Protection Department to review the M&E and reporting mechanism of the current system and identify the gaps of the system in completing M&E requirements set out by the NPA.
2. MOLISA is in the process of developing the national OVC services and models and setting up the child care and protection system from grass root levels to national level. At provincial level, PEPFAR is supporting the implementation and improvement of several OVC care models that are expected to be replicated nationwide and integrated into the national OVC program. TBD partner will work closely with MOLISA and PEPFAR supported OVC programs to ensure that the M&E system development will go along with the process of the national OVC program and Child Care system design and development. The M&E framework may include but not limit to the list of required indicators, statistic forms to generate required data, required monitor, supervision and evaluation activities; methods for data collection and management; and a diagram of reporting hierarchy system.
3. A number of planning and stakeholders workshops may be organized to get inputs and consensus for the development of the MOLISA M&E framework.
4. By the end of FY 2011, the final draft of the MOLISA M&E framework is completed and provided to MOLISA as a recommendation for the development and implementation of the M&E system for the national OVC program in coming years.

The activities carried out in FY2011 do not affect the targets of PEPFAR supported OVC program set out in COP10.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

| | |
|----------------------------|----------------------------------|
| Mechanism ID: 12358 | Mechanism Name: USAID TBD |
|----------------------------|----------------------------------|



| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| | |
|-------------------------|-----------------------|
| Total Funding: Redacted | |
| Funding Source | Funding Amount |
| Redacted | Redacted |

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

| | | | |
|----------------------------|--------------------|-----------------------|-----------------------|
| Mechanism ID: | 12358 | | |
| Mechanism Name: | USAID TBD | | |
| Prime Partner Name: | TBD | | |
| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
| Care | HKID | Redacted | Redacted |

Narrative:

May 2010 Programming REDACTED This is a new activity to support MOLISA develop college and



university training curriculum on social work to 1) train new MOLISA social workers working in Child Care and Protection System; 2) retrain in-service staff who are working in PEPFAR supported OVC programs and government staff who are working in child care and protection area. Partner is TBD.

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|--|----------------------|-------|-----|--------------|--------------|---------------------------------------|
| Computers/IT Services | | | | 242,520 | | 242,520 |
| ICASS | | | | 286,909 | | 286,909 |
| Institutional Contractors | | | | 310,086 | | 310,086 |
| Management Meetings/Professional Development | | | | 291,913 | | 291,913 |
| Non-ICASS Administrative Costs | | | | 1,530,423 | | 1,530,423 |
| Staff Program Travel | | | | 262,388 | | 262,388 |
| USG Staff Salaries and Benefits | | | | 2,812,654 | | 2,812,654 |



| | | | | | | |
|--------------|----------|----------|----------|------------------|----------|------------------|
| Total | 0 | 0 | 0 | 5,736,893 | 0 | 5,736,893 |
|--------------|----------|----------|----------|------------------|----------|------------------|

U.S. Agency for International Development Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|-----------|
| Computers/IT Services | | GHCS (State) | | 242,520 |
| ICASS | | GHCS (State) | | 286,909 |
| Management Meetings/Professional Development | | GHCS (State) | | 291,913 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 1,530,423 |

U.S. Department of Defense

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|--|----------------------|-------|-----|--------------|--------------|---------------------------------------|
| Capital Security Cost Sharing | | | | 70,000 | | 70,000 |
| Computers/IT Services | | | | 20,800 | | 20,800 |
| ICASS | | | | 30,000 | | 30,000 |
| Management Meetings/Professional Development | | | | 51,000 | | 51,000 |
| Non-ICASS Administrative Costs | | | | 80,000 | | 80,000 |
| Staff Program Travel | | | | 80,000 | | 80,000 |
| USG Staff | | | | 520,000 | | 520,000 |



| | | | | | | |
|-----------------------|----------|----------|----------|----------------|----------|----------------|
| Salaries and Benefits | | | | | | |
| Total | 0 | 0 | 0 | 851,800 | 0 | 851,800 |

U.S. Department of Defense Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|--------|
| Capital Security Cost Sharing | | GHCS (State) | | 70,000 |
| Computers/IT Services | | GHCS (State) | | 20,800 |
| ICASS | | GHCS (State) | | 30,000 |
| Management Meetings/Professional Development | | GHCS (State) | | 51,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 80,000 |

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|----------------------------------|----------------------|-------|--------|--------------|--------------|---------------------------------------|
| Capital Security Cost Sharing | | | | 400,000 | | 400,000 |
| Computers/IT Services | | | | 504,000 | | 504,000 |
| ICASS | | | | 1,000,000 | | 1,000,000 |
| Institutional Contractors | | | | 1,871,500 | | 1,871,500 |
| Management Meetings/Professional | | | 22,403 | 40,491 | | 62,894 |



| | | | | | | |
|---------------------------------|----------|----------|------------------|------------------|----------|-------------------|
| Development | | | | | | |
| Non-ICASS Administrative Costs | | | 1,823,331 | 2,095,406 | | 3,918,737 |
| Staff Program Travel | | | 349,639 | 562,957 | | 912,596 |
| USG Staff Salaries and Benefits | | | 659,627 | 1,455,357 | | 2,114,984 |
| Total | 0 | 0 | 2,855,000 | 7,929,711 | 0 | 10,784,711 |

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|--|------|----------------|-------------|-----------|
| Capital Security Cost Sharing | | GHCS (State) | | 400,000 |
| Computers/IT Services | | GHCS (State) | | 504,000 |
| ICASS | | GHCS (State) | | 1,000,000 |
| Management Meetings/Professional Development | | GAP | | 22,403 |
| Management Meetings/Professional Development | | GHCS (State) | | 40,491 |
| Non-ICASS Administrative Costs | | GAP | | 1,823,331 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 2,095,406 |

U.S. Department of Health and Human Services/Office of Global Health Affairs

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business |
|-------------------------------|----------------------|-------|-----|--------------|--------------|------------------------|
| | | | | | | |



| | | | | | | Category Total |
|---------------------------------|----------|----------|----------|---------------|----------|----------------|
| USG Staff Salaries and Benefits | | | | 54,660 | | 54,660 |
| Total | 0 | 0 | 0 | 54,660 | 0 | 54,660 |

**U.S. Department of Health and Human Services/Office of Global Health Affairs
Other Costs Details**

U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---------------------------------|----------------------|----------|----------|----------------|--------------|---------------------------------------|
| Computers/IT Services | | | | 25,000 | | 25,000 |
| ICASS | | | | 80,000 | | 80,000 |
| Non-ICASS Administrative Costs | | | | 45,000 | | 45,000 |
| Staff Program Travel | | | | 88,000 | | 88,000 |
| USG Staff Salaries and Benefits | | | | 250,000 | | 250,000 |
| Total | 0 | 0 | 0 | 488,000 | 0 | 488,000 |

U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|-----------------------|------|----------------|-------------|--------|
| Computers/IT Services | | GHCS (State) | | 25,000 |



| | | | | |
|-----------------------------------|--|--------------|--|--------|
| ICASS | | GHCS (State) | | 80,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 45,000 |